

**NHS BOLTON CLINICAL COMMISSIONING GROUP**  
Public Board Meeting

AGENDA ITEM NO: .....13.....

Date of Meeting: .....27<sup>th</sup> April 2018.....

<b>TITLE OF REPORT:</b>	CCG Executive Update	
<b>AUTHOR:</b>	Su Long, Chief Officer	
<b>PRESENTED BY:</b>	Su Long, Chief Officer	
<b>PURPOSE OF PAPER: (Linking to Strategic Objectives)</b>	To update board members on decisions taken at the Executive, within the Scheme of Delegation, that has a financial, reputational or operational impact.	
<b>LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):</b>	Deliver Year 2 of the Bolton Locality Plan.	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	
	Deliver financial balance.	
	Regulatory Requirement.	
	Standing Item.	√
<b>RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)</b>	The Board is asked to note the content.	
<b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b>	All items will have been through the CCG Executive.  Most items will have been to other relevant committees/groups dependent on topic.	
<b>REVIEW OF CONFLICTS OF INTEREST:</b>	Conflicts of interest are reviewed at every meeting.	
<b>VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:</b>	Patients, careers or the public will have been involved as required for each individual topic area.	
<b>OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:</b>	Each topic will have been individually assessed for equality impact as required.	

## CCG Executive Update

### **1. Executive Summary**

- 1.1 Under the Scheme of Reservation and Delegation - appendix D of the NHS Bolton CCG Constitution a number of decisions are delegated to the CCG Executive.
- 1.2 Where these decisions are of an operational, financial or reputational matter, they will be reported to the Board within this CCG Executive Update.
- 1.3 Decisions between 14<sup>th</sup> March to 11<sup>th</sup> April 2018 are contained within this report.

### **2. Immedicare Telehealth for Care Homes**

- 2.1 The report provided an update on progress and actions taken against the remedial action plan.
- 2.2 The action plan has had a positive impact in relation to call waits and there remains an issue in terms of call outs from care homes which is being addressed. Immedicare are currently using 6 of the larger homes to progress and rectify the issues prior to rollout.
- 2.3 It was confirmed that Immedicare will be up to full capacity by end April.
- 2.4 The Executive noted the update and progress made. Assurance is required in respect of this service working with the 6 homes and confirmation of rollout and further promotion of the service at that point.

### **3. NHS England Consultation on conditions for which over the counter items should not routinely be prescribed in primary care**

- 3.1 A report produced by the primary care team outlined the conditions and therapies being consulted on by NHS England and requested CCG support to option 2, which is to respond to the consultation to advise the CCG support prescribers in advising patients that a prescription for all treatments listed below should not routinely be offered in primary care as the condition is appropriate for self-care.
- 3.2 Su Long reported that a GM Association of CCG's response has been prepared which welcomes the proposals and confirms willingness to implement across Greater Manchester. It was recommended that this detail is repeated in the local response outlining local engagement has already been undertaken.
- 3.4 Due to public engagement already undertaken and discussions with Board members, the Executive supported option 2, and the addition of the GM Association of CCGs.

### **4. Specialised Out of Area Placements**

- 4.1 The Executive received an overview of the specialised Out of Area Placements position, the cohort of patients and direction of travel detailing the volume and cost. Increasing complexity/acuity of the patients was noted.

- 4.2 In relation to Elderly Mentally Ill dementia patients, visits to a number of potential providers are being undertaken in relation to securing an agreed number of beds.
- 4.3 The Executive acknowledged the excellent update and recognised that a lot of work has been undertaken to date.

## **5. Memorandum of Understanding - Provision of IT Services**

- 5.1 The paper outlined the proposal for the provision of IT services through Bolton FT to meet the Board expectation that this alternative provision be thoroughly option appraised. The Executive was informed that more work in relation to the detail of each area would need to be undertaken and risk assessed according to different potential providers of the service.
- 5.2 A proposed governance framework will be put in place with the establishment of a Transition board and Delivery Project Team to oversee this implementation. The Executive requested that a primary care representative be included on the Transition Board.
- 5.3 Initial resource will be required in relation to the joint appointment of the Programme Manager with the CCG share for 2018/19 being approximately £60k.
- 5.4 Commencement of the Transition Board and recruitment to the Programme Manager post were supported. Quarterly updates to be provided to the Executive, with Board inclusion as necessary.

## **6. Children and Young People's Emotional Health and Well-being LCP**

- 6.1 The Executive received a copy of the Children and Young People's Emotional Health and Well-being LCP for which the CCG receive an annual allocation. The CCG is required to develop a high level view of the local transition plan and publicise this on the website.
- 6.2 The Executive was updated on the completed work and the financial template summarising current and forecast expenditure.
- 6.3 The Executive reflected on the report, particularly in relation to 25% of children living in poverty and agreed to review this area in more detail at a future meeting. Executive members also requested an update on access and waiting times for eating disorders, psychological support in schools and Child and Adolescent Mental Health services.
- 6.4 The Executive was also updated on the work that has commenced to focus on mapping access, prevalence data in relation to need, and paediatric support at neighbourhood level and adverse childhood experiences at neighbourhood and school level.
- 6.5 The Executive noted the report and plan and approved its publication on the website. Further updates to be received by the Executive on specific areas of the report as outlined above.

## **7. Business Intelligence update**

- 7.1 The Executive received an update regarding the joint business intelligence team working arrangements. A joint manager and action plan are now in place in relation to concerns raised regarding the accuracy of data, reporting and output.
- 7.2 An improvement plan for the team is now in place and is working well, with recognition that there is more work to do.

- 7.3 The Executive recognised that the highest priority risk in relation to the accuracy of data has been mitigated by the joint work and noted the good work undertaken to date by both teams.
- 7.4 The Executive supported the recommendations and delegated authority to the Chief Finance Officer and Head of Informatics to confirm the detail in respect of recurrent financial implications in relation to the staff posts and factor any long term funding issues into Transformation Fund discussions. A review of these arrangements will be undertaken in six months.

## **8. Delayed Transfers of Care (DTC)**

- 8.1 The Executive reviewed a report which outlined the different reporting mechanisms and definitions for DTC. Work has taken place to bring the reporting into alignment and to ensure that all partners have full visibility and put processes in place to capture and record this information correctly.
- 8.2 A new process has now commenced mid-March in the form of a simple spreadsheet tracker which saves staff time and automatically populates the information that is captured. The work of business intelligence, developers, and the integrated discharge team in taking forward this more robust approach was acknowledged. The data produced will be fully running from this new process for the April submission.

## **9. Recommendations**

- 9.1 It should be noted that all other discussions at Executive which require decision are on the Board agenda.
- 9.2 NHS Bolton Clinical Commissioning Group Board is asked to note the content of this paper.

**Su Long**  
**Chief Officer**

**April 2018**