



Bury Clinical Commissioning Group



BURY INTEGRATED HEALTH & SOCIAL CARE PARTNERSHIP BOARD

MINUTES

Thursday 24th November 2016
1pm – 3pm
Silver Street Boardroom, Bury CCG

Present:	Margaret O'Dwyer (MO'D) (Chair), David Boulger (DG), Julie Gonda (JG), Howard Hughes (HH), Lesley Jones (LJo), Karen Whitehead (KWh), Stuart Richardson (SR) (<i>on behalf of Keith Walker</i>)
In Attendance:	Paul Byrne (PB), Sandy Firth (SF), David Latham (DL), Debra Lyon (DL) (<i>on behalf of Steve Taylor</i>), Amy Lepiorz (AL)
Minutes:	Gillian Cohen (GC)
Apologies:	Pat Jones-Greenhalgh, Mike Woodhead, Keith Walker, Fiona Meadowcroft, Steve Taylor, Mike Owen, Jayne Hammond.

Item	Agenda Item	Discussion	Action Agreed By Whom	By When
1	Welcome & Apologies	MO'D welcomed everyone to the meeting and apologies as above were noted.		

2	Minutes and Matters Arising from previous meeting 13th October 2016	The minutes of the meeting held on the 13 th October 2016 were approved as an accurate record; with one small typing error.		
3	Action Log – 13th October 2016  20161310- Action Log.doc	All items completed; action log updated and attached.		
4	ITEMS FOR DECISION / DISCUSSION			
4.1	Draft Primary Care and Health & Wellbeing Strategy (Amy Lepiorz)	<p>AL shared the draft Primary Care Health & Wellbeing Strategy 2016-2021 with the Board. This strategy explains Bury's vision for Primary Care and begins to explore the work that will need to be undertaken to make that vision a reality by 2021. The strategy looks towards our strengths in Bury to the innovation and good practice that already exists and seeks to build on this. This fits nicely as part of the LCO.</p> <p>The strategy was co-produced with the CCG membership via engagement at sector meetings and directly with practices. It is currently out to a wide range of stakeholders.</p> <p>The Board commented that this was a good, well crafted document to read, however there are a few areas that need working on. AL will be meeting with LJo to get Public Health's point of view.</p> <p>A costed implementation plan will be required as the next step following</p>	(1) To liaise with AL re areas to be worked on within the	David Boulger

		approval of the startegy.	Strategy.
4.2	Q2 Performance (Sandy Firth)	<p>SF brought two reports to the meeting; Better Care Fund 2016/17 Q2 and the Health & Social Care Integration Scorecard. Attached is the commentary on the BCF Q2 metrics for reference.</p> <p>Future developments of the scorecard:</p> <ul style="list-style-type: none"> • Split up the Better Care Fund Performance Monitoring 2016/17 programme into 6 programmes one for each BCF metric. • Include the reablement performance measures that have been added to the H&SC Integration scorecard in the BCF scorecard • Add the number of people in residential care each month to show variance as well as admissions • Add the residential care bed days performance measure to the scorecard • Add the cost of non-electives to provide a comparison between activity and finance. • Add more measures from the delayed transfers of care dashboard <p>MO'D asked that each indicator has a named person who can provide a short commentary to explain the changes in the graphs. SF explained that David Goldstone and Sandy have dates set each quarter when this will be finalised and each programme could be emailed out to the named person for their comments, before being presented to JCG and Integrated Health and Social Care Partnership Board.</p> <p>SF will liaise with JG to determine who is best placed in the council to offer a comment on the current trends for relevant metrics, the CCG will do the same.</p> <p>A lot of the performance measures (not the main BCF indicators) are available</p>	<p>(2) To update the scorecard</p> <p>(3) To liaise with JGonda</p> <p>Sandy Firth</p>

		monthly, so SF suggested that in the future an interim scorecard could be circulated if the board felt more timely data would be useful.		
4.3	GM Population Health Plan update (Lesley Jones)	<p>LJo gave a presentation around the draft GM Population Health Plan, which came out at the beginning of November 2016. This presentation outlined the GM proposed plans, where Bury are up to in line with the plans and what opportunities there are GM wide.</p> <p>Following the presentation, there were some concerns around the lack of emphasis on Carers and other topic areas, which TM has already highlighted to Pat Jones-Greenhalgh via an email.</p> <p>LJo emphasised that this plan will evolve and develop, as there is still a lot to be considered; the final version is due out around January 2017. Need to be mindful of the opportunities that will benefit us in Bury, so things are aligned in our Locality Plan.</p> <p>Any further comments to be sent to LJo and she will feed them back at a GM level.</p>	(4) Any further comments on the plan to LJo	All
4.4	Staying Well – Information Governance Issues (Lesley Jones)	A paper went to the Council's SMT to ask for approval of sharing data with GPs. This paper which was also on the agenda was not supported. However, L.Jo described more recent developments, she explained that this programme of work has taken a long time to get going due to IG issues around sharing patient information. The service requires the ability to systematically identify an eligible cohort of people, however there is a strict eligibility criteria that needs to be applied to protocol data and to GP registers.		

		<p>Following a meeting that took place to look at a range of IG matters, the current Caldicott Guardian for Adult Social Care raised concerns about the validity of the text within the consent question for the customer. Two questions were being asked in one question and therefore by agreeing to have the assessment, the customer was also agreeing to have their data shared. This deemed to be unreasonable by the Council's Caldicott Guardian as it was making it difficult for the customer to 'opt out' of giving permission for their data to be shared.</p> <p>LJo suggested that an interim way forward would be to ask the customer directly if they are in receipt of Social Care, as this is one of the questions that the programme needs to know in order to target the right cohort of people. The service could then go ahead on the basis of working from full list of those aged 65 and over on GP practice registers (minus those known to be actively case managed or known to live in residential/ nursing home) and asking at first contact if someone was in receipt of Adult Social Care services.</p> <p>The specification would therefore be revised in line with this. It has been recosted and the final revision will go to Clinical Cabinet in January and Integrated Health and Social Care Partnership Board together with an Implementation Plan for sign off.</p>		
4.5	Bury Whole System Transformation – Planning Structure (Julie Gonda)	Item deferred to December/January meeting.		
4.6	Extended Working Hours & Vulnerable Patient Service (Margaret O'Dwyer)	DL recently presented this pilot service report to the Joint Commissioning Group. Final support of the proposal was being asked from the Partnership Board.		

	 Appendix 1.doc	<p>DL explained that Bury CCG wishes to pilot a new service which will deliver extended access to Primary Care Services during non-core hours across Bury. The current contract holder for extended access is the Bury GP Federation. Bury CCG has worked closely with the current contract holder to co-produce a more patient and system sensitive pilot model that complements the wider health care economy. The pilot will run for a maximum of 2 years from service commencement date. Within the two years there will be ongoing evaluation. Based on the outcome of the evaluation, the CCG will make future service commissioning/procurement decisions. Currently there are 5 locations, but looking to reduce to 3 sites which are proposed to be;</p> <ul style="list-style-type: none">✓ Prestwich✓ Radcliffe✓ Moorgate <p>This new approach to the delivery of EWHs will enhance the model by the addition of a Vulnerable Patient Service (VPS). This addition will target non-core hours support to some of the most vulnerable and at risk of hospital admission patients across Bury. This will help bridge the gap in service over the weekend, which in turn will have an impact on the numbers of non elective admissions. This part of the pilot will be run by BARDOC and will be part of the clinical hub arrangement for Bury.</p> <p>The VPS will bridge the gap between core and non-core hours ensuring that individualised primary care support remains as a constant offer to some of the most vulnerable patients in Bury. The new arrangements need to be flexibly implemented in order to allow for engagement with the developing Locality Care Organisation and Neighbourhood locality plans. The draft service model (appendix one) attached for reference.</p> <p>SR will look into the Primary Care medical input into Killelea IMC.</p>	(5) To advise re medical input into Killelea	S. Richardson
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		<p>This report was taken the Primary Care Co-Commissioning Group on the 23rd November, where it was approved.</p> <p>The Board support the funding of the pilot via BCF monies at £1.22m. MO'D thanked DL for all his hard work to get to this point in the pilot. Going forward, this work will be handed over to Amy Lepiorz.</p>		
4.7	JLT Development Fund Bid (Julie Gonda) ATTACH DOC ONCE JG HAS AMENDED IT.	<p>JG reported on the GM Transformation Funding proposal template, highlighting the full business case to access the Transformation Fund. Bury's Whole System Transformation planning structure has now been agreed and detailed workstreams have been developing key outcomes in each area.</p> <p>The Bury proposal to access the Transformation Fund is expected to be delivered by end of February 2017. Other workstreams will begin early December 2016 as funding becomes available, with the specific work around governance / legal advice to be completed by end of February 2017 in line with the wider Transformation Fund proposal. Supporting workstreams will continue throughout 2017/18 in terms of programme delivery.</p>	(6) The next step is to table this informally and get further feedback.	JG
4.8	Development of a Bury Wide Information Sharing Agreement (Paul Byrne/Stuart Richardson)	<p>Paul Byrne (Information Governance Assurance Manager for Pennine Care NHS Foundation Trusted) brought a report to the Board to ask for support to move the Information Sharing Agreement forward.</p> <p>PB explained that the LCO partners have recently met to address the issue of data sharing as we move towards our shadow form from 1st April 2017. In conversations with key partners, it has been identified that there is a real need to revisit existing information sharing protocols in light of the new ways of working. There is a need to develop a new consistent process that is simpler and less time consuming to support the proposed OCO, LCO and</p>		

	<p>Neighbourhood working model.</p> <p>It has been suggested to use a single information sharing agreement and framework across all organisations. The suggested framework would include:</p> <ul style="list-style-type: none">➤ Use of a single information sharing approach based on one high level Protocol signed once by all participating organisations, plus a series of shorter focused agreements to cover specific information sharing requirements.➤ A tool has been developed to support information sharing. Once organisations are signed up to this tool and have completed the validation requirements, the vast majority of the information sharing agreement process can be completed on-line, via this tool. This removes the requirement to paper chase sharing agreements across different sectors and organisations. PB advised that GM have got a 1,000 licences and are free to users within Health & Social Care. <p>We will need an action plan for each organisation and it will be monitored through the LCO Boards. Some slight concerns were raised around how this is communicated to the customer, in terms of sharing their data. Retrospective permission from the customer for permission to share their data is not covered by the tool.</p> <p>The Board agreed to the practical solution of sharing data, however DL stated that she was not comfortable to agree to this on behalf Pennine Acute at this point. She was aware that Steve Taylor has been involved in these discussions and she will speak to Steve to confirm PAHT sign up.</p>		
5	STANDING ITEMS FOR INFORMATION		

5.1	New SRO arrangements	 New Thematic Groupings.pptx		
5.2	NES Urgent Care Board – Highlight Report	No update given due to time pressure.		
5.3	JCG Highlight Report – Meeting 15th November 2016	No update given due to time pressure.		
5.4	Agenda Items 15th December 2016	This meeting will be a workshop style session around the Locality Plan.		
5.5	Date & Time of Next Meeting	26 th January 2017, 9:30am – 11:30am, Committee Room A, Bury Town Hall Apologies from Margaret O'Dwyer.		