

INTEGRATED COMMISSIONING BOARD

MINUTES OF MEETING

Tuesday, 10th April 2018

PRESENT: Graham Burgess (Independent Chair); HMR CCG Dr Bodrul Alam (Clinician), Dr Chris Duffy (Clinical Lead), Denise Dawson (Lay Member) RBC Councillor Brett (Leader of the Council and Portfolio Holder for Corporate and Resources), Rowbotham (Portfolio Holder for Health and Wellbeing) and Councillor Heakin (Portfolio Holder for Children's Services).

OFFICERS: HMR CCG - S. Evans and S. Croasdale; RBC – S. Rumbelow, G. Hopper, N. Thornton, V. Bradshaw, W. Meston and P. Thompson.

APOLOGIES

89 Apologies for absence were received from Councillor Iftikhar Ahmed, Sally McIvor, Andrea Fallon (RBC); Paul Hinnighan, Paul Rowen, Simon Wootton and Karen Hurley (HMR CCG).

DECLARATIONS OF INTEREST

90 There were no declarations of interests.

URGENT ITEMS OF BUSINESS

91 There were no urgent items of business for the meeting to consider.

MINUTES

92 Decision:

That the minutes of the meeting of the Integrated Commissioning Board held 13th March 2018 be approved as a correct record.

TRANSFORMATION HIGHLIGHTS REPORT

93 The Board considered a report of the Transformation Director that provided Members with an update on the following: (a) Finance – describing current status and the impact of any financial risks on the programme; (b) Programme Delivery – new reporting system starts to describe delivery supported by an intervention recovery process; (c) Local Care Organisation – general update; and (d) Risk – a look at the quarterly “business as usual” risk submitted to the Greater Manchester Health and Social Care Partnership (GMH&SCP) meeting that was held in February 2018. The overall rating of the programme for this period was Amber.

Finance: At period 11, the locality reported to GMH&SCP a (£1,700,000) (27%) forecasted full year underspend versus the bid investment agreement, which was no change on Period 10. Work continued to track expenditure from providers across the locality to agree the year end position. This continued to be challenging as no formal Local Care Organisation or contractual agreements were in place. As reported in the previous months financial update, delays in mobilisation and recruitment put at significant risk the ability to achieve the ‘ramp up’ of deflection targets, required in 2018-19. With this in mind the 2018-19 deflection targets were reduced, in a high level process that

linked in to the draft submission of the 2018-19 Operation Plan for HMR Acute Activity and the Greater Manchester End of Year Transformation Return. This does not change the overall ambition to reach the 2020/21 targets agreed and embedded into the Transformation Investment Agreement. The detail behind the change in 2018/19 deflection targets are being rolled out across the theme leads and project delivery managers.

The 2018/19 deflection targets were reduced but they remained ambitious and predicated on a speedy mobilisation of all interventions. The reduction in deflection activity will have an impact on the speed at which cashable benefits can be taken out of Acute Care expenditure and NHS Provider Contracts. This in turn would likely reduce the overall ability for the Transformation Locality Plan to close the financial gap and work was underway to quantify this.

Programme delivery: Significant work had been done with 'Theme and Intervention' leads to align the Transformation programme with a new and robust way of monitoring and reporting. The new reports were developing a more accurate description of delivery and have been tested out throughout March and the beginning of April 2018.

Local Care Organisation (LCO): The development of the LCO has continued through the following activity:

- Due diligence: At the time of writing this report the due diligence process was incomplete. A verbal update will be provided at the meeting.
- Partnership Agreement was approved by LCO Board and circulated for signing
- The LCO launched their organisation at an event held at Rochdale Football Club. At the launch:
- Sheila Downey stepped down as interim Chief Executive
- Steve Taylor was introduced as the permanent Chief Executive
- One Rochdale Health and Care was unveiled as the LCO's official identity and brand

Risk: The new integrated locality risk register was presented at the Integrated Commissioning Board's meeting on 13th March 2018. Since then work has progressed to align the new integrated risk strategy with the new way of reporting delivery. A monthly update of the risks scored red (15+) and above will be brought to ICB from May 2018 onwards.

As reported in March, Greater Manchester Health and Social Care Partnership (GMH&SCP) were requesting a 'business as usual' risk update to be included within their quarterly risk submissions from localities, alongside high level transformational risks. The GMH&SCP risk matrix scoring does not align exactly to the integrated matrix used by the Programme Management Office. However, it has been agreed both locally and by the Partnership that any risks scored 15+ on the above matrix will be submitted as part of the GMH&SCP ask.

Decision:
That the report be noted.

TRANSFORMATION PERFORMANCE REPORT

94 The Integrated Commissioning Board considered a report of the Transformation Director regarding issues that were raised as a result of a report that was presented to the Board on 28th February 2018. The report responded to those questions and also provided a 'deep dive' on outpatients and electives admissions. The following areas were included in the report;

1. Accident and Emergency: Frequent Attenders and Mental Health
2. Emergency Admissions: Ambulatory Care, Hospital transfers and Paediatric by age band
3. Deep Dive Outpatients
4. Deep Dive Elective admissions
5. NHS Constitution indicator comparator

With regard to frequent attenders at A&E facilities it was highlighted that in 2017/18 year to date, one patient had attended A&E on 52 occasions in 2017. In 2016/17 there were 103 patients that attended A&E 13 times or above. To date in 2017/18 64 patients have attended 13 times or more. Of the 97,198 total A&E attendances to date, 1,112 were due to frequent attenders.

Decision:
That the report be noted.

HEALTH & SOCIAL CARE POOLED FUND - SECTION 75 PROGRESS REPORT

95 The Integrate Commissioning Board considered a report of the Chief Finance Officer which updated members on progress being made on the draft Section 75 Report for the Pooled Fund.

The draft Section 75 Report was based on the current report for the Better Care Fund, which in itself was based on the 'industry standard Bevan Brittan template'.

The report confirmed that the draft Section 75 for the Pooled Fund had been reviewed by the Chief Finance Officers from the Council and HMR CCG, their respective Senior Managers and was still being reviewed by a combination of Legal Officers within the Council/external Legal Partners.

The final version of the Section 75 was due to be presented for approval at the integrated Commissioning Board's meeting on 29th May 2018.

Decision:
That the report be noted.

HEALTH & SOCIAL CARE POOLED FUND - 2018/19 OPENING BUDGETS

96 The Integrated Commissioning Board considered a report of the Chief Finance Officers, the purpose of which was to update members on the

opening budgets, for 2018/19, for the Health and Social Care Pooled Funds. The report reflected the financial gap that had been reported on the Pooled Fund to the Council's Budget Meeting on 28th February 2018 and to the CCG's Governing Body Meeting on 16th March 2018.

The Opening Budget position reflected an overall financial gap for the Pooled Fund in 2018/19 of £16,654,000 and it was reported that a further report would be submitted to a future Integrated Commissioning Board meeting to update members on those measures that were being taken to reduce and mitigate the opening financial gap.

The Council had reported a £8.654m shortfall against expected expenditure in its contribution to the Pooled Fund at its Budget Council on 28th February 2018. Meanwhile the CCG reported a £8,000,000 shortfall against expected expenditure in its contribution to the Pooled Fund at its Governing Body Meeting on 16th March 2018.

The budgets reported at both of these meetings included their respective contributions to the Better Care Fund, which totalled £24,892,000 overall.

Decision:

1. The ICB acknowledges the Opening Budgets for the Pooled Fund for 18/19 and the financial gap reflected within this of £16.654,000;
2. The ICB acknowledges that a further report will be brought to a future meeting of the Board to update members of measures being taken to close the reported financial gap.

POOLED BUDGET SAVINGS PROGRAMME 2018/19

97 The Integrated Commissioning Board considered a report of the Chief Finance Officer that updated members on the savings requirement for 2018/19 and the schemes that were identified and implemented during the budget setting/contracting process. The report also stated the need to identify on-going savings schemes and gave examples of the documentation that was available and which was reviewed in pursuit of further saving schemes. The report also detailed the process for identifying and monitoring existing/future saving programmes.

The report referred to the Local Authority's funding gap was after non-recurrent funding of £771,000 and £693,000 of which was the receipt of additional Adult Social Care grant which was non-recurrent. The risk share agreement for the Pooled budget is 70/30 CCG/RBC which in financial terms based on the above deficit would be £4.112m for the CCG & £1.763m for RBC. The CCG currently had a contingency of £1,900,000 of which 74% (approximately £1,400,000) was available for the services within the pool and therefore other schemes needed to be identified and delivered as a matter of urgency.

Decision:

That the Integrated Commissioning Board acknowledges the contents of the submitted report which notes that work is being carried out towards achieving

the savings plan for 2018/19 and to ensure that the savings target will be met to enable the Pooled budget to meet its financial obligations.

NEW OTC MEDICINES PRESCRIBING ANNOUNCEMENTS

98 The Integrated Commissioning Board considered a report of the Chief Finance Officer that informed members of a briefing that had been issued by NHS England and NHS Clinical Commissioners on 29th March 2018 and also of the outcomes of a consultation exercise on prescribing at NHS expense for self-limiting conditions or minor illness which were suitable for self-care.

The NHS England briefing recommend that for 35 short term conditions, medicines which were currently available over the counter (OTC) were no longer routinely prescribed by GPs, with few but notable exceptions. The Briefing recommends that vitamins, minerals and probiotics be no longer prescribed as they lacked high quality evidence of clinical effectiveness. HMR CCG's Governing Body had approved non-prescribing for many of these items by GPs in 2016 and many patients had been directed towards purchase. However some prescribing continued at the NHS's expense.

Considerable time and supportive work would be required to reassure many GPs that directing patients to purchase OTC medicines (or to use the NHS's minor ailment scheme where appropriate) was acceptable. This was particularly relevant for patients who would not normally pay NHS prescription charges and their GP may not be able to determine if the person has the financial ability to purchase OTC treatments. The term "complex medical needs" is often subject to some debate and could lead to significant variability. A communications strategy to engage and inform local patients that some commonly prescribed medicines would no longer be available through GP prescribing. This could result in further information needing to be available in other frequently spoken languages. Patients who have received medicines for many years might be unwilling to readily accept this change in practice.

The Board considered the report in detail. It was suggested that a Greater Manchester wide approach to adopting the proposed revised policies in relation to the purchasing of OTC medicines be sought and if this could not practically happen then the CCG be requested to seek legal advice to determine if the recommendations, contained in the report, could be implemented solely within the HMR CCG's administrative boundaries. Dr Duffy, on behalf of HMR CCG, undertook to write to the General Medical Council, in this regard. Board members also sought clarification on the financial costs associated with the implementation of this policy.

Decision:

1. The Integrated Commissioning Board endorses and approves, in principal, the NHS England recommendations on behalf of HMR CCG and the Rochdale Borough Council, noting that the recommendations apply to all patients with the exception of those who suffer from complex long term conditions or those with significant mental health or social vulnerability (in the opinion of the clinician); noting further that patients who do not pay NHS prescription charges would not be exempt from the provisions;

2. The Integrated Commissioning Board notes the NHS England recommendations detailed in the submitted report;
3. Details of the financial costs associated with the implementation of this policy, be submitted to a future meeting of the Board;
4. that HMR CCG's Chief Officer be requested to seek a Greater Manchester wide approach to adopting the proposed revised policies in relation to the purchasing of OTC medicines and to take appropriate legal advice, as to how to proceed, on the result of the enquiries to the Greater Manchester Medicines Management Group;
5. that the undertaking given by Dr Duffy to seek the advice of the General Medical Council in this regard, be noted.