

PENNINE LANCASHIRE CLINICAL TRANSFORMATION BOARD

**Wednesday 01 October 2014 at Darwin Suite, Innovation Centre, Haslingden Rd, Blackburn
 4.30pm – 6.00pm**

MINUTES
Approved

Members Present:	Dr Chris Clayton Kathy Blacker Dr Alan Crowther Dr John Dean Martin Hodgson Dr Mike Ions Prof Max Marshall	BWDCCG Chair	Miss Maire Morton Christine Pearson Alison Shaw Dr Ian Stanley Steve Tingle Mark Youlton	ELHT ELHT BwD CCG ELHT BwD LA

± Partial attendance

In Attendance:

Sarah Carberry (SC)	PL CCGs
Debbie Nixon (DN)	BWD CCG
Alex Walker (AW)	ELCCG

Elizabeth Houghton ELCCG notes of meeting

Minute reference		Action
14.090	Welcome and Introductions Dr Chris Clayton welcomed members to the meeting and introductions followed.	
14.091	Apologies were received from: Dr Arokia Antonysamy, Mike Banks, Jackie Hanson, Mr Simon Hill, Dr Mike Ions, Dr Warren Larkin, Helen Lowey, Dr Bob Palmowski, Mrs Rinecke Schram, Dr Amanda Thornton, Professor Heather Tierney-Moore	
14.092	Governance <ul style="list-style-type: none"> • Quoracy: The meeting was quorate • Declaration of Interest: none was declared 	
14.093	Minutes of the previous meeting, Minutes of the meeting held on 3 July 2014 were reviewed and approved as an accurate record	

	There were no matters arising	
14.094	<p>Review of Action Matrix 8.2014</p> <p>Completed actions were noted and the matrix will be refreshed</p> <p><u>Re stroke-</u> AW reported that discussions are ongoing across Lancashire</p> <p>MH reported from an In-hospital group meeting held the previous day NHSE Lancashire Area team had 'ramped up' the Healthier Lancashire Programme, Sam Nicol had recently taken up appointment as Programme Director and there would be a review of the elements which were to be included in the scope of the programme. There was a strong view that the Pennine Lancs health economy system would need to play a significant part/and influence in the whole programme</p>	
14.095	<p>Commissioning intentions</p> <p>Alex Walker and Debbie Nixon spoke to a presentation (copy attached)</p> <p></p> <p>Pennine Lancs CIs for CTB 011014 v3 SC</p> <p>This detailed the proposed Lancashire- wide (ELancs, BwD and Pennine Lancs) overarching themes predominantly around reconfiguration and specialist areas ,categorised as</p> <ul style="list-style-type: none"> ○ Unplanned Care ELHT/LCFT/NWAS/ELMS, ○ scheduled care ELHT, LCFT ○ Mental health, LCFT, (Crisis concordat) ○ Community Integrated care ○ Children and Young People ○ Community Scheduled Care ○ Safeguarding <p>It was noted that</p> <ul style="list-style-type: none"> ○ some legacy schemes still require to be re-set and this presents an opportunity to do so (eg: Safeguarding – Jackie Hanson and Vanessa need to be invited to comment) ○ That this presents a challenging programme and requires careful management and a concomitant PL wide estate strategy 	
14.096	<p>EOG Mobilisation Group Update</p> <p>Dr Malcolm Ridgway spoke to this agenda point, outlining the group's progress in working up three 'quick win' schemes which will start slowly (in year) and build over the next 2 years Summarised as</p> <ol style="list-style-type: none"> 1. DoS/Navigation hub admission gateway (whole system 	

including voluntary sector)

This will provide a Directory of Services- for use by front line clinicians in community and hospital ; a navigation hub – trained personnel will assist and guide practitioners to available services/capacity to route patients avoiding acute admission wherever practicable and possibly arranging services for patients on discharge including referral to Intensive Home Support (IHS)

2. Discharge to Assess –this scheme aims to discharge clinically stable patients (not necessarily medically fit) out of hospital into a safe environment- nursing/care home or own home. There is a pilot proposal to use 18 AVH based beds (female designated) and the group is currently exploring an equivalent availability of male designated beds
3. Intensive Home Support this service would enable patients (including ambulatory care cohort who may need egg /nebulisers etc. to be managed at home(or other safe environment with medical /nursing supervision)

Discussion followed and points noted included

- Work was in progress to combine three streams into a single coherent , co-owned , co-produced business case with financial implications produced by commissioners
- Now need first cut of transition plan and operational delivery plan- providers to develop this
- Need clinical governance and issues of medical oversight to be addressed
- Clinical sense check Dr John Dean and Dr Malcolm Ridgway leading this work and will report back to this group
- Sense check will be possible in the context of the Perfect Week outcomes
- Assumption that ELMS will be preferred provider query re probity which would be covered when this is fully commissioned beyond the pilot in ten BCF framework – details of which will be in the public domain
- This is an 18 month pilot – undertaken within the resources of the partner organisations- each of whom has identified their contribution in the pilot phase
- Reference to a patient story is on surgical ward considerable LoS and assessed multiple times – this exemplar will be reviewed at the next meeting as part of a clinical; sense-check discussion.
- Delayed transfers of care – raises issues and concerns which the whole system is attempting to resolve/remedy
- The ‘quick ‘timescale has short, mid and longer term implication these are models which have been in discussion for some time. There are mobilisation issues and concerns – relating not least to workforce – availability and training.
- Mobilisation will be a challenge- change skills and not yet maximising what is currently available – some of the elements already exist and can be brought into the scheme in October

	<ul style="list-style-type: none"> ○ Implementation plan to be finalised ○ A clinical session where the number of delayed discharge patients (79) could be reviewed together to test the model was suggested <p>Action to review clinical scenarios at the next meeting</p>	MR/JD/MM
14.097	<p>Recruitment of Programme Director – update</p> <p>Dr Chris Clayton advised that recruitment of Programme Director was proceeding: 49 applications had been received and shortlisted by representatives of the PL partner organisations. 5 candidates would be interviewed on October 6th and the appointment advised in due course. In the interim, Alison Shaw had been undertaking the role on a sessional basis</p>	
14.098	<p>Clinical representation in Pennine Lancs</p> <p>Dr Clayton introduced the discussion, thanked clinical colleagues who had attended an earlier meeting and then spoke to a presentation which had been prepared following that meeting between clinicians representing all the organisations to review the purpose of the CTB.</p> <p>Given that the PL Chief Executives had agreed to meet monthly there was now a renewed imperative to agree a new model which identifies a clear clinical vision for whole person- centred care and reflects clinical ownership of an agreed model of care.</p> <p> PLCTB_ Clinical Reference v_CC.pptx</p> <p>The missing element in this HE is a clearly defined clinical vision- though MR and JD were presently working with teams across organisations to develop models of care which were clinically robust</p> <p>Three broad areas of focus which would come to CTB on a three monthly rotation were proposed as , scheduled care, unscheduled care and public health</p> <p>Core membership, clinical leadership of each organisation – is nursing and medical leads, GPs as providers and Public Health, Commissioners and then specialists nominated to be involved with specific discussions Clinical Body creating vision and CEs who can assist transactional processes and an Executive Officers’ Group</p> <p>Beneath this sits the various workstreams – supported and managed by Programme Director</p> <p>CTB to review programmes of work</p> <p>Flow from CTB – to EOG and then CEs or how</p> <p>Change the CEs group would become smaller and a sponsorship group CTB as clinical sponsor/reference for the programme, may not meet so</p>	

	<p>frequently</p> <p>EOG have developed an effective working relationship – still needs a clinical vision. Officers and clinicians need to work alongside each other in all groups Programme Delivery Group</p> <p>Successful programmes succeed when the Accountable Officers sit together Value of being able to interrogate work groups to be provided with their assurance that this works and is aligned with clinical visions and which including the wider care system and that there is an evidence base to support transformation EOG supports clinicians and managerial professions working together</p> <p>Discussion followed and the points raised are listed in an accompanying summary note</p>  <p>Summary note re Clinical Representatio</p> <p>Challenges to EO G single electronic health records</p> <p>Action :</p> <ol style="list-style-type: none"> 1. CC will take the outcomes of discussion to brief the PL Chief Executives who were meeting the following week 2. ratify revised ToRs at the next CTB meeting 3. Create documents which support an agreed model, and re-launch review the frequency of meetings 4. keep next CTB as is and launch new model in December/January- by which time the Programme will be more coherent and the PD will be in post, 	<p>CC</p> <p>Chair AS</p> <p>Co-chairs</p>
<p>14.099</p>	<p>Any other business</p> <p>JD had attended an AQuA event – Integrated Care Complex adaptive systems and how they work adaptively – three components – structures processes and patterns (is way we interact with one another relationships,, decision making, power, conflict, learning) how do we have an open conversation about these and have actions to CTB or EOG</p> <p>It was agreed that a cross organisational group set time aside to look at these- and lead a discussion at a future meeting.</p> <p>The background document will be circulated with minutes</p> <p>There was a consensus that if we can develop productive working relationships in the months ahead that this would enable PL to be more responsive to future changes</p>	<p>JD</p> <p>EH</p>
<p>14.100</p>	<p>Date of next meeting</p> <p>Agreed and confirmed as 5 November 2014</p>	<p>EH</p>

	Forthcoming meetings	<ul style="list-style-type: none">• 3 December	<ul style="list-style-type: none">• 7 January 2015