



Panel Report

Bolton

19 November 2008

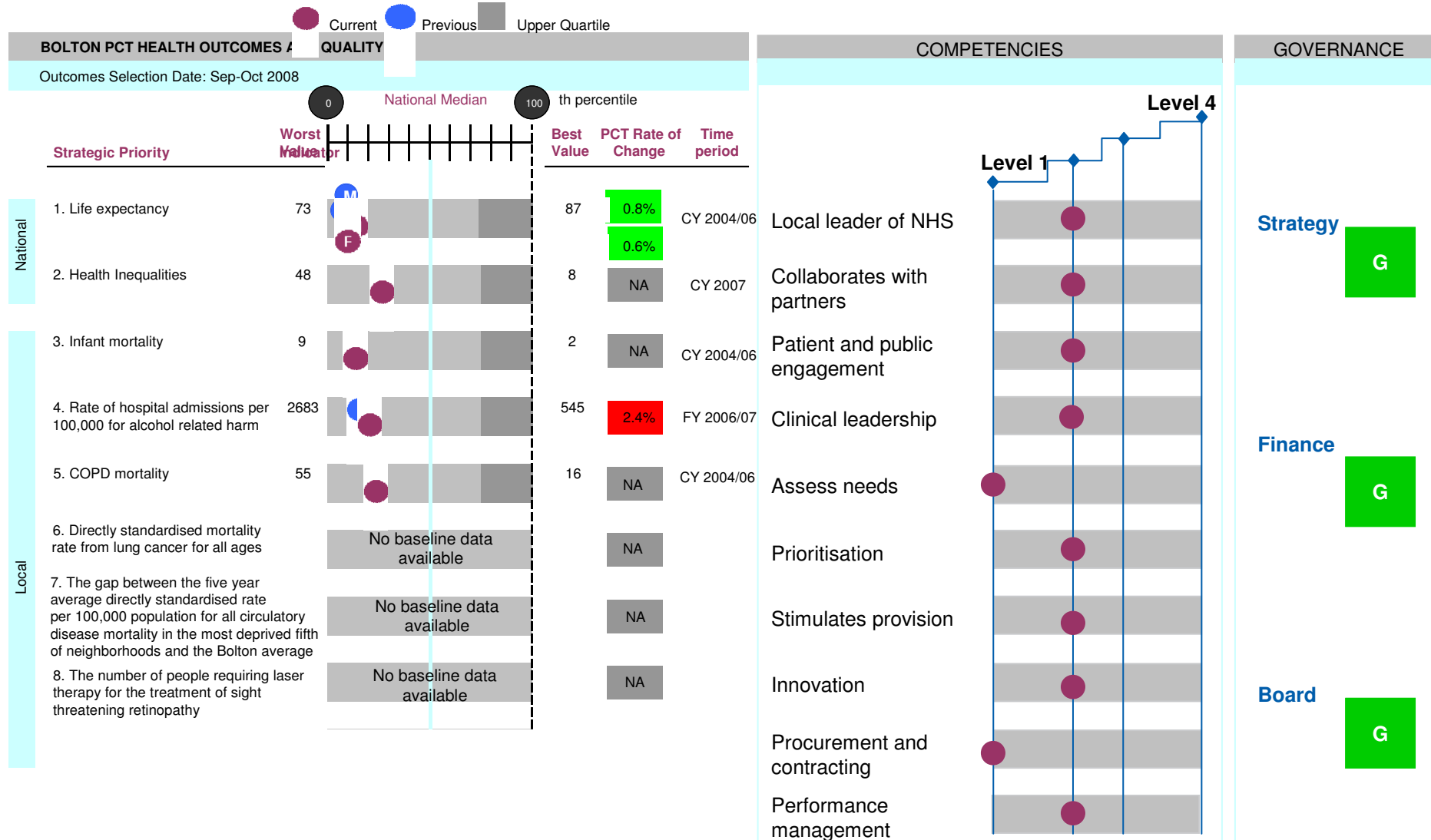
Overview

First, the Panel thanks NHS Bolton for participating in this round of assessments for the first year of World Class Commissioning assurance.

The Panel asks the PCT to read this report in the spirit in which it is intended: as a support for developing world class commissioners, as an independent view based on the evidence the PCT has brought to the Panel.

During the evidence review and the conversations with the PCT, the Panel developed an overall impression of the organisation that the PCT's vision is ambitious and consistent with local needs, that local engagement is extensive and the PCT has encouraging plans to sustain and develop that engagement with the local population. Most encouragingly the PCT has undertaken several analyses regarding value for money and plans to review 20% of its budget each year.

The Panel identified areas for potential improvement that the PCT will need to consider as it positions itself to drive transformation of health and healthcare in Bolton. In particular, the PCT should ensure that it communicates its strategy effectively with stakeholders. The PCT should continue to develop its capabilities in modeling and assessing value for money, and should ensure that this is incorporated into a systematic methodology for prioritising initiatives and services.



Potential for improvement

The Panel congratulates the PCT on its impressive track record of delivering planned initiatives and its encouraging trajectory. In particular, the Panel noted innovative use of value for money metrics (e.g., Cost per Health Benefit Unit) and an encouraging emphasis on transparent prioritisation. Going forward the Panel recommends that the PCT ensures full communication and consultation of its strategy, and closer engagement with PBCs.

Commentary (1/2)

The Panel identified seven areas for consideration by the PCT at this stage on its journey:

1. Overall strategy is ambitious and reflects population needs, but could be more clearly communicated and aligned to national priorities

Observation: The PCT has an ambitious plan with detailed analysis and rationale for initiatives. The Strategy is written as a consultation document and care is needed in communicating appropriately to different stakeholders and the public. It is unclear how the priorities in the Strategy align to Darzi pathways

Recommendation: Ensure there is a clear plan for communicating strategic priorities and aligning priorities and initiatives to the Next Stage Review, JSNA and Triple Aim

2. The PCT should ensure that it monitors a wide range of mental health outcomes as well as services and performance

Observation: The PCT has identified mental health as a priority area and does monitor some outcomes, e.g., self-reported wellbeing. However much of the focus is around services and provider performance as they are more easily measured indicators

Recommendation: The PCT should ensure that it continues to review and improve the monitoring of mental health outcomes. It should also develop a clear view of how these link to the achievement of the selected outcomes and to assess their impact on mental health services. The PCT should also ensure that it engages local organisations and service users in this process of developing the outcome targets.

3. Partnership working is clearly a priority for the PCT and it should ensure that responsibility for delivery is clearly identified, and that the PCT has a clear role as leader of the local NHS

Observation: Partners recognise that the PCT works well with partners, and there are extensive plans for team working with the Local Authority, e.g., between social workers and district nurses and in community buildings. The PCT's role as leader of the local NHS, builds on its position as a payer and as the only organisation which looks at the whole population's health (e.g., both primary and acute care) and the communication of key health messages, e.g., through Council Volunteer Services

Recommendation: The PCT should ensure that as partnership working develops, responsibilities are clearly defined, especially around joint post and teams; develop a clear aspiration as to be the local leader of the NHS and deliver on a strategy to achieve this. This could be done through a deliberate strategy of influencing stakeholders through encouragement, inspiration and evidence-based reasoning in addition to using its financial power as a commissioner.

Commentary (2/2)

4. The PCT needs to improve clinical engagement with the wider clinician community, especially PBCs and non-GP clinicians

Observation: Clinical engagement is evident between the PCT and its major providers and the PEC is involved with practices, e.g., in clinical forum. However it is unclear how widespread the involvement of the PBC is in planning and service improvement. The PCT does not appear to have a clear view on the levels of engagement. While wider clinical groups are involved in PCT discussions, greater leadership and ownership by clinicians is needed

Recommendation: Ensure that the SCAT model is fully developed and that non-PEC clinicians are engaged in the leadership of the health agenda, especially through encouraging the engagement of PBCs. The PCT could look at means of facilitating local clinical leadership as well as providing its own

5. The PCT has undertaken encouraging new analyses of impact and processes to identify improvement opportunities (e.g., health benefit units, commissioning toolkit) and should continue to develop modeling capabilities to allow scenario planning around key financial and activity assumptions

Observation: PCT has a model which is capable of scenario modeling, with preliminary scenarios already considered

Recommendation: PCT should ensure that robustness of scenario assumptions is regularly tested and transparent

6. The PCT should clarify the financial assumptions around the plan and scenarios, with detail linking of financial assumptions to initiatives and outcomes

Observation: The PCT has sustainable financial plans. However more clarity is needed on the underlying assumptions and how these would be affected by downside risks. A clear link between activity, initiatives and finances is needed, with clear prioritisation of expenditure

Recommendation: The PCT should ensure that the risk management prioritisation of its investment, is clearly aligned to its strategic priorities

7. Board has demonstrated robust challenge on performance, and has clear processes for monitoring intelligence generated from data

Observation: The Board appears to challenge regularly on performance and outcomes, and dashboards are regularly reviewed

Recommendation: The Board should ensure that it continues to engage in Board development and assessing gaps in capabilities

Outcomes

Outcomes chosen

- Life expectancy
- Health inequalities
- Infant mortality
- Rate of admissions per 100,000 for alcohol related harm
- COPD mortality
- Directly standardised mortality rate from lung cancer for all ages
- Circulatory disease mortality in most deprived areas (locally selected outcome)
- Number of people requiring laser surgery for diabetic retinopathy (locally selected outcome)

Panel observations on outcomes:

- Outcomes chosen by the PCT align well with the priority areas in the Strategic Plan, and there is a good process for determining priority areas
- Mental health outcomes are difficult to measure effectively but mental health is monitored in a number of ways
 - Place survey used to monitor mental health outcomes, although this is a self-reported measure of wellbeing
 - Indirect monitoring through related areas, e.g., post-natal depression
 - Suicide rates and other measures still monitored
 - Provider performance monitoring for services, e.g., waiting times
- NEDs have been involved in challenging PEC and Board on delivery of outcome improvements, however it is not clear how the Board as a whole has ensured consistency of the plan with JSNA
- Public engagement has led to a greater emphasis on reducing age discrimination in mental health
- Outcomes are targeted at specific groups in the population where relevant to ensure greatest effectiveness of initiatives, e.g., breastfeeding in deprived areas, 'stop smoking' service quit rates, immunisation rates
- Plans to emphasise broader health and wellbeing in clinician interaction

Recommendation:

- The PCT should ensure that it continues to monitor Mental Health outcomes on a regular and systematic basis, developing a clearer structured view of mental health strategy and building on the work done so far around monitoring, in particular:
 - Continuing to work with providers to ensure that impact on outcomes is delivered in addition to service or process improvement
 - Continuing to bring in local authority and voluntary sector in addressing drivers of mental health, e.g., employment and worklessness objectives in LAA, and ensuring that roles and responsibilities are transparent
- Continue to build on clustering of practices and data collection to support effective targeting of interventions
- Improve use of real time tracking on causes of death

Overview - Competencies

 Panel Assessment

Competency	Level 1	Level 2	Level 3	Level 4
1. Locally lead the NHS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Work with community partners	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Engage with public and patients	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Collaborate with clinicians	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Manage knowledge and assess needs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Prioritise investment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Stimulate market	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Promote improvement and innovation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Secure procurement skills	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Manage the local health system	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Competency 1: Panel assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Are recognised as the local leader of the NHS	• Reputation as the 'local leader of the NHS'	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Reputation as a change leader for local organisations	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Position as the local healthcare employer of choice	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The PCT's plan to lead local NHS involves leading through information, dissemination and transparency. However this depends on there being an improvement in clinical information as well as public communication, e.g., by rebranding the PCT as NHS Bolton
- The leadership role is primarily to coordinate with stakeholders, e.g., to resolve challenges in service design for the urgent care review, although there is no systematic analysis of feedback to inform the PCT's understanding of its reputation
- The local authority is clearly well aligned with the PCT on local health priorities. However it is unclear how the PCT influences stakeholders in determining their priorities, as opposed to leveraging its position as payer and responsible organisation for local population health
- Good examples of leadership on teenage pregnancy and involving school heads were provided
- Development plans are in place for staff and motivation is a clear building block of the strategy

Recommendation:

- Ensure that the leadership of stakeholders through influence based on evidence rather than just relying on its financial power and monitor the stakeholder perception of engagement
- Ensure there is clear communication of the PCT's role, in the local NHS and improve understanding of the feedback on that leadership role
- Ensure that knowledge on commissioning, is embedded throughout the organisation in the commissioning development plan

Competency 2: Self assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Work collaboratively with community partners to commission services that optimise health gains and reduce health inequalities	• Creation of Local Area Agreement based on joint needs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Ability to conduct constructive partnerships	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Reputation as an active and effective partner	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The local authority and PCT are coterminous and have worked closely together to agree the strategic priorities in the LAA, e.g., through the Health and Wellbeing Partnership. The LAA has built on the wider community strategy
 - Some outcomes in SP are included in LAA, e.g., alcohol outcomes
 - However mortality measures are captured by a single AAACM measure
 - The police authority and children’s services were not explicitly mentioned as partners
- The LAA responsibilities for delivery are agreed and monitored at the LAA sub-group, for involved organisations, on quarterly basis, e.g., alcohol treatment services are jointly commissioned and some elements are delivered through the local authority
 - If delivery is not successful, this is picked up at the relevant partnership group, e.g., teenage pregnancy has been discussed with School Heads on Delivery of Programmes
- The Director of Public Health is a joint post. There is also a joint post for health and social care, and partnerships are clearly structured with clear processes to address performance
- It is less clear that delivery has been successful across the initiatives in terms of improved outcomes. e.g., sex education in schools
- Some examples of joint working in mental health are also encouraging, however focus again has been on process and services

Recommendation:

- Ensure that focus is on effective delivery and impact on outcomes, e.g., for Mental Health, older people services
- Ensure engagement with PBCs to align their commissioning plans with the Strategic Plan

Competency 3: Self assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Proactively build continuous and meaningful engagement with the public and patients to shape services and improve health	• Influence on local health opinions and aspirations	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Public and patient engagement	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Delivery of patient satisfaction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The PCT is highly regarded on engagement with the local population (e.g., PBC survey) and has a number of strategies in place to promote wellbeing. However it is unclear how health aspirations have actually changed as a result
- Engagement with local population has affected the development of initiatives. e.g., disability services. However focus has been primarily through stakeholder groups and it is unclear how effective the communication has been in reaching deprived and hard-to-reach groups
- Engagement is predominantly ad hoc, rather than on a regular and systematic basis
- Feedback is monitored and complaints are identified as a source of important feedback and the PCT has plans to develop a deeper analysis of feedback, e.g., complainant consultations. However this appears to be done on an ad hoc basis with little understanding of trends in patient feedback over time

Recommendation:

- The PCT should focus on targeting communication at hard to reach groups and on influencing health aspirations and behaviors, e.g., through regular assessment of the impact of social marketing
- The PCT should ensure that engagement with the public and patients is continued on a regular and systematic basis, building where possible on citizens panels and other forums of engagement, provided by stakeholders
- The PCT should ensure that feedback is more systematically incorporated into strategy and service design, in addition to the ad hoc information that currently provides significant insight

Competency 4: Self assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Lead continuous and meaningful engagement of all clinicians to inform strategy and drive quality, service design and resource utilisation	• Clinical engagement	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Dissemination of information to support clinical decision making	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Reputation as an active and effective partner	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- There was a reasonable level of engagement with PBC, with clear clinical lead roles, however there appears to be a gap in terms of receiving feedback from GPs and other practitioners on the front line
 - The majority of practices are not engaged in the wider health agenda, e.g., the low take-up of funding for innovative ideas development
 - There is a narrow focus on established issues, e.g., resourcing, rather than service redesign and innovation in targeting health inequalities
- Engagement with wider clinical groups takes place through the commissioning toolkit, lean service redesign and other initiatives. The PCT has plans to support leadership development, however it is unclear whether involvement of clinicians has led to clinical leadership to date
- Information provided to PBCs is not well regarded by PBC survey respondents, with concerns over quality, format and frequency
 - This is recognised as a major gap in capabilities currently, especially in getting information to front line
 - The PCT has plans to meet information needs, e.g., with improvements in IT infrastructure
 - Some success already in using clinical dashboards on urgent care
- The PCT has a track record of implementing service improvements, e.g., mental health responses, however it is unclear what impact this has had on outcomes rather than services

Recommendation:

- Encourage wider groups of clinicians to engage with the health agenda and take clinical leadership, with clear plan for engagement
- Ensure that feedback from clinicians is incorporated on regular basis to improve information disseminated to front line practitioners, e.g., by ensuring suitable formats and frequency

Competency 5: Self assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements	• Analytical skills and insights	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Understanding of health needs trends	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Use of health needs benchmarks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- There are encouraging developments in assessing value for money and the use of metrics to understand complete disease pathways
- The PCT has ambitious plans in place to develop scenario planning and predictive modeling capabilities, however this is in early stages and JSNA does not identify health issues by demographic groups
- Phase 2 of the JSNA will address gaps in current understanding
- The health needs trends are not clearly identified, although there are plans to use new activity and financial models to produce scenarios
- Limited benchmarking has been used apart from programme budgeting

Recommendation:

- Ensure that development of modeling skills is effectively used for scenario and activity projections, and that capabilities are developed within the PCT to sustain this over the long term
- Improve the understanding of health need trends historically and in projections, by disease area and demographic groups to inform strategic planning
- Introduce systematic and transparent use of benchmarks to identify areas for development, building on programme budgeting analysis already used and also focusing on outcomes against PCTs with similar demographic profiles

Competency 6: Self assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
<p>Prioritise investment according to local needs, service requirements and the values of the NHS</p>	<ul style="list-style-type: none"> Predictive modeling skills and insights 	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<ul style="list-style-type: none"> Prioritisation of investment to improve population’s health 	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<ul style="list-style-type: none"> Incorporation of priorities into strategic investment plan 	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The PCT acknowledged the need to develop modeling skills and has ambitious plans to use new finance and activity models to assess scenarios, e.g. the CBS model is being piloted for minor injuries with an extensive 5 year model with financial outputs
- The PCT demonstrates the use of criteria for evaluation and prioritisation by its encouraging use of standardised and transparent impact assessment to determine value for money of initiatives (e.g., health benefit units)
- The analysis, intelligence and stakeholder insights have led to the prioritisation and disinvestment in initiatives (e.g., minimising the use of outpatients for musculo-skeletal services)
- There has been widespread engagement with key stakeholders in developing initiatives and this will continue.
- The PCT has the encouraging aim to review whole of its cost base, with service reviews covering 20% of the budget each year. e.g. District nursing has already been reviewed
- The PCT prioritises pathway and service improvement and growth in revenue to fund initiatives. However, whilst it listens to GP priorities (e.g., on NOUS), it is unclear how the PCT would address disinvestment of a wider range of lower priority services if needed

Recommendation:

- The CBS model and the 20% 5 year base line review should continue to be developed
- Ensure that systematic analysis of value for money continues to be refined and that insights from analysis inform prioritisation of investment and that there is a transparent process for assessing hard to measure impacts
- Ensure that there is a clear view of how areas of disinvestment can be identified, using prioritisation criteria, in addition to service improvements and savings through re-design
- Ensure that there is Board engagement in the prioritisation

Competency 7: Self assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Effectively stimulate the market to meet demand and secure required clinical and health and wellbeing outcomes	• Knowledge of current and future provider capacity		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Alignment of provider capacity with health needs projections	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
	• Creation of effective choices for patients	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The PCT is able to articulate the reasoning behind use of IS for services e.g., breathlessness. However there is no clear use of patient feedback to assess provider performance, nor is it clear that a comprehensive assessment of the market has been undertaken.
- There has been good patient involvement in service design e.g., neurological services
- The PCT has projected demand for 18 weeks (the PCT is an early delivery site) and diagnostic and ultrasound services and delivered new capacity from new providers to achieve improved and sustained access. There is some evidence of mitigation plans, however a more systematic assessment is possible
- The Patients Survey appears to understate the choice that has been offered, given the extensive use of the independent sector and is likely to be due to the unusual system used.
- PCT is good at directing care to alternative providers

Recommendation:

- There are opportunities to work with the local authority to map health providers delivering services, that are aligned with patient choices (e.g., 3rd sector in mental health)
- The PCT should make use of the health positioning system from CBS
- The PCT should assess the risks and opportunities with provider arm provision, which are not removed by confining the provider arm to pilots and joint ventures
- The PCT should be proactively supporting patients with improved choice options that they can consider. e.g., reducing barriers on access by helping the local authority with its transport policy

Competency 8: Self assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration	• Identification of improvement opportunities'	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Implementation of improvement initiatives	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Collection of real time quality and outcome information	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The PCT benchmarks against best practice in order to identify areas for improvement using the Advancing Quality pilot programme, which allows them to identify outlier areas
- There are clear processes for involving PBCs and stakeholders in pathway redesign
- There is monitoring of implementation of pathway reform especially through the use of the provider arm (e.g., MSK CATS)
- GPs have developed a number of discreet projects (e.g., CVD screening) which have been approved at Board level
- Quality and outcome information and the monitoring of outputs is done by Board/partners by use of the tool kit for board meetings. These meetings have been moved to allow better performance monitoring and also provided the evidence of the achievement of milestones towards the achievement of the PCT Manifesto promises

Recommendation:

- The PCT should align the pathway improvement work to the Next Stage Review best practices
- The PCT should ensure continued collection of real time information e.g., on causes of death, and communication of data in timely fashion to front line staff
- The PCT should improve the measurement of the wider effects of innovation (e.g., the increased prescribing and lab testing from the CVD Find and Treat programme)
- The PCT should consider joint monitoring with the LA

Competency 9: Self assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Secure procurement skills that ensure robust and viable contracts	• Understanding of providers economics		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Negotiation of contracts around defined variables		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Creation of robust contracts based on outcomes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The panel did not feel there was a clear understanding of the economics of providers other than for PCT's own provider arm
- It is not clear that PRCC rules are fully embedded in the organisation and the relationship with the provider arm demonstrates potential conflicts of interest
- There is not yet a rigorous negotiation strategy around contracts. However there is a very encouraging quality framework for contracts
- There is an encouraging use of outcomes and quality metrics in contracts, especially in IS contracts. However these are not always aligned to the strategic priorities nor common to all providers
- There is a clear and escalatory, arbitration process

Recommendation:

- Ensure that the relationship with the provider arm is at arms length, is transparent and is contestable
- Make use of the CBS work on provider economics
- Develop a clear negotiation strategy based on key performance indicators
- Ensure the alignment of negotiated contracts with Strategic Plan priorities

Competency 10: Self assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvement in quality and outcomes and value for money	• Use of real time performance information	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Implementation of regular provider performance discussions	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Resolution of ongoing contractual issues	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The PCT has a good approach to generating insight/intelligence from data and presenting in dashboards to the Board, which are made public through the website
- There is regular monitoring of performance and evidence at multiple levels of clear performance reporting e.g., document provided at interview, and clear escalation processes specified in contracts with providers
- The AQ scheme helps with the sharing of international best practice in performance
- It is not clear that PCT takes proactive role in performance management of all major provider contracts, as opposed to reacting to monitored performance

Recommendation:

- Develop real time monitoring of performance and ensure clear process for addressing performance issues
- Ensure a focus on addressing root causes of performance and proactively managing contractual risk
- Ensure more proactive contract compliance management across all contracts needed

Governance: Panel assessment on Strategy

Assessment	Measure	Red	Amber	Green
	• Vision and objectives	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Initiatives to ensure delivery of strategic objectives	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Consistency of financial plan with the strategy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Board challenge and ownership of the strategic plan	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Achievement of milestones to date	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

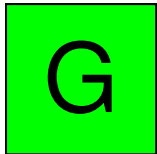
Rationale for rating:

- There is an ambitious vision to achieve value for money supported by clear goals
 - 20% budget is scheduled for review each year to address base spend
 - Development of commissioning toolkit to support substantial review of services
 - Some success already, e.g., Some district nursing resources have been reallocated to deprived areas and benchmarking within and between teams has identified areas for improvement
 - However it is not clear how the strategy aligns with Darzi review
- The disinvestments do not appear to be explicitly linked to the investment in new initiatives to deliver strategic plan. It is not also clear to what extent the initiatives have engaged all levels of clinicians
- The financial plan is consistent with the strategy. However there is limited downside scenario planning and limited assignment of contingencies against risks to the initiatives
 - Risk assessments are conducted in the development of the plan. The first draft on assurance and risk control will be taken to Board in January
 - It is unclear how funding will be prioritised between service areas as opposed to service redesign. This would allow reinvestment within programmes, with growth in revenues to be directed to under-funded areas
 - It is unclear how the investment of surpluses from service redesign affects initiatives and there is limited prioritisation of investment
- The Board is to monitor the dashboard with an overview of the strategic plan and the Board has experience of monitoring delivery of initiatives, e.g., manifesto
 - The NEDs have expressed concerns about A&E performance and other risks
 - The NEDs have challenged on outcomes and performance trends
 - The Board challenged, whether the strategic plan was realistic or overambitious
- The milestones have been determined by utilising techniques such as “Lean”
- PCT has been successful in delivering on initiatives (e.g., It has delivered on 69 of its 71 manifesto promises)

Recommendations going forward:

- The PCT should ensure it aligns its strategic priorities to the Next Stage Review
- The PCT should ensure that the timelines for service reviews are realistic and achievable and that disinvestment is aligned to investment through engagement with stakeholders
- The PCT should clarify the relationship between financial risks, the investment and disinvestment and broader financial assumptions
- The PCT should improve scenario planning and the identification and range of risks in the strategic plan
- Ensure that there is a clear and transparent process for the prioritisation of services in service reviews

Governance: Panel assessment on Finance

Assessment	Measure	Red	Amber	Green
	• Sustainable financial position	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Historical financial management	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Robustness of planning assumptions	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Rationale for rating:

- PCT achieved an improved overall ALE score of 3
- PCT has good planning assumptions and some encouraging developments on managing prescription cost risks (e.g., Incentivised primary prescribing and possible use of “Scriptswitch” next year)
- Financial plan models have historically been consistent with outcomes showing the use of realistic scenarios
- If there are to be lower levels of growth, in the future, the plans are still sustainable by using “natural slippage”
- There has been intelligent and widespread use of programme budgeting and pathway redesign
- There has been spending on the evaluation of research, in collaboration with other PCTs in Greater Manchester

Recommendations going forward:

- The planning assumptions appear a little unclear, especially around initiative risks and prioritisation of disinvestment
- The PCT’s “Better Use of the Base Budget” programme, which reviews 20% of the base budget each year, is very encouraging.
- The PCT may wish to think of using its Health Benefits analysis for its base expenditure (as well as applying it to Growth funding)
- The PCT recognised the challenge of getting the “big money” to reinvest (Heart failure management may save admissions)

Governance: Panel assessment on Board

Assessment	Measure	Red	Amber	Green
	• Organisation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Risk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Information	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Performance	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Delegation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Board interaction	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Rationale for rating:

- The PCT intends to assess its capability gaps and to address this. However this is not currently done on a systematic basis, in that the OD plan identifies the gaps, but the PCT does not have a clear action plan to address them yet
- The PCT has an ALE score of 3 for internal control
- Information is provided to Board on regular basis. There are good examples of translating data into intelligence e.g., the PH report on inequalities has led to development of strategy and the Finance dashboard indicates that finance is not just about figures and it delivers its aim of giving assurance to the board
- The Board plays an active role in monitoring PCT performance (e.g., A&E performance, Breathlessness performance were flagged at commissioning level and up to the Board. This led to a redesign of Urgent Care)
- There is a lack of clarity in the arrangements in relation to delegation e.g., to PBC Clusters
- Even though there are attempts to distance the provider arm, a risk remains of challenge to the awarding of tenders to it.
- The PCT delegates some commissioning responsibility to specialised commissioning and there appeared to be opportunities for greater supervision by the Board
- There are encouraging plans around Board development and EDs now seek NED advice and support. The NEDs provide significant and appropriate challenge and then behave corporately with regard to implementation

Recommendations going forward:

- The implementation of the OD plan should address weaknesses that have been identified.
- The approach to the provider arm is now being openly discussed and various views reconciled. An active plan involving contestable specification design is expected

Potential for Improvement commentary

PCT trajectory

The panel congratulates the PCT on its impressive trajectory, and noted the following points:

- The PCT's vision is ambitious and consistent with local needs
- The chosen outcomes are consistent with strategic priorities and needs and the PCT should ensure that delivery on initiatives in mental health are supported by monitoring of relevant outcomes wherever possible
- Local engagement is extensive and the PCT has encouraging plans to sustain and develop engagement with the local population
- The PCT has undertaken several encouraging analyses regarding value for money and plans to review 20% of its budget each year
- The Board challenges the PCT on performance and outcomes, and there is clear alignment around strategic priorities

Areas for organisational development

To ensure that it delivers the planned transformation of care in Bolton, the Panel recommends that the Panel pursues the following key areas of development:

- The PCT should ensure that it communicates its strategy effectively with stakeholders and that it has a clear idea of priorities among initiatives
- In mental health the PCT should ensure that it develops clear monitoring processes and is able to assess the impact of its initiatives on outcomes as well as services
- On engagement, the PCT should continue to engage closely with partners and should develop a clear view on how it will lead the local NHS, e.g., PBCs
- The PCT should continue to develop its capabilities in modeling and assessing value for money, and should ensure that this is incorporated into a systematic methodology for prioritising initiatives and services