Health and Wellbeing Board

3 June 2015

Time 12.30 pm **Public Meeting?** YES **Type of meeting** Oversight

Venue Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Information for the Public

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Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS - PART 1

1 **Apologies for absence (if any)**

2 **Notification of substitute members (if any)**

3 **Chair's Opening Remarks**

4 **Declarations of interest (if any)**

5 **Minutes of the previous meeting** (Pages 5 - 14)
[To approve the minutes of the meeting held on 4 March 2015 as a correct record]

6 **Matters arising**
[To consider any matters arising from the minutes of the meeting held on 4 March 2015]

7 **Summary of outstanding matters** (Pages 15 - 18)
[To consider and comment on the summary of outstanding matters]
[Viv Griffin]

8 **Health and Wellbeing Board Forward Plan 2015/16** (Pages 19 - 22)
[To consider and comment on the items listed on the Forward Plan]
[Viv Griffin]

9 **Dates and times of meetings**
[To note that meetings of the Board will be held as follows:

29 July 2015 commencing at 14:00 hours;
7 October 2015 commencing at 12:30 hours;
2 December 2015 commencing at 14:00 hours;
10 February 2016 commencing at 12:30 hours and
27 April 2016 commencing at 14:00 hours]

10 **Integrated Commissioning Update** (Pages 23 - 30)
[To receive a report on the development of Integrated Commissioning within Wolverhampton, the next steps and to secure leadership support for the development of Integrated Commissioning]
[Steven Marshall]

11 **Joint Strategy for Urgent Care - Equality Analysis**

[To receive details of the Equality Analysis conducted in respect of the Joint Strategy for Urgent Care]

[Yasmine Booth – Midlands and Lancashire Commissioning Unit]

[TO BE CIRCULATED]

12 **Better Care Fund Programme Update** (Pages 31 - 58)

[To receive a report on activity against plan for the BCT programme, progress against workstreams and the overall programme since the last update and on the reporting and approval requirements against the national quarterly submissions]

[Steven Marshall / Viv Griffin]

13 **Minutes from Sub Groups** (Pages 59 - 68)

[To receive feedback from the following Sub Groups]

(i) Children's Trust Board (Emma Bennett)

(ii) Transformation Commissioning Group (Viv Griffin)

14 **Exclusion of Press and Public**

[To pass the following resolution:

That in accordance with Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information on the grounds shown below]

15 **NHS Capital Programme** (Pages 69 - 72)

[To receive a report on the current position of the NHS Capital Programme insofar as it relates to Wolverhampton] **[TO BE CIRCULATED]**

Information relating to any individual. Para (1)

[Dr Kiran Patel]

16 **Transforming Care** (Pages 73 - 82)

[To receive a report on the progress made locally to implement Transforming Care and on the future plans being developed by NHS England to secure better futures for people with learning disabilities who might need assessment and treatment-type services]

Information relating to any individual.
Information which is likely to reveal the identity of an individual. Para (1, 2)

[Kathy Roper]

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Health and Wellbeing Board

Minutes - 4 March 2015

Attendance

Members of the Health and Wellbeing Board

Cllr Sandra Samuels (Chair) Cabinet Member for Health and Wellbeing
Maxine Bygrave Chair, Healthwatch Wolverhampton
Alan Coe Independent Chair, Wolverhampton Safeguarding Children's Board
Cllr Steve Evans Cabinet Member for Adult Services
Dr Helen Hibbs Chief Officer, Wolverhampton City Clinical Commissioning Group
Cllr Val Gibson Cabinet Member for Children and Families
Christine Irvine Wolverhampton Voluntary Sector Council
Ros Jervis Service Director Public Health and Wellbeing
Simon Hyde West Midlands Police
Linda Sanders Strategic Director for People

By invitation

Cllr Roger Lawrence leader of the Council
Jeremy Vanes Chair, Royal Wolverhampton NHS Trust

Employees

Carl Craney	Democratic Support Officer, Governance Directorate
Noreen Dowd	Chief Operating Officer, Wolverhampton City Clinical Commissioning Group
Glenda Augustine	Consultant in Public Health, People Directorate
Heather Ernstons	Wolverhampton Partnership Manager, Place Directorate
Lamour Gayle	Business Manager, People Directorate
Viv Griffin	Service Director - Disability and Mental Health, People Directorate
Tony Ivko	Service Director - Older People, People Directorate
Steven Marshall	Designate Chief Operating Officer, Wolverhampton City Clinical Commissioning Group
Richard Welch	Head of Community Recreation, People Directorate

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Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies for absence (if any)**

Apologies for absence had been received from Cllr Paul Singh (Shadow Cabinet Member for Health and Wellbeing), Professor Linda Lang (University of Wolverhampton) and Sarah Carter (BCF Programme Director – Wolverhampton City Clinical Commissioning Group)

2 **Notification of substitute members (if any)**
No notifications of substitutes had been received.

3 **Declarations of interest (if any)**
No declarations of interest were made.

4 **Minutes of the previous meeting**
Resolved:

That the minutes of the meeting held on 7 January 2015 be confirmed as a correct record and signed by the Chair.

5 **Matters arising**
With reference to Minute No. 6 (Chair's remarks (if any), the Chair, Cllr Mrs Sandra Samuels, advised that Central Government was keen to ensure that a close working relationship existed between Health and Wellbeing Boards and the Health Scrutiny Panel of the individual authorities. She reported that she met with the Chair of the Health Scrutiny Panel and relevant Officers on a six weekly basis to review the Forward Plan of the Health and Wellbeing Board in order to enable the Health Scrutiny Panel to intimate if it wished for pre-decision scrutiny to be undertaken on particular issues.

With reference to Minute No. 8 (Health and Wellbeing Board Forward Plan 2014/15) and with particular reference to the report to be considered at this meeting in relation to NHS Capital Programme (Agenda Item No. 18), the Chair reported that NHS England had advised that it would be unable to provide much more information at today's meeting than had been provided at the last presentation but would be able to update the Board fully at the next meeting on the monies secured for Wolverhampton practices from the fund set up by Government for Primary Care infrastructure. Accordingly, she had agreed that the report scheduled for discussion at Agenda Item No. 18 be deferred to the next meeting.

With reference to Minute No. 9 (Wolverhampton Safeguarding Children's Board Annual Report 2013 – 14), The Chair reported that Dr Helen Doggett had now been designated by the Wolverhampton City Clinical Commissioning Group as the General Practitioner with responsibility for safeguarding issues.

With reference to Minute No. 10 (Health and Wellbeing Board – Governance arrangements including updated Terms of Reference and amendments to membership), Dr Helen Hibbs advised that Governing Body elections for the Wolverhampton City Clinical Commissioning Group had been held recently but three vacancies still remained. A bye election would be held shortly and appointments made, including to the Health and Wellbeing Board at that point.

With reference to Minute No. 11 (Mental Health Strategy / Mental Health – Crisis Concordat), Noreen Dowd advised that work on the Crisis Concordat was on track for completion by the end of March 2015.

With reference to Minute No. 12 (Implementation of Action Plans following the Francis Report – Update), Dr Helen Hibbs reported that work on this issue was progressing.

With reference to Minute No. 14 (Proposals to deliver planned care for Wolverhampton patients at Cannock Chase Hospital – Update), Noreen Dowd reported that a meeting had been held between the petitioners and representatives of the Royal Wolverhampton NHS Trust in relation to breast care and clinical leads.

6 **Summary of outstanding matters and Chair's update**

Resolved:

That the report be received and noted.

7 **Health and Wellbeing Board Forward Plan 2014/15**

Viv Griffin presented the Health and Wellbeing Board Forward Plan for 2014/15 and advised that a significant report in relation to the Better Care Fund would be submitted to the next meeting of the Board. She invited partners to submit details of any matters to be considered at future meetings. The Chair reported that a report in connection with the NHS Capital Programme would be submitted to the next meeting (Minute No. 5 and Minute No. 18 refer).

Resolved:

That the Forward Plan, as now amended, be received and noted.

8 **Obesity Call to Action - Update and progress made towards developing an action Plan to tackle obesity in Wolverhampton**

Richard Welch, Head of Service, Healthier Place, presented a report which informed the Board on the significant progress which had been made since the publication of the Public Health Annual Report "Weight – We can't wait" at the meeting held on 9 July 2014. The report detailed the successful obesity summit, significant other initiatives – e.g the member obesity champions and 'million' campaigns and progress made towards developing the city wide action plan.

Ros Jervis, Service Director, Public Health and Wellbeing drew to the attention of the Board the visit to Wolverhampton of Duncan Selbie, Chief Executive, Public Health England (PHE) who had recognised the significant challenges faced by Wolverhampton and the progress made to date. This visit had been followed up by Professor Kevin Fenton, National Director Health and Wellbeing PHE who had been asked by Duncan Selbie to find out more of the approach adopted by Wolverhampton in order that it could be used as an exemplar in his evidence to the House of Commons Select Committee on obesity, diet and physical activity. This had been followed up by a further visit and had been referred to in Duncan Selbie's 'Friday message on 6 February 2015:

> "*I see lots of innovation and lots of problems that some might say are intractable but which local politicians, clinicians and managers are getting on with addressing (…..). they are the natural leaders for making things happen. For example, that is exactly what they are doing in Wolverhampton where their population experiences a number of health problems and none more compelling than obesity. (…..) the City council is tackling this as a whole city priority. Led by Ros Jervis, their Director of Public Health, everyone across the city is getting involved including the Acute Trust and the CCG. I was met at the station by three councillors, two of whom had between them lost a*

number of stones and they have all been sharing their experiences with their communities through tweets and blogging. They are not just 'warning and informing', they are actually leading from the front and they are determined to turn things around."

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401940/DS_Friday_message_6_February_2015_final.pdf

Richard Welch expanded on the four workstreams, namely:

- To halt the rising trend in childhood obesity in reception year children
- To slow down the rapid rise in childhood obesity from reception year to year six
- To reduce the number of inactive adults in Wolverhampton so that those who do no physical activity begin to be more active
- To increase physical activity amongst children and young people

Ros Jervis explained that the workstreams had been identified at the Obesity Summit and other sources. She reminded the Board that this was only the commencement of a long process and that an Action Plan in relation to this issue would be submitted to the next meeting. She commented that the issue was system wide and not wholly the preserve of Public Health, that she would welcome all assistance in unblocking obstructions to a successful outcome and that she looked forward to the support of all partners in achieving a system wide approach to resolving this issue.

Cllr Steve Evans commented that he supported whole heatedly the aims and objectives of the Strategy and looked forward to Wolverhampton schools support on this issue. He raised his concern in relation to the inability of the Planning Committee, owing to the current legislation, to prevent the proliferation of fast food outlets in close vicinity of schools. He suggested that there was an urgent need
to enable local people to have the right choices available to them without the Council and its partners being seen to impose a "nanny state" regime. He referred to the excellent initiatives launched recently under the "WV Active" banner and reiterated the need for a joined up approach to tackle the problem. Ros Jervis confirmed the involvement of the Planning Service in addressing the issue as one of the key stakeholders.

Maxine Bygrave, Chair – Wolverhampton Healthwatch, referred to a recent television series "Junk Food Addicts" which had highlighted the links between poor eating habits and poor dental health. She enquired as to the involvement of the NHS dental Service in addressing the Obesity initiative. Ros Jervis confirmed that the PHE Dental Service were key stakeholders in addressing this matter.

Resolved:

1. That nominations from partners to be part of individual workstreams be welcomed;
2. That the forthcoming nominations from the Wolverhampton Hospitals NHS Trust and Wolverhampton City Clinical Commissioning Group be awaited;

3. That the 'whole systems' approach, by agreeing that members act as enablers and 'unblockers' should problems arise be endorsed;
4. That the progress made and proposed content of the Action Plan to tackle obesity in Wolverhampton be noted.

9 **Working Well Week**

Heather Ernstons, Wolverhampton Partnership Manager, reported on the arrangements which had been made for Working Well Week which was to be held as part of the City Conference season. The aim of the week was to build on the City Strategy as launched in 2014 to encourage healthy lifestyles and seeking employment. The City Conference Season would be held over three weeks and would be aimed at the following target audiences:

- Businesses;
- Residents;
- Visitors.

The aim was to encourage people to compete for employment opportunities and, hopefully, which would lead to a healthier lifestyle. The programme would comprise 40 events over five sections with four focussed on residents. The programme would draw attention to:

- The availability of outside gym facilities and walking for health initiatives;
- Supporting career choice;
- Preparing people to obtain employment including tips on attending and appropriate behaviour at interviews;
- Supporting people to get fitter and healthier.

Healthchecks, including advice on smoking cessation would be available at all sessions. There would also be an opportunity to share and debate experience on poverty and unemployment experiences. It was also proposed to stage a debate, sponsored by Wolverhampton University on supporting children and families out of poverty.

Resolved:

That the report be received and noted.

10 **Draft Infant Mortality Action Plan**

Glenda Augustine, Consultant in Public Health, presented a report which provided an overview of the Infant Mortality Action Plan developed by the multi-agency working group to address the high rate of infant mortality in Wolverhampton. She referred to the difficulties now experienced in obtaining statistics relating to this matter due to the Health and Social Care Act and information governance issues. An information sharing protocol was being prepared by the Information Governance Team to overcome these difficulties. The information sharing protocol would also need to be approved by the Caldicott Guardians of both the Royal Wolverhampton NHS Trust and the Council.

Ros Jervis advised that infant mortality was defined as a live birth with death occurring within 12 months of the birth. She also reminded the Board of a Scrutiny Review into the issue which would report to Cabinet in June 2015. Mrs Christine Irvine, Wolverhampton Voluntary Sector Council commented on the closure of various Children's Centres which had been a source iof extremely useful advice to expectant mothers.

Resolved:

That the draft Infant Mortality Action Plan for 2015 – 2018 be approved.

11 **Funding transfer from NHS England to Social Care 2014/15**

Cllr Steve Evans, Cabinet Member for Adult Services presented a report which provided information and sought approval for the allocation of the funding transfer from NHS England to Social Care for 2014/15. Noreen Dowd, Interim Chief Operating Officer, Wolverhampton City Clinical Commissioning Group, emphasised that this money (£6.3m) was for 2014/15 and would be used to support adult social care which also had a health benefit.

Resolved:

1. That the allocation of the funding transfer from NHS England to Social Care for 2014/15 be approved;
2. That delegated authority be granted to the Cabinet Member for Adult Services in consultation with the Strategic Director for People and the Director of Finance to approve the detailed allocation of this funding to services;
3. That the Council entering into an agreement under Section 256 of the NHS Act 2006 to document the transfer of funds to the Council be approved.

12 **Joint Strategic Needs Assessment (JSNA) Qualitative Chapter: Patient Safety**

Glenda Augustine presented a report which provided a collated summary of patient safety derived from local assessment in response to the Francis Inquiry and the Safeguarding and Winterbourne review reports for Wolverhampton produced by Wolverhampton City Clinical Commissioning Group and Wolverhampton Safeguarding Board respectively. Ros Jervis explained that the Qualitative Chapter had been produced following the Peer Review on Children and Adults and comments on what the Joint Strategic Needs Assessment (JSNA) should contain. It had been agreed that the priorities would be re-examined together with where energies and resources should be committed. She invited the Board to indicate how it wished this document to be presented and how the JSNA was prepared in future. The Public Health Team would scope the JSNA including best exemplars nationally.

Alan Coe, Independent Chair of the Wolverhampton Safeguarding Boards suggested that the document be viewed as an addition to the JSNA. He expressed concern that paragraph 7.1 of the report gave the impression that appropriate and necessary measures were in place in respect of patient safety when this was only an assumption. The Chair, Cllr Mrs Sandra Samuels, reminded the Board that the Public Health Team had liaised with both Safeguarding Boards on this matter and an assurance that the system was satisfactory had been received.

Resolved:

1. That the joint Strategic Needs Assessment (JSNA) qualitative summary on patient safety and quality be noted;
2. That the Public Team Team progress work on scoping the JSNA and best exemplars nationally and a further report on this matter be submitted to a future meeting.

13 **Wolverhampton City Clinical Commissioning Group and Wolverhampton City Council Mental Health Strategy**

Noreen Dowd presented a report which provided the Board with an update regarding the commissioning of the Mental Health Strategy, specifically regarding the actions required to address the needs and requirements of key vulnerable groups. She advised that a number of sources of evidence suggested that a number of in-equalities and demographic factors could have a significant effect on the local needs and uptake of mental health services. The information had been validated by local data capture which included the experiences of the City's stakeholders including service users and carers and providers.

Alan Coe acknowledged that the concerns raised at the last meeting had now been addressed. He raised the question as to how "Out of City" placements were addressed. Noreen Dowd advised that such placements were reviewed regularly and attempts were made to secure more local placements and every attempt was made to ensure that appropriate safeguarding measures wee in place.

The Chair enquired as to whether the Strategy had regard to the "Prevent" agenda. Noreen Dowd responded that 20 partners were included within the Crisis Concordat. Viv Griffin, Service Director for Disability and Mental Health, reported that the Delivery Plan was being developed and would be re-signed by all partner organisations.

Resolved:

That the development and implementation of the Mental Health Strategy, including amendments made to address the needs and requirements of key vulnerable groups be noted.

14 **Wolverhampton City Clinical Commissioning Group (WCCCG) - Decommissioning and Disinvestment Strategy**

Dr Helen Hibbs, Chief Officer, Wolverhampton City Clinical Commissioning Group, presented a report which outlined the Decommissioning and Disinvestment policy of that Group. She reported that this policy was part of the long term commissioning strategy and comprised a review of commissioned services and those to be reviewed and/or decommissioned. She reminded that Board that the Commissioning Group was the legally accountable body and was required to demonstrate value for money within all services. She assured the Board that patient safety was paramount within all services.

Linda Sanders, Director for People, advised that the Commissioning Group had statutory responsibility for those services it commissioned and that it was required to comply with Department of Health (DoH) guidelines. The policy was linked closely to the Better Care Fund and, in future, the arrangements would be amended to reflect the pooled budget arrangements and a shared endeavour.

Maxine Bygrave, Chair, Wolverhampton Healthwatch, reported that she would be meeting with the Commissioning Group on the processes to be followed with decommissioning and disinvestment and also with regard to plans for expenditure from the Better Care Fund and the implications for decommissioning and disinvestment. She advised that some Third Sector Groups might no longer have the capacity to assist with the provision of services given the reduction in available resources and the increase in demand.

The Chair, Cllr Mrs Sandra Samuels, questioned the position with regard to Equality Impact Assessments. Dr Helen Hibbs advised that these would be undertaken in respect of each service. The Chair enquired as to the representation from the Council on the Governing Body. Dr Helen Hibbs advised that Viv Griffin, Service Director, Disability and Mental Health and Ros Jervis, Service Director, Public Health and Wellbeing were the representatives of the Council on the Governing Body.

Resolved:

That the Decommissioning and Disinvestment policy of the Wolverhampton City Clinical Commissioning Group be noted.

15 **Better Care Fund - Update**

Noreen Dowd presented a report which detailed the proposed arrangements for the Section 75 agreement for the management of the Better Care Fund and which appraised the Board of progress against workstreams and the overall programme since the last meeting. She reminded the Board that the Better Care Fund was:

- The future – integrated commissioning and shared resources;
- An opportunity to do things better;
- An opportunity to agree hosting arrangements with the local authority;
- The Wolverhampton submission had been the only one in the area agreed by the Department of Health without conditions being attached;
- That this was not new money given that pooled budgets had operated previously;
- The role of the Health and Wellbeing Board as the strategic lead.

Resolved:

1. That the next steps of the plan programme be approved;
2. That the Section 75 agreement between the Wolverhampton City Clinical Commissioning Group and the Council be supported;
3. That delegated authority be granted to the Cabinet Member for Health and Wellbeing (Chair of the Health and Wellbeing Board) to agree formally the detailed Section 75 agreement prior to 31 March 2015;
4. That the best thanks of the Board be extended to all Officers of the Clinical Commissioning Group and the Council involved with the work undertaken to date with regard to the Better Care Fund.

16 **Feedback from Sub Groups**

(i) Children's Trust Board

Cllr Val Gibson, Cabinet Member for Children and Families reminded the Board that a report from the last meeting of the Children's Trust Board had been considered at the last meeting. The Children and Young People Plan had been launched at an event on Wednesday 25 February 2015 and had been very successful and well attended. Noreen Dowd commented that the event had been an excellent example of partnership working and had included the voice of young people.

(ii) Transformation Commissioning Board

Viv Griffin presented the minutes of the meeting of the Transformation Commissioning Board held on 29 January 2015.

(iii) Public Health Delivery Board

Ros Jervis presented the minutes of the meeting of the Public Health Delivery Board held on 3 February 2015. She informed the Group that the Department had been re-titled as “Public Health and Wellbeing” and now had responsibility foir Community Safety and Resilience matters.

She reported on a visit to Wolverhampton by Duncan Selbie, Chief Executive, Public Health England to the Refugee and Migrant Centre to review the work on supporting new arrivals with regard to their health needs. The Chair, Cllr Mrs Sandra Samuels, reported that she had been invited to attend a round table discussion with Duncan Selbie in connection with Tuberculosis and Hepatitis C when she had raised various concerns with the Health Minister and where she had asked for support on behalf of the Wolverhampton health community.

17 **Exclusion of the press and public**

Resolved:

That in accordance with Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information as detailed in paragraph 3 of the Act.

Part 2 – exempt items, closed to the press and public

18 **NHS Capital Programme**

Resolved:

That consideration of this matter be deferred for consideration at the next meeting of the Board.

19 **LGIU and CCLA Councillor Achievement Award - Cllr Val Gibson**

On behalf of the Board, Cllr Steve Evans congratulated Cllr Val Gibson on winning a prestigious award from the LGIU and CCLA for her work to drive forward improvements for children and families in Wolverhampton.

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Agenda Item No. 7

Health and Wellbeing Board

3 June 2015

Report Title	Summary of outstanding matters
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Wellbeing
Wards Affected	All
Accountable Director	Viv Griffin – Service Director – Disability and Mental Health
Originating service	Governance
Accountable officer(s)	Carl Craney — Democratic Services Officer Tel — 01902 55(5046) Email — carl.craney@wolverhampton.gov.uk

Recommendations for noting:
The Health and Wellbeing Board is asked to consider and comment on the summary of outstanding matters

1.0 Purpose

1.1 The purpose of this report is to appraise the Board of the current position with a variety of matters considered at previous meetings of the Health and Wellbeing Board.

2.0 Background

2.1 At previous meetings of the Board the following matters were considered and details of the current position is set out in the fourth column of the table.

DATE OF MEETING	SUBJECT	LEAD OFFICER	CURRENT POSITION
31 March 2014	Health and Well Being Strategy – Performance Monitoring	Helena Kucharczyk (WCC)	Quarterly reports (included with Better Care Fund updates)
31 March 2014	NHS Capital Programme – NHS England – GP practices in Wolverhampton	Les Williams / Dr Kiran Patel (NHS England)	Quarterly reports
3 September 2014	Joint Strategy for Urgent Care – Equality Analysis	Delivery Plan	Report to this meeting
7 January 2015	Implementation of Action Plans following Francis Inquiry – Update	Six monthly updates	Reports to July 2015 and January 2016 meetings and six monthly thereafter
4 March 2015	Scoping the JSNA and analysing best exemplars nationally	Ros Jervis (WCC)	Report to a future meeting

3.0 Financial implications

3.1 None arising directly from this report. The financial implications of each matter will be detailed in the report submitted to the Board.

4.0 Legal implications

4.1 None arising directly from this report. The legal implications of each matter will be detailed in the report submitted to the Board.

5.0 Equalities implications

5.1 None arising directly from this report. The equalities implications of each matter will be detailed in the reports submitted to the Board

6.0 Environmental implications

6.1 None arising directly from this report. The environmental implications of each matter will be detailed in the report submitted to the Board.

7.0 Human resources implications

7.1 None arising directly from this report. The human resources implications of each matter will be detailed in the report submitted to the Board.

8.0 Corporate landlord implications

8.1 None arising directly from this report. The corporate landlord implications of each matter will be detailed in the report submitted to the Board.

9.0 Schedule of background papers

9.1 Minutes of previous meetings of the former Shadow Health and Well Being Board and associated reports and previous meetings of this Board and associated reports

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Agenda Item No. 8

Health and Wellbeing Board

3 June 2015

Report Title	Health And Wellbeing Board – Forward Plan 2015/16
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Wellbeing
Wards Affected	All
Accountable Director	Viv Griffin – Service Director – Disability and Mental Health
Originating service	Disability and Mental Health
Accountable officer(s)	Viv Griffin Service Director Tel 01902 55(5370) Email Vivienne.Griffin@wolverhampton.gov.uk

Recommendation

That the Board considers and comments on the items listed in the Forward Plan

MEETING	TOPIC	LEAD OFFICER
3 June 2015	Minutes from Sub Groups	Viv Griffin / Emma Bennett / Ros Jervis (WCC)
	Integrated Commissioning	Steven Marshall (WCCCG
	Joint Strategy for Urgent Care – Equality Analysis	Steve Corton (M&LCSU)
	Better Care Fund	Steven Marshall (WCCCG) /) / Viv Griffin (WCC)
	Learning Disability Strategy including Winterbourne	Kathy Roper (WCC)
	NHS Capital Programme – Update	Dr Kiran Patel (NHS England – Local Area Team)
29 July 2015	Minutes from Sub Groups	Viv Griffin / Emma Bennett / Ros Jervis (WCC)
	Primary Care Commissioning	Steven Marshall (WCCCG)
	Update on progress with implementing recommendations from the Francis Inquiry	Dr Helen Hibbs (WCCCG)
	Obesity Action Plan	Ros Jervis (WCC)
7 October 2015	Minutes from Sub Groups	Viv Griffin / Emma Bennett / Ros Jervis (WCC)

	NHS Capital Programme – Update	Dr Kiran Patel (NHS England – Local Area Team)
2 December 2015	Minutes from Sub Groups	Viv Griffin / Emma Bennett / Ros Jervis (WCC)
10 February 2016	Minutes from Sub Groups	Viv Griffin / Emma Bennett / Ros Jervis (WCC)
	NHS Capital Programme – Update	Dr Kiran Patel (NHS England – Local Area Team)
	Update on progress with implementing recommendations from the Francis Inquiry	Dr Helen Hibbs (WCCCG)
27 April 2016	Minutes from Sub Groups	Viv Griffin / Emma Bennett / Ros Jervis (WCC)

To be added at some appropriate point: Youth Offending Team input Joint Strategic Needs Assessment

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Agenda Item No. 10

Wolverhampton City Council

Health and Wellbeing Board
3 June 2015

Report title	Integrated Commissioning Update
Decision designation	AMBER
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing
Key decision	Yes
In forward plan	Yes
Wards affected	All
Accountable director	Linda Sanders, Community Helen Hibbs, Chief Officer, CCG
Originating service	Health, Wellbeing & Disability
Accountable employee(s)	Sarah Carter — Programme Director Tel 01902 445941 Email Sarah.carter21@nhs.net Steven Marshall — Director of Strategy and Transformation Tel 01902 444644 Email steven.marshall3@nhs.net
Report to be/has been considered by	

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to formally approve:

1. Plans for the development of an integrated approach to commissioning

The Health and Wellbeing Board is recommended to consider and note:

1. The benefits articulated by developing an approach to integrated commissioning in support of the delivery of the Health and Wellbeing Strategy, and shared commissioning priorities

1.0 Purpose

The purpose of the report is:

- To brief Board members on the development of integrated commissioning within Wolverhampton
- To appraise Board members of next steps
- To secure system leadership support for the development of integrated commissioning

.

2.0 Background

2.1 Developing an approach to integrated commissioning

Developing an approach to integrated commissioning has evolved in response to a number of changes over recent months, and reflects one of the core health and social care commissioner aims in consolidating the lessons learned relating to the historical approaches to joint commissioning arrangements in Wolverhampton. The key drivers include;

- The changing commissioning landscape, and potential future proofing the planning profile we are working to across health and social care,
- The need to draw together integrated commissioning priorities and intentions which are being identified by the Better Care Fund Programme and other critical work streams from 2015/16 onwards.
- The opportunity to use the Better Care Fund, its governance arrangements and the Section 75 agreement as an initial vehicle to define our scope and forward thinking in relation to commissioning.
- The move towards personalisation across Health and Social Care,
- The need to facilitate a shared understanding and overview of the future Health and Social Care commissioning landscape in Wolverhampton over the next 2-3 years.
- Developing an approach aligned to the strategic vision across Wolverhampton City Council, Wolverhampton Clinical Commissioning Group, the Health and Wellbeing Board, and Public Health, reflecting the need to do things differently through a programme of transformation

Wolverhampton City Council and Wolverhampton Clinical Commissioning Group have been working closely to develop this approach, and to reflect the value both organisations place on integrated approaches, and that shared commitment.

- Utilising BCF as a vehicle, Wolverhampton CCG and Wolverhampton City Council, have commenced an approach to integrated commissioning which supports the consideration, in parallel to delivering implementation of the BCF programmes, of opportunities and approaches which support health and social care commissioners, alongside public health, driving development and implementation of a shared vision and strategic plan to commission services across three levels within Wolverhampton, strategic, operational and individual.

2.2 The aims of developing an integrated approach to commissioning

Core aims of this integrated approach to commissioning are;

Aim of Integrated Commissioning	Core Alignment
Shift the emphasis of service delivery from long-term residential, nursing, and secondary care to a new service model of integrated primary and community care delivery across neighbourhoods with a focus on collaboration, prevention, earlier interventions, and maximising independence	Better Care Fund Programme Public Health Commissioning Strategy WCCG 5 Year Plan Health and Wellbeing Strategy
Enhance community and neighbourhood facing accessibility of health, social care and voluntary services on integrated care pathways	Better Care Fund Programme WCCG 5 Year Plan
Improve and enhance patient/service user experience	Better Care Fund Programme
Improved recognition of the role and impact of unpaid carers, ensuring that there are adequate services and support to enable them to continue in this invaluable role.	WCCG 5 Year Plan Better Care Fund Programme

	Health and Wellbeing Strategy
Improved commissioning of integrated health and social services in order to deliver integrated care pathways	Better Care Fund Programme Health and Wellbeing Strategy
Enhanced communication and collaboration between the essential contributors delivering Wolverhamptons commissioning function which is proactive, strategically underpinned and focussed.	WCCG 5 Year Plan Public Health Commissioning Strategy
Improved collaborative planning, and development of the overarching health and social care economy across Wolverhampton to deliver whole community benefits of economic, social and environmental well-being, sustainable services and value for money, through planned procurement and contracts management	WCCG 5 Year Strategy Public Health Commissioning Strategy
Codesign and improved engagement with all lay partners in more aspects of service planning and design – this will involve communities, neighbourhoods, individuals, providers and voluntary & community groups.	Better Care Fund Programme
Deliver financial balance in relation to those budgets within the pooled arrangement, contributing to the efficiency programmes of Wolverhampton CCG and Wolverhampton City Council, and delivering value for money	Better Care Fund Programme WCC Efficiency Programme WCCG 2 year Operating Plan

3.0 Progress, options, discussion, etc.

3.1 Utilising the Better Care Fund as a vehicle, an approach to integrated commissioning has been adopted and initially evaluated by participants and Executive Leads. Commissioning leads from public health, social care and health meet regularly to consider a shared approach to commissioning for the services which are in scope for BCF.

One of the limitations of this approach has been that it has inhibited a strategic commissioning approach to develop in relation to the entire commissioning programme of work.

Feedback from those working within the approach highlighted the following issues;

- Those individuals working within the integrated commissioning pilot structure have found it of benefit in terms of securing support, driving forward collaboration, improving relationships and improving joint ownership and collaboration. All commented that they entered the pilot with energy and commitment to integrated commissioning approaches, as they felt it was the right thing to do.
- Integrated commissioning leads have this as a priority, but require the commissioning organisations to review the scale, pace and capacity required to undertake this effectively
- Direct leadership of the process is business critical
- Senior leadership which reflects and models finding solutions/encourage collaborative approaches is business critical.
- Developmentally, relationships across health and social care commissioning has improved significantly, sharing of work/collaboration, and the sense of ownership across a shared agenda
- Operating across a single site on integrated commissioning would promote a sense of identity and reduce operational complexity.
- Engagement from both organisations contracting teams is business critical in the delivery of the strategic commissioning plans, and virtual infrastructure support needs to be committed

3.2 Next Steps

A Strategic Executive meeting of the newly established Integrated Commissioning Board across both organisations is planned for 21.05.2015. This will take forward commentary from those involved in the pilot process, alongside the strategic agenda regarding other care groups (children, learning disability, adult), and define the recommended approach that will be taken in mobilising joint strategic approach to integrated commissioning.

4.0 Financial implications

4.1 Improved collaborative planning, and development of the overarching health and social care economy across Wolverhampton to deliver whole community benefits of economic, social and environmental well-being, sustainable services and value for money, through planned procurement and contracts management is an anticipated outcome of implementing integrated approaches to commissioning

4.2 There will be opportunities to drive forward efficiency and improved value for money across both organisations though joint procurement (Procurement is the acquisition of goods, services or works from an outside external source through a formal process)

It is business critical to the CCG and City Council that the services procured are aligned to the strategic plans and commissioning requirements outlined, and that they are procured with the most demonstrable quality and financial value to meet those requirements.

4.3 Procurement is a stage of the commissioning cycle and represents just one of the ways in which we may choose to deliver our commissioning intentions, across the integrated commissioning process. We will continue to operate a compliant, open and transparent approach to procurement.

5.0 Legal implications

5.1 A S.75 agreement is in place for the delivery of the BCF plan, which was approved in December 2014.

5.3 Consideration may need to be given with regard to further Section 75 agreements in relation to other care streams in the future.

5.4 Section 75 of the NHS Act 2006 (the "Act") allows local authorities and NHS bodies to enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised. Section 75 of the Act permits the formation of a pooled budget made up of contributions by both the Council and the CCG out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body and prescribed health-related functions of the local authority. The Act precludes CCGs from delegating any functions relating to family health services, the commissioning of surgery, radiotherapy, termination of pregnancies, endoscopy, the use of certain laser treatments and other invasive treatments and emergency ambulance services.

5.5 Alternative methods of contracting could be utilised as an outcome of this process.

6.0 Equalities implications

6.1 There are no equalities implications specifically relating to the current status of integrated commissioning

7.0 Environmental implications

7.1 There are no environmental implications.

8.0 Human resources implications

8.1 There are no current HR implications..

9.0 Corporate landlord implications

9.1 There are no corporate landlord implications.

10.0 Schedule of background papers

10.1 None

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Agenda Item No. 12

Health and Wellbeing Board

3 June 2015

Report title	Better Care Fund Programme Update
Decision designation	AMBER
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing
Key decision	Yes
In forward plan	Yes
Wards affected	All
Accountable director	Linda Sanders, Community Helen Hibbs, Chief Officer, CCG
Originating service	Health, Wellbeing & Disability
Accountable employee(s)	Sarah Carter — Programme Director Tel 01902 445941 Email Sarah.carter21@nhs.net Steven Marshall — Director of Strategy and Transformation Tel 01902 444644 Email steven.marshall3@nhs.net
Report to be/has been considered by	

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to formally approve:

1. The revised integrated governance structure
2. The process for submitting the quarterly mandated Better Care Fund reports
3. The plan on a page of individual programmes within the programme

The Health and Wellbeing Board is recommended to consider the note:

1. The BCF Section 75 Agreement between Wolverhampton City Council and Wolverhampton Clinical Commissioning was formally agreed for the year 2015/16

1.0 Purpose

The purpose of the report is:

- To brief Board members on the activity against plan for the BCF programme
- To appraise Board members of progress against workstreams and the overall programme since the last update
- To appraise the Board of the reporting and approval requirements against the national quarterly submissions

.

2.0 Background

2.1 Health and Wellbeing Board Reporting Requirements

In follow up to the guidance on operationalising the Better Care Fund issued by the BCF Task Force, a revised and much simplified reporting template which CCGs and LA's should use to report BCF performance for the period 1 January 2015 to 31 March 2015 has now been issued. This provides guidance on the nature of the submission and the process which should be followed.

Following feedback from areas regarding the complexity of some of the data requests the template now simplifies the data requests that are being made from local areas and instead will gather information from other pre-existing sources and data collections where these are available.

There will therefore be no local collection of data around these metrics through the quarterly return. This includes forecast performance and actual performance against the following metrics:

• Actual non-elective admissions in to hospital (general & acute), all-age, per 100,000 population;
• Permanent admissions of older people (aged 65 and over) to residential and nursing care homes;
• Proportion of people with long term conditions who feel supported to manage their condition;
• Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services;
• Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).

Data in relation to the agreed local performance metrics submitted as part of the Part 2 planning template, and income/expenditure data will be collected as part of the quarterly reporting return due at the end of Quarter 1 2015-16. An updated template capturing these additional reporting requests will be circulated in early July.

There remains a requirement for the Health and Wellbeing Board to have oversight of the performance against plan and therefore the BCF Programme within Wolverhampton will continue its internal data collection in order to support performance management and the taking of mitigating action, should the plans experience any slippage, or over performance. Additionally other elements of performance are included in the Wolverhampton approach to performance and assurance, they include the overarching performance against the BCF pooled budget, delivery against implementation plans, and detailed focus regarding changes to activity at a HRG code level, and at service levels.

The quarterly performance report to the Health and Wellbeing Board will incorporate all elements of performance against plan in order that the Board is fully sighted on the implementation, metrics, exceptions and risks associated with the programmes delivery.

2.2 Better Care Fund Programme Integrated Governance Structure

The Health and Wellbeing Board is at the centre of governance and assurance processes for the BCF programme. The governance process adopted in the planning and development phase of the BCF programme has sought to engage key providers alongside commissioners in the support of transformation. More recently a review has been undertaken of the integrated governance structure, with a view to moving into the delivery phase of the programme, and the Section 75 agreement between the 2 commissioning organisations.

From July 2014 to March 2015 programme was overseen by a Transformation Commissioning Board which reported to the Health and Wellbeing Board via the Programme Director. Sitting alongside this and reporting to the TCB was;

- Transformation Delivery Board, which includes all partners and stakeholders,
- Finance and Information Core Group,
- Quality and Risk Core Group,

- Governance Core Group

2.3 Section 75 agreement

Wolverhampton City Council and Wolverhampton Clinical Commissioning Group have been working collaboratively to deliver a S. 75 agreement which supports the effective management of a pooled budget. A report was submitted to Cabinet and the Clinical Commissioning Groups Governing Body which approved the structure, content and management arrangements of the pooled budget and agreement in order to achieve the commencement date of 01.04.2015. The Section 75 agreement between Wolverhampton Clinical Commissioning Group and Wolverhampton City Council is now in place.

3.0 Progress, options, discussion, etc.

3.1 Better Care Fund – Health and Wellbeing Board Reporting Requirements

The revised template now asks data returns by Health and Wellbeing Board area to be submitted on the following issues only

• Whether Disabled Facilities Grant has been pass-ported to the relevant local housing authority;
• Whether a section 75 agreement is in place to pool BCF funding in accordance with the nationally approved BCF plan; and
• Whether the six national BCF conditions are being met or are on track to be met through the delivery of the national approved BCF plan.

This will be the only information that will be submitted in the return from Wolverhampton for the return that is due by 29 May 2015.

The new reporting template also provides an ability to submit additional narrative text and moving forward it will be used to provide any additional information we identify in Wolverhampton is appropriate to support the return including explanation of any material variances against the plan and associated performance trajectories.

The report is submitted on behalf of the Health and Wellbeing Board and the following is proposed for consideration

- Approval is delegated to the Programme Board formally by the Health and Wellbeing Board. The Programme Board meets monthly and is the Executive meeting supporting the implementation of the BCF programme (Please see attached Governance infrastructure)
- The report is submitted to the Health and Wellbeing Board as part of the quarterly reporting process for BCF
- The Health and Wellbeing Board delegate the management of any exceptions which require a Health and Wellbeing Board response and approval prior to submission to Cllr Samuels (Chair), Linda Sanders, and Helen Hibbs

3.2 Better Care Fund Integrated Governance Structure

The integrated governance structure has been revised and the Board is asked to approve the proposed integrated governance structure, which is attached in Appendix 1.

The main changes are as follows and reflect the move from planning to delivery phases of the programme. The Health and Wellbeing Board retain overarching systems responsibility for the delivery of the programme.

- The Transformation Commissioning Board and Transformation Delivery Board have been integrated into a single Executive led Programme Board which has Executive representation from both commissioners and main providers. This meets monthly and has oversight of the delivery of the programme, reporting directly to the Health and Wellbeing Board
- Each element of the programme; mental health, dementia, primary and community, and intermediate care, have a designated Senior Responsible Officer, who has responsibility for ensuring the effectively delivery of key milestones in the programme delivery plans, and resolving any issues which impact upon delivery.
- A Senior Responsible Officer Oversight Group has been established which meets on a fortnightly basis and received highlight reports including exceptions form each programme via the programme delivery leads
- Individual programmes have moved to weekly meetings to ensure that progress is tracked and delivered, and to ensure that resolution of issues which impact upon delivery are managed in a timely manner. Programme delivery teams are led by delivery leads who are commissioners in health and social care.
- A systematic Programme Management approach has been adopted to reporting across each layer of governance which provides consistency. The reporting structure has been redefined to reflect this.

3.3 Section 75 Agreement

The Section 75 Agreement has been signed on behalf of both organisations for 2015/16. The agreements key elements identify the approach to the following;

- **Governance** - The scope of the powers of the agreement are within the existing limits set by both organisations schemes of delegation in relation to BCF, particularly from a financial and procurement perspective. Beyond these limits, decision making remains within the responsible bodies in the individual organisations (Cabinet and the CCG's Governing Body), to whom the Executive members of the new Partnership Board are accountable for the operation of the fund. The Health and Wellbeing Board retains its oversight of the performance of the fund against the objectives set out in the BCF plan and the Health and Wellbeing strategy.

- **Contracting** - Existing contracts between the CCG and providers and the Council and providers are not affected by the creation of a single host for the pooled fund. Future contracts may be linked to integrated approaches to commissioning.
- **Financial Value** - The value of the pooled fund consists of services totalling £66.6million revenue. The fund includes £2.1 million capital grant which is managed by the council. The fund has had efficiency requirements extracted prior to being pooled.
- **Risk Share and Overspends -** The CCG has adopted full risk absorption of the P4P element of the fund. Risk share is apportioned on a percentage value basis across the 2 organisations in relation to overspend against individual programmes. Delivering further efficiency in order to support demographic change and the implementation of the Care Act has been apportioned across the individual programmes on a proportionate basis.

4.0 Financial implications

4.1 The BCF revenue pooled fund for 2015/16 is £66.6 million, and approaches to the management of impact, risk and benefit has been agreed via the Section 75 agreement. This includes £6.3 million representing the NHS transfer to social care ('Section 256 funding), which is ring fenced. In addition to the revenue services the bid includes capital grants amounting to £2.1 million (Dedicated Facilities Grant and Social Care Capital Grant).

4.2 The pooled fund requires efficiencies to be realised to fund the council's demographic growth of £2.0 million and care act implementation funding of £964,000. The council's medium-term financial strategy (MTFS) currently assumes that these pressures will be funded in full from the BCF. The fund has also had significant efficiencies extracted prior to pooling, delivery against which will be monitored through the Partnership Board.

4.3 The receipt of a proportion of the BCF funding in 2015/16 (£1.6 million) will depend on meeting agreed performance targets, specifically the reduction in the number of non-elective emergency admissions by 3.5%. The CCG are required to withhold these monies from the Pool until such time as delivery has been demonstrated. In the event that admissions are not achieved, the CCG will bear 100% of this risk for 2015/16.

4.4 Each organisation will make equal monthly payments to the pooled budget. The actual contributions paid into the pooled by each party will be net of demographic growth, care act monies for the council, efficiency delivery plan assumptions and net of the performance payment for the CCG.

5.0 Legal implications

5.1 The Planning Guidance for the Better Care Fund confirms that the Fund will be allocated to local areas where it will be put into pooled budgets under Section 75 NHS Act 2006 ("Section 75 Agreements").

5.2 The S.75 agreement is a vehicle for the delivery of the BCF plan, which was approved in December 2014. This plan was developed jointly across the CCG, City Council and involving other lay partners and providers and aims to support the delivery of the Councils and CCGs strategic vision, supporting the achievement of effective, efficient and integrated community and neighbourhood facing services.

5.3 The section 75 agreement has been put in place at the must be in place at the start of the 2015/16 financial year.

5.4 Section 75 of the NHS Act 2006 (the "Act") allows local authorities and NHS bodies to enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised. Section 75 of the Act permits the formation of a pooled budget made up of contributions by both the Council and the CCG out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body and prescribed health-related functions of the local authority. The Act precludes CCGs from delegating any functions relating to family health services, the commissioning of surgery, radiotherapy, termination of pregnancies, endoscopy, the use of certain laser treatments and other invasive treatments and emergency ambulance services.

5.5 Prior to signing both partners secured independent legal review of the final agreement

5.6 The notice period for ending the Section 75 agreement, by negotiation, is 3 months.

6.0 Equalities implications

6.1 There are no equalities implications specifically relating to the current status of the BCF programme.

7.0 Environmental implications

7.1 There are no environmental implications.

8.0 Human resources implications

8.1 Some transformational change outcomes may require TUPE arrangements to apply between providers if procurement is utilised to enhance provide a more mixed health and

social care economy. This will not have a direct impact other than in relation to procurement advice and support.

9.0 Corporate landlord implications

9.1 There are no corporate landlord implications.

10.0 Schedule of background papers

10.1 Revised integrated governance structure
National reporting proforma
BCF Programme Summary Plans

Documents Referenced Embedded

BCFWolvesProgramm
e Approach and Struc

BCFPoPSummary.pdf

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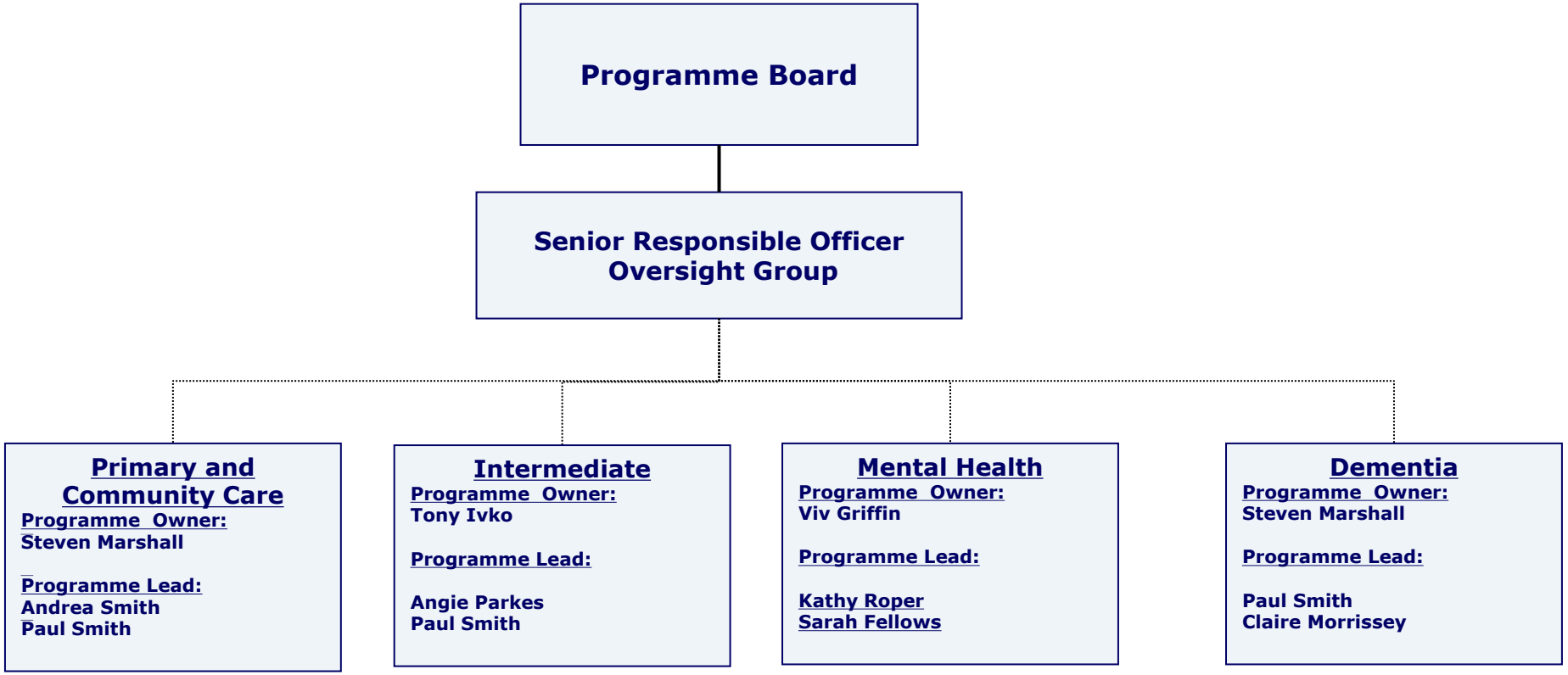
Better Care Fund Wolverhampton Programme Structure

Wolverhampton BCF Programme Governance Structure



Programme Owner accountable for Senior Leadership, Solutions and Delivery – Programme oversight and link to Programme Board

Programme leads responsible for
Implementation plan delivery, exception reporting, risk management, escalation, individual programme management and delivery team leadership

Wolverhampton BCF Programme Governance Meetings – Mini Flow

Programme meetings	Freq	Purpose	Who to attend
Programme Board	Monthly	Exception report receipt , Performance against Plan, Actual, Escalation, Resolution, Accountability, Governance, Risk * Denotes associate members	Ros Jervis Maxine Espley Helen Hibbs Gwen Nuttall John Campbell Linda Sanders Claire Skidmore Alison Shannon *Steven Marshall *Viv Griffin *Tony Ivko
Senior Responsible Officer Oversight Group	Bi monthly – Call and face to face	Solutions and Delivery	Steven Marshall Viv Griffin Tony Ivko
PMO	Weekly	Programme discipline, aggregated information, exception reporting and risk escalation to SROs	TBC
Programme delivery groups	Weekly	Implementation plan delivery, exception reporting, risk management, escalation, individual programme management and delivery team leadership	Delivery teams

Wolverhampton BCF Programme leads and team members

Programme SRO	Programme name	Programme lead	Programme team member(s) RWT	Programme team member(s) BCPFT	Programme team member (s) Social Care (Operations)	Programme team Member (s) Infrastructure
Steven Marshall	**Primary & Community**	Andrea Smith Paul Smith	Resham Khun Khun Zena Young	Mal Anderson	David Raybould Angela Coxhead	Darren Pandaal Alison Shannon Helena Kucharzyck
Steven Marshall	**Dementia**	Paul Smith Claire Morrissey		Paul Gibara Mal Anderson Jay Visnawathan	Santosh Kumari	Darren Pandaal Lesley Sawrey Helena Kucharzyck
Tony Ivko	**Intermediate**	Angie Parkes Paul Smith	Wendy Worth Zena Young	Marcelle Rollings	Tracey Chappell	Darren Pandaal Alison Shannon Helena Kucharzyck
Viv Griffin	**Mental Health**	Sarah Fellows Kathy Roper	Jane McKiernan	Wendy Aston + Operational manager + Psychiatrist	Adrian Pugh	Darren Pandaal Lesley Sawrey Joanne Treacy Helena Kucharzyck

Role of Programme Leads:

The Programme Lead will:

- Develop the associated Gannt and schedule for the delivery of the relative Programme recognising key external, programme and Programme milestones
- Run each Programme and the associated teams as a project to ensure delivery to milestones and quality
- Set up the cascaded reporting to provide assurance with regard to development and delivery
- Run Programme escalations and issue process to ensure Programme delivery

Terms of Reference: SRO Oversight Group

TIME.	4.15pm
FREQUENCY:	Fortnightly
DURATION:	45mins - 1 hour
LOCATION:	Civic Centre
MEDIUM:	Face to Face/Telecon alternately

Attendees:

Senior Responsible Officers

Purpose

- Real time programme implementation assurance and solution negotiation/delivery

Objectives

- Lead partnership and collaboration approach
- Reinforce commitment
- Establish programme status
- Decide key points to underpin delivery and implementation associated with the Programme delivery requirements
- Agree any changes to the configuration
- Review and approve any delivery changes
- Receive and review exception reports

Agenda:

1. Review previous Action Log
2. Review the overall programme status
3. Review the development needs
4. Review risks/issues/blockers and agree actions to address
5. Agree decisions to deliver the alliance
6. Agree new Action Log

Inputs:

- Overall Programme Schedule
- Escalation Log
- Decision Log
- Proposed programme changes
- Action Log
- Weekly programme reports

Outputs:

- Decision Log
- New Action Log
- Agreed changes
- Programme Board SROs' highlight report

Quoracy

- SROs x 3

or

- Named representatives

Terms of Reference: BCF Programme Board

TIME. 9.30am
FREQUENCY: 2nd Thursday of every month
DURATION: 1.5 hours
LOCATION: Science Park
MEDIUM: Meeting

Attendees:

Senior nominated executive officers as per slide 3

Chair: The meeting Co Chairs are ;

Helen Hibbs
Linda Sanders

Purpose
- Ensure the programme is healthy, on track and all risks and issues are resolved.

Decisions Quoracy
- 3 of the 4 organisations represented
- Deputies may be Authorised decision making

Objectives
- To review the overall project status
- Identify programme dependencies and any associated delivery issues
- Identify and escalate risks for provider or commissioner resolution
- Identify and present requirements for decision making
- Within its power, remove any issues or barriers to success
- Cascade any programme direction or decisions executed by the senior nominated officers

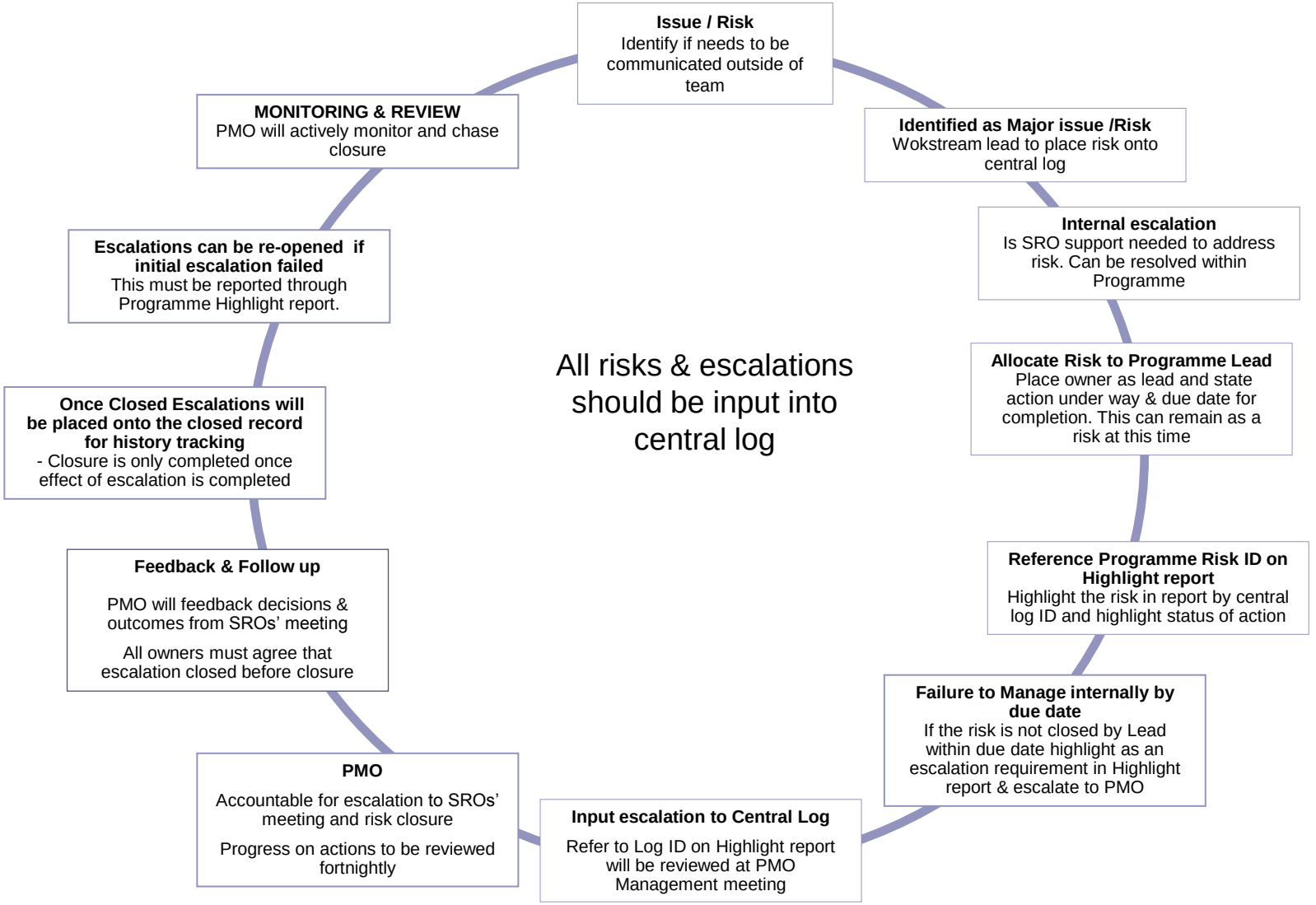
Agenda:

1. Review previous Action Log
2. Review the overall programme status provided by SROs
3. Review the programme and Programme needs for future development
4. Align the programme with the direction (in the event of there being shifts)
5. Review risks/issues/blockers and agree actions to address
6. Agree new Action Log
7. Agree report for Health and Wellbeing Board

Inputs:
- Overall Programme Schedule
- SRO Highlight Programme Report
- Programme Risk and escalation log
- Specific decision requirements
- Action Log

Outputs:
- Consolidated risk and escalation log
- Action Log
- Decision Log

Wolverhampton BCF Programme Risk & Escalation process



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Wolverhampton CCG – Wolverhampton City Council Primary and Community Care Summary Plan: 2015/16

Vision: Home as Hub – building a neighbourhood approach which generates self-care, early identification and screening, integration and resilience of communities. Delivering a person focus to support for those who are living with frailty, and/ or complex health and care needs which promotes the maximisation of independence and enables people to remain in the home they are ordinarily resident for as long as possible. Integrating services, removing the barriers.

Purpose of the Programme:

To develop 3 Integrated Health and Social Care Community Neighbourhood Teams (CNTs) based in the 3 CCG localities – South East, South West and North East, supported by redesigned focus and care pathways.

To deliver primary care focussed, hard targeted interventions into care homes which support resilience building and prevent escalation.

To deliver the following outcomes:

Reducing unnecessary emergency admissions to hospital, reducing delayed transfers of care, reducing permanent placements in nursing and residential care homes, improving the patient experience, promoting self management, early intervention and prevention.

Individual Projects:

1) GP Care Home In-reach
2) Eclipse Roll-out
3) UTI Care Pathway
4) CNT's Design

Programme Commissioner Leads:

Andrea Smith – Wolverhampton CCG
Paul Smith – Wolverhampton City Council

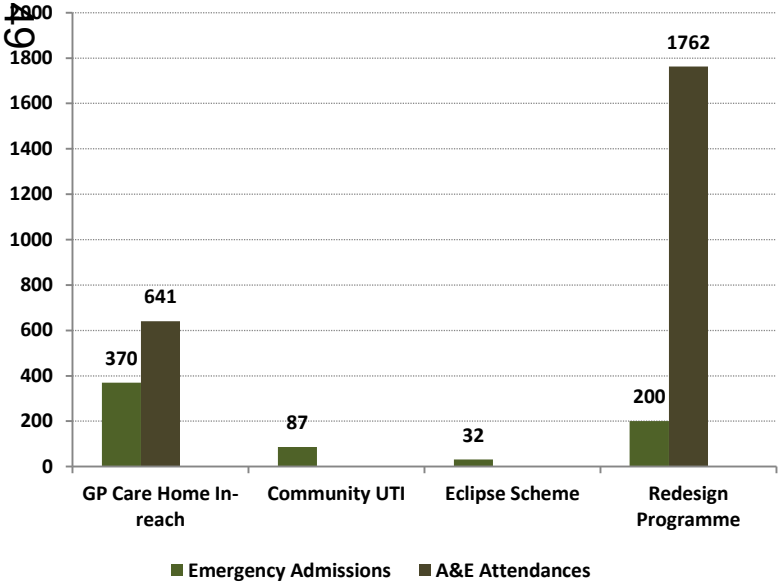
Programme Provider Leads:

Resham Khun-Khun
Zena Young - Royal Wolverhampton NHS Trust
David Raybould – Wolverhampton City Council
Angela Coxhead – Wolverhampton City Council

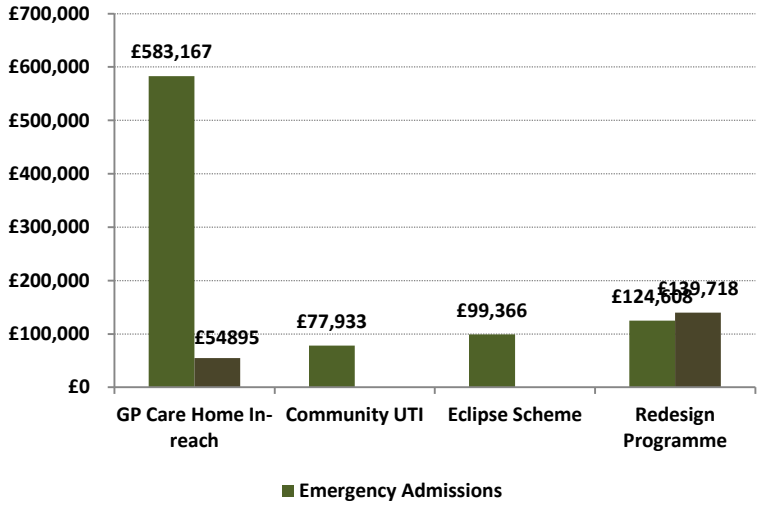
2015/16 Financial Value:
£22,054,368

Total Emergency Admission Reduction Impact:
£885,074
Total BCF Non P4P Metric Impact:
£106,000

Primary and Community Acute Activity Impact



Primary and Community Acute Financial Impact



Wolverhampton CCG – Wolverhampton City Council Intermediate Care Summary Plan: 2015/16

Vision: Developing and delivering Wolverhampton's approach to effective alternatives to admission, effective discharge, and early discharge programmes through the full integration and rationalisation of Intermediate and therapy services and beds across health and social care.

Purpose of the Programme:

A material shift from care and support being delivered on an episodic basis to support, and interventions being wrapped around the individual to maximise the potential for independence

Development of a fully integrated approach to intermediate and reablement care which is community facing and supports person centred care, providing both alternatives to admission that are community facing and accelerated discharge with intensive, needs based support. This support will be delivered and coordinated on an integrated basis in the community

Designing and delivering an enhanced intermediate care function

Creating responsive support in a crisis

Maximising and consolidating the use of our resources, including our intermediate care beds

To deliver the following outcomes:

Reducing unnecessary emergency admissions to hospital, reducing delayed transfers of care, reducing permanent placements in nursing and residential care homes, improving the patient experience, promoting self management, early intervention and prevention.

Individual Projects:

1) Home In-Reach Team
2) Intermediate Care Redesign

Programme Commissioner Leads:

Angela Parkes– Wolverhampton CCG
Paul Smith – Wolverhampton City Council

Provider Programme Leads:

Wendy Worth– Royal Wolverhampton NHS Trust
Zena Young - Royal Wolverhampton NHS Trust
Tracey Chappell – Wolverhampton City Council

2015/16 Financial Value:

£32,168,889

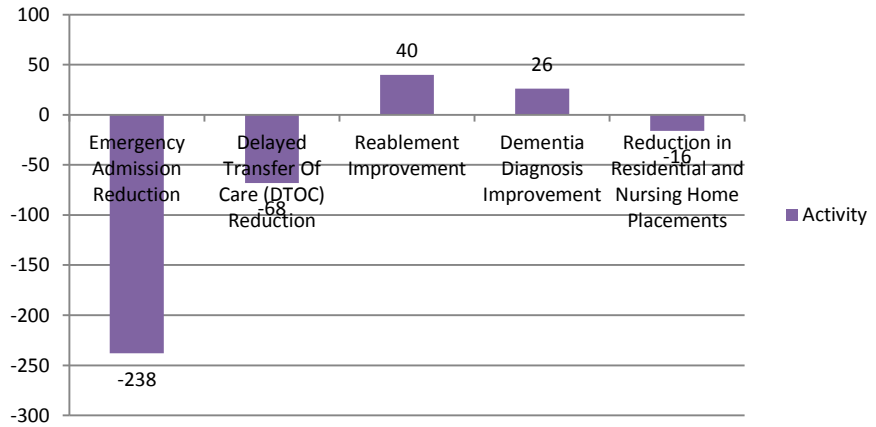
Total Emergency Admission Reduction Impact:

£528,651

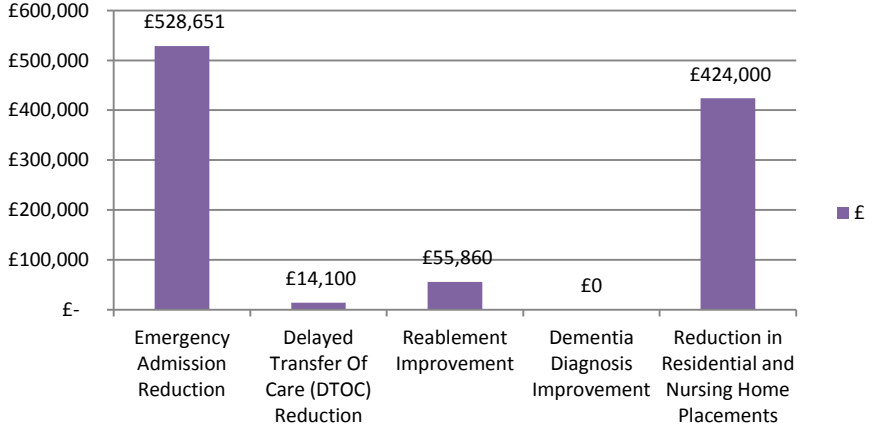
Total BCF Non P4P Metric Impact:

£493,960

Intermediate Care Acute Activity Impact



Intermediate Care Acute Financial Impact



Wolverhampton CCG – Wolverhampton City Council Dementia Summary Plan: 2015/16

Vision: Integrated Dementia Services – A person centred approach across all pathways and journeys that retains and maintains independent living, raising awareness and an improved quality of response. Integrating health and social care services prioritising timely diagnosis and early intervention, ensuring people living with dementia are engaged in advanced decisions about future care and treatment, enabling them to maintain their independence for as long as possible.

Purpose of the Programme:
To deliver care closer to home via Integrated Dementia services and community neighbourhood teams focusing on a localised and person centred approach, prioritising early intervention and timely diagnosis; maintaining and restoring independent living; ensuring the availability and mix of interventions whilst delivering transformational change across the health and social care economy

To deliver the following outcomes:
Reducing unnecessary emergency admissions to hospital, reducing delayed transfers of care, reducing permanent placements in nursing and residential care homes, improving the patient experience, promoting self management, early intervention and prevention.

Individual Projects:
Integrated Dementia Services

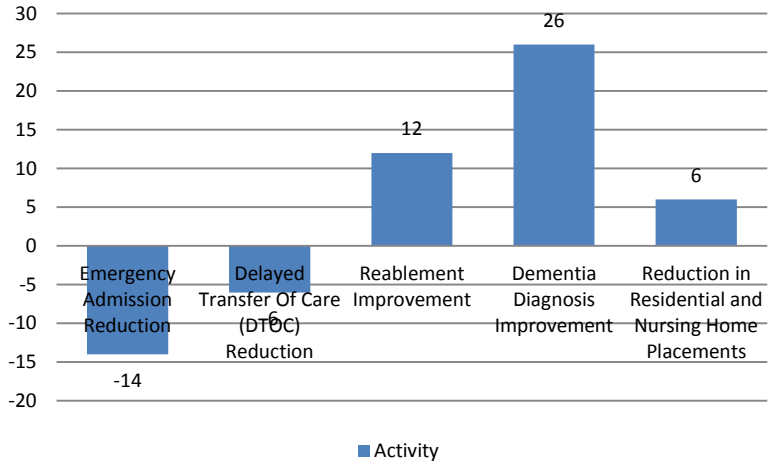
Programme Commissioner Leads:
Claire Morrissey – Wolverhampton CCG
Paul Smith – Wolverhampton City Council

Programme Provider Leads:
Paul Gibara – Black Country Partnership Foundation Trust
Alan Pugh – Wolverhampton City Council

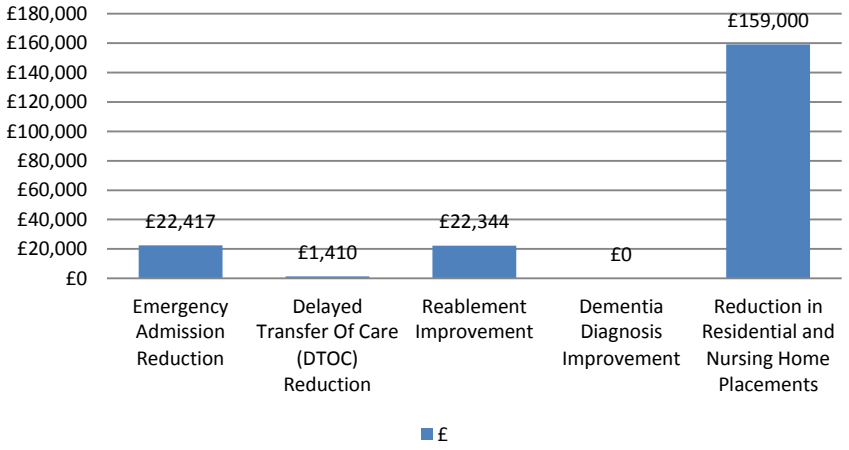
2015/16 Financial Value:
£4,233,120

Total Emergency Admission Reduction Impact:
£205,171
Total BCF Non P4P Metric Impact:
£182,754

Integrated Dementia Services Redesign Activity Impact



Integrated Dementia Services Acute Financial Impact



Wolverhampton CCG – Wolverhampton City Council Mental Health Summary Plan: 2015/16

Vision: The vision for mental health services and the aim of this proposal is to provide services to the people of Wolverhampton forward into 2019/20 that are sustainable, seamless, person centred, with support delivered as close to home as possible that maximise opportunities for independence to be retained. In Wolverhampton are committed to the strategic approach of **One Ambition, Working as One, for Every One.**

Purpose of the Programme:
Developing and delivering Wolverhampton's approach to fully integrated functional mental health community services, and the development of community facing pathways.

The scope for the workstream includes, enhancing the development of fully integrated care pathways for mental health, including where crisis and urgent care needs occur, establishing a recovery pathway for OOA placements which ensures care is delivered as close to home as possible, achieving parity of esteem for those with mental health needs, approaches to supporting those who no longer have enhanced needs and mental health awareness, anti-stigma and self-help development.

To deliver the following outcomes:
Reducing unnecessary emergency admissions to hospital, reducing delayed transfers of care, reducing permanent placements in nursing and residential care homes, improving the patient experience, promoting self management, early intervention and prevention.

Individual Projects:
1) **Planned Care**
2) **Urgent Care**

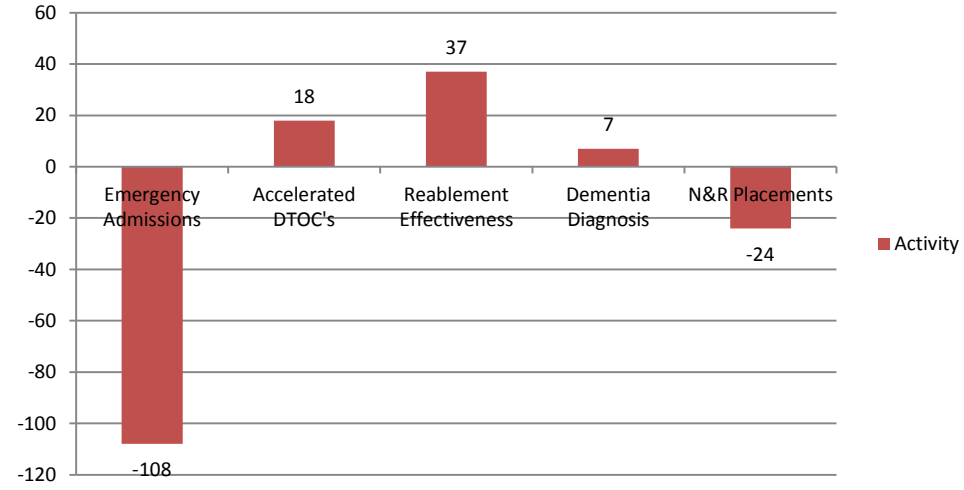
Programme Commissioner Leads:
Sarah Fellows – Wolverhampton CCG
Kathy Roper – Wolverhampton City Council

Provider Programme Leads:
Debbie Mason – Black Country Partnership Foundation Trust
June Pickersgill – Wolverhampton City Council

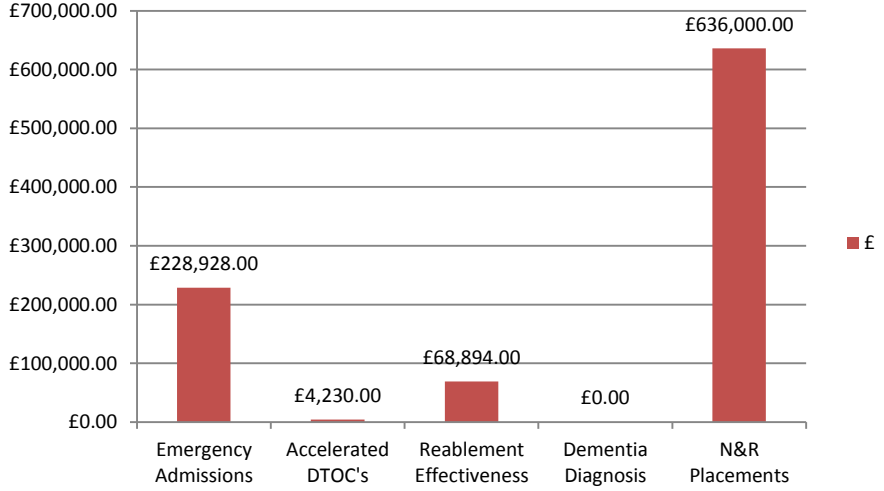
2015/16 Financial Value:
£8,210,846

Total Emergency Admission Reduction Impact:
£228,928
Total BCF Non P4P Metric Impact:
£709,124

Mental Health Acute Activity Impact



Mental Health Acute Financial Impact



Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics from the Health & Wellbeing Board plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 29th May 2015

This initial Q4 Excel data collection template focuses on the allocation, budget arrangments and national conditions. Details on future data collection requirements and mechanisms (including possible use of Unify 2) will be announced ahead of the Q1 2015/16 data collection.

To accompany the quarterly data collection we will require the Health & Wellbeing Board to submit a written narrative that contains any additional information you feel is appropriate including explanation of any material variances against the plan and associated performance trajectory that was approved.

Content

The data collection template consists of 4 sheets:

1) Cover Sheet - this includes basic details and question completion
2) A&B - this tracks through the funding and spend for the Health & Wellbeing Board and the expected level of benefits
3) National Conditions - checklist against the national conditions as set out in the Spending Review.
4) Narrative - please provide a written narrative
To note - Yellow cells require input, blue cells do not.

1) Cover Sheet

On the cover sheet please enter the following information:
The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board.

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 4 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) A&B

This requires 4 questions to be answered. Please answer as at the time of completion.
Has the Local Authority recived their share of the Disabled Facilites Grant (DFG)?
If the answer to the above is 'No' please indicate when this will happen.
Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track for delivery (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please detail in the comments box what the issues are and the actions that are being taken to meet the condition.
'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.
Full details of the conditions are detailed at the bottom of the page.

Cover and Basic Details

Q4 2014/15

Health and Well Being Board	Wolverhampton

completed by:	
e-mail:	
Contact number:	
Who has signed off the report on behalf of the Health and Well Being Board:	

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB.xls' for example 'County Durham HWB.xls'

	No. of questions answered
1. Cover	1
2. A&B	4
3. National Conditions	0
4. Narrative	0

Selected Health and Well Being Board:

Wolverhampton

Data Submission Period:

Q4 2014/15

Allocation and budget arrangements

Has the housing authority received its DFG allocation?	Yes
If the answer to the above is 'No' please indicate when this will happen	dd/mm/yy
Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?	Yes
If the answer to the above is 'No' please indicate when this will happen	dd/mm/yy

Selected Health and Well Being Board:

Wolverhampton

Data Submission Period:

Q4 2014/15

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	Comment
1) Are the plans still jointly agreed?		
2) Are Social Care Services (not spending) being protected?		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?		
4) In respect of data sharing - confirm that:		
i) Is the NHS Number being used as the primary identifier for health and care services?		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?		
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?		
6) Is an agreement on the consequential impact of changes in the acute sector in place?		

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Selected Health and Well Being Board:

Wolverhampton

Data Submission Period:

Q4 2014/15

Narrative	**remaining characters**	**32,767**

Please provide any additional information you feel is appropriate to support the return including explanation of any material variances against the plan and associated performance trajectory that was approved by NHS England.

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WOLVERHAMPTON CHILDREN'S TRUST

CHILDREN'S TRUST BOARD

Minutes of meeting held on 18th March 2015

Civic Centre

Item	Notes	Action
	Present Councillor Val Gibson (Chair) – WCC Steven Marshall (Vice – Chair) - CCG Ros Jervis – WCC, Public Health Kush Patel - WCC Superintendent O'Hara – West Midlands Police Clare Boliver – Wolverhampton College Emma Bennett – WCC Linda Sanders – WCC Maria McGuffy – CCG Mary C Keelan –Our Lady and St Chad Catholic Sports College/Secondary Head Teachers Sarah Fellows - CCG Ann-Marie Fox (Minutes Taker) - WCC Safeguarding	
1.	**Welcome, Apologies, Introductions** Apologies were received from: Tim Johnson - WCC Jim McElligott – WCC	
2.	**Declarations of interest:** • None.	
3.	**Minutes of the meeting held on 17th December 2014** • Agreed as a true record • Mary Keelan did not receive the papers **Action:** Add Mary Keelan to distribution list. **Matters Arising** • Balance score card to be developed and other agencies to contribute to the work under the Early Help Plan. Actioned. • Terms of reference are to be revised as suggested in report and Gillian	

	Ming's membership to CTB to be updated. Actioned. • Report to be presented to the Early Help Board in January for progression. A progress report to be presented to CTB in March regarding all issues discussed. Actioned. • It was agreed as a group that early intervention needs to take place and somebody needs to take responsibility. **Action:** Update required from Dr Higgins.	
4.	**CCG – update on developments relating to children and young people** <u>Sarah Fellows</u> • Sarah Fellows presented a summary of the report provided regarding key developments of the CCG commissioning of mental health services for children and adolescents (CAMHS), Looked After Children (LAC) and children with Special Educational Needs and Disabilities (SEND). Developing a threshold for CAMHS for individuals up to 21 years old with complex needs, e.g. Aspergers, ADHD. There has been a successful expression of interest to NHS England. Continuing to work with partners regarding prevention and resilience building. <u>Maria McGuffy</u> • Maria McGuffy presented a summary of the report provided regarding commissioning services and care pathways for LAC, including those placed in specialist educational, residential, shared care or foster care out of area placements. BCPFT are to commence a health review of children and young people with specialist health, educational and care needs. Priority to reduce the number of children going out of area through tripartite funding. Identified gaps with regards to Looked After Nurse and Looked After Doctor. • Identified that the 0-25 Children and Young Adult Service Working Model (Appendix 2) requires amendments with regards to MAST. Discussion regarding Tier 2. There is a variation of quality of activities on the ground. Discussion regarding ways of working collaboratively. • Case review of all LAC from 1st January to 29th February 2015. A third of all LAC come through PPO. Joint workshops with the Police have been successful. • CCG are working closely with partners to implement key requirements of the new legislation (Children & Families Act 2014) and shape the local JSNA in respect of children and young people with disabilities aged 0-25 years. Implementation of new 0-25 years education, health and care (EHC) plans for those with more complex needs (to replace statementing). • SEND Strategy to be developed with a deadline of end of March, however, this deadline will not be met. • Personal Budgets available from 1st April 2015. • CCG went live with the Local Offer on 1st September 2014. Consulted Changing Young Lives, they came up with imaginative ways of improving the Local Offer, for example, development of an App. The feedback inspection framework is being developed. • There are issues regarding information sharing protocol for health data with regards to JSNA. Coventry Council use CSU. Development of the JSNA and	

	SEND Strategy is ongoing. **Action:** Emotional Health and Wellbeing Group to consider the way forward overseeing Tier 2. **Action:** Due to absence of information sharing protocol, escalation to Ministers is required. **Action:** SEND Strategy Group to provide a twice yearly report to the Children's Trust Board.	
5.	**Children, Young People & Families Plan – performance framework update** <u>Kush Patel</u> • Current indicators are being evaluated and the Children's Trust Executive Group are tasked with evaluating the indicators and SEND. **Action:** The Children's Trust Executive Group to present a report to the next Children's Trust Board Meeting.	
6.	**CTB Annual Report update** <u>Kush Patel</u> • There was a delay in the launch. There are no annual priorities within the 10 Year Plan. Kush Patel suggested a minimum of four annual targets. It was agreed a special meeting will be convened to discuss the priorities. • It was agreed that the example of Kirklees Annual Trust Board Development (Appendix 2) was helpful as it fits with the plan. **Action:** A special meeting to be convened to discuss the priorities. Kush Patel to circulate suggested priorities for consideration prior to the meeting.	
7.	**Progress with Families r First** • Emma Bennett presented a summary of the report with updates on the work taking place under the FrF programme, highlighting the progress made and challenges. • Numbers of LAC has been analysed. There is tracking of care planning and the Panels are to ensure care plans are moving in a timely manner. • There are 14 job vacancies at present. A recruitment fair is taking place today and another local fair next week. • With regards to new children's homes opening, there is no control of this and this raises issues regarding CSE. This will be raised by Superintendent O'Hara at the Strategic CSE Board.	
8.	**Frontline Practice Discussion** • The group discussed a case study at length.	

	Action: Case study to be considered at the CAMHS Strategy Group.	
9.	**AOB** Reports for information: • Key messages from the Children's Trust Executive Board – **Action:** Kush Patel to circulate. • Key messages from the Health & Wellbeing Board – This was held on the 4th March and minutes are not available at present. It was suggested that the Children's Trust Board meeting takes place before the next Health & Wellbeing Board. The meeting schedule will be re-evaluated. Children's Trust Board Newsletter • It was suggested that photographs of the Children's Trust Board members could be added to the newsletter. This was agreed by all.	
10.	**Date of Next Meeting:** **Wednesday 17th June 2015, 2 pm – 4 pm. Committee Room 2 Civic Centre.** The Chair thanked everyone for their attendance and authors of reports and the case study. Meeting closed at 4pm.	

Action	Responsibility	Completion date
Add Mary Keelan to distribution list.		
Update required from Dr Higgins with regards to action from the meeting on 17/12/14.	Dr Higgins	
Emotional Health and Wellbeing Group to consider the way forward overseeing Tier 2.		
Due to absence of information sharing protocol, escalation to Ministers is required.		
SEND Strategy Group to provide a twice yearly report to the Children's Trust Board.		
The Children's Trust Executive Group to present a report to the next Children's Trust Board Meeting.		
A special meeting to be convened to discuss the priorities. Kush Patel to circulate suggested priorities for consideration prior to the meeting.		
Case study to be considered at the CAMHS Strategy Group.		
Photographs of Children's Trust Board Members to be added to newsletter.		

WOLVERHAMPTON HEALTH AND WELL BEING BOARD

TRANSFORMATION COMMISSIONING BOARD

Minutes of meeting held on Thursday 29th January 2015
at the Civic Centre

PRESENT:	**Helen Hibbs**	- WCCG **(Chair)**
	Linda Sanders	- WCC Strategic Director, People
	Tony Ivko	- WCC Service Director
	Viv Griffin	- WCC Service Director
	Sarah Fellows	- WCC Head of Commissioning
	Steve Brotherton	- WCC Head of Commissioning
	Kathy Roper	- WCC Head of Commissioning
	Ros Jervis	- WCC Service Director
	Noreen Dowd	- WCCG
	Sarah Carter	- WCCG
	Claire Skidmore	- WCCG
	Darren Pandaal	- WCCG
	Angela Parkes	- WCCG
	Andrea Smith	- WCCG
IN ATTENDANCE:	**Amrita Sharma**	- WCC Regulation & Business Support Officer
	Emma Dart	- WCC Quality Assurance & Business Support Admin Officer
APOLOGIES:	**Maxine Bygrave**	- HealthWatch Wolverhampton

		ACTION
1.	**Notes of previous meeting** Notes of the meeting held on the 5th November 2014 were accepted as a true and accurate record of the meeting subject to the following clarification: **3. Urgent Care & Emergency Services** *The figure of 98% recorded for the Wolverhampton Accident & Emergency Department was a snapshot of that particular day.*	
2.	**Better Care Fund Update** • Lots of work has been carried out across the four workstreams and there has been engagement from the community and GPs to take the care pathways forward. • SC currently developing a performance dashboard for the Board which will be shared with the Board at the next meeting. Board members were invited to forward any suggestions on any business critical measures they would like to see included to SC. • The Board were informed of an expression of interest being developed for submission to become a registered Vanguard site, implementing support around primary care, community care and the voluntary sector.	**SC** **All members**

	This will need to be signed off by members as an integrated model. • SC reported there may be an element of provider anxiety which will need to be managed in the workstreams; A voluntary sector modelling and engagement event is planned for the end of February 2015 which will include workshops covering all four workstreams within the BCF. • On the 18th February 2015 a leadership event is to be held to review the robustness of the implementation plan and ensure deliverability. • ND emphasised the need to ensure the Implementation Plan clearly identifies new proposals for reducing emergency admissions otherwise we may run the risk of arbitration.	
3.	**Workstream Proposals** Presentations were received from the respective Lead Officers for each of the Better Care Fund workstreams and the following points highlighted in respect of each of the areas: **a) Primary and Community Care – presented by Andrea Smith** • The current system map illustrated numerous access points working independently. • The vision is to have a single access point, with locally developed and integrated care. • There are plans to address issues around admissions to A&E, access to final care. • This is a significant piece of work with multiple stakeholders; time needs to be invested at the start to plan and design the system and to ensure that the IT is aligned. • On 4th March 2015 this will be taken to the Health and Wellbeing Board. • There have been many opportunities for stakeholders to get involved in workshops and there has been good engagement from GPs and clinicians. • AS is optimistic that the timescales are realistic with the ultimate aim to improve patient experience. • A number of 'quick win' elements e.g. wound care may be addressed ahead of schedule. • LS said it is important to not make assumptions around IT systems as this may lead down unhelpful pathways. • The Board was in agreement about the direction of travel of the workstream. **b) Intermediate Care and Reablement – presented by Angela Parkes** • The drive is for home based as opposed to bed based care with a culture shift towards reablement. • Focus is home is hub • Need more detail around definitive goals e.g. how many beds do we want in the future. There are opportunities for bed rationalisation in the next few months. • Working towards the ability to rapidly assess and support patients at	

	home • SC said patients' independence is often diminished following admittance to hospital; a new enablement team would address this by rapidly assessing and supporting the patient at home if possible. • The reablement strategy has been refreshed. • CS concerned that the bulk of the savings would be backloaded which would take away opportunities for flexibility and about whether having one point of entry for the system would create bottlenecks. • These considerations will form part of the design models for triage, admissions and assessments. • One of the challenges will be the competing demands on the individuals involved, but that even through the majority of individuals cannot give the project full time commitment, it should be part of the day to day role. **c) Dementia – presented by Steve Brotherton** • Lots of GPs have been fully involved with this workstream. • Different patient experiences exist for different geographical regions. • Currently a quarter of hospital beds and a third of care home beds are used to accommodate dementia patients. • 21 organisations have signed up to the Alliance, seeking to increase commercial sector involvement. • Plan is to introduce bespoke locality hubs with third sector involvement e.g. Alzheimer's Society, Age UK. • There are currently six Dementia Cafes. • In order for GPs to better recognise the condition, lead GPs will be supported by a consultant. • There is not currently an agreed signed up dementia strategy. • SC said in order to mainstream dementia, dedicated time and attention is required. The workstream will then be embedded to business as usual. **d) Mental Health – presented by Kathy Roper and Sarah Fellows** • If a quicker diagnosis is achieved with young people, there is a better chance of those patients being able to stay in their own home. • Feedback from stakeholder events suggested that they felt an integrated relapse crisis plan was not always available and may need readmission. • The mental health car is able to see people in their homes. • The hospital discharge pilot has been very successful. ***[Darren Pandaal, Angela Parkes, Sarah Fellows, Kathy Roper, Andrea Smith, Steve Brotherton left the meeting]***	
4.	**Integrated Commissioning – Future Proposals** • SC proposing to pilot integrated comissioning across Health & Social Care over the next few months in alignment with the BCF proposals. The Board were presented with an outline proposal for the future	

	governance arrangements. Feedback from partners will be used as learning points to look for a permanent and agreed approach. • LS stated she was unconvinced that a Director of Commissioning was the correct role in the context of the shift towards micro-commissioning. • VG suggested it was important to maintain close relationships, a high level of leadership, engagement with contract and procurement leads and to install governance for the future. • ND suggested the Board would probably benefit from some evaluation of the effectiveness of the pliot from the commissioners; senior leadership and accountability would be crucial to the successful implementation of the BCF programme. • It was agreed that the members of the Board would re-group on the 2nd March 2015 to further evaluate the governance proposals and consider feedback from commissioners involved in the delivery of the BCF programme.	**SC/VG**
5.	**Section 75 Cabinet Report** • SC confirmed that Section 75 reports were currently being prepared for Cabinet and the CCG Governing Body and would include details around financial implications and risks for both the CCG and the council.	
6.	**Any Other Business** Nil	
7.	**Date of Next Meeting** To be confirmed	

ADULT DELIVERY BOARD

ACTIONS LOG

[Appendix.1]

Summary of key Actions

Ref	Date	Action	Owner	Status	Notes
~~057a~~	~~5.11.14~~	~~Finalised Terms of Reference to be presented to Board at next meeting for ratification.~~	~~VG~~	~~Closed~~	**29/1/15** - Signed off at the Health and Wellbeing Board.
~~059~~	~~10.9.14~~	~~Work be undertaken around the wider determinants of health i.e. employment etc. to encourage more of a geographical focus on these issues; update on specific initiatives that are achievable to be presented to a future meeting of the Board.~~	~~SF~~	~~Closed~~	**29/1/15** - The plan is CCG led with Public Health involvement. Copy of Plan to be circulated with next minutes.
~~060~~	~~10.9.14~~	~~Work to be undertaken with NHS England Areas Team to look at how to reduce numbers of children stepping down from Tier 4 and maintaining an integrated approach. Update report to be presented to future Board meeting.~~	~~SF~~	~~Closed~~	**29/1/15** – funds have been granted and a project manager has been appointed. A survey monkey will be circulated next week to support the scoping stage. There will be an engagement event at the end of the month.
~~061~~	~~10.9.14~~	~~Dementia Strategy to be further developed to provide more strategic direction and relevant information.~~	~~AI / ND~~	~~Closed~~	**29/1/15** – Board updated on development of strategy as part of the BCF workstream updates.
~~062~~	~~10.9.14~~	~~Revised draft Dementia Strategy to be presented to next Board meeting.~~	~~SB~~	~~Closed~~	
063	10.9.14	Update on the development of the refreshed Autism Strategy to be presented to future meeting of the Board.	**KR**	**OPEN**	**29/1/15** – Agreed refreshed Autism Strategy be presented to next Board meeting.
~~064~~	~~5.11.14~~	~~Proposals in respect of future integrated commissioning arrangements to be presented to next Board meeting.~~	~~ND~~	~~Closed~~	**29/1/15** – Outline draft proposals presented to the Board; to be further considered on 2.3.15
~~065~~	~~5.11.14~~	~~Representations to be made to the Council's Planning Committee and Cllr Steve Evans in respect of proposals concerning the development of a medium/secure unit in the near vicinity of New cross Hospital.~~	~~HH / AI~~	~~Closed~~	**29/1/15** – This has been raised through several channels.
066	29.01.15	A small group to be created to connect and drive system change to support initiatives around National CAMHS task forces.	**VG**	**OPEN**	

067	29.01.15	A performance dashboard will be brought to the next meeting. The board have been asked to forward their thoughts on any business critical measures they would like to see included.	**All**	**OPEN**	
068	29.01.15	Members of the Board to re-group on the 2nd March 2015 to further evaluate the governance proposals and consider feedback from commissioners involved in the delivery of the BCF programme.	**SC/VG**	**OPEN**	

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