

WOLVERHAMPTON HEALTH AND WELLBEING BOARD

INTEGRATED COMMISSIONING & PARTNERSHIP BOARD

Minutes of meeting held on Thursday 11th June 2015
at the Civic Centre

PRESENT:

Linda Sanders	- WCC Strategic Director, People (Chair)
Viv Griffin	- WCC Service Director
Helen Hibbs	- WCCG
Steven Marshall	- WCCG
Alison Shannon	- WCC, Head of Finance
Donald McIntosh	- Healthwatch Wolverhampton
Tony Ivko	- WCC Service Director
Emma Bennett	- WCC Service Director
Andrea Smith	- WCCG
Ros Jervis	- WCC Service Director
Sarah Fellows	- WCCG
Kathy Roper	- WCC
Tony Marvell	- WCC

IN ATTENDANCE: **Emma Dart** - WCC Quality Assurance & Business Support Officer

		ACTION
1.	Apologies Claire Skidmore - WCCG.	
2.	Minutes of previous meeting Notes of the meeting held on the 21 st May 2015 were accepted as a true and accurate record of the meeting. Actions arising from the meeting on 21 st May 2015 will be picked up during the agenda for this meeting.	
3.	CAMHS System Transformation <ul style="list-style-type: none">• Discussions have been held outside of the Board and VG presented the conclusions to the Board.• Future in Mind published the national future direction on CAMHS services. It has had media attention and has been high on the government agenda.• The HeadStart project in Wolverhampton looks at the mental health of 10-14 year olds in the City especially at T1/2 level and focuses on prevention of issues and building resilience for young people.• Young people from 18 schools are involved in the project.• A successful funding bid to Big Lottery was made.• There is a recognition that pathways are incomplete and on the back of HeadStart additional resources have been offered to look at gaps in the pathways.	

	<ul style="list-style-type: none"> • It was suggested that additional money from CCG funding could be used to look at a 12 month piece of work in terms of the systems transformation of CAMHS and match funding to invest in high level CAMHS commissioning. • The conclusion was brought to the group for approval in principle to work in an integrated way and pull resources through. • Subject to final verification by Big Lottery, an amount of £50k each was suggested to be put forward for systems transformation. • SF said that she thought it was a big opportunity, and that she had spoken to the CAMHS task force lead at NHS England who was aware of the HeadStart pilot in Wolverhampton. • LS congratulated representatives for their work to get to this point. • SM questioned the draft job advertisement and the overheads / on-costs – further work is required to be clear about the role and where it will be accommodated. • The proposal was approved by the group. 	VG & SM
4.	<p>Governance Structure Chart</p> <ul style="list-style-type: none"> • VG circulated the draft Commissioning Governance Structure chart for WCC. • DMcl questioned the timescales for a decision turnaround. • VG explained that there are no big delays but stressed the importance of pre-planning work to aid the decision making process. As long as work is planned ahead, decisions can be reached quite quickly. • The dotted lines on the chart represent where executive decisions cannot be made. • The extra committees sitting under the cabinet means that fewer decisions are required to go to cabinet. • Further work is needed on the structure chart, although too much detail would make the chart too complex. Detail around the layer below the People Leadership Team and more integrated groups is required, as well as ensuring both logos appear on the chart. 	VG
5.	<p>Review of the Pooled Budget Arrangements for Children Placed out of City</p> <ul style="list-style-type: none"> • EB gave an overview of what has been an in depth piece of work which has provided a quality assurance review of providers. • An appointment has been made of an individual with a CAMHS background to focus on therapeutic needs and to ascertain whether placements meet the needs of the children. • This work is ongoing and will inform future pooled budget and criteria. • The number of children has been reduced from 29 to 20. • An overspend of £500k was stated in January, which was reduced to an overspend of £250k at year end and now the forecast is an underspend of £185K. • SM discussed the need to formalise future funding arrangements to ensure clarity on the pooled budget. The pooled fund covers education, 	EB

	<p>health and social care needs. Going forward, a full review of children being placed out of the city is required, to look at the social, health and education needs, to lead to a reconfiguration and formalisation of arrangements.</p> <ul style="list-style-type: none"> • The pooled budget is inclusive of children with disabilities; out of 21 placements, 9 are appropriate for children with disabilities. • LS asked what the commissioning implications are with bringing children into the city and how good we are at managing challenging behaviour locally. • A number of children have been placed outside of the city because there is no suitable education provision, for instance there is a gap in terms of catering for children with complex high end autism. Despite the level of special school provision in the city, schools cannot manage the requirements of some of the children. • Some children are placed out of the city for specific reasons e.g. CSE or welfare grounds. 	
<p>6.</p>	<p>AOB</p> <p>BCF Mental Health and Dementia Interface</p> <ul style="list-style-type: none"> • SF will prepare a paper to seek approval around a potential opportunity to transfer financial resource, to deliver services in a new way and to accommodate individuals in pathways more innovatively. • AI expressed an interest to get involved. <p>Discharge to Assess</p> <ul style="list-style-type: none"> • SM discussed the frail elderly pathway and explained discharge to assess. • BCF has taken a resource based approach regarding provision in primary care settings. • There is a challenge to work in a more integrated way with frail elderly and there is a four step pathway including assessing to admit, so that individuals may not need to go to hospital, if they do need to go to hospital they are seen by a geriatrician rather than on a medical ward, discharge to assess, where elderly are assessed e.g. in their own homes and then comprehensive re-ablement. • The driver is patient quality of life. • A programme has been set up in Warwickshire. • A community emergency response team should be able to be set up to divert individuals to a separate location. At the end of the process, the individual is assessed not in a hospital but in a place of non-dependency. • If this programme is to be delivered in Wolverhampton, there must be alignment of agencies and it must be delivered together. It was proposed that the discharge to assess in Wolverhampton reflected the core components of Warwickshire and SM is looking for sponsorship and commitment from the Local Authority to redesign the pathway and an evolutionary approach to cohesively work together; to be able to 	<p>SF & AI</p>

ADULT DELIVERY BOARD

ACTIONS LOG

[Appendix.1]

Summary of key Actions

Ref	Date	Action	Owner	Status	Notes
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.
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	
069	21.05.15	Outstanding actions from the Transformation Commissioning Board to be cross checked against the BCF Programme Board to ensure all actions are captured.	LG	OPEN	
070	21.05.15	A governance structure chart which involves commissioners is required, along with mapping the governance structure across the Partnership. VG will map the LA part and pass to SM to complete the CCG section.	VG & SM	Closed	Discussed at 11 June 2015 meeting.
071	21.05.15	VG and SG to bring the proposals from their discussion of system transformation around CAMHS to the next meeting.	VG & SM	Closed	Discussed at 11 June 2015 meeting.
072	21.05.15	Paper on public health commissioning strategy to be brought to the next meeting	RJ	OPEN	Deferred.
073	11.06.15	Further work is required to be clear about the draft advertisement for the CAMHS role and where it will be accommodated.	VG / SM	OPEN	

074	11.06.15	Further work is needed on the structure chart, although too much detail would make the chart too complex. Detail around the layer below the People Leadership Team and more integrated groups is required, as well as ensuring both logos appear on the chart.	VG	OPEN	
075	11.06.15	A full review of children being placed out of the city is required, to look at their social, health and education needs, to lead to a reconfiguration and formalisation of future funding arrangements.	EB	OPEN	
076	11.06.15	SF and AI will prepare a paper to seek approval around a potential opportunity to transfer financial resource, to deliver services in a new way and to accommodate individuals in pathways more innovatively.	SF & AI	OPEN	
077	11.06.15	Further information about the Discharge to Assess model to be shared with the group to aid the decision making process.	SM & AI	OPEN	
078	11.06.15	AI will talk to a colleague in Walsall about their research into delayed discharge. SM and AI to look into possible solutions.	AI & SM	OPEN	
079	11.06.15	Briefing note regarding the ILF to be circulated.	VG	OPEN	