

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.	<p>Notes of previous meeting</p> <p>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:</p> <p>3. Urgent Care & Emergency Services <i>The figure of 98% recorded for the Wolverhampton Accident & Emergency Department was a snapshot of that particular day.</i></p>	
2.	<p>Better Care Fund Update</p> <ul style="list-style-type: none"> 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 	<p>SC All members</p>

	<p>support around primary care, community care and the voluntary sector. This will need to be signed off by members as an integrated model.</p> <ul style="list-style-type: none"> • 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.	<p>Workstream Proposals</p> <p>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:</p> <p>a) Primary and Community Care – presented by Andrea Smith</p> <ul style="list-style-type: none"> • 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. <p>b) Intermediate Care and Reablement – presented by Angela Parkes</p> <ul style="list-style-type: none"> • 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. 	

	<ul style="list-style-type: none"> • 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. <p>c) Dementia – presented by Steve Brotherton</p> <ul style="list-style-type: none"> • 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. <p>d) Mental Health – presented by Kathy Roper and Sarah Fellows</p> <ul style="list-style-type: none"> • 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. <p><i>[Darren Pandaal, Angela Parkes, Sarah Fellows, Kathy Roper, Andrea Smith, Steve Brotherton left the meeting]</i></p>	
<p>4.</p>	<p>Integrated Commissioning – Future Proposals</p> <ul style="list-style-type: none"> • SC proposing to pilot integrated comissioning across Health & Social 	

	<p>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.</p> <ul style="list-style-type: none"> • 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 pilot 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.	<p>Section 75 Cabinet Report</p> <ul style="list-style-type: none"> • 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.	<p>Any Other Business</p> <p>Nil</p>	
7.	<p>Date of Next Meeting</p> <p>To be confirmed</p>	

Agenda Item No. 16(ii)

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	VG	OPEN	

Agenda Item No. **16(ii)**

		task forces.			
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	