

Adults' Health and Wellbeing Commissioning Group

A meeting of Adults' Health and Wellbeing Commissioning Group was held on Tuesday, 17th February, 2015.

Present: Emma Champley (Chairman)

Sarah Bowman, Liz Hanley, Sean McEneaney, Emma Joyeux (substitute for Karen Hawkins), Jayne Herring

Officers: Michael Henderson, Sue Reay, Roland Todd (SBC)

Also in attendance:

Apologies: Cllr Jim Beall, Peter Kelly, Simon Willson, Kate Birkenhead, Karen Hawkins

1 Appointment of Chairman

RESOLVED that Emma Champley act as Chairman for this meeting.

2 Declarations of Interest

There were no declarations of interest.

3 Minutes of the meeting held on 20 January 2015

The minutes of the meeting held on 20 January 2015 were confirmed as a correct record and were signed by the Chairman.

Reference was made to the minute entitled 'Primary Care Commissioning' and the CCG representative explained that there were no plans for the CCG to take on the Birchtree contract. She also confirmed that the Group's view, stated at the last meeting, relating to membership on the planned joint committee, had been reported back to the CCG and considered. It was explained that this position would not be changed and representatives, from Healthwatch and local authority members, serving on the Council's Health and Wellbeing Board, would be invited to serve on the Committee as non-voting attendees.

4 Minutes of Adults Health and Wellbeing Partnership - 6 January 2015

The minutes of the Adults' Health and Wellbeing Partnership held on 6th January 2015 were noted.

5 Better Care Fund Update

Members received an update report on progress of the Better Care Fund.

Multi-Disciplinary Service

It was explained that work had already started on the design of the Multi-Disciplinary Service (MDS) and an initial draft list of all the services it was proposed would make up the MDS was provided. A stepped approach to this was being taken and services would be transferred over the next 12 months.

The Group noted some of the key next steps, including:

- recruitment of a MDS Manager (secondment in the short term).
- recruitment of the Care Co-ordinator.
- Site visit to be organised to Cheshire West and Chester.
- decide what would be needed in terms of the implementation team.
- Transition - existing services into the new service.
- Develop pathways into the MDS
- Establish a full business development plan for the MDS

Dementia Strand

The Dementia strand was building on existing work and was therefore more straightforward in the short term. The strand was aligned with the National Dementia Strategy and cross referenced with the CCG's Dementia Strategy.

The main tasks completed this year had been:

- Review of the Dementia Collaborative – including a decision to continue to fund the project post for a further 12 months
- The appointment of the Halcyon Centre Co-ordinator

To take this strand forward and to further develop the approach to the Dementia work within the Borough a Dementia Service Development Manager post had been identified. This was part of the budget allocation in the Better Care Fund plan.

ICT / Integration Strand

A draft BCF ICT Strategy had been presented to the CCG and Hartlepool Borough Council to inform the approach and this had been well received.

This strand would be critical to the success of the whole Better Care Fund plan and would help provide a single view of a service user. The CCG was in the process of appointing an ICT Project Manager.

Section 75 – Pooled Budget Arrangements

To operate the BCF a pooled budget needed to be formally established by April 2015. Known as a Section 75, this document would set out all of the governance arrangements for the budget including the approval process and delegation of authority for expenditure. The Council and the CCG was working together to develop this document.

Integrated Personal Commissioning (IPC)

The CCG, along with the North Tees and Hartlepool FT, the Voluntary Community Social Enterprise Section and the Council, as partners, had been successfully appointed as pilot for the development of the IPC approach. IPC was about allocating joint budgets for people with both health and social care needs.

The next stage in the process was the development of a project plan for

implementation and the signing of a memorandum of understanding between NHS England and all partner organisations.

Members indicated that they were happy with the progress that had been made.

RESOLVED that the update be noted.

6 Public Health Young People's Employment Fund

Members received an update that provided an update on the Young People Employment initiative delivered by the Council.

It was explained that £120k funding had been allocated by the Council's Public Health Service to deliver a pilot project to provide a subsidy to employers to employ young people, as apprentices, referred by the Council's Youth Offending team and other services. 132 apprentices had been identified across a range of employers, many of whom had not been in a financial position to employ previously. It was considered that businesses saw the apprenticeships as permanent employment opportunities.

At the commencement of employment the young people had been asked to complete a health and wellbeing questionnaire to monitor the impact of the funding. The questionnaire was completed again, after 13 weeks and the information compared. The comparison showed extremely positive results and specific details were provided to members, including:

- 'Optimistic about the future' an increase from 61% to 76%.
- 'Feeling useful' increase from 47% to 84%.
- 'Feeling Good about Myself' increase from 59% to 79%.
- 'Feeling Confident' increase of 49% to 75%.

Members noted the range of qualifications the young people were undertaking, as part of their apprenticeship.

It was explained that a significant number of apprentices had not claimed Job Seekers' Allowance before taking up the apprenticeships and it appeared that they had been supported by their families. This situation perhaps suggested hidden unemployment and it was noted that this would be highlighted with Job Centre Plus.

Given the success of the project to date and with the current funding fully committed the Group was asked to approve £150,000 of Public Health funding to continue the initiative during 2015/16.

RESOLVED that

1. the content of the report and impact of the initiative be noted and the issue relating to young people not claiming JSA prior to taking up apprenticeships be highlighted to Job Centre Plus.
2. £150,000 of Public Health funding to continue the initiative across the Borough, during 2015/16, be approved.

7 CCG Plans

The Commissioning Group received a report that provided an overview of the planning guidance issued in December 2014 for NHS commissioners, entitled 'The Forward View into Action: Planning for 2015/16', which built upon the vision set out in the NHS Five Year Forward View. The report also presented an update of the CCG's 5 year strategic plan. It was noted that the CCG had to undertake a refresh of the operational plan for 2015/16.

It was explained that for the refresh of the operational plans templates had been issued to complete in relation to activity, finance and planning outcomes.

In addition to these templates, the CCG was also required to submit, as part of the NHS England North East and Cumbria sub-regional team (formerly known as the NHS England Durham, Darlington and Tees Area Team) assurance process:

- a narrative
- a revised plan on a page
- a self-assessment of operational plan risk

The sub-regional team's approach to plan assurance was both to seek to add value to commissioner's plans, as a critical friend, and to provide assurance to NHS England that plans were credible, deliverable and met the NHS Constitution, supported by agreed contracts with providers.

As such, the assurance of the operational plans would focus on:

- the delivery of NHS Constitution standards.
- the activity and financial plans required to deliver the NHS Constitution and achieve the required business rules.
- alignment between commissioner and provider plans.
- a clear read across being achieved between CCG operational plans and Better Care Fund (BCF) assumptions.
- the approach to progressing the Five Year Forward View, including the new models of care.
- steps being taken to progress the second year of the Unit of Planning's five year strategy.
- achieving parity of esteem between mental and physical health
- a peer support and review approach to the assurance of direct commissioning plans.

Members noted the timetable for submission of plans.

Due to the tight timescales and current unavailability of key elements of the national plan template (e.g. the quality premium ambition part of the UNIFY template had not yet been released) the CCG was not in a position to share draft submissions.

Once the quality premium measures were released nationally, CCGs would be required to work in partnership with local government partners, where necessary, to review and set quantifiable levels of ambition.

Given the national timescales the CCG must follow, to submit plans, it was suggested that the Health and Wellbeing Board be requested to provide the Adult's Health and Wellbeing Joint Commissioning Group and Children and Young People's Health and Wellbeing Joint Commissioning Group with delegated authority to work with the CCG to set quantifiable levels of ambition where relevant. It was suggested that the Adults' Health and Wellbeing Partnership and Children and Young People's Partnership may be able to provide input into this process too.

RESOLVED that the report and the Commissioning Group's potential role in setting quantifiable levels of ambition, as part of the refresh of CCG operational plans be noted.

8 Forward Plan

Members discussed the current Forward Plan and noted that there was no planned meeting in April. The Group agreed amendments to the Plan including:

- the Falls Service item, originally identified for April 15, be considered at the March or June meeting.
- Sexual Health, Primary Care Commissioning and CCG 15/16 Operational Plan would be scheduled for future meetings.

RESOLVED that the Forward Plan be amended as suggested.