Health and Wellbeing Board

Thursday 13 February 2014

PRESENT:

Councillor McDonald, in the Chair.
Dr Richard Stephenson, Vice Chair.

Carole Burgoyne, Dave Simpkins, Peter Edwards, Vicky Shipway, Stephen Horsley, Councillor Nicky Williams, Clive Turner, Amanda Fisk, Councillor Dr Mahony, Kevin Baber and Ian Ansell.

Apologies for absence: David Bearman, Andy Boulting and Steve Waite.

Also in attendance: Craig McArdle, Paul O'Sullivan, Craig Williams, David Spencer, Ross Jago and Amelia Boulter.

The meeting started at 10.00 am and finished at 11.20 am.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

30. DECLARATIONS OF INTEREST

There were no declarations of interest.

31. CHAIR'S URGENT BUSINESS

The Chair changed the order of the agenda and took the Better Care Fund (BCF) item first.

The Chair reminded the board to forward their comments regarding the Police and Crime Commissioner's Plan circulated for comments by close of play on Monday 17 February 2014.

32. MINUTES

Agreed that the minutes held on 16 January 2014 be confirmed.

33. BETTER CARE FUND

Craig McArdle, Head of Joint Strategic Commissioning and Paul O'Sullivan, Managing Director (Partnerships) provided the board with the arrangements for the Better Care Fund (BCF). It was reported that –

a. this was not new money and was existing money already spent on health and adult social care,

b. the BCF was the wider integration of Adult Social Care and Clinical Commissioning Group,

c. the BCF compromises of national conditions and metrics,

d. the draft plan would be submitted to NHS England on 14 February 2014 with a further revised submission on the 4 April 2014.

The board had a discussion around the metrics –

e. the metrics should be more challenging and expect to see a more significant improvement;

f. lengths of stay in hospital were increasing which could be the result of the speed of discharged had slipped;

g. there was little in the plan about public engagement and have to think radically about the metrics. In the short term need to build on what we have got;

h. had we benchmarked with comparative areas.

Paul O'Sullivan thanked the board for their helpful comments and would undertake a benchmarking exercise between now and the submission in April.

In response to questions raised, it reported that -

i. the NHS Number for data can be used by both parties and from the 1 April 2014 they would be capturing all new referrals the NHS Number on Carefirst followed by a progressive programme to capture NHS number at review. Further work to take place over the summer to ensure the wrong numbers are not used;

j. the board needs to consider the metrics as a whole and to consider the interdependencies;

k. the NEW Devon CCG would be looking to see how it manages allocations into 2 BCFs. This was existing funding with the ability to put money into a pooled fund was dependent upon us to redirect from existing spend into the areas of spend we want to commit to that have most value;

l. due to the technicality of the Disabled Facilities Grant, the fund only becomes available in 2015/16. There is a strong universal offer in the city and how we maintain and build on those services. The Pledge 90 review looked at mental health services across the city would be producing an action plan to help address some of the issues;

m. they had employed a number of architects and designers to review data sharing. They would be looking at how to integrate provision and would come up with a solution to allow us to share information. This would form part of the health and wellbeing integration programme plan;

n. as part of the integration a programme board was necessary, the Joint Commissioning Partnership would continue but there was a need to look at the commissioning architecture. The governance around the BCF and the wider integration and unpick for the final draft;

o. what we focuses on 7 day working and what is meant by this and move to a system to look at the gaps and how we use the resources and have identified some gaps and next stage – where are the gaps and were to target resources and recognise the baseline but making that leap where that investment will free and unblock discharges etc;

p. it was noted that the governance structure did not include Cabinet, this had been rectified;

q. the board need to endorse the local metric and would use the dementia diagnosis rate as the selected local metric. There was a historical level of diagnosis versus prevalence and this was co-dependent on supporting primary care with early recognition. The key to see diagnosis rate as proxy for people receiving appropriate care and support they require rather than us chasing diagnoses rate for the sake of a diagnosis. There was an initiative to supporting GPs in identifying those people who were showing early signs of dementia but were dealing with last year's data for the current level of performance;

r. they were required to select a local metric to put forward to NHS England, however, this does not stop us from agreeing a local performance scorecard to capture all the performance measures that we think are important and relevant. This could include falls on the Director of Public Health's recommendation.

Agreed that the template is submitted to NHS England in its current form and that final draft takes into account the Health and Wellbeing Board's comments for final sign off in March 2014 –

- the metrics to be more ambitious and challenging;
- the board to view the revised submission at their next meeting;
- the local metric chosen is the dementia diagnosis rate for the BCF submission and falls as highlighted by the Director of Public Health would be included om the performance scorecard.

34. COMMUNITY AND VOLUNTARY SECTOR MEMBERSHIP

Vicky Shipway, representing the community and voluntary sector (CVS) reported to the board. Following discussions with network members in electing a representative to sit on the board, there was a strong feeling and challenge that CVS represent such a wide area delivering a significant proportion of health and wellbeing in the city, felt that one representative was disproportionate. As a result they wanted to put forward a request for a further CVS representative to sit on the Health and Wellbeing Board.

The board in response to an additional CVS representative wanted to ensure that the wider determinants of health and leisure were explored. The board supported the idea of an additional CVS representative but felt it was important that those elected to sit on the board make the commitment to attend all meetings.

Agreed that the Zebra and Octopus Community Sector Project elect a new member to the Health and Wellbeing Board.

Further discussion took place on whether it was appropriate for NEW Devon CCG to be given an additional seat on the board. It was felt that the remit for Health and Wellbeing Board would change over the next 12 months, with the need to review the whole membership to ensure any decisions taken were clearly endorsed by the groups that have the funding for and the capacity to think in the wider context.

35. WORK PROGRAMME

The Board agreed the work programme and Solution Workshops to focus on tobacco and mental health. The Board were requested to email Ross Jago with further suggestions for issues for the board to address. It was reported that each workshop would be led by a board member.

36. EXEMPT BUSINESS

There were no items of exempt business.