

**Notes of  
Joint Commissioning Board  
held on 3<sup>rd</sup> June 2104**

**Salisbury Room – County Hall**

Present: Deborah Fielding (DF), Maggie Rae (MRa), James Cawley (JC), Sue Geary (SG), Janet O'Brien (JO'B), James Roach (JR), Simon Truelove (ST), Jacqui Chidgey-Clark (JCC), Dugald Millar (DM), Nicola Gregson (NG), Jo Cullen (JCu), Steve Rowlands (SR), Karen Spence (KS for Frances Chinemana), David Noyes (DN), Michael Hudson (MH)

**7.1 Apologies**

Keith Humphries  
Mark Harris  
Ted Wilson

**7.2 Minutes of last meeting and Action Tracker.**

The minutes of the meeting dated 8<sup>th</sup> April 2014 were approved. MR noted it made sense to discuss estates (item 7.11) here at JCB in advance of the formal Transformation board/Wiltshire Council signs off the plans and each organisation would use its own governance process.

The action relating to a designated workforce post led to a discussion about a proposed Skills Academy, linking to the national vision for the health and care workforce and an acknowledgement that this requires a separate lead, outside the scope of the Better Care Plan. MR will arrange a meeting between herself and JC-C and Bill Irish (Health Education South West) in advance of a scoping paper for this work. **Action - MR**

**7.3 Better Care Plan**

JR updated on progress from the last meeting and things moving forward. Handouts were available to all in attendance. JR then talked through the slides.

It was reported that there had been a positive meeting on the Single View of the Customer, looking at joining up information systems. Further work is underway on the scope of this work.

It was noted that the centre are placing more emphasis on modelling costs, demand and return on investment. ST reported on a forthcoming meeting between financial leads, which would be focussing on a single integrated performance and financial monitoring report. MH reported that the first meeting would look at identifying current spend and unit costs and on ensuring that all contracts are clearly identified and on a

solid footing, and that the work on return on investment would take several more months. **Action – ST and MH**

There was discussion about various pilot projects, including integrated community teams (to include primary care, social care, HTLAH and voluntary sector). DF updated that the CCG is working with Attain on commissioning and contracting models for community services, and suggested an item on this at the next meeting.

JC-C was concerned about the financial risk of the proposed Discharge to Assess pilot on her budget, and whether or not this could be covered by BCF. It was agreed that this would be discussed in more detail outside of the JCB. **Action – JR and JCC**

DF questioned the governance framework for the various pilots and it was agreed that the next meeting should sign off plans for:

- Pilot community teams
- Discharge to Assess
- Systems Thinking Review
- Systems Leadership

JR gave an update on communications and engagement for Better Care. He is meeting with Healthwatch to discuss a work plan to support Better Care. He is also planning a fortnightly newsletter, and is linking with the CCG and Council Communications Teams. **Action JR**

MR said that the Area Boards' Chairs have agreed to hold events on Better Care Plan in September. James Cawley would coordinate the attendance of officers to support these events. **Action - JC**

A paper had been circulated on co-commissioning of primary care. Jo Cullen is the lead on this and reported that Wiltshire CCG is considering an expression of interest in co-commissioning and a paper will be circulated to stakeholders, including the Council, shortly, setting out the options.

JC reminded the group of the Norman Lamb visit on 16<sup>th</sup> July and the requirement to identify 3 people to attend. JC will confirm timings and arrange a pre-meeting. **Action – JC**

#### **7.4 Systems Review of Care Pathway**

DF expressed concern at not having sight of a scoping document. She would want to see a paper at both the JCB and Clinical Executive meeting. A scoping document will be brought to the August JCB meeting. **Action – JR and JC**

## 7.5. Systems Leadership update

There was discussion about the 3-day systems thinking training, to be attended by Wiltshire Council and Wiltshire CCG commissioning teams. This will include a wider ½ day session to get wider sign-up to the systems review for Better Care and also to consider systems leadership issues. Paul Tarplett will participate in delivering this session. It was noted that the systems leadership work had sign-up from the HWB. An update on this work will be provided at the August JCB. **Action – JR and JC**

## 7.6 Mental Health Strategy Update

KS attended on behalf of Frances Chinemana and updated on the development of the strategy. There had been stakeholder events last year, including a service user event run by WSUN. A draft Strategy had been circulated and feedback received and collated ready to present to the Health and Wellbeing Board in July 2014. Public consultation will then begin, up to mid October. A final version of the Strategy is expected in November. DF said that the CCG Mental Health Commissioning Group includes 3 lead GPs with huge enthusiasm for mental health issues, so it will be important to get that group's commitment to the revised draft.

## 7.7 Community Teams

ST updated on the investment plan in community services. TW is leading on this working with GWH on two separate areas: change of IT system and meeting capacity, challenges with community teams. The original business cases have been revised with support from the CCG.

The agreed plan is to expand community teams to work in 20 clusters. There was discussion about the 2 integration pilots and there was discussion about the governance and decision-making process for these pilots. DF noted that the Optimising Community Teams Strategy Board will make decisions about the pilots. JR and JC will attend the Strategy Board in future.

## 7.8 Mental Health Service Redesign – update on consultation

JC reported on a positive meeting in the previous week, which had included Communications colleagues. That meeting had agreed the offer of a discussion at Scrutiny Committee before September. It was hoped that this discussion would result in recommendations supporting a model of care less reliant on beds. JC would also provide a briefing paper for all members, with a pan-Wiltshire flavour. **Action – JC**

There would be regular follow-up meetings, to be chaired by TW. Susan Dark and Rhian Bennett are working together to produce a timeline.

It was acknowledged that the Council and CCG must work together to steer this difficult issue.

## **7.9 Market Position Statement – Learning Disabilities**

DM advised the Learning Disabilities Market Position Statement was a Council document, shared here for information, but with the advice that the Council and CCG work together on a follow-up, to be presented back to the JCB in 2015. The NHS logo would be removed from this version.

DM took the meeting through the salient points in the document.

It was noted that an Older People's Market Position Statement would come to the next JCB. It was also noted that a Mental Health Market Position Statement is required, and this should be prepared as a joint document.

## **7.10 WBV and LD Action Plan**

DM gave a brief update and noted that Norman Lamb has this in the spotlight.

It was noted that of the 12 in Wiltshire, only 4 are still in hospital placements but have robust plans for community placements.

DM assured the meeting that Wiltshire has been doing good work and reassures JCB that things are progressing well. GWH have awarded the joint team for people with learning disabilities an award for patient care.

DF echoed the comments made by DM and said that it is unfortunate that some of the Ministers comments about hospital placements have been unhelpful and have increased anxiety for patients and families in transition. She noted that a unit has been purpose built for one patient..

MR asked the chair that we put forward Wiltshire Council's thanks to those involved. DF agreed and echoed MR's thanks.

## **7.11 NHS Estates update**

ST briefed on Estates and campus developments. He shared a paper presented at the CCG Clinical Exec Meeting sharing the opportunities the campuses offer. Each CCG Group has been asked to consider the paper and come back by mid June with opportunities, which will be fed back into the joint Transformation Board.

There are links to the funds available to primary care for enhanced support for the Over 75's and it was noted that links should be made with NHS England and also opportunities offered by the DH Capital Bid process.

It was also noted that there are issues about the ownership of NHS estates when the community services contract is re-let, and the CCG needs to consider what approach would give greatest flexibility for the future.

### **7.12 Forward Plan**

SG noted the following items for the next meeting:

- Better Care Plan, including update on performance and finance
- Systems Review of Better Care
- Systems Leadership
- Pilot Community Teams
- Commissioning and Contracting options for Community Services (Attain work)

JC suggested an item on the Older People's Strategy for the October meeting.

It was agreed that future meetings should be in Southgate House.

### **7.13 AOB**

JC reminded people of the Wiltshire Assembly focussed on Older People. JC would circulate a draft agenda shortly. **Action – JC.**

Date of next meeting – 14<sup>th</sup> August with MR chairing and CCG supporting.

**Minutes for Joint Commissioning Board Meeting  
Thursday, 2 October 2014  
09:00 – 12:00hrs  
Conference Room, Southgate House, Devizes**

**Present:**

Deborah Fielding	DF	Chief Officer, WCCG
Dr Steve Rowlands	SR	General Practitioner (GP) Chair, WCCG
Simon Truelove	STr	Chief Financial Officer, WCCG
David Noyes	DJN	Director of Planning, Performance and Corporate Services, WCCG
Jo Cullen	JCu	Group Director, WWYKD, WCCG
Mark Harris	MH	Group Director, Sarum, WCCG
Ted Wilson	TW	Group Director, NEW
Jacqui Chidgey-Clark	JC-C	Director of Quality and Patient Safety, WCCG
Maggie Rae	MR	Corporate Director, Wiltshire Council
James Cawley	JCa	Service Director, Commissioning, Procurement & Strategy, Wiltshire Council
Dugald Millar	DM	Head of Specialist Commissioning, Wiltshire Council
Janet O'Brien	JOB	Head of New Housing, Wiltshire Council
Cllr Keith Humphries	KH	Cabinet Member for Public Health, Protection Services, Adult Care and Housing
Nicola Gregson	NG	Head of Commissioning Care Support and Accommodation, Wiltshire Council
Sue Geary	SG	Head of Performance, Health & Workforce Wiltshire Council
Diana Hargreaves	DJH	Board Administrator, WCCG

**Apologies:**

James Roach	JR	Interim Joint Integration Director, Wiltshire Council/WCCG
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8.1	Welcome and apologies	Action
	MR welcomed everybody to the meeting and noted the apology from James Roach.	
8.2	<ul style="list-style-type: none"> <li>• <b>Minutes of meeting held on 3 June 2014</b> – signed off as accurate.</li> <li>• <b>Matters arising</b> <ul style="list-style-type: none"> <li>➤ Discharge to Assess</li> </ul> </li> </ul> <p>SG gave an update explaining that there were two pilots running, one in the south and one in the north of the county. The outcomes from the former were positive, where patients were discharged into a care home. The pilot in the north had not started and was riskier as discharge was into people's own homes rather than care homes. There would be a longer report</p>	

	<p>brought to the next meeting.</p> <p>The Discharge, Assessment and Referral Team (DART) model was being implemented in GWH and has made a significant impact. There was discussion about the potential to roll out this model across all 3 acutes and speculation that the cost could be in the region of c£4000k. It was clear that the full implications needed to be fully explored, exposed and agreed. It was important to understand the costs as soon as possible. To be discussed at the next BCF programme governance group on 16 October.</p> <p>It was agreed that there would be monthly JCB meetings from now until March 2015.</p> <ul style="list-style-type: none"> <li>• <b>Action tracker</b></li> </ul> <p><b>A 6.3</b> STr - campus work is ongoing. <b>COMPLETE.</b>  <b>A 6.5</b> JC - coming up on the agenda. <b>COMPLETE.</b>  <b>A 6.4</b> DF - BCF was one of the workshops at the NHS Commissioning Assembly. The plans that had been chosen for fast track went to organisations which already had transformational plans on the table and used the national initiative to fund. STr reported that the Trust Development Agency had produced a league table of where organisations were with their BCF plans and Wiltshire and BaNES were in a good position.</p> <p>A paper to be produced on 7-day working for the November meeting. DF would also like to see how the 7 work streams within the plan are doing and how the first work stream's money is being spent and a presentation made to the November meeting. <b>COMPLETE.</b>  <b>A 6.7</b> Mental Health consultation starts this week. <b>COMPLETE.</b>  <b>A.6.10</b> - <b>COMPLETE.</b></p>	<p><b>JR</b></p> <p><b>JR</b></p> <p><b>DJH</b></p> <p><b>JR</b></p> <p><b>JR</b></p>
<p><b>8.3</b></p>	<p><b>Better Care Plan Update, including:</b></p> <ul style="list-style-type: none"> <li>• Performance dashboard</li> </ul> <p>SG introduced the update explaining the key messages within the paper and, since the paper had been produced, the following updates were noted:</p> <ul style="list-style-type: none"> <li>○ Approval of Healthwatch lead on engagement programme and development of subsequent action plan</li> <li>○ Circulation of the JSNA and the need now to consider the impact on short, medium and long term commissioning plans</li> <li>○ Movement of the system to daily reporting in line with the daily dashboard for the 100 Day Challenge</li> </ul> <p>DF thanked Members for their support in achieving a significant amount of progress in the last two months.</p>	
<p><b>8.4</b></p>	<p><b>Systems Leadership – sign-off plan</b>  DJN and JC talked to the slides which are attached with these minutes.</p>	

	<p>DF believed that, as leaders, we would need support to keep it together through the next few months when the pressure was on: and to take messages from the peer review being carried out by the Health and Wellbeing Board.</p> <p>After discussion it was agreed that it would be useful for system leadership to focus on a facilitated workshop for the JCB itself and additional support for 7-day working.</p>	<b>JCa/DJN</b>
<b>8.5</b>	<p><b>Extended Community Teams pilot – sign-off plan</b></p> <p>TW introduced the report updating Members on the locations of the demonstrator sites in Wiltshire and the initial implementation plans, with the intention of implementing three demonstrator sites (one for each locality) by the end of December 2014.</p> <p>DF stated that the community teams offer had been commissioned at a significant cost and was a brand new service. TW said that recruitment was going well with 8.5 FTE out of the 20 recruited.</p> <p>After discussion and agreement about the joint intent to migrate to more integrated working, MR stated that by 14 October each cluster team would have a named social worker. This was very well received.</p>	<b>JCa</b>
<b>8.6</b>	<p><b>Outcomes Framework – Integrated Teams</b></p> <p>TW presented the report asking for Members' approval of the Integrated Teams Outcomes and Principles Framework which had been developed to support the progression towards an outcomes-based commissioning process for the Adult Community Services (ACS) contract being managed by Wiltshire CCG in April 2016.</p> <p>Members commented:</p> <ul style="list-style-type: none"> <li>• Public involvement would be a key enabler</li> <li>• Outcomes came through consultation with the public early on in the process</li> <li>• Use personalised statements from the users' perspective</li> <li>• Work with Emma Cooper from Healthwatch to shape the outcomes and strengthen the position</li> <li>• There needs to be more about the prevention agenda within the community teams' structure</li> <li>• Opportunity to strengthen the public element within the steering group</li> <li>• There had been an effective marketplace event with the guiding principles</li> </ul> <p><b>The Members agreed and supported the approach and agreed the principle of the high level Outcomes and Principles paper, which needed to be amended to take account of the above comments.</b></p>	<b>TW</b>
<b>8.7</b>	<b>Community Services – contracting and commissioning options</b>	

	<p>TW presented the report from August explaining that there had been much discussion since then.</p> <p>Members commented:</p> <ul style="list-style-type: none"> <li>• The Care Act to be implemented in April 2015 will change the way we work with social care which may mean that we ask for something that we do not require or that may change</li> <li>• A flexible approach to the procurement process generates opportunity; in particular the procurement needed to have the flexibility built into the contract to allow for greater health/social care integration (with options for merging/alignment of contracts) in the future</li> <li>• Confusing to have CHC and LD listed at 1) in the context of this paper</li> <li>• There should be a strong weighting applied on the successful bidder's ability to provide integrated care going forward</li> </ul> <p><b>The specification and contract to take account of Members' comments.</b></p>	<p>TW</p>
<p><b>8.8</b></p>	<p><b>100 Day Challenge Implementation</b></p> <p>JCu presented the paper which had already been provided in a number of forums and would be familiar to Members.</p> <p>The daily dashboard, providing information against metrics and including all support that helped to keep somebody at home, started last week: and has given us the opportunity to be strong.</p> <p>A paper on the 50-day review to be brought to the November meeting on what is working and what the priorities are, as well as an earlier evaluation.</p>	<p>JR</p>
<p><b>8.9</b></p>	<p><b>Social Care Offer to Demonstrator Sites</b></p> <p>SG introduced the paper emphasising that this was an initial social care offer to the 3 demonstrator sites for integrated teams for agreement by Members.</p> <p>The process is being closely monitored and will link with the systems thinking team to feed back into the appropriate channels. To use the governance of this meeting if there are any changes to the offer.</p> <p>TW was concerned that the people within primary care may not know to whom they should be communicating. CCG will write out to the GPs and offer for them to meet with JCa.</p> <p>The implementation of the offer will be managed and monitored through the Working Group for Optimising Community Teams. MR will go out to WWYKD and Sarum group forums to keep the momentum going.</p> <p><i>MH left the meeting at 11.24</i></p>	<p>TW/JCu/MH</p> <p>TW/JCu/MH</p> <p>MR</p>

<p><b>8.10</b></p>	<p><b>Mental Health (MH) and Learning Disabilities (LD) Joint Commissioning Options</b>  DM introduced the paper which was drafted in June and had not been through the CCG Executive.</p> <p>Members commented:</p> <ul style="list-style-type: none"> <li>• LD and MH should represent a pathfinder for the development of integrated staffing structures' as a precursor to greater use of joint commissioning</li> <li>• There had been a good meeting last week on MH and LD going forward</li> <li>• JCa referred to the last slide which described the next steps and was the key slide on which to concentrate</li> <li>• The joint commissioning principles for MH/LD will be brought to the December JCB. MR thanked DM for his work on this.</li> </ul>	<p><b>DM/DJN/JR</b></p>
<p><b>8.11</b></p>	<p><b>Integrated Finance and Info report – M5</b>  STr presented the paper emphasising that the CCG continues to experience pressure with demand in the urgent care system being significantly higher than the same period last year.</p> <p>STr asked WC colleagues whether the pressure being felt in the health sector was the same in the social care sector. WC responded saying that they were indeed seeing the cost pressures.</p> <p>WC's figure in the report of a net overspend of £1.7m at month 4 is inaccurate and should be amended. In fact the cost pressure was significantly higher.</p>	<p><b>Michael Hudson/Liz Williams</b></p>
<p><b>8.12</b></p>	<p><b>WBV and LD Action Plan</b>  DM introduced the report updating Members and stating that all 5 WBV patients will be back in county next year. JC-C cautioned that, when future reports were sent to the Health and Wellbeing Board and as the number of patients becomes less, it will be easier to identify the individuals.</p> <p>Thanks were given for all the hard work on what is a tricky agenda.</p>	
<p><b>8.13</b></p>	<p><b>Dementia Work Plan</b>  TW presented the report explaining to Members that those who had been working on it are leaving their organisations. Members were happy with the priorities which came out of the strategy and the consultation. Dementia awareness training had been delivered to some of the Governing Body Members and it would be spread out to other staff. JC-C said there should be parity of esteem around physical health needs and this should be flagged up as a particular priority.</p> <p>MR asked for her thanks to be passed on to colleagues who are moving on and who had done an excellent job.</p>	<p><b>TW</b></p>
<p><b>8.14</b></p>	<p><b>Advanced Dementia Care Plan</b>  TW introduced the report as a draft document explaining that an</p>	

	<p>agreement on process had been reached at the Governing Body meeting in private in September.</p> <p>Members commented:</p> <ul style="list-style-type: none"> <li>• Monies would be released with the closure of Charter House</li> <li>• The focus of the consultation is about buildings and beds and there would be a contextual document that explains this to public and in plain English</li> <li>• CQC inspection of AWP picked up various issues and asked AWP for an action plan to address the issues and this should be reflected in the consultation</li> <li>• The process had been agreed and SR and DF had been given delegated authority by the Governing Body. Members to agree once the amendments had been made and before 20 October. TW to work with JR to finalise the document</li> <li>• Communications needed to be developed further. JC and TW to develop a communications plan with the communication teams from both organisations</li> <li>• KH to take the paper to Cabinet Liaison</li> </ul>	<p>TW/JR</p> <p>JC/TW KH</p>
<p><b>8.15</b></p>	<p><b>Integrated Personal Commissioning and Health and Social Care Personal Budgets</b></p> <p>JCa introduced the paper describing the new Integrated Personal Commissioning (IPC) programme blending comprehensive health and social care funding for individuals and allowing them to direct how it is used.</p> <p>The application process for CHC went live on 1 October. From this point, all individuals who are eligible for CHC would be eligible for personal health budgets (PHB). As people are reviewed for CHC, they would have the offer of a PHB but the take up is unknown: however, it is estimated at half or two-thirds. Currently there are 3 people in receipt of PHBs with 2 more imminent and CHC colleagues are assessing another 10/12. The 3 CHC funded budget holders currently receive just over £10,000 / week between them:  RM - £4275/wk since 08.01.14  DE - £1588.67 /wk since 01.05.14  JP - equates to £4275/wk since 07.07.14 (although the first payment was front loaded so the actual weekly figure will be lower for the remainder of the year).</p> <p>We will have to find ways of working with personalised budgets going forward as it will be an individual's right although it will be a significant risk around MH and will put pressure on the system.</p>	
<p><b>8.16</b></p>	<p><b>Annual Plan Cycle – Wiltshire CCG</b></p> <p>DJN introduced the paper which was for information. MR thanked the CCG for an excellent piece of work.</p>	
<p><b>8.17</b></p>	<p><b>Forward Plan</b></p> <p>JR and DJN to work with DJH on a forward plan</p>	<p>JR/DJN/DJH</p>

<p><b>Any Other Business</b></p> <p>A further JCB meeting to be organised in November at 17:00hrs for an hour and half, with specific discussion items.</p> <p>DF reported on the NHS Commissioning Assembly held on 30 September.</p> <ul style="list-style-type: none"><li>• Presentation on BCF fast track pilots<ul style="list-style-type: none"><li>➢ Investment in advance of the first year of BCF by CCGs in all cases</li><li>➢ Funding used to promote existing transformational plans in all cases</li><li>➢ Strong support from H&amp;WB boards and providers involved in planning</li></ul></li></ul> <p>Key messages from the NHS Chief Executive, Simon Stevens:</p> <ul style="list-style-type: none"><li>• Emphasis placed on delivery of NHS constitutional targets prior to the election</li><li>• Freedoms can only be attained following successful delivery of constitutional targets</li></ul> <p>There was the opportunity in September to make a bid to the Commissioning Academy for support around MH and LD to move the agenda forward and allow the CCG to appoint someone.</p> <p>There was a meeting chaired by Professor Bill Irish about the crisis in GP working and gathering the health and social care sectors together.</p> <p><b>There was no further business discussed and the meeting closed at 12:20hrs.</b></p>	<p><b>DJH</b></p>
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