

Shadow Health and Well Being Board LINK notes 7 February 2011

Minutes from December were agreed.

Adult social care commissioning structure was presented by Jacqui Old. Jacqui described how a mapping exercise had been undertaken with current stakeholders to understand strengths and weaknesses in the system. This has already yielded positive results although improvement is needed. Local Authority, Health and GP commissioning groups have been involved in considering future arrangements in a smaller group and this has then been taken to a larger group of stakeholders for their input. Statutory responsibilities, key priorities and membership arrangements have been considered. Two wider meetings took place to reach a consensus.

The Health and Well Being Board will be accountable for scrutinising actions, priorities and holding commissioners to account. A smaller commissioning group will oversee this process to ensure that progress is made and reported to the Health and Well Being Board.

Five work streams will be included in the structure. Priorities for these work streams are shown on the diagram included in the Board papers. Priorities will rotate,

Alcohol will top the list for preventing and reducing hospital admissions, for the first year. Advice and information will look for synergy between Health and Social Care. Voluntary sector joint funded contracts will be aligned. Transition from PCT to LA needs more work. Long term conditions will look at falls – a more comprehensive strategy is needed and an action plan. COPD needs to become more mainstream. Older people's mental health services and dementia services will also be considered. Reducing admissions to hospital and improving discharge are hard to unpick, focus will be on intermediate care and recent review used to develop reablement and how joint funding and commissioning arrangements for urgent care can compliment this, the role of assistive technology will also be considered.

Mental health needs further alignment and mapping of joint budgets. Learning disabilities will focus on high cost packages and how alternatives could be offered. Personal budgets and Autism will also be considered. A more detailed action plan and performance management framework is being worked on for each work stream.

There will be a clear plan for more comprehensive engagement across all areas.

Existing groups can begin to move towards this in transition and take account of risks.

Foundation Trust involvement will be needed to progress things and agreement on priorities across all agencies will be essential.

Alma Cauldwell then reported on the progress of the Older Peoples strategy. A briefing paper is amongst the Board papers. After feedback from local older people there has been a slight change of wording of the Vision and important issues have been highlighted.

June 2011 remains the target to have the strategy fully agreed. Performance management would use a scrutiny process, as proposed in the briefing paper. A report would then come from this group to the Health and Well Being Board, supported by the Board co-ordinator, who is not yet in post. The Board agreed that Alma and Jacqui should take this forward.

An update on reablement was received from Jacqui. Good work had continued over the winter and met time frames. Additional funding from health and work on this with the PCT was being considered. Set up costs for home care, additional volume and technology had been included in a report submitted to the Strategic Health Authority who had given feedback on how to strengthen these plans. Discussions around additional activity and pressures on the services as well as the social care spend that benefits health will be considered through the joint commissioning group.

Paul Hanson presented a report on the Health and Well Being Board's future responsibilities regarding the joint strategic needs assessment. The Board are required to use this assessment to inform a strategy to meet local people's needs and agree joint commissioning plans to deliver this. There is now a web version available covering information on all areas and work continues on building detail. There is also a feedback option.

Priorities are stroke, falls, reablement, dementia, learning disabilities, alcohol related health issues, obesity, avoiding admissions and improving discharge from hospital and joint working. A 2010/11 refresh is continuing. A co-ordinator will be recruited and a 2011 summary will be available. May – September will look at H&WB strategy from this. This will draw on other joint work and identify priorities and align these with the commissioning structure. The H&WB Board will monitor progress through reporting. It has been formally agreed to move responsibility for this to the H&WB Board from LSP.

NHS reform was presented by Phil Clow. A briefing report is amongst the Board papers.

North East clustering of PCT's has already taken place. Only the North East Ambulance service needs to achieve foundation status. Transfer of provider services to Northumbria FT is on schedule. The drive for QIPP to achieve 20 million in savings has been extended to 2014/15.

Discussion followed where it was noted that the £25 -£35 per patient referred to has not been clearly defined and was thought to reflect public health spend and other finance to achieve this amount. The outcomes framework has now grown to 8 pages and may not seem as 'light touch' as first thought. Local priorities must remain manageable and focussed or run the risk of being buried under bureaucracy. Targets are gone but replaced by the standards in

the NHS Constitution which FT's have signed up to. There is a balance to be achieved by PCT's through quality and outcomes. A big challenge for FT's with tariffs and emerging situation. Organisations need to reacquaint themselves with the outcomes framework to ensure that approaches are co-ordinated mental health and learning disabilities have done some work, adults and older peoples still needs to be considered.

A provider view from Northumbria Health Care Foundation Trust was given by Jim Makey. Jim took the Board through a set of figures and told the Board that Northumbria is working on 6% efficiency savings at the moment. It is a challenging time and negotiations with the PCT, as commissioners, are going on at the moment. Transforming community services plans need to see priorities for investment which are connected and very focussed. It is essential that money spent makes a difference to hospital admissions, this is a huge challenge. Community services need to underpin hospital services. Pathways must change to reflect this and reduce demands on hospitals. Other parts of the country have huge quality issues and negative balance sheets but at the moment the NE are in a very strong position and the best in the country.

There were some items under any other business. Papers will be sent out a week in advance. Parking spaces will be reserved automatically. Consideration about the meetings being open to the public would be given; but this needs to be thought through. A booklet of member's details has been prepared and distributed.

Next meeting 26 May 2011 10 -12am.

Johanne Mears
LINK Manager