

**PUBLIC**

**Agenda item 3**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**12 May 2016**

**Minutes of associated Boards**

This report includes the latest published minutes of the following Boards:

- 21c Joined Up Care
- JUC Board (South Derbyshire)
- Tameside Care Together
- Adult Care Board
- Children's Trust



## 21<sup>st</sup> Century Plan Delivery Group

### Meeting Notes – Decision, issues and actions

**Monday 14<sup>th</sup> March 2016, 09.30 am – 12.00 noon**  
**Robert Robinson Room, Scarsdale**

<b>Present</b>		Ben Milton, North Derbyshire CCG Chair (BM) Tracy Allen, Chief Executive, DCHS (TA) Tom Diamond, Programme Director (TD) Tony Campbell, Acting Chief Executive CRHFT (GB) Mark Smith, Interim Chief Officer, North Derbyshire NDCCG (MS) Ifti Majid, Acting Chief Executive DCHFT (IM) Eleanor Rutter, Public Health (ER) (Metrics) Judith Douglas, EMAS (JD) Darren Green – Interim Chief Finance Officer (DG) Oliver White – Management Trainee on placement at DCHS (OW) Clive Newman - Director of Transformation & Clinical Programmes HCCG (CN)		
<b>In attendance</b>		Mandy Twyford, North Derbyshire CCG (Notes)		
<b>Apologies</b>		Adam Sutherst, North Derbyshire CCG (AS) Andy Gregory, Hardwick CCG (AG) Simon Roberts, Programme Director (SR) Linda Dale, Children's Services representing Isobel Fleming, Assistant Director & Children's Commissioning DCC (LD) Beverley Smith, Chief Transformation Officer (BS) Gareth Harry, Chief Commissioning Officer, HCCG (GH)		
No	Item	Discussion and agreed action	Who	By When
1	<b>Chairs Introduction</b>	Ben Milton welcomed all to the meeting and introductions were made.		
2	<b>Status Report</b>	<b>Community Hubs Pre Consultation Business Case</b>  <b>(i) Board Feedback</b>  <b>DHCFT</b> Ifti Majid updated the group. DHCFT Board supported the plans and were very supportive on the whole. DHCFT Board expressed some concern around the depth of detail on contracting and financial issues. The Board discussed and resolved the issue of a public conversation around Urgent Care and Learning Disabilities, We had support for the plans.  <b>CRHFT</b> Tony Campbell advised the group, with a formal response due from the board in writing. CRH Board are keen to see detail which is not yet available around the how services will be implemented and remain concerned about the impact on CRH of increased activity if the reform does not deliver the anticipated result. CRH are also keen to		

		<p>understand transition support from a commissioning point of view. Generally supportive right across the board, the Board accept it is subject to consultation. The Board will be looking for further conversations around community beds, and for a wider discussion with commissioners and partner organisations. Generally overall supportive.</p> <p><b>North Derbyshire CCG</b> Mark Smith updated the group from the North Derbyshire point of view. North Derbyshire CCG are supportive, the business case was approved. The detailed financials were approved at Governing Body.</p> <p>It was noted that other Governing Bodies and Boards have not approved the detail of the financial arrangements, and that a meeting was planned for a further discussion on this detail. It was reiterated that the financial detail would need to be approved by GBs and Boards and would have the same status as the Business Case itself. It was noted that any change to the financial approach will need to go back to the North Derbyshire CCG Governing Body meeting for approval.</p> <p><b>Hardwick CCG</b> Clive Newman advised that the Hardwick CCG board approved and supported the business case. The financial approach was approved in principle but not in detail. The GB GPs expressed concern that the change would not result in more work or responsibility for Primary Care without proper mitigation. The GB wished also to have a further discussion about the text of the consultation document and this would conclude on the 06/04/16.</p> <p><b>EMAS</b> Judith Douglas advised that the Business Case has not been to the EMAS Board.</p> <p><b>DCHS</b> Tracy Allen advised that the DCHS Board considered this in February 2016, DCHS continue to support the service transformation direction recognising significant developments to the last version particularly around Carer Support, Workforce planning, Demand and Escalation and Site Implementation. Concerns were noted regarding the detail of implementation but the Board accepted that this is the current position and that the next level of detail will be addressed iteratively working to the core principles of the programme. Significant work was recognised as being needed around GP engagement, integrated governance and the workforce. The finances and commissioning framework were not considered as they were received late and DCHS didn't think it reflected what we had agreed. This is a significant outstanding concern from the DCHS board point of view. The understanding was that the Finance and Commissioning Framework would go to all boards and not just bilateral between Commissioners and DCHS. PDG agreed the importance of all boards understanding this system transformation. We need to agree that this is circulated to all Boards.</p> <p>PDG discussed GP engagement. Ben Milton advised of the all member Practice event jointly with North Derbyshire and Hardwick CCGs planned for April 26. GP colleagues have been, and will be, briefed at the Locality Meetings and at HCCG Commissioning Delivery Group.</p> <p>All boards have approved in principle</p>		
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		<p><b>(ii) NHSE initial feedback</b></p> <p>Clive Newman updated. The NHS review is on the 7<sup>th</sup> April 2016, with a recommended 6 weeks for NHS feedback, though this will likely take less time with initial feedback coming within a week.</p> <p>It was also noted that there is a period for design and printing and distribution of materials ready for the launch (23<sup>rd</sup> May 2016).</p> <p><b>(iii) Commissioning, Contracting, Finance</b></p> <p>Darran Green advised that work was ongoing on this area with contract negotiations still happening, and issues re financial approach still be resolved (see above). Once resolved a revised schedule will be sent through on how it impacts on each organisation. The commissioners have agreed to not look for any cost savings or the savings that come out of the tariff negotiations, and not to apply them in the first two years to support DCHS over that time. It is anticipated that of the £1.7M to be invested to pump prime in year one, by the end of year 5 there should be in the region of £1.5M worth of cost avoidance.</p> <p>Block contracting was discussed: it was highlighted that the south are keen to have a block contract with their Acute provider but it was highlighted that NDCCG had a planning meeting with NHS England last week with NHSE advising that commissioners should not be looking to have block contracts with their Acute providers during 16/17. PDG discussed this point, and proposed that there should be some push back on this NHSE position as block contracting would be a key way to mitigate risk and ensure a system wide control target.</p> <p>Tony Campbell expressed some concern that moving to a block would represent a great risk for CRHFT, in terms of funding increased demand, however it was noted that this is already the position for large parts of the system including DCHS, DHcFT and primary care. A risk and gain share is needed in moving to a block which protects all individual organisations from variation in demand recognising interdependencies.</p> <p>Darran Green advised that contract negotiations were ongoing with significant work needed with DHcFT and with EMAS.</p> <p>Tracy Allen from a DCHS perspective advised that if no agreement can be reached on the specifics of transacting this set of changes then the DCHS Board may feel able to only respond to the consultation and that they then will need to revert to contracting on a traditional individual bi-lateral basis on a year by year basis.</p> <p>Mark Smith advised that NDCCG are keen to see this issue resolved, working to the agreed set of principles. Mark referenced previous agreement to adjust the efficiency requirements on the services that are being transformed. Mark noted that commissioners were not looking for cash releasing efficiencies from this process.</p> <p>Tracy Allen agreed that the process should abide by the principles agreed. DCHS Board's concern was that interpretation of those principles by commissioners would leave DCHS with a disproportionate level of risk.</p> <p><b>(iv) Consultation document</b></p> <p>Sara Naylor introduced herself to the group, Sara is a Communications Consultant who has been working with the CCGs on</p>		
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		<p>the Consultation Document plus other strategic work related to the Consultation. Consultation document V1 was sent out to the group yesterday, the group were asked if they could share any major concerns they have once the document has been reviewed. The group were asked if they have any concerns having read the document.</p> <p>Members of the group highlighted some changes – to confirm to Sara by the end of the week.</p> <p>A discussion took place regarding the inclusion of patient stories/patient level examples. Sara expressed concern that these would need to be fact checked and would lengthen the document however good examples would be considered. The group were advised that a request had gone out some weeks ago from the CCG Communications Team to partner organisations. It has also been flagged in working group meetings that patient stories would be helpful for the communication of the consultation. A number of examples were suggested including stories from the:</p> <ul style="list-style-type: none"> <li>• Dementia Rapid Response Teams existing service in the south</li> <li>• Existing rehab services at Stonelow Court, The Grange and Staveley Centre</li> <li>• Services reprovided from Bolsover hospital into the local community</li> <li>• The Discharge to Assess and Manage Team</li> <li>• The community IV service</li> </ul> <p><b>Action: Sara Naylor and Beverley Smith to pick up with comms team. Tracy Allen will try to get two stories.</b></p> <p>The timeline was highlighted to the group. The name of the Consultation was discussed, the group agreed with the title of Better Care at Home.</p> <p><b>(v) Consultation plan and timeline</b></p> <p>Aim would be to complete the Consultation document by the 18th March 2016 for sign off at Community Hubs on Wednesday 23<sup>rd</sup> March 2016, then NDCCG Board on the 24<sup>th</sup> March 2016 and HCCG on the 29<sup>th</sup> March 2016. Then it will go to the NHS England review on the 7<sup>th</sup> April 2016. The launch is planned for 23<sup>rd</sup> May 2016, with a 14 week consultation period.</p>	All	
3.	<b>System Plan</b>	<p><b>(i) System priorities and contracts 2016/17</b></p> <p>Clive Newman updated having been briefed by Gareth Harry, negotiations of the contracts are somewhere between red and amber/green across all of the contracts. It was not anticipated that we would get to a point by the end of March 2016 where we would be able to show a completed picture in the round where everyone is, but would have an interim position. PDG expressed disappointment that the negotiations had followed traditional bilateral lines with little thought given to the agreed system priorities and no transparency on the overall position.</p> <p>It was agreed that an urgent teleconference would be held with system leaders to understand the current position against the agreed priorities.</p> <p><b>Action: Clive Newman to co-ordinate with Gareth Harry.</b></p>		

		<p><b>(ii) Derbyshire Sustainability and Transformation Plan (STP) - Including 'reshaping' NDUop 21c Programme</b></p> <p>Tom Diamond updated on the STP with the date for the full draft submission of the STP at the end of June 2016 and an initial submission to the NHSE by 11<sup>th</sup> April 2016. There will be a national review at the end of July 2016.</p> <p>STP governance was discussed and PDG agreed the need to be clear about the purpose and aims of any governance arrangements. The proposed structure was discussed and Tom highlighted the principles which were agreed at the Chiefs group. Planning by institutions will be supplemented by planning for placed based populations with a focus on the sustainability of services rather than organisations.</p> <p>Whilst there is no immediate proposal to change decision making rights organisations will need to consider implications for the longer term. The Chiefs group now meets fortnightly as a guiding coalition with responsibility for leading the system wide change. The core group is a dedicated senior team overseeing cross function dedicated support to develop the STP itself. Their first task is to get going in producing the gap analysis ready for that short return. This is now on a cycle of being fed into the Chiefs group for review and approval.</p> <p>PDG considered the future of PDG and C21 in light of the emerging STP. It was agreed to take stock of progress across all workstreams, with workstreams asked to report over the next three months. The lack of a formal PMO for C21 was discussed, and the potential to link STP and C21 together.</p> <p>It was decided to use the next three months to get the baseline positions and make sure they are clearly built in and being held accountable in the new system so there is not a gap.</p> <p><b>Action: CN/BS to speak to workstream leads to organise feedback to PDG</b></p> <p><b>Action: TD to speak to CN/BS re taking responsibility for workforce</b></p> <p>Eleanor Rutter highlighted the need to properly incorporate prevention into the STP. Tom Diamond advised that Pervez and Joy Hollister have been speaking about this and identifying leads.</p> <p>Tracy Allen agreed that the prevention element should be the foundation of the plan, and queried whether councils would be allocating resources to the shared pot. Local Authorities could put their money and weight behind developing a whole population approach prevention and improving inequalities.</p> <p>Eleanor Rutter agreed, and a discussion took place regarding the description of prevention and the opportunities within the STP.</p> <p><b>(iii) Metrics</b></p> <p>The group discussed what they think this Boards role is going forward, views and opinions were asked for in terms of North Derbyshire metrics in light of the STP.</p> <p>Eleanor Rutter highlighted that the whole county needs a more</p>	<p>CN/ BS TD</p>	
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		<p>systematic approach to metrics. The Health and Wellbeing Board have made this a strategic priority to align metrics and have a systematic reporting process for them, the question is capacity.</p> <p>Ben Milton advised, at this point it would be worth getting the Metrics for the STP right and focusing on that.</p> <p>It was noted that the information team are now resetting the baseline of activity for Derbyshire, from a baseline for the North Derbyshire System Plan. That team are now looking at resetting the baseline what the future forecast would be doing and what the future will look like under the STP, setting a trajectory on how that is going to change. It was noted that budgets would need to be set around the 'place' geography.</p>		
6	<b>Any Other Business</b>	None discussed.		
7	<b>Next Meeting</b>	11 <sup>th</sup> April 2016, 9.30am – 12 noon, Robert Robinson Room.		

## UNCONFIRMED

### Joined Up Care Board

<b>Date:</b>	03 March 2016
<b>Time:</b>	14.00 – 16.30pm
<b>Location:</b>	Riverside Centre, Pride Park, Derby (The Dove Room)

Present		
Name	Initials	Role
Dr Avi Bhatia (Chair)	AB	GP & Chair, Erewash CCG
Dr Sheila Newport	SN	GP & Chair, Southern Derbyshire CCG
Gary Thompson	GT	Chief Officer, Southern Derbyshire CCG
Helen Scott-South	HS-S	CEO, Derby Teaching Hospitals FT
John Sykes	JS	Medical Director, Derbyshire Healthcare Foundation Trust
Rick Meredith	RMe	Clinical Director, Derbyshire Community Health Service FT
Stephen Bateman	SB	CEO Derbyshire Health United
Tracy Allen	TA	Chief Executive, DCHSFT
Joy Hollister	JH	Strategic Director for Adult Care, Derbyshire County Council
Perveez Sadiq	PS	Interim Strategic Director, Derby City Council
Claire Wright	CW	Executive Director of Finance, Derbyshire Healthcare FT
Lynn Wilmott-Shepherd	LWS	Director of System Transformation, South of Derbyshire

In Attendance		
Name	Initials	Role
Angela Hales (Minutes)	AKH	Transformation Project Officer, Southern Derbyshire CCG
Oliver White	OW	NHS Leadership Academy with Derbyshire Community Health Service FT
Nina Ennis	NE	Transformation Programme Office, Southern Derbyshire CCG

Item	Discussion	Action
1.	<p><b>Introduction and apologies for absence</b></p> <p>AB advised of apologies received from Nigel Sturrock, Kerry Gulliver, Rakesh Marwaha and Ifti Majid.</p>	
2.	<p><b>Minutes of the meeting held on Thursday 4th February 2016</b></p> <p>Agreed - no comments, amendments or omissions</p> <p><b>a) Action Log (attachment B)</b></p> <ul style="list-style-type: none"> <li>i. Further work on the 'Blueprint' – thanks were extended for the work which NE has undertaken and it was agreed that the STP would provide a clear direction therefore, a separate blueprint was no longer required; further work on 'place based systems' and how we move towards this model, would be of more benefit. This work was completed and presented during the meeting.</li> <li>ii. Finance – work continues to review financial positions and a move towards different contractual mechanisms. However, this has not progressed as fast as required and was discussed further within the meeting (see 3 below)</li> </ul>	



3.

### Development of the STP:

GT outlined the fast pace of work with regard to the STP. The Derbyshire Chief Executive Group (CX's) is acting as the operational board with a sub group of 4 Chief Execs (GT, TA, AG and GB) acting as a 'core group' in order to deliver the plan. The latter meet fortnightly. There will be two stages:

- Complete the plan
- Deliver the plan.

It was stressed that there is a very short time to complete the work and that national pressure is significant.

A further group of people from all organisations across the county will be convened to actually move things forward, working to the 'core group' and being accountable to the Chief Executive's Group.

Currently there are a number of principles being agreed and the beginnings of an outline plan. This is being discussed at CX's on 4<sup>th</sup> March. The group are also looking at how we can bring together 21C and JUCB to create one board across Derbyshire, allowing a genuinely joined up plan to be written and delivered.

#### a) Transformation

PS raised the question about how other areas are progressing and whether we can learn from them? GT stated he had talked to other areas and felt we were as well placed as anyone. He again stressed the strong message from NHSE and NHSI that plans needed to be robust. GT advised that there is nationally 44 STP's therefore, potentially 44 different planning footprints.

HS-S raised the question about people and organisations outside of the Derbyshire footprint e.g. Burton Hospital and Chesterfield Royal. It was queried whether they would be included in the unit of planning and whether this needed to be a formal process. Following discussion it was agreed that the planning footprint is the geography and will have to take into account patient flows and therefore it is not necessarily about organisations. Plans need to reflect how services are delivered, be it within the footprint or as part of a network.

TA advised that large parts of Derbyshire community have care outside, and work flows in situ somewhere else, that do not fit in to one geographical area and the message for Derbyshire people is to provide sustainable services. This group should focus on the high level principle rather than the details in order to take a system view and for which we all pay collectively.

#### b) System Resilience Group

The question was raised about the JUCB view of merging the North and South System Resilience Group (SRG's). It was agreed that the SRG would continue to manage the immediate system in the South at present until all parties have agreed. However, the Board strongly supported the North and South SRG's being brought together as one. The group agreed that a joint SRG would be preferable as it would allow for a better opportunity to work at a larger level, it would maximise resources in the systems and creating flexibility.

In addition, it was agreed that the merging of the groups in the North and South would reduce pressure of demands to attend competing meeting dates, would reduce the amount of meetings taking for the same purpose whilst ensuring the decision makers are in the room therefore, creating a commitment to less meetings by more decision makers and consequently, a wider audience including members such as EMAS.

RMe asked how we make 'place bases' resilient and how we would identify key indicators and drivers where local services may vary? It was agreed, that this will come from understanding our areas and by having an overarching group who can oversee resources. There will be a need to maximise resilience and all agreed this is best done at scale.

### c) Enabling workstreams

Enabling workstreams – there was broad support for one Local Estates Forum across the North and South and it was agreed that these should be fully merged across the county to gain greater synergy and capacity.

JH advised that the Health & Wellbeing Board needs to be referenced and links made as they have been tasked with looking at estate usage across Derbyshire.

### d) Integrating CCG functions

Early discussions across the CCG's have taken place about taking the opportunity to align CCG functions where appropriate, in order to reduce duplication and workload. This will also enable there to be one discussion with NHSE and other bodies. However, it was stressed that CCGs remain statutory organisations and the streamlining of functions did not affect this. There was a discussion around whether we should integrate any other functions i.e. contracting, concentrate talent in one place etc. Discussions would need to take place at governing body level and have full discussions on any concerns. There was support from provider organisations as it will reduce duplication for them and release capacity across the system to help deliver transformation. CCGs will be leading by example and providers could follow suit on rationalising some functions.

Questions were also raised around the rationalising of office accommodation, the City Council being cited as an excellent example of estate rationalisation, improved productivity, greater staff satisfaction and reduced costs. DCHS are also doing work on improving agile working and encouraging different ways of working in order to reduce office accommodation. HS-S stressed the importance of seizing opportunities to reduce overheads instead of entering into expensive contracts.

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### Contracts and finance

GT asked for confirmation from the board that we want to move towards a new approach (i.e. move to block contracts) - moving away from the "hassle" of chasing individual areas of a large contract and smaller tariffs to provide organisations with a clearer understanding of what may need to be chased and how best to resource this.

CW emphasized that whilst overall this will be better for the system, until we have the detail we do not know the risks. It was recognised amongst the group that there is a need to stop bilateral conversations and get everyone together so that the whole system can be understood and that systems flow in one direction.

SN stressed the importance of including GP's and whether we can bring general practice into the equation?

	<p>It was agreed we do. It was recommended that the group be mindful that it depends on the size of each block and how it could potentially impact on other blocks and whether we are addressing the 'wedge'.</p> <p>TA agrees with the block concept and looking at priorities, that there is a lot of work around establishing a block system and how we implement this and manage the transition. Conversations need to take place with Local Authority across Social Care surroundings for some of the more complex contracts to assess the risk overall.</p> <p>There also needs to be an understanding about areas of council funding such as BCF, Public Health, Mental Health and children etc. How do we make progress and integrate the back office systems? It was agreed to discuss at the Chief Executive's Group and they will ensure that all information is available from all organisations to provide the required transparency, and resolve any concerns, so we know what we are signing up to and that we have an awareness of challenges and planning for the next 5 years and how resources may shift. It was agreed that the process would move to the next step, with caveats.</p> <p>HS-S/TA raised concerns that financial information required by this group has not been forthcoming from some CCG's as without this information it is not clear for a shared view and how we can move forward. Scott Jarvis is co-ordinating this information using the Lincolnshire model. GT advised that the Chief Executive were meeting 04/03/16 to share financial information.</p> <p>AB requested this be rectified by next month. It was agreed that this would be remedied by the next meeting.</p> <p><b>Action Point: Financial modelling will be driven forward by Chief Executive's Core Planning Group</b></p>	GT
5.	<p><b>Place based system development</b></p> <p>A presentation was given following on from previous board discussions; comments and utilising research such as the Kings Fund (<b><i>presentation V3 circulated 030316</i></b>). Primary care will be pivotal to developing place based systems and both SDCCG and Erewash outlined some of the on-going work with GPs. There is a lot of engagement underway with a lot of building blocks in place. Real engagement is key together with taking learning from areas such as Belper and Erewash and working on a larger scale.</p> <p>SN stressed it is not just about the narrative but about the development of a will to work together, a purpose and how groups will work together when things get tough? It will be important to invest in the organisational development including the 'softer stuff' giving GPs dedicated time together. Not all people will have the same drivers. Therefore, understanding these and ensuring that support is given from an OD, transformational/management resource perspective.</p> <p>AB advised that currently there is little done for GPs with regard to OD and this poses a risk. Further discussion took place about the shortage of GPs and the need to develop different clinical models. However, this also requires a culture change both within professional groups and patients perceptions.</p>	

	<p>AB advised that it is important that finding a mutually convenient time to discuss concerns with the GP community, to identify differences and is essential for engaging with all people that are running independent businesses. SN agreed and advised the group that this will require capacity and consideration of financial investments.</p> <p>SN advised that Lesley Thompson is facilitating OD work with the Belper 5 to get practices together to assist them to get a clear vision and for better ways of working together. In addition, LMC has £200,000 of non-recurrent monies across Derbyshire for GP transformation to set structures; little is known currently about the details and it was agreed that we need to ensure links with a clear governance and accountability framework, whilst ensuring public confidence of service continues.</p> <p>The group agreed that the overall approach to place based care was accepted, and will feed into the STP development and delivery. It was important to ensure this relates to talent management at work to ensure that the right people are freed up to work on a large scale policy that would identify disparities and differences.</p>	
6.	<p><b>TPO Update Report</b></p> <p>The TPO update report was presented and LWS outlined some of the key points:</p> <ul style="list-style-type: none"> <li>• A meeting had taken place with Leicestershire and Nottingham Transformation Directors, to share learning and understand the different approaches</li> <li>• Wicked issues were highlighted, as per the report</li> <li>• Workforce OD capacity was highlighted as a major risk – linking to earlier discussions.</li> <li>• IM&amp;T capacity was also raised as recent interviews had not secured people to fulfil the posts</li> <li>• Attendance at a Kings Fund conference on place based systems and the underlying messages – people, relationships, a shared purpose etc. Also the strong messages being delivered from NHSE and NHSI that systems must not ‘dodge the tricky stuff’</li> <li>• That a lot of excellent work continues within the Delivery Groups. However, there is a sense that people are waiting for guidance and further information regarding the STP and its implications.</li> </ul> <p><b>Action point:</b></p> <p><b>TPO to circulate notes from Place Based Systems Conference – Kings Fund and presentation relating to the Leicestershire Transformation Programme.</b></p>	TPO
7.	<p><b>TOR for the Local Estate Forum</b></p> <p>It was agreed that this would be revisited at a later date.</p>	
8.	<p><b>Any Other Business</b></p>	

9.	<p><b>Preparation for NHSE/Monitor meeting</b></p> <p>NHSE and Monitor declined the invitation to attend on this occasion due to other commitments.</p>	
10.	<p><b>FOR INFORMATION</b></p> <p>a) Minutes from the SRG meeting 18th February 2016.</p> <p>Minutes were circulated, no further comment.</p>	
11.	<p><b>Next Meeting</b></p> <p>Thursday 7<sup>th</sup> April, 2pm - 5:30pm (to include NHSE/Monitor for final hour) Riverside Centre, Derby</p>	

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## **Key Messages from JUC Board – 3<sup>rd</sup> March 2016**

### **1. Actions from previous meeting**

- a. Further work on the 'Blueprint' – it was agreed that as the STP would provide a clear direction a separate blueprint was no longer required; further work on 'place based systems' and how we move towards this model, would be of more benefit. This work was completed and presented during the meeting.
- b. Finance – work continues to review financial positions and a move towards different contractual mechanisms. However, this has not progressed as fast as required and was discussed further within the meeting (see 3 below)

### **2. Progress on STP**

GT outlined the fast pace of work with regard to the STP. The Derbyshire Chief Executive Group (CX's) is acting as the operational board with a sub group of 4 Chief Execs (GT, TA, AG and GB) acting as a 'core group' in order to deliver the plan. The latter meet fortnightly. There will be two stages:

- Complete the plan
- Deliver the plan.

It was stressed that there is a very short time to complete the work and national pressure is significant.

A further group of people from all organisations across the county will be convened to actually move things forward, working to the 'core group'.

Currently there are a number of principles and the beginnings of an outline plan. This is being discussed at CX's on 4<sup>th</sup> March. The group are also looking at how we can bring together 21C and JUCB to create one board across Derbyshire, allowing a genuinely joined up plan to be written and delivered.

A question was raised about how other areas are progressing and whether we can learn from them? GT stated he had talked to other areas and felt we were as well placed as anyone. He again stressed the strong message from NHSE and NHSI that plans needed to be robust.

A discussion took place about people and organisations outside of the Derbyshire footprint e.g. Burton. It was reiterated that the planning footprint is the geography and will have to take into account patient flows and therefore it is not necessarily about organisations. Plans need to reflect how services are delivered either within the footprint or as part of a network i.e. cancer.

There was a debate about forming a single transformation board (21C and JUCB) and how this would be viewed by CCG memberships. It was stressed that CCGs still maintain statutory responsibilities although the message from NHSE is to plan at scale and deliver locally. It will be important that this message is conveyed to GPs to allay concerns that decisions will be made at the larger scale. The JUCB agreed a single board was the preferred way forward. Further discussions will take place at CX's and with memberships.

The question was raised about the JUCB view of merging the north and south SRG's? This was strongly supported as it makes sense for organisations working across the county. It will also allow far greater sharing of learning between organisations. RMe asked how we make 'place bases' resilient? This will come from understanding our areas and by having an overarching group who can oversee resources. There will be a need to maximise resilience and all agreed this is best done at scale.



Enabling workstreams – it was agreed that these should be fully merged across the county to gain greater synergy and capacity.

There was a discussion about aligning CCG functions where appropriate in order to reduce duplication and workload. This will also enable there to be one discussion with NHSE and other bodies. However, it was stressed that CCGs remain statutory organisations and the streamlining of functions did not affect this. There was support from provider organisations as it will reduce duplication for them and release capacity across the system to help deliver transformation. CCGs will be leading by example and providers could follow suit on rationalising some functions. Questions were also raised about rationalising office accommodation, the City Council being cited as an excellent example of estate rationalisation, improved productivity, greater staff satisfaction and reduced costs. DCHS are also doing work on improving agile working and encouraging different ways of working in order to reduce office accommodation.

It was stressed that this is about changes evolving where it makes sense **NOT** about organisational form and reorganisation. It was felt that membership organisations (CCGs) will support this approach as a pragmatic way forward.

### **3. Contracts and finance**

GT asked for confirmation from the board that we want to make the new approach (i.e. move to block contracts), work. However, he noted that whilst this will be overall better for the system until we have the detail we do not know the risks. Providers were keen that there is a need to stop bilateral conversations and get everyone together so that the whole system can be understood. A question was raised about whether we can bring general practice into the equation? It was agreed we do. There also needs to be an understanding about areas of council funding such as BCF, Public Health, children etc. How do we make progress? It was agreed to discuss at the CX group and they will ensure that all information is available from all organisations to provide the required transparency and complete the task.

### **4. Place based services presentation**

A presentation was given based on previous discussions and various research e.g. Kings Fund

Primary care will be pivotal to developing place based systems and both SDCCG and Erewash outlined some of the on-going work with GPs. There is a lot of engagement underway with a lot of building blocks in place. Real engagement is key together with taking learning from areas such as Belper and Erewash. It is not just about the narrative but about the development of a will to work together, a purpose and how groups will work together when things get tough? It will be important to invest in the organisational development including the 'softer stuff' giving GPs dedicated time together. There will be a need to understand different people's drivers as not all will be the same, it is essential that support is given both from an OD perspective and transformational/management resource. It was stressed that currently there is little done for GPs with regard to OD and this poses a risk. Further discussion took place about the shortage of GPs and the need to develop different clinical models. However, this also requires a culture change both within professional groups and patients perceptions.

The overall approach to place based care was accepted, and will feed into the STP development and delivery.

## 5. TPO Update

The TPO update report was presented and LWS outlined some of the key points:

- A meeting had taken place with Leicestershire and Nottingham Transformation Directors, to share learning and understand the different approaches
- Wicked issues were highlighted, as per the report
- Workforce OD capacity was highlighted as a major risk – linking to earlier discussions.
- IM&T capacity was also raised as recent interviews had not secured people to fulfil the posts
- Attendance at a Kings Fund conference on place based systems and the underlying messages – people, relationships, a shared purpose etc. Also the strong messages being delivered from NHSE and NHSI that systems must not ‘dodge the tricky stuff’
- That a lot of excellent work continues within the Delivery Groups. However, there is a sense that people are waiting for guidance and further information regarding the STP and its implications.

DRAFT



<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	10 March 2016
<b>Executive Member / Reporting Officer:</b>	<p>Cllr Brenda Warrington, Executive Member Adult Social Care and Wellbeing</p> <p>Jessica Williams, Programme Director, Tameside &amp; Glossop Care Together</p>
<b>Subject:</b>	<b>INTEGRATION REPORT - UPDATE</b>
<b>Report Summary:</b>	This report provides an update to the Tameside Health and Wellbeing Board on the progress and developments within the Care Together Programme since the last meeting.
<b>Recommendations:</b>	<p>The Health and Wellbeing Board is asked:-</p> <ol style="list-style-type: none"> <li>1. To note the progress of the Care Together Programme including the strategic and operational aspects; and</li> <li>2. To receive a further update at the next meeting.</li> </ol>
<b>Links to Health and Wellbeing Strategy:</b>	Integration has been identified as one of the six principles agreed locally which will help to achieve the priorities identified in the Health and Wellbeing Strategy.
<b>Policy Implications:</b>	One of the main functions of the Health and Wellbeing Board is to promote greater integration and partnership, including joint commissioning, integrated provision, and pooled budgets where appropriate. This meets the requirements of the NHS Constitution.
<b>Financial Implications:</b> <b>(Authorised by the Section 151 Officer)</b>	<p>Section 3.9 of the report explains the proposals for a single commissioning pooled fund from 1 April 2016.</p> <p>The Council and Health partners will be responsible for the delivery of a balanced budget during the 2016/17 financial year and beyond within the economy. There is clearly an urgency to implement associated strategies to ensure this is delivered.</p> <p>It is essential that the GM Transformation fund bid (as explained in section 2 of the report) also receives approval as soon as possible to commence implementation of service transformation within the economy.</p> <p>The update of the five year economy financial strategy is currently in progress in response to the recent financial settlement for both the Council and the CCG. Details will be provided within a report to the Executive Cabinet on 23 March 2016 and the Governing Body of the CCG on the same date. This report will also include the supporting analysis of the economy single commissioning pooled fund for the 2016/17 financial year.</p>
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	It is important to recognise that the Integration agenda, under the auspices of the 'Care Together' banner, is a set of projects delivered within each organisation's governance model and now to be delivered jointly under the Single Commissioning Board. However, the programme itself requires clear lines of accountability and decision making due to the joint financial and clinical implications of the

proposals. It is important as well as effective decision making processes that there are the means and resources to deliver the necessary work. This report is to provide confidence and oversight of delivery.

**Risk Management :**

The Care Together Programme has an agreed governance structure with a shared approach to risk, supported through a project support office.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Jessica Williams, Programme Director, by:



Telephone: 0161 304 5342



e-mail: [jessicawilliams1@nhs.net](mailto:jessicawilliams1@nhs.net)

## **1. INTRODUCTION**

- 1.1 This report provides an update to the Tameside Health and Wellbeing Board on the developments within the Care Together Programme since the last meeting.
- 1.2 The report covers:
  - GM Devolution;
  - Operational Progress;
  - Next Steps;
  - Recommendation.

## **2. GM DEVOLUTION**

- 2.1 At the end of January a submission for consideration for GM Devolution transformational support was submitted to GM Devolution. This had been requested by Ian Williamson, Chief Operating Officer and aimed to show how the Tameside & Glossop plans for transformation were developing in line with the emerging GM Devolution workstreams. The request was an early draft to show the level of funding likely to be required in Years 1 – 3 and with the areas for efficiencies highlighted. The Tameside and Glossop request for 2016/17 is £12M.
- 2.2 This submission was not a formal business case as the GM Devolution arrangements for the distribution of funds are not as yet agreed. However, it clearly set out the level of funding required over the next three years to transform the health and social care system across Tameside and Glossop. It did not contain sufficient detail about implementation plans or provide the necessary assurance around efficiency gains but both of these will be addressed by the next submission in March 2016.
- 2.3 The informal feedback to date has been largely positive; GM Devolution agree that the economy has ambitious, well developed and tested plans for the future of health and social care which are in line with the GM Devolution agenda. There have been some questions regarding the depth of implementation planning, cross economy financial planning and the level of GP engagement but these are acknowledged locally and work continues accordingly.
- 2.4 The GM Devolution team have agreed to run the Tameside and Glossop request through their initial governance processes to check on direction, ambition and deliverability. The Tameside and Glossop submission will be assessed in parallel with the two GM Vanguard (Salford and Stockport) and will involve a paper based assessment by PwC as well as scrutiny from Carnall Farrar. Following this, the Tameside and Glossop economy will be invited to a Question and Answer session with Sir Howard Bernstein and Ian Williamson to agree the next steps.
- 2.5 GM Devolution have requested a high level implementation plan and colleagues across the economy are working together to develop this within a template provided by GM Devolution. It is hoped that by the end of March, the economy will understand what is required further to gain access to the necessary transformational funds to move to implementation of the Locality Plan at scale and pace.
- 2.6 GM Devolution continues to receive invitations to and attend the Care Together Programme Board.

## **3. OPERATIONAL PROGRESS**

### **Transfer of Community Services**

- 3.1 This extensive and important project continues at pace with the imminent Due Diligence and Board Certification deadlines to ensure the transfer of service, staff and contract takes place safely and effectively on 1 April 2016.

- 3.2 A comprehensive risk register has been developed and is updated on a fortnightly basis. There are no risks remaining as “Red” on the critical path although significant amber risks remain within the IM&T area and the teams continue to work hard to address these. The March Health and Well Being Board will be presented with a comprehensive update outlining any remaining risks to the project before the transaction date.
- 3.3 The transaction is critical but perhaps even more so is how the approximate additional 600 staff, as well as all those staff already employed by the Trust, develop new behaviours and a culture based on integrated working. A significant organisational development programme is therefore being finalised for approval by the Care Together Programme Board in March which will begin this exciting work.
- 3.4 Part of the organisational development is the change of name currently being discussed with staff and members of the Foundation Trust. This process should be concluded in April 2016 and will be a powerful message of a changing organisation and one which will deliver improved outcomes for the residents of Tameside and Glossop.

### **Single Commissioning Function**

- 3.5 Significant work continues to bring the two commissioning teams together under one single leadership, governance and management structure. As well as 3 development sessions for the senior management taking place, 2 sessions for the full staff team currently involved in commissioning (approx. 160 staff) have also been delivered focussing on team building, understanding the Integrated Care Organisation and co-location.
- 3.6 There is no doubt that staff across both organisations are finding this change process challenging. There remain questions for staff on the priorities for the economy and whether some roles should be in commissioning or in providing. All of these are valid questions and will be addressed through further half day sessions which are planned until September 2016, monthly Frequently Asked Questions (FAQs) and a programme of change management /resilience events for staff.
- 3.7 How the single commissioning function understands its priorities will be addressed through the creation of a single commissioning strategy which is due to be completed and will be presented for approval at the March Health and Wellbeing Board. It is also clear that although an interim leadership structure has been established, a substantive structure is required to set the direction in the near future. External support will be procured to ensure a structure which can develop and deliver single commissioning, provide a clear line of sight for GM Devolution, reduce cost if appropriate and ensure a fair and transparent process should any recruitment be required.
- 3.8 The initial Shadow Single Commissioning Board, chaired by Alan Dow held on 12 January agreed terms of reference and the approach to the 2016/17 contract negotiations. The plan to collocate the two commissioning teams is well underway with the Public Health team moving into New Century House as planned at the beginning of February. All moves are likely to complete by the beginning of March enabling the two commissioning teams to start developing new ways of working, effective issue solving and fostering relationships.
- 3.9 Creating a “pooled” budget by 1 April 2016 is a significant challenge. The cultural approach to setting and managing budgets differs greatly between the two organisations as does the way ledgers operate, audit occurs and commissioning decisions are made. However, both the Council’s Executive Cabinet and Clinical Commissioning Group Governing Body are determined to drive this forward and will be scrutinising proposals also in March and in advance of the new financial year.

### **Model of Care**

- 3.10 The Model of Care Steering group continues to work at pace to agree the process for determining the detailed model of care under the leadership of Karen James, Chief Executive, Tameside Hospital. The most recent group received a high level programme plan

for each workstream to identify outcomes, investment propositions and priorities. This work will continue to identify benefits and then from beginning of April 2016, will launch a significant engagement programme with public, staff, voluntary, community groups to ensure the emerging plans in all workstream areas meet the needs for Tameside and Glossop and also, is widely understood and supported.

- 3.11 Work also continues apace in many of the enabling task and finish groups which support the workstreams by focussing on what is required to ensure the model of care can be delivered. This includes a strategic estates plan, a comprehensive programme to radically overhaul current IM&T and drive benefits in the future, the organisational development programme and development of the organisational governance arrangements.

#### **Programme Support Office and Programme Development**

- 3.12 Reyhana Khan, has been recruited as Programme Manager to provide additional support for the Programme Director, Programme Support Office and ensuring all aspects of this extensive programme remain on target. Reyhana will be starting on 1 April 2016.
- 3.13 A high level programme plan has been created and is summarised by the Care Together Programme Board Forward Plan (attached as **Appendix 1**). The Programme Support Office will be working with the identified leads to ensure they receive the support they need to hit these milestones.

### **4. NEXT STEPS**

- 4.1 As well as the continuation of all work above and especially the focus on the model of care, notable next steps are as follows.

#### **Primary Care**

- 4.2 Tameside and Glossop is presenting their plans for aligning primary care to GM Devolution on 23 February. This aims to secure Tameside and Glossop as a pilot for neighbourhoods/localities wishing to work with GM Devolution to develop new ways of working and the new national voluntary contract.

#### **Communications Strategy**

- 4.3 As previously stated, work to develop a comprehensive communication and engagement strategy continues at pace and will be presented at the next Health and Wellbeing Board. Engaging effectively with the residents of Tameside and Glossop and our stakeholders is essential to the success of implementation and long term delivery of a clinically and financially sustainable system which dramatically improves healthy life expectancy.
- 4.4 This strategy will be divided into three key areas; Communications, Engagement and Consultation. Communications is about the overall coordination of Care Together communications including developing an easily accessible and affordable website for use through the period of change, ensuring consistency of message, raising awareness of what we are setting out to achieve by when and the benefits including the expected benefits for people. The Engagement section will focus on generating enthusiasm, collective buy in, gaining feedback and ideas with staff, stakeholders and importantly, the public.
- 4.5 The final section on consultation is a matter for the Overview and Scrutiny Committee and Commissioners in accordance with legislation about any proposed material changes in services. This will clearly need to link to the GM Devolution continued discussions with the public.

### **5. RECOMMENDATIONS**

- 5.1 As detailed on the front of the report.

## DERBYSHIRE COUNTY COUNCIL

**ADULT CARE BOARD****MINUTES OF A MEETING HELD ON****MONDAY 8 DECEMBER 2015 AT 2:00PM****DERBYSHIRE COUNTY COUNCIL, MEMBERS ROOM, MATLOCK HQ****PRESENT:**

Joy Hollister	JH	Derbyshire County Council – Adult Care
Julie Vollar	JV	Derbyshire County Council – Adult Care
Cllr Lillian Robinson	LR	North East Derbyshire District Council
Nick Gamblin	NG	Derbyshire Police
Gareth Harry	GH	Hardwick CCG
Jenny Swatton	JS	Southern Derbyshire CCG
Darran West	DW	Public Health
Karen Macleod	KM	Derbyshire Probation
Mat Lee	ML	Derbyshire Fire and Rescue Service
Lynn Wilmott-Shepherd	LWS	Erewash CCG
Tanya Nolan	TN	Derbyshire Healthwatch
Stella Scott	SS	CVS
Andy Searle	AS	Safeguarding Board (Chair)
Linda Dale	LDa	Derbyshire County Council – Adult Care
Jacqui Willis	JW	NDVA - Chief Executive

**IN ATTENDANCE:**

Karen Lynam	KL	Derbyshire County Council - Adult Care (Minutes)
Liam Flynn	LF	Derbyshire County Council – Adult Care
Graham Spencer	GS	Derbyshire County Council – Adult Care

**APOLOGIES:**

Cllr Paul Smith	Derbyshire County Council Cabinet Member (Adult Social Care) <b>Chair</b>
Cllr Dave Allen	Derbyshire County Council Cabinet Member (Health & Communities)
Cllr Wayne Major	Derbyshire County Council Shadow Cabinet Member (Adult Care)

Cllr Rob Davison	Derbyshire County Council Deputy Cabinet Member (Adult Social Care)
Roger Miller	Derbyshire County Council – Adult Care
Jim Connolly	Hardwick CCG
Beverley Smith	North Derbyshire CCG
Dave Gardner	Hardwick CCG
Narinder Sharmer	Derbyshire Carers
Clare Watson	Tameside & Glossop CCG
Cath Walker	Derbyshire County Council
Andy Layzell	Southern Derbyshire CCG

Minute No	Item	Action
<b>ACB 083/15</b>	<p><b>WELCOME FROM JOY HOLLISTER AND APOLOGIES NOTED</b></p> <p><b><u>MINUTES FROM THE MEETING ON 14 SEPTEMBER 2015 &amp; MATTERS ARISING</u></b></p> <p>The minutes from 14 September 2015 were accepted as a true record.</p>	
<b>084/15</b>	<p><b><u>CITIZENS PANEL FEEDBACK</u></b></p> <p>The update paper was discussed.</p> <ul style="list-style-type: none"> <li>• The survey showed that many people go to their GP surgery to get social care and related information. <b>ACTION</b> – to see if it is possible to provide more detail from the survey data.</li> <li>• Three practices are to set up small Health and Wellbeing Zones.</li> <li>• An information and advice strategy is being developed.</li> </ul>	<b>LMF</b>
<b>085/15</b>	<p><b><u>LEARNING DISABILITY/AUTISM SELF ASSESSMENT FRAMEWORK (SAF)</u></b></p> <p><u>Autism SAF</u></p> <ol style="list-style-type: none"> <li>1. Public Health is going to refresh the Autism JSNA</li> <li>2. Diagnosis waiting lists:             <ol style="list-style-type: none"> <li>a. People referred by GPs do receive a diagnosis</li> <li>b. Some people are already known to Mental Health Services and are referred with a query diagnosis of autism.</li> </ol> </li> <li>3. Accommodation: additional joint work with District and Borough Councils is required.</li> <li>4. Criminal Justice System: nominations for planning groups requested by DJ.</li> </ol>	

	<p><b>ACTION:</b> to describe why, what commitment required</p> <p>The Autism SAF focuses on:</p> <ul style="list-style-type: none"> <li>• Planning</li> <li>• Training</li> <li>• Diagnosis</li> <li>• Care and support</li> <li>• Accommodation</li> <li>• Employment</li> <li>• Criminal Justice System</li> </ul> <p><u>Learning Disability</u> SAF: Areas discussed</p> <ol style="list-style-type: none"> <li>1. Being safe: Amber – to achieve a Green, 100% of Service Providers would need to be checked annually by Contracts Team</li> <li>2. Greens: all are subject to continual improvement</li> <li>3. Living Well: % of carers who feel that needs are being met. <b>ACTION</b> – to be raised at the Learning Disability Partnership Board</li> <li>4. Health Checks: <b>ACTION</b> – request for a breakdown by Practice, to be shared with CCGs</li> <li>5. Prisoners with a Learning Disability – AM noted that of the 300 people identified at Foston and Sudbury, a significant proportion of early casework has focused on people with a Learning Disability <b>ACTIONS:</b> <ul style="list-style-type: none"> <li>• Action Plan to be sent out</li> <li>• To link data and progress with the Action Plan</li> </ul> </li> </ol> <p>The Learning Disability SAF focuses on:</p> <ul style="list-style-type: none"> <li>• Staying healthy</li> <li>• Being safe</li> <li>• Living well</li> </ul>	DJ
086/15	<p><b><u>LEARNING DISABILITY UPDATE AND WAY FORWARD ON THE NATIONAL PLAN</u></b></p> <p>Andrew Milroy presented the national report ‘Building the Right Support’: a national plan to develop community services and close inpatient facilities for people with a Learning Disability and/or Autism who display behavior</p>	



	<p>that challenges, including those with a Mental Health Condition.</p> <p>Locally significant progress has been made; have tracked the draft National Plan, therefore able to anticipate most of the requirements – except proscriptive requirements and speed of implementation.</p> <p>The ‘footprint’ of the plan remit be Derby City/Derbyshire-wide; with the expectation of a pooled budget. The first meeting arranged the plan which must be submitted by 8<sup>th</sup> February 2016.</p> <p>National discussions taking place about how the funding will work for people moving out of secure/medium secure locations into local accommodation.</p> <p>By February 2016 Healthwatch will have ensured there are a group of people trained for ‘enter and view’.</p> <p>Proposal to access NHSE one-off funding to establish ‘Inclusion Midlands’ to support peer advocacy and advocacy for individuals. Needs to be people with ‘lived experience’ can be challenging to identify people to become involved.</p> <p><b>ACTION</b> – to keep the Adult Care Board updated as this is a key work programme for 2016/17 onwards.</p> <ul style="list-style-type: none"> <li>• Joy Hollister is working with Andy Gregory on the implementation</li> </ul>	<b>JH</b>
<b>087/15</b>	<p><b><u>PREVENTION FIRE AND RESCUE</u></b></p> <p>Mat Lee gave a presentation about the prevention role of the Derbyshire Fire and Rescue Service (DFRS).</p> <p><b>ACTION</b> - To be sent separately after the meeting.</p> <p>Currently working with 3 groups of people:</p> <ol style="list-style-type: none"> <li>1. Education – general awareness (a statutory duty)</li> <li>2. Targeting people less likely to survive a fire and/or cause; mainly 65 years plus (50% less likely to survive). Currently use fire crews to visit people re home safety, often not the most effective approach.</li> <li>3. Vulnerable people who have been referred due to a social or health need.</li> </ol>	<b>ML</b>

	<p>Nationally falls prevention and Health and Wellbeing Board priorities are the top areas for Fire and Rescue prevention activities.</p> <p>Nationally-led: there will be 'Safe and Well' checks to provide seasonal fire safety advice, smoke alarms, falls risk assessments. DFRS uses the 'First Contact Scheme' unless there is a need for an urgent health and social care referral.</p> <p><b>AGREED</b> that there are on-going IG/data sharing issues.</p> <p>Joy to see how High Peak has given their information sharing agreement to DFRS.</p> <p>Adult Care Board is very supportive of the work that DFRS is providing.</p>	<b>JH</b>
<b>088/15</b>	<p><b><u>CARERS DIRECTION OF TRAVEL</u></b></p> <p>Tony Ellingham gave an overview of the report.</p> <ul style="list-style-type: none"> <li>• Young carers are recognised in law for the first time and all carers have a right to an assessment regardless of whether they care for someone with eligible social care needs.</li> <li>• Some detailed conversations with Safeguarding still needed – Andy Searle is happy to work with Tony on this.</li> <li>• Childrens Services will relook at the service as a joined up approach is needed. To clarify funding.</li> </ul> <p>The report was endorsed.</p>	<b>TE/AS</b>
<b>089/15</b>	<p><b><u>HEALTHWATCH UPDATE</u></b></p> <p>The Autism Pathway report was well received.</p> <p>Reports coming up:</p> <ul style="list-style-type: none"> <li>• LD Report (March meeting)</li> <li>• Quality Checkers LD (March meeting)</li> <li>• Winterbourne Project</li> <li>• Enter and View for Ashcroft and Ashlee</li> <li>• Young Carers event (July 2016)</li> <li>• Young Carers Chill Out Day at Easter</li> <li>• Substance Misuse</li> </ul>	

090/15	<p><b><u>CCGs UPDATE</u></b></p> <p>Lynne Wilmot-Shepherd provided an update from South Derbyshire CCG about the Transformation Programme Office and Joined Up Care Board.</p>	
091/15	<p><b><u>ANY OTHER BUSINESS</u></b></p> <ul style="list-style-type: none"> <li>• NICE guidance – workshop on 2<sup>nd</sup> March re hospital discharges and risk assessments in personalisation.</li> <li>• Healthy NEDDC Strategy on Homelessness work, Self-Harm re funding.</li> </ul>	
	<p>Dates of future Adult Care Board meetings:</p> <ul style="list-style-type: none"> <li>• 3 March 2016, 10:00 – 12:00, Members Room, County Hall, Matlock</li> <li>• 16 June 2016, 10:00 – 12:00, Committee Room 1, County Hall, Matlock</li> <li>• 15 September 2016, 10:00 – 12:00, Members Room, County Hall, Matlock</li> </ul>	

**MINUTES** of a meeting of the **DERBYSHIRE CHILDREN'S TRUST BOARD**  
held on 24 March 2016 at County Hall, Matlock

**PRESENT**

Councillor Jim Coyle (in the Chair)

Kathryn Boulton	Derbyshire County Council
Ellie Carnall-Young	Derbyshire Youth Council
Naomi Compton	North Derbyshire CCG
Linda Dale	Derbyshire County Council
Councillor D Greenhalgh	Derbyshire County Council
Paul Hackett	North East Derbyshire District Council
Paul Hawker	Derbyshire Fire and Rescue Service
Hope Heeley	Derbyshire Youth Council
Dr Andrew Mott	Southern Derbyshire CCG
Jane Parfremment	Derbyshire County Council
Ruth Peat	Derbyshire County Council
Alison Pritchard	Derbyshire County Council
Carolyn White	Derbyshire Community Health Services

Also in Attendance – Marie Eastwood (Derbyshire County Council), Tom Ephgrave (Former Derbyshire Youth Council member) Iain Little (Derbyshire County Council), Becky Lomas (Derbyshire County Council), Joel Smith (Former Derbyshire Youth Council member), Helen Smyth (Derbyshire County Council) and Nakita Whitworth (Former Derbyshire Youth Council member)

Apologies for absence were submitted on behalf of Guy Hodgkinson, Mel Meggs, Jan Pierce, and Councillor Jocelyn Street

		<b>ACTION</b>
1	<b>MINUTES</b> The minutes of the meeting held on 10 December 2015 were confirmed as a correct record	
2	<b>MATTERS ARISING</b> <ul style="list-style-type: none"> <li>HealthWatch – Autism Report – At the last meeting, it had been stated that the timescale for the single point of contact needed to be addressed. It was reported that an update would be reported to the next meeting of the Board.</li> <li>SEND Update – The framework for the local area was due to be published just prior to the expected inspections, and these were due to begin in May. There would be some targeted briefings before the inspections, and despite lots of work being</li> </ul>	<b>L Dale</b>

	<p>undertaken, there was still lots to do.</p> <ul style="list-style-type: none"> <li>• School Readiness – The sub-group was currently looking at this. An action plan had been developed, and this would be presented to a future Board meeting.</li> </ul>	
3	<p><b>CORE BUSINESS GROUP</b></p> <p>The minutes of the meetings of the Core Business Group held on 28 January and 3 March 2016 were received.</p>	
4	<p><b>MATTERS ARISING</b></p> <ul style="list-style-type: none"> <li>• Children's Trust Workforce Strategy Group – An update would be provided to a future meeting</li> <li>• Children's Trust Board – Agenda Planning – The idea of having an Away Day had been discussed, and it had been agreed to hold this in July. The issues to deal with at the Away Day were raised, and it had been agreed to have an external facilitator. The Core Business Group would take the arrangements forward.</li> <li>• There was a suggestion to look at the links between the Children's Trust Board and the Safeguarding Children Board in respect of their away days to ensure that issues were not being duplicated.</li> </ul>	Core Business Group
5	<p><b>SUSTAINABILITY AND TRANSFORMATION PLAN</b></p> <p>The Board received a presentation from Dr Andrew Mott. Details were provided of the Five Year Forward View, which had been published over a year ago, and this included new models of care, sustainability and transformation, place-based planning, developing primary care, and developing general practice.</p> <p>Children were only mentioned in the Five Year Forward View four times, as the priorities were more adult focussed. However, Southern Derbyshire CCG had a Children's Transformation and Delivery Group, which had four workstreams – early help and intervention, neurodevelopmental pathway, CAMHS Urgent Care, and reducing hospital attendances and admissions. Progress was being made in each of the workstreams, but there was still more to do.</p> <p>Delivery of the Five Year Forward View would be via Sustainability and Transformation Plans (STP). A health and care system local blueprint had to be developed, and this would need to be submitted by June 2016, and the timeframe for the STP was October 2016 – March 2021. The core deliveries during the first year related to access,</p>	

	<p>quality and financial standards while planning properly for the next five years. The goals and priorities for 2016/17 and onwards were detailed, along with the principles.</p> <p>The STP centred around place based planning, and involved local leaders coming together, developing a shared vision with the local community, programming a coherent set of activities to make it happen, execution against the plan, and learning and adapting. The idea was to plan at scale and deliver locally. Details were provided on what place based care entailed and the Derbyshire model for tiers of provision was highlighted.</p> <p>There were a number of implications which were discussed, and these included what were the 'places' for children's services, how to look to really work across organisational boundaries, and what was the role of the Children's Trust Board. An issue was how to influence the Plan, and it was recommended that organisations be urged to include as much reference as possible to children in the STP. It was also the intention to present the STP document to the Away Day in July.</p>	<b>All</b>
6	<p><b>UPDATE ON RE-THINKING THE EARLY HELP OFFER</b></p> <p>It was stated that the budget needed to be reduced by 50%, and discussions had been taking place with schools. £5m funding had been identified by the Schools Forum for Re-thinking the Early Help Offer (REHO), and the suggestion was to filter this out to schools and pool it back. Over 100 responses had been received from schools, and the overall response was in favour of re-pooling. A number of pilots were taking place to consider joint commissioning, and a series of workshops had taken place.</p> <p>It was felt that this was a good opportunity to drive out a different offer. It was the intention to link more widely across health and the District/Borough Councils. The real position would not be known until the end of the month, but once this had been made available, the development of commissioning hubs would continue. The consultation was due to end in three weeks.</p> <p>It was suggested that it would be useful to circulate further information to schools about the proposal, and it was noted that follow up would take place with the schools which had not responded to the questionnaire, and all those that had said no to re-pooling would be contacted to ensure they</p>	

	fully understood the implications.	
7	<p><b>THRIVING COMMUNITIES</b></p> <p>Becky Lomas, from the County Council's Policy Unit, gave a presentation on the Thriving Communities initiative. This was an innovative programme to help more flexible work at a community level, and to look at how organisations could change to become more responsive to community need. It was about working more creatively with the assets and resources already in place, both within communities and the workforce. The work was being led by the County Council, but involved a wide range of partners, community organisations and local people.</p> <p>Thriving Communities was being developed in five areas across the county – Cotmanhay, Shirebrook, Danesmoor, Gamesley and South Derbyshire (area yet to be confirmed). Details were given of the work that had been taking place in Cotmanhay.</p> <p>A Prototyping Team had been established and had developed an eight week programme to work with twelve families to deal with their needs in a totally different way. This was part of looking at how to support the community better, and sign up would be required from partners. A letter would be sent to organisations and the response would determine whether the programme would be taken further. An update on the Thriving Communities programme would be presented to a future meeting.</p>	
8	<p><b>WHITTINGTON GREEN SCHOOL CLUSTER PROTOTYPE – RE-THINKING THE EARLY HELP OFFER</b></p> <p>Helen Smyth, MAT Manager, provided details of the Whittington Green School Cluster Prototype, as part of re-thinking the early help offer.</p> <p>The schools had agreed that the prototype should consider the school making earlier interventions to support families within their communities, which would result in fewer referrals and offer better outcomes to children and families. The areas the group had chosen to address were attendance, transition (which was still in the developmental stage) and positive parent courses. From the learning, the school had moved forward in working in a multi-agency context, but this was still a work in progress. However, the schools now communicated better and shared information, and it was hoped that the prototype that had been</p>	

	<p>developed would move forward quickly. It was now ready to move into the governance stage of the process, and would be demonstrated to schools in the next few weeks. It was also felt that the schools were now working at an appropriate level and there were positive outcomes for families.</p>	
9	<p><b>FUTURE IN MIND TRANSFORMATION PLAN</b></p> <p>An update on progress with the implementation of the Future in Mind Plan was presented, and this had recently been reported to the Derbyshire Health and Wellbeing Board</p> <p>The additional funding which was available for the Plan was detailed. A full year's funding had been allocated for 2015/16, but as the Plan had only been approved in October, there would be some slippage. Work was taking place in both Units of Planning to ensure that the full funding allocation for 2015/16 could be committed and spent locally to improve children's emotional wellbeing. Future in Mind was a five year programme, but it was not yet clear how funding for future years would be allocated.</p> <p>A range of actions had been taken to date to deliver the priorities set out within the Plan. Before the end of 2015/16, and into 2016/17, there would be some immediate priorities, including to commit further funding from the Future in Mind allocation to extend the menu of services for children and young people, and a workshop had been planned to develop firmer proposals. Work would take place with both CAMHS providers to transform future delivery models, and this would explore how current roles and teams would need to be re-configured to enable CAMHS to work in an integrated way with Multi-Agency Teams, schools and Primary Care. A workshop had been planned for April to consider future delivery models. Proposals would be developed to improve therapeutic support for children and young people who had experienced sexual abuse or child sexual exploitation, and proposals would be developed to extend support/training for parent carers of children and young people with neurodevelopmental disorders.</p> <p>The Future in Mind Stakeholder Group had recently met for the first time, and this group would help to co-ordinate and deliver action to implement the Plan. The Future in Mind programme would be strategically monitored and reviewed</p>	



	<p>quarterly by the Joint Children and Young People's Commissioning Group.</p> <p>A query had been raised at the Health and Wellbeing Board around what would happen if the allocated funding from central government could not be spent by the end of the financial year, and it was stated that there had been no guidance on this. A letter from the Chair of the Health and Wellbeing Board would be sent to the CCGs to check how this funding would be spent.</p>	
10	<p><b>SUICIDE PREVENTION STRATEGY</b></p> <p>The Derbyshire Suicide Prevention Partnership Forum had been re-established as a multi-agency partnership. The Derbyshire Suicide Prevention Strategic Framework had been developed to enable organisations to work together to achieve the aim of reducing the number of people who died from suicide in Derby City and Derbyshire County. The Framework included a set of agreed principles and strategic priorities, and the seven strategic priorities were based on local needs, the national strategy and the views and knowledge of local stakeholders.</p> <p>Included within the Framework were a number of actions that focussed on reducing the risk of suicide in children and young people by supporting their mental health and emotional wellbeing.</p> <p>It was agreed to re-circulate the self-help guidance to allow members to make any comments.</p> <p><b>RESOLVED</b> to (1) note the role of the Derbyshire Suicide Prevention Partnership Forum in working to reduce the number of suicides in Derbyshire;</p> <p>(2) support the implementation of the Derbyshire Suicide Prevention Strategic Framework by members of the Derbyshire Suicide Prevention Partnership Forum;</p> <p>(3) consider how member organisations can support the implementation of the Derbyshire Suicide Prevention Strategic Framework; and</p> <p>(4) support receipt of an annual report on progress against the Derbyshire Suicide Prevention Strategic Framework</p>	
11	<p><b>JSNA UPDATE</b></p> <p>It was reported that, following the workshop that had taken place, the JSNA Board was planning an exercise to look at the work plan going forward. The Board was due to meet in May to discuss the long list of what was to be included in</p>	

	<p>the work plan and this would be presented to a future meeting of the Children's Trust Board.</p> <p>It was noted that the JSNA would include CSE and hotspot areas, and consideration would also need to be given as to the inclusion of SEND.</p>	
12	<p><b>TRANSFORMING CARE PLAN: SUPPORTING PEOPLE WITH A LEARNING DISABILITY AND/OR AUTISM WHO DISPLAY BEHAVIOUR THAT CHALLENGES</b></p> <p>The Board was informed of progress and the next steps in developing the Transforming Care Plan.</p> <p>In October 2015, NHS England, the LGA and the Association of Directors of Adult Social Services had published Building the Right Support and a new service model. The documents had asked local authorities, CCGs and NHS England specialised commissioners to form Transforming Care Partnerships to build up community services and close unnecessary inpatient provision over the next three years by March 2019. To deliver this, local areas were expected to build up capacity in communities and redesign pathways in order to better support people at home.</p> <p>To support local areas with transitional costs, NHS England would make available up to £30m of transformation funding over three years, conditional on match funding from local commissioners. £15m of capital funding would also be made available over three years.</p> <p>All Transforming Care Partnerships had been asked to submit a first draft transformation plan to NHS England by 8 February 2016, and the draft Derbyshire Plan was currently being further developed as a result of feedback received from the initial review. The final version, which had to be approved by all partners, needed to be submitted to NHS England by 11 April. The key themes and proposed actions relating to children and young people were outlined. The final version of the plan would be circulated to members prior to its submission.</p> <p><b>RESOLVED</b> to (1) note the progress and next steps in developing the Transforming Care Plan; and (2) agree to the emerging key themes and actions for children's services.</p>	

13	<p><b>THE BIG VOTE OUTCOME</b></p> <p>The Big Vote had recently taken place, and the Board welcomed two new members of the Derbyshire Youth Council who would be the representatives on the Children's Trust Board – Ellie Carnall-Young and Hope Heeley.</p> <p>The outgoing members of the Youth Council who had attended the Children's Trust Board presented their report, which highlighted what they had achieved over the last two years. The Board thanked the members for their contribution.</p>	
14	<p><b>HEALTH AND WELLBEING STRATEGY</b></p> <p>The Board was presented with the refreshed Health and Wellbeing Strategy 2015-17, and details were provided of the key actions which the Board would need to support over the next two years. The Strategy focused on the delivery of four key priorities – keep people healthy and independent in their own home; build social capital; create healthy communities; and support the emotional health and wellbeing of children and young people.</p> <p>The emotional health and wellbeing of children and young people priority was a shared priority between the Health and Wellbeing Board, the Derbyshire Safeguarding Children Board and the Children's Trust Board, and it was important to ensure that a response was co-ordinated to prevent duplication.</p> <p>Throughout the four priorities, there were a number of specific actions which the Children's Trust Board could lead the implementation, and these were stated.</p> <p><b>RESOLVED</b> to (1) note that the Health and Wellbeing Strategy has been approved by the Health and Wellbeing Board;</p> <p>(2) note the reporting mechanisms and procedures to ensure that the strategy is fully implemented; and</p> <p>(3) ensure that work across the shared priority of emotional health and wellbeing of children is coordinated to maximise impact and make the best use of limited resources.</p>	
15	<p><b>PROTOCOL WITH OTHER BOARDS</b></p> <p>The Board was presented with the Memorandum of Understanding Partnerships Relating to Safeguarding and Wellbeing of Children and Adults. The Board agreed the Protocol.</p>	

16	<p><b>DERBYSHIRE SAFEGUARDING CHILDREN BOARD UPDATE</b></p> <p>At the last meeting of the DSCB, Future in Mind and suicide prevention work had been discussed, and it had been questioned whether the data provided was up to date.</p> <p>The Goddard Inquiry had been raised, and this was looking at historic child abuse in and by institutions. A list of areas to focus on had been drawn up, and Derby and Derbyshire had been placed on the medium level list. A key message for agencies was to secure any records that could be called upon.</p> <p>There was to be a Government review of LSCBs, and this included consultation on whether the Boards should continue, and if so, whether this should be in their current form. The outcome of the consultation was not yet known, but concern had been raised around the potential fragmentation of local services.</p>	
17	<p><b>PAPERS FOR INFORMATION</b></p> <p>The Board received, for information, the Performance Monitoring Report.</p>	