

Friday, 4 January 2013

A meeting of the **Shadow Health and Wellbeing Board** will be held on
Monday, 21 January 2013, commencing at **9.30 am**
The meeting will be held in the Meadfoot Room, Town Hall, Castle Circus,
Torquay

Agenda

- 1. Apologies and Changes in Membership**
To receive any apologies, including notifications of any changes to the membership of the Board.
- 2. Minutes** (Pages 1 - 4)
To confirm as a correct record the Minutes of the meeting of the Board held on 22 November 2012.
- 3. Matters Arising from the Minutes**
To consider any matters arising from the Minutes of the meeting of the Board held on 22 November 2012.
- 4. South Devon and Torbay Shadow Clinical Commissioning Group - Draft Commissioning Plan 2013/2014** (Page 5)
To consider the Draft Commissioning plan 2013/2014.
- 5. Big Lottery Fund - Early Intervention Fund - A Better Start** (Verbal Report)
Richard Williams, Director of Children's Services, Torbay Council to provide a verbal update.
- 6. Date of Next Meeting**
The date of the next meeting will be held on 21 March 2013.

Members of the Partnership

Councillor Chris Lewis	Torbay Council
Councillor Christine Scouler	Torbay Council
Councillor Mike Morey	Torbay Council
Councillor Bobbie Davies	Torbay Council
Debbie Stark	Director of Public Health
Richard Williams	Director of Children's Services
Caroline Taylor	Director of Adult Services
Anne Mattock	Local Involvement Network
Sam Barrell	South Devon & Torbay Shadow Clinical Commissioning Group

Agenda Item 2



Minutes of the Shadow Health and Wellbeing Board

22 November 2012

-: Present :-

Members of the Partnership:

Mayor Lewis (Chairman)	
Councillor Christine Scouler	Torbay Council
Councillor Mike Morey	Torbay Council
Councillor Bobbie Davies	Torbay Council
Debbie Stark	Director of Public Health
Richard Williams	Director of Children's Services
Simon Tapley (In place of Sam Barrell)	South Devon and Torbay Shadow Clinical Commissioning Group
Dr Adam Morris (In place of Sam Barrell)	South Devon and Torbay Shadow Clinical Commissioning Group

54. Apologies and Changes in Membership

Apologies for absence were received from Board Members: Sam Barrell (Baywide GP Commissioning Consortium – who was represented by Simon Tapley, Chief Commissioning Officer and Dr Adam Morris, Commissioning Clinical Lead); Caroline Taylor (Torbay Council); Anne Mattock (Local Involvement Network) – who was represented by Kevin Dixon (Acting Chair of LINK) and Observers: Councillor Neil Bent, Councillor Jane Barnby; Councillor Ian Doggett; Siobhan Grady (Torbay NHS Care Trust); Kate Spencer (Torbay Council); Pat Harris (Help and Care); Molly Holmes (Sanctuary Housing) and Simon Speake (Torbay Healthwatch).

55. Minutes

The Minutes of the meeting of the Shadow Health and Wellbeing Board held on 20 September 2012 were confirmed as a correct record after the amendment of South Devon and Torbay Shadow Clinical Commissioning Group and signed by the Chairman.

56. Matters Arising from the Minutes

Arising from Minute 45, Debbie Stark has written to Devon Local Pharmaceutical Network to invite them to present to the Board.

Arising from Minute 50, Kate Spencer has completed.

Arising from Minute 52, Richard Williams to circulate Young Carers Paper.

57. Update - South Devon and Torbay Shadow Clinical Commissioning Group

Dr Adam Morris, Commissioning Clinical Lead and Simon Tapley, Chief Commissioning officer, verbally advised the Board on the progress of the South Devon and Torbay Shadow Clinical Commissioning Group.

They had successfully relocated to new premises at Pamona House in Edginswell, Torquay and a Clinical Commissioning Committee had been set up.

Recruitment for senior positions had been undertaken and filled.

58. Update Report - Public Health

Debbie Stark, Director of Public Health, advised members that there was an error in the submitted report (Agenda item 5), that 2.3 should read 2012 not 2013.

There were some health protection concerns with issues raised over IT access to NHS data which needed to be addressed.

Debbie Stark and Councillor Chris Lewis had attended a Health and Wellbeing Event in Taunton and will feed back to the Board.

59. Update Report - Children's Services

Richard Williams, Director of Children's Services, gave members a verbal update on Children Services issues.

Safeguarding - The Improvement Programme was continuing with an Improvement Board being held on 14 December 2012 and on the 15 December 2012 there was a Review Meeting with the Department for Education (Dfe).

He advised that Children's Services were still waiting for an Ofsted Inspection which was due any time and that an Ofsted Inspection of Adoption Services was taking place between 27 and 30 November 2012 where there were clear issues and recognition of the capacity to improve within this Service Area.

There was a very positive Child Poverty Meeting last week and a copy of the presentation will be circulated to members. There is another meeting before Christmas to define membership and a work programme. Once this has been determined he will bring it back to the Board.

He reported that no schools were now in Special Measures and results had improved across the Bay.

Action:

- i) Child Poverty presentation to be circulated to members; and
- ii) Update on the Child Poverty work programme and membership

60. Update Report - Joined Up Health and Care

Debbie Stark, Director of Public Health, advised members that discussions on joint commissioning were still ongoing with the possibility of there being a Sub-Committee.

There was a need for Devon to agree to the Health and Wellbeing Strategy.

A new Deputy Director of Adult Social Services (DASS), Julie Walker had recently been appointed.

Simon Speake, Torbay Healthwatch, advised members that he had written to Caroline Taylor, Director of Adult Services, with concerns over the need for a consistent, robust process, open to scrutiny.

He was advised by the Board that this should be addressed by the Adults Policy Development Group (PDG) and not the Shadow Health and Wellbeing Board and it was suggested that he should attend the January PDG.

61. Joint Health and Wellbeing Strategy

Kate Spencer, Overview and Scrutiny Manager, presented a report on the Joint Health and Wellbeing Strategy and advised that a consultation had been undertaken throughout October 2012 with sixty responses received.

A document with Possible Recommendations was circulated for members to consider along with a another document with Priority 4 and Priority 12 which were omitted from the original report.

Action:

- i) Councillor Chris Lewis to look into how the Health and Wellbeing Board fits in with schools and will have this as a topic for a future Forum Event

62. Development of Health and Wellbeing Board

The Board heard a report on the Development of the Health and Wellbeing Board and how it will operate after it formally takes effect from 1 April 2013.

The Clinical Commissioning Group are keeping to timescales with the Clinical Commissioning Plan going before their Board in early January 2013 and being put to Council in February 2013.

The Board are proposing to have a Development Day in February 2013 to feedback from the next part of today's meeting.

63. Any Other Business

Debbie Stark, Director of Public Health, advised members that there was an opportunity for them to receive a Briefing on Allied Health.

Members agreed for Debbie extend an invitation for them to receive the briefing.

Siobhan Grady, Torbay NHS Care Trust, advised members that there was a funding opportunity for Children worth 5 million

64. Date of Next Meeting

The next meeting of the Shadow Health and Wellbeing Board will be held on 21 January 2013 at 9.30am in the Town Hall, Torquay.

Chairman

Agenda Item 4

<p>VISION</p>	<p>Commissioning excellent, joined-up care for everyone.</p> <p>Fresh, innovative and population-focused – we are led by doctors, by healthcare professionals and by the views of our local people.</p> <p>Small enough to respond: big enough to deliver.</p>								
<p>CORPORATE PRIORITIES</p>	<p>REDUCE INEQUALITIES</p>	<p>FINANCIAL PERFORMANCE</p>	<p>COMMISSIONING OUTCOMES FRAMEWORK</p> <p>COMMISSIONING FOR ALL STAGES OF LIFE</p>						
<p>COMMISSIONING PRIORITIES</p>	<p>Promoting self-care, prevention and personal responsibility, resulting in less urgent care.</p>	<p>Developing joined-up patient-centred community services (inc. mental health), closer to home.</p>	<p>Leading a sustainable health and care system, encompassing workforce, estates and IT.</p>						
<p>WORKSTREAMS & KEY OUTCOMES</p>	<table border="1"> <tr> <td data-bbox="464 741 940 1111"> <p>Primary Care:</p> <ul style="list-style-type: none"> To encourage collaboration between practices, to deliver the best services for patients, when it is needed. Increase capacity in primary care in order to treat more patients, only going to secondary care where absolutely necessary. </td> <td data-bbox="940 741 1431 1111"> <p>Community Services:</p> <ul style="list-style-type: none"> To achieve fully joined-up and cost-effective services from the acquisition process. To increase the number of patients who are pro-actively case managed to avoid unnecessary hospitalisation and reduce bed based care. </td> </tr> <tr> <td data-bbox="464 1111 940 1659"> <p>Urgent Care:</p> <ul style="list-style-type: none"> To improve access to in and out of hours GP services to avoid unnecessary overflow into secondary care. To increase self-care and pro-active case management e.g. diabetes, alcohol. To review patient journeys through A&E in order to redesign services to avoid unnecessary admissions. To increase the level of pro-active care in residential homes. </td> <td data-bbox="940 1111 1431 1659"> <p>Mental Health Services:</p> <ul style="list-style-type: none"> To assertively case manage patients in primary care, through integrating mental health into community teams. To commission a Single Point of Access to joined-up mental health services. To improve access to, and patient experience of, psychological therapy and crisis services, especially for children. To implement the local Dementia Strategy. </td> </tr> <tr> <td data-bbox="464 1659 940 2027"> <p>Planned Services:</p> <ul style="list-style-type: none"> To ensure patients are diagnosed and receive a care plan as soon as possible. To ensure patients receive the appropriate level of intervention, avoiding unnecessary journeys to hospital. To ensure children receive joined-up services in appropriate settings. </td> <td data-bbox="940 1659 1431 2027"> <p>Medicines Optimisation:</p> <ul style="list-style-type: none"> To achieve efficiency savings on primary care drug spend. To review and reduce prescribing variation in all settings. To fully utilise gain-share opportunities with secondary care. </td> </tr> </table>			<p>Primary Care:</p> <ul style="list-style-type: none"> To encourage collaboration between practices, to deliver the best services for patients, when it is needed. Increase capacity in primary care in order to treat more patients, only going to secondary care where absolutely necessary. 	<p>Community Services:</p> <ul style="list-style-type: none"> To achieve fully joined-up and cost-effective services from the acquisition process. To increase the number of patients who are pro-actively case managed to avoid unnecessary hospitalisation and reduce bed based care. 	<p>Urgent Care:</p> <ul style="list-style-type: none"> To improve access to in and out of hours GP services to avoid unnecessary overflow into secondary care. To increase self-care and pro-active case management e.g. diabetes, alcohol. To review patient journeys through A&E in order to redesign services to avoid unnecessary admissions. To increase the level of pro-active care in residential homes. 	<p>Mental Health Services:</p> <ul style="list-style-type: none"> To assertively case manage patients in primary care, through integrating mental health into community teams. To commission a Single Point of Access to joined-up mental health services. To improve access to, and patient experience of, psychological therapy and crisis services, especially for children. To implement the local Dementia Strategy. 	<p>Planned Services:</p> <ul style="list-style-type: none"> To ensure patients are diagnosed and receive a care plan as soon as possible. To ensure patients receive the appropriate level of intervention, avoiding unnecessary journeys to hospital. To ensure children receive joined-up services in appropriate settings. 	<p>Medicines Optimisation:</p> <ul style="list-style-type: none"> To achieve efficiency savings on primary care drug spend. To review and reduce prescribing variation in all settings. To fully utilise gain-share opportunities with secondary care.
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