

**Strategic Commissioning Group
Notes and Actions
2 December 2013**

Present

Dr Arif Rajpura
Delyth Curtis (DC) – Chair
Gary Doherty (GD)
Gary Raphael (GR)
Helen Lammond-Smith (HLS)
Jane Cass (JC)
Liz Petch (LP)
Steve Thompson (ST)

Also present

Jackie Heighton (JH)
Traci Lloyd-Moore (TLM)

Apologies

Amanda Doyle
David Bonson
Judith Mills
Lynn Donkin
Stewart Barker
Sue Harrison
Jane Higgs

1. Apologies

Apologies were noted.

2. Welcome and Introductions

DC gave a warm welcome to those in attendance and introductions were given around the table.

3. Notes and actions from previous meeting

Notes from the previous meeting were agreed as an accurate record. HLS pointed out that discussion on an invitation to join SCG referred to Gary Raphael from the CCG rather than Gary Doherty. TLM apologised for the misunderstanding. DC added that as SCG would have oversight of the Integration Transformation Fund and the Implementation working group their contributions would be invaluable to the process and they could decide going forward on continued attendance at SCG.

4. Healthy Weight Strategy and Action Plan

JH introduced the amended strategy following feedback from the previous meeting, highlighting a number of areas of potential risk/pressure within the action plan which included work with the travel planning team and two healthy weight services funded by PH and the CCG. JH also explained that some contracts would end within

the lifetime of the strategy but the focus is on embedding behaviours and informing and influencing commissioning decisions.

- DC thanked JH for her work to amend the plan but noted that the Board would question how the actions would be resourced.
- DC asked whether in principle the group accepted the strategy in its current form or that uncertainties be removed.
- AR explained that the issues are complex in how we tackle it and that it was not so much about funding but more about a cultural shift – changing the physical and built environment.
- HLS added that talks are needed in terms of CCG investment but there are a plethora of services and activities already available.
- LP queried whether underweight aspects were included, JH replied that the intention is to achieve healthy opportunities for all and to support people to maintain a healthy weight from whatever their starting point.
- GR asked if All Together Now was linked in, JH said that it was and that the strategy is making the best use of a range of campaigns across different organisations by pulling them together.
- ST asked whether it would be useful for leisure services to share membership profiles to understand who is accessing their services.
- The group asked that an end section be added which identified funding pressures and funding that had not yet been identified. GD commented that it would be useful to clarify funding that was and wasn't confirmed
- **Action:** JH to include an end section and finalise the strategy for January Board

5. Mental Health Action Plan

HLS talked through the plan, explaining that it was a live working document moving through the age ranges. HLS noted that it was complex as the plan isn't owned by one organisation. However it had been agreed at Board that HLS and Emily Grundy in Public Health would update on progress, highlighting specific areas or key issues.

- AR asked who meets to oversee the plan. HLS explained that Emily meets with leads and that there are a number of subgroups in place
- DC queried whether HLS was the owner of the plan. HLS stated that she was happy to do this but would need support when issues arose to get things moving.
- GD enquired whether the plan was a subset of mental health or covered the totality of the mental health agenda. HLS responded that the plan covered the whole agenda and picks up wider areas such as employment, housing and healthy weight.
- DC stated that given the breadth and depth of the plan we needed to be clear this is what we want as we will be held to account and to accompany the plan an assurance or exception report should be presented to the Board. AR added that opportunities to flag up issues would be helpful.
- DC asked the group whether changes in commissioning in social care should be included. The group agreed that this should be added to the plan.
Action: HLS to include a section on social care. HLS to meet with Emily to highlight specific issues and forward the plan to TLM by COP 4 December

6. PERFORMANCE FRAMEWORK

TLM presented the completed framework on behalf of Stewart Barker and opened this up for comments. GD felt that in general the framework included a good range of measures. JC suggested NCMP data be included and would send this through to DC

TLM identified 6 priority areas for which there was no clear alignment to indicators but gave examples suggested by Stewart of what could be used. The following were agreed:

Priority	Measure
Substance misuse	Number of people recovered from drug treatment - AR advised that Stewart liaise with Nicky Dennison
Physical activity	% of physical active and inactive adults
Sexual Health	Chlamydia diagnoses (15-24 yr olds)
Dementia	the measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life
Housing and Transience	Reduce no of HMO's. AR and ST advised that it would be useful to liaise with John Donnellon for the appropriate indicator
Environment	Advised to liaise with John Donnellon to identify an appropriate indicator

Action: TLM to forward comments and the above agreed indicators to Stewart

7. INTEGRATION TRANSFORMATION FUND

DC reported on progress to date in preparing the initial two year operational plan, explaining that an Implementation working group (a subgroup of SCG) had been established to lead on this work and a mapping exercise across Adult Social Care and the CCG was currently underway. DC emphasised that whilst there was no new spend there was a clear commitment to pool monies across the two organisations so as to protect social care. DC announced that there were 20 working days left within which to submit the initial plan and outlined the actions agreed at the working group meeting on 26 November in preparedness for the plan's sign off and subsequent submission to NHS England. Actions included presenting the plan to HOSC and the Urgent Care Board and devising a short version of the presentation given by Dr Mark Johnston at November Board for partner organisations to secure buy-in. In terms of next steps Dr Mark Johnston would populate the plan template and bring this to aid discussion at the next working group meeting on 10 December for which DC shared the draft agenda, adding that the agenda headings were taken from those in the plan template. The group discussed the complexities and barriers around developing the plan within such a tight timescales

- GD asked whether there was time to take stock of what was and wasn't working and added that TUPE needed to be included on the agenda
- AR added that we needed evidenced based practice of what works

- GR stressed the importance of information systems and data sharing as key and that what we needed are scenarios with contingencies and an understanding of risks (operationally, clinically and financially)
- HLS felt that the Commissioning for Value report would be useful as reference to give us a sense of the scale
- JC viewed this as being two separate discussions of strategic and operational oversight and suggested that evidence from the Out of Hospital Care Event should be included in the plan
- GR stated that we need to be clear that what we bring to the meeting on 10 December is a first draft rather than the finished article as ITF doesn't come in until 2015
- DC concurred that what is required is a draft plan to be discussed with the objective of making it fit for purpose
- GR informed the group that the In Hospital Care Strategy would be launched imminently and would have an impact on the plan
- GD summarised that by the end of the meeting on 10 December what should emerge is clarity around:
 - Numbers
 - Substitution (what needs to be provided and does it add up?)
 - Transfer (what services are moving out and who is paying?)
 - Status Quo (what is staying the same)

8. AOB

JHWS Debate – Frail Elderly

TLM asked for steer from the group on Frail Elderly as a proposed thematic debate at Board in the new year and asked for a suggested lead to approach. GD commented that there was considerable overlap between LTC, Disability and Frail elderly, DC suggested that social care could lead but to raise with the Leader.

End of Life (EOL) Care Letter from the Secretary of State for Health

TLM talked briefly through the letter from Jeremy Hunt about work underway nationally around End of Life Care Services and the role of Health and Wellbeing Board's in ensuring End of Life Care is considered within JHWS and JSNA's. AR stated that in terms of the JSNA, EOL could form part of the JSNA Commissioners event on 10 December and asked LP to add this to the agenda. DC added that this should also be taken forward with the Leader.

9. Agenda Items for Next meeting

Not discussed

10. Dates of future meetings

In addition to the meeting dates already agreed, DC asked TLM to organise a final meeting for the calendar year

Action: TLM to organise a final meeting w/c 9 or 16 December