

## Meeting Minutes

### Joint Commissioning Board - Public

The meeting was held on 9<sup>th</sup> August 2018, 09:30 – 10:30  
Conference Room, Oakley Road

<b>Present:</b>	NAME	INITIAL	TITLE	ORG
	Councillor Chris Hammond	CH	Leader of the Council (Chair)	SCC
	Councillor Lorna Fielker	LF	Councillor	SCC
	John Richards	JRich	Chief Executive Officer	SCCCG
	Matt Stevens	MS	Lay Member – Patient & Public Involvement	SCCCG
<b>In attendance:</b>	Richard Crouch	RC	Interim Chief Executive Officer	SCC
	Stephanie Ramsey	SR	Director of Quality & Integration	SCCCG / SCC
	Beccy Willis	BW	Head of Business	SCCCG
	Claire Heather	CH	Senior Democratic Support Officer	SCC
	Donna Chapman	DC	Associate Director	SCCCG/ SCC
	Sharon Stewart	SS	Adult Social Care Service Lead	SCC
<b>Apologies:</b>	James Rimmer	JRim	Chief Financial Officer	SCCCG
	Dr Mark Kelsey	MK	CCG Chair	SCCCG
	Mel Creighton	MC	Chief Financial Officer	SCC
	Councillor Dave Shields	Cllr Shields	Health and Sustainable Living	SCC
	June Bridle	JB	Lay Member (Governance)	SCCCG

		<b>Action:</b>
<b>1.</b>	<b>Welcome and Apologies</b>	
	Members were welcomed to the meeting.	
	Apologies were noted and accepted	
<b>2.</b>	<b>Declarations of Interest</b>	
	<b>A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or</b>	

	<p><b>otherwise influenced by his or her involvement in another role or relationship</b></p> <p>No declarations were made above those already on the Conflict of Interest register.</p>	
<b>3.</b>	<p><b>Previous Minutes/Matters Arising &amp; Action Tracker</b></p>	
	<p>The minutes from the previous meeting dated 11 June 2018 were agreed as an accurate reflection of the meeting.</p> <p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>LGA Green Paper for adult social care and wellbeing – This paper is going to the CCG’s Clinical Executive Group next week who will provide a response. It was agreed a response should also come from SCC. Councillor Shield’s advised that himself and Councillor Fielker were holding a consultation event so would provide a response after that.</li> </ul> <p><b>Action Tracker</b></p> <p>The outstanding actions were reviewed and the action tracker updated.</p>	<p><b>CEG / Cllr Shields / Cllr Fielker</b></p>
<b>4.</b>	<p><b>Discharge to Assess Pathway 3</b></p>	
	<p>Donna Chapman and Sharon Stewart presented the report to give feedback on the key learning points and recommendations from the pilot of a Discharge to Assess scheme for patients on Pathway 3. This is part of the overall work of hospital discharges and patient needs when leaving hospital.</p> <p>The pilot identified that on average there were 1-2 patients a week suitable for discharge to assess on this pathway. The pilot also identified that whilst many would be eligible for an assessment of CHC, less than 2% would go on to be proven eligibility for CHC and the majority would be social care funded clients. There was very little demand for clients being in their own homes.</p> <p>DTOC and Length of Stay impact did reduce on this pathway however there was less evidence about the impact on costs.</p> <p>In summary the pilot demonstrated that Discharge to Assess can be implemented for Pathway 3 clients and improves patient/clinical experience. It is recommended that Discharge to Assess should continue to be provided for complex patients/clients and this should be part of Pathway 3 managed by the IDB. It was noted that evaluation would continue and consideration given to long term funding. Need to seek UHS ongoing financial contribution. To return to JCB with proposals for long term sustainability January 2019</p> <p>There was a lengthy discussion with the following points raised:</p> <ul style="list-style-type: none"> <li>It is easier to arrange spot purchasing than it is getting block contracts and also gives choice, without the patient needing to</li> </ul>	<p><b>DC/SS</b></p>

	<p>move twice</p> <ul style="list-style-type: none"> <li>• Is there any benefit of widening eligibility for more clients?</li> <li>• The interface with Pathway 1 and 2 needs to be clear and more robust</li> <li>• The CHC Framework will change in the future making the process more robust , our CHC team have been involved nationally in the development of this work</li> <li>• Excess bed day tariffs impact.to be considered . National initiative to reduce “stranded” patients</li> </ul>	
<b>5.</b>	<b>Better Care Quarter 1 Report</b>	
	<p>DC provided a review of performance for Quarter 1 against Southampton’s Better Care programme and pooled fund.</p> <p>The National Better Care Fund Operating guidance was published on 19 July 2018 for 2018/19 along with revised targets for delayed transfers of care (DTC). The DTC metric set for Southampton in 2018/19 has been based on the Quarter 3 2017/18 position and requires Southampton to reduce average daily delays to 26.6 (comprising 11.3 NHS delays, 11 Adult Social Care delays and 4.4 Joint delays) by September 2018 and then to maintain this position to year end. The Quarter 3 position was 38.8 average daily delays (16.2 NHS delays, 18.3 Adult Social Care delays and 4.4 joint delays). The new 18/19 target represents a slightly less ambitious trajectory than that of 2017/18 and a much more equal split of NHS and Adult Social Care delays. The targets in Southampton's Better Care performance report have been updated to reflect this revised trajectory.</p> <p>The highlights of Q1 are as follows:</p> <ul style="list-style-type: none"> <li>• The CCG and Council have contributed to a piece of work with the Hampshire and IOW STP to better define “cluster working” across the STP footprint, which has included a stock take of progress within the city to identify key areas for development. A Better Care Programme Manager has been appointed (commenced May 2018) to progress work with each cluster as well as city wide to develop a much clearer operational model for cluster working</li> <li>• Social work capacity has been increased in the new community-based social wellbeing teams and in the new integrated learning disability team to champion a Strengths Based Approach to improve outcomes for individuals, make best use of community and other resources and reduce, where possible, dependence on services</li> <li>• The new Southampton Living Well Service formally went live in April 2018, which will transform the current older person’s day services into a new wellbeing and activity offer delivered through Community Wellbeing Centres based within communities and wider community activity</li> <li>• The integrated prevention and early help service for children 0-19 and their families under a single management structure formally went live in April 2018 under S75 Partnership arrangements. The</li> </ul>	

	<p>Service brings together teams from both the Council and Solent NHS Trust (incorporating the Healthy Child Programme, Children's Centres and local Troubled Families programme) and operates in localities aligned to the city's 6 clusters</p> <ul style="list-style-type: none"><li>• Additional hours have been purchased from the domiciliary care framework using iBCF funding to further support people to remain at home, bringing the total additional hours purchased this year to 11,340</li><li>• Work continues with the market to increase nursing home capacity. This includes the development of a new 44 bed nursing home in Rownhams for which planning permission has been granted. The Council is looking to contract with the owners for capital investment in the home in return for bed spaces at a reduced rate. The ICU is also working with homes across the city to encourage them to take clients with greater complexity by supporting with training and skills development.</li></ul> <p>DC and SS left the meeting.</p>	
<p><b>Date of next meeting: 13<sup>th</sup> September 2018, 09:30 – 10:30, Conference Room 3, Civic Centre</b></p>		