

JCG Minutes

4th August 2015 - 900-1030 Meeting Room 2

Present: Nicki Millin, Louise Tapper, Angela Plummer, Sheila Baxter,
Thomas Kearney, Paul Bearman, Gill May

ACTION BY

1. Apologies

Sue Wald, Jackie Walker, Cherry Jones

2. Minutes of last meeting/matters arising

- Health protection overview – c/fwd to next meeting **CJ**
- Autism post diagnosis support – proposals to come to a future meeting; MIND has not been able to pick up referrals for mental health/autism dual diagnosis
- Delayed Transfer of Care – SWICC data still to be verified, Raised by AP at contract board, will follow up **AP**
 - Post 16 Education health provision – information has been Provided to PN

3. Finance Report

3.1. Childrens – no finance or childrens rep at the meeting. The group noted the report, it was queried how the figures in the year end table of £1.7m correlated to the summary position which states projected £2.262m overspend. This needs to be clarified on the next report.

3.2. Adults – AP highlighted the current position is showing an under-spend of £383k. The majority of this is attributable to LD packages. Some savings are within staffing, however, posts are being recruited to so this is a part year saving only.

There was a discussion in relation to people with a dual diagnosis of mental health and LD where it was noted that providers will pass individuals between services, there is no clarity who is the lead agency taking responsibility for care. TK reported there is some work looking at this through the Mental Health Programme Board. It was agreed this risk should be added to the risk register and would be an agenda item for discussion next time.

TK/SB

SBC faces further budget challenges for 2016/17 of circa £5m, this will mean an additional £2.5m saving requirement or this financial year.

Increased demand in domiciliary care packages in terms of

numbers and required input (4 visits with 2 carers per day) is being seen. Further discussions required to review what is the maximum resource per client per day that can be feasibly sourced from current capacity.

3.3. Better Care Fund – current report shows planned expenditure in line with budgets.

4. Performance Reports

4.1. Childrens – main concern noted related to Look After Children, the time being taken for assessment, queries are not being resolved between panel meetings and expected outcomes are not clear. Placements are complex, there is a need to look at how we commission around the individual. LAC wait times to be added to the risk register.

4.2. Adults – AP drew the groups attention to the following highlights:

- Domiciliary reablement bed days up on previous year although numbers of patients down (LoS is up)
- Access to personal budgets is better than last year, but requires further improvement
- Admissions to residential & nursing care remain within plan. This may account for some of the increased pressure in care packages.
- DTOCS – numbers are high, to help improve flow a new link worker post is being developed. We have seen a higher level of assessment being completed whilst patients in hospital that are leading to over prescription of high intensity packages. Further work to look at how telehealth and telecare can support patients at home and reduce care requirements. AP due to meet with SEQOL to discuss reablement services. DTOCS to be added to the risk register.

AP

5. Risk Register

The following new risks were agreed to be added to the risk register:-

- Management of dual diagnosis mental health and learning Disability clients/patients across providers
- Looked after children: waiting times for assessment
- Delayed transfers of care – high levels due to time for Assessment and Dom Care Capacity

**TK
S Pells**

AP

6. Update on Newton Europe Research

NM feedback that Newton had provided a briefing in the previous week. The slides were not yet available but would be shared with this group. Efficiencies in the system pathways were identified which if realised could release 60 acute beds. Areas for review included:-

- Falls prevention service
- Increased use of telehealth/telecare

- Skill mix review of community nursing case loads

This will be picked up for further discussion at the next meeting.

7. CAMHS Transformation Plan

TK outlined current issues within CAMHS commissioning and service Delivery.

- National documents published and a requirement to submit a transformation plan by the end of September. This would need to go to H&WBB. It focuses on IAPT, Eating Disorders and perinatal care.
- JSNA has been completed and identifies local needs, particularly in relation to capacity and flow between CAMHS and TAMHS (and vice versa).
- As picked up in Quality Premium Indicators there is a need to focus on reducing attendances and admissions for those who self harm. This is being led by Mental Health Programme Board.
- A need to look at data collection now, but also use of KPI's and outcome measures in the future.

8. AOB

- 8.1. CHC – noted that PUPOC cases are being managed through CHS. Urgent consideration being given to identifying the model for managing CHC cases in the future. The existing team is carrying vacancies & sickness and the position is unsustainable.

PB/AP