

**Joint Commissioning Group**  
**Notes of 1<sup>st</sup> December 2015 Meeting**

**Present:**

Sue Wald (SW), Sheila Baxter (SB), Nicki Millin (NM), Cherry Jones (CJ), Paul Bearman (PB), Matthew Hawkins (MH), Louise Tapper (LT), Lynn Frith, ), Angela Plummer (AP), Thomas Kearney (TK), Gill May (GM), Lisa Samak (LS), Rani Rooke

**Apologies:** Joy Kennard (JK), Caroline Little (CL), Caroline Gregory (CG) Peter Nathan (PN), Jackie Walker (JW),

<b><i>Item</i></b>	<b><i>Description</i></b>	<b><i>Action</i></b>
<b>1.</b>	<p><b>Matters arising and Minutes</b>  <b>Update on outstanding actions :</b></p> <p>Sue forwarded the details of patients with four visits a day to Gill for an audit.</p> <p>Mental health transformation plan submitted and now approved. Joy Kennard preparing next submission with working group for January 2016</p> <p>Better Care Fund Q2 submitted to NHS England and part of HWB papers.</p> <p>Jackie and Paul agreed to meet to look at how to combine CCG joint risks with JCG risks.</p> <p>KPI for rapid assessment unit and reablement : shared with SEQOL this afternoon</p> <p>Social care activity report: Matthew to set out information request</p>	<p>G</p> <p>JK</p> <p>PB/JW</p>
<b>2.</b>	<p><b>Finance</b></p> <p>Adult social care budget projected to underspent due to early delivery of savings for 2016/17 in learning disabilities of £900k through reviewing care packages on learning disabilities and reducing crisis placements. However there would be a pressure of £500k if discharge to assess beds and domiciliary care continue at current levels of 14 beds and additional 1,100 hours per week .</p> <p>Adult social care mitigating through social worker based in bridging Delirium cases were identified and no resolution on this. AWP now saying there is an acute pathway and NICE guidance. Specialist dementia community team starting 1<sup>st</sup> December 2015 and offer to support nursing and residential homes. Referrals through GPs rather than homes</p>	<p>AP</p> <p>TK</p>

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	<p>Children's Services Projected overspent on children's social care due to social work agency costs and placements. Social work managers have been recruited as well as front line social workers. This has an implication for children's budget 2016/17. Capacity for the named nurse for looked after children can now be funded from the CCG budget that funds children's service. Paediatric and speech and language therapy and asked CCG to consider additional funding 2016/17</p> <p><b>CCG budget 2016/17</b> CCG expecting a challenging settlement as well and working on funding existing cost pressure. The Spending Review announced additional funding for the NHS but it is not clear how this will be allocated.</p> <p>Joint commissioning budgets Discussions in January with providers on One Place One Budget</p>	
3.	<p><b>Newton Europe Follow Up</b> Discussion at Strategic Planning group with providers with priority identified as</p> <ul style="list-style-type: none"> <li>- Falls service</li> <li>- Speedier discharge to assess through social care to reduce excess bed days</li> <li>- Admission due to mental health issues</li> <li>- Communication strategy on self care and self management, information for patients to be discharged as quickly as possible</li> </ul> <p>Social care process mapping and recent care packages have shown that there are too many hands off in the process, packages coming in high</p>	

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4.	<p><b>Performance</b> <b>Children's Performance report –</b></p> <p><b>Adults</b></p> <p>Sue circulated performance report. Admission to residential care for older people increased further in October and high numbers of requests received from social workers in SEQOL. This was raised in contract meeting and with managers in SEQOL. Particular high packages coming from SWICC. Assessments completed within 28 days not yet showing improvement</p> <p>Safeguarding: numbers of alerts have increased to 621 at the end of October, compared with 457 in the same period last year. The vast majority are screened out as quality issues as only 147 progress to enquires showing the potential need for additional training in agencies such as Chalkdown Hospital and GWH.</p> <p>Delayed discharge: Delayed discharge figures have reduced for GWH but now high in SWICC. GWH was 98 days whilst SWICC accounted for 170 days in October. Revised data recording chart has been shared with all agencies and now agreed.</p> <p>Health Overview and Scrutiny report written and agreed, publication on Thursday.</p> <p>Additional support made available to Swindon system from LGA through Alan Rosebach and a visit from NHS England in January. Nicki and Sue to discuss Alan's proposals and to emphasise the need of understanding current process from current staff.</p> <p>Hospital currently on black. Additional 100 hours of bridging coming on stream this week.</p> <p>Social care has appointed a temporary social worker to review all cases on domiciliary care and discharge to assess beds</p> <p>Follow up meeting with care homes last week. Sue to ask Louise Tapper to coordinate the action plan and tasks as there had been limited progress on the actions agreed.</p> <p><b>Children's Performance</b> Report circulated. Continued high demand for children in need. Lynn Frith asked for SEN data to be included. We raised the need for a full review of children's health service over the next 18 months</p> <p><b>Public Health</b> High rates of obesity, cancer screening. Health protection report was also circulated. Childhood immunisation levels are good.</p>	<p>LT</p> <p>LF</p>

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<b>5.</b>	<b>Section 117 and mental health panels</b> There is a need to review the process of 117 aftercare and decision making over placements particularly those placements requiring social care funding. Angela, Thomas and Sheila to meet to map a process	AP/TK
<b>6.</b>	<b>Chalkdown</b> Private hospital with placements made by different CCGs. Eldene Surgery has registered all existing patients. Out of area CCGs are now asking Swindon CCG to fund. CCG has asked Chalkdown for service level Agreement with Eldene Surgery. CCG has asked that Chalkdown contract is changed to ensure admission is amended so that placing CCG retains responsibility and undertakes reviews of patients placed. John Hughes to agree final letter with CCG to those placing CCGs.	TK
<b>7.</b>	<b>AOB</b>	
<b>8.</b>	<b>Future meetings</b>  <b>January 2016</b>  Personal health budgets  Day services in Extra care  <b>February</b>  Area inspection Special educational needs	