

JOINT STRATEGIC COMMISSIONING BOARD

Tuesday, 12 November 2019

Present: Councillor Chris Jones (Chair)
Dr Paula Cowan
Simon Banks
Carly Brown
Simon Delaney
Paul Edwards
Nesta Hawker
Graham Hodgkinson
Councillor Julie McManus
Lorna Quigley
Dr Sian Stokes
Michael Treharne
Councillor Tom Usher
Julie Webster
Alan Whittle

32 APOLOGIES FOR ABSENCE

Apologies for absence were received from: Linda Roberts, Sylvia Cheater, Dr Lax Ariaraj and Richard Sturgess.

33 DECLARATIONS OF INTEREST

There were no declarations of interests.

34 MINUTES OF MEETING TUESDAY, 10 SEPTEMBER 2019 OF JOINT STRATEGIC COMMISSIONING BOARD

Resolved - That the minutes of the meeting of the Joint Strategic Commissioning Board held on 10 September 2019 be agreed as a correct record and signed by the Chair.

35 HEALTHY WIRRAL STRATEGY

The Chairman informed the meeting that consideration of the Healthy Wirral Strategy had been deferred as the country was in a pre-election period (purdah). The item would be brought back to the Committee after the election in December 2019.

36 POOLED FUND FINANCE REPORT

The Chief Finance Officer, NHS Wirral CCG and Wirral Health & Care Commissioning, introduced this report which provided a description of the arrangements that had been put in place to support effective integrated commissioning. It set out the key issues in respect of: the expenditure areas that were included in the 19/20 shared (“pooled”) fund, and the current and future risk and gain share arrangements.

A balanced budget had been forecast for the 2019/20 financial year. There were continuing pressures on adult social care but mitigations appeared to be working well.

Resolved: That the Pooled Fund Finance Report, including the financial position at 31st August 2019, be noted.

37 PUBLIC HEALTH ANNUAL REPORT 2019

The Public Health Annual Report (PHAR) was the independent annual report of the Director of Public Health and was a statutory requirement. The 2019 Report, *Creative Communities*, explored the role of culture as a means of improving health and wellbeing; presented local examples of these benefits; and called for everyone in Wirral to be part of a Borough of Culture legacy that left people happier and healthier.

The Director for Health and Wellbeing presented the report. As part of the information gathering, issues had been discussed with residents at a range of events. Three recommendations had emerged for partners organisations to put into effect:

1. Seek out opportunities in our lives and communities for arts and culture to help to keep people well and living longer, better lives.
2. Ensure that the legacy of Wirral’s Borough of Culture year contributed to the development of a healthy and health-creating borough.
3. Secure a commitment from health partners to work with arts and cultural organisations to ensure that culture for health and wellbeing becomes integral to organisational, and commissioning strategies.

Members supported the method, work and findings of the report and thanked the team for creating it.

Resolved - That the recommendations of the Public Health Annual Report 2019 be endorsed and its publication be supported.

38 **INTEGRATED CONTRACT MANAGEMENT AND PROCEDURES ACROSS NHS WIRRAL CCG AND WIRRAL COUNCIL**

The Assistant Director, Performance and Delivery, introduced the report which gave Wirral Health and Care Commissioning (WHCC) and its Joint Strategic Commissioning Board (JSCB) an update on integrated working which aimed to reduce duplication and costs across Commissioning, Contract Management and Procurement.

Details of each of the work streams was given, which were:

- Integrated Contract Management Meetings
 - Wirral Council (WBC) and Wirral Clinical Commissioning Group (WCCG) had held joint Contract Performance Meetings with the following:
 - Wirral Community Health and Care NHS Foundation Trust
 - Cheshire and Wirral Partnership NHS Foundation Trust
 - WHCC was in the early stages in agreeing a common approach to Contract Management across WBC and WCCG
- Integrated approach to Procurement
 - WBC and WCCG were developing an 'Integrated Commissioning and Procurement Protocol'

The work was underpinned with the development of a single, web based, platform for the whole Commissioning, Procurement and Contract Management process which was planned to be fully operational in quarter 4 2019/20.

It was noted that changes in local government and the NHS complicated planning, and joint commissioning needed to be clear which organisation's guidelines were being worked to.

Members commented that joint working within particular teams had provided benefits and that both organisations would continue to remain separated with their own statutory responsibilities.

Resolved – That

- (1) the progress around integration of this work area to date be acknowledged.**
- (2) it be recognised that at this stage full integration is not possible due to the differing legislative and governance arrangements between Local Government and the NHS.**

39 **URGENT CARE UPDATE**

The Assistant Director of Unplanned Care and Community Care Market introduced this report which provided an update and overview of the key challenges and priorities faced by the Urgent Care system. There were three major priorities being worked toward and the progress was given:

1. reduced long length of stay – this was not on track and had been tackled by a system lead at Board level;
2. increased number of patients streamed from Emergency Department to community support – this was on track with about 50 people a day streamed. Investments in point of care were being looked at to enable primary care to support more people;
3. ambulance handover and turnover times reduced with corridor waits eliminated – there had been significant improvements but also a dip in school's half term week because of staffing. Planning for future such holidays was being looked at.

The report also included an update on the Urgent Treatment Centre (UTC) which was to have a newly constructed building in 2022 but before then a new community model would see Minor Injuries Units being replaced by standardised Primary Care Hubs in April 2020.

Members questions drew out additional information including:

- Preparations for Winter included capacity planning in acute treatment, community care and primary care with a draft Winter Plan agreed. There was a focus on minimising additional beds by improving support at earlier stages.
- Long lengths of stay were being tackled in different ways depending on whether the cause was an internal acute reason or external community or primary care reasons. Externally there had been more referrals to re-ablement and domiciliary care than there was capacity, and internally there would be focus on 0-20 days as well as people on the 21-day threshold.
- Modelling of solutions had been done and would result in 80 free beds if everything worked at optimum level, but that would also benefit staff workloads, winter planning and morale.

Resolved - That the contents of the Urgent Care Update report be noted.

40 **BETTER CARE FUND UPDATE**

Wirral used the Better Care Fund (BCF) to drive integration and prioritised change and development of services to improve patient outcomes and support the move to financial sustainability. The priorities supported the 5-year plan with a key focus on supporting the development of 7-day community intermediate and neighbourhood services which facilitated people remaining in their own homes as long as possible and mitigating the need for acute care.

The Director for (Adult) Care & Health introduced this report which advised on a BCF submission for Wirral, which was part of the assurance process. There had been notable successes though BCF, such as a 20% reduction within two years in the need for long term care and a 17% growth in domiciliary care within 18 months, but there were challenges, notably length of stay in acute

and community bed-based settings. To tackle this, there had been a focus on optimising home first and intermediate bed-based provision and diverting ambulance and NHS 111 helpline calls to primary and community services where appropriate. There had been approximately £59 million investment to reduce pressure in hospitals.

Resolved - That the contents of the Better Care Fund Update report be noted.