

**Bridgend Local Health Board
Bridgend County Borough Council
Abertawe Bro Morgannwg University NHS Trust
Bridgend Association of Voluntary Organisations
Bridgend Community Health Council**

**MINUTES OF THE HEALTH, SOCIAL CARE AND WELLBEING
PARTNERSHIP BOARD**

**Monday, 10th August 2009
Bridgend County Borough Council, Civic Offices**

Present:

Cllr Mel Nott (Chair)
Dr Ed Roberts
Heidi Bennett

Abigail Harris
Sue Cooper
Mark Shephard
Louise Fradd
Rosemary Fletcher
Zoe Wallace
Cindy Marsh
Peter Mannion

Hilary Dover

Trevor Guy

Bridgend County Borough Council
Bridgend Local Health Board
Bridgend Association of Voluntary
Organisations
Bridgend County Borough Council
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Bridgend Local Health Board
Bridgend Local Health Board
National Public Health Service
Bridgend County Borough Council /
Local Health Board
Abertawe Bro Morgannwg University
NHS Trust
Bridgend County Borough Council

Apologies:

Hilary Anthony
Debbie Morgan

Lindsay Davies

Jan Kearn
Kevin Dee

Bridgend County Borough Council
Abertawe Bro Morgannwg University
NHS Trust
Abertawe Bro Morgannwg University
NHS Trust
Voluntary Sector Representative
Community Health Council

In Attendance:

Roxane Dacey

Bridgend Association of Voluntary
Organisations

Kryisia Groves

Bridgend & NPT Local Health Boards

Welcome and Apologies

Everybody was welcomed to the meeting and apologies were noted.

1. Minutes of previous meeting – May 11th 2009

The minutes from the previous meeting were agreed as being an accurate record.

3. Matters Arising

PM reported that the Finance and Governance group had been established and it has been agreed that it will meet before each JET meeting.

PM reported the update that Michael Burtonwood had provided the JET in June on the National Housing Strategy, LF confirmed that the local Bridgend Housing Strategy incorporates all of the elements of the National Strategy.

4. Swine Flu Update

RF provided an update on the current situation relating to Mexican Swine Flu.

The report updated the Board on the work which the LHB is leading on to respond to the Influenza A virus (H1N1). RF reported that the world health organisation declared a pandemic on the 11th June 2009. RF reported that the UK Government in agreement with the four nations moved from a position of virus containment to virus treatment on the 2nd July 2009. RF tabled a written report which identified the practical implications of this change.

RF updated the Board on the current outbreak statistics and the planning response from the ABMU Health Community.

The Board noted the report and thanked those all those involved for there continued hard work.

5. Performance Management Framework

PM provided a short presentation on the development of the performance management framework. PM presentation explained that

- Performance management framework would primarily focus on the key priorities of the strategy.

- The management of each priority area will be achieved through the existing governance structures as agreed at the February Partnership Board.
- Each priority area will have to report to JET and HSCWB Partnership Board on a six monthly basis.
- Partnership Manager annually will develop an annual report which will summarise and highlight progress with the HSCWB strategy. Each of the project managers will provide information on progress to the Partnership Manager to be included in the annual report.

A number of Partnership Board members felt that the reporting methodology (in particular the RAG status) required greater explanation.

AH felt that the reporting needed to have a greater focus on outcomes, PM to ask project managers to identify outcomes and to include reporting on outcomes within the reporting mechanism.

ACTION: PM & Project Managers

7a. Reducing Alcohol Misuse Highlight report

ZW provided the Board with a highlight report on the progress being made with the Reducing Alcohol Misuse priority.

The report that was compiled by Angharad Higgins the project manager for this priority identified that:

- Since the last report was received the SMAT commissioning strategy had been developed, consulted on and published.
- Progress was expected on the following in the next reporting period
 - Develop integrated care pathway for children and young people's substance misuse treatment service
 - Develop alcohol treatment commissioning plan
 - Commission Service User and Carer Involvement Service
- The report indicated that a potential risk to progress on the development of the alcohol treatment commissioning plan was the WAG proposals to develop new Area Planning Boards (APBs) which would be co-terminus with the new NHS boundaries. Further guidance was awaited from WAG on these structures however local partners had been informed that some of the unitary authority substance misuse service planning and commissioning would be amalgamated up into these new structures.
- The report indicated that all of the strategic and Political milestones were either completed or on target apart from the milestone relating to the alcohol treatment commissioning plan as detailed above.
- The report indicated that this priority area would require further collaboration with partners in relation to the following areas:

- Support needed from all partnership and stakeholders in developing alcohol treatment service model.
- Support required from Joint Mental Health Planning team in ensuring the development of effective care pathways for people with co-occurring mental health and substance misuse issues
- Support possibly required from partners in developing the multi agency base in Maesteg.

Partnership Board members raised concerns about clarity over the need for clear and consistent reporting in relation to Alcohol across the partnership.

7b. Chronic Conditions Management Highlight Report

KG provided the Partnership Board with a highlight report indicating progress with the HSCWB priority of Chronic Conditions Management.

- In the last reporting period the report indicated that progress had been made on all priority areas identified within the Chronic Conditions Local Development plan.
- The report indicated that clear actions had been identified for all of the priorities within Chronic Conditions Management Local Development Plan during the next reporting period
- The report indicated that all of the strategic and Political milestones where either completed or on target apart from the milestone relating to the Care Management Role this had been delayed due to the delay in appointing the CCM Manager and the continued lack of a ABM wide governance Board for CCM. A PID has been developed for the creation of this post and has been circulated to all relevant stakeholders.
- The report indicated a number of risks to progress in relation to the CMM work. Partnership Board asked JET to consider what actions can be taken to mitigate these risks.

ACTION: JET to consider identified risks

8. JWSG Funded - Transition Services

SC presented a report on transition Services funded by the Joint Working Special Grant. There are 2 transition social workers based in adult services who ensure there are appropriate links between children's and adult services to enable a smooth transition into adult social care for young people turning eighteen.

Two transition workers are funded by the JWSG, a social worker based in the physical disability team and a nurse care manager based in the learning disability team.

SC reported that during the last year, arrangements have been put in place to enable the two workers to work together more closely and allocate the workload more effectively.

SC reported that transition work was managed and overseen by the development of a transition panel and a transition strategy group. In February 2009 this work was further strengthened through the development of a transition protocol.

SC reported that the majority of 14 yr olds now have a transition plan in place.

SC reported that although there is not currently a section 33 arrangement in place for the learning disability team work on a bid is developing to see if CHC funding can be accessed to enable a review of learning disability services with a view to moving into a section 33 agreement..

SC also reported that there were greater numbers of children coming through the transition process and this also evidenced a greater number with autism or an Autism Spectrum Disorder. Work is progressing in this area and funding from WAG is being used to support the development of this work.

9. HSCWB Annual Report

PM presented to the Partnership Board the final draft of the HSCWB Annual report and tabled the communication plan that will be followed to ensure that partners, stakeholders and citizens have an opportunity to be updated on the progress of the HSCWB Strategy during 2008 / 09.

The Partnership Board approved the final version of the annual report, and the communication plan. The communication plan runs from the middle of August to the middle of October.

10. Delayed Transfers of Care (DToC)

ZW presented a report on DToC the report detailed the outturn position for the Bridgend health and social care community on Delayed Transfers of Care (DToC) for the first quarter period April-June 2009-10.

The Report showed that

- There were 38 cumulative delays accounting for 20 individual patients
- Of the 38 cumulative delays 5 were social care delays (13%), 8 were health care delays (21%) and 25 were patient/family/other reason delays (66%)

- Of the 38 cumulative delays 12 (32%) were mental health delays (accounting for 5 individual patients) and 26 (68%) were non mental health delays (15 non mental health patients)
 - The most frequent reason for delay, occurring 18 times (47%) was the patient/family/carer delay codes 7.3a/b and 7.4a/b relating to choice of accommodation, the second most frequent reason for delay occurring on 6 occasions (16%) was a health delay code 3.9: awaiting completion of assessment for NHS funded nursing care/continuing NHS healthcare.

The Chair asked if DToC would continue to be reported on a locality by locality basis or whether it would be reported on an ABM LHB wide basis. ZW confirmed that DToC would continue to be reported on a locality by locality basis.

11. Social Services Annual Council Reporting Framework

AH provided the Partnership Board with a report with information on the new Social Services Annual Council Reporting Framework (ACRF). The ACRF replaces the previous regime of Joint Service Reviews. The Directors of Social Services will be expected to deliver the first Annual Reports to council in June / July 2010.

Board agreed to be kept informed of progress with the new reporting arrangements.

12. Continuing Health Care Projects

ZW presented a report on the three projects that have been endorsed by the Council, NHS Trust and LHB Executive to be funded from the Continuing NHS Healthcare Assembly Grant to the LHB in 2009-10 and beyond.

The report provided members of the Board with the background to the Continuing Health Care funding. In Bridgend the CHC funding will be spent in the following way:

Scheme	Title	£ cost In Bid	£ Funding suggested at 5 th May meeting	£ Shortfall / risk to Trust /BCBC
1 (annex 1a)	Integrated Older People's Health and Social Care Liaison and Reablement Service	598,000	500,000	98,000
2	Children with Complex	241,000	241,000	-

(annex 1b)	Needs – Heronsbridge School			
3 (annex 1c)	Community Integrated Intermediate Care Services (CIIS)	997,000	845,000	152,000
Total		1,836,000	1,586,000	250,000

SC asked if the funding was going to be extended beyond 2009/10, ZW and ER said that the WAG had not confirmed in writing that this funding would continue after 2010 but that there was some expectation that it would.

HD said that she understood that the agreed amount of money for the CIIS project was £900,000 not as the table indicated £845,000. HD and ZW to discuss and clarify.

HD & ZW Action

13. Strategic Model of health and leisure services integration

KG provided the Partnership Board with a report with the background and context of the strategic model for the integration of health and local authority leisure services in the prevention of chronic conditions in Bridgend.

KG explained that the purpose of the model is to improve the integration of health care and leisure service delivered programmes to enable people to engage in **and maintain** a healthy lifestyle with access to appropriate support and range of activities, for the prevention and management of chronic conditions.

KG explained the background to the model which is built upon the successful National exercise referral Service in Bridgend which in 2008 /09 received 915 referrals (against a target of 900). The service has successfully piloted delivering Pulmonary Rehabilitation programmes in the community and will be looking to further develop additional community rehabilitation programmes.

MS welcomed the model but reminded the Board that the success of this service brings additional cost pressures. The Board were pleased to note the progress with this model.

14. Community Strategy

The final draft of the Community Strategy was noted by the Board, AH explained that two versions would be available, a full copy and a glossy executive summary. AH also explained that all partnership coordinators would be asked to identify existing events that could be incorporated into the communication plan.

Action: Partnership Coordinators

15. NHS Restructuring

RF provided a verbal update on the NHS restructuring. Since the last Partnership Board the Executive Board members have been appointed are currently established as a shadow Board. Dr Ed Roberts has been appointed as the Vice Chair of ABMU LHB and interviews are planned to appoint the non executive members of the Board.

David Sissling started as the new Chief Executive from July 2009 and Alex Howells who is the Executive director for Primary Care and Mental Health is currently working four days a week and will be full time from the end of August 2009.

CM reported that the reorganisation of Public Health Services in Wales continues, with the new Public Health Wales NHS Trust being commencing on October 1st 2009. CM also reported that Professor Mansel Aylward has been appointed Chair of Public Health Wales and Bob Hudson has been appointed Chief Executive.

Board members were informed that invitation letters would be going out this week to invite partners to an ABMU LHB stakeholder event to contribute to shaping and developing the new LHB. The event in Bridgend was scheduled to be held on the afternoon of Thursday 24th September 2009 at the Heronston Hotel. If members were unable to attend this session they would be able to register for the session in Neath Port Talbot or Swansea.

16. Corporate Health Improvement Group – Health Challenge Bridgend

PM reported that since the last Partnership Board meeting the Corporate Health Improvement Group “Health Challenge Bridgend” has been established. Initial actions have been to undertake an audit of health improvement activity carried out by partners and organise the Bridgend response for healthy living week and identifying avenues for implementing the WLGA ‘Route to Health Improvement’

17. Healthworks

PM updated the Board on the current progress of the Healthworks programme. PM explained that this is a programme which aims to promote better health for those in the workforce and those who want to be in the workforce. The programme is made up of 6 distinctive projects. PM asked whether he could bring a full report on the progress of the programme to the next Partnership Board in November 9th.

Action: PM

18. AOB

There were no additional items

19. Date of next meeting

Monday November 9th 2009 Civic Offices on Angel Street

Items for the next Agenda:

ASD Action Plan

Emotional Wellbeing LDA

Joint Working Special Grant six month report

Healthworks

(Les Jones)

(Rosemary Fletcher)

(Susan Cooper)

(Peter Mannion)