



Meeting: Joint Commissioning Management Board (JCMB)

Date: 9th May 2019

Time: 09:00

Location: Room 313, Civic Building, Waterdale, Doncaster, DN1 3BU

Attendees

Jackie Pederson (JP) - Chief Officer Doncaster CCG - Chair	Anthony Fitzgerald (AF) - Director of Strategy & Delivery Doncaster CCG	Cath Doman (CD) - Director of Health & Social Care Transformation Doncaster Integrated Care Partnership
Rupert Suckling (RS) – Director of Public Health	Dr David Crichton (DC) – Clinical Chair Doncaster CCG	Andrew Russell (AR) – Chief Nurse Doncaster CCG
Denise Bann (DB) – Strategic lead Commissioning Doncaster Council	Faye Tyas (FT) – Head of Financial Management	Linda Tully (LT) – Lay Person Doncaster CCG Governing Body
In Attendance for agenda item 3 Jon Gleek (JG)– Head of Service for Strategy & Performance Doncaster Council		

Gill Parker – note taker

Apologies

Jo Miller (JM)– Chief Exec Doncaster Council (alternate Chair)	Damian Allen (DA) - Director of People – Doncaster Council	Steve Mawson (SM) – Assistant Director of Finance and Chief Financial Officer Doncaster Council
Dr Nick Tupper (NT) – Strategic Clinical lead Doncaster CCG	Cllr Rachael Blake (RB) – Portfolio Holder Doncaster Council	Cllr Nigel Ball (NB)– Portfolio Holder Doncaster Council
Leanne Hornsby (LH)– Assistant Director Commissioning and Business Development Doncaster Council	Hayley Tingle (HT) - Chief Financial Officer Doncaster CCG	

Item	Discussion/Comments	Action
1	<u>Welcome, introductions and apologies</u> Apologies noted as per above.	
2	<u>Minutes of the previous meeting and matters arising</u> The minutes of JCMB on 28 th March 2019 were confirmed as accurate. JP advised with regard to JCMB being made a public meeting in future – a letter was received from the Joint Clinical Commissioning Groups (CCGs) Chair, Cllr Andrea Robinson, asking about this. JP to share letter with JCMB colleagues. The action log was updated as follows:	JP



	<p>Items 76 and 80 to be closed as on today's agenda</p> <p>Item 77 update from AF – There have been three main pieces of work which will inform the requirements for the organisational development (OD) work across both organisations:</p> <ul style="list-style-type: none"> i. Completion of Joint Commissioning Strategy and associate delivery plans ii. Proposals/logistics for working together iii. Development of a joint Council/CCG OD proposal which will be considered by the Joint Commissioning Organisational Group (JCOG) at the end of May detailing proposal regarding which staff and managers are to be released. To come to JCMB 1st August – to go on the forward plan <p>Item 78 to be closed and noted on forward plan for 1st August joint meeting with JCOG</p> <p>Item 79 to remain open. JCOG to refine the indicative system financial gap and ensure that savings plans are aligned between the two commissioning organisations. Figure to be brought back to the next JCMB meeting.</p> <p>Item 81 to be closed: JCMB minutes will be a standard item on the Health and Wellbeing Board agenda</p> <p>Item 82 - development of system transformation fund - to remain open and put on the forward plan for the next JCMB meeting.</p> <p>Actions:</p> <ul style="list-style-type: none"> I. JP to share letter from the Joint Clinical Commissioning Groups (CCGs) Chair, Cllr Andrea Robinson. II. GP to note on forward plan, the next joint JCOG/ JCMB will focus on implementation. III. AF to work on the estimated gap figures for the next JCMB IV. GP to note on forward plan Directors of Finance to construct a system transformation fund 	<p>GP</p> <p>AF</p> <p>GP</p>
<p>3</p>	<p>Joint Strategic Needs Assessment (JSNA) Priorities and Reporting on Place Plan</p> <p>JG presented the following:</p> <div style="text-align: center;">  <p>JSNA Priorities</p> </div> <p>JG informed JCMB that the Health and Wellbeing Board had agreed to do the JSNA in a more modern and intuitive way. JG advised it was a reactive list from what was requested over the year – we may need to think more strategically this year.</p> <p>The priority will be to establish reporting for the Place Plan and Joint Commissioning Strategy to demonstrate impact. This will be based on the Place Plan four-layer conceptual model and life stage commissioning themes. Reporting will enable the partnership to be clearly sighted on:</p>	



	<ul style="list-style-type: none"> • What we're doing (joint projects) • How well we're doing it (benefits, measures) • The impact we're having (performance metrics) <p>The approach will start with Ageing Well.</p> <p>JCMB made the following comments:</p> <ul style="list-style-type: none"> • More details are required – i.e. to see what the data under the headings looks like and if it makes sense. • Adverse Childhood Experiences needs prioritising, as it was missed last year and is valuable work. • LT asked with regard to reputational risks – do we have any kind of plan in place for public challenges. • The JSNA will need to support the development of Population Health methodology and population segmentation and show where to focus our efforts. DC gave the example of Complex Lives, which is identified as a Doncaster issue, where as it is really only and issue for central Doncaster. Therefore segmenting into locational areas is important. • The Integrated Doncaster Care Record (IDCR), will be a useful tool for connecting information and looking at data for the whole population across different areas. Channel3 is looking at opportunities to address this as part of the development of the Place Digital strategy. <p>AF noted that the approach will develop as it is tested – the first trial is in June, with a mock up at JCOG at the end of May. Then from July we will be using this information to keep track and articulate what impact joint commissioning is having for Doncaster people.</p> <p>Overall, JCMB felt positive about the approach.</p>	
<p>4</p>	<p>Joint Commissioning delivery development</p> <p>AF informed JCMB that the Council and Doncaster CCG is undertaking a series of promotion and engagement events with all provider organisations. A meeting to brief ward members has been arranged for 15th July, and a further session is being arranged with the CCG Governing Body and Cabinet.</p> <p>An assessment against the Joint Commissioning Agreement has been undertaken and circulated for comments. There are still some gaps; however we are broadly on track. The assessment will be on the next JCOG agenda at the end of May.</p> <p>DB informed there will be a workshop over the summer for Association of Directors for Adult Social Services (ADASS) Yorkshire and the Humber region, to refresh, analyse gaps and look at best practice.</p> <p>DB informed we are going through each delivery plan to see which would benefit by going through a Section75. It has been identified an Ageing Well Project Board and Lead are required – to be discussed at the next joint JCMB and JCOG meeting on 1st August – to go on the forward plan.</p> <p>JP noted that the governance is being refreshed to strengthen delivery and</p>	<p>GP</p>



	<p>Doncaster Integrated Care Operational Group Terms of Reference and membership are being reviewed to increase its effectiveness. The group will become the Doncaster Integrated Care Delivery Group (DICDG). Senior decision-makers including Directors of Finance will be on the group which will be responsible for the development of partnership business cases.</p> <p>Actions:</p> <p>I. GP to note Ageing Well Lead and Project Board on forward plan for next joint JCMB/JCOG meeting on 1st August</p>	
<p>5</p>	<p>Update on the Dementia Post Diagnostic Service including the Dementia Family Support Service</p> <p>AF updated the board on the good progress made by this service following a decision made by JCOG last December. It has demonstrated that jointly providers came up with a solution to a challenge set 12 – 18 months ago, and there is now a substantial model in place. Money was transferred via a Section 76 from the Council to the CCG. This shows that an alliance approach is working. The approach could be replicated across other alliances.</p> <p>The approach to quality assurance across the partnership to be developed. CD and AR to discuss this further.</p> <p>Actions:</p> <p>I. AR to lead on the development the approach to the Integrated Care Partnership quality assurance</p>	<p>CD & AR</p>
<p>6</p>	<p>Key Messages from JCOG</p> <ul style="list-style-type: none"> • AF updated it was agreed to use the joint session on 1st August as a finance workshop. • Sarah and Lisa are working on OD across both organisations. • CD updated on Doncaster Innovates, which is on track, developing the prototypes for Early Help for children and families in Denaby and Hexthorpe and for people living with frailty in Thorne • AF updated on the Voluntary, Community and Faith Sector, made up of a steering group of six organisations named ‘Voices for Doncaster’, who are making progress. The outcome should be a set of recommendations. AF to attend the next meeting on 23rd May. 	
<p>7</p>	<p>Business cases recommended for approval:</p> <p>7.1 First 1001 Days</p> <p>JCOG has reviewed the business case and recommends it for BCF funding to build capacity and test a new way of integrated working.</p> <p>LT challenged why we need a third professional (the 1001 days worker) and in what way does it differ to the role of the Health Visitor. JP explained Health Visitors are being released so they can design a new model – they will then go back in to their Health Visitor posts to roll this out across the service.</p> <p>CD clarified it will be intense family support for families from conception to the child being two</p>	



	<p>years old plus.</p> <p>DC commented this would have been the role of the health visitor in the past, however now their roles have been taken over by reactive child protection cases. RS advised it is designed to allow health visitors to focus on their areas of skill. The Council has committed to maintain the contract.</p> <p>There is an opportunity to test a joint commissioning approach to maternity and health visiting services enabling a joined up approach to services, case management and navigation.</p> <p>JP commented we will not see any savings as it will be many years before we reap the benefits. RS commented it is a step towards Early Years Services being more joined up.</p> <p>JP confirmed that JCMB are supportive of this business case, however, felt it required scrutiny and monitoring.</p> <p>7.2 Programme Support Children and Young People (CYP) transformation</p> <p>AF confirmed the amount of funding had been checked and it is correct as per the business case.</p> <p>CD informed instead of individual projects, this post will support the whole programme of Children’s transformation. CD will be working closely with this post.</p> <p>JP commented it is a big team, so we expect high expenditure. JP asked if the posts sit in provision. CD advised they do, but are not isolated to provision. We need capacity to make changes on the ground. The post will work closely with the joint commissioning team.</p> <p>DC asked how quickly this could be rolled out to other areas following the pilots in Denaby and Hexthorpe.</p> <p>JP confirmed JCMB are happy to support this business case.</p> <p>Key Decisions:</p> <p>8 First 1001 Days business case supported by JCMB</p> <p>9 Programme Support Children and Young People (CYP) transformation supported by JCMB</p>	
<p>8</p>	<p>Preparation for next joint JCMB/JCOG session 1st August 2019</p> <p>This was originally planned for 20th June, however, due to the number of apologies received it was felt 1st August would be a better date for the joint session. GP to liaise with JS regarding venue.</p> <p>Actions:</p> <p>I. GP to liaise with JS re venue for joint meeting on 1st August</p>	<p>GP</p>
<p>9</p>	<p>Population health in Doncaster: proposed model</p> <p>RS presented an overview of the proposed approach. There is still a variety of language being used nationally however this is beginning to settle around the model proposed by the Kings Fund. The approach we have developed for our Joint Commissioning Strategy means that Doncaster is already well-placed. Population health management relates to the use of data to understand and respond to the needs of local populations. The NHS Long-term plan anticipates this will be driven</p>	



	<p>through Primary Care Networks. The areas making the most progress are:</p> <ol style="list-style-type: none"> I. Joint working II. Developed data sharing III. Consistent organisational boundaries/information governance <p>We need to talk more about populations and less about service and the next stage of the JSNA will support this.</p> <p>At the last JCOG meeting we reviewed where we are on the schedule, and how we fit groups into populations, for example the First 1001 Days, Complex Lives and Dementia Frailty.</p> <p>We have the intelligence capacity, but may need more direction. The Integrated Care System should identify one or two areas they want to see improvement in, such as respiratory health, and some quick win areas such as cardio-vascular disease, and plan how this will work. DIC Delivery Group will have a key role in this.</p> <p>DC noted that a focus on cardio-vascular disease is disease-specific rather than population-focused, therefore contrary to a population health approach. We need to bottom out Population Health and Population Health management in Doncaster. RS commented Population Health transfers into what we want to do as joint commissioners.</p> <p>RS informed he now has more involvement in driving this work supported by Nabeel Alsindi - CCG lead is Nabeel and Victor Joseph - Council Lead is Victor.</p> <p>CD informed we are on the brink of naming the segments for Doncaster. RS added we are five to six weeks away. The Place Plan refresh will be based on a Population Health approach and will connect the conceptual model to delivery.</p>	
<p>10</p>	<p><u>Any other business</u></p> <p>JP confirmed the next meeting on 20th June will be JCMB only due to the number of apologies received. We need to ensure the meeting will still be quorate.</p> <p>Actions:</p> <ol style="list-style-type: none"> I. GP to confirm apologies received and check if meeting will be quorate - <p>In order for a meeting to be quorate, attendance must consist of at least 3 members from each body, to include a chair person or nominee, plus a nominated decision maker from each body.</p>	<p>GP</p>
<p>Date and time of next meeting: Thursday 20th June 2019 at 09:00 in Civic Office meeting room 413</p>		