Adults' Health and Wellbeing Commissioning Group

A meeting of Adults' Health and Wellbeing Commissioning Group was held on Tuesday, 20th January, 2015.

Present: Peter Kelly(Chairman), Cllr Jim Beall, Sarah Bowman, Emma Champley, Liz Hanley, Sean McEneany, Paula Swinburne (substitute for Karen Hawkins), Phil Ray (substitute for Jayne Herring)

Officers: George Irvine, Michael Henderson, Margaret Waggott (SBC)

Also in attendance:

Apologies: Kate Birkenhead, Karen Hawkins, Jayne Herring and Simon Willson

1 Minutes of the meeting held on 18 December 2014

The minutes of the meeting held on 18 December 2014 were confirmed as a correct record and were signed by the Chairman.

2 Declarations of Interest

There were no declarations of interest.

3 Market Position Statement

The Commissioning Group received a report that presented the Draft Adult Services Market Position (MPS) 2015.

Discussion on the MPS could be summarised as follows:-

- there was a discussion on the relationship between care homes and hospitals and the driver that led to the movement of patient/residents between them. There was a lack of clarity in this area and it was possible that there were some general misconceptions about what the actual position was. The CCG was undertaking some work that was looking at relevant data to try and establish what the actual facts associated with this matter were. It was suggested that the Council's Adult Social Care Service should link in with the CCG on this work. There may an opportunity to track some people in the system.

- the Group felt that the MPS would assist integrated working and should be linked to the JSNA.

- it was felt that though a retrospective document, the Local Account could help inform future MPS

- Public Health was looking to adopt a similar approach to the MPS.

- the MPS provided a good basis for working with the market and maintaining it. The Group agreed that the analysis of issues, that needed to be resolved, had to be robust.

RESOLVED that:

1. the draft MPS be approved and, following discussion with the

Communications Unit, it be distributed.

2. comments relating to the relationship of the Market Position Statement with the JSNA and Local Account be noted.

4 Primary Care Co-Commissioning

The Group received a report that provided and update on Primary Care Cocommissioning.

It was explained that NHS England had chosen a standardised approach across the country to implement co commissioning of primary care. This presented the CCG with three proposed models of co commissioning.

Model 1 - Greater Involvement Model 2 - Joint Commissioning Model 3 - Delegated Arrangements

Members noted the aims and scope of the co commissioning models and also the opportunities and risks each presented.

It was noted that the CCG Council of Members had determined that it wished to progress with model 2 - Joint Commissioning during 15/16.

It was explained that CCGs Could create joint committees with each other and with NHS England. It was for the NHS England Area Teams and CCGs to agree full membership of their joint committees. In the interests of transparency and the mitigation of conflicts of interest, a local Healthwatch representative and a local authority representative from the Health and Wellbeing Board would have the right to join the joint committee as non-voting attendees.

The Group discussed the report:

- members noted the similarities with previous PCT arrangements.

- the resource issue had not been resolved but indications were that no resources would shift with the new arrangements.

- reference to the Birchtree Practice contract was raised and it was suggested that this would sit best with the CCG. The CCG representative indicated that she would raise this as an issue and a request from the Council.

- members referred to governance arrangements and the proposal that the Healthwatch and LA Health and Wellbeing Board members would both be nonvoting. It was queried what the rationale for this was as there was a feeling within the Group that these should be voting members.

RESOLVED that:

1. the report be noted.

2. the CCG consider taking on the Birchtree contract referred to above.

3. the CCG representative reports back, to the CCG's Governing Body, that it is this Group's view that the members of Healthwatch and the Health and Wellbeing Board, appointed to the joint committee should have full voting rights.

5 Community Pharmacy Weight Management Scheme

The Chairman had agreed to this item being considered as an urgent item as he considered that it was important that the Group was sighted on this matter as soon as possible and prior to the next scheduled meeting.

Members considered a report that outlined plans for commissioning of a community pharmacy service to address weight management. This follows the completions of a research project which indicated that such a service would be cost effective and worth pursuing on a larger footprint than those pharmacies involved in the research.

The service would provide a weight management pathway for 600 residents. This would have a maximum annual cost of £48k. It was envisaged that the service would help fill any gaps in service, for adults, that may have been created by the introduction of the Family Weight Management Service.

All pharmacies would be invited to take part and a commissioning decision would be made as to which pharmacies would be used, dependent upon the level of interest and location of pharmacy. Activity would be weighted towards those pharmacies in deprived areas.

It was proposed that the service commenced on 1 April 2015. Details of the timeline for this were provided.

It was noted that when pharmacies were identified a meeting would be held with Tees Active to discuss what was available.

It was stressed that it would be important that pharmacies identified, were in areas of greatest need. Also, pharmacies next to GP surgeries might assist with referral and take up. It was suggested that pharmacies would need to create some kind of consultation room/private area.

RESOLVED that the report be noted.

6 Forward Plan

The Forward Plan was noted and agreed.