

Adults' Health and Wellbeing Commissioning Group

A meeting of Adults' Health and Wellbeing Commissioning Group was held on Monday, 25th January, 2016.

Present: Peter Kelly(Chairman), Cllr Jim Beall, Emma Champley, Liz Hanley, Sean McEneaney, Karen Hawkins, Jayne Herring

Officers: Michael Henderson, Dave Smith (SBC)

Also in attendance: Helen Murray (CCG)

Apologies: Mark McGivern

1 Declarations of Interest

Cllr Beall explained that he had a personal interest in respect of the Adult Drug Treatment item, as he had a granddaughter who worked for CRI.

Helen Murray explained that she was a practicing GP in Billingham.

2 Minutes of the meeting held on 21 September 2016

The minutes of the meeting held on 21st September 2016 were approved as a correct record and were signed by the Chairman.

3 Section 75 Agreement for care homes and home care services

The Group was reminded that under Section 75 of the NHS Act the CCG was able to pass on the lead commissioning of some services to the Council. A partnership agreement existed for Care Homes and Home Care services. Arrangements for next year were being considered and some other services may be included.

It was agreed that a written paper on this matter be presented to the Group's March meeting describing arrangements for next year, including the proposed partnership agreement, and any concerns relating to arrangements during 2015/16.

RESOLVED that a written paper on the Section 75 Partnership Agreement be presented to the Group's March meeting, describing arrangements for next year, including the proposed Partnership Agreement, and any concerns relating to arrangements during 2015/16.

4 Integrated Urgent Care

The Group considered a report which provided an update on NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) development and procurement of an Integrated Urgent Care Service (IUCS).

Following receipt of the Commissioning Standards for IUCS and, upon identification of a number of developments, detailed in the report, the CCG Governing Body determined a required extension of timescales for procurement. The impact of this decision being that the IUCS would now

commence in April 2017, six months later than originally intended.

The Commissioning Standards had not affected the services, in the main, that the CCG was looking to bring under the umbrella of the IUCS, with the exception of the out of hours service. The Commissioning Standards set out the requirement to look at integration between the 111 service and the calls handling element of the definitive clinical assessment element of an out of hours service which was intended to be procured under the CCG's own IUCS. This, however, had been changed as it would now be considered regionally in terms of how the 111 service would work with a clinical hub. Patients would contact the clinical hub and have a clinical assessment undertaken immediately.

The CCG was expected to collaborate on a wider footprint and therefore required to work collaboratively with other commissioners.

The Group heard that dental patients were also using out of hours services when suffering dental pain. NHS England was currently undertaking a review of urgent dental provision and this would need to be incorporated into the pathway designed by the CCG for IUCS.

RESOLVED that the update be noted.

5 Forward Plan

Members noted that the next meeting, scheduled for 23rd February 2016, may clash with an event on Adult Safeguarding that a number of members may be attending. The feasibility of changing the Group's next meeting date would be considered.

It was agreed that:

- a further report on the Drugs Treatment and Recovery Service should be presented to the Group's March meeting.
- a report on the Section 75 Partnership Agreement be submitted to the March meeting of the Group.
- an item on the procurement of Sexual Health Services - Lessons Learned be brought to a future meeting.
- Better Health Services reports to come to this Group, potentially ahead of reports going to the Board.
- Sustainable Transformation Plan (CCG) to come to the Group in May.

Emma Champley, Liz Hanley and Karen Hawkins would consider the Group's Forward Plan further in terms of the issues that should be considered and the timing of them.

RESOLVED that:

1. the Forward Plan be amended as discussed.

2. Emma Champley, Liz Hanley and Karen Hawkins consider the Group's Forward Plan, further, in terms of the issues that should be considered and the timing of them.

6 Exclusion of Public

RESOLVED that the public be excluded from the meeting, during consideration of the next items as discussion was likely to involve the disclosure of exempt information as defined in paragraph 3 of schedule 12a of the Local Government Act 1972.

7 Integrated Sexual Health

The Group was advised that the Sexual Health Service contract had been awarded. Members were informed of the successful provider but this information could not be made public until 1st February 2016.

The successful bid achieved all the efficiencies wanted by the Local Authorities. For Stockton there would be a lot more outreach work, which would focus on areas of high health inequality. The contract would run for 5 years, from 1st July, with options to extend. There were some very strong break clauses that would allow renegotiation, should circumstances change.

The Group noted that this procurement had been very complex but very successful. The Group extended its thanks to all the officers involved.

RESOLVED that the information be noted.

8 Drugs Treatment and Recovery Review Project - Update

Members received an update that described the current position of the Drug Treatment and Recovery Review Project.

It was explained that the project was to facilitate the intention of NHS England to carry out a review of the registered element of the Alternative Provider Medical Services (APMS) Contract, which would inform its future commissioning intentions. In view of Public Health funding a substance misuse provision, within this contract, it was necessary to also carry out a review of this provision to determine future commissioning intentions for substance misuse for this patient group.

The current timeframe required that the Council commissioned a substance misuse service to take effect from 1st October 2016.

Two options had been identified and these were:

Option 1 - a single combined service

Option 2 - a single substance misuse service

These had been market tested.

It was noted that option 2 was favoured by providers at a ratio of 3:2 and included 2 local companies.

Members noted some other considerations relating to the commissioning of this service including:

- potential costs and capacity issues associated with premises.
- a lack of compelling evidence relating to outcomes for patients in terms of option 2.
- Procurement of an option 1 model would be led by NHS England/CCG
- Procurement of an option 2 model would be the Council's responsibility and it could vary/extend the existing contract with the existing provider for Drug Recovery services.
- from 1st April this matter would be a CCG responsibility, rather than NHS England.

The Group discussed the information clarifying a number of points.

It was noted that the CCG's Co-commissioning Committee would be considering the combined service issue shortly and, given this, it was agreed that this Group should not, at this stage, take a decision on the matter until it had received feedback from the Co-commissioning Committee. The Group did, however, indicate that it considered that:

- a combined service at the GMS national rate, was likely to be unsuccessful, with a lack of interest from providers.
- the Council could not provide any additional funding e.g. rent
- under option 2 the Council could procure or, more likely, use an extension clause with the current provider.

During further discussion it was noted that this was a small number of clients who were demanding, in terms of health care. It was suggested that any future model should, perhaps, include an element of support for this group in terms of facilitating their access to primary care, which may assist with preventing problems/costs at an acute level.

RESOLVED that the Group await feedback from the Co-commissioning Committee.