

# **Adults' Health and Wellbeing Commissioning Group**

A meeting of Adults' Health and Wellbeing Commissioning Group was held on Tuesday, 19th April, 2016.

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

**Officers:** Jenna McDonald

**Also in attendance:** Sue Reay

**Apologies:** Peter Acheson

## **1 Declarations of Interest**

Cllr Jim Beall declared an interest as Chair of the Eastern Ravens Trust.

## **2 Minutes of the meeting held on 30 March 2016**

Consideration was given to the minutes of the meeting held on 30 March 2016

RESOLVED that the minutes be approved as a correct record

## **3 Minutes of Partnerships and Commissioning Groups**

The minutes of the following meetings were noted:

Adults Partnership 2 February and 2 March 2016  
CYP Commissioning Group - 1 March and 16 March 2016

## **4 Falls Service**

The Group was presented with a report which outlined the process and next steps relating to falls prevention and assessment following on from a report presented in August 2015.

It was noted that SBC currently commissioned North Tees and Hartlepool Foundation Trust (NTHFT) to deliver a falls service. The service was integrated into the Local Authority's commissioning responsibilities as part of the Public Health Service reforms in 2013.

It was explained that in April 2015, a review was carried out on the falls service. The review highlighted issues with the current configuration of the commissioned service which had the falls service embedded as part of CIAT. The review of the service also identified issues in areas such as; lack of clarity on roles and responsibilities with regard to the falls function and lack of outcome data.

With regard to referrals to the service, it was highlighted that there had been significant year on year increases and the service was unable to meet demand which resulted in lengthy waiting times for patients.

In order to ensure continuity of the service and future planning, it was agreed that

a contract with the Trust would be put in place for a further 6 month period from March 2016.

The Group was informed that in order to understand the pathways for service users and to highlight areas for development, a series of service mapping sessions with key stakeholders took place. The findings of the mapping sessions focussed on four key areas which included; referral process, triage, allocation and Intervention.

Following on from the findings of the service review and mapping process, NTHFT were offered the opportunity to participate in a pilot scheme which intended to encompass the findings of the service review work in congruence with a reconfigured offer. The pilot scheme which was proposed to run for 2 years at a slightly reduced funding envelope was considered and declined by NTHFT.

Following the decline of the pilot scheme, it was agreed that the most viable option in terms of service provision and ensuring best value was to integrate into existing Better Care Fund (BCF) structures.

In order to avoid any waiting list prior to the transfer of the service and to ensure the most advantageous start, a six month waiting list initiative was agreed with NTHFT.

Members noted that the NTHFT service would be in place until 30 April 2016 with the new BCF service due to commence on 1 May 2016.

The Group raised the following point's questions:

- With regard to the waiting list initiative, the Group sought assurance that the investment into the initiative was a fixed amount and would clear the waiting list. In response, it was noted that the amount was agreed and fixed therefore; no further funding would be requested.

- The Group was keen to understand how the new service model would prevent the waiting list from building up. It was heard that it was difficult to compare services as the previous data was not available however; Members were assured that a strong emphasis was placed on people who may refer to the service which helped to identify potential waiting list numbers.

- The Group asked whether the MDS team at SBC would be affected by neighbouring authorities taking a different approach to providing the service. It was heard that this would have no impact on SBC.

- The capacity of MDS was discussed amongst the group, it was noted that discussions were on going with between the Director of Public Health and the Deputy Chief Executive of SBC.

RESOLVED that the next steps outlined in the report be noted.

## **5 Carer Support Contract update**

The Group was presented with a report which outlined the current position of the Carer Support Contract with Sanctuary Care in anticipation of a full second year

contract review and consequential Service Improvement Plan.

It was noted that with regard to the current contract arrangements, the Carer Support Contract was awarded to Sanctuary Care for three years in April 2014.

The Adult Strategy Team was monitoring performance against the contract with a more comprehensive stocktake being undertaken following feedback from a number of stakeholders and the LGA Peer Review Team. The Group heard that the exercise indicated areas of performance against the existing contract that required further clarification and detailed review by AST of performance against the contracted aims and objectives.

It was noted that AST would set out a clear path for Sanctuary to improve performance through any consequential Service Improvement Plan. The review process would also AST the opportunity to consider necessary changes in preparation for subsequent re-commissioning of the service at term of the current contract.

It was explained that the current contract value was £250,000 per annum which included £50,000 for a carers respite grant. Members were assured that a full financial review would be undertaken with Sanctuary and finance colleagues as part of the review process to ensure value was provided.

The Group raised the following points/questions:

- Members were keen to explore specific metrics which would measure the performance of the provider against expectations.
- It was asked whether the current model was the correct model when considering the Care Act. It was noted that work was being carried out in order to review the model however, it was heard that the universal advice signposting out of hours service would always be required.
- The Group discussed the £150,000 contract for carers of people with substance misuse problems, it was asked whether the current contract remained the most suitable contract and whether the needs of carers of people with substance misuse remained the same as the needs when the service was originally commissioned.
- It was highlighted that research identified that in order to be more effective, a young carer's service should be separate to an adult's service due to the different approaches required.

RESOLVED that:

1. The planned action be noted.
2. The approach followed by the Adult Services Commissioners be approved.
3. A full report and service improvement plan be provided to the Group in September 2016.

## 6 BCF Commissioning VCSE Services

The Group was presented with a report on the Better Care Fund – Commissioning VCSE Services. The purpose of the paper was to discuss and agree the most appropriate commissioning process for Better Care Fund projects that were not clearly one organisations responsibility.

It was noted that the original BCF plan was approved by the Health and Wellbeing Board at its meeting on 20th September 2014, the plan was submitted to the Department of Health and approved in December 2014. It was highlighted that the revised plan for 2016.17 was currently in draft form subject to Health and Wellbeing Board approval in April 2016.

A Section 75 agreement had been developed to support the commissioning of services which were funded from the BCF. It was explained that the approval process for all schemes was through the Pooled Budget Partnership Board (PBPB).

In February 2016, the PBPB agreed to fund three schemes from the BCF due to the clear links between the objectives and outcomes. It was noted that the three schemes which the BCF agreed to fund were; Better Health, Better Wealth – Age UK, Close 2 Home – Mind and Staying Out – ARC.

Members noted that one of the aims of the BCF was to engage with the VCSE to ensure their services were utilised by health and social care. The VCSE through Catalyst had been involved in the development and implementation of the BCF plan.

It was highlighted that the new Wellbeing Facilitators who were part of the Multi-Disciplinary Service used the VCSE for a range of services and were finding that these services were at capacity and they were unable to take further referrals. The Group noted that the two services at pressure were; Welfare Advice Services and Befriending Services. It was heard that there were two new projects which were potentially identifying services which were not currently available; Personalisation and Integrated Personal Commissioning and Better Care Fund – MDS.

The Group agreed that SBC should commission the three social prescribing projects, as detailed within the report.

RESOLVED that

1. the approval from the Pooled Budget Partnership Board to fund the three social prescribing projects be noted.
2. The Council Commission the three social prescribing projects detailed above and in the report.
3. the pressure on the VCSE, as a consequence of the Better Care Fund, be noted.

**7 Action Tracker**

RESOLVED that the action tracker be noted.

**8 Forward Plan**

Members noted that the next meeting of the Adults Health and Wellbeing Joint Commissioning Group would be held on 23 May 2016.

Items to be scheduled to the forward plan included:

- Operation Plan for CCG – June 2016
- Care Homes Update – June 2016
- Sexual Health Services – Lessons learned from Procurement Process – July 2016

RESOLVED that the amendments be approved.