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HEALTH & WELLBEING BOARD

AGENDA

Wednesday, 10th July, 2013
1.30 - 3.30 pm

Commitee Room 2 - Town Hall

1. CHAIRMAN'S ANNOUNCEMENTS

   The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2. APOLOGIES FOR ABSENCE

3. DISCLOSURE OF PECUNIARY INTERESTS

   Members are invited to disclose any pecuniary interest in any of the items on the agenda at this point of the meeting. Members may still disclose any pecuniary interest in any item at any time prior to the consideration of the matter.

4. MINUTES (Pages 1 - 8)

   To approve as a correct record the minutes of the Committee held on 12 June 2013.

5. MATTERS ARISING/REVIEW OF ACTION LOG (Pages 9 - 10)

   To review matters arising from the minutes and Action Log.

6. NHS ENGLAND UPDATE ON SPECIALIST COMMISSIONING

   Presentation by Simon Williams

7. PROGRESS UPDATE ON ST GEORGES HOSPITAL SITE (Pages 11 - 16)

Written report by Alan Steward

8. HEALTH AND WELLBEING STRATEGY UPDATE PRIORITY 1

To receive an update on early help for vulnerable people to live independently for longer.

Presentation by Joy Hollister

9. OUTCOME OF JOINT COMMISSIONING REVIEW (Pages 17 - 30)

Written report by Joy Hollister

10. ANY OTHER BUSINESS

(a) NHS Support for Social Healthcare Funding 2013/2014

Verbal update from the Chairman

11. DATE OF NEXT MEETING

The Board is asked to note that the date of the next meeting is scheduled for 14 August 2013.

MINUTES OF A MEETING OF THE HAVERING HEALTH & WELLBEING BOARD

12th June 2013,
1:30 pm – 3.30pm
Havering Town Hall, Romford

Present

Cllr Steven Kelly (Chairman) Cabinet Member, Individuals, LBH
Dr Atul Aggarwal, Chair, Havering CCG
Dr Mary Black, Director of Public Health, LBH
Conor Burke, Accountable Officer, Havering CCG
Cheryl Coppell, Chief Executive, LBH
Cllr Andrew Curtin, Cabinet Member, Culture, Town and Communities, LBH
Anne-Marie Dean, Health Watch
Joy Hollister, Group Director, Social Care and Learning, LBH
Cllr Lesley Kelly, Cabinet Member, Housing & Public Protection, LBH
Alan Steward, Chief Operating Officer (non- voting) CCG

In Attendance

Louise Dibsdall, Senior Public Health Strategist, Public Health, LBH
Mary Pattinson, Head of Learning and Achievement, LBH
James Goodwin, Committee Officer, LBH
Lorraine Hunter-Brown, Committee Officer, LBH (Minutes)
One Member of the Public

Apologies

John Atherton, NHS England
Cllr Paul Rochford, Cabinet Member, Children & Learning, LBH
Dr Gurdev Saini, Board Member, Havering CCG

1. CHAIRMAN'S ANNOUNCEMENTS

The Chairman announced details of the arrangements in the event of a fire or other event that would require evacuation of the meeting room.

2. APOLOGIES FOR ABSENCE & SUBSTITUTE MEMBERS

Apologies were noted and no substitute members were received.

3. DISCLOSURE OF PECUNIARY INTERESTS

None disclosed.

4. MINUTES OF THE MEETING 8 MAY 2013

The Board considered and agreed the minutes of the meeting held on 8 May 2013 which were signed by the Chairman.

5. MATTERS ARISING/REVIEW OF ACTION LOG

(5a) Matters Arising

The Board agreed and noted the following:

(i) Priority 2 Improved Identification and Support for People with Dementia

A report would be presented at a future meeting.

(ii) Dementia Friendly Projects

Final confirmation was still awaited regarding the Four Seasons Gardens project.

(iii) Well Man Scans

An updated report would be presented to the Board at a future meeting.

(iv) Healthwatch

Healthwatch were due to move into their new offices later in the week.

(5b) Action Log Items

(i) A review into teenage pregnancy is in progress. The Public Health Director would present a paper later in the year.

(ii) Item 2, North East London Abdominal Aortic Aneurysm Screening Programme would be removed from the Action Log.

(iii) The Chairman of Havering Clinical Commissioning Group (CCG) would write to the Chief Executive of NHS England to request a public consultation on Cancer Urology Services. Doctors and patient groups were in favour of retaining the service within the locality.

(iv) The plan from the Acute Trust is due soon and NHS England has been asked to update the Board on specialist commissioning at the July meeting.

(v) The Integrated Care Board was making good progress and would report their review outcomes to the Health and Wellbeing Board later in the year.

(vi) Havering would be involved in the Dementia Work stream via the CQC and a Programme Manager had been appointed. It was agreed that the Programme Manager be invited to present the delivery plan at the August meeting.

(vii) Governance issues would be agreed with the Chairman and a report would be presented at a future meeting. It was noted that a Work Plan had been implemented.

6. HEALTH AND WELLBEING STRATEGY PROGRESS UPDATE

The Chief Operating Officer of Havering Clinical Commissioning Group gave a presentation on progress on Priority 8 of the strategy - improvement of quality of health services, patient experience and best possible long-term health outcomes across Barking and Havering University Hospitals NHS Trust (BHRUT). Six key objectives were outlined as follows:-

1. Bring about big improvements in quality of care and patient safety, especially maternity services in Queen's Hospital

   Key improvements in Maternity had been made and the cap on the number of maternity patients had now been lifted.

   There were key issues namely pressure ulcers, falls, Urinary Tract Infections (UTIs) and Venus Thromboembolism (VTE). These would be monitored closely during 2013/2014 as well as Accident and Emergency with Key Performance Indicators embedded within the contract to cover this period.

   Serious Incident Management had improved significantly at BHRUT with the number of cases down from 143 in May 2012 to 11 in May 2013.

2. Ensure patient experience in A&E is improved by reducing waiting times and diverting people away from A&E where appropriate

   The quality and performance in Accident and Emergency needed to improve. It was acknowledged that the Trust had to achieve a significantly higher performance level on the national standard of patient waiting times – i.e. 95% of patients should wait no longer than 4 hours for treatment. As at 26 May 2013, BHRUT achieved 84.12% although attendances remained relatively static. It was noted that King George Hospital had met the target but had recently dipped and Queens Hospital had rarely met the target since April 1 2013.

An improvement plan had been implemented which comprised of the following:

An Integrated Care Plan to reduce attendances and support discharged patients at home.

Community Treatment Teams to provide a rapid response type service so as to reduce attendances and admissions

To promote use of Urgent Care Centres from 30% patient usage to 50%.

GP alignment to care homes in the borough so as to reduce reliance on Accident and Emergency.

Directory of services to increase use of community alternatives to A&E.

Following the CQC visit to BHRUT, the Trust had submitted an updated improvement plan taking account of acute reconfiguration, plans for each work stream, leads, actions and Key Performance Indicators as well as the focus on patient experience and best practice suggestions itemised in the Department of Health checklist. The plan has been signed off and the Trust will be held to account.

3 Improved quality of care in community residential settings and increase primary medical care in nursing homes

The Nursing Homes scheme went live on March 1 2013. The scheme matches named GP practices with each of Havering's Nursing and Residential Care homes ensuring regular visits are made to all residents.

4 Risk is managed systematically and accurately to reduce likelihood of occurrence of serious incidents

The Clinical Quality Review meetings consider the risks to quality and patient safety as well as the Quality Risk profile around welfare of service users, staff support and service quality. The overall risks considered at the CCG's Quality and Safety Committee Audits for 2013/2014 include A&E, integrated care pathways and Consultant to Consultant referrals.

5 Ensure sound financial management of the NHS budget for Havering so that quality of services is not compromised

There would be monthly management of major providers through contractual arrangements and detailed financial information shared with practices to allow monitoring. Quality Innovation, Productivity and Prevention (QIPP) plans agreed to deliver 11 million financial

savings and a commitment to work closely with the Council to develop community budgets for 2014/2015.

6 Commission and performance manage Health Watch to high levels to ensure patient and public engagement activity that can affect improvement

A joint process between Havering CCG and Havering Council had led to the establishment of Health Watch with a number of priorities areas and a model agreed.

The Board agreed that page 6 of the presentation depicting the BHR System Improvement Plan be translated into a briefing document for circulation to Councillors.

The Board noted the report as an honest and straightforward account and thanked the CCG Chief Operating Officer.

7. JOINT STRATEGIC NEEDS ASSESSMENT

The Board were presented with a briefing document outlining the JSNA Programme principles, delivery partnerships and timescales with an update on future projects. The principles were defined as:

1. A living document
2. Working in partnership
3. Linking better to decision making process
4. Improving the user interface

Themed chapters included Demographics, Children's Services, Drugs and Alcohol, Sexual Health to include Safeguarding, Mental Health, Pharmaceutical Needs, Wider Determinants of Health and BHRUT Quality including Urgent Care. The Committee agreed with the proposed list but suggested that Elderly Care be added and that factors such as income, unemployment, housing and deprivation should also be considered.

It was noted that a JSNA Steering Group would be chaired by the Director of Public Health and that a Project Group would be formed for each chapter to provide support in tools and processes and combining analytical capacity within Public Health England and NHS England. A JSNA Stakeholder Workshop would be convened.

The Board noted the briefing document and agreed that any further suggestions for themed chapters should be forwarded to the Chairman.

8. WINTERBOURNE CONCORDAT

The Board agreed to defer consideration of the report to the next meeting in July and that an updated report would be circulated.

9. KEY IMPLICATIONS OF THE CHILDREN & FAMILIES BILL

The Board received a report outlining the main elements of the proposed Children and Families (Special Educational Needs and Disability (SEND) Bill, due to become legislation in September 2014, and the implications for the local authority and health sectors in Havering to consider. The intention of the legislation is to create a more family friendly process which draws together the support a child requires across education, health and care so that there are improved outcomes for children and young people with SEND. The key points and implications were as follows:-

(i) Clause 25 requires Local Authorities to ensure the integration of education, health and social care for children and young people with SEND up to the age of 25.

The replacement of statements with a new birth to 25 Education, Health and Care plan will carry resource implications, as there will be the need to set up formal integrated systems, and to establish a permanent designated medical officer.

(ii) Clause 26 says there must be joint commissioning arrangements between education, health and social care.

The joint commissioning arrangements again carry resource implications, as new systems will need to be established. Arrangements will need to be properly underwritten to avoid any ambiguity.

(iii) The draft Code of Practice says that there must be a single assessment procedure (involving parents and children) on which health, social care and education agree so that families do not have to repeat their story and appointments are kept to a minimum.

The single assessment procedure requires cross agency working with parents and children, there are resource implications in setting up new systems to accommodate this assessment process.

(iv) Clause 30 says that Local Authorities must publish a Local Offer to enable parents to understand what is available and how it can be accessed. This has to include health services and must include how these services are accessed.

The resource implications regarding mediation will sit with whichever independent body is called to act as mediation advisor.

(v) Clauses 51 and 52 refer to an independent mediation service for when agreement cannot be reached. Any mediation advisers and independent persons must not be employed by the local authority. Parents must be offered the service where there is a disagreement about the content of the plan although if the disagreement is purely about the school parents can opt for tribunal.

The resource implications regarding mediation will sit with whichever independent body is called to act as mediation advisor.

(vi) Clause 48 says that there must be a means by which to offer personal budgets to families which includes direct payments for health and education as well as social care.

There are clear financial implications when implementing personal budgets and direct payments, both in terms of administration and allocation of budget amount. It is expected that regulations on the provision of personal budgets will follow.

London Councils are asking for Minister's assurances that the delivery of new SEN duties will be funded by Central Government. There is the risk that if sufficient funding does not follow the new responsibilities, local authorities could struggle to deliver.

The Committee noted the report on the Bill, which has yet to reach the report stage in the House of Commons, and agreed that Children's Services would provide a further update at the September meeting.

10. NHS ENGLAND UPDATE ON SPECIALIST COMMISSIONING

It was agreed that this item be deferred owing to the presenter being absent.

11. ANY OTHER BUSINESS

None raised.

12. DATE OF NEXT MEETING

The Board was asked to note that the date of the next meeting was scheduled for 10 July 2013.

Signed……

Chairman

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Health & Wellbeing Board

Action Log

Minute Ref	HWB Meeting Date	Agenda Item	Actions	Estimated Completion by	HWB Lead / Actioning Officer	On future agenda?	Date Complete
5a (i)	Apr-13	Priority 2 Improved Identification and Support for people with Dementia	A report to be presented at a future meeting	TBA	J Hollister, M Black & A Steward	TBA	
5a(ii)	Jun-13	Dementia Friendly Projects	Update on Four Seasons Garden project	Jul-13	Chairman		
5a(iii)	Jun-13	Well Man Scans	Updated report to be presented to the Board at a future meeting	TBA	M Black	TBA	
5b (i)	Dec-13	Teenage Pregnancy	Scoping report to be produced	Dec-13	M Black	TBA	
5b (iii)	Mar-13	Havering Cancer Urology Services	Chair of Havering CCG to write to Chief Executive of NHS England to request public consultation in retaining Cancer Urology Services within the locality	Jul-13	Dr Aggarwal / Dr Tran	TBA	
5b (iv) /10	Jul-13	Acute Trust Plan	NHS England to report to the Board on specialist commissiong	Jul-13	John Atherton	Jul-13	Agenda Item
5b (v)	Apr-13	Integrated Care Strategy	ICM Review to undertaken in October 13 and outcome to be reported to HWB. Total Place Total Place Cost Modelling to be undertaken for one theme under ICS	Nov-13	A Steward & J Hollister	Nov-13	
5b (vi)	Jul-13	Dementia Work Stream	Programme Manager of CQC Work Stream to present delivery plan	TBA	Joy Hollister	TBA	
5b (vii)	May-13	HWB Governance	It was agreed that Joy Hollister, Mary Black and Alan Steward get together and produce a work plan. Similarly the key meeting between cycles was the clearance meeting when officers meet the Chairman to clear reports. How officers reach this point was unimportant to the Board, what we needed was an assurance that a process was in place to ensure we received reports in a timely fashion.	Jul-13	M Black / A Steward / J Hollister	Jul-13	

Health & Wellbeing Board

Action Log

Minute Ref	HWB Meeting Date	Agenda Item	Actions	Estimated Completion by	HWB Lead / Actioning Officer	On future agenda?	Date Complete
6	Jun-13	Health & Wellbeing Strategy	Progress update	Jul-13	A Steward	Jul-13	
7	Jul-13	Joint Strategic Needs Assessment	JSNA Stakeholder Workshop to be convened Members to advise further suggestions for themed chapters to Chairman	TBA	M Black All	TBA	
8	May-13	Winterbourne Concordat	A report on the Winterbourne Concordat would be submitted to a future meeting identifying the current progress of the plans, where we are now, and the cost which would be shared by the Council and the CCG in the form of Pooled budgets. A bigger piece of work was required to develop long-term plans for those with learning difficulties.	Jul-13	J Hollister	Jul-13	Agenda Item
9	Jun-13	Children & Families Bill	Children's Services to provide further update at the September meeting	Sep-13	M Pattinson	Sep-13	

Havering LONDON BOROUGH

Havering Clinical Commissioning Group

HEALTH & WELLBEING BOARD

Title:	St George's Hospital Redevelopment Update
Board Lead:	Dr Gurdev Saini, Havering CCG
Report Author and contact details:	Alan Steward Chief Operating Officer, Havering CCG Alan.Steward@Haveringccg.nhs.uk 01708 574918

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- ☐ Priority 1: Early help for vulnerable people
- X Priority 2: Improved identification and support for people with dementia
- ☐ Priority 3: Earlier detection of cancer
- ☐ Priority 4: Tackling obesity
- X Priority 5: Better integrated care for the 'frail elderly' population
- ☐ Priority 6: Better integrated care for vulnerable children
- X Priority 7: Reducing avoidable hospital admissions
- X Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

The report updates the Health and Wellbeing Board on the progress of the redevelopment of the St George's site.

The 12 week consultation exercise on the redevelopment plans closed on 12 May 2013 and the consultation responses have been reviewed and analysed. This report summarises the main findings of the consultation exercise, the CCG's proposed response

and next steps. This will be communicated to local stakeholders directly and through the media.
Following the submission of the strategic outline case (SOC), work has focused on developing the business cases for submission to NHS England and NHS Property Services Ltd.

The aim is to have the Outline Business Case by August / September 2013. Four work streams have been established to deliver this – Estates; GP Services; Service Model for Centre of Excellence; and Communications and Consultation – each with detailed project plans. Project support is now provided through the North East London Commissioning Support Unit (NELCSU).

The St George's Steering Group has revised its governance so that there is a wider range of stakeholders at a six weekly steering group meeting which includes representatives from Havering Council, NHS England, NHS Property Services Ltd and the Havering CCG Patient Engagement Reference Forum. Fortnightly meetings of a Delivery Board will continue to undertake the detailed work and this will be accountable through the lead clinical director and chief operating officer to the Governing Body.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to note the findings of the consultation and the CCG's response and support the next steps in developing the Outline Business Case.

REPORT DETAIL

1.0 Purpose of the report

1.1 This report advises the Health and Wellbeing Board of the outcomes of the St George's consultation, proposed response and next steps.

2.0 Background

2.1 A strategic outline case (SOC) for the redevelopment of the St George's site was developed and approved by the CCG and NHS North East London and the City (NELC) PCT Cluster Board in 2012/ 3. This was submitted to NHS London at the end of March 2013.

2.2 The site is 11.9 hectares (29.3 acres) and is owned by the NHS. Most of it is unused and over half has never been built on. The CCG would require around 10% of the site (subject to analysis of the space requirements) for any of the proposed options. The sale of the remaining land, now owned by NHS Property Services Ltd, would raise enough to fund the redevelopment.

2.3 The exact approval process required by NHS England and NHS Property Services and the use of the capital receipt from the sale remains unclear. The CCG continues to liaise closely with NHS England and NHS Property Services so that it will meet any requirements for the business case and the use of the capital receipt.

2.4 The aim is to develop an enhanced primary care service that will serve local residents; a centre of excellence for older people, with a multi-disciplinary team led by local GPs providing care tailored to individual needs, in purpose-built facilities that will help to keep older people well and active and reduce the need for hospital admittance.

3.0 Report

3.1 The 12 week consultation exercise on the redevelopment plans closed on 12 May 2013. A full report on the consultation is available on the CCG website he, as well as the CCG's response.

3.2 The consultation exercise used extensive promotion to engage with local communities and stakeholders including:

- Documents and publicity on the Havering CCG website
- Media releases and advert
- Distribution of the consultation document to local stakeholders, including the Council, MPs, local health providers, GP practices, voluntary and community groups and local schools
- Havering Council Overview and Scrutiny Committee – presentations and Q&As
- Havering Health and Wellbeing Board discussion
- Drop-in sessions at Hornchurch (14 March) and Romford (2 April) libraries
- Public meeting at Hornchurch Library (1 May)

3.3 Response to consultation

Total number of responses: 127

- Questionnaires (printed and emailed): 108
- Letter/email responses: 19

People who engaged at drop-ins and/or attended meetings: over 200

- Drop-in session in Hornchurch Library, 14 March: around 100 people engaged
- Drop-in session in Romford Central Library, 2 April: around 50 engaged
- Public meeting in Hornchurch Library, 1 May: around 60 attended

Website downloads: 364

- Consultation document: 219
- Questionnaire: 145

The detailed analysis of the responses has been undertaken and shows general support for the CCG's proposals to create a centre of excellence for older people on part of the St George's site.

3.4 Local stakeholders and residents also gave some excellent suggestions to help improve our proposals – ranging from recognising some of the history behind the

old hospital and its links with the RAF, looking at the size of the new facility, to making it as easy to access as possible – particularly for older people.

3.5 The CCG considered the report at its governing body meeting on 26 June. It agreed to take the suggestions on board for what a new health facility for Havering residents will actually look like in terms of the services it provides. The proposed centre of excellence would include integrated health, community and social care services for frail elderly residents together with a GP practice and an on-site centre offering specialist tests and clinics such as ultrasound, screening and blood tests.

3.6 The results of the consultation are being promoted widely through the local media and with local stakeholders.

3.7 The next step in developing the plan is to have an Outline Business Case completed by September 2013. This will be submitted to NHS England and NHS Property Services for approval. The CCG has established 4 work streams to deliver this:

Primary care
- Develop and agree the enhanced primary care service model.
- Establish decision making process for primary care commissioning with NHS England.
- Engage with local practices to gauge interest and identify issues.

Service Model for Centre of Excellence for Older People
- Develop and agree the clinical service model for centre of excellence for older people
- Hold workshops to establish options for the clinical model involving key stakeholders
- Undertake option appraisal including contractual option, affordability and value for money

Estates/ Commercial
- Establish decision making framework within NHS Property Services Ltd
- Develop outline design options based upon proposed service specifications
- Agree commercial options for development of the site and associated costs
- Agree procurement framework and contractual options for the development

Communications and Consultation
- Ensure outcome of public consultation is used to inform development of OBC
- Provide feedback to stakeholders on the consultation outcome
- Agree and deliver further consultation and engagement activities as the case develops.

3.8 The CCG is working closely with relevant stakeholders and partners in all the work streams but particularly on developing the service model for the Centre for Excellence for Older People. This work stream will take account of the major initiatives that the CCG and the Council are commissioning to improve care closer to people's homes. Some examples include the development of community services and integrated care, developments at King George's hospital, the development of the Community Treatment teams and Integrated Case Management. It will also consider lessons from previous local developments and

good practice from other parts of the country. Once the service model is developed there will be wider engagement with other partners and local people.

3.9 The CCG has also established a St George's Steering Group so that there is a wider range of stakeholders at a six weekly meeting to consider issues and progress and advise the CCG. This includes Havering Council, Havering Healthwatch, Havering Patient Engagement Reference Forum, NHS England and NHS Property Services.

IMPLICATIONS AND RISKS

Financial implications and risks:
The key risk attached to this project is that the capital receipt is not available to the CCG to resource the redevelopment. In the meantime the CCG is liaising closely with NHS Property Services and local stakeholders to ensure that the capital receipt is available to support investment in the Havering health economy.

Legal implications and risks:
There are no immediate legal implications.

Human Resources implications and risks:
There are no immediate HR implications.

Equalities implications and risks:
An outline Equality Impact Assessment has been conducted that shows no negative equality impacts from the proposed development. The equalities implications will be kept under review as the more detailed plans are developed.

BACKGROUND PAPERS

- First Class Health and Social Care at St George's Havering: Strategic Outline Case
- St George's Hospital: a centre of excellence for older people in Havering: Consultation document
- Report of the public consultation on the redevelopment of St George's Hospital, Havering
- Havering CCG Governing Body report on St George's Hospital Update

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Havering
LONDON BOROUGH

HEALTH & WELLBEING BOARD

Subject Heading:	Outcome of the Joint Commissioning Review of the NHS Support for Social Care programme
Board Lead:	Joy Hollister, Group Director - Children's, Adults & Housing, LB of Havering and Alan Steward, Chief Operating Officer, Havering CCG
Report Author and contact details:	Julie Brown Julie.Brown@havering.gov.uk 01708 432496

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- ☒ Priority 1: Early help for vulnerable people
- ☒ Priority 2: Improved identification and support for people with dementia
- ☐ Priority 3: Earlier detection of cancer
- ☐ Priority 4: Tackling obesity
- ☒ Priority 5: Better integrated care for the 'frail elderly' population
- ☒ Priority 6: Better integrated care for vulnerable children
- ☒ Priority 7: Reducing avoidable hospital admissions
- ☒ Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

The NHS Support for Social Care programme was approved in March 2011. Through a series of pilot services it sought to deliver benefits to patients and service users and to provide financial savings through reduced service demand for Health and Adult Social Care (ASC) services.

At the request of the Health and Wellbeing Board, Joy Hollister, Group Director, Children's, Adults & Housing and Alan Steward, Chief Operating Officer of Havering CCG undertook a joint commissioning review to provide a focused review of progress and the benefits that these services have delivered to date. At its April

2013 meeting, this Board approved the process to be used in the joint commissioning review. The potential outcome for each service being reviewed was one of the following:

- Mainstream the service, as a prelude to subsequent discussions on how it is funded and from when this will take place
- Continue with the existing service until the end of the current contract and then review again
- Continue the service with adjustments until the end of the current contract and then review again
- De-commission the service in line with contractual terms

This report updates the Board on the outcomes from the joint commissioning review process.

Panel members agreed that the review process would be a useful framework from which to develop joint strategic frameworks to enable the reappraisal of other service outcomes, and against which to consider pooled budget arrangements.

RECOMMENDATIONS

i. To note the conclusions of the joint commissioning review panel.

ii. To support the implementation of the panel's conclusions.

REPORT DETAIL

1. In March 2011, the shadow Health and Wellbeing Board (HWB) agreed to use the Reablement and NHS Support for Social Care funding for the two financial years 2011/12 and 2012/13 to deliver a programme of pilot services with the aim of delivering benefits to patients and service users and providing financial savings to Health and Adult Social Care (ASC).

2. As a series of pilot services, the need for evaluation was always envisaged in order to determine the benefits that were achieved and to inform future commissioning intentions across both health and social care services.

3. The joint commissioning review required the providers of each of the pilot services, alongside the transformation team project managers involved in establishing the services, to present to a panel using a consistent framework. The review considered the service costs, and the potential savings and non-financial benefits provided.

4. The panel took place on 23rd May 2013, the members were:
    - Councillor Steven Kelly
    - Dr Gurdev Saini (Clinical Director)
    - Joy Hollister (Group Director)
    - Alan Steward (CCG)
    - Paul Grubic (interim Head of Adults Social Care)

5. The review panel heard presentations and questioned the presenters before reaching consensus on the recommend outcomes for each pilot service, which are summarised below:

Pilot Service	**Joint Commissioning Review Outcome**
Dementia services:	
Peer Support	Decommission the pure peer support service Mainstream the singing for the brain peer support service
Information & Advice	
Additional Support for Carers	Mainstream the service
Training and Development	Mainstream the service
Chronic Obstructive Pulmonary Disease (COPD) services:	
Pulmonary Rehabilitation	Mainstream the service
Telehealth	Mainstream the service
Falls Prevention services:	
Training in Care Homes	Mainstream the service
Outreach Programme	Mainstream the service
Exercise Programme	Mainstream the service
Telecare services:	
On Track	Mainstream the service
Learning Disabilities	Mainstream the service
Rapid Response	Mainstream the service
Integrated Case Management	Continue the service with adjustments until the end of the current contract and then review again
Help not Hospital service	Continue the service with adjustments until the end of the current contract and then review again

6. The full detail of the review outcome is attached as Appendix A. In addition to outlining the decision and rationale, it provides a high-level summary of the actions to be completed by 30 September 2013.

7. An executive decision by the Council is required to formalise these recommendations ahead of their implementation, which would be undertaken in line with appropriate contractual procedures, so the Board is requested to give this its support.

IMPLICATIONS AND RISKS

Financial implications and risks:

The funding sources for the proposed mainstreamed services are subject to further discussion and decision. Suggested funding sources for each service have been proposed, the different funding streams are the NHS Support for Social Care grant, CCG and Public Health. Those services that would fall to Adult Social Care could amount to some £568k during 13/14, if all continue, which would be funded by the NHS grant. A view would then be taken to mainstream as appropriate and identify suitable budget going forward. To date all costs falling to the Council have been met by the NHS grant.

It should be noted that all figures are estimates based on current cost. These may be subject to change as services are re-commissioned.

Caroline May – Strategic Finance Business Partner (Children's, Adults, Housing and Public Health)

Legal implications and risks:

As long as any service decommissioning is carried out in line with agreed contract terms at the stated contract end date the likelihood of any legal risk is limited.

Stephen Doye – Legal Services Manager

Human Resources implications and risks:

There are no direct HR implications or risks to the Council that can be identified at this time where delivery of the services under review is undertaken by an external provider. In the Falls Prevention area, a fixed term post had been funded with the contract term expiring in mid July 2013. The postholder was engaged by the Council on a secondment basis from their originating employer, NHS ONEL. Their employing area, Public Health, was transferred into the Council from 1 April 2013. Any potential HR issues that may arise will be dealt with appropriately, in line with the Council's, or the contractual NHS, HR policy framework or employment legislation, once the outcome of the review is known.

Eve Anderson – Strategic HR Business Partner (Children's, Adults & Housing and Public Health)

Equalities implications and risks:

As part of the commissioning of the pilot services, equalities impact assessments were undertaken. The implementation of the review outcomes will need to take into

account any potential equalities implications at part of the rec-commissioning/de-commissioning process.

Appendix A – Outcomes from Joint Commissioning Review

BACKGROUND PAPERS

Previous reports on the NHS Support for Social Care programme to the shadow HWB during the period March 2011 to March 2013.

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APPENDIX A

Ref	Service	Decision & Rationale	High-level key actions
1	Dementia: Peer Support	**Decision:** De-commission pure peer support service from 30 Sept 2013 as per current contract terms. Mainstream adoption - re-commission SFTB peer support service with adjustments through discussion with the provider to incorporate: service user payment via direct payments, development of organic growth so more sessions are held and the service reached more people, through developing self-help delivery and the voluntary sector and building service capacity, relook at venues to see if potential for council to provide venues, consider how it links with dementia care pathway. **Rationale:** Clear demand for the SFTB service as clients are willing to pay and sessions are full a few months after being established, less so for pure peer support. SFTB sessions include 1hour of peer support and 1 hour of SFTB. Quality impacts for people were evidenced.	• Notify Alzheimer's Society of decision by 30 June 2013 • Identify commissioning resource to undertake the work with AS to develop a specification of revised service so new service ready for 1st Oct 2013 • Agree approx service cost and funding source (potential to use of mainstream ASC budget/NHS Support) • FUNDING REQUIRED - current service cost £55,532 per annum

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2	Dementia: Information & Advice	**Decision:** De-commission Dementia Information & Advice service from 30 Sept 2013 in line with current contract terms. **Rationale:** Successful in the outputs achieved but difficult to make causal link between activity and impact. Panel felt that work done had achieved all it could but that continued information and advice should be delivered by existent services through a more holistic approach aligned to ASC/Customer Services vision.	• Notify Alzheimer's Society of decision by 30 June 2013 • Identify commissioning resource to ensure the current service is delivered and closed down with minimal negative impact by 30 Sept 2013 ensuring all contractual commitments are fully complete. • As part of ASC/Customer Services review and review of dementia care pathway, the places where information and advice are provided should be mapped to ensure all channels are known about and used effectively.

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3	Dementia: Additional Support for Carers	**Decision:** Mainstream adoption of this service through the carer's assessment process, funded through the carer's support budget and use of direct payments. **Rationale:** Following a reduction in hourly fee, demand for the service is growing. Service impact is well evidenced.	• Notify Crossroad Care Havering of decision by 30 June 2013 • Identify commissioning resource to undertake the work with Crossroads Care and ASC service to ensure referrals for the service are embedded into ASC processes and re-commission service to ensure continued provision from 1st Oct 2013. • Forecast under-spend against budget of approx £12k due to initial low levels of service take-up. • Agree funding source (potential to use mainstream ASC budget/NHS Support) • FUNDING REQUIRED - £50,100 per annum but reduced to £37,492 due to predicted under-spend brought forward from previous contract.

Ref	Service	Decision & Rationale	High-level key actions
4	Dementia: Training and Development	**Decision:** Continue service with adjustment that the 0.6 FTE role is transferred to the ASC Workforce Development team until end of current contract and then review again. **Rationale:** The role supports the improvement in service quality in care homes but could be have a much broader and holistic remit than the current one purely focussed on dementia services. There is potential duplication and overlap with ASC workforce development service. There is the potential to market workforce development services to local service providers.	• Copy of care home audit report to be circulated to Joy, Alan and Paul • Identify resource to liaise with HR and employee to explore potential to transfer the role between service areas. • Effect the staff transfer as quickly as possible • Reconsider the need for the role as part of the forthcoming ASC service restructure. • Agree funding source (potential to use mainstream ASC budget/NHS Support) • FUNDING REQUIRED - Dementia Liaison Worker cost £45,000 per annum based on FTE at PO2 salary grade

Ref	Service	Decision & Rationale	High-level key actions
5	Help not Hospital	**Decision:** Continue service with adjustments to make the service more targeted to meet specific requirements (rather than quite generalist) until end of current contract end of Sept 2013 and then review again. **Rationale:** The service has been operational for just over 6 months. Deeper understanding of the benefits are needed and how it links into the current service pathways, e.g. links to ICM, and community budgets. (via PCSOs).	• Copy of Evaluation Report based on Camden service to be circulated to Joy, Paul and Alan -complete • Notify British Red Cross (BRC) of decision by 30 June 2013 • Identify commissioning resource to undertake the work with BRC, ASC and CCG ICM lead, to amend the service provision so that it is more targeted and a deeper understanding of the benefits can be gained over the remainder of the current contract to 30 Sept 2013. A key issue is that obtaining benefits information is not simple and will require dedicated ASC and Health resources and it is likely to raise issues with access to information. It is recommended that the commissioning resource produce a benefits specification that provides an understanding of what is required and that clearly identifies actions and accountabilities that need to be met from each part of the system • Review the service again in August to inform future commissioning decision. • Cost for service continuation for a further 12 months would be approx £110k. If appropriate, agree funding source (potential for use of mainstream ASC budget/NHS Support)

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6	ICM	**Decision:** Continue with the service as it is until end of current contract but review/change the model during this time and then review again in 3rd-4th quarter of 2013/14. **Rationale:** A more granular evidence base is required. The service delivery model and the mix of patients selected needs to be reviewed to make it work for both health and social care in Havering.	• Identify resource to work with the Havering CCG and NELFT to review the current model, redevelop and then implement the changed model so it works locally. • Effective service performance monitoring to be established, which is regularly reviewed through 2013/14. • Outcomes of revised model to be reviewed and fed into CCG NELFT contract re-negotiations in due course. • Agree approx service cost and funding source (CCG most appropriate funding source, rather than mainstream ASC budget/NHS Support) • FUNDING REQUIRED - current service cost £887,000 per annum (NELFT), plus approx. £120,000 for 3 social care staff based on current service model

Ref	Service	Decision & Rationale	High-level key actions
7	Falls Prevention: • Exercise Programme • Outreach Programme • Training in Care Homes	**Decision:** Mainstream adoption of these services with some adjustments once current services end in 2013/14. **Rationale:** Services have evidenced outcomes but there is the need to consider how other services across the system (e.g. telecare) may have contributed. Further clarity is needed on how the falls services link to operational services. Potential for further work with frequent fallers and opportunities to work with leisure services to ensure appropriate health and wellbeing services are in place e.g. as a follow-on step for those who have completed the falls community exercise programme.	• A briefing on her work in care homes to be provided to Joy and Cllr S. Kelly (Jo Doubleday) • The Falls coordinator role to be continued (extension of current contract to Mar 2014 within the budget) to ensure benefits continue to be delivered and the services are contract managed. • Identify resource (Public Health, ASC) to work with the Havering CCG to review the current model, redevelop and then commission so it works locally. • Outcomes of revised model to be reviewed and fed into CCG NELFT contract re-negotiations in due course. • Agree approx service cost and funding source (likely to be shared between the CCG, mainstream ASC budget/NHS Support) • FUNDING REQUIRED - current service cost Community Exercise & Care Home Outreach approx. £107k per annum. Care Home Falls Training £62,000 for all homes. Falls Co-ordinator current cost £50,000 per annum based on FTE at PO3 salary grade

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8	Telehealth	**Decision:** Extend COPD telehealth service from 30 Sept 2013 to 31 March 2014. Agree to mainstream adoption - CCG to lead on re-commissioning the service understanding the risks around re-procuring. Need to broaden scope to other long term conditions specifically heart conditions and link with Community Treatment Team (CTT) and ICM. **Rationale:** Issues identified from the initial commissioning but actions to rectify these are underway. Acknowledge need for continuity of service until revised model can be commissioned and implemented. Needs to be part of the COPD pathway. Strong evidence of impact.	• Transformation team continue with actions to address issues. • Identify service costs for 6 month extension and agree funding source. • FUNDING REQUIRED (CCG most appropriate funding source, rather than mainstream ASC budget/NHS Support) - current service cost is approx. £26,000 per annum, though this was incorrectly specified so isn't sufficient so suggest £90,000 per annum is more realistic • CCG to extend current contract variation for telehealth service • CCG to develop and lead on plan to re-commission the service with a broadened scope for 1st April 2014.
9	Pulmonary Rehabilitation	**Decision:** Extend PR service from 30 Sept 2013 to 31 March 2014. Agree to mainstream adoption - CCG to lead on re-commissioning the service as this forms part of their CSP. **Rationale:** Needs to be part of the COPD pathway. Strong evidence of impact. A conversation at HWB is needed around the potential to develop a targeted exercise programmes once patients have completed the PR exercise programme, in order to maintain benefits. (same applied to falls)	• Identify service costs for 6 month extension and agree funding source. • FUNDING REQUIRED - current service cost is approx. £85,000 per annum. (CCG most appropriate funding source, rather than mainstream ASC budget/NHS Support) • Dialogue with CCG to take place to share knowledge and lessons learned from the current pilots to inform mainstreaming decision and CCG extension of the current contract variation for PR service • Agenda item for future HWB within 4 months

Ref	Service	Decision & Rationale	High-level key actions
10	Telecare Pilots: • On Track • Learning Disabilities • Rapid Response	**Decision:** Agree to mainstream adoption. AT partnership workstream board to consider service development, funding and sustainability. Combine remaining project budgets together into one. It was acknowledged that NHS Support funding needs to be used to fund ASC AT weekly service charges until alternative in place. **Rationale:** Strong evidence of impact but more work needed to fully understand the benefits for all partners.	• Combine AT project budgets • Establish AT partnership workstream board. • Deliver sustainability funding arrangement by Sept 2014. • FUNDING REQUIRED - current service cost is approx. £200,000 for ASC weekly client telecare charges per annum plus cost of equipment