# Strategic Commissioning Group Notes and Actions 20 January 2015, 3.00 – 5.00pm Conference Room 3 A, Bickerstaffe House

Present	Delyth Curtis, Director of People (Director of Children's Services), Blackpool Council (Chair)
	David Bonson, Chief Operating Officer, Blackpool CCG
	Dr Amanda Doyle (OBE), Chief Clinical Officer, Blackpool CCG
	Gary Raphael, Chief Finance Officer, Blackpool CCG
	Andy Roach, Director of Integration and Transformation, Blackpool CCG
	Steve Thompson, Director of Resources, Blackpool Council
	Lynn Donkin, Public Health Specialist, Blackpool Council
	Judith Mills, Public Health Specialist, Blackpool Council
	Mark Towers, Director of Governance and Regulatory Services, Blackpool Council
	Liz Petch, Public Health Specialist, Blackpool Council
	Wendy Swift, Director of Strategy/Deputy Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust
	Helen Lammond-Smith, Head of Commissioning, Blackpool CCG
	Val Raynor, Head of Commissioning, Blackpool Council
	Karen Smith, Director of Adult Services
Also	Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council
present	Scott Butterfield, Corporate Development Manager, Blackpool Council
	Kim Wood, Community Information Development Officer, Blackpool Council
Apologies	Jane Higgs, Director of Operations and Delivery, NHS England
	Dr Arif Rajpura, Director of Public Health, Blackpool Council
	Jane Cass, Head of Public Health, NHS England
	Dr Mark Johnston, Blackpool CCG

1.	Welcome, introductions and apologies.
	Del welcomed everyone to the meeting, apologies were given and introductions made.
2.	Notes and actions from previous meeting.
	Notes from the previous meeting were agreed.
	Actions from previous meeting:
	<b>Item 3:</b> The membership and terms of reference for the SCG is on the agenda for January's meeting.
	<b>Item 5:</b> The HWB Governance, Partnerships and Sub-structure paper requires further work to ensure that the right sub-structure is in place prior to approval through the appropriate

process.

#### 3. SCG Governance

Venessa Beckett presented the report outlining the reasons for updating the terms of reference to incorporate changes to the national and local landscape and ensure integrated strategic oversight of the new major projects. The changes to the terms of reference proposed include; strengthening the role of the SCG to drive integrated commissioning, refreshing the membership to include the Head of Commissioning for Blackpool Council, and incorporating the Better Care Fund Project Board into the SCG.

An in depth discussion followed which raised a number of concerns and issues:

Mark Towers raised concerns about the SCG deciding its own terms of reference and highlighted a danger in the group becoming 'everything to everybody'. The purpose needs to be clearer and more succinct; the role of the group more specific with a clear audit trail; he advised that the terms of reference should be approved by the Health and Wellbeing Board.

Amanda Doyle suggested that the group requires a broad remit as the HWB Board is very strategic and doesn't pick up finance or performance issues only at a very high level.

Gary Raphael pointed out that there are different things that we need to do as a group to ensure that we are making the most of opportunities to mitigate our individual budget circumstances – we know that we have to get closer together and do different things but are not sure how. We also have to assess whether we are mitigating against the worst impacts of budget reductions, and to understand how we can spend differently with providers to reduce inequalities in health outcomes. This would involve changing how we commission to reduce duplication.

Amanda stated that we need to jointly plan which services are going to be cut so that any adverse impact on each other's services can be mitigated against.

Liz Petch pointed out that the terms of reference did not include any of the HWB Board's responsibility to improve health outcomes or prevent.

David Bonson added that it was about changing the way we work.

Amanda said that the goal is integrated services so we need to change how we commission.

Del Curtis said we need to determine the collective offer of the group through a HWB Board development session in terms of a public offer: 'this is what you get if you live in Blackpool...'

Amanda said we need a full system debate at the HWB Board which would allow us to understand where we could get the biggest overall benefit for our efforts.

Judith Mills pointed out that we don't often have control of the money that comes into Blackpool; it is through different funding streams and projects, such as HeadStart, Better Start, and Transformation Fund. We need people on each of the Boards and the Chairs to feed in here.

Del said we need to challenge the terms of reference of the other boards where they state a commissioning responsibility as well as mapping out which Boards there are and who sits on them.

With regards to the proposal to merge the Better Care Fund Project Board with the SCG, David asked if the SCG were happy to dissolve this group. It was agreed that further work is needed to ensure that the appropriate reporting mechanisms are set up for the various working groups that are in place.

**Action:** Mark will work with Venessa and Scott to refine the terms of reference as part of the broader work on the HWB governance, partnerships and sub-structures. These will be circulated for comment prior to the next meeting.

**Action:** HWB to decide/agree what the 'collective offer' is as part of the development session.

**Action:** Review terms of reference for other Boards/Groups aligned to the HWB Board, considering role/remit and identify membership.

# 5. 0-5 Public Health Commissioning Transfer

Lynn Donkin presented the report, explaining that it was a 'lift and shift' process for transferring the commissioning responsibility. The allocations look like they will cover provision. The Corporate Leadership Team saw no reason to challenge the allocations. Public Health are beginning to take part in discussions with NHS England.

Some questions were asked regarding the commissioned services that would transfer and whether they were ring-fenced. Lynn advised that the services were health visiting and the Family Nurse Partnership, and that the mandate covered the first eighteen months but there was no indication of what the allocation would be beyond 2016.

Amanda commented that there had been a huge change in what health visitors do and that their role had become much narrower in recent years, essentially focusing on child protection issues.

Lynn advised that we will inherit a service with a national specification but will be able to adapt this in the future.

## 6. Healthier Lancashire

David Bonson presented the second version of the Healthier Lancashire Purpose Document. He outlined some CCG's feedback on the document which is that it needs to have a narrower scope, concentrating on service configuration, digital services and workforce.

A meeting had taken place with the lead for the Greater Manchester sub-region work, who advised to pick a subject that all areas involved could get behind and develop.

Amanda commented that from a public health perspective it is about picking up some of the wider service issues that are faced by each local authority area.

A meeting of the Lancashire Leadership Forum is planned for the 5 February 2015.

### 4. Adults and Children's Commissioning Strategy

Val introduced Kim by noting that the strategy had been deliberately scoped to cover the Council, but that it also aimed to be joined up across the commissioning approaches of Council partners.

Kim gave an overview of the Strategy via a presentation (attached). Amanda suggested that it should be delivered to the HWB.

Del noted that some content was needed around education and schools.

Scott queried whether the strategy should articulate the transition to upstream services more clearly.

David suggested that there needed to be a piece of work to bring this together with wider commissioning arrangements.

Steve commented that the 51 actions in Appendix A could be too onerous.

Del committed that the strategy would be strengthened around future intentions such as pooled budgets, co-location and related issues around closer joint working.

**Action:** Val and Kim to consider content on upstream services

#### 7. AOB

The group discussed the budget situation facing the Council. Steve set the scene by noting that the total cost of cuts so far made by the Council total £68mn – 4 times the total cost of all back office services, meaning that the cuts could never have been contained by reducing support staff alone.

Del reported that a combination of service reviews, some of which were already completed and being implemented resulting in changes and cessation were underway, with non-statutory services being particularly affected.

Karen reported that 10% savings were required from Adults. This would not be met by reductions in the number of social workers, but they were having to absorb work required as a result of the Care Act. A combination of approaches including exploration of alternative service providers, withdrawal from services, tendering and changes to service specifications are underway.

David reported some useful dialogue with Wyre Council was underway around the use of multi-disciplinary teams and closer working.

Judith reported Public Health's savings, which amounted to £4.3m from a budget of £18m. Some areas of investment were maintained and a new structure was being proposed.

**Action** Del/David/Amanda to set up a discussion about the health economy looking at proposals and solutions to financial constraints.

#### 8. DATES OF FUTURE MEETINGS

Next meeting:

Thurs 26 Feb 15