

**Strategic Commissioning Group  
Notes and Actions  
7 October 2015, 9.30 – 11.30am  
Conference Room 3 A, Bickerstaffe House**

<b>Present</b>	<p>Delyth Curtis, Director of People (Director of Children’s Services), Blackpool Council (Chair)</p> <p>David Bonson, Chief Operating Officer, Blackpool CCG</p> <p>Dr Arif Rajpura, Director of Public Health, Blackpool Council</p> <p>Merle Davies, Director, Better Start</p> <p>Gary Raphael, Chief Finance Officer, Blackpool CCG</p> <p>Liz Petch, Public Health Specialist, Blackpool Council</p> <p>Nikki Evans, Superintendent, Lancashire Constabulary</p> <p>Helen Lammond-Smith, Head of Commissioning, Blackpool CCG</p> <p>Dr Mark Johnston, Deputy Chief Operating Officer, Blackpool CCG</p> <p>Val Raynor, Head of Commissioning, Blackpool Council</p> <p>Karen Smith, Director of Adult Services</p> <p>Lynn Donkin, Public Health Specialist, Blackpool Council</p>
<b>Also present</b>	<p>Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council</p> <p>Traci Lloyd-Moore, Commissioning Manager, Blackpool Council</p> <p>Claire Grant, Divisional Commissioning Manager, Blackpool Council</p> <p>Kate Jackson, Commissioning Manager, Blackpool CCG</p> <p>Michelle Sowden, Integrated Community Learning Disability Team Manager, Blackpool Council</p>
<b>Apologies</b>	<p>Steve Thompson, Director of Resources, Blackpool Council</p> <p>Judith Mills, Public Health Specialist, Blackpool Council</p>

<b>1.</b>	<p><b>Welcome, introductions and apologies.</b></p> <p>Del welcomed everyone to the meeting, apologies were given and introductions made.</p>
<b>2.</b>	<p><b>Notes and actions from previous meeting.</b></p> <p>Notes from the previous meeting were agreed.</p>
<b>3.</b>	<p><b>Children and Young People’s Emotional Health and Wellbeing Transformation Plan</b></p> <p>Claire Grant presented the item, outlining the document and specifications from NHS England regarding services that must be commissioned by the ring-fenced funding of £500K per year. She advised that the first draft had now been produced and would be submitted to NHS England on 16 October following sign off by the Health and Wellbeing Board Chair.</p>

	<p>A number of concerns were raised regarding the need to localise the plan; it was a Collaborative Commissioning Board (CCB) decision to have a pan-Lancashire plan in order to have parity of esteem and assist Lancashire in raising their aspirations to match Blackpool's. A full consultation process would be required as part of the development process of a Blackpool specific plan.</p> <p>The localised version needs to link in with Better Start; extra midwives have been commissioned through the FNP Plus but what is really needed is a consultant psychiatrist. There were also concerns that partners hadn't had the opportunity to see the plan prior to submission.</p> <p>The CCG commented that they may struggle to meet this agenda and identified a need to mobilise work plans, for example around finance, and importantly how to share the workload; the agenda at the SCG needs to reflect what is being done and how. Workforce development was also raised in terms of working as a system, which is where governance is key.</p> <p>There is a strategic commitment to work together but organisations still operate in siloes; transformation is the current theme and strategically there is agreement but it is a huge cultural and organisational development issue.</p> <p>It was asked if there was an opportunity to do this work through the Public Service Reform Board and if it would be useful to map out governance according to age groups. It was suggested that there are common themes around workforce flexibility and lead professional and recognised that funding and commissioning in health services is fragmented, so there is a necessity to ensure that structures deliver.</p> <p>Following this discussion it was agreed that the next meeting should focus on mapping out some of the governance in terms of who attends what meeting.</p> <p>Further comments were made regarding the need to think radically and make bold decisions; Strategically there is a more joined up way that the public sector could be making decisions about services to commission/decommission, but there is little space for strategic thinking due a lack of capacity. This group should be pulling it all together and considering other factors such as the combined authority work, Healthier Lancashire and political priorities.</p> <p>There was a suggestion to start preparing now for 2017/18 by considering finances in terms of what we commission and design something different; this is the systems transformation.</p> <p>There is currently no narrative that tells Blackpool's story; the group needs to jointly understand what we currently spend on and formulate a work plan. The group needs to consider where the most effective place to spend money, currently immediate need takes precedence, we need to adjust allocations.</p> <p>This group should have a relationship with the reform board where the board is contributing to and steering the work plan of the group.</p> <p><b>Action: Mapping exercise to take place at next meeting</b></p> <p><b>Action: Del and Arif to speak to Chair of PSRB regarding its work plan and how it will steer the SCG</b></p>
4.	<p><b>Intermediate Care Commissioning Review update</b></p> <p>Helen Lammond-Smith advised that a proposal has been developed for a service to be commissioned by health and social care that focuses on a person's needs not their condition.</p>

	<p>The main partners will be the Council and BTH (and Spiral).</p> <p>The discussion highlighted a need to be careful how the changes are communicated, reinforcing that it is better to be at home than in hospital/rehab. Further work is ongoing regarding the mechanics of the model.</p> <p><b>Action – Updates to be brought to future meetings</b></p>
5.	<p><b>LD Transformation Plan</b></p> <p>Traci Lloyd-Moore introduced the item, giving some background and context in terms of Winterbourne. The Plan has to be pan-Lancs and has to reduce the number of people with learning disabilities living in residential setting. There is some funding available that must be matched by the CCG. There are some sensitivities regarding who will fund care when people come out of facilities. Patients will have managers responsible for managing their care and the step down process.</p> <p>Blackpool is currently ahead in this area as it has an integrated LD team. In terms of provision, forensic patients will come under MerseyCare, however there are less than four or five specialist providers in the market and there are issues with pay rates. At this stage it was unclear if funding follows the patient.</p> <p>The plan would be signed off at the HWB.</p> <p><b>Action – Updates to be brought to future meetings</b></p>
6.	<p><b>Early Action update</b></p> <p>Nikki Evans updated on implementation of the project. They are currently building teams around the Families in Need (FIN) teams and will be in place by the end of the year. Next steps will be to link with locality teams. The tasking process is a big issue – how do we identify individuals? Working with Amanda Hatton (Deputy Director of People – Children’s Social Care and Early Help) and the Blackpool Safeguarding Children’s Board (BSCB) around ‘unsticking the stuck’ to try to progress people and families.</p> <p>The next step in truly joining up is around how we prioritise people and proactively work with them; information sharing is key.</p> <p>It was pointed out that there are some parallels with Vanguard – there is an IT specialist looking at joining up systems, and lots of work ongoing around information sharing.</p> <p>In terms of links to Fulfilling Lives, there is shared use of High Intensity User (HIU) data, and there is an officer based in Fulfilling Lives project. This is more about redirecting people to services at the moment rather than looking at gaps and thresholds.</p> <p>The DPH advised that he has taken over as Chair of the FL Board and intends to move discussions forward and join up at a strategic level.</p> <p><b>Action – Fulfilling Lives item to be brought to future SCG and HWB meeting</b></p>
7.	<p><b>Value Proposition – New Models of Care</b></p> <p>David Bonson updated on the New Models of Care Value Proposition, advising that as the bid was asking for less than £5million it would be signed off by the Chief Finance Officer of NHS England not the Investment Board.</p> <p>The transformation will deliver integrated care at a neighbourhood level.</p>

	<p>There is more work to do around workforce and workshops have been set up to clarify what we need to achieve. There is an opportunity to embed services into a social model.</p> <p><b>Action: Mark Johnston to bring/circulate list of workshops and meeting dates.</b></p>
8.	<p><b>Public Health in secondary care service review</b></p> <p>David outlined the report and proposals. There is a public health team based at the hospital, they were intended to be strategic but have become more operational than transformational and needed to embed principles of prevention across the hospital. There was some discussion regarding whether the team were achieving their outcomes and having an impact or if it was a 'nice to have' service.</p> <p>The issue has not yet been resolved however it is becoming clear that every pound that is spent must have a clear outcome attached.</p>
9.	<p><b>Commissioning mapping/CSU tender</b></p> <p>Val advised that having looked at contracts a matrix has been developed to identify where more than one organisation is being commissioned. There are further considerations around collective spending power and contractual issues.</p> <p>Regarding the CSU tender; David advised that it has been agreed to pause it for one year to allow an opportunity to re-look at what services the CCG were getting and what they may need to go out to tender for.</p>
10.	<p><b>Savings discussion: 2016 onwards – impact on commissioning decisions</b></p> <p>This was deferred to November's meeting.</p>
11.	<p><b>Health and Wellbeing Board Draft Forward Plan (for info)</b></p> <p>To be circulated.</p>