

Agenda Item 13

Report to (Board/Sub-Committee):	Joint Co-Commissioning Committee
Date of Meeting:	26 th January 2017
Subject:	Update regarding decision to provide interim support to Primary Care Services
Presented by:	Julie Wilson, Assistant Director

STATUS OF THE REPORT

For Information √

PURPOSE OF REPORT:	<p>This paper has been prepared to make the Committee aware of a decision to provide interim support to two primary care services, in line with the principles for supporting service sustainability which were agreed by the Committee in December 2016.</p> <p>360 Care Limited requested support for two services as they were about to terminate these services due to lack of funding:</p> <ul style="list-style-type: none"> • Mental Health Counselling services • Diabetes clinics out of hours (after 6.30 pm and at weekends) <p>Following assessment against the agreed criteria, it was deemed that these services were eligible for non-recurrent support. Funding has therefore been agreed until the end of March 2018, as the recurrent commissioning arrangements for these services are expected to be in place from April 2018.</p> <p>The full detail is set out within the following paper.</p>
Recommendations:	<p>The Joint Co-Commissioning Committee is asked to note the decision to provide temporary funding support to these two services, pending the recurrent commissioning arrangements being agreed to take effect from April 2018.</p>
Sub Committee Process and Assurance:	<p>The decision to provide interim support is in line with the delegated authority granted to support decision making outside of the Committee. However, a sub-group of the Co-Commissioning Committee were asked to consider this request.</p>
Implications:	
Risk Assurance Framework Implications:	<p>Without interim support provided to these services, there is a risk to capacity across the broader system.</p>

Legal Implications:	N/A
Equality Impact Assessment implications:	<i>An Equality Impact Analysis / Assessment is not required for this report. No</i>
Finance Implications:	The services to be supported will require a total of £56k funding per annum. This will be part-funded by GPFV non-recurrent monies for extended access and part funded from the CCG's non-recurrent transformation allocation (not primary care specific funding).
Quality Implications:	The temporary funding will support continuity of service to the population concerned.
Procurement Decisions/Implications (Care Contracting Committee):	N/A
Engagement Implications:	N/A
Conflicts of Interest	<p><i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available? Yes</i></p> <p><i>Please state any conflicts that need to be brought to the attention of the meeting.</i></p> <p>There is a conflict of interest for Dr Thomas Maliyil, who is a member of 360 Care Limited. He has had no involvement in this decision.</p>
Strategic Objectives <i>Short summary as to how the report links to the CCG's strategic objectives</i>	<p>1. Sustainable Services</p> <p>The temporary support enables continuity of service during the period while the recurrent commissioning arrangements are being developed.</p>
	2. Empowering People
	3. Supporting Communities
	4. Delivering a fit for purpose organisation
NHS Constitution:	<div style="text-align: center;">  NHS_Constitution_WE B.pdf </div> <p><i>Does the report and its recommendations comply with the requirements of the NHS constitution? Yes</i></p> <p><i>If Yes, please summarise key issues</i></p>
Report exempt from Public Disclosure	No
Appendices / attachments	

Agreement to Provide Interim Service Support – Primary Care Services (360 Care Limited)

Background

In December 2016, the Co-Commissioning Committee agreed that **non-core** general practice services being considered for termination due to sustainability issues could be provided with non-recurrent support from the CCG, provided that the following criteria apply:

- There is a clear intention for the CCG to commission (and therefore fund) such a service within the next 18 months, but the defined arrangements are not yet finalised. This is consistent with a principle we are trying to adopt in other service areas/across other providers.
- To cease the service would leave a gap and unmet need that could not be effectively met by other existing local services within their current capacity and/or the cost incurred by the CCG would be more than continuing to support the practice based service.

Any support would be for a fixed period of time, and no longer than 18 months as a maximum. Decisions would be taken as follows:

- Non-recurrent funding up to £100,000 would be delegated to CCG officers (in line with delegated authority limits)
- Non-recurrent funding more than £100,000 would be decided by the Committee

Request to provide support

360 Care Limited put forward a case for support for two of their existing services, which they were considering terminating due to lack of flexibility within their current funding arrangements. Neither of these services are currently funded by the CCG (although in the past they have been supported by predecessor organisations) and have been funded by 360 Care through use of reserves, which are no longer available due to financial pressures. The services are as follows:

- Out of hours Diabetes Clinic: A cohort of 217 patients receive diabetes care in clinics provided after 6.30 pm and at weekends. This is to accommodate workers who are away during the week and/or working shifts.
- Mental Health Counselling Service: A team of counsellors provide mental health services for mild to moderate conditions to the population of the original members of 360 Care Limited (43,000 population). There are on average 115 appointments per month.

Funding Required

Total allocation requested: £76k (to cover the period remainder of 2016/17 and 2017/18)

The annual funding required for 2017-18: £57k. (Primary Care Mental Health Counselling £47k / OOH Diabetes £10k)

In order to cover shortfalls non-recurrently in 2016-17 the following amounts would be required (to end March 2017 only): £19k. (Primary Care Mental Health Counselling £15.7k / OOH Diabetes £3.3k)

Decision and rationale

The case was reviewed against the agreed criteria. While the decision could have been taken by one individual as per the agreed delegated authority levels, in this instance the assessment was also considered by other members of the Co-Commissioning Committee (Lay, GP and Finance Reps). None of these members have a conflict of interest in this decision. The majority view* was that both services qualify for the funding in line with the agreed criteria, on the following basis:

- GPFV local delivery plan contains an allocation of non-recurrent funding for making some progress towards extended access within general practice, ahead of new national recurrent funding being received from 2018/19. The CCG expectation is that long term condition management is offered as part of the routine/pre-bookable appointment slots within the extended access arrangements. As such, the Diabetes clinic would be funded through these arrangements anyway.
- Primary Care Mental Health provision is a priority within the GP Forward View and the Mental Health Five Year Forward View. New national recurrent funding for an expansion to existing services, specifically to support primary care, is due from 2018. In the interim, the CCG has plans to undertake joint work with NAViGO and existing primary care MH services to ensure that these are aligned and meet the requirements for the new national funding. Non-recurrent funding support would therefore only be available until the end of March 2018, after which it is expected that the recurrent funding will have been agreed through the joint work. The temporary funding for this service is being found from within CCG transformation allocation (not primary care specific funding)
- The loss of either of these services would leave a gap in service provision and create pressure on other parts of the system.

**some concern was expressed that the Diabetes service may duplicate in-hours provision. However, it was felt overall that these are in line with the GPFV extended access requirements.*

There will be a short term contract for both services, along with monitoring requirements.

Recommendation

The Joint Co-Commissioning Committee is asked to note the decision to provide temporary funding support to these two services, pending the recurrent commissioning arrangements being agreed to take effect from April 2018.