

Governing Body In Common – Respite Services 01.02.18

RECOMMENDATIONS:

Dr Walker then asked the voting members of South Tees CCGs Governing Body to share their decision in regards to the proposed changes to respite service provision, taking into account the following areas of note outlined in the presentation provided to the Governing Body In Common:

- The extensive feedback from the consultation.
- Data and modelling information.
- The CCG's priorities.
- National and local context, including population need.
- The decision-making criteria.
- The NHS England Assurance process.
- Feedback received from the Overview & Scrutiny Committee (OSC).

The Governing Body members of South Tees CCG agreed to the following recommendations which were proposed by the Executive in Common meeting, which met on 18th January 2018:

- To progress Option 2 to implementation.
- Ensure that discussions with the existing provider are progressed following the decision making from a contractual management perspective and individual quality and continuity of care.
- Revisit and update the transition plans to ensure effective onward development of this work into its implementation stage.
- Support the agreed Governance arrangements.
- Schedule assurance of the proposed changes within six months of the decision-making date to include progress within:
 - Ensure robust service user and carer engagement in the co-production of the final community service model.
 - Utilise the pilot assessment and allocations process to inform final demand, capacity and cost modelling prior to procurement and service implementation.
 - Fulfil plans to separate crisis and respite arrangements to address current levels of unplanned admissions to respite beds.
 - Undertake rigorous market testing and procurement processes (when necessary) to ensure suitably staffed community services are in place prior to any changes in the current bed base,
 - Taking into account NHS England's caveat for assurance that if option 2 were to be pursued, the CCG must ensure that market testing and provider engagement demonstrates long term service viability and affordability. This also recognises that there would be similar challenges to the service should the current model be retained.
 - Place personalised transition planning for service users and carers at the heart of the implementation process, underpinned by appropriate needs identification, support and communications.
 - Build on accessibility analysis to continue to ensure appropriate travel and transport implications are considered in terms of service access.

- Employ appropriate oversight, monitoring and evaluation arrangements to i) carefully monitor the viability and affordability of the final service model and ii) ensure capacity is able to continue to meet demand, reducing risks of unmet need and potential inpatient admissions.

Dr Boleslaw then asked the voting members of Hartlepool & Stockton-on-Tees CCG's Governing Body to share their decision in regards to the proposed changes to respite service provision, taking into account the following areas of note outlined in the presentation provided to the Governing Body In Common:

- The extensive feedback from the consultation.
- Data and modelling information.
- The CCG's priorities.
- National and local context, including population need.
- The decision-making criteria.
- The NHS England Assurance process.
- Feedback received from the Overview & Scrutiny Committee (OSC).

The Governing Body members of Hartlepool & Stockton-on-Tees (HAST) CCG agreed to the following recommendations which were proposed by the Executive in Common meeting, which met on 18th January 2018:

- To progress Option 2 to implementation.
- Ensure that discussions with the existing provider are progressed following the decision making from a contractual management perspective and individual quality and continuity of care.
- Revisit and update the transition plans to ensure effective onward development of this work into its implementation stage.
- Support the agreed Governance arrangements.
- Schedule assurance of the proposed changes within six months of the decision-making date to include progress within:
 - Ensure robust service user and carer engagement in the co-production of the final community service model.
 - Utilise the pilot assessment and allocations process to inform final demand, capacity and cost modelling prior to procurement and service implementation.
 - Fulfil plans to separate crisis and respite arrangements to address current levels of unplanned admissions to respite beds.
 - Undertake rigorous market testing and procurement processes (when necessary) to ensure suitably staffed community services are in place prior to any changes in the current bed base,
 - Taking into account NHS England's caveat for assurance that if option 2 were to be pursued, the CCG must ensure that market testing and provider engagement demonstrates long term service viability and affordability. This also recognises that there would be similar challenges to the service should the current model be retained.

- Place personalised transition planning for service users and carers at the heart of the implementation process, underpinned by appropriate needs identification, support and communications.
- Build on accessibility analysis to continue to ensure appropriate travel and transport implications are considered in terms of service access.
- Employ appropriate oversight, monitoring and evaluation arrangements to i) carefully monitor the viability and affordability of the final service model and ii) ensure capacity is able to continue to meet demand, reducing risks of unmet need and potential inpatient admissions.

Both South Tees CCG and HAST CCG agreed that any further reporting or monitoring arrangements will be fed back in via each CCGs' future Governing Body meetings.

It was confirmed that the Local Authorities from all four areas (Hartlepool, Stockton-on-Tees, Redcar and Middlesbrough) had been involved in the consultation. Involvement of the Local Authorities was fed in and overseen via the Respite Steering Group.

It was agreed that the decision taken by both CCGs' at the Governing Body In Common meeting would be reported back to the Overview & Scrutiny Committee (OSC) meeting held on Monday 5th February 2018.