





COMMISSIONING PARTNERSHIP BOARD 26/07/2018 at 12.30 pm

Present: Councillor Chauhan (Chair)

Councillor Chadderton, Dr Andrew Vance GP Governing Body Member North Cluster, Graham Foulkes Deputy Chair of CCG Commissioning Committee and Lay Member, Ben Galbraith

Chief Finance Officer CCG

Also in Attendance:

Dr. Mudiyur Gopi Hospital Consultant Representative

Nadia Baig Director of Performance and

Delivery

Rebekah Sutcliffe Strategic Director of Reform Carolyn Wilkins OBE Chief Executive / Accountable

Officer

1 ELECTION OF CHAIR

The meeting was opened and adjourned for fifteen minutes as there was no quorum present.

The meeting was reconvened at 12.45pm, notwithstanding the absence of quorum, those members present could proceed to discuss the business on the agenda.

RESOLVED – That Councillor Chauhan be elected Chair of the Commissioning Partnership Board for the duration of the meeting.

2 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Fielding and Shah, Majid Hussain, Dr Ian Patterson, Dr Ian Milnes.

3 URGENT BUSINESS

There were no items of urgent business received.

4 DECLARATIONS OF INTEREST

There were no declarations of interest received.



5 **PUBLIC QUESTION TIME**

There were no public questions received.

6 MINUTES OF THE COMMISSIONING PARTNERSHIP BOARD HELD ON 28TH JUNE 2018

RESOLVED – That the minutes of the Commissioning Partnership Board held on 28th June 2018 be approved.

7 INTEGRATED CRISIS SAFE HAVEN AND HOME TREATMENT TEAM

The Board gave consideration to a report of Dr Keith Jeffrey, Clinical Director for Mental Health and Gary Flanagan, Senior Commissioning Business Partner (CCG) which sought support of the recommendations to approve the business case proposal as set out in the report, for the Oldham allocation of Greater Manchester funding to support enhanced adult crisis and urgent care options.

It was reported that the proposal was for a Crisis Safe Haven service, based at Forrest House, located at the Royal Oldham site, with integrated Home Treatment Team support. The service would be developed based on the existing home treatment resource, with practitioners being available from 4pm to review any referral information and take a handover from core mental health services.

Initially the service would be provided overnight from 6pm to 9am, 5 nights a week.

The service would support people who may experience a mental health crisis overnight, either known to secondary care services already or referred by RAID following presentation at A&E. The days of operation were to include the weekend however the heat map as detailed within the report showed a higher number of admissions mid-week and therefore the proposed days for the Crisis Safe Haven may need to be reviewed.

The Home Treatment team did operate over a 7 day period until 9pm in the evening however the 5 Year Forward View for Mental Health asserted that a 24/7 service was required to save lives by reducing suicide.

It was acknowledged that the Safe Haven could not be directly accessed by someone not previously known to mental health services or someone without a current risk assessment or care plan. The initial mental health assessment and risk evaluation would need to be completed by the RAID practitioner in A&E. It was further noted that and that known secondary care users could self-refer and access the safe haven directly out of hours without attending via A&E.

The report had been considered by the Finance and Contracts Committee on the 19th July 2018 and the business case was recommended to the Commissioning Committee subject to the following:



- The uncommitted funding from within Oldham's Mental Health Transformation Fund allocation for crisis care could be utilised at the discretion of the Senior Commissioning Business Partner and Clinical Director for Mental Health to understand:
 - How the model could include additional nonmedical support through integration with voluntary and third sector partners;
 - Whether there was flexibility to scale the service up to 7 days;
- Agreement between the CCG and the Trust on how and when funding would be transferred i.e. Funding for actual costs incurred up to the agreed financial envelope
- Adjustment to the costings to recognise overheads should not be included in transformation funded schemes.
- Agreement of a schedule of KPIs and outcomes to ensure the service was delivering on the objectives set put in the business case around admission avoidance and deflections.

Members welcomed the report and made a number of observations/comments including:

- Providing an equivalent service for young people and children
- The definition of 'known user' needed to be clear
- The use of social prescribing within the model
- Request for further information on out of Borough placements
- Request for further information on number of patients under 18 with Mental Health issues, presenting at A&E
- Request for further information in relation to the overall offer
- Primary Care links when user is classed at DNA and file closed
- Request for information on projected numbers using the safe haven
- Request for early sight of proposed business cases for all Members of the Board, to enable comment and contribution before final decision is made.
- List of Committees any business case presented to the Board has been considered by.
- Request that an 'idiots guide' was produced which provided details of the offer.

Options/Alternatives considered

Do nothing – This was not an option as it was likely to increase costs to the CCG through increasing A&E attendances and inpatient admissions and the GM funding had been allocated to develop crisis care options for out of hospital. If the business case was not accepted an alternative proposal would be required.

RESOLVED – That the Commissioning Partnership Board supported the approval of the Business case for the Oldham allocation of GM Crisis Care Funding: Integrated Crisis Safe Haven and Home Treatment Team.



The meeting started at 12.30pm and ended at 1.21pm