

## PART 1 Primary Care Commissioning Committee 2019/20

<b>Date of Meeting:</b>	08 November 2019
<b>Agenda Item:</b>	3.3
<b>Subject:</b>	Primary Care Assurance Sub Committee Update
<b>Reporting Officer:</b>	Damian Mercer
<b>Aim of Paper:</b>	To provide a summary of the Primary Care Assurance Sub Committee activities since the last PCCC meeting in May 2019

Governance route prior to Primary Care Commissioning Committee	Meeting Date	Objective/Outcome
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Primary Care Assurance Sub - Committee	Select date of meeting.	Click to Select
Primary Care Innovation and Transformation Sub-Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

<b>Primary Care Commissioning Committee Resolution Required:</b>	For Information Only
<b>Recommendation</b>	To note the contents of this report

Link to Strategic Objectives	Contributes to: (Select Yes or No)
<b>SO1:</b> To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
<b>SO2:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Prevention and Access</b> (Prevention and Self Care)	No
<b>SO3:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Neighbourhoods &amp; Primary Care</b> (Getting help in the Community)	No
<b>SO4:</b> To deliver on the outcomes of the Locality Plan in respect of <b>In Hospital - Planned</b> (Getting more help)	No
<b>SO5:</b> To deliver on the outcomes of the Locality Plan in respect of <b>In Hospital - Urgent Care</b> (Getting more help)	No
<b>SO6:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Children, young people and families</b>	No
<b>SO7:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Mental Health</b>	No

<b>Risk Level:</b> (To be reviewed in line with Risk Policy)	Not Applicable
<b>Comments</b> (Document should detail how the risk will be mitigated)	n/a

<b>Content Approval/Sign Off:</b>	
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<b>The contents of this paper have been reviewed and approved by:</b>	Head of Primary Care, Sarah Crossley
<b>Clinical Content signed off by:</b>	Not applicable
<b>Financial content signed off by:</b>	Not Applicable

	<b>Completed:</b>
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

## Executive Summary

This report aims to update the PCCC on the discussions and decisions made since the last PCCC update in May 2019 by the Primary Care Assurance Sub Committee (PCASC).

### Homeless Alliance Response Team (HART)

RHA presented a paper to request ongoing funding for the HART scheme, as well as further funding for a 12-month pilot, to support the patient's mental health and podiatry needs. The committee unanimously agreed to support this funding, agreeing that the service had integrated well with the soup kitchen at Champness Hall and was delivering a good service to those utilising the service. However, until the CCG can identify recurrent funding for this, they couldn't agree past a further 12 months. The funding value was £159k to extend the current service and support the pilot. Key performance indicators (KPIs) and robust monitoring and evaluation processes were also agreed as part of the approval process.

### Homely Remedies

The CCG agreed to fund training for care homes to allow them to administer some low-level medication to their patients rather than calling out the GP. There was some discussion around accountability and patient safety, but it was agreed that there would be an agreed list of illness issues that the care homes could treat. The funding for this training was £5K for ten sessions.

### Core + 2019/20 Prescribing Indicators

It was agreed that additional reviews of those on long term antidepressants is to be removed from Core + 2 as after consultation it was deemed unnecessary due to reviews routinely being made prior to reauthorisation.

The following indicator set was proposed and agreed for 2019/20:

1. Use of PINCER reporting software but until this has been made available, baseline EMIS searches must be made;
2. Achieve national antibiotic target by March 2020;
3. Control Diabetes Spend - Areas for improvement of diabetes care identified across the borough, and where high levels of diabetes spend is identified a reduction of 10% - 5% achieved to move in-line with the CCG mean. CCG mean baseline will be taken as of April 2019.
4. Reduce high levels of opiate prescribing - Areas for improvement identified across the borough and where levels of high dose opiate prescribing is identified a reduction of 10% - 5% achieved to move in-line with the CCG mean. CCG mean baseline will be taken as of April 2019.

### **Review of Subcommittees**

Members were asked to consider the frequency of the Primary Care Subcommittees and the Terms of Reference were provided for information. It was noted that there are very little Primary Care Reserves this financial year and there are no new investments or schemes in the pipeline. Therefore, a suggestion was made to merge the 2 sub-committee meetings into one which would then meet Bimonthly. This decision will be taken to the PCIT meeting for discussion and then to PCCC for final approval.

### **Estates Updates**

***Kirkholt Development:*** The new Kirkholt development is progressing as planned and to schedule, with a completion date of the end of March 2020, with the practice planning to move in at the end of April 2020.

***Milnrow Development:*** The practices have submitted a third revision of their Outline Business Case to NHS England (NHSE). NHSE have responded with a number of questions which the CCG is now working with the practices to address.

***Clough Street Development:*** Progress on this development is currently on hold. However, the pub on which the new development was due to take place has been demolished.