TAMESIDE AND GLOSSOP
CARE TOGETHER SINGLE COMMISSIONING BOARD

4 October 2016

Commenced: 2.30 pm **Terminated: 3.40 pm**

PRESENT: Alan Dow (Chair) – Tameside and Glossop CCG
Steven Pleasant – Chief Executive, Tameside MBC, and Interim Accountable Officer, Tameside and Glossop CCG
Richard Bircher – Tameside and Glossop CCG
Christina Greenhough – Tameside and Glossop CCG
Graham Curtis – Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Peter Robinson – Tameside MBC

IN ATTENDANCE: Sandra Stewart – Director of Governance
Kathy Roe – Director of Finance
Angela Hardman – Director of Public Health and Performance
Clare Watson – Director of Commissioning
Ali Rehman – Public Health
Michelle Rothwell – Tameside and Glossop CCG
Anna Moloney – Public Health

APOLOGIES: Councillor Gerald P Cooney – Tameside MBC

74. WELCOME AND CHAIR'S OPENING REMARKS

In opening the meeting, the Chair made reference to the NHS Tameside and Glossop Clinical Commissioning Group's third Annual General Meeting reflecting on what had been achieved over the last year and the Tameside and Glossop Integrated Care Foundation Trust – a great marker of progress and the plans developed in 2015/16 were beginning to come to fruition. He also made reference to the Director of Public Health's Annual Report, a summary and testimony to whole system progress as we focused in on the bedrock of enabling self-care.

75. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Members of the Single Commissioning Board.

76. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 6 September 2016 were approved as a correct record.

77. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

The Director of Finance, Single Commissioning Team, presented a jointly prepared report of the Tameside and Glossop Care Together constituent organisations on the revenue financial position of the economy. It provided through a presentation a 2016/17 financial year update on the month 5 financial position at 31 August 2016 and the project outturn at 31 March 2017 for each of the three partner organisations. It was explained that there was a clear urgency to implement associated

strategies to ensure the projected funding gap was addressed and closed on a recurrent basis across the whole economy.

In particular, the Board was advised of the following key messages:

- Opening commissioner financial gap of £21.5m and the total economy gap (including FT of £17.3m) was £38.8m;
- Still need to close £6.5m of the commissioner gap;
- Significant improvement in the CCG QIPP position following submission of the recovery plan to NHS England;
- Still work to do to ensure delivery of full savings target and the significant risks attached to this;
- Currently forecasting:
    - CCG to deliver 1% surplus in 2016/17;
    - keeping 1% of CCG allocation uncommitted;
    - maintaining Mental Health parity of esteem;
    - remaining within CCG running cost allocation;
    - Tameside MBC delivering a balanced budget.

In noting that the £23.3m bid for transformation funding had been approved by the Greater Manchester Health and Social Care Partnership, Board was advised and the process of determining the milestones and key performance indicators against, which the investment would be assessed was currently in progress.

RESOLVED

(i) That the 2016/17 financial year update on the month 5 financial position at 31 August 2016 and the projected outturn at 31 March 2017 be noted;

(ii) That the significant level of savings required during the period 2016/17 to 2020/21 to deliver a balanced budget recurrent economy budget be acknowledged;

(iii) That the significant amount of financial risk in relation to achieving an economy balanced budget across this period be acknowledged.

78. PERFORMANCE REPORT

Consideration was given to a report of the Director of Public Health and Performance providing an update on CCG assurance and performance based on the latest published data. The July position was shown for elective care and a September "snap shot" in time for urgent care. Also attached was a CCG NHS Constitution scorecard showing CCG performance across indicators. Particular reference was made to the following:

- Performance issue remained around waiting times in diagnostics and the A & E performance;
- The number of patients still waiting for planned treatment 18 weeks and over continued to decrease and the risk to delivery of the incomplete standard and zero 52 week waits was being reduced;
- Cancer standards were achieved in July apart from 62 day upgrade and Quarter 1 performance achieved;
- Endoscopy was still the key challenge in diagnostics particularly at Central Manchester;
- A & E standards were failed at Tameside Hospital Foundation Trust;
- Attendance and NEL admissions at Tameside Hospital Foundation Trust including admissions via A & E had increased;
- The number of Delayed Transfers of Care recorded remained higher than plan.
- Ambulance response times were not met at a local or at North West level apart from CAT A 8 mins at CCG level.

Discussion ensued on the data provided specifically looking at the care homes use of urgent care systems in order that themes and trends could be identified regarding particular care home

providers. Establishing a robust and consistent dataset had been challenging and the aim of working with the relevant urgent care partners was to deliver a monthly reporting system that would allow health and social care services to interpret the data to develop appropriate support plans. Examples of data collected to date used by the Care Home Steering Group were highlighted.

RESOLVED
(i) That the 2016/17 CCG assurance position be noted.
(ii) That the current levels of performance be noted.

79. PRIMARY CARE QUALITY STANDARDS REVIEW

The Director of Commissioning presented a review of the first six months of the Primary Care Quality Scheme, the underlying principle of which was to increase and sustain the infrastructure and delivery of primary care services, including parity of investment with other sectors of the economy, whilst recognising the trend of moving services out of secondary care into primary care.

The Primary Care Quality Scheme was promoted as a potential long term investment in primary care that practices could use to access additional resources and at the same time implement longer term projects to improve patient and staff outcomes and experience and to emphasis this message practices were asked to submit two year plans.

The scheme went live in October 2015 with an initial approval covering a period to the end of March 2017. Year one reports had been submitted by all 41 practices and the report discussed the progress of the Primary Care Quality Scheme to date and its positon as part of the current primary care position.

An important theme from the year one reports was that of practices engaging with their data and fully understanding their position on each indicator and consider approaches to improve or maintain that position. The scheme also recognised the individuality of each practice and the challenges faced and asked them to build their own resilience and plan for the future shape of their business in terms of succession planning. This increased the performance of all practices and reduced variation by incentivising each practice to focus on improving weaker areas while maintaining stronger areas. This should eventually reduce unwarranted variation in general practice across Tameside and Glossop and reduce health inequalities. Equally important was that in the long term practices would develop and embed new behaviour, recognise areas requiring improvement and establish their own improvement aims.

The report also provided details on:

- Commissioning Improvement Scheme;
- Neighbourhood Working;
- GM Standards;
- CQC Requirements;
- Vulnerable practices;
- Outcome measures; and
- Learning and future development of the scheme.

In conclusion, it was reported that the Primary Care Quality Scheme would evolve as the landscape in which it existed evolved. Since the scheme was developed over a year ago the CCGs financial position had changes significantly. In addition, the landscape of the local health economy had change significantly. The progress made in 2016/17 would serve to influence the scheme in 2017/18 and the new scheme would be delivered within a reduced budget.

The recommendations, which had been accepted by the Professional Reference Group, could be designed to complement and align with the Single Commissioning Board's strategic direction, and

reflected the changes that had occurred in the last 18 months of its development and implementation.

RESOLVED

(i) That approval be given to the Primary Care Quality Scheme continuing in its current format to the end of 2016/17 with an active promotion of neighbourhood working.

(ii) That the remainder of the year be used to evolve the scheme based on the learning to date from the year one reports, patient feedback and practice feedback, and also to complement the current environment.

(iii) That changes be incorporated to further support neighbourhood working, addressing the Greater Manchester Quality Standards and aligning and running parallel to reducing originating activity across the health economy, while also impacting positively on costs.

80. CONTRACT FOR THE PROVISION OF DIRECT PAYMENT SUPPORT SERVICES – INCLUSION ON LIST OF APPROVED SERVICES

The Director of Commissioning presented a report seeking authorisation under Procurement Standing Order F1.3 to extend the contract for the provision of direct payment support services for a period of 12 months as there was provision to do so in the contract.

It was explained that direct payments were an alternative to traditional care and support services providing cash payments to individuals to purchase services to meet their assessed care needs allowing the person more choice and control over how their needs were met. Recipients could choose to employ their own care workers known as personal assistants. As an employer, the individual had the usual employer responsibilities such as providing pay slips and ensuring the correct tax and national insurance payments were made. The payroll service was designed to assist people using a direct payment to employ personal assistants to manage their payroll and tax functions including professional unlimited payroll advice.

The list of approved services commenced in November 2013 with a three year contract including provision to extend for up to an additional 2 years. There were currently 5 organisations on the approved list.

The proposed extension to the contract would be funded by existing financial resources. It was anticipated that there would be a reduction in these costs after the initial 12 month period as it was intended to introduce pre-paid cards meaning that a number of current users of the payroll service would be able to manage their own finances independently or with the help of carers. Authorisation to extend the current arrangements for 12 months was being sought to enable this work to be completed.

RESOLVED

That approval be given to the extension of the contract for the provision of direct payment support services for a period of 12 months from 1 November 2016 to 31 October 2017.

81. CONTRACT FOR THE PROVISION OF SPECIALIST DAY SERVICES FOR PEOPLE WITH DEMENTIA

Consideration was given to a report seeking authorisation under Procurement Standing Order F1.3 to extend for a period of 12 months where there was provision to do so in the contract. It was explained that the service comprised of two key components:

- A building based service at Wilshaw House, Ashton-under-Lyne, providing 20 places per day, 7 days per week, 52 weeks per year;

- A community based element providing 8 places per day, 7 days per week, 52 weeks per year.

The contract commenced in December 2012 for an initial 3 years with provision to extend for up to an additional 2 years. The service had maintained a high level of performance to date reported to regular performance management meetings including case studies which reflected the positive outcomes for individuals. The findings of a validation carried out in September 2014 were extremely positive with evidence that staff had access to structured learning and development and were recruited according to employment legislation. In addition, feedback from the carers was extremely positive and they spoke highly of the staff and the benefits of the service.

In conclusion, the Board was advised that the existing service provision supported the delivery of cost avoidance to the health and social care economy the supporting details of which were contained in the report.

RESOLVED
That approval be given to the extension of contract for the provision of specialist day services for people with dementia for a period of 12 months from 2 December 2016 to 1 December 2017.

82. PROVISION OF RESPITE CARE FOR ADULTS WITH LEARNING DISABILITY AND ADDITIONAL NEEDS WITHIN A REGISTERED CARE HOME SETTING

Consideration was given to a report of the Director of Commissioning outlining options for re-commissioning short stay / respite provision for adults with a learning disability in the borough following an unsuccessful procurement exercise where both submissions received were non-compliant.

It also detailed the background to the changes to the delivery of the service and procurement exercise undertaken, whilst seeking permission to extend the current service contract, under Procurement Standing Orders F1.3, for up to 24 months as allowed for within the contract. This would allow further development in the market for the delivery of the accommodation required and commissioning intentions evaluated.

The cost of a 24 month extension to the existing contract from 1 October 2016 would continue to be financed from the Section 75 funding allocation within the Integrated Commissioning Fund.

RESOLVED
(i) That the outcome of the unsuccessful procurement exercise and the options being considered to ensure the continued provision of the service be noted, the outcome of which would be reported to the Single Commissioning Board in due course.
(ii) That authorisation be given to extend the current contract for up to 24 months.

83. COMMISSIONING DATA MANAGEMENT SERVICES

Consideration was given to a report of the Director of Public Health and Performance advising that the Tameside Single Commissioning Unit had been tasked by the Greater Manchester Directors of Public Health to commission the provision of data management services from Arden and Gem CSU on behalf of the ten Greater Manchester Authorities. Public health intelligence required access to a range of data across the health and social care economy, including NHS secondary care data, which was essential to enable analysis of key public health indicators and the performance of the local health economy. The GM Directors of Public health agreed in principle to commission Arden and GEM CSU until 31 March 2019 to provide a Data Management Service covering access to healthcare datasets with local authority access to the datasets including:

- Secondary Uses Service;
- Payment by Results;
- Patient Demographics.

They approved a lead commissioner model rather than the previous model consisting of separate contractual agreements as a single contract reduced the overall operational burden on both local authorities and the provider with a reduction in contract price, administration costs and a clearer channel of communication for contract monitoring and review purposes. Tameside MBC would contract with the provider for the data management service on behalf of the participating authorities but each authority would have separate processing agreement in place and as such individually responsible for their own data governance and any data breach.

In conclusion, it was stated that only Arden and Greater East Midlands CSU and NHS Oldham Clinical Commissioning Group were able to provide these services as a result of their relationship with NHS Digital and being commissioned host of the Greater Manchester Shared Services respectively. It would not be unreasonable in this case to make a direct award under procurement standing order F1.4. The Tameside element of the costs associated with the contract waiver would be funded from existing resources within the Section 75 agreement of the Integrated Commissioning Fund.

RESOLVED
That a contract waiver be granted under Procurement Standing Order F1.4 to enable the direct award to Arden and Grater East Midlands CSU and NHS Oldham Clinical Commissioning Group for data management services.

84. PUBLIC HEALTH ANNUAL REPORT

The Director of Public Health and Performance submitted her Annual Report 2015/16 themed around self-care. The report emphasised that focusing on self-care would help people to increase their confidence to live well, improve their quality of life and improve the patient experience. The report highlighted existing programmes of work and showed where real opportunities existed as a result of the restructure brought about by Care Together and Greater Manchester Devolution.

Members of the Board commented favourably on the Annual Report and accompanying video presentation.

RESOLVED
That the recommendations and the proposed approach and actions highlighted in the report be used to inform service development and commissioning of the system wide self-care programme.

85. URGENT ITEMS

The Chair reported that there were no urgent items had been received for consideration at this meeting.

86. DATE OF NEXT MEETING

It was noted that the next meeting of the Single Commissioning Board would take place on Tuesday 1 November 2016 commencing at 3.00 pm at New Century House, Denton.

CHAIR