

**TAMESIDE AND GLOSSOP
SINGLE COMMISSIONING BOARD**

14 FEBRUARY 2017

Commenced: 3.00 pm

Terminated: 4.40 pm

PRESENT: Alan Dow (Chair) – Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Peter Robinson – Tameside MBC
Christina Greenhough – Tameside and Glossop CCG
Jamie Douglas – Tameside and Glossop CCG

IN ATTENDANCE: Sandra Stewart – Director of Governance
Ian Duncan – Assistant Executive Director (Finance)
Clare Watson – Director of Commissioning
Ali Rehman – Public Health
Gideon Smith – Public Health
Sandra Whitehead – Adult Services

APOLOGIES: Steven Pleasant – Chief Executive, Tameside MBC, and Accountable Officer, Tameside and Glossop CCG
Councillor Gerald Cooney – Tameside MBC
Graham Curtis – Tameside and Glossop CCG
Alison Lea – Tameside and Glossop CCG

123. WELCOME AND OPENING REMARKS

In opening the meeting the Chair made reference to Tameside Hospital NHS Foundation Trust being awarded an overall score of 'Good' by the Care Quality Commission following their most recent inspection into the quality of services at the Trust in August 2016. The outcome of this report represented a significant step in the organisation's journey to deliver outstanding services for its patients and was a huge boost for local people and staff at the organisation.

124. DECLARATIONS OF INTEREST

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

125. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 14 December 2016 were approved as a correct record subject to the following declaration of interest being included:

Members	Subject Matter	Type of Interest	Nature of Interest
Christina Greenhough	Item 6(g) – Dermatology and Guidance Interceptor Service	Prejudicial	Director – GotoDoc

126. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

The Director of Finance, Single Commission, presented a jointly prepared report of the Tameside and Glossop Care together constituent organisations on the revenue financial position of the economy. It provided a 2016/17 financial year update on the month 9 financial position at 31 December 2017 and the projected outturn at 31 March 2017. There needed to be careful management of the pressures faced by the each of the Tameside and Glossop Care Together constituent organisations.

The overall financial position of the Care Together economy had improved month on month reducing the projected year end deficit to £4.8m. Work continued to deliver improvement on the CCG QIPP position of the recovery plan, appended to the report, and there had been an improvement to the CCGs projected year-end financial position but it was important to note that the majority of this improvement was a result of non-recurrent means.

Overall, the Tameside MBC year end forecast position had deteriorated since period 7 predominantly in response to the increase in the number of children being referred to Children's Services. The budget for Children's care services had been increased significantly so that vulnerable children were not put at risk.

The Tameside and Glossop Integrated Care NHS Foundation Trust was currently forecast to achieve the planned £17.3m deficit.

RESOLVED

- (i) That the 2016/17 financial year update on the month 9 financial position at 31 December 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 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.**

127. PERFORMANCE REPORT

Consideration was given to a report of the Director of Public Health and Performance providing an update on quality and performance data as at the end of November 2016. Assurance was provided for the NHS constitutional indicators. In addition, Clinical Commissioning Group information on a range of other indicators were included to capture the local health economy position. The format of the report would include elements on quality from the Nursing and Quality Directorate as report evolved and also Adult Social Care indicators. It was intended that the evolving report would align with the other Greater Manchester Health and Social Care Partnership and national dashboard reports. The following were highlighted as exceptions:

- Diagnostic standard improving but still failing the standard;
- A&E standards were failed at Tameside Hospital Foundation Trust;
- Ambulance response times were not met at a local or at a North West level;
- Improving Access to Psychological Therapies performance for Access and Recovery remain a challenge;
- 111 Performance against Key Performance Indicators; and
- MRSA.

Also attached for information was the Draft GM Partnership dashboard and the latest NHS England Improvement and Assessment Framework.

RESOLVED

That the contents for the performance and quality report and revised format be noted.

128. ROLE OF STRATEGIC COMMISSIONING – TAMESIDE AND GLOSSOP COMMISSIONING FUNCTION

The Director of Commissioning presented a report explaining that the Care Together vision was to create an Integrated Care Foundation Trust which provided care (acute, community, public health/wellbeing, mental health, all age social care and wider 3rd sector) for the Tameside and Glossop population. It would be commissioned and contracted for by the Single Commissioning Function bringing together the commissioning responsibilities of the NHS Tameside and Glossop and Tameside MBC. The Care Together Programme was a joint venture between commissioner and provider and therefore all parties would be working together to achieve the collective vision.

The partners needed the transformed integrated system to collectively raise the healthy life expectations for the Tameside and Glossop population. Through an action focused programme of delivery with clear and measurable strategically commissioned outcomes within neighbourhoods, the system needed to enable the public's health and improved wellbeing to take primacy. This would give joint responsibility to the Single Commissioning Function and Integrated Care Foundation Trust for reducing inequalities and improving outcomes and expectations.

Reference was made to a proposed time frame for the Single Commissioning Function's strategic commissioning intentions and long stop dates for achieving these. This would mean the delegation / transfer of responsibilities between the Single Commissioning Function and the Integrated Care Foundation Trust and a sharing of skills to enable this to happen. To achieve this, the Integrated Care Foundation Trust would need to take on some current functions of the Single Commissioning Function to deliver the movement of provision arrangements into the Integrated Care Foundation Trust.

Formal due diligence and governance processes would be established to ensure the safe transfer of services and contracts. Additionally, the Single Commissioning Function would design a series of checkpoints aligned to the 'most capable provider' framework to assure the Single Commissioning Function and Integrated Care Foundation Trust Boards of the system's readiness for this transformation. This would include agreement of 'conditions' of any service and staff transfer.

If the Tameside and Glossop Integrated Care Foundation Trust took on, over an agreed timescale, the provision of all the services detailed in the proposal, the Single Commissioning Function's strategic commissioning role would be:

- Placed based public sector reform commissioner, including all health and care services outcome and quality assurance, including commissioning of other providers for example mental health. In addition the portfolio would extend to the residual responsibilities within People, i.e. communities, education, and areas of commissioning within Place, including economic development, transport and a single estates function.
- Primary care as per legislation for a Level 3 delegated commissioner.
- Acute and tertiary services on a South East Sector or Greater Manchester basis, in line with Greater Manchester Devolution, North West and / or national developments.
- An intelligent and supportive partner of the Integrated Care Foundation Trust.

Further discussion was required about the role of clinical leadership within the Single Commissioning Function. If, as is being proposed, the Tameside and Glossop Integrated Care Foundation Trust wanted to build the capacity within the Healthy Neighbourhoods and begin a more productive and proactive relationship with primary care, then the function of the Clinical Neighbourhood Leadership needed agreement.

The Single Commissioning Function would determine what clinical leadership it needed and what level of executive influence and authority this would have. This was closely aligned to the governance of the Single Commissioning Function and the scheme of delegation regarding decision making and system clinical leadership at a locality and Greater Manchester / North West

level, representing the Single Commissioning Function in all fora and taking charge of co-ordinating all clinical commissioning. There would be an opportunity to learn from and align the clinical and political role and decision making powers within the Single Commissioning Function.

In terms of staff transition, there would be an expectation that new structures and support programmes were published shortly before any staff transferred from the Single Commissioning Function to the Tameside and Glossop Integrated Care Foundation Trust to ensure equity of opportunities for all. Full engagement and consultation was required.

In conclusion, it was reported that a detailed programme plan, including risks, was being developed to ensure momentum for the programme was maintained and that system assurances would be achieved.

The Board commented favourably on the content of the report and how all parties working together and moving forward to achieve the collective vision.

RESOLVED

- (i) That the Single Commissioning Function's proposed strategic commissioning role / portfolio be approved.**
- (ii) That the Single Commissioning Function's proposed long stop commissioning dates and movement of services and contracts to the Tameside and Glossop Integrated Care Foundation Trust be approved.**
- (iii) That formal due diligence and governance processes to ensure the safe transfer of services and contracts, including a series of local checkpoints to assure the system's readiness, be approved.**
- (iv) That approval be given to the development of a 'System Health Framework' to manage the transformational change.**
- (v) That the clinical leadership role developments be supported.**
- (vi) That the proposals for staff transition across the system be approved.**

129. CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH LOCAL TRANSFORMATION UPDATE

Alan Ford, Commissioning Business Manager for Children, Young People and Families, presented a report which explained that the Tameside and Glossop Local Transformation Plan was finalised in October 2015 and assured at the end of 2015/16 through NHS England bespoke process, with a view to aligning it in 2016/17 with mainstream Clinical Commissioning Group planning and assurance cycles. However, the Government and national public interest surrounding children and young people's mental health ensured that robust assurance and auditing remained in place with additional scrutiny from Greater Manchester Health and Social Care Partnership. The Tameside and Glossop Local Transformation Plan had been in place for a year and it was required to be refreshed to reflect local progress and further ambitions at the end of 2016. The refresh of the Local Transformation Plan was seen by NHS England as the evidence that progress was being made, that the funding was being spent as intended and would provide evidence on how services were being transformed.

The Single Commissioning Board agreed that this was a very positive report in terms of the discussions taking place, the work being undertaken and the huge benefits of galvanising the partnership and engaging schools in the prevention agenda.

RESOLVED

- (i) That the content of the report be noted and Single Commission officers and Clinical Leads be authorised to take relevant steps, make decisions, and progress arrangements to further the elements discussed through the paper.**
- (ii) That the Local Transformation Plan refresh and finance plans for the deliverables for 2017/20 be approved.**

- (iii) **That the alignment of the Local Transformation Plan with Greater Manchester approaches where populations and needs require thus delivering efficiencies be supported.**
- (iv) **That the national context and building national pressures and assurance measures to increase spending on CAMHS and ensure the publication of the Local Transformation Plan be noted.**

130. ATRIAL FIBRILLATION PATHWAY AND COMMUNICATIONS STRATEGY

Consideration was given to a report of the Director of Commissioning, which explained that Atrial Fibrillation was a common arrhythmia and increased the risk of stroke. In order to improve health outcomes for people with Atrial Fibrillation and to also achieve significant financial savings for the NHS and social care, more patients needed to be identified, treated and management appropriately. The Heart Disease Programme Board had identified the need for:

- A clear pathway to identify, treat and manage Atrial Fibrillation;
- Key messages about Atrial Fibrillation to be communicated to the Neighbourhoods (including Primary Care) and also people living in Tameside and Glossop.

Reference was made to a copy of the proposed pathway included as **Appendix 1**, a draft communications plan at **Appendix 2** and targets for increasing the identification and management of people with Atrial Fibrillation.

Reference was made to the NHS Right Care model about improving population-based healthcare, through focusing on value and reducing unwarranted variation. The implementation of the Atrial Fibrillation pathway would ensure the requirements of the NHS programme cardiovascular disease prevention pathway were met.

RESOLVED

- (i) **That the pathway be approved for use in Primary Care.**
- (ii) **That further discussions be held with Tameside and Glossop Integrated Care Foundation Trust to further develop the draft communications plan to identify more people who had undiagnosed Atrial Fibrillation.**
- (iii) **That the aim to implement the pathway as the approach to identifying 550 more people by the end of 2016/17 and reduce the number of people admitted for a stroke but have known Atrial Fibrillation and were not anticoagulated be agreed.**

131. NHS RIGHT CARE PROGRAMME

Consideration was given to a report of the Director of Commissioning advising that the NHS Right Care programme was about improving population-based healthcare, through focusing on value and reducing unwarranted variation. It included the Commissioning for Value packs and tools, the NHS Atlas series, and the work of the Delivery Partners.

The approach has been tested and proven successful in recent years in a number of different health economies. As a programme it focused relentlessly on value, increasing quality and releasing funds for reallocation to address future demand. NHS England has committed significant funding to rolling out the Right Care approach. By December 2016 all Clinical Commissioning Groups would be working with an NHS Right Care Delivery Partner.

NHS England was investing in this programme to enable every health economy in England to embed the NHS Right Care approach at the heart of their transformation programmes. It was a programme committed to improving people's health and outcomes making sure that the right person had the right care, in the right place, at the right time, making the best use of available resources.

The report set out the national, GM and locality approach to the implementation of NHS Right Care, including the identification of the priorities for Tameside & Glossop. Where to look helps health economies to identify where they need to prioritise their transformation and health care improvement effort, based on where they can most improve.

The implementation of the Right Care approach was key to the delivery of locality wide quality improvement and savings assurance programme encompassing the Clinical Commissioning Group's Financial Recovery Plan. A project team to support the implementation had been formed to support the executive and clinical leads in the identification of Tameside and Glossop priorities and to develop and implementation plan and ensure it was aligned with existing areas of work, e.g. the Care Together programme.

The project team was due to meet on 24 January with the Right Care Delivery Partner to progress the development and implementation of the programme.

RESOLVED

That the proposals relating to the implementation of Right Care in Tameside and Glossop as detailed in Section 5 of the report be approved, ensuring this was addressed as a system wide programme, engaging the Integrated Care Foundation Trust.

132. COMMUNITY HEALTH CHECKS CONTRACTS EXTENSION

Consideration was given to a report of the Director of Public Health and Performance advising that authorisation was required for the extension of an existing contract because there was no remaining extension provision available within the contract. The current contract for the provision of community based NHS Health Checks expired on 30 June 2017. The funding was within the Single Commission Pooled budget and the report requested authority to extend the contract for 9 months to 31 March 2018 to allow retendering aligned to the commissioning intentions of the Greater Manchester Partnership.

The Community NHS Health Checks contract was let under a 24 months, plus 12 months basis and was extended for the allowable 12 months following a report to the Single Commissioning board in June 2016. The contract has been successful in achieving its aims and objectives and the extension would allow Tameside residents to continue to benefit from current and future delivery whilst waiting for the strategic direction for Greater Manchester to be confirmed. The Community Health Checks programme forms a key part of the emerging Wellbeing Service as part of the Healthy Lives model of care within the Care Together programme. The programme contributed to the overall good Tameside performance for NHS Health Checks in 2014/15 that attracted a Public Health Premium payment from Public Health England.

An increase NHS Health Checks had been included in the Tameside and Glossop Health Premium target for 2016/17. The Community Health Checks Programme was a priority as outlined in the GM Devolution Public Health Programme and is a mandated service within the Public Health Grant.

In order to minimise the disruption to ongoing activity and continued delivery of the local NHS Health Check programme until the outcome of the GM Devolution 'Find and Treat Programme' review could inform the implementation of the local Health Lives model of care and the Community NHS Health Checks contract review, an extension to the contract was required. The value for the extension period was £71,925.

RESOLVED

That approval be given to extending the Community Health Checks contract for 9 months from 1 July 2017 to 31 March 2018 following an efficiency review.

133. WOMEN AND FAMILIES CENTRE

Consideration was given to a report of Gideon Smith, Consultant in Public Health Medicine requesting funding for an extension to the existing grant to the Women and Their Families Centre to 31 March 2018. This was in order to align Public Health funding and provision to match that provided by the Office of the Police Crime Commissioner until 31 March 2018 - which was secured to expand this service into 2 additional areas.

It was noted that a form of market testing would be necessary to support consideration of continued support to Centre provision beyond 31 March 2018. The current grant had enabled the delivery of an effective service that both achieved good value and had realised significant outcomes in the early intervention of women offenders and non-offenders.

Continuing to provide the Women and Their Families Centre would enable the service to continue to embed and expand their work significantly to support women victims and offenders and their children to deal with the multiple issues and deprivation they faced.

The breadth of the work being provided, alongside the integration with major partners in Tameside detailing the number of clients and families seen, evidenced the clear necessity to continue with such vital provision. An extension would include a paragraph to acknowledge that the grant may novate during its term.

The Centre has been supported by a grant since 2011. Initially this was via the Tameside Council Community Safety Unit (Drug and Alcohol Action Team), moving to Public Health from 2013. With the establishment of the Single Commission, grant payments required sign off by the Single Commissioning Board.

The noted the that the grant for the Women and Families Centre was in scope for the Single Commission review of grants and that the grant attracted matched funding of £44,500 from the GM Police and Crime Commissioner.

RESOLVED

- (i) The continuation of the current grant of £99,570 per annum to the Women and Families Centre for 2016/17 and an extension to 31 March 2018.**
- (ii) That market testing take place to support consideration of funding of the Centre beyond 31 March 2018.**

134. EVALUATION OF PARKINSON'S DISEASE SPECIALIST NURSE POST

The Single Commissioning Board received a report for information from the Director of Commissioning, which explained that Parkinson's disease was a neurodegenerative movement disorder which commonly occurred in the later years of life. The consequence of inadequate management of the condition could result in poor control of symptoms with medication and side-effects, high levels of disability, mental health problems and increased carer burden, all of which lead to increased dependency on health and social care services

Parkinson's UK pump primed a Parkinson's Disease Specialist Nurse to work in Tameside and Glossop for 18 months. The nurse had been working with the Community Neuro Rehab Team (CNRT) and had a wide range of duties in order to support people with a Diagnosis of Parkinson's Disease.

An evaluation of the post has been conducted with the aim that the Single Commission would continue to commission the post if the evaluation showed that the Parkinson's Disease Specialist Nurse had had a positive effect on the economy as a whole.

The Board commented favourably on the report and noted the positive feedback from service users and their carers, primary care and consultants.

RESOLVED

That the content of the report and positive feedback from service users and their carers, primary care and consultants be noted.

135. URGENT ITEMS

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

136. DATE OF NEXT MEETING

It was noted that the next meeting of the Single Commissioning Board would take place on Tuesday 14 March 2017 commencing at 3.00 pm at Dukinfield Town Hall.

CHAIR