

**TAMESIDE AND GLOSSOP
SINGLE COMMISSIONING BOARD**

11 April 2017

Commenced: 3.00 pm

Terminated: 4.20 pm

PRESENT: Alan Dow (Chair) – Tameside and Glossop CCG
Steven Pleasant – Tameside Council Chief Executive and Accountable
Officer for NHS Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Peter Robinson – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Christina Greenhough – Tameside and Glossop CCG
Alison Lea – Tameside and Glossop CCG
Jamie Douglas – Tameside and Glossop CCG

IN ATTENDANCE: Sandra Stewart – Director of Governance
Ian Duncan – Assistant Executive Director of Finance
Clare Watson – Director of Commissioning
Anna Moloney – Public Health
Mark Whitehead – Head of Service Operations, Adult Services

146. WELCOME AND CHAIR'S OPENING REMARKS

In opening the meeting the Chair made reference to recent organisational changes for the Tameside and Glossop Clinical Commissioning Group providing opportunities to define the Single Commission going forward. April saw the last Governing Body meeting for the Urgent Care Leads, Dr Saif Ahmed and Dr Naveen Riyaz and all five Neighbourhood Leads were now Integrated Care Organisation Neighbourhood Leads.

He was pleased to advise that following a recruitment process, Carol Prowse had been appointed Governing Body Lay Member for Commissioning. Carol had many years' experience as a Non-Executive Director and Senior Independent Director of Stockport NHS Foundation Trust and was heavily involved in her local community in High Peak and as Chairman of Buxton Opera House.

David Swift had been appointed as Governing Body Lay Member for Governance. David had a long history with Tameside and Glossop from his years as Lead Auditor and more recently from his role as Lay Adviser. He was also continuing to support NHS East Lancashire and NHS Stockport Clinical Commissioning Groups.

He concluded by making reference to an interesting article in a recent Health Service Journal regarding the largest ever NHS services tender for £6bn put on the market by Manchester health leaders in the search for the single 'out of hospital' provider' in a 10 year deal.

147. DECLARATIONS OF INTEREST

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

148. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 14 March 2017 were approved as a correct record.

149. CARE QUALITY COMMISSION – INSPECTION RESULTS

The Chair welcomed Karen James, Chief Executive, Tameside and Glossop Integrated Care Foundation Trust, who reported that Tameside Hospital NHS Foundation Trust had been 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 care services for its patients and was a huge boost for the local people and staff at the organisation.

The CQC had inspected eight core services of the Tameside and Glossop Integrated Care NHS Foundation Trust across two sites – Tameside General Hospital and the Stamford Unit. The Chief Executive presented the key findings of the inspection and the key challenges and risks and advised that actions plans had been put in place to address the areas where the Care Quality Commission would wish to see further improvements made. Reference was also made to the positive results of the 2016 NHS Staff Survey for Tameside and Glossop Integrated Care Foundation Trust. For 29 of the 32 key indicators the Trust was better than the national average and the best in Greater Manchester.

In conclusion, and in looking back at the journey so far, the Chief Executive was immensely proud of what had been achieved and the contribution staff had made to improve services for local people. In appreciating that the organisation had come a long way in three years, she stated the journey would never be complete and efforts would continue to improve the quality of services at the organisation.

Members of the Board joined the Chair in congratulating the Chief Executive and her staff on the outcomes of latest inspection by the Care Quality Commission. This placed the Trust in an excellent position in 2017 to progress plans and implement models of care schemes to enhance the lives of local people through an integrated health and social care system. An example was provided of the development of a Digital Health pilot, a transformation project to support a reduction in the attendances and subsequent admissions to hospital from care homes by connecting health care staff in care homes with an advanced practitioner in the Acute Trust through Skype for Business.

RESOLVED

That the Chief Executive of the Tameside and Glossop Integrated Care Foundation Trust, be thanked for her attendance and presentation.

150. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

The Assistant Executive Director (Finance) presented a jointly prepared report of the Tameside and Glossop Care Together constituent organisations on the consolidated financial position of the economy. The report provided a 2016/17 financial year update on the month 11 financial position at 28 February 2017 and the projected outturn at 31 March 2017. A summary of the Tameside and Glossop Integrated Care NHS Foundation Trust financial position was also included within the report.

The overall financial position of the Care Together Economy had improved by £0.6m month on month, reducing the whole economy projected year end deficit to £1.21m as at 28 February 2017. This remaining deficit comprised an improvement of £2.8m for the Integrated Care Foundation Trust and a deficit of £4m at Tameside MBC. The Clinical Commissioning Group had now fully met its Quality, Innovation, Productivity and Prevention programme target of £13.5m in 2016/17 but this had mainly been as a result of non-recurrent means as highlighted last month. The Tameside and Glossop Integrated Care NHS Foundation Trust year end forecast was for the planned £14.5m deficit, which was a £2.8m improvement on the plan.

The report also included narrative on the Tameside Better Care Fund approved by NHS England on 1 September 2016. Funding had been released in accordance with the final approved plan and all expenditure was monitored through the Integrated Commissioning Fund.

RESOLVED

- (i) That the 2016/17 financial year update on the month 11 financial position at 28 February 2017 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.**

151. INTEGRATED COMMISSIONING FUND – SINGLE FINANCE AGREEMENT FROM 1 APRIL 2017

Consideration was given to a report of the Director of Finance, Single Commission, and the Assistant Executive Director, Tameside MBC, setting out the key principles of the single fund (Integrated Commissioning Fund) between the Council and the Clinical Commissioning Group managed by the Single Commissioning Board.

The report provided an update on progress made during 2016/17 together with the 2017/18 value of the Integrated Commissioning Fund. The same report was approved by the Tameside Council Executive Cabinet on 22 March 2017 and the Tameside and Glossop Clinical Commissioning Group Governing Body on 29 March 2017.

Particular reference was made to Section 13 relating to the Integrated Commissioning Fund risk share and the arrangement agreed for 2016/17 was that, whilst working as a single commissioning function, the Council and the Clinical Commissioning Group would retain full responsibility for their own financial risks. After a year of formally working together, the current financial arrangements felt out of step with the concept of a single commissioner.

From 1 April 2017, each organisation would begin to share financial risk in proportion to the respective contributions they made into the Integrated Commissioning Fund resulting in a sharing arrangement of 80% for Tameside and Glossop Clinical Commissioning Group and 20% for the Council.

This would be a significant step for both organisations given the current financial climate and the scale of the savings to be delivered in the short term and the risks that the local health and social care economy face currently.

The variance to the total net budget allocation at the end of each financial year would be financed in proportion to the percentage of the net budget contribution of each organisation to the Integrated Commissioning Fund. However, the variance would be initially adjusted to exclude any Clinical Commissioning Group net expenditure associated with residents of Glossop (13% of the total Clinical Commissioning Group variance) as the Council had no legal powers to contribute to such expenditure. The associated adjusted total variance of both the Clinical Commissioning Group and the Council would then be financed in proportion to the % contributions as detailed in Table 12 in the report.

In addition, a stepped approach would be taken to risk sharing and a cap would be placed on the shared financial exposure that each organisation would be expected to meet. For 2017/18 there would be:

- A cap of £2m placed on Clinical Commissioning Group related risks that the Council would contribute to; and

- A cap of £0.5m placed on Council related risks that the Clinical Commissioning Group would contribute to.

The differential cap recognised that it would be difficult for the Clinical Commissioning Group to assume responsibility for 80% of the Council's risks at a time when it faced the highest Quality, Innovation, Productivity and Prevention programme target across Greater Manchester.

For clarity, the risk sharing arrangement applied to the Section 75 pooled fund, the aligned fund and the 'in collaboration' budget as detailed in Appendix 1 to the report. It was noted that the Council's cap of £2m was over and above the non-recurrent contribution to the Integrated Commissioning Fund of up to £5m in both 2017/18 and 2018/19 on the condition that the Tameside and Glossop Clinical Commissioning Group agreed a reciprocal arrangement in 2019/20 should this be necessary.

RESOLVED

- (i) **That the content of the report previously approved by the Tameside Council Executive Cabinet on 22 March 2017 and the Tameside and Glossop Clinical Commissioning Group Governing Body on 29 March 2017 be noted.**
- (ii) **That Tameside Council Executive Cabinet and the Tameside and Glossop Clinical Commissioning Group to give delegated authority to the Executive Director for Governance, Resources and Pensions of Tameside Council, to ensure that the terms of the financial framework which governed the Integrated Commissioning Fund were updated for the 2017/18 financial year as necessary be noted.**
- (iii) **That the Integrated Commissioning Fund 2017/18 budget allocations detailed in Appendix 1 be noted.**
- (iv) **That the management of the associated share of financial risk during 2017/18 as stated within section 13 of the report be noted.**
- (v) **That it be noted that Tameside Council would continue to be the host organisation for the Section 75 pooled fund agreement.**

152. PERFORMANCE REPORT

Consideration was given to a report of the Director of Public Health providing an update on quality and performance data. 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. This was based on the latest published data to end of January 2017.

The format of the report also included elements on quality from the Nursing and Quality Directorate and a selection of Adult Social Care indicators. The evolving report would align with the other Greater Manchester and Social Care Partnership and national dashboard reports.

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

The key headlines from the quality and performance dashboard were highlighted in relation to the following:

- Referrals;
- 18 weeks referral to treatment incomplete pathways;
- Diagnostics 6+ week waiters;
- A&E waits total time with 4 hours at Tameside and Glossop Integrated Care Foundation Trust;
- Ambulance response times across the North West Ambulance Service area;
- North West NHS 111 service;
- Improving access to psychological therapies;

- Healthcare associated infections;
- Mixed sex accommodation; and
- Dementia.

The Board discussed the significant performance issues relating to the NHS 111 Service across Greater Manchester and proposals for a revised commissioning arrangement for the North West Ambulance Service and the NHS 111 service had been considered at the Greater Manchester Health and Social Care Partnership Board. In bringing the commissioning responsibilities into Greater Manchester this would hopefully maximise the responsiveness to local challenge. In the meantime, the potential to develop an alternative arrangement in Tameside and Glossop was discussed highlighting local expertise / initiatives including Tameside Community Response Service and the Digital Health pilot.

Reference was also made to a recent meeting of the Quality and Performance Assurance Group who had recommended a systematic review of quality and performance reporting. This was essential to clarifying reporting requirements and expectations across the Single Commissioning Board, Clinical Commissioning Group Governing Body and the Council's Board governance, with a view to minimising duplication and providing assurance at the most appropriate system level.

RESOLVED

- (i) That the contents for the performance and quality report be noted.**
- (ii) That the recommendation of the Quality and Performance to undertake a systematic review of quality and performance monitoring with a view to minimising duplication and providing assurance at the most appropriate system level be supported.**

153. PRIMARY CARE QUALITY SCHEME

Consideration was given to a report of the Director of Commissioning outlining the proposed redesign for the Primary Care Quality Scheme as a two year scheme for 2017/18 and 2018/19. This refresh recognised the national strategy around Primary Care, through the General Practice Forward View and also the NHS Operating Planning and Contracting Guidance for 2017-19 along with the Greater Manchester Primary Care Strategy and the local strategy and locality plan.

The operational planning guidance required Clinical Commissioning Groups to identify resources for general practice transformational support and this scheme was designed to facilitate that support together with supporting the Transformation agenda of Care Together. The General Practice Forward View illustrated specific steps to improve general practice provision, both for patients and the workforce, and to address the pressures both in primary care and across the health system.

This proposal would support the development of Quality Improvement skills in GPs and their teams by applying them to real improvement projects embedding Quality Improvement as an underlying competence informing all of the work that practices undertook.

Each practice would receive a payment of £3 per head of their practice population spread over 2 years to deliver three Quality Improvement projects. A maximum of £1.50 per head would be paid in the financial year ending March 2018 and a maximum of £1.50 per head paid in financial year 2018/19 upon satisfactory delivery of agreed actions and achieved metrics. There were six categories of improvement and each practice, in conjunction with a sub-group of Primary Care Development and Improvement Group, would choose two projects from the six categories. In addition, there would be one medicines management proposal that would be a mandatory requirement for all practices.

RESOLVED

- (i) That the Primary Care Quality Scheme proposal be supported.**

- (ii) **That each practice would receive a payment of £3 per head of their practice population spread over 2 years to deliver three Quality Improvement projects. A maximum of £1.50 per head to be paid in the financial year ending March 2018 and a maximum of £1.50 per head paid in financial year 2018/19 upon satisfactory delivery of agreed actions and achieved metrics.**

154. LEARNING DISABILITY DAY SERVICES REVIEW

Consideration was given to a report of the Head of Service Operations advising that learning disability and autism internally provided day services had been significantly reduced since 2012 as a result of budget reductions. This review was undertaken in response to further savings being set against this area of operations.

The report set out the outcome of the review including extensive service user consultation and proposed a number of options and recommendations for the future provision of services based on current and predicted demand. It also considered demand and capacity in terms of children with disabilities and Looked After Children and the increasing demand for specific services for these groups as well as considering the provision of alternative services for children and young people with special educational needs post 16 in the borough as an alternative to out of borough placements in specialist education establishments.

Agreement in principle was being sought from the Board to secure capital investment to develop the Oxford Park site to become a disability centre and to review internal day service packages to establish if individuals currently in internal services could move into services provided by the sector releasing capacity for more complex individuals. It was envisaged that through collaborative working both financial and non-financial efficiencies would be realised across partner agencies with cost avoidance return on investment being realised within three years of the scheme opening.

Oxford Park, on the outskirts of Ashton, contained gardens, sports pitches and a small sports centre managed and run by Active Tameside. The site was owned by the Council and it was proposed to extend the existing building to accommodate a sensory room, several classrooms, a teaching kitchen and a studio. The scheme would be led by Active Tameside although it was expected that other providers across the borough would be able to access and contribute towards service provision where appropriate to strengthen a more diverse and stronger market locally.

Members of the Board commented favourably on the scheme and the focus on improving outcomes for young people in terms of targeted education around the development of independent living skills, offering pre-employment and employment support and providing varied service options to improve choice and control while reducing costs of provision in the future.

RESOLVED

- (i) **That agreement be given in principle to progress the Oxford Park development subject to a bid against the Capital Programme to increase day service capacity, improve collaborative, improve a wide range of outcomes and achieve financial and non-financial benefits for a range of services.**
- (ii) **That a review of internal day service packages be undertaken to establish individuals currently in internal services could move into services provided by the sector releasing capacity for more complex individuals.**

155. URGENT ITEMS

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

156. DATE OF NEXT MEETING

It was noted that the next meeting of the Single Commissioning Board would take place on Thursday 25 April 2017 commencing at 11.00 am in the Rutherford Suite at Hyde Town Hall.

CHAIR