

**TAMESIDE AND GLOSSOP
SINGLE COMMISSIONING BOARD**

25 May 2017

Commenced: 11.00 am

Terminated: 12.40 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
Christina Greenhough – Tameside and Glossop CCG

IN ATTENDANCE: Kathy Roe – Director of Finance
Clare Watson – Director of Commissioning
Stephanie Butterworth – Executive Director (People)
Sandra Whitehead – Assistant Executive Director (Adults Services)
Anna Moloney – Consultant in Public Health Medicine
Gideon Smith – Consultant in Public Health Medicine

APOLOGIES: Councillor Gerald Cooney – Tameside MBC
Alison Lea – Tameside and Glossop CCG
Jamie Douglas – Tameside and Glossop CCG

1. WELCOME AND CHAIR'S OPENING REMARKS

In opening the meeting the Chair made reference to the terrorist incident at Manchester Arena on the evening of 22 May 2017 and his thoughts and those of the Board were with the victims and the families of those who had been affected. He paid tribute to the bravery and dedication of emergency services who responded so swiftly to this tragic event.

He advised that the Governing Body meeting of the Clinical Commissioning Group on 24 May 2017 had signed off its accounts and annual report 2016/17 and had received the Health and Social Care Partnership leadership rating as 'Good'.

2. DECLARATIONS OF INTEREST

Members	Subject Matter	Type of Interest	Nature of Interest
Alan Dow and Christina Greenhough	Item 6(d) – 2017-18 Commissioning Improvement Scheme	Prejudicial	Tameside GPs

* Dr Dow and Dr Greenhough left the room during consideration of this item and took no part in the decision thereon.

3. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 11 April 2017 were approved as a correct record.

4. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

The Director of Finance presented a report of the Tameside and Glossop Care Together constituent organisations on the consolidated financial position of the economy 2016/17. The

report also provided detailed of the savings realised in 2016/17 together with the significant level of savings required in 2017/18 to ensure control totals were delivered and financial sustainability achieved on a recurrent basis thereafter. It was acknowledged that the delivery of additional savings beyond 2017/18 would also be required, the details of which would be reported to future meetings.

The 2016/17 position in all three organisations had now been finalised and the process of completing year end accounts and annual reports as separate statutory organisations were being completed and the audit process was underway.

All three organisations had met financial control totals in 2016/17. Tameside and Glossop Clinical Commissioning Group had delivered a 1% surplus. The movement was detailed and explained in the report and as was in line with the guidance on treatment of national system risk reserve. The net deficit outturn relating to the three Council services included within the Integrated Care Foundation Trust would be financed from Council reserves. The significant deficit primarily arose within Children's Services and was due to exceptional additional demand during the year and details of the variations for each service were provided. The Integrated Care Foundation Trust had an authorised deficit of £17.3m for 2016/17. The actual normalised deficit was £13.3m, so exceeding the target by £4m.

Whilst the financial control totals had been met across the economy, the Director of Finance emphasised that this had only been possible because of non-recurrent actions. On a recurrent basis there remained an underlying deficit across the economy which increased in future years.

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 delivered in 2016/17 and required during 2017/18, detailed in section 4 of the report, to achieve confirmed control totals and the financial sustainability of the economy on the recurrent basis thereafter be acknowledged.**
- (iii) That the significant amount of financial risk in relation to achieving an economy balanced budget across this period be acknowledged.**

5. 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 at the end of February 2017. 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 North West level;
- Improving Access to Psychological Therapies performance for recovery remained the same;
- 111 Performance against key performance indicators; and
- MRSA Bacteraemia.

Attached for information was the draft Greater Manchester Partnership dashboard and the latest NHS England improvement and Assessment Framework dashboard. Also appended to the report was a presentation on improving urgent care compiled by Tameside and Glossop Care Together.

RESOLVED

That the content of the performance and quality report be noted.

6. ADULT SOCIAL CARE TRANSFORMATION PROPOSALS

Consideration was given to a report of the Head of Assessment and Care Management, Adults, outlining the funding that had been made available to local authorities for Adult Social Care, and Tameside Metropolitan Borough Council's share of the monies. Proposals for the most effective use of the funding was highlighted, identifying projects for consideration in line with priority service areas, with indicative costs over three years (where it was possible to identify them).

It was reported that Adult Services had seen significant reductions in its budget since 2010/11 as a result of cuts to government funding. This had placed pressure on the Council to continue to deliver good outcomes for local people who accessed Adult Services, with the available finances. In order to mitigate against the reductions in funding, there had been a number of responses, which were outlined in the report.

The Chancellor of the Exchequer presented his Spring Budget on 8 March 2017, which included an additional £2.0 billion of funding for Adult Social Care, to be made available to local authorities over the period 2017/18 to 2019/2020. For Tameside this equated to a total of £10.296 million through to 2019/20. An analysis of the funding profile over this three year period was provided in the report.

There were three broad themes locally that would be the focus of our programme to impact on service quality and outcomes:

- Quality assurance across community based services, particularly care homes and home care services;
- Transformation of services that help people to live at home, including home care, Reablement, Community Response Service (Telecare, Telehealth);
- Asset based Work – as well as working within communities, to ensure a focus on Carers, Shared Lives and dementia.

Each of the themes would be underpinned with an Organisational Development programme that would embed the transformation, ensuring mainstreaming beyond the funding timescale.

The proposals described would be delivered within the next three years, and would require additional resources to manage delivery. A Programme Manager and several Project Co-ordinators would be required to form a small Programme Management Office, and where relevant, would work with the Care Together Programme Management Office to ensure economy wide processes were met. Details of anticipated costs identified against the additional funding, were appended to the report.

Specific funding had been identified for voluntary sector organisations to support them at a time where funding had been seriously challenged, at the same time that the development of the community offer was a mainstay of the Care Together programme. Many organisations were reporting that they were facing significant financial challenges, amongst them Age UK, who had reported that they had had to review, redefine and significantly reduce their offer locally in order to stabilise the business.

One the proposals in the programme was to grant fund £127,000 to Age UK for one year only, to stabilise the business and give them some capacity to re-structure and embed their new local offer. Age UK did receive funding from Adult Services to core fund the service, but due to other reductions in funding, they were re-structuring and re-scoping their business model to ensure their continued presence in the market.

The report sought permission to grant fund for one year to the value of £127,000 to ensure the viability of the business, Age UK were a very well recognised and well established voluntary sector organisation, the failure of which and withdrawal from the local community would be a great concern and would question the economy's commitment to a thriving voluntary sector as described in the Care Together programme. Whilst grant funding was proposed to underpin the business for

a transition year, Age UK had provided clear plans on how they would invest the funding to maximise the impact of the funding on their new offer.

It was reported that information of Derbyshire Country Council plans for Adult Social Care spend in Glossopdale had not yet been confirmed. There had been initial conversations with the Head of Service for Adults in Derbyshire, who was arranging to meet with Tameside colleagues to look to align schemes and investments. This would not impact or influence the plans described in the report.

It was concluded that the report had provided an overview of the schemes that were proposed to contribute to the three key priorities that had been identified as key to improving system efficiency and would improve outcomes for people accessing services. The proposals were intended to meet unmet need, to tackle a backlog of work, and also to transform services to improve outcomes for individuals, to benefit the wider economy by promoting resilience, self-management and supporting people to remain independently at home. Additional benefits were also expected with regards to step up and step down community capacity to reduce A&E attendances and hospital admissions.

RESOLVED

- (i) That the content of the report be noted.**
- (ii) That the further development of proposals contained within the report be supported in principle.**
- (iii) That the proposed approach to manage the programme of proposals which included the Programme Management Office Care Together oversight of the programme be approved.**
- (iv) That the payment of on recurrent grant funding to Age UK of £127,000 for one year only be approved.**

7. YOUNG PEOPLE'S EMOTIONAL WELLBEING SERVICE

Consideration was given to a report seeking authorisation to extend the contract for the provision of a young people's emotional wellbeing service for a period of 24 months.

The current contract price for the financial year 2016/17 was £91,500. This was a reduction of the previous annual sum of £106,785 for the financial year of 2014/15 as part of the council's budget strategy. In addition, at the time of national in year Public Health grant saving (October 2015), this contract was further reviewed. It was considered that this service could not sustain an additional saving without a significant detrimental impact on children and young people Tier 1 and Tier 2 mental health interventions. This would have implications for the whole system approach in transformation for young people's mental health services as set out in the Children and Young People Emotional Wellbeing and Mental Health Local Transformation Plan.

This contractual service provision offer was a significant part of Tameside's ambition to provide high quality, seamless services to children, young people and their families and reduce demand on high-cost reactive services. The offer was integral to the system integration outlined in the Local Transformation Plan for children and young people's mental wellbeing.

RESOLVED

That authorisation be given to extend the current contract for a period of 24 months from 1 October 2017 to 30 September 2019.

8. DRUG AND ALCOHOL RECOVERY SERVICE

Consideration was given to a report of the Director of Public Health advising that the Lifeline Project Ltd would transfer their business and assets to CGL (Change, Grow, Live) on 31 May 2017. Lifeline had developed a close relationship with CGL in order to secure the continuity of its

services to the community. The transfer had progressed to the stage of legal, contractual and workforce transference that was necessary for the handover from Lifeline to CGL to occur.

In order to take all necessary steps to continue to protect the care of service users and employees it was proposed to novate the current contract held between Tameside MBC and Lifeline Project Ltd to a contract to be held between Tameside MBC and CGL Plc. The novated contract would be completed on the existing contractual terms agreed for the remainder of the contractual term which included the necessary protection of staff in all areas of the contract, the value of which was provided within the report.

In order to be assured of the capability and competence of CGL as an organisation and their ability to achieve and deliver the contractual obligations, a full organisational questionnaire was submitted by CGL, identical to the document provided by tendering organisations during the original service tender, the results of which were detailed in **Appendix 1** to the report.

Board Members discussed the proposed transfer and raised concerns regarding the short notice of the change, the limited knowledge of the new provider and the absence of the tender process. In noting the comments of the Chief Finance Officer, the Board requested a proposal for enhanced financial and performance monitoring to support assurance and consideration of whether a re-tender was necessary to be submitted to the next meeting.

RESOLVED

- (i) That approval be given to vary the contract for the Drug and Alcohol Recovery Service by the novation of the contract to a new provider who would take on the obligations of the original contractor.**
- (ii) That in view of the short notice of the change, the limited knowledge of the new provider and the absence of a tender process, a proposal for enhanced financial and performance monitoring to support assurance and consideration of whether a re-tender was necessary, be submitted to the next Board meeting.**

9. COMMISSIONING IMPROVEMENT SCHEME

Consideration was given to a report outlining a proposal for a Commissioning Improvement Scheme for 2017/18 based on the learning from the 2016/17 scheme and preparatory discussions at Finance and Quality, Innovation, Productivity and Prevention Programme Group. Achievement under the parameters of the 2016/17 Commissioning Improvement Scheme had been calculated and the engagement and innovative thinking of practices and neighbourhoods acknowledged. There was, however, also learning from the framework of that scheme which needed to be reflected whilst maintaining the spirit in which the initial outline was drafted and the positive engagement and creative thinking the scheme had supported.

The principles of the Commissioning Improvement Scheme were to remain, to recognise the performance of practices against their devolved unified commissioning budget in comparison to the prior year and therefore maintain and further develop engagement in delivering Quality, Innovation, Productivity and prevention and securing best use of resources across the economy.

The proposal for achievement under the Commissioning Improvement Scheme in 2017/18 was proposed to following the same principles as 2016/17 of recognising underspends against budget in year and recognising improvements again 2016/17 when comparing the variance position of each year. The proposal for 2017/18 would see practices achieving one of four outcomes which were highlighted in the report. Reference was also made to the following:

- Budget setting;
- Achievement calculations timescales and payment timescales;
- Utilisation of achievement payments;
- Risks and communication

RESOLVED

- (i) That the 2017/18 Commissioning Improvement Scheme proposal be supported.**
- (ii) Continuation of the continuation of the high cost patient risk pool with the change for 2017/18 to apply 50% of each high cost episode to the pool.**
- (iii) Adjustment from 15% to 20% in respect of any improvement achieved.**

10. URGENT ITEMS

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

11. DATE OF NEXT MEETING

It was noted that the next meeting of the Single Commissioning Board would take place on Thursday 22 June 2017 commencing at 2.00 pm at Dukinfield Town Hall.

CHAIR