**TAMESIDE AND GLOSSOP**
**SINGLE COMMISSIONING BOARD**

**11 July 2017**

**Commenced: 2.00 pm** **Terminated: 3.20 pm**

**PRESENT:** Alan Dow (Chair) – NHS Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Alison Lea – NHS Tameside and Glossop CCG
Jamie Douglas – NHS Tameside and Glossop CCG
Christina Greenhough – NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG

**IN ATTENDANCE:** Kathy Roe – Director of Finance
Clare Watson – Director of Commissioning
Angela Hardman – Director of Population Health
Aileen Johnson – Head of Legal Services
Tom Wilkinson – Deputy Section 151 Officer
Paul Dulson – Head of Adult Assessment and Care Management

**APOLOGIES:** Steven Pleasant – Tameside Council Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG
Councillor Peter Robinson – Tameside MBC

## 26. DECLARATIONS OF INTEREST

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

## 27. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 22 June 2017 were approved as a correct record.

## 28. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

Consideration was given to a jointly prepared report of the Tameside and Glossop Care Together constituent organisations on the consolidated financial position of the economy and provided a 2017/18 financial year update on the month 2 financial position at 31 May 2017 and the projected outturn at 31 March 2018.

In summary, the Director of Finance stated that the projected year end deficit across the economy was currently £6.783m. The Clinical Commissioning Group was reporting that all financial control totals would be met, however, there was meaningful risk attached to this. Against a £23.9m QIPP target there were £17m of savings which it was certain would be met, leaving £6.8m still to be delivered and therefore significant risk attached to fully realising this residual target.

Further analysis was required on the forecast net expenditure within Children's Services to 31 March 2018. A nil variance was currently reported, however, this would be updated within the month 3 report presented to the Board.

Reference was also made to the risk share of the projected year end single commission deficit by constituent organisations. This included a non-recurrent contribution of £5m by Tameside MBC with a reciprocal arrangement by the Clinical Commissioning Group within a 4 year period as per the terms of the Integrated Commissioning Fund Financial Framework.

The Integrated Care Foundation Trust was working to a £24.5m deficit position for 2017/18. This had not yet been agreed by NHS Improvement and delivery of £10.4m efficiencies were required to meet this control total.

**RESOLVED**

**(i) That the 2017/18 financial year update on the month 2 financial position at 31 May 2017 and the projected outturn at 31 March 2018 be noted.**

**(ii) That the significant level of savings required during the period 2017/18 to 2020/21 to deliver a balanced recurrent economy budged be acknowledged.**

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

## 29. ANNUAL REVIEW OF 2016/17 SECTION 75 AND FINANCIAL FRAMEWORK AGREEMENTS

The Director of Finance presented a report explaining that under the terms of the financial framework for the Integrated Commissioning Fund and in accordance with requirements of the Section 75 Agreement and associated regulations, the Chief Financial Officer(s) designated as the Pooled Fund Manager(s) must present an annual return to the Single Commissioning Board. The return included details of the income and expenditure within the Pooled Fund and other pertinent information by which Partners could monitor the effectiveness of the Pooled Fund and represented the annual return for 2016/17.

The Section 75 Agreement commenced 2016/17 at a value of £216.40m which include the Better Care Fund. The wider "Aligned and In Collaboration" funds had also been added to provide a total Integrated Commissioning Fund value of £435.52m.

During the course of 2016/17 values were amended to reflect changes in the Clinical Commissioning Group allocations and Tameside Council resources. A particular feature for 2016/17 was the receipt of £5.2m transformation funding to the Tameside and Glossop health economy from the Greater Manchester Health and Social Care Partnership.

The closing value of the Section 75 Agreement at 31 March 2017 was £233.03m reflecting an increase of £16.63m during 2016/17. Taking into consideration the changes in year to the wider Aligned Budget and In Collaboration funds, the total net increase to the Integrated Commissioning Fund was £17.66m at 31 March 2017.

In conclusion, the Director of Finance advised that monitoring information would continue to be reported to the Single Commissioning Board in 2017/18 on a monthly basis to enable the Board to monitor the effectiveness of the Pooled Fund.

**RESOLVED**

**That the review of the Section 75 Agreement within the wider Integrated Commissioning Fund be approved in accordance with the governance outlined at Paragraph 11 of the 2016/17 financial framework for the Integrated Commissioning Fund.**

## 30. CANCER UPDATE

Dr Alison Lea presented a report informing the Board about a review of cancer data to help inform the development of specific actions to ensure the locality contributed to the ambitions set out within the plan for the Greater Manchester Cancer Board and the cancer programme of the Greater Manchester Health and Social Care Partnership Strategic Partnership Board.

There were eight domains within the Greater Manchester plan, reflecting a combination of the five key areas for change set out in 'Achieving world-class cancer outcomes: Taking charge in Greater

Manchester 2017-2021' and the six key work streams of the National Cancer Strategy. A substantial part of the plan in 2016/17 and 2017/18 was part of the vanguard innovation programme and funded by NHS England's New Care Models Team. At Greater Manchester and local level work was ongoing to meet the level of ambition with the aim of preventing avoidable deaths, reducing variation and improving experience. The level of contribution required by Provider Trusts and Clinical Commissioning Groups was detailed in Appendix 1 and Appendix 2 to the report.

The Greater Manchester Cancer Plan had been received by the Tameside Health and Wellbeing Board at its meeting on 9 May 2017. The Tameside and Glossop Cancer Board, led by the Tameside and Glossop Integrated Care Foundation Trust, was currently developing a comprehensive implementation plan and details were outlined in the report for information.

It was explained that in 2016 cancer was the main cause of death in 15.6% of the population in Tameside and Glossop Clinical Commissioning Group (331 out of 2,119 total deaths). Statistics for childhood cancers were not routinely published for Greater Manchester, the North West or Tameside. Local data would be requested from the North West Local Cancer Intelligence Network and an analysis of data would be incorporated into the developing plan.

In Tameside and Glossop Clinical Commissioning Group, all of the following were higher than the NHS England average:

- Incidence of cancer;
- Mortality rates;
- Under 75 years of age mortality;
- Number of deaths from cancers considered preventable;
- Adult smoking rates.

The Board heard that for the majority of time, Tameside and Glossop achieved the operational waiting times standards (93% within two week wait, 96% within 31 days and 85% within 62 days). Tameside and Glossop had a higher than average number of 2 week wait referrals than the NHS average for suspected cancers per 100,000 of the population. The conversion rate into diagnosed cancer was lower than the NHS England average but 2015/16 data showed that the gap was reducing.

While survival rates from cancer were increasing Tameside and Glossop Clinical Commissioning Group had a relatively high number of cancers detected late, with 20% of all cancers identified through emergency presentation and consequently reduced survival rates, compared to the England average and other Clinical Commissioning Groups across Greater Manchester.

Board members discussed the importance of focusing on prevention and early diagnosis of cancer, for example screening update, to reduce any variation across Tameside and Glossop Clinical Commissioning Group.

The development of locality-specific actions, currently being developed within the Tameside and Glossop Clinical Commissioning Group would support achievement of all the measures identified within 'Achieving world-class cancer outcomes: Taking charge in Greater Manchester 2017-2021' and the six key work streams of the National Cancer Strategy. The following areas needed to be considered as part on an ongoing improvement process and incorporated into the plan:

- What else could be done to detect cancer earlier and raise public awareness through national and local campaigns;
- How could emergency presentations be reduced;
- Role of Primary Care, e.g. use of e-referrals and EMIS templates;
- Improving access;
- Ensuring access to services was equitable;
- Planning, demand and capacity.

**RESOLVED**
**That the content of the report be noted and the Board be kept informed of progress with any areas of concern escalated as appropriate.**

## 31. TRANSFORMATION ENABLERS RELEASE OF FUNDING

Consideration was given to a report of the Programme Director (Care Together) outlining the proposed release of some Greater Manchester Health and Social Care Transformation funding in line with the Neighbourhood Strategy within Care Together detailed in section 2 of the report.

It was noted that the approved Greater Manchester Transformation funding bid included an allocation of £0.600m funding to support transformation projects within the locality estates and £1.000m funding to support transformation projects within organisational development. The report sought approval for the release of Transformation Funding up to the value of £0.400m for Estates and £0.150m for Organisational Development to support in delivering the transformation outcomes required by these enabling schemes.

The Estates funding would support three fixed term posts to support delivery of projects in the Estates transformation work stream and a number of outcomes were detailed in the report. The Organisational Development funding would support recruitment to a fixed term post to support delivery of projects in the Organisational Development work stream.

**RESOLVED**
**That approval be given to the release of Greater Manchester Health and Social Care Partnership funding up to the value of £0.400m for Estates and £0.150m for Organisational Development to support in delivering the transformation outcomes required by these enabling schemes in line with the Neighbourhood Strategy within Care Together.**

## 32. DISINVESTMENT AND DECOMMISSIONING POLICY

The Director of Commissioning presented a report advising that as part of the ongoing work towards achieving the 2017-18 Quality, Innovation, Productivity and Prevention target of £23.9m, and contributing to the system wide Savings Assurance programme, the decision had been taken to develop a Disinvestment and Decommissioning policy for consideration by Single Commission governance.

Reference was made to the Policy appended to the report, which had been developed by the Commissioning Directorate, and was based on best practice from policies in other localities across the country. Although based on examples from elsewhere, the Policy was inclusive of Tameside and Glossop specific plans and priorities, and was designed to align with the delivery of the Locality Plan and the Care Together programme. The Policy provided a framework to guide Single Commission decision making with regard to significant service changes proposed by the Single Commission in order to deliver its priorities within the financial resources available to it.

In terms of financial implications, whilst there was no direct value for money implications in the report, the adoption of the Policy could have significant implications in the future. However, it was important that an economy wide view was taken including the effect of stranded costs and future consequences, e.g. if stopping medium cost treatment today was likely to result in the need for high cost treatment in several years' time.

The Policy sought to clarify the circumstances in which services might be decommissioned or disinvested from and described the approach and processes that would be adopted to ensure decisions were fully informed and implemented effectively, following a safe, fair and transparent process. Decommissioning and disinvestment impacted on patients and therefore required a formal process providing an evidence trail and clear governance supporting any decisions. Full

Equality Impact Assessments would be carried out for any proposal developed and taken through the processes outlined in the Policy and would be kept under regular review to ensure it remained fit for purpose.

In addition, the Board discussed and agreed that full Health Impact Assessments would also be undertaken to determine the potential effects of a proposal on the health of the population or impact on other service areas.

There was a need to ensure that when approval had been given by the Single Commissioning Board to decommission or disinvest from a service, a clearly defined process was followed, with clear lines of accountability and responsibility. A process flowchart was highlighted making reference to presentation of proposals to committees and ultimately to the Single Commissioning Board.

**RESOLVED**

**(i) That the Disinvestment and Decommissioning Policy for use in supporting disinvestment and decommissioning proposals be approved.**

**(ii) That in addition to Equality Impact Assessments being undertaken, Health Impact Assessments to determine the potential effects of a proposal on the health of the population or impact on other services should be undertaken.**

**(iii) That an economy wide view is taken of any proposal put forward for disinvestment / decommissioning.**

## 33. INTEGRATED CHILDREN'S NEIGHBOURHOOD PILOT

The Director of Commissioning presented a report seeking approval for the development and implementation of a pilot Integrated Neighbourhood Children's Team aimed at delivering improved outcomes and efficiencies for children and young people and those who cared for them. The Integrated Neighbourhood Children's Team pilot would facilitate provision of, and access to, bespoke person centred holistic solutions, working to the following principles of place based care:

- Integrated local services ensuring collaborative responses to local need;
- Services that build on assets of the community and intervene early in an emerging problem;
- One team, knowing their area and each other;
- Person centred approach within the context of family and community; and
- Services delivered within the community, close to home from a flexible asset base.

The model for Children's Integrated Neighbourhoods had been developed over a number of months, building on the existing 'Neighbourhood Approach' proposals, taking into account the local progress made through the Care Together Programme. In addition, the growing evidence base being delivered by the Stockport Family Approach was highlighted as detailed in Appendix A to the report. Through consultation with stakeholders and engagement with the Ashton neighbourhood and using the principles detailed above and key objectives, a model had been developed which included a 'core offer' and local priorities which were specific to meet the needs of the neighbourhood. If the pilot was successful it was anticipated that in rolling out wider, the five Integrated Neighbourhoods would look different and would eventually be staffed according to the local needs and demands though they would share the same objectives, goals and outcomes.

The level of intervention delivered by the Integrated Neighbourhood Children's Team would be determined by the needs of the individual and the population. Needs would be met by a range of people with the appropriate skills from community health, education and social care providers, the 3rd sector, General Practice and incrementally expand to the wider public sector teams (e.g. fire service, police service, council provided support.

The proposal was that the transformation funding requested from Greater Manchester would be used to support any developments in the core offer which required additional funding. Details of

existing staff and teams had been produced at a neighbourhood level to facilitate the development and redesign of the Integrated Neighbourhood Children's Team model and these were outlined in the report. Through the implementation phase, a detailed process and pathway would be developed to ensure the access to support from the Integrated Neighbourhood Children's Team was clear to all and would need to align with the reformed Children's Hub and existing neighbourhood infrastructure.

To achieve effective integrated care, fundamental systemic and institutional redesign of the organisations and resourcing of services and the children's workforce was required. The Integrated Neighbourhood Children's Team pilot provided a vehicle in which to evolve the system and deliver better outcomes for children, young people and those who cared for them.

The Board was advised that meetings had taken place at director level within the Tameside and Glossop Integrated Care Foundation Trust to ensure understanding of the proposal.

The Single Commissioning Board expressed their support for the pilot noting that the successful development and mobilisation of an Integrated Children's model would require ownership with executives, clinical and service leaders and a collaborative mind set and further development of the model was required in moving to implementation.

**RESOLVED**

**(i) That the strategy of an integrated neighbourhood children's model be agreed.**

**(ii) The commitment of staff time to move to further development and phased implementation from Tameside and Glossop Integrated Care Foundation Trust, Primary Care Foundation Trust, Tameside MBC Children's Services (social care and education) and Single Commission Framework.**

**(iii) That existing resources be aligned to developing and implementing the pilot including those already deployed around the existing Care Together Integrated Neighbourhood Teams agenda and social prescribing.**

**(iv) To ensure executive / director ownership, oversight and drive of the agenda / pilot.**

## 34. PROPOSED INTEGRATED MENTAL HEALTH COMMISSIONING STRATEGY 2017/19

Consideration was given to a report of the Director of Commissioning and accompanying presentation proposing an integrated commissioning strategy to meet national and Greater Manchester expectations regarding mental health by aligning four additional mental health funding streams with existing mental health investment, to transform mental health provision in Tameside and Glossop. The funding streams were:

- Care Together Transformation Investment for Mental Health;
- Clinical Commissioning Group Mental Health Standard investment;
- Adult Social Care Transformation funding; and
- Greater Manchester Mental Health Transformation funding.

The proposal was supported at Locality Executive Group on 21 June 2017 and the focus for the Care Together Funding agreed at the Integrated Care Foundation Trust Joint Management Team on 15 June 2017.

The Five Year Forward View for Mental Health was outlined including the key themes in the strategy and recommendations for the NHS and system partners. This was the basis for the Greater Manchester Mental Health Strategy which proposed a whole system approach that included involvement from the independent and third sector, to improve the mental health and wellbeing of individuals and their families, supported by resilient communities, inclusive employers and services that maximised independence and choice. It aimed to build on existing best practice to lift patients' experience of care and support through the development and application of national and Greater Manchester standards relating to access and care delivery. The Greater Manchester

investment strategy priorities and Greater Manchester wide co-ordinated mental health programmes were detailed.

In terms of next steps, there was a commitment to continue to share pans with Greater Manchester Strategy leads to support decision and continue to work with Pennine Care Foundation Trust and footprint commissioners to agree investment in core services and development of sustainable models for people with serious mental illness. A team of commissioners from the Integrated Care Foundation Trust and the Single Commission would engage all partners to develop models further and associated integrated business cases in line with the following developments:

- Post diagnostic dementia support in the community by the end of July 2017;
- Mental health within the Neighbourhoods by end of August 2017; and
- Mental health crisis care by end of October 2017.

In welcoming the report, the Single Commissioning Board was pleased to note that there was new investment within mental health and recognised that this integrated commissioning proposal would ensure that this would build on and transform existing services.

**RESOLVED**

**(i) That the Integrated Mental Health Commissioning Strategy 2017/19 be approved and the opportunities it provide to improve mental health outcomes through this approach be recognised.**

**(ii) That there was a need for commitment across the whole system to develop sound business cases in line with this Commissioning Strategy for approval as soon as possible.**

## 35. ENGAGEMENT OF CONSULTANTS TO UNDERTAKE COST BENEFIT ANALYSIS OF ADULT SOCIAL CARE TRANSFORMATION PROPOSALS

Consideration was given to a report of the Assistant Director (Adults), which explained that the Chancellor of the Exchequer presented his Spring Budget on March 2017 and included an additional £2bn of funding for Adult Social Care to be made available to local authorities over the period 2017-18 to 2019-20. For Tameside this equated to a total of £10.296m through to 2019-20. Subsequently, the Single Commissioning Board had received a report at its meeting on 25 May 2017 seeking agreement for proposals for how Adult Services should invest this additional funding and the Board had been advised on a series of projects in relation to priority areas of backlog, unmet need, business as usual and transformation that this funding could be used to address.

These plans were currently undergoing a locality wide governance process applying programme management techniques to gain a better understanding of the proposals, any risk, costs and performance monitoring and were at present at varying degrees of development. Simultaneously, there was a parallel process to consider the transfer of Adult Social Care into the Integrated Care Foundation Trust, planned for delivery in April 2018. This process was also considering the transfer of services, functions and staff from the Single Commissioning Function into the Integrated Care Foundation Trust, utilising phased implementation.

To consider if this was viable and sustainable, NHS Improvement would undertake a detailed risk assessment of the proposed transfer to the Integrated Care Foundation Trust. Detailed financial and legal due diligence and a comprehensive business case process were significant aspects of the process currently being worked up across the locality.

The financial impact and risk across the system of such a significant transaction would require detailed modelling of locality costs and benefits. There was agreement that a thorough cost benefit analysis of the Adult Social Care Transformation Programme be undertaken to ascertain the programme's contribution to ensuring outcomes were met.

The difficulty of conducting the cost benefit analysis in-house was outlined in the report and therefore the Council was looking to engage consultants to undertake the cost benefit analysis of Adult Social Care Transformation proposals on a two month contract. On this occasion, three organisations were approached directly who had the requisite track record and expertise to undertake the cost benefit analysis and who already had Tameside data to baseline and analyse, two of which had been fully engaged supporting Greater Manchester on the detailed review and modelling of Adult Social Care.

The service sought to let the contact by seeking quotations. However, due to the nature of the services and the timescales in which they were to be delivered only one of these organisations, an improvement support agency and independent charity working with adults, families and children's care across the UK, had provided a detailed, fully costed proposal. The quotation detailed in Appendix 1 to the report had been determined to meet the stated requirements and therefore permission was being sought to engage the Social Care Institute of Excellence to undertake this work without undertaking a formal procurement exercise.

**RESOLVED**
**That approval be given to accept the quotation of the Social Care Institute for Excellence, despite fewer than three quotations from suitably experienced firms being received, for the reasons explained in the report.**

## 36. URGENT ITEMS

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

## 37. DATE OF NEXT MEETING

It was noted that the next meeting of the Single Commissioning Board would take place on Tuesday 22 August 2017 commencing at 3.00 pm at Dukinfield Town Hall.

## 38. EXCLUSION OF THE PRESS AND PUBLIC

**RESOLVED**
**That under Section 100A of the Local Government Act 1972 (as amended) the public be excluded for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A to the Local Government Act 1972. Information relating to the financial or business affairs of the parties (including the Council) had been provided in commercial confidence and its release into the public domain could result in adverse implications for the parties involved and this outweighed the public interest in disclosure.**

## 39. ANY QUALIFIED PROVIDER (AQP) TO DELIVER ADULT HEARING, DIAGNOSTIC IMAGING (NON OBSTETRIC UTRASOUND) AND MAGNETIC RESONANCE IMAGING (MRI) (HEAD AND NECK ONLY)

Consideration was given to a report, which included three procurement outcome reports compiled on behalf of the Greater Manchester Procurement Evaluation Panels for the Any Qualified Provider (AQP) contracts for the provision of Adult Hearing and Diagnostic Imaging (Non Obstetric Ultrasound) and Magnetic Resonance Imaging (head and neck only) following the completion of the evaluation of applications received in response through Contracts Finder and OJEU published on 31 March 2017.

**RESOLVED**
**That the recommendations of the evaluation process be accepted and the approved applicants be invited to enter into a contract with the Clinical Commissioning Groups, subject to the usual pre-contractual due diligence and the evidencing of associated assurances.**

**CHAIR**