

**TAMESIDE AND GLOSSOP
SINGLE COMMISSIONING BOARD**

22 August 2017

Commenced: 3.00 pm

Terminated: 4.30 pm

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

IN ATTENDANCE: Sandra Stewart – Director of Governance
Kathy Roe – Director of Finance
Stephanie Butterworth – Director of Children and Adult Services
Ali Lewin – Deputy Director of Commissioning
Ali Rehman – Head of Business Intelligence and Performance
Lynn Jackson – Head of

APOLOGIES: Councillor Brenda Warrington – Tameside MBC
Councillor Peter Robinson – Tameside MBC

40. DECLARATIONS OF INTEREST

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

41. MINUTES OF THE PREVIOUS MEETING

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

42. 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 3 financial position at 30 June 2017 and the projected outturn at 31 March 2018.

The Director of Finance stated that the projected year end deficit across the economy was currently £10.949m. 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 Quality, Innovation, Productivity and Prevention target there were £18m of savings which it was certain would be met, leaving £5.86m still to be delivered and therefore significant risk attached to fully realising this residual target. After optimism bias it was anticipated that savings of £3.38m could be made from schemes leaving post optimism savings of £2.47m still to find. Whilst this was an improvement since last month, it needed to be put into context against a £4m pressure in relation to continuing health care and there was still significant risk to fully achieving the Quality, Innovation, Productivity and Prevention target in 2017/18. In addition, reference was made to the challenging Quality, Innovation, Productivity, Prevention target of £2.5m against prescribing and emerging national concerns regarding CAT M drugs which was currently being investigated.

It was reported that the risk share of the projected year end single commission deficit by constituent organisations 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 Care Fund Financial Framework.

The Integrated Care Foundation Trust was working to a £24.5m deficit position for 2017/18 but this had not yet been agreed with the National Health Service Improvement and delivery of £10.4m efficiencies was required to meet this control total.

It was further reported that Children's Services had been subject to an unprecedented demand on service provision and despite the inclusion of £9.3m additional funding in 2017/18, there was currently a £5.2m projection of net expenditure in excess of revenue budget provision by 31 March 2018. A group to review the Borough wide early help offer was seeking to reduce demand for service in the medium term. The service had and will be implementing initiatives to intervene early with families, reduce service demand together with associated ongoing expenditure and these were detailed in the report for information. There were stringent monitoring arrangements and procedures in place relating to performance and associated budget of the service and a further update on the projected 2017/18 budget position at 31 March 2018 would be reported to the Council's Executive Cabinet during the autumn of 2017.

RESOLVED

- (i) That the 2017/18 financial year update on the month 3 financial position at 30 June 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 budget be acknowledged.**
- (iii) That the significant amount of financial risk in relation to achieving an economy balanced budget across this period be acknowledged.**

43. UPDATE ON CHILDREN'S SERVICE INSPECTION

Consideration was given to a report of the Executive Member (Children and Families) / Director (Children and Adult Services), which updated Members on the progress to date following the Ofsted Inspection in September 2016. The report also detailed the findings of the monitoring visit undertaken in June. Members were informed that the letter from this monitoring visit, attached at Appendix 1 to the report, had been published on the Ofsted website on 6 July 2017.

It was explained that in response to the findings from the second Ofsted monitoring visit a 12 week action plan had been developed. The action plan set out a planned escalation to the improvement work, to build on the progress made to date and to accelerate the improvement journey. The 12 week action plan was attached at Appendix 3 to the report.

It was stated that the acceleration plan did not replace the existing improvement plan rather it drew out a number of specific actions to be delivered over the next 12 weeks (July – September 2017) that would ensure progress against, and achievement of, the most time critical elements of the improvement plan. There was a key focus on ensuring compliance, continuing recruitment of appropriately skilled staff which in turn would impact on the caseload numbers and continuing the work on improving quality to remove variance.

Implementation of the 12 week action plan had commenced from the beginning of July and would be monitored on a weekly basis by the Director of Children's Services. This included significant data points which were monitored on a daily or weekly basis as necessary, for example caseload information, compliance with statutory timescales and recruitment data.

The Board was informed of the outcome of discussions on progress that had taken place at the six-monthly update meeting with Department for Education Advisors. Ofsted had advised that the next monitoring visit would take place on 12 and 13 September 2017.

Members discussed at length the implications of the outcome of the June visit and the work that needed to be done to focus on dealing with the concerns set out in the Ofsted letter and the specific actions over the next few weeks were vital to this. In particular, reference was made to the staffing levels and what was the optimum level and qualities of staff required to deliver the service to the required standard.

RESOLVED

- (i) That the progress update and the content of the letter from Ofsted in relation to their monitoring visits in March and June 2017 be noted.**
- (ii) That the delivery of the 12 week action plan be supported.**

44. PERFORMANCE REPORT

Consideration was given to a report of the Consultant in Public Health Medicine 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 May 2017.

The evolving report would include elements on quality from the Nursing and Quality directorate and align with the other Greater Manchester Health and Social Care Partnership and national dashboard reports.

The following were highlighted as exceptions:

- A&E Standards were failed at Tameside Hospital Foundation Trust;
- Diagnostic standard failed;
- Ambulance response times were not met at a local or at a North West level;
- 111 Performance against Key Performance Indicators.

Attached for information was the draft Greater Manchester Partnership dashboard and the latest NHS England improvement and Assessment Framework dashboard.

The content of the Quality and Safeguarding monthly exception report and responses were provided to questions from Members of the Board.

In conclusion, the Board requested that children's performance data be included in future reports.

RESOLVED

- (i) That the content of the performance and quality report be noted.**
- (ii) That children's performance data be included in future reports.**

45. INTERMEDIATE CARE IN TAMESIDE AND GLOSSOP

Consideration was given to a report of the Director of Commissioning explaining that a system wide strategy for Intermediate Care for Tameside and Glossop was required to enhance the delivery of intermediate care in the locality. The vision was for the support to be delivered at home wherever possible and the model should include an element of bed-based care, clear links with the Integrated Neighbourhoods (including Extensivists), a robust model for hospital discharge planning, and be able to offer a response to urgent care requests. The outcomes expected from a model of integrated care were detailed as follows:

- Maximising independence;
- Preventing unnecessary hospital admissions;
- Preventing unnecessary admissions to long term residential care;

- Following hospital admissions, optimising discharges to usual place of residence.

A number of factors and service reviews had led to the identification of Intermediate Care as a priority for Tameside and Glossop and the development of the model outlined. The report outlined the work undertaken to date, a proposed model for Intermediate Care for Tameside and Glossop including financial considerations, and details of the recommended consultation process.

It was explained that the 'Home First' model, detailed in the report, ensured that people were supported through the most appropriate pathway with care provide in the home always being the preferred option. However, it was recognised that not all individuals' intermediate care needs could be managed safely in their own home. In some cases there was a need for a community based bed, for a short period of time, to enable the appropriate interventions to be undertaken with the individual to enable them to return home without going into hospital.

Tameside and Glossop Integrated Care Foundation Trust had identified four core interfaces where services were provided to patients making up the Intermediate Care Model:

- Integrated Neighbourhood Services;
- Intermediate / Specialist Community Bed Based Services;
- Community Bed Setting; and
- Acute Hospital Setting.

A description of how these services would be provided at each of these interfaces was detailed in the report. In particular, reference was made to the options for delivery of bed based intermediate care and the identification of three options for the delivery of a flexible community bed base as follows:

- Option 1 – Maintain the current status;
- Option 2 – Use of available 96 bed facility and co-location of all intermediate and community beds as 'flexible bed base' model (Stamford Unit, Darnton House);
- Option 3 – Stimulation of the market to develop a single / multi-location base.

In considering the above options, it was noted that Option 2 was the preferred option from the assessment carried out by the Single Commission and the Integrated Care Foundation Trust and the reasons were highlighted in detail in the report. Alongside the ongoing development and delivery of the Integrated Neighbourhoods and intermediate tier services and the implementation of the Home First model Option 2 proposed that the community beds should be located in single location in order to utilise the resource flexibly to meet the needs of people in Tameside and Glossop. Offering services from a single site provided the opportunity for a more holistic, flexible and skilled workforce. Staffing resources would be focused on one site so able to work across and with a wide range of conditions, providing resilience and responsiveness.

If the preferred option was implemented with intermediate care provided in one central location in the Stamford Unit, the Integrated neighbourhood and specialist services would provide Glossop with a community based offer of care in addition to the service provided by the Stamford Unit.

Option 3 relied on their being the engagement form providers to invest locally in increasing capacity. Should this be available there would be a lead in time to any new building, which would require a short term solution until additional bed capacity was developed. A number of providers had indicated their interest in working on developments

Members of the Board were advised that the view of the Single Commission and Integrated Care Foundation Trust that Option 1 – Maintain the current arrangements – was not a sustainable model going forward. As described in the report, the economy was not functioning to its optimum and the current service was fragmented with beds being delivered across two sites at Shire Hill and the Stamford Unit at Darnton House. In view of this, the Board considered whether Option 1 should be included in the consultation as it was unlikely to be a viable option as it was not affordable.

Following discussion of all options, the Board agreed to support the model outlined in the report and the recommendation to consult on the 3 Options for Intermediate Care in Tameside and Glossop, with Option 2 as the preferred option for the Single Commission and Integrated Care Foundation Trust.

RESOLVED

That the model outlined in the report be supported and approval given to consult on the three Options for Intermediate Care in Tameside and Glossop, with Option 2 as the preferred option for the Single Commission and Integrated Care Foundation Trust.

46. URGENT ITEMS

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

47. DATE OF NEXT MEETING

It was noted that the next meeting of the Single Commissioning Board would take place on Tuesday 26 September 2017 commencing at 3.30 pm at Dukinfield Town Hall.

CHAIR