

**TAMESIDE AND GLOSSOP
SINGLE COMMISSIONING BOARD**

14 November 2017

Commenced: 2.00 pm

Terminated: 2.40 pm

- Present:** Dr Christina Greenhough (in the Chair) – NHS Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Jim Fitzpatrick – Tameside MBC
Dr Alison Lea – NHS Tameside and Glossop CCG
Dr Jamie Douglas – 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 Adult Services
Gideon Smith – Consultant in Public Health Medicine
Alison Lewin – Deputy Director of Commissioning
Trevor Tench – Service Unit Manager, Joint Commissioning & Performance Management
- Apologies:** Dr Alan Dow – NHS Tameside and Glossop CCG
Councillor Gerald P Cooney – Tameside MBC
Councillor Peter Robinson – Tameside MBC
Steven Pleasant – Tameside Council Chief Executive & Accountable Officer for NHS Tameside and Glossop CCG

65. CHAIR'S OPENING REMARKS

In opening the meeting, the Chair made reference to a letter from the West Pennine Local Medical Committee congratulating Tameside and Glossop NHS Clinical Commissioning Group on the good news that all the practices in the Tameside and Glossop area had achieved Care Quality Commission ratings of Good or Outstanding.

66. DECLARATIONS OF INTEREST

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

67. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 31 October 2017 were approved as a correct record.

68. WOMEN AND THEIR FAMILIES SERVICE PROCUREMENT

The Consultant in Public Health Medicine presented a report requesting permission to proceed with a procurement exercise to replace the existing grant arrangements with the Women and Their Families Centre from 1 October 2018 and extend the existing arrangement from 1 April 2018 to 30 September 2018 to allow time for the procurement to be completed.

The Single Commissioning Board agreed an extension of the grant arrangement for 2017/18 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 two additional areas. At that time, 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.

The Centre had 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. Currently, accommodation was provided by New Charter Housing and in view of the success of the service on this site the preferred option for the future was to continue provision on this site.

The current grant was for £99,570 per annum and the proposal in the report requested funding over a 5 year period for a total investment of £497,850. The six month extension of £49,790 of the existing contract in 2018/19 to 30 September 2018 would be financed via the existing Population Health Service revenue budget as would the proposed contract from 1 October 2018.

It was noted that there were no inflationary costs included in the calculations as there was an assumption these would be offset by efficiencies. However, the Board felt it would be prudent to ensure the contract stipulated that there would be no inflationary costs for the duration of the contract.

RESOLVED

- (i) That agreement be given for a procurement exercise to be undertaken to replace the existing grant arrangement with the Women and Their Families Centre from 1 October 2018.**
- (ii) That a total budget of £497,850 over five years for the procurement of this service be approved and that the contract specifies that there would be no inflationary costs for the duration of the contract.**
- (iii) That the existing grant arrangements be extended from 1 April 2018 to 30 September 2018 to allow time for the procurement exercise to be completed.**

69. TRANSFORMING MENTAL HEALTH SERVICES: MEETING POPULATION NEEDS AND DELIVERING NATIONAL REQUIREMENTS

Consideration was given to a report of the Director of Quality and Safeguarding explaining that the Five Year Forward View for Mental Health set ambitious plans to improve parity of esteem for people with mental health needs, ensuring the same access to healthcare as physical health needs. The Tameside and Glossop NHS Clinical Commissioning Group was currently investing 9.7% of its total allocation on mental health services / support. The national average was around 11% which would equate to an additional £5m.

In July 2017, the Single Commissioning Board agreed an integrated commissioning strategy to meet the national and Greater Manchester expectations regarding mental health by aligning four additional mental health funding streams, highlighted in the report, with existing mental health investment, to transform mental health provision in Tameside and Glossop.

The report was the second of three business cases regarding mental health services in 2017/18. The first, agreed on 1 March 2017, committed investment in adult Attention Deficit Hyperactivity Disorder services and increased capacity of RAID, mental health practitioners working in A&E. The second business case sought to improve mental health services in line with the Five Year Forward View for Mental Health and Transforming Care to enable more evidence based

interventions that had a proven return on investment to be delivered and focused on increasing capacity to meet demand and standards for three more priorities as follows.

- People with common mental health disorders (Improving Access to Psychological Therapies) – proposal to increase the capacity in the service by investing £27,250 in 5 whole time equivalent additional psychological therapists.
- People with First Episode of Psychosis – proposal to extend the capacity of the Early Intervention Team to better meet the national standards of 53% of people receiving NICE compliant care within 2 weeks of referral by investing £249,795 in 5.5 whole time equivalent additional staff.
- Children and Families where the child had a neurodevelopmental need, including Attention Deficit Hyperactivity Disorder and autism, and those who had behaviour that challenged – additional investment in two Band 6 posts £90,620 plus £16,000 non-recurrently was proposed.

The total value of the proposal was £123,337 in 2017/18 and £626,665 in 2018/19 and £610,665 recurrently thereafter and further details for the three schemes were detailed in the report. The report also included the national, strategic and local context, the evidence base and outcomes and benefits of the business case. Mental health resources had been aligned to the priorities over the next five years, showing the growth in investment through the Mental Health Investment Standard, the Greater Manchester Mental Health Transformation funding, the Care Together Transformation Funding and the Adult Social Care Transformation funding, with an indication of the expected costs.

The Board recognised that investment in mental health was a key priority for Tameside and Glossop as this impacted on so many other elements of health and social care. Evidence showed that intervention in mental health at an early stage resulted in significant benefits and financial efficiencies and particularly in relation to secondary care costs. The costs quoted in the report had not yet been signed-off by providers but there was an overall financial envelope for mental health reported and managed by Greater Manchester as part of the mental health assurance process. All costs must be maintained within this financial envelope with regular monitoring to ensure delivery of commissioned outcomes and the business case set out in the report.

RESOLVED

- (i) That the commitment of funding through the Clinical Commissioning Group Mental Health Investment Standard be approved in line with the business case to the value of £123,337 in 2017/18, £626,665 in 2018/19 and £610,665 in 2019/20 and recurrently thereafter.**
- (ii) All costs to be maintained within this financial envelope for the delivery of commissioned outcomes and any funding shortfall managed across other mental health services as necessary.**

70. ANGIOGRAPHY SERVICES

Dr Alison Lea introduced a report which explained that Stockport Clinical Commissioning Group was currently the lead commissioners for the angiography service and Tameside and Glossop Clinical Commissioning Group, East Cheshire Clinical Commissioning Group and North Derbyshire Clinical Commissioning Group co-commissioned this service.

Angiography, a type of x-ray used to check the blood vessels, was an invasive test used for people with chest pain to investigate the risk of a heart attack or stroke. As a result of the angiography test, some patients required angioplasty, a treatment to open up a narrowed artery.

For the period 1 July 2016 to 30 June 2017, 712 patients used the angiography service at Stockport Foundation Trust, 282 of these patients were registered with a Tameside and Glossop GP practice (39%). Approximately 35% of patients undergoing angiography would go on to have a

further procedure. Stockport Foundation Trust was accredited to provide angiography but not angioplasty services. This meant that currently patients requiring further procedures had to be transferred to a specialist centre and undergo a second invasive procedure.

The report outlined the proposal from Stockport Clinical Commissioning Group to decommission the angiography service at Stepping Hill Hospital and relocate services to Specialist Centres in Greater Manchester. The University Hospital of South Manchester would be the nearest specialist treatment centre for most Tameside and Glossop patients but they could be referred to other specialist centres, the Central Manchester Foundation Trust and Pennine Acute Hospital. The proposal would enable patients from Tameside and Glossop to be referred directly to one of the specialist centres where they would be seen by a specialist, diagnosed and, if necessary, treated immediately after diagnosis rather than being transferred to another hospital.

As the main provider of the Service, the University Hospital of South Manchester had confirmed, in Appendix A to the report, that they would be able to meet the demand following the decommissioning of services from Stockport Foundation Trust. They had further confirmed that they had developed plans to ensure there would be sufficient capacity within the Trust to enable the safe and effective transfer of this activity.

The Board heard that a four week engagement process had commenced on 11 August 2017 led by Stockport Clinical Commissioning as the lead commissioners. Tameside and Glossop Clinical Commissioning Group, along with other co-commissioners, had advertised the on-line survey which was also available in hard copy on request. Interviews with current service users had been carried out and communication with local patient groups was also initiated by Stockport Clinical Commissioning Group. The full copy of the engagement process was contained in Appendix B to the report.

Reference was also made to a review of travel times for Tameside and Glossop residents to support the proposal carried out by Stockport Clinical Commissioning Group detailed in Appendix C to the report and a completed Equality Impact Assessment at Appendix D which included Tameside and Glossop patients.

The Board was advised that as an organisation the Tameside and Glossop Integrated Care Foundation Trust was closely involved in this process and supportive of the relocation of service to specialist centres in Greater Manchester. In considering the views of the Tameside and Glossop Cardiology Consultant, the Board noted that these represented his personal opinion on the proposals.

Stockport Clinical Commissioning Group along with the other co-commissioners were in support of this proposal and had all sought approval to the proposal outline in this paper via their governance structures. The feedback from all the co-commissioners would be considered at the Stockport Clinical Commissioning Group Governing Body meeting to be held on 29 November 2017.

RESOLVED

- (i) That the proposal from Stockport Clinical Commissioning Group to decommission the angiography service at Stepping Hill Hospital (Stockport NHS Foundation Trust) and relocate services to Specialist Centres in Greater Manchester, as detailed in the report, be supported by the Single Commissioning Board.**
- (ii) That Stockport Clinical Commissioning Group be notified of this decision for consideration at the Stockport Clinical Commissioning Group Governing Body meeting on 29 November 2017 along with feedback on the proposal from other co-commissioners.**

71. EXTENSION OF CURRENT CONTRACTUAL RELATIONSHIP (PRE-PLACEMENT AGREEMENT FOR PROVISION OF PERMANENT, TEMPORARY OR RESPITE CARE FOR OLDER PEOPLE IN A CARE HOME, WITH OR WITHOUT NURSING) TO 31 MARCH 2018

Consideration was given to a report of the Director of Adults Services seeking authorisation to extend the current congoing contractual agreement until 31 March 2018 to allow for continuing dialogue with the sector to ensure that future agreement was robust yet flexible enough to allow for changes based on the work of the Greater Manchester Health and Social Care Partnership. The extension would also allow time to continue dialogue with the contract and to explore the following proposals:

- 1) A change in policy to remove the off/on framework arrangement;
- 2) A different category of residential care;
- 3) To establish a new approved list using the Dynamic Purchasing System (whilst recognising service users' rights to choose any care home provider that was registered with the Care Quality Commission and meeting the conditions as laid out in the Care Act Guidance 2017).

It was explained that the current contract commenced on 10 December 2012 for a 5 year period ending on 9 December 2017. The market had significantly changed during the course of this contract, with the loss of beds in the borough, specifically nursing beds. This was causing a major problem in Tameside and surrounding areas in facilitating timely discharges from hospital.

The placement profile for the Council and Tameside and Glossop Clinical Commissioning Group had reduced over the last 5 years. By way of example, in August 2012 the Commissioners purchased an average of 940 beds per week, while in July 2017 the Commissioners purchased approximately 747 beds per week. This reduction was a demonstration of the impact of the local policy for supporting people to remain living at home, in their local communities for as long as possible.

It was noted that the Care Quality Commission introduced a revised rating system approximately 3 years ago. The rating profile of homes in the borough as at September 2017 was detailed in the report and was further broken down into Off, On Framework and Enhanced Payment providers.

The fees in Tameside had increased in line with the agreed methodology which took account of the providers' actual costs in delivery the service. The increase in the National Minimum Wage and the introduction of the National Living Wage were key factors that had driven the increase in the fees which were highlighted in the report. Providers had for some time noted that the recruitment and retention of competent nursing staff had been challenging. This was not just a local issue but was continually reported nationally. In addition, the providers had also stated that it was difficult to recruit and retain care workers due to other local providers, not in the care sector, paying more for staff for far less responsibility.

The Director of Adults Services reported that Tameside Council was leading the Care Home workstream on behalf of the Greater Manchester Health and Social Care Partnership, with the overall aim to develop a standardised contract / specification and costing model which would be used across the region, albeit with locally implemented elements to reflect local practice and price variations.

Discussions with the sector had been ongoing for some time regarding the future of the contract and the On/Off Framework structure. Unsurprisingly, those care homes Off Framework were keen for this to be removed and all homes to be treated the same. Those homes On Framework, and specifically those who received the Enhanced Payment, were keen to ensure that their fees would not be reduced should the Commissioners decide to have a single rate for all providers.

Following some of the more recent discussions, the providers had mooted the potential for an 'enhanced residential' model to provide for those service users presenting more challenges,

especially for the increased input required to meet the physical needs. Further work would be required to determine what this model would be, the criteria for people to be assessed for this, and the likely number of people who would be assessed to determine the cost.

The Council and the Clinical Commissioning Group had been working closely to build on current practice and to develop new processes and documentation to provide assurance that the service was being delivered in accordance with the contract and to support providers to be Care Quality Commission compliant. Further work was required to develop the process / documentation in consultation with the care sector.

Given the current agenda to fully integrate health and social care the Council and Clinical Commissioning Group had, for some time, been exploring the option of using the NHS Standard Terms and Conditions as the basis for contracting with the care sector. Work had been undertaken to compare both sets of conditions and, generally, the conditions were similar. However, there were elements of the NHS Standard terms that were more onerous than the current contract, which would put more pressure on the care sector. It was recently agreed that, as the fees were based on the current contract conditions and a new financial model had yet to be agreed, the existing terms and conditions would be reviewed and, where necessary, modified to better reflect the local requirements without putting additional undue pressure / burdens on the providers.

In conclusion, it was envisaged that providers who were currently on the Off Framework would object to the extension of the current contractual arrangements as they anticipated that from the 10 December the contract and fees would change. To help mitigate this risk the Council had discussions with the Off Framework providers to explain the rationale and to give assurance that, within the extension period, work would be undertaken for new arrangements, including discussions about fee levels, to be in place from 1 April 2018.

RESOLVED

That approval be given to extend the current ongoing contractual relationship with the care home providers until 31 March 2018 to allow for further dialogue about the contract and exploration of the following proposals:

- (i) A change in policy to remove the Off / On Framework arrangement;**
- (ii) A different category of enhanced residential care;**
- (iii) To establish a new approved list using the Dynamic Purchasing System, whilst recognising service users' rights to choose any care home provider registered with the Care Quality Commission as laid out in the Care Act Guidance 2017.**

72. URGENT ITEMS

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

73. DATE OF NEXT MEETING

It was noted that the next meeting of the Single Commissioning Board would take place on Tuesday 14 November 2017 commencing at 2.00 pm at Dukinfield Town Hall.

CHAIR