

**TAMESIDE AND GLOSSOP
STRATEGIC COMMISSIONING BOARD**

30 January 2018

Commenced: 2.00 pm

Terminated: pm

Present: Dr Alan Dow (Chair) – NHS Tameside and Glossop CCG
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Councillor Jim Fitzpatrick – Tameside MBC
Councillor David Sweeton – Tameside MBC
Councillor Allison Gwynne – Tameside MBC
Councillor John Taylor – Tameside MBC
Dr Alison Lea – NHS Tameside and Glossop CCG
Dr Jamie Douglas – NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG
Joy Hollister – Derbyshire CC

In Attendance: Sandra Stewart – Director of Governance
Kathy Roe – Director of Finance
Gill Gibson – Director of Safeguarding and Quality
Jessica Williams – Interim Director of Commissioning
Sarah Dobson – Assistant Director, Policy, Performance & Communications

Apologies: Dr Christina Greenhough – NHS Tameside and Glossop CCG
Councillor Barry Lewis – Derbyshire CC
Councillor Tony Ashton – High Peak BC

15. CHAIR'S OPENING REMARKS

In opening the meeting, Members of the Strategic Commissioning Board joined the Chair in a one minutes silence in memory of Councillor Kieran Quinn, Executive Leader of Tameside Council.

16. DECLARATIONS OF INTEREST

Members	Subject Matter	Type of Interest	Nature of Interest
Dr Alison Lea	Item 7(c) – Intermediate Care in Tameside & Glossop	Personal	Associate Medical Director at Tameside and Glossop Integrated Care Foundation Trust

17. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 12 December 2017 were approved as a correct record.

18. THRIVE AND PROSPER – ONE CORPORATE PLAN 2018-25

Consideration was given to a report of the Executive Leader / First Deputy (Performance and Finance) / Assistant Director (Policy, Performance and Communications), which provided Members

with an update on the development of 'Thrive and Prosper', the joint Corporate Plan 2018-25 for both Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group (CCG), and the associated Delivery Plan. The report also outlined a joint Improvement Framework that would drive improvement and measure progress against achievement of the aims of the Corporate Plan and the objectives in the Delivery Plan.

It was stated that Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group were committed to ensuring all our residents lead long, fulfilling and healthy lives which would be achieved through five themes:

- Excellent Health & Care;
- Digital Future;
- Successful Lives;
- Stronger Communities; and
- Vibrant Economy.

"Thrive and Prosper – One Corporate Plan 2018-25" brought together for the first time the priorities and ambitions of both Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group. The challenge to Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group continued to be finding new ways of delivering public services with increasingly limited resources. Many services had already be re-designed to take account of funding cuts and continued to look for new affordable ways of delivering services. It was acknowledged that in order to deliver the ambition around growth and prosperity for all of Tameside's residents, it was necessary to invest now to deliver long-term and sustainable improvements in quality of life. The plan recognised that the five key aims around health, building successful lives, the economy, stronger communities and embracing digital opportunity were closely linked and working on these aims at the same time would bring about real change for residents and deliver a brighter future for all.

RESOLVED

- (i) That the Corporate Plan and Delivery Plan be taken to the Executive Cabinet of Tameside Council on 21 March 2018 and the Governing Body of the NHS Tameside and Glossop Clinical Commissioning Group on 28 March 2018 for formal adoption by both organisations.**
- (ii) That the ongoing development and implementation of the Tameside and Glossop Improvement Framework be supported.**

19. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

Consideration was given to a jointly prepared report of the Tameside and Glossop constituent organisations providing an update on the financial position of the care together economy as at month 8 in 2017/18 (to November 2017) and to highlight the increased risk of achieving financial sustainability. The total Integrated Commissioning Fund was £486m in value, however, it was noted that this value was subject to change throughout the year as new Inter Authority Transfers were actioned and allocations amended.

Particular reference was made to details of the summary 2017/18 budgets, net expenditure and forecast outturn of the Integrated Commissioning Fund and Tameside and Glossop Integrated Care NHS Foundation Trust. Supporting details of the forecast outturn variances were explained within Appendix A to the report. Members of the Strategic Commissioning Board noted that there were a number of risks that needed to be managed within the economy during the current financial year, the key risks being:

- Significant budget pressures for the Clinical Commissioning Group relating to Continuing Care related expenditure of £4.4m.

- Children's Services within the Council was managing unprecedented levels of service demand currently projected to result in additional expenditure of £7.6m when compared to the available budget.
- The Integrated Care Foundation Trust was working to a planned deficit of £24.5m for 2017/18 and that efficiencies of £10.4m were required in order to meet this sum.

In terms of the 2017/18 efficiency plan, the economy had an efficiency sum of £35.1m to deliver of which £24.7m was a requirement of the Strategic Commissioner. Supporting analysis of the delivery against this requirement for the whole economy was provided at Appendix A to the report. It was noted that there was a forecast £4m under achievement of this efficiency sum by the end of the financial year, £3.6m of which related to the Strategic Commissioner. It was therefore essential that additional proposals were considered and implemented urgently to address this gap on a recurrent basis thereafter.

The Strategic Commission risk share arrangements in place for 2017/18 were also outlined.

RESOLVED

- (i) **That the 2017/18 financial year update on the month 8 financial position at 30 November 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 noted.**
- (iii) **That the significant amount of financial risk in relation to achieving an economy balanced budget across this period be noted.**

20. QUALITY REPORT

The Director of Safeguarding and Quality presented a report providing the Strategic Commissioning Board with assurance that robust quality assurance mechanisms were in place to monitor the quality of services commissioned, to highlight any quality concerns and to provide assurance as to the action being taken to address such concerns. The report covered data up to the end of November 2017 and detailed issues of concern / remedy, good practice including patient stories and surveys and horizon scanning for the following:

- Tameside and Glossop Integrated Care NHS Foundation Trust Acute and Community Services;
- Mental Health (Pennine Care NHS Foundation Trust);
- Care Homes / Home Care;
- Safeguarding;
- Primary Care;
- Public Health; and
- Small value contracts.

The Strategic Commissioning Board commented favourably on this first bi-monthly quality assurance report and that as the system restructured and the constituent parts were required to discharge statutory duties, assurance and quality monitoring would be key to managing the system and holding all parts to account and understanding best where to focus resources and oversight.

RESOLVED

That the contents of the report be noted.

21. CARE HOMES: QUALITY ASSURANCE AND CONTRACTUAL PERFORMANCE

Consideration was given to a report of the Director of Safeguarding and Quality, for information only, updating the Board on work in relation to the contract monitoring and quality assurance processes for the Care Home and Care Home with Nursing Sector. The quality improvement and

assurance methods outlined had shown real evidence of improvement both at local and national level. The following areas were highlighted:

- Care home quality governance;
- Quality Improvement Team;
- Infection prevention and control;
- The Red Bag initiative (the Hospital transfer pathway);
- Care Home Managers' Webpace;
- Pressure ulcer care;
- Multi-agency Safeguarding Adult Managers Development Day and Toolkit;
- Programme to invest and improve nurses' knowledge; and
- Next steps.

RESOLVED

That the content of the report be noted.

22. CHILDREN AND YOUNG PEOPLE'S (AGED 0-25) SPECIAL EDUCATION NEEDS AND DISABILITY INTEGRATED COMMISSIONING STRATEGY 2018-21

Consideration was given to a report of the Director of Safeguarding and Quality setting out the strategic director of commissioning for Children and Young People with Special Education Needs and or Disability (SEND) for the Tameside and Glossop Strategic Commissioning Function, covering Tameside MBC, Tameside Public Health and the NHS Tameside and Glossop Clinical Commissioning Group. Its development had been informed and required by national policy including the Children and Families Act (2014), local policy including the Tameside SEND Vision Strategy, the Tameside Self Evaluation Framework, Tameside Joint Strategic Needs Assessment 2017 and Tameside and Glossop Clinical Commissioning Group SEND Diagnostic Audit for Clinical Commissioning Groups 2016, 2017.

The SEND strategic objectives would be underpinned by a delivery plan which sought to ensure that a strategic level joint commissioning of services for children and young people who had SEND would be embedded within the work of the local area. As a result mechanisms for using existing data and intelligence to predict the need for services and inform commissioning intentions would be established. The delivery plan and actions would be resourced through the Integrated Commissioning Fund.

An Inter-Agency Funding Profile Guide had been developed to be used by a multi-agency panel to agree contributions to packages for individual children. There was commitment to developing a Tameside integrated personal budget offer which could include personal health budgets, social care and education including home to school transport, to be offered to children and young people with, or eligible for, an Education and Health Care Plan. Reference was also made to joint commissioning intentions detailed in the report.

In terms of governance, informing the Strategic Commissioning Board on SEND would be the SEND Steering Group and the SEND strategic framework was outlined. The aim of the SEND Steering Group would be to ensure the local area would meet its obligations under the reforms and ensure children and young people and families had:

- Access to appropriate services, meeting needs across the 0-25 age range;
- A clear understanding of the Local Offer and services;
- Timely access to support;
- Opportunity to thrive, with improvements to the child / young person's life chances and education.

The Steering Group would take whole-system ownership of the priorities, challenge performance and manage risk to deliver a whole-system approach and accountability on behalf of the population of Tameside and Glossop.

In conclusion, it was stated that to support this strategy a comprehensive communications plan was in place to ensure children, young people, families and stakeholders were aware of implementation and progress.

RESOLVED

- (i) That the contents of the report be noted and in particular the national and Greater Manchester context and assurance measures holding local areas to account in ensuring the SEND reforms were delivered.**
- (ii) That the Integrated Commissioning Strategy and the deliverables for 2018-21 be supported and RECOMMENDED to the Council and Clinical Commissioning Group for approval.**

23. MENTAL HEALTH INVESTMENT

The Interim Director of Commissioning presented a report highlighting the national and Greater Manchester expectations regarding mental health provision and the pressures arising from these plus other local pressures. There were many expectations about mental health service provision and most of them required additional investment. The report outlined the existing investment in mental health as well as new funding streams before providing an estimation of the investment required to meet the requirements and improve the mental health of the local population.

It was reported that in addition to the pressures that would arise from the Clinical Commissioning Group meeting the Five Year Forward View for Mental Health trajectories and the assumption that Greater Manchester Transformation Funding was non-recurrent. There were further gaps in mental health provision and in addition capacity issues which were detailed in the report.

Particular reference was made to an analysis of the source and application of mental health funds which clearly identified a shortfall should all proposed new investments be approved and further information about each scheme was detailed in Appendix 1 to the report.

Furthermore, the Board was advised that Pennine Care Foundation Trust had advised that significant pressures relating to income generation beds, one to one observations and safe staffing in line with the Care Quality Commission recommendations. A meeting was being held with Accountable Officers on 22 January 2018 to determine how these risks could be managed and this could result in an additional pressure on budgets over and above the shortfall reported.

In conclusion, the Interim Director of Commissioning sought commitment from the Strategic Commissioning Board to priorities investment in mental health services from now until 2021 on a phased basis dependent on the receipt and approval of full business cases as follows:

- Increasing access to mental health support for children and young people;
- IAPT Plus / Psychological therapies;
- Early intervention in Psychosis;
- Neighbourhood developments;
- AMPH, Recovery;
- Mental Health crisis;
- Learning Disabilities Transforming Care;
- Neurodevelopmental Adult;
- Dementia in neighbourhoods;
- Specialist Perinatal Infant Mental Health.

The Board recognised the need to improve mental health outcomes in Tameside and Glossop, notably to improve early intervention. The Board also highlighted the need to support people in employment, meet the need of people with complex needs currently falling between the gap in services and for people with serious mental illnesses. The gap in investment was considerable and with the current financial position difficult decisions needed to be made.

The Director of Finance added that it was important to recognise and acknowledge that if all of the financial resources outlined in the report were committed, the Strategic Commission financial gap would increase. Alternatively, if a decision was reached to fund only some or none of the proposals, the gap in mental health provision would not close as quickly as the Commission would want for its residents.

The Board agreed that it was important to invest and plan accordingly in a strategic and structured way, ensuring the approach was consistent with approved Government guidance. This needed to be undertaken in the context of delivering a balanced budget and value for money so that any services commissioned delivered the Board's priorities whilst being efficient and effective. Any additional spend outside existing budgets would need to be approved by the Council and the Governing Body.

RESOLVED

- (i) That the Board was committed to improving the mental health of the Tameside and Glossop population and agreed to prioritise increasing investment to improve parity of esteem.**
- (ii) That the prioritised investment plan for 2017/18 outlined in Section 7 of the report be agreed noting that full business cases for many elements would need to be agreed.**
- (iii) That subject to approval of individual business cases, £1.7m of additional recurrent investment in 2018/19 be earmarked in order to meet the Five Year Forward View. In addition a further £1m would be required recurrently to support sustainability at Pennine Care to support sustainability in respect of income generation beds and staffing ratios. Taking total additional investment to £2.7m in 2018/19 and rising to £5.791m by 2021/22.**
- (iv) To recognise and acknowledge that if all of the financial resources outlined in the report were committed, the Strategic Commission gap would increase.**
- (v) That the Mental Health business case presented to the Board in November as detailed in Appendix 2 to the report be supported.**

24. INTERMEDIATE CARE IN TAMESIDE AND GLOSSOP

(Dr Lea declared her personal interest as Associate Medical Director at Tameside and Glossop Integrated Care Foundation Trust.)

Consideration was given to a report of the Interim Director of Commissioning explaining that the Tameside and Glossop Strategic Commission had led the development of a locality strategy for Intermediate Care. The report included the full detail of the consultation analysis and an Equality Impact Assessment responding to issues arising within the consultation and explored mitigation. It also included recommendations to the Board on the option for approval.

It was reported that a number of factors and service reviews had led to the identification of Intermediate Care as a priority for the Tameside and Glossop locality. The Intermediate Care Strategy outlined national guidance, local expectations of intermediate care, and the action taken over the last 2 years as part of the Care Together programme to refine the Tameside and Glossop locality model. The Strategy also outlined the expectations from the Strategic Commission for the delivery of intermediate care at home wherever possible, therefore requiring a clear model of community based care and an appropriate level of bed based intermediate care. The reports presented to the Strategic Commissioning Board in August 2017 and December 2017, Appendix 1 to the report, included details of the strategy development and pre-consultation engagement.

The Interim Director of Commissioning outlined the consultation process offering local people the opportunity to comment on the proposals and options developed and considered by the Strategic Commissioning Board. The consultation presented 3 options, with option 2 expressed as the preferred option for the Strategic Commission.

- **Option 1:** Maintain 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).
- **Option 3:** Stimulation of the market to develop a single / multi-location base.

The consultation ran from 23 August 2017 to 15 November 2017. Full details of the community and wider engagement activities undertaken were included in the report presented to the December 2017 Strategic Commissioning Board.

The Tameside and Glossop Integrated Care NHS Foundation Trust had supported the consultation process, by attending all public meetings and providing responses to questions received during the consultation process. The Integrated Care Foundation Trust Medical Director had confirmed his clinical support for the preferred option – Option 2.

The Members of Parliament representing the 4 constituencies in Tameside and Glossop had been briefed throughout the consultation period and had submitted responses to the consultation which had been taken into account and included as Appendix 9 to the report.

Derbyshire County Council provided a detailed response to the consultation in the form of a letter to the Clinical Commissioning Group Chair covering a number of issues and this was attached at Appendix 6 to the report.

The Strategic Commissioning Board had already been advised of enquiries received in the form of Freedom of Information Requests, complaints and MP enquiries and comments from a number of patient representatives / members of the public which were summarised in the report to Board in December 2017 as well as the summary notes of workshop sessions held at the Partnership Engagement Network Conference in October 2017.

In addition to the comments received via the online questionnaire and methods outlined, a public petition was created by Glossop Residents and the 'Save our Shire Hill' campaign. Formal responses had been received from the following local stakeholders – Unison, High Peak Borough Council and Sir John Oldham and attached to the report at Appendix 9.

The Interim Director of Commissioning provided a detailed summary on the themes drawn from the comments made within the consultation and through wider stakeholder engagement. The themes and responses were presented in detail.

A full Equality Impact Assessment (EIA) supported this report and was attached at Appendix 8. The Interim Director of Commissioning confirmed that the EIA had been produced to provide a full evaluation of the impact of the proposed model and explored the required mitigations.

The Interim Director of Commissioning made reference to details of proposed actions towards implementation of the preferred model pending Strategic Commissioning Board approval to proceed.

In conclusion, the Interim Director of Commissioning stated she was confident that the four key themes set out in the NHS England October 2015 guidance on major service change and reconfiguration, set out in section 5 of the report, had been met. It was recognised that to complement the intermediate care bed based services, the Neighbourhood offers would continue to be developed led by the Care Together Programme Board.

The Interim Director of Commissioning responded to questions from the Board and Members of the public.

It was acknowledged that the recruitment and retention of staff, both nursing and support, was not just a local issue but one of the challenges being faced by the NHS nationally. In relation to the beds currently located at Shire Hill, the situation was further exacerbated due to its location and a requirement for staff to have the appropriate skills / experience in an intermediate care / rehabilitation setting.

The Interim Director of Commissioning provided assurances that the Home First offer would be fully established and operational in the Glossop area before any implementation. This would ensure consistency, help build public confidence and ensure the new care models were understood before changes were implemented. Tameside would continue working with colleagues in Derbyshire to ensure high quality care and support for residents and that any new model of care fitted with wider-area based provision operating within the Glossopdale area and supported positive outcomes for individuals.

She advised that in terms of the financial implications option 2 would deliver recurrent savings compared to budget. Dependent upon the requirement for intermediate care beds in Glossop to ensure provision of choice, savings of between £450,000 and £700,000 were expected.

Following discussion, the Strategic Commissioning Board Members indicated their support for Option 2 which would result in the centralisation of the Intermediate Care beds into the Stamford Unit, adjacent to Tameside Hospital. Offering services from a single site will improve clinical outcomes, improve patient experience for the population of Tameside and Glossop and provide improved opportunities for the workforce.

In addition, and as a result of the views expressed by Glossop residents during the consultation, the Board also supported the proposal to examine further opportunities to deliver enhanced rehabilitation and recuperation at home and to engage with local care providers to explore the potential for up to 8 beds for purchase on an individual basis for residents of Glossop. Ensuring patient safety / quality, whatever the care setting, was fundamental to the success of any changes to intermediate care provision.

RESOLVED

- (i) The Strategic Commissioning Board NOTED:**
 - a) The content of the extensive report, charting the process from determining to review options in August 2017 for the future Intermediate Care provision, to drive improvements in clinical outcomes and operational efficiency to the proposed recommendations on the way forward.**
 - b) The clinical case for change as outlined in the Intermediate Care Strategy, which would deliver the intention to support locally delivered rehabilitation and recuperation, maximising people's ability to function independently and enabling them to live at home.**
 - c) The richness of the responses arising from the Intermediate Care public consultation and the Strategic Commission responses which had shaped the recommendations to the Board.**
 - d) The detailed Equality Impact Assessment, outlining further mitigations over and above the recommendations.**
 - e) The intention of Tameside and Glossop Strategic Commission to work with partners / stakeholders to develop local, appropriate health and social care provision and accommodation to meet the needs of the local population in the future.**
- (ii) The Strategic Commissioning Board APPROVED option 2 for those patients where it was not possible to deliver rehabilitation and recuperation at home. This will result in the centralisation of the Intermediate Care beds into the Stamford Unit, adjacent to**

Tameside Hospital, in order to deliver optimum clinical sustainability, maintain job security for current staff and deliver improved financial efficiency.

(iii) The Strategic Commissioning Board gave this approval subject to the following:

- a) During the public consultation, views had been heard from Glossopdale residents that they could be disadvantaged by the implementation of option 2 due to not having families and friends close by to support their care and recuperation. In order to mitigate this, Tameside and Glossop Integrated Care NHS Foundation Trust and the Glossop Integrated Neighbourhood team will be requested to examine further opportunities to deliver enhanced rehabilitation and recuperation at home;
- b) In light of the need to offer choice of provision for residents of Glossop, engage with local care providers to explore the potential for up to 8 beds for purchase on an individual basis subject to these reaching the required standards for quality;
- c) The need for assurance of the home based Intermediate Care offer working in Glossop;
- d) Commission the maximum appropriate health and social service provision from Glossop Primary Care Centre;
- e) The Intermediate Care home based offer and bed requirement across Tameside and Glossop be reviewed annually to ensure future demand was continually assessed and planned for future local provision was adapted accordingly.

25. URGENT ITEMS

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

26. DATE OF NEXT MEETING

It was noted that the next meeting of the Strategic Commissioning Board would take place on Tuesday 20 March 2018 commencing at 2.00 pm at Dukinfield Town Hall.

CHAIR