

**TAMESIDE AND GLOSSOP
STRATEGIC COMMISSIONING BOARD**

20 February 2018

Commenced: 2.00 pm

Terminated: 3.30 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
Dr Christina Greenhough – NHS Tameside and Glossop CCG
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
- In Attendance:** Sandra Stewart – Director of Governance
Gill Gibson – Director of Safeguarding and Quality
Tracey Simpson – Deputy Chief Finance Officer
Alison Lewin – Deputy Director of Transformation
Sarah Dobson – Assistant Director, Policy, Performance & Communications
- Apologies:** Councillor Jean Wharmby – Derbyshire CC
Councillor Tony Ashton – High Peak BC

27. DECLARATIONS OF INTEREST

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

28. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 30 January 2018 were approved as a correct record.

29. ONE EQUALITY SCHEME (2018-22)

Consideration was given to a report of the Director of Governance explaining that the One Equality Scheme was the first joint equality scheme of the Tameside and Glossop Strategic Commission (Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group).

The report provided an update on the development of the One Equality Scheme, including the draft for engagement with stakeholders attached to the report as Appendix 1, and its role in helping satisfy obligations under the Specific Duties / Regulations of the Public Sector Equality Duty (Section 149 of the Equality Act 2010) which would not be undertaken jointly as a Strategic Commission.

The report outlined the next steps in terms of engagement with stakeholders and governance leading to formal adoption of the One Equality Scheme by both organisations at The Clinical Commissioning Group Governing Body in May 2018 and Tameside MBC Executive Cabinet in June 2018.

RESOLVED

- (i) That the content of the report be noted;**
- (ii) That the next steps outlined in the report for engagement with stakeholders and governance be agreed.**

30. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

Consideration was given to a jointly prepared report of the consolidated financial position of the economy providing a 2017/18 financial year update on the month 9 financial position at 31 December 2017 and the projected outturn at 31 March 2018. The total Integrated Commissioning Fund was £486m in value. However, it was noted that this was subject to change as new inter authority transfers were actions 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 £4.3m.
- Children's Services within the Council was managing unprecedented levels of service demand currently projected to result in additional expenditure of £7.8m 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.

A summary of the financial position of the Integrated Commissioning Fund broken down by directorate was provided in Table 2 and outlined in more detail at section 2.

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 £4.1m 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 9 financial position at 31 December 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.**

31. PERFORMANCE REPORT

The Assistant Director Policy, Performance and Communications, outlined the health and care performance update using the new approach agreed in November 2017. The report covered:

- Health & Care Dashboard – including exception reporting for measures which were areas of concern, i.e. performance is declining and/or off target;
- Other intelligence / horizon scanning – including updates on issues raised by Strategic Commissioning Board members from previous reports, any measures that were outside the dashboard but which Strategic Commissioning Board were asked to note, and any other data or performance issues that Strategic Commissioning Board needed to be made aware;
- In-focus – a more detailed review of performance across a number of measures in a thematic area.

The approach and dashboard were aligned with both Greater Manchester and national frameworks. The development of the report is supported by the Quality and Performance Assurance Group. Particular reference was made to the Health & Care Dashboard attached to the report at Appendix 1, and the table below highlighted which measures were for exception reporting and which were on watch.

EXCEPTIONS (areas of concern)	1	A&E 4 hour wait
	4	Diagnostics
	21	Psychosis 2 weeks
ON WATCH (monitored)	2	Delayed Transfer of Care
	39	Direct Payments
	40	Learning Disability
	44	65+ at home 91days

Further detail on the measures for exception reporting was provided in the report and at Appendix 2.

In relation to other intelligence / horizon scanning the Strategic Commissioning Board was asked to note data and performance on the following:

- ‘Winter crisis’ including A&E and Influenza;
- Impact of cancelled elective activity;
- Digital Health Centre / Community Response Service;
- Moderately / severely frail with personalised care plan; and
- NHS111.

In addition, the thematic focus area was primary care and the headlines were summarised for five key areas which reflected either their current national topical nature or seasonal relevance. It also set out the detail of the performance dashboard used to monitor the 39 practices and future plans and developments to extend and enhance the reporting functionality and presentation of local data to provide a holistic view to practise.

RESOLVED

- (i) **That the content of the report and in particular those areas of performance currently off track and need for appropriate action to be taken by provider organisations be noted.**
- (ii) **That the ongoing development of the new approach to monitoring and reporting performance across the Tameside and Glossop health and care economy be supported.**

32. NEXT STEPS FOR INTERMEDIATE CARE

Reference was made to the Strategic Commissioning Board’s consideration of a report on bed based Intermediate Care at its meeting on 30 January 2018 and approval of Option 2 for those patients where it was not possible to deliver rehabilitation and recuperation at home and resulting in the centralisation of the Tameside and Glossop Intermediate Care beds into the Stamford Unit.

This decision was made subject to the implementation of a number of mitigations set out in the report and detailed in the covering letter sent to the Chief Executive of the Tameside and Glossop Integrated Care Foundation Trust.

The letter detailed the agreement to work in partnership to deliver Intermediate Care between the Integrated Care Foundation Trust and Derbyshire County Council. In addition, the letter clearly outlined the intention to drive the development of an investment proposal for supported accommodation on the Shire Hill site in Glossop.

However, the Chair stated that the letter did not articulate the assurances sought by the Board on 30 January 2018 that the Home First offer would be fully established and operational in the Glossop area before any implementation. This was unfortunate as the Board had emphasised that this would assist in building public confidence, ensure consistency and that new care models were understood before changes were implemented. This provision would be best assessed by working with colleagues in Derbyshire County Council and High Peak Borough Council.

RESOLVED

- (i) That the content of the letter outlining the next steps of implementation for Intermediate Care in Tameside and Glossop be noted.**
- (ii) That the agreed next steps for implementation of Intermediate Care in Tameside and Glossop be supported and a progress report presented to the Board in April 2018.**

33. HOUSING MANAGEMENT AGREEMENTS SUPPORTED HOUSING SCHEMES

Consideration was given to a report of the Assistant Director (Adult Services) explaining that the Council had previously entered into a number of leases or management agreements with Registered Social Landlords to secure properties where people with disabilities could reside outside a formal care home setting. These were now in need of review.

It was reported that in the Comprehensive Spending Review in November 2015, the Government outlined their plans to extend Local Housing Allowance to social landlords. Local Housing Allowance was a method by which local authorities identified how much housing benefit a claimant was entitled to, that supported them in paying rent / accommodation charge and eligible service charge. The risks of these changes was presented to the Board in February 2017, however, the Government had decided not to implement the proposed reforms across supported housing schemes thus reducing the financial impact originally reported.

Despite the retraction of the Local Housing Allowance cap there were still elements of risk in terms of supported housing provision that needed highlighting in terms of due diligence and the integration agenda. The specific risks related to additional costs incurred, such as meeting fire regulations, voids and rent guarantees with housing providers and the robustness of the agreements that were in place with landlords. It was essential that a management agreement was entered into with Registered Social Landlords to ensure that arrangements were robust going forward and that risk was shared and reduced.

The actual amount of housing benefit paid to tenants to assist with rental costs was £1.6m per annum and this was managed by the housing management function of Adult Services.

In conclusion, it was explained that prior to entering into future management agreements it was essential that senior leaders were aware of the potential risks going forward, particularly in light of the risk share and due diligence process that was required for integration. Housing could have a significant draw on resources particularly when resources were limited and new reforms required increased investment in supported housing schemes to meet requirements.

To mitigate risk, management arrangements had been developed jointly with housing providers and authorisation was being sought to incur expenditure to progress with signing and finalising these arrangements to provide a legal structure to protect all parties within the relationship.

RESOLVED

That the potential risks as detailed in the report be acknowledged and authorisation be given to the expenditure from pooled funding resources if called upon.

34. COMMUNITY RESPONSE SERVICE CHARGING

The Assistant Director (Adult Services) presented a report which sought permission to consult with customers and key stakeholders of the Community Response Service around a number of charging options for the service provided. Out of 3547 current customers 1061 customers currently did not pay for the service and 108 currently paid a reduced rate for the service. These differences had been based on historic decisions and there was a need to ensure that options were explored further regarding these anomalies and available options looked at to address these inconsistencies for financial sustainability moving forward into an integrated organisation. The findings and recommendations from the consultation would be used to inform a final report and Equality Impact Assessment in June 2018.

It was explained that the Community Response Service supported some of the most vulnerable citizens across the borough with a monitoring and response service through the use of a community alarm, Telecare and Telehealth devices and Digital Health services. This service was a core preventative service supporting vulnerable people to safely maintain independence in the community without the need for more costly interventions.

Four charging options and considerations including benefits, disbenefits and risks were summarised and further information was detailed in the report at Section 6. It was essential that the service reviewed its current practice and charging regime to ensure there was sufficient funding to sustain, develop and grow service operations. The principles of charging were a key component of the in-house service moving equitably to a more financially sustainable service, reducing the reliance on Council funding, to develop a self-financing business unit approach and with the ability to generate additional revenue streams beyond its current remit.

A review of the Community Response Service had commenced in 2017 with the aim of identifying the range of enabling technology being used across Tameside, more intense data gathering, interrogation of intelligence, and exploring with stakeholders new opportunities for the role of technology and the Community Response Service as a whole in the delivery of health and social care services. Current developments were shared to provide context to the overall review as follows:

- Working with Digital Health Care services in the Integrated Care Foundation Trust resulting in a total of 99 people who had avoided A&E and 61 avoided GP appointments.
- Working with the Neighbourhood Teams and the Integrated Urgent Care Team for assessment and triage staff to be able to offer the Community Response Service.
- Project work with Integrated Neighbourhood Teams looking at how information could be shared to identify those who were moderately or severely frail in preparation for more targeted outreach / case finding with GPs.
- Planning sessions with in-house providers from Children and Families Service had commenced to extend service offer to support more families where there were children with special needs, additional needs or young carers.
- With specialist lifting equipment Community Response Service staff had avoided unnecessary ambulance calls when a customer had fallen and closer links formed with colleagues in relation to Falls Programme.
- Discussions at an early stage regarding the potential to work more closely with the North West Ambulance Service and support the service in assisted lifting.

- Process efficiencies had been examined and two significant changes had been made.

The Members of the Board discussed the significant budgetary challenges over the coming years and acknowledged the need to diversify the service delivery market by looking at new and innovative approaches to deliver services whilst reducing cost of provision significantly.

The Board commented favourably on the current developments outlined above and future work of the Community Response Service with providers across the health and social care system identifying where efficiencies could be made and used to contribute to service costs. Greater focus on early action and prevention could make a substantial difference, not only for the service user but potential savings on more costly interventions. An example was highlighted of the Falls Service reducing ambulance calls and the possible associated attendances at A&E which was significantly more costly than those associated with the Community Response Service.

In the light of the comments made by members of the Board and exploration of new opportunities with stakeholders and providers, it was agreed that the decision on the consultation on charging options for the Community Response Service be deferred and the Director of Adult Services would submit a revised proposal to a future meeting of the Board.

RESOLVED

That the decision on the consultation on charging options for the Community Response Service be deferred and the Director of Adult Services to submit a revised proposed to a future meeting of the Board.

35. INTERPRETATION SERVICES

Consideration was given to a report of the Assistant Director (Adult Services) advising that translation services for both verbal and non-verbal languages were provided via a mixture of different arrangements within Tameside and Glossop Integrated Care Foundation Trust and Tameside Council. There was an 'in-house' verbal language interpretation service in the Integrated Care Foundation Trust supplemented by additional purchased telephone interpretation and face to face interpretation and an 'in-house' non-verbal service within the Council supplemented by the use of freelance interpreters for both verbal and non-verbal language interpretation.

It was explained that the service was fragmented and heavily dependent upon business support to organise and manage. The integration of Acute, Primary, Community and Social Care in an Integrated Care Organisation offered the opportunity to rationalise and improve this provision to ensure the needs of the local population were met whilst being more cost effective.

Access to interpretation was essential for the safe care of many residents whose first language was not English and to ensure that the needs of individuals were included and that they were not reliant on family and community members to access services.

The report identified options for providing interpretation services within the Tameside and Glossop health and social care economy and the wider Council so that an appropriate, high quality and best value service could be commissioned to meet these requirements. A joint working group had been formed between the Clinical Commissioning Group, Council and Foundation Trust to produce and implement any approved proposals.

Broadly, there were two commissioning options explained in further detail in the report including advantages / disadvantages:

- **Option 1** – continue to provide services as current with separate health and social care services.

- **Option 2** – commission a single service for the whole of the Integrated Care Organisation which, with a pooled budget, would provide opportunity for some economies in scale but more importantly would offer seamless provision across the multi-speciality teams. Within the single service option there were sub-options:
 - **Option 2a** – continue to provide via a single in house provider and procure a single external provider to provide additional capacity;
 - **Option 2b** – procure a single provider to provide a fully managed service;
 - **Option 2c** – procure a single provider for verbal languages, retain Tameside Interpretation and Communication Service for non-verbal interpretation with additional capacity coming from the procured service.

The procurement approach was outlined and it was proposed that the contract should sit within and procured by the Integrated Care Foundation Trust and this decision had been based upon the advantages of a comprehensive fully managed service across the health and social care economy plus the advantages of maintaining the close links the sensory team had with social care.

The Integrated Care Foundation Trust was predicting a significant recurrent budget reduction of £175,000 on interpretation services if a new model was adopted. This was based partially on a service review within their interpretation service and also an assumption of a large percentage of interpretation moving from face to face to online services. For the Council there might not be the same cashable savings. However, there would be time saved in the administration of current ad hoc services but these were distributed across the Council. A procured service should provide a better rate compared to the current off contract activity and be more efficient from an administrative point of view with improved quality that could be monitored and complying with standing orders.

RESOLVED

- (i) **That Option 2c be approved as detailed in Section 4 of the report and that Tameside and Glossop Integrated Care Foundation Trust be authorised to procure a single provider for verbal language interpretation and for utilisation by the Council as required.**
- (ii) **That the Council's Tameside Interpretation and Communication Service be retained for non-verbal interpretation with additional capacity provided via the procured service.**

36. TAMESIDE CITIZENS ADVICE BUREAU: DIRECT AWARD OF CONTRACT FOR INDEPENDENT SUPPORT AND ADVICE

The Assistant Director (Adult Services) presented a report explaining that the Tameside Citizens Advice Bureau provided free, confidential, impartial and independent support and advice for residents of Tameside. The current funding levels of the Citizens Advice Bureau were not sustainable and the organisation was potentially running at a deficit of £16,766 in 2017/18. In addition to this, funding from the National Lottery was due to come to an end in March 2018 and this would further impact sustainability as this funding continued to core overheads and management hours.

It was reported that the current contract with the Citizens Advice Bureau concluded on 31 March 2018 and a procurement exercise without additional funding and a commitment beyond current budgetary requirements was unlikely to result in the provision of a local organisation that could provide the current levels of service and additional value. A direct award of a contract within initial additional funding was proposed to give time for the organisation to reorganise and bid for additional funding to ensure their sustainability.

Additionally, Tameside Citizens Advice Bureau was embedded within Tameside communities and had extensive experience as a provider of information, support and advice that was free, impartial and confidential. They had a track record of delivering services and had attracted additional funding and services into the Borough. Their approach delivered excellent social value for the

Borough. Direct award of contract would maintain the continuity of a proven and valued organisation that was a key asset in the Borough particularly for vulnerable members of the community.

It was proposed that a waiver to standing orders was granted to allow the direct award of contract to be made to Tameside Citizens Advice Bureau for a period of three years with a year one value of £140,000 and with values for years two and three to be confirmed during the contract subject to budget availability.

For year one this represented an increase in funding of £35,600 on current funding levels. This would enable Tameside Citizens Advice Bureau to:

- Remain solvent and to budget at a break-event rather than the current 2017/18 deficit of £16,766;
- Meet its commitments to other funders in terms of contract monitoring and reporting;
- Restructure to reduce overheads;
- Provide additional investment through the recruitment of a project co-ordinator to seek funding streams and managing bids.

Funding sources for year one only were:

- £78,000 Neighbourhood Services;
- £38,000 Population Health; and
- £24,000 Adult Social Care improved Better Care Fund.

RESOLVED

That a waiver to standing orders be granted to allow the direct award of contract to Tameside Citizens Advice Bureau for a period of three years with a year one value of £140,000 and with values for years two and three to be confirmed during the contract subject to budget availability.

37. TENDER FOR THE PROVISION OF SUPPORTED LIVING FOR ADULTS

Consideration was given to a report of the Assistant Director (Adult Services) that the current contract for the tender for the provision of supported living for adults commenced on 1 June 2014 for a period of 3 years with the option to extend for a period of up to 2 years.

The overarching aims of service delivery were based on recovery and rehabilitation principles that equipped service users with the life skills necessary to move on to more independent living. The service was delivered across two accommodation settings in the Borough supporting 26 tenants. The contract delivered access to support 24 hours a day and 365 days a year.

The current value for this service, 2017/18 was £523,625 representing good value for money when compared to costs for similar services in relation to a recent tender for supported living services.

There was a need for this service in terms of continuing to support a vulnerable group of people subject to section 117 after care, therefore the local authority had a statutory responsibility to provide the service. The service was also essential in supporting individuals with a step down from long term residential placements, the avoidance of future relapses and the need for expensive hospital or residential re-admission.

RESOLVED

That permission be granted to re-tender for the contract for the provision of supported living for adults with mental health needs.

38. TENDER FOR SPECIALIST DEMENTIA CARE HOME WITH NURSING

The Director of Adult Services presented a report advising that there were an estimated 2,691 people in Tameside and Glossop with dementia. As part of the Care Together development Tameside and Glossop were committed to improving the lives of people living with dementia. The overall vision for Tameside and Glossop was linked to the development of rich, specialist support to people living with dementia and their carers at all stages of their pathway. There was a need for a specialist dementia care home with nursing to improve the quality of care closer to home for individuals and their carers.

The specialist dementia care home with nursing would deliver a service to those with advanced, complex dementia requiring specialist support to meet their day to day physical, emotional and behaviour needs and manage the risks associated with this.

It was anticipated that this development would realise savings in costs whilst also delivering an improvement in an individual's experience through maintaining their connections within the locality as well as improving the quality of provision through a robustly commissioned local specialised service.

RESOLVED

- (i) That the benefits of commissioning a local specialist dementia home care home be recognised.**
- (ii) That the plan to tender for a five year contract for 20 beds with a value of £5,200,000, with the option to extend for two or more years in line with the timeframe outlined in the report be agreed.**

39. URGENT ITEMS

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

40. 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