

**TAMESIDE AND GLOSSOP
STRATEGIC COMMISSIONING BOARD**

20 March 2018

Commenced: 2.00 pm

Terminated: 4.00 pm

Present: Dr Alan Dow (Chair) – NHS Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Bill Fairfoull – Tameside MBC
Councillor David Sweeton – Tameside MBC
Dr Christina Greenhough – NHS Tameside and Glossop CCG
Dr Alison Lea – 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 & Pensions
James Thomas – Director of Children’s Services
Debbie Watson – Interim Assistant Director of Population Health
Sandra Whitehead – Assistant Director – Adults Services
Stephen Wilde – Finance Business Partner
Alison Lewin – Deputy Director of Transformation

Apologies: Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG
Councillor Jim Fitzpatrick – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Councillor Allison Gwynne – Tameside MBC
Councillor Jean Wharmby – Derbyshire CC
Dr Jamie Douglas – NHS Tameside and Glossop CCG
Gill Gibson – Director of Safeguarding and Quality

41. DECLARATIONS OF INTEREST

Members	Subject Matter	Type of Interest	Nature of Interest
Dr Christina Greenough	Item 6(b) – Primary Care Access Service	Prejudicial	Director - Go-To-Doc
Dr Vinny Khunger	Item 6(b) – Primary Care Access Service	Prejudicial	Clinical Lead – Go-To-Doc

42. CHAIR’S OPENING REMARKS

The Chair welcomed everyone to the meeting and updated Members in respect of recent CCG elections and announced that Dr Jamie Douglas and Dr Alison Lea had been reappointed along with a new GP member; Dr Ashwin Ramachandra. He further announced that there was one departure from the Governing Body, Christina Greenough. The Chair thanked Christina for all her hard work.

In addition, the Chair advised of a new position taken up by a newly qualified GP – Dr Chan and a new lay member; Maggie Murdoch.

43. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 20 February 2018 were approved as a correct record.

44. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND – MONTH 10 2017/18

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 10 financial position at 31 January 2018 and the projected outturn at 31 March 2018. The total Integrated Commissioning Fund was £487m in value. However, it was noted that this was subject to change 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 1 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 £4.2m.
- 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 £23.7m 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 3 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 1 to the report. It was noted that there was a forecast £0.4m under achievement of this efficiency sum by the end of the financial year. It was noted that the gap of £3.6m reported last month had since been resolved through the risk share contribution that had been transacted non-recurrently in month 10. 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 10 financial position at 31 January 2018 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.**

45. COMMISSIONING FOR QUALITY FRAMEWORK

The Director of Safeguarding and Quality submitted a report explaining that, in Tameside and Glossop Public Health, Social Care and the Clinical Commissioning Group (CCG) had come together as a Single Commissioning Function, combining commissioning teams and budgets. With this arrangement came a commitment and responsibility for securing continued high quality services for its local population.

It was reported that the Tameside and Glossop Strategic Commission Quality Framework (as appended to the report) set out a Commitment to Quality from the leaders of Tameside and Glossop Single Commissioning Function. The framework provided a mechanism for overseeing

quality across health and social care. The framework complied with the nationally agreed definition of quality and the Greater Manchester Health and Social Care Partnership Quality Improvement Framework. The framework ensured quality was embedded at all stages of the commissioning cycle, from strategic planning, to procurement assurance and supporting service improvement.

It was noted that the framework was appended to the Terms of Reference for the Quality and Assurance Group, which would be reviewed in 12 months' time.

RESOLVED

That the Commissioning for Quality Framework and the Terms of Reference for the Quality Performance Assurance Group be endorsed.

46. POPULATION HEALTH INVESTMENT FUND

A report of the Interim Assistant Director of Population Health and the Interim Director of Children's Services was submitted, seeking approval for a programme of investment in prevention interventions in 2018/19, 2019/20 and 2020/21, using public health reserve to support the priorities within the new Tameside Corporate Plan, Locality Plan and refreshed Health and Wellbeing Strategy. The investment was focused on three cross cutting priority areas:

- Delivering our new approach to Early Help for Children and Families;
- Improving Mental Health and Wellbeing in our neighbourhoods; and
- Preventing and Managing Long Term Conditions.

A summary of the proposals and strategic commission leads for each of the priority areas above, was detailed in the report.

Board members were informed that the proposed priority areas for investment would be resourced via the non-recurrent Population Health reserve of £3.004 million and a key consideration was the sustainability of the interventions recommended for approval. Rigorous evaluation of the outputs and outcomes from the prevention interventions would enable an assessment of the value to the health and social care community of different approaches. The proposals would be evaluated and monitored and reported back to the Strategic Commissioning Board.

It was explained that if the proposed programmes were supported, three more detailed business cases would be produced for discussion and agreement through the Strategic Commission Governance.

The first of the three business cases was then presented for agreement and details of 'Delivering our new approach to Early Help for Children and Families reducing demand on Children's Social Care' was appended to the report.

It was explained that the Early Help approach was a key driver within Tameside in terms of the Tameside Think Family approach and public service reform. The Early Help Business Case investments would provide more family/child centred personalised innovative interventions based on strong collaborative working across all partners and agencies and building capacity in the community and voluntary sector.

Detailed discussion ensued in respect of the proposals and members sought further clarity with reference to the non-recurrent funding and sustainability for the future.

The Interim Assistant Director of Population Health explained that robust impact assessments and outcomes framework measures would be carried out and suggested that reports be submitted to the Board on a regular basis in respect of this.

RESOLVED

- (i) That the priority areas for investment, as outlined in the report, be agreed;
- (ii) That the proposals set out in Early Help business case, as appended to the report, be agreed;
- (iii) That the extension of the current grant funding for the core activity of Home-Start (Oldham, Stockport and Tameside) from 1 October 2018 to 31 March 2020 to align with the Community Parenting Service, be approved;
- (iv) That a waiver to standing orders to allow the direct award of contract to Home-Start (Oldham, Stockport and Tameside) for a period of two years from 1 April 2018 to 31 March 2020, with an annual value of £250,000 to deliver the Community Parenting Service, be granted.

47. INTEGRATED URGENT CARE IN TAMESIDE AND GLOSSOP

Consideration was given to a report of the Interim Director of Commissioning, which explained that Tameside and Glossop Strategic Commission had led the development of a locality vision for an enhanced offer of urgent care, i.e. support for conditions that needed prompt medical help to avoid them deteriorating but were not life threatening. Officers were asked to bring back a fully developed proposed model to the Strategic Commissioning Board following public consultation.

It was explained that in October 2017, the Strategic Commissioning Board agreed to consult on two options for the delivery of urgent care within Tameside and Glossop locality. Both options involved the development of an Integrated Urgent Treatment Centre at Tameside and Glossop Integrated Care NHS Foundation Trust hospital site and the proposed relocation of the current Ashton Walk-In Centre service to facilitate this. The options differed in the locations for evening and weekend appointments within Neighbourhood Care Hubs and there was no preferred option.

The two options had been the subject of public consultation over a 12 week period from 1 November 2017 to 26 January 2018. In addition to the public consultation, additional community engagement had taken place through contacting specific groups across Tameside & Glossop.

The report detailed the consultation analysis and an Equality Impact Assessment which responded to issues arising during the consultation and explored mitigations.

Details of proposed actions, timelines and milestones for the implementation were also detailed.

The report concluded that the Strategic Commission were confident that the four key themes set out in the NHS England October 2015 guidance on major service change and reconfiguration had been met as follows:

Preparation and Planning: the development of the model for urgent care had been a key workstream for the Tameside and Glossop Accident and Emergency Care Board and was a part of the Care Together programme, therefore ensuring a locality based approach between organisations, and ensuring engagement with/involvement of key stakeholders in the delivery of health and social care in Tameside and Glossop. The Strategic Commission had led a planned and managed approach to the development of the model and the subsequent consultation process, ensuring engagement with all key partners, the public, and patients.

Evidence: the 'case for change' information included in the report indicated that proposals for urgent care had been developed based on clear clinical evidence and that they align with clinical guidelines, best practice and national expectations.

Leadership and clinical involvement: The case for change for the urgent care model had been driven by the Tameside and Glossop Accident and Emergency Care Board, the membership of which included all representatives for existing providers, commissioners and the voluntary sector along with Care Together programme, with the Integrated Care HNS Foundation Trust, the Local

Authority and the Clinical Commissioning Group as key partners in the programme. This had involved working with a wide range of health and social care providers and community organisations/3rd sector partners. The consultation and engagement work which had been undertaken between 1 November 2017 and 26 January 2018 had been under the leadership of the CCG Chair with support from the CCG Governing Body Clinical Lead for Planned and Urgent Care and the Tameside and Glossop Strategic Commission Interim Director of commissioning with a significant level of input from local clinicians as documented in the report.

Involvement of Patients and the Public: The consultation process, as outlined in the report, provided details of extensive public and patient engagement in the consultation. Public meetings had been held, in addition to extensive publication and promotion of the consultation to encourage engagement and involvement. Meetings with a wide range of community/3rd sector groups had taken place as part of the consultation process. The Strategic Commissioning Board meetings, where decisions were taken in relation to commissioning proposals, were public meetings.

Discussion ensued with regard to a number of issues, in particular with regard to the relatively poor response to the consultation; the variations between Option 1 and Option 2 and how best to deliver the vision, and it was:

RESOLVED

- (i) That the Strategic Commissioning Board NOTE the following:**
 - (a) The content of the report, which charts the process from October 2017, when the Strategic Commission agreed to review options for the future Integrated Urgent Care provision, to drive improvement in clinical outcomes, patient experience and operational efficiency, to the proposed recommendations on the way forward;**
 - (b) The case for change;**
 - (c) The responses arising from the Urgent Care consultation and the Strategic Commission responses which have shaped the recommendations to the Board;**
 - (d) The detailed Equality Impact Assessment which outlined further mitigations; and**
 - (e) The intention of the Tameside and Glossop Strategic Commission to work with partners/stakeholders to continue to develop local, appropriate health and social care provision, including supported accommodation, to meet the needs of our population in the future.**
- (ii) That the Strategic Commissioning Board RECOMMEND APPROVAL of Option 2, as outlined within the consultation, as the preferred model for future provision of Urgent Care and the relocation of walk-in access from Ashton Primary Care Centre to the hospital site. The Strategic Commissioning Board gave this recommendation following the consideration of appropriate mitigations, as detailed in the report, addressing any adverse impacts caused by the relocation of walk in access from Ashton Primary Care Centre to the Hospital site.**

Dr Christina Greenough and Dr Vinny Khunger, having declared a prejudicial interest, left the room during consideration of the following item and paid no part in the discussion or decision thereon.

48. PRIMARY CARE ACCESS SERVICE

The Interim Director of Commissioning submitted a report setting out the need to consider the future commissioning of the proposed Primary Care Access Service (the Urgent Care element). The Urgent Care element was the name of the new service which combined three previous services, all of which were separate, stand alone contracts; Extended Access Service (EAS), Out of Hours (OOH) and Alternative to Transfer (ATT).

The report outlined the rationale for a single contract for these three services to continue the drive for an integrated service model and financial efficiencies in line with the Urgent Care strategy. It identified the benefits and risks for commissioning the new model through a formal competitive tender process rather than via a direct award.

It was noted that the report was being considered following the decision made on the previous item on the agenda (Minute 47 refers - Integrated Urgent Care in Tameside and Glossop).

Board members sought further clarity in respect of governance going forward and how the service would be monitored. Managing conflicts of interest within the governing body GPs relating to connections with current providers, which would affect which members were able to provide clinical advice and support within the procurement process was also highlighted. Members were assured that all conflicts of interest would be managed in accordance with NHS regulations.

RESOLVED

That the Strategic Commissioning Board:

- (i) Note the benefits of bringing three current services (Enhanced Access Service, Out of Hours and Alternative to transfer) together into one single contract;**
- (ii) RECOMMEND APPROVAL of the procurement for the single contract for the Urgent Care aspects of the Primary Care Access Service; and**
- (iii) RECOMMEND APPROVAL of the utilisation of procurement expertise (NECS) to ensure procurement is in line with all relevant regulations and guidance, including the cost of accessing such expertise.**

49. APPROVAL OF ADULT SOCIAL CARE FEES (EXCLUDING CARE HOMES 2018-19)

The Director of Adult Services submitted a report, the focus of which was the setting of revised prices to meet the increasing cost of providing social care support to vulnerable adults.

It was explained that work had been progressing over the past three months in relation to the impact of an number of cost pressures imposed nationally on current providers that significantly challenged the financial viability of what the council and CCG had been paying to deliver these essential services. From a financial perspective the key cost pressures faced by providers are in the main related to the introduction of the National Living Wage and compliance with sleep-in payments.

Discussions with providers, whilst recognising the expectation that National Living Wage (NLW) and sleep-in rates were met, had been set against the background of the financial pressures faced by the health and social care economy and the challenge posed by the redesign of a whole system that if it doesn't change faces a projected funding gap of £70 million projected over the next four years.

Much work had been done over the past few years to radically change the way that services were provided. For example, in the Council's Adult Services a total of £23.6 million had been taken out of the budget since 2010 (a net budget reduction of 34%) which had been achieved through radical service redesign, a reduction in management capacity and 20% reduction in contract costs.

It was further explained that these reductions had been happening at the same time as demand for service provision had been rising – the increasing number of older people and younger adults with complex and life limiting conditions and disabilities had added further pressure to the services provided. Although many people were encouraged to seek help from within their own families or communities many still require help and support. The people who were now receiving care and support were those with more complicated and complex care and support needs that often needed more expensive packages of care to meet their assessed eligible needs. Success in the treatment and care of adults with severe illnesses and disabling conditions had also meant that many more

people in the Borough were living longer; however they were living with one or more health issues that required help and support.

The report set out proposals for costs that would constitute the minimum requirements to meet the specific cost pressures imposed on providers following consultation with the provider sector.

It was summarised that the health and social care economy had seen unprecedented reductions in funding over the past five years. As a result of these reductions all services had been subject to review to establish where efficiencies could be achieved and/or where services could be provided differently. This included consideration of services where there were statutory and non-statutory duties and responsibilities.

The demand to meet savings targets had progressed at a time when providers had in the main been facing increased operating costs. The most significant increase in costs had been those recently experienced specifically in relation to the introduction of the National Living Wage to a sector that had for many years been operating on wage levels at or close to minimum wage levels, but also in relation to increased pension contributions.

Work had been progressing over the past three months to work with providers to reflect these additional costs in realistic prices that could continue the delivery of what were essential services for the vulnerable adults concerned. The methodology adopted had included revising cost of care framework that reflected local factors, whilst, in the case of the supported accommodation had adopted open book accounting methodology to establish the impact on costs of these additional requirements.

This work had resulted in the proposed uplifts that were presented in the report. The estimated net costs of which amounted to £0.157 million for Home Care, with a further increase for the supported accommodation contracts of £0.543 million.

RESOLVED

That the content of the report be noted and the following approved:

- (i) The proposed new rates for home care/support at home, with a standard rate of £14.77 per hour and enhanced rate for the new support at home service of £17.20 per hour;
- (ii) The proposed new rate for Extra Care of £13.68 per hour;
- (iii) The proposed sleep-in rate of £103.26 per night, and £137.65 per night for waking nights, across all adult services contracts;
- (iv) The revised supported accommodation contract prices highlighted in Section 4 of the report, summarised in Appendix 3;
- (v) The revised direct payment rates as follows:
 - Hourly rate of £11.09 for personal assistant;
 - Hourly rate of £14.77 for support provided through a care agency; and
 - Day services day rate of £31.37.
- (vi) The revised contract prices for the Day Services highlighted in Section 4 of the report;
- (vii) The revised contract price for the Community Recovery Service (LD Respite) highlighted in Section 4 of the report;
- (viii) The revised fees for Shared Lives in Section 4, Table 3 of the report; and
- (ix) That all the above proposed new rates will be effective from 1 April 2018.

50. NEW CARE HOME MODEL AND FEES FOR 2018/19

A report was submitted by the Director of Adult Services, seeking approval for the proposed fees for the 2018/19 financial year, both for if the On/Off Framework arrangement was removed, or if it remained the same (to be agreed at Executive Cabinet on the 21 March 2018). Subject to Executive Cabinet agreeing to remove the On/Off Framework arrangement there were a small number of service users who would be directly financially disadvantaged by the change of policy, for which it was proposed the Council would pick up the difference.

It was explained that, as this change in policy would be to assist the care homes market, any ensuing disadvantage to service users currently contracted with the Council and care homes should be picked up by the Council. Failure to do so would result in successful challenge through the courts and/or the Local Government Ombudsman.

The report noted the need to use the NHS Shorter Form contract as the basis for the continuing contractual relationship with the care homes and sought approval for the proposed Enhanced Payment criteria.

The report also sought approval to the way the approved list operated, i.e. to change the mechanism to a Dynamic Purchasing System (DPS), whilst recognising service users' rights to choose any care home provider that was registered with the Care Quality Commission and met the conditions as laid out in the Care Act Guidance 2017.

RESOLVED

- (i) That the fee structure for 2018-19 as set out in Section 8 of the report, be agreed;**
- (ii) It be agreed that current service users would not be disadvantaged by the change in contractual policy arrangements and any financial difference would be met;**
- (iii) That the criteria for the Enhanced Payment be agreed;**
- (iv) That the transitional period of 12 months, for those providers currently receiving the enhanced payment be agreed, but due to the inclusion of the CQC rating of 'Good' or 'Outstanding' in the new criteria, cannot now meet this criteria;**
- (v) That the requirement to use the NHS Shorter Form contract as the basis for the contract with the care homes, be recognised; and**
- (vi) It be acknowledged that there will be service users financially disadvantaged by the proposal, and agreed that the Section 75 Pooled Budget would meet the difference between the Off & On Framework rates for those service users.**

51. PROVISION OF THE INSPECTION, REPAIR AND MAINTENANCE OF STRAIGHT AND CURVED STAIR LIFTS, VERTICAL LIFTS, STEP LIFTS AND OVERHEAD TRACK HOISTS INSTALLED IN DOMESTIC PROPERTIES IN TAMESIDE AND OLDHAM

Consideration was given to a report of the Director of Adult Services, which outlined the rationale and purpose of an extension of the above contract for a period up to 6 months in order to re-tender the service following the abandonment of the previous tender process as a result of issues identified in the tender process.

RESOLVED

That the content of the report be noted and an extension of the contract with the current provider of the service, City Lift Services (NW) Ltd for a period of up to 6 months to enable a further procurement exercise to be undertaken, be approved.

52. URGENT ITEMS

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

53. DATE OF NEXT MEETING

It was noted that the next meeting of the Strategic Commissioning Board would take place on Tuesday 17 April 2018 commencing at 2.00 pm at Dukinfield Town Hall.

CHAIR