

**TAMESIDE AND GLOSSOP
STRATEGIC COMMISSIONING BOARD**

17 April 2018

Commenced: 2.00 pm

Terminated: 4.00 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 Leanne Feeley – Tameside MBC
Councillor Jim Fitzpatrick – Tameside MBC
Councillor David Sweeton – 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
- In Attendance:** Sandra Stewart – Director of Governance & Pensions
Kathy Roe – Director of Finance
Stephanie Butterworth – Director of Adult Services
Gill Gibson – Director of Safeguarding and Quality
Jessica Williams – Interim Director of Commissioning
Sarah Dobson – Assistant Director Policy, Performance & Communications
Sandra Whitehead – Assistant Director (Adult Services)
Anna Moloney – Consultant, Public Health Medicine
Tori O'Hare – Head of Primary Care
Ali Rehman – Head of
Pat McKelvey – Head of Mental Health
- Apologies:** Councillor Gerald Cooney – Tameside MBC
Councillor Allison Gwynne – Tameside MBC
Councillor Bill Fairfoull – Tameside MBC
Councillor Jean Wharmby – Derbyshire CC
Councillor Tony Ashton – High Peak BC

54. DECLARATIONS OF INTEREST

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

55. MINUTES OF THE PREVIOUS MEETING

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

56. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

The Director of Finance presented a report providing a 2017/18 financial year update on the month 11 financial position at 28 February 2018 and the projected outturn at 31 March 2018. Details of the summary 2017/18 budgets, net expenditure and forecast outturn of the Integrated Commissioning Fund and Tameside and Glossop NHS Integrated Foundation Trust were provided with supporting information contained in Appendix A to the report. Members noted that there were a number of risk had had to be managed within the economy during the current financial year, the key ones being:

- Following transaction of the Integrated Commissioning Fund risk share the Clinical Commissioning Group was able to show a balanced financial position in 2017/18. However, this ignored significant underlying pressures in individualised commissioning of approximately £6.4m compared to the opening budget.
- The Integrated Care Foundation Trust was working to a planned deficit of £23.7m for 2017/18. However, it was noted that efficiencies of £10.4m was required in 2017/18 in order to meet this sum.

The Director of Finance outlined the risk share arrangements in place and contributions transacted for 2017/18 and contributions transacted. There were a number of additional risks which each partner organisation was also managing during the current financial year, which the Director of Finance outlined and provided within Appendix A of the report.

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 of the report.

In terms of the efficiency plan, the economy has a efficiency sum of £35.1m to deliver in 2017/18, of which £24.7m was a requirement of the Strategic Commissioner. Appendix A to the report provided supporting analysis of the delivery against this requirement for the whole economy. It was noted that there was a forecast £0.3m under achievement of this efficiency sum by the end of the financial year. It was essential therefore that additional proposals were considered and implemented urgently to address this gap and on a recurrent basis thereafter.

RESOLVED

- (i) **That the 2017/18 financial year update on the month 11 financial position at 28 February 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 acknowledged.**
- (iii) **That the significant amount of financial risk in relation to achieving an economy balanced budget across this period be acknowledged.**

57. COMMISSIONING IMPROVEMENT SCHEME 2018/19

The Interim Director of Commissioning presented a report describing a two element Commissioning Improvement Scheme being proposed to support Tameside and Glossop General Practice in 2018/19. The report outlined the two elements of the proposal the aim of which was to support continued transformation of the economy, improving Healthy Life Expectancy, reducing health inequalities, improving outcomes and delivering financial sustainability of services across the economy. It was proposed that the Commissioning Improvement Scheme be moved to a neighbourhood focus and alongside this make available up front via investment in neighbourhoods to test or continue schemes which addressed pressures, quality and financial or maintain elements of the 2017/18 Commissioning Improvement Scheme model so that those previously successful practices could work in their neighbourhoods to create stability and expand the current Commissioning Improvement Schemes.

The two approaches were outlined as follows:

Neighbourhood Commissioning Improvement Scheme

This would be the current Commissioning Improvement Scheme format in place in 2017/18, however, with outcomes (underspend and / or improvement) measured at neighbourhood level. This should enable some practices to achieve the Commissioning Improvement Scheme when this has previously proved too challenging.

2018/19 Invest to Save Project

In addition to the Neighbourhood Commissioning Improvement Scheme it was proposed to make £125,000 available to each neighbourhood in 2018/19 for delivery of an invest to save project to

benefit the neighbourhood population and deliver efficiencies, both financial and quality, across the locality. It would be for each neighbourhood to determine:

- How their funding would be invested;
- How the funding would be transacted to the neighbourhood;
- How the plan would be achieved; and
- How the impact and success of the plan would be measured and any reviews and adjustments made as required in year.

The Strategic Commissioning Board members provided their views on the proposals and the experiences and outcomes with the scheme in previous years. Following discussion and a vote on the proposals it was felt that this was the appropriate direction of travel to invest in practices working together for the benefit of the neighbourhood population. However, there would need to be engagement and communication with practices to develop an outcomes framework with appropriate structures in place to ensure accountability.

RESOLVED

- (i) **That the proposal for 2018/19 be approved and communication take place with GP practices.**
- (ii) **That the calculation of budgets at neighbourhood level, in line with 2017/18 budget setting methodology, and with the continuation of high cost patient risk pool in line with 2017/18 be supported.**
- (iii) **That the cap on Commissioning Scheme Improvement payments per neighbourhood of £100,000 and the proposed continuation of the Panel process for approval of spend proposals be supported.**
- (iv) **That the proposal of a Panel approval process for the Invest to Save element of the scheme be supported.**

58. PROVISION OF CALL HANDLING SYSTEM FOR COMMUNITY RESPONSE SERVICE

Consideration was given to a report of the Assistant Director (Adult Services) seeking permission to spend for the provision of a community response call handling system and authorisation to use a direct call off agreement with a supplier from the ESPO framework 203_15. The lease on the current call handling system that supported the service was due to expire on 13 August 2018.

It was explained that Tameside Adult Services operated an in-house telecare service and the aims of the service were outlined. Staff were employed to provide an emergency response service 24 hours a day, 365 days a year to residents who were vulnerable or at risk. In December 2017, there were 3,547 customers connected to the service receiving approximately 18,000 calls every month.

The rationale and benefits to enter into a call off agreement with the current provider for the continued delivery of this service offered the Council was outlined in the report. Disaster recovery for this service was currently shared with Stockport MBC and this arrangement would continue until it was reviewed as part of the wider integration of social care and health.

To inform this decision a wider benchmarking exercise had been undertaken to establish what the needs of the Community Response Service going forward to support this service function, what other call handling systems were being used elsewhere and their effectiveness.

There was a requirement to re-commission the call handling system for the Community Response Service to ensure compliance with Procurement Standing Orders. The service and support provided by the current provider had been very satisfactory. However, based on current and future service and system needs functionality needed updating to provide a wider range of information to inform performance management.

The report centred on market testing and procuring a new call handling system through a review of providers contained within the framework 203-15. The review of the framework identified three providers who could potentially provide this system. However, on further review, one of these could not currently support digital technology which was a future requirement of the system, leaving two providers, including the current provider. The indicative costs of the two providers were detailed in the report.

Based on cost, additional extras that would enhance the service offer and to reduce risk in terms of disaster recovery arrangements, it was recommended that the current provider be maintained.

RESOLVED

- (i) That approval be given to the direct award of the contract for the provision of a community response service call handling system from the existing provider from the ESPO Framework 203_15 for a five year contract commencing 14 August 2018.**
- (ii) That approval be given to the service leasing an upgraded call handling system to support the Community Response Service no later than 13 August 2018 when the current lease expires.**

59. PROVISION OF E-ROSTERING AND ALLOCATION SYSTEM FOR REABLEMENT SERVICE, COMMUNITY RESPONSE AND LONG TERM SUPPORT SERVICE

Consideration was given to a report of the Assistant Director (Adults) seeking permission to spend for the provision of an e-rostering and allocation system and authorisation to carry out a mini tender exercise with suppliers on the existing ESPO Framework 394_15 – Elec. Homecare Monitoring and Scheduling. There were a number of providers who had already demonstrated that they would meet a required standard to be included on the framework. The aim of the Reablement Service was to provide an intensive short term period of rehabilitation (up to 6 weeks) when someone had a period of ill health or trauma. The service had delivered good outcomes for people allowing them to continue to live at home with an ongoing reduced package of home care or in many cases with no ongoing support provision at all.

Whilst considering options for a electronic solution to the staff rostering and allocation system within Reablement it had also become apparent that other areas of Adult Services could benefit with a similar solution, particularly the Long Term Support Service which already had an electronic staff rostering system in place that would benefit from an upgrade. The Community Response Service had also identified some potential benefits from having access to an electronic solution.

The services were constantly reviewing their ongoing effectiveness and regularly had regard for new developments in the social care system. The introduction of a number of electronic staff rostering and work allocation systems over the past few years had led to greater efficiencies in this area of the market. After reviewing many of the systems on the market it was felt by officers working closely with these services and result in better outcomes for users of the services as well as opportunities to realise possible budget savings.

RESOLVED

- (i) That approval be given to spend for the provision of an e-rostering and allocation system for the Reablement Service, Community Response Service and Long Term Support Service.**
- (ii) That approval be given to carrying out a procurement exercise using the existing ESPO framework.**

60. PROVISION OF A LEARNING DISABILITY RESPITE SERVICE

Consideration was given to a report which explained that Adult Services had provided a specialist respite / short stay service for people with a learning disability for more than three decades with the

aim of enabling people to live as independent and fulfilling lives as possible in the community whilst ensuring their carers received breaks to enable them to continue with their caring duties. The current contract for the provision of five beds (comprising four respite and one emergency bed) at one building base in Stalybridge commenced on 1 December 2013 and was due to expire on 30 September 2018 following a two year extension.

This valued service was currently accessed by 55 families and all service users had been assessed as having eligible needs as defined in the Care Act 2014. Authorisation was being sought to re-tender for the provision of a learning disability respite service with a contract commencement date of 1 October 2018 for a period of five years with the continued delivery of a domiciliary care model.

RESOLVED

That approval be given to tender for the provision of a Learning Disability Respite Service commencing from 1 October 2018 for a period of five years.

61. QUALITY ASSURANCE

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 the services commissioned, highlight any quality concerns and providing assurance as to the action being taken to address such concerns. The report covered data and 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.

Particular reference was made to issues of recruitment and data quality for Health Visiting Service and a deep dive had previously highlighted service pressures, challenges and risk mitigation the service had put in place whilst it was without a full complement of Health Visitors. Although work continued in relation to recruitment and workforce projection, the Strategic Commissioning Board was keen to understand why the service was not able to recruit to its full capacity.

RESOLVED

That the content of the update report be noted.

62. PERFORMANCE UPDATE

The Assistant Director (Policy, Performance and Communications) submitted a report providing the Strategic Commissioning Board with a Health and Care Performance update at April 2018 covering:

Health and Care Dashboard

The following were highlighted as exceptions:

- A&E Standards were failed at Tameside Hospital Foundation Trust;
- Diagnostics over 6 weeks;
- Referral to Treatment – 18 weeks;

- Proportion of people using social care who receive self-directed support, and those receiving direct payments;
- Total number of Learning Disability service users in paid employment.

Other Intelligence / Horizon Scanning

Updates on issues were providing on the following:

- Winter Crisis – Influenza and uptake of vaccines;
- NHS 111.

In Focus

At its meeting on 30 January 2018 and in recognition of the importance of mental health the Strategic Commissioning Board agreed to prioritise increasing investment in improving mental health outcomes to improve parity of esteem. Work to develop an outcome focused approach to monitoring was ongoing at both a Greater Manchester level and within the Pennine Care footprint. Pat McKelvey presented a mental health in focus report providing a snapshot of performance and outcome information against the life course as follows:

- Starting Well
 - Parent Infant Mental Health;
 - Off the Record;
 - Healthy Young Minds (CAMHS);
 - Children and Young People Eating Disorder Service;
 - MIND Support to Children and Young People;
- Living Well
 - Pennine Care Services;
 - IAPT Access and Waiting Times;
 - Mental Health Crisis Care;
 - Mental Health In-patient Care;
 - Health and Wellbeing College;
 - Tameside, Oldham and Glossop MIND;
- Ageing Well
 - Memory Assessment Service;
 - Dementia 65+ Diagnosis Rate;
- Pennine Care Foundation Trust Integrated Performance Dashboard

RESOLVED

That the content of the performance report and mental health in-focus progress report be noted.

28. URGENT ITEMS

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

CHAIR