TAMESIDE AND GLOSSOP
STRATEGIC COMMISSIONING BOARD

23 May 2018

Commenced: 9.00 am **Terminated: 11.00 am**

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 Bill Fairfoull – Tameside MBC
Councillor Leanne Feeley – 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
Councillor Jean Wharmby – Derbyshire County Council

In Attendance: 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)
Gideon Smith – Consultant, Public Health Medicine
Stephanie Sloane – Strategy and Business Planning Manager
Cheryl Pike – Group Manager, Derbyshire County Council

Apologies: Councillor Gerald Cooney – Tameside MBC
Councillor Allison Gwynne – Tameside MBC

1. DECLARATIONS OF INTEREST

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

2. MINUTES OF THE PREVIOUS MEETING

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

3. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

The Director of Finance presented a report providing an update on the year end financial position of the care together economy in 2017/18 and highlighting the increased risk of achieving financial sustainability over the long term and supporting details were attached at Appendix 1 to the report.

Reference was made to details of the summary 2017/18 budgets and net expenditure for the Integrated Commissioning Fund and Tameside and Glossop Integrated Care Foundation Trust and the outturn variances were explained in Appendix 1 to the report. While financial control totals had been achieved by the three statutory organisations in 2017/18, members were aware of significant pressures within the economy during the 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 £6.393m compared to the opening budget.

- Children's Services within the Council was managing unprecedented levels of service demand which was currently projected to result in additional expenditure of £8.609m when compared to the available budget.

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.

It was reported that there had been a significant change to the CCG Surplus position at month 11 relating to the System Risk Reserve and Category M Drugs. The net impact of these changes was an increase in the surplus to £9.347m. It was important to note that there was no mechanism through which the CCG would be able to draw down any of this surplus in 2018/19.

RESOLVED

(i) That the 2017/18 2017/18 financial year end position be noted.

(ii) That the significant level of savings required during the period 2018/19 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.

4. SHARED LIVES CONSULTATION – ACCESS POLICY CHANGE

Consideration was given to a report of the Assistant Director for Adult Services seeking permission to enter into consultation to change the Shared Lives Service age of entry from 18 years of age to 16 years of age. This was part of a wider piece of work with Shared Lives Plus which was the national Shared Lives umbrella body and the Department for Education to expand the offer of Shared Lives services to younger people. This was supported by a Department for Education grant to assist in supporting the development.

The policy change was part of the Adult Services Transformation Programme. It was highlighted that Shared Lives could provide an alternative service to young people leaving care from the age of 16+. This could be as an alternative to other traditional services offered via Children's Services which could prepare young people for independent living. It would also support the work of Shared Lives in terms of encouraging a smoother transition of young people with complex needs transitioning into Adult Services.

Working with young people leaving care was one element of the transformation plan which was aimed at improvement and diversification of the service through expansion of provision, creating better choice and outcomes for young people while also working with partners to improve the efficiency and effectiveness of community based services. This would better support the wider health and social care system as health and social care services continued to be integrated.

Consultation with Children's Services on the legislative requirements of this change of policy had only identified specific training and screening requirements of carers and staff in terms of working with young people 16-18 years of age. The identified training requirements were detailed in Appendix 1 to the report. It was intended to have a specific targeted recruitment campaign for carers interested in working with young people and would link with Children's Services training and development programme in terms of providing necessary graining and development requirements.

It was also reported that an Equality Impact Assessment had been undertaken and attached as Appendix 2 to the report.

The service was currently working with the Policy, Performance and Communications Team regarding questions on the Big Conversation for public consultation on this policy change. The consultation plan and documents including public information and a description of the proposed

work and questionnaire had been developed and attached to the report at Appendix 3 and Appendix 4. Consultation will also be undertaken with the Children in Care Council to seek their views and comments on the proposal. A combination of focus groups and drop in sessions would be arranged to run in parallel with Carers Forums over a range of day / evening sessions.

All feedback would be used to inform the final report, recommendations and final Equality Impact Assessment.

RESOLVED
That approval be given to undertaken consultation to change the Shared Lives age of service entry from 18 to 16 years.

5. SHARED LIVES CONSULTATION – BANDED SYSTEM FOR SHARED LIVES PLACEMENTS

Consideration was given to a report of the Assistant Director (Adult Services) seeking permission to enter into consultation with Shared Lives Carers and key stakeholders to consider a banded payment system for carers. Shared Lives primarily worked with adults with learning disabilities but more recently had started to diversity and promote services to other vulnerable adult groups such as older people. Shared Lives carers were approved to provide a range of community support services to individuals meeting the criteria for Adult Services.

There were currently 125 service users being supported by 88 carers and any person aged 18 or over meeting the eligibility criteria for services could use Shared Lives. The Shared Lives carers provided a range of services dependent upon the needs and health of the individuals. Shared Lives carers were self-employed and to become approved were DBS checked and had to complete an in-depth assessment and approval process and required to undertake regular mandatory training.

The Council faced significant budgetary challenges over the foreseeable future and must diversify service delivery by looking at new and innovative approaches to deliver services whilst also reducing the cost of provision. This would also include a cost benefit analysis across the health and social care system identifying where efficiencies could be made. An example could be seen in Adult Services respite provision, currently Cumberland Street respite had no available capacity and costs significantly more than Shared Lives provision. Shared Lives could offer a viable alternative to meet demand.

Shared Lives supported some of the most vulnerable individuals across the borough to maximise their independence through a family based community support network. Throughout the service offer Shared Lives carers could support service users to maintain independence in the community and as a support to family carers to maintain their roles. As people progressed into long term placements Shared Lives carers offered an asset based approach as a less costly alternative to traditional services. The Shared Lives Scheme was currently in a period transformation to expand the provision to a more diverse range of Service Users and relieve pressure on other provisions. Recruitment of skilled carers was pivotal to these aims.

This consultation aimed to discuss a proposed banded payment system for Shared Lives carers, which ensured the payment made to carers was reflective of the levels of need of the service users in their care, and providing a choice to carers of the amount of assistance they want to, or could, provide at a certain cost. A banded payment system would also support the attraction of a larger number of prospective carers to meet the varying degrees of need. There was a need to review the fixed payments that were currently offered to carers, and consider a payment mechanism that was more reflective of the complexity of service users that carers currently supported, and could support in the future as service expanded. It would also support us in recruiting more carers to the service.

Some individuals might be willing to provide accommodation but not much support while others might be willing and indeed want to provide a substantial amount of support on the basis that the level of support and commitment was financially recognised. Some kind of differential pay system segments the market and should have the effect of attracting a larger number of carers to the role.

It was important that there was communication and consultation with Shared Lives carers, service users and their families regarding these proposals and where appropriate offer support to individuals to fully understand the proposal, and the potential impact on them as an individual in the service. This would be done using various approaches including letters, focus groups, drop-in sessions and individual interviews.

RESOLVED
That the proposal for the Shared Lives Service to enter into consultation with carers and key stakeholders on the implementation of a banded system for carers be supported.

6. PUBLIC HEALTH INVESTMENT – PREVENTING AND MANAGING LONG TERM CONDITIONS

Consideration was given to a report of the Interim Director of Commissioning and the Interim Assistant Director of Population Health which stated that on 20 March 2018 the Strategic Commissioning Board agreed three priority areas for Population Health Investment resourced via the non-recurrent Population Health 'ring fenced' reserve of £3.004 million. These were:

Priority 1: Delivering our new approach to Early Help for Children and Families;
Priority 2: Improving Mental Health and Wellbeing in our neighbourhoods; and
Priority 3: Preventing and Managing Long Term Conditions.

The proposals around Priority 1: the new approach to Early Help for Children and Families were agreed on 20 March allocating £1.2M aimed to ensure a move from reactive service provision, based around responding to accumulated acute needs, towards earlier intervention via targeted interventions, where problems can be addressed before they escalate taking a holistic whole family approach based on early intervention and prevention.

The report outlined three business cases within the **Priority 3:** Preventing and Managing Long Term Conditions workstream focusing on.

- Tobacco – Making Smoking History in Tameside;
- MacMillan GP in cancer prevention and care;
- Campaign and Social Marketing Programme – Find, Diagnose and Treat.

The business case for the Lung Screening programme will be presented separately to a future Strategic Commissioning Board for decision.

RESOLVED
(i) That the proposals set out in the business cases be supported.
(ii) That the investment outlined in the report of £313,401 for 2017/18, £329,751 for 2018/19 and £190,000 for 2018/20 be agreed.

7. MENTAL HEALTH INVESTMENT – MENTAL HEALTH NEIGHBOURHOOD DEVELOPMENT BUSINESS CASE

The Interim Director of Commissioning presented a report outlining a business case to request investment in two neighbourhood mental health developments in line with the Mental Health Investment agreed by the Strategic Commissioning Board in January 2018.

Reference was made to section 2 of the report which outlined the ambitions for 2018/20. Further work had taken place within the locality, in Greater Manchester and with partner Clinical Commissioning Groups in the Pennine Care footprint. From this learning a range of ambitions were proposed:

- Increase opportunities for people to stay well in the community;
- Increase opportunities to get help before / during crisis;
- Make effective use of secondary care.

The report outlined requests for Strategic Commissioning Board agreement to progress with two elements:

- Mental Health in the Neighbourhoods: 101 Days for Mental Health Project to co-produce a new model of mental health support;
- Dementia Support in the Neighbourhoods – increasing dementia practitioner capacity.

RESOLVED

(i) That the proposed ambitions be endorsed.

(ii) That investment be agreed for two proposals for £58,000 for the 101 Days for Mental Health Project and £144,000 recurrently for the Dementia Practitioner capacity.

8. MENTAL HEALTH INVESTMENT – SELF-MANAGEMENT EDUCATION BUSINESS CASE

Consideration was given to a report of the Interim Director of Commissioning explaining that a co-ordinated vision for self-management education that aimed to align and develop resources that supported individuals to self-care, across physical health, mental health and lifestyle change had been developed within Care Together.

The business case proposed that two funding streams be brought together - £27,000 recurrent funding used in the past to commission Self-Management UK to deliver self-management courses and £80,000 of Public Health Investment Fund, committed for two years. The £107,000 would be used to invest in a new programme for Tameside and Glossop to develop a co-ordinated self-management education offer that consisted of the following key elements:

- Continuing to invest in the high quality mental health self-management education programme delivered by Pennine Care in the Health and Wellbeing College.
- Developing a generic self-management course for Tameside and Glossop and equipping local trainers to deliver it.
- Co-ordinating existing SME assets and developing new ones in partnership with local organisations.
- Ensuring people had access to high quality, accessible information about their condition(s) and how to manage it.
- Supporting the development of peer support opportunities, led by local community groups but formally linked to their clinical teams.

Going forward it was hoped to add the following elements provided through developments in the system wide self-care transformation programme:

- Bringing together the wide range of existing resources into an outline resource to help people self-manage, with associated neighbourhood hubs.
- Supporting access to specialised health coaching, specifically for people with long term conditions who had lower activation levels and required more intensive one to one support.
- Embedding self-management consistently in clinical pathways ensuring a dual role in supporting people's conditions and empowering them to be effective self-managers.

Reference was also made to the national, strategic and local context, outcomes and benefits, the evidence base and performance monitoring and evaluation. It was intended that the proposal would be implemented from July 2018 preceded by a continuing planning phase in May and June 2018.

RESOLVED
That the Strategic Commissioning Board RECOMMEND to Council and the Clinical Commissioning Group that the proposals for investment outlined in the report be supported.

9. INTERMEDIATE CARE IN TAMESIDE AND GLOSSOP

The Interim Director of Commissioning presented a report which stated that the Tameside and Glossop Strategic Commission have led the development of a locality strategy for Intermediate Care.

In August 2017, the Strategic Commissioning Board agreed to consult on 3 options for the delivery of bed based Intermediate Care. Two of the options, one of which was proposed as the preferred option, involved the relocation of intermediate care beds from the Shire Hill site. The 3 options were the subject of public consultation over a 12 week period from 23 August to 15 November 2017.

Due to the richness of evidence arising from the public consultation and in particular from the Glossop neighbourhood, an interim report was presented in December 2017 to inform the Strategic Commissioning Board of the consultation progress and process, initial themes and the next steps to ensure a final report to the January 2018 Board meeting.

A report containing the full detail of the consultation analysis, an Equality Impact Assessment responding to issues arising during the consultation and explored mitigations, was presented to the Strategic Commissioning Board in January 2018. On the basis of this report, the Board approved Option 2, resulting in the centralisation of the intermediate care beds into the Stamford Unit, adjacent to Tameside Hospital and part of Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT).

An interim report was presented to the February meeting of the Strategic Commissioning Board, including a letter from the Clinical Chair and Chief Executive of the Clinical Commissioning Group, which set out expectations with regard to assurance on the progress of mitigations required before implementing the new model and moving the bed based care from Shire Hill to the Stamford Unit and appended to the report at Appendix 1.

Commissioners had been working with Integrated Care Foundation Trust and other partners in the locality to ensure the mitigations are being delivered and to develop the implementation plan set out in the report. The Integrated Care Foundation Trust had established a dedicated Intermediate Care project group which was led by the Chief Nurse and Director of Human Resources and reports into the Trust Executive Management Group. The Group's objectives were outlined in the report. Senior leads had been identified and sub-groups established to progress key actions prior to the relocation of services.

It was reported that a key principle of the intermediate care model was that wherever possible a person should have their care requirements met within their own place of residents and that the system would be responsive to meeting this need in a timely manner. The Integrated Care Foundation Trust had a well-established and documented process for referring patients into intermediate care services from acute care to facilitate discharge and a referral document for step up from community to avoid an admission. This documentation supported discussions with patients, carers and social care services on discharge planning and a choice of services attached to the report at Appendix 3.

The Integrated Care Foundation Trust had established a project group to develop a revised model for the whole of the Stamford Unit and agree policies and procedures for the new state. This included the process for identifying and referring patients into the specific Glossop bed based intermediate care.

Reference was also made to staffing implications and the process for staff consultation for the relocation of staff and a recruitment event had been held to recruit to vacant posts. Safe staffing of intermediate tier services would be monitored through quality and performance contract meetings between the Strategic Commission and the Tameside and Glossop Integrated Care Foundation Trust to ensure a focus on quality and safety during and after transition.

In conclusion, the Interim Director of Commissioning made reference to the letter from the Clinical Chair and Chief Executive of the Clinical Commissioning Group which set out expectations with regard to assurance on the progress of mitigations required before implementing the new model and moving the bed based care from Shire Hill to the Stamford Unit. The Integrated Foundation Trust's response to this letter had been included in detail in the report.

The Board discussed at length the development of the process to commission and provide additional bed based intermediate care provision in Glossop for patients needing to be close to their families / carers to deliver their optimum outcome.

It was emphasised that in line with the outcome of the consultation, bed based intermediate care for the population of Tameside and Glossop would be delivered from the Stamford Unit on the Tameside Hospital site and, in addition, the commissioning of intermediate care beds in Glossop to be purchased on an individual basis to meet an individual's needs should this be appropriate. This was ongoing and being led by the Integrated Care Foundation Trust Glossop Neighbourhood team with involvement from primary care, commissioning, social care, Derbyshire County Council and patient representation.

The Interim Director of Commissioning stated that this offer for the population of the Glossop neighbourhood had been developed and enhanced over recent months.

In particular, the Chair sought assurances and made reference to the minutes of the February Strategic Commissioning Board and read out the following extract:

"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.
Resolution
3)c The need for assurance of the home based Intermediate Care offer working in Glossop."

In response the Interim Director of Commissioning made reference to her review of the response of the Integrated Care Foundation Trust outlined in detail in the report and was satisfied that:

- Processes were in place to identify and refer intermediate care patients in Glossop, offer choice and fulfil the expectation of Commissioners;
- There was a plan to develop a commissioning process to support the additional bed based intermediate care provision in Glossop should this be appropriate. The Interim Director of Commissioning was working with the Strategic Commission's Director of Quality and the Integrated Care Foundation Trust Director of Nursing to ensure the process was robust and agreed.
- The Integrated Care Foundation Trust was offering service provision at all levels of Intermediate Care. However, this would be kept under review and assurance gained via the National Audit.

- That in relation to Glossop Integrated Neighbourhood Services and Glossop Primary Care Centre utilisation, the ICFT had met the Strategic Commissioning Board recommendation as described in the letter to the ICFT and attached at Appendix 1 to the report.

Having considered the report and responses provided by the Interim Director of Commissioning it was –

RESOLVED

(i) That the progress against mitigations outlined in the conclusions to the report be noted.

(ii) That the move to implementation of the agreed model of care be approved.

(iii) That the Quality and Performance meeting undertake a review of the delivery of Intermediate Care and report the findings to the Strategic Commissioning Board in January 2019.

10. INTEGRATED URGENT CARE IN TAMESIDE AND GLOSSOP

The Interim Director of Commissioning presented a report explaining that in 2017/18 the Tameside and Glossop Strategic Commission had led the development of a locality vision for an enhanced offer of urgent care. Following a public consultation, the Strategic Commissioning Board, agreed the model for an Integrated Urgent Care Service comprising:

- The Urgent Treatment Centre;
- The Primary Care Access Service.

The level of integration between the Urgent Treatment Centre, A&E streaming, A&E and diagnostic provision, along with the strategic way forward for Tameside and Glossop Integrated Care NHS Foundation Trust, meant that the Urgent Treatment Centre element would be commissioned within the Integrated Care Foundation Trust contact. The report set out the National and Local Requirements of the Tameside and Glossop Urgent Treatment Centre. A Quality Impact Assessment had been completed and was attached to the report at Appendix 1.

Particular reference was made to financial implications and it was reported that the business cases for the Primary Care Access Service had already been approved and this was proceeding to procurement with an expectation of a 15% saving versus the current cost. The recurrent cost of A&E and Walk in Centre at present was £10,900 per annum. In addition to this, GP streaming was being funded on a non-recurrent basis for approximately £50,000 per month. Non-recurrent money was included in budgets to continue funding GP streaming until July.

When the new Urgent Treatment Centre was in place, the requirement for GP streaming would cease. It was also expected that efficiencies could be generated by bringing the Walk in Centre and A&E together. As such it was proposed that an additional £900,000 was varied into the Integrated Care Foundation Trust contract to run the Urgent Treatment Centre. This would create a commissioner saving of £118,000 per annum versus the current cost of the GP led Walk in Centre and ending the requirement for non-recurrent funding of GP streaming.

In order to enable these savings and before the Urgent Treatment Centre could go live, some capital work was required on the A&E site. The cost of these works was estimated at £1m and was subject to a separate business case for a capital grant from the local authority.

However, it was reported that initial time lines expected the Urgent Treatment Centre to be operational in July 2018. The Board heard that this was now feeling unachievable and some degree of slippage was inevitable while capital funding issues were addressed and work to reconfigure the hospital site took place. Until capital works were complete, the current arrangements for the Walk in Centre and GP streaming would need to be extended, delaying

realisation of planned savings and creating a cost pressure of £50,000 per month for every month GP streaming was required beyond July.

RESOLVED
The Board confirmed its intention to commission an Urgent Treatment Centre that delivered the standards and outcomes stated in the report and recommended the same to the Clinical Commissioning Group.

11. EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED
That under Section 11A of the Local Government Act 1972 (as amended) the public be excluded for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A to the Local Government Act 1972. Information relating to the financial or business affairs parties (including the Council) had been provided to the Council in commercial confidence and its release into the public domain could result in adverse implications for the parties involved.

12. WOMEN AND THEIR FAMILIES SERVICE

Consideration was given to a report of the Interim Director of Commissioning, which explained that the purpose of the Women and Families Centre was to use asset-based approaches to focus on early detection and help for women and their families who had the often overlapping issues of domestic abuse, mental health issues and harmful drug and alcohol use and were ready to make changes in their life. The report had been prepared in accordance with Procurement Standing Order D3.3 which required authorisation to be obtained where procurement activity had resulted in the receipt of fewer than three tenders. Having tested the market via OJEU and on The Chest, two compliant tenders were submitted.

It was reported that the core service elements of the Service was the provision of advice and support, risk assessment and safety planning, referral and assistance to engage with other relevant agencies to help overcome issues related to the women and their families. Where appropriate, crèche facilities were provided allowing women with children to ensure care for their children aged 5 years and under whilst utilising the Service.

At its meeting on 14 February 2017, the Strategic Commissioning Board agreed to the continuation of the current grant of £99,570 per annum to the Women and Families Centre for 2016/17 and an extension to 31 March 2018 and market testing to support consideration of funding of the Centre beyond 31 March 2018. Following a further report to the Strategic Commissioning Board on 31 October 2017, the Board agreed to extend the existing grant arrangement from 1 April 2018 to 30 September 2018 to allow time for the procurement to be completed with a view to a five year contract being procured.

Given the size of the contract, the specialist nature of the service and the market intelligence, the likelihood was that only a very limited number of providers had the necessary expertise and capacity to tender for these services. Particular reference was made to the procurement approach and evaluation exercise, which had been undertaken.

RESOLVED
(i) That the recommendations of the evaluation process be accepted and permission be granted to award the contract for the Women and Their Families Service to the successful tenderer, New Charter Homes Ltd.
(ii) That commissioners regularly review the need for and alignment of this service with associated local service provision and consider revisions to the contract if indicated.

13. URGENT ITEMS

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

14. DATE OF NEXT MEETING

It was noted that the next meeting of the Strategic Commissioning Board would take place on Wednesday 20 June 2018.

CHAIR