

**TAMESIDE AND GLOSSOP
STRATEGIC COMMISSIONING BOARD**

20 June 2018

Commenced: 1.00 pm

Terminated: 2.25 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 Bill Fairfoull – Tameside MBC
 Councillor Warren Bray – Tameside MBC
 Councillor Gerald Cooney – Tameside MBC
 Councillor Leanne Feeley – Tameside MBC
 Councillor Allison Gwynne – Tameside MBC
 Councillor Oliver Ryan – Tameside MBC
 Dr Alison Lea – NHS Tameside and Glossop CCG
 Dr Kate Hebden – NHS Tameside and Glossop CCG
 Carol Prowse – NHS Tameside and Glossop CCG

In Attendance: Sandra Stewart – Director of Governance and 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

Apologies: Dr Jamie Douglas – NHS Tameside and Glossop CCG
 Dr Ashwin Ramachandra – NHS Tameside and Glossop CCG
 Dr Vinny Khunger – NHS Tameside and Glossop CCG
 Councillor Jean Wharmby – Derbyshire CC

15. DECLARATIONS OF INTEREST

Members	Subject Matter	Type of Interest	Nature of Interest
Dr Alison Lea	Item 6(e) – Primary Care Access Services – Procurement Evaluation Strategy	Personal	Associate Medical Director at Tameside and Glossop Integrated Care Foundation Trust

16. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 23 May 2018 were approved subject to the following amendments:

- Councillor Oliver Ryan to be included on the list of those present.
- Councillor Brenda Warrington’s apologies to be noted.
- Minute 9 – Intermediate Care in Tameside and Glossop – to include *“Councillor Wharmby stated that she could not agree with the decision to move the beds from Shire Hill. The 8 intermediate care beds promised for Glossopdale had not been put into place, home care facilities had not been looked at and proposals from the Glossop neighbourhood team had not been discussed.”*
- Minute 10 – Integrated Urgent Care in Tameside and Glossop – the recurrent cost of A&E and Walk in Centre at present be amended to read £10.900m per annum.

17. COMMUNITY SERVICES CONTRACT

Consideration was given to a report of the Executive Member (Performance and Finance)/Director of Finance which explained the proposed revised payment arrangements for the commissioning of community service provision by the Council and NHS Tameside & Glossop Clinical Commissioning Group across the locality from the Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT). It was stated that the revised payment profiles would enhance the ICFT's cashflow position and allow it to avoid interest costs of £300k per annum. The Council would be compensated by £100k per annum for its own loss of interest caused by changing the payment profile.

Members of the Board commented favourably on the change in the arrangements which would help ensure more funds were retained within the local health economy to optimise improved services for residents.

RESOLVED

- (i) That the advance payments arrangements set out in the report, intended to commence from 20 June 2018 for 2018/19 and from 1 April each financial year thereafter.**
- (ii) To note that Tameside Council will continue to be the host organisation and accountable body for the Section 75 pooled fund agreement.**
- (iii) That the change will, if expedient, be documented in the Section 75 and contracts between the CCG, ICFT and Council, otherwise through a separate agreement.**

18. QUALITY REPORT

The Director of Quality and Safeguarding 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 concerns raised by the Strategic Commissioning Function with the Integrated Care Foundation Trust (ICFT) in relation to staffing capacity within District Nursing Teams and how this was impacting on the service's capacity to support the Neighbourhood delivery model. A deep dive into the District Nursing had been requested and this would be presented back to the ICFT Contract Quality and Performance Assurance meeting.

The successful launch of Hand Hygiene Week and 'Drink More, Stop Infections' campaign was noted. It was also explained that a Quality Improvement Team was now operational to support independent providers across the health and social care sector in Tameside to improve the quality of service provision delivered to vulnerable adults. The Board Members heard that the primary focus of the work would initially be on the Care and Nursing Home sector particularly those homes rated 'Inadequate' or 'Requires Improvement' by the Care Quality Commission.

RESOLVED

That the content of the update report be noted.

19. PERFORMANCE REPORT

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

Health and Care Dashboard

Exceptions (areas of concern):

- A&E waits total time with 4 hours at Tameside and Glossop Integrated Care Foundation Trust;
- 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.

On watch (monitoring):

- Cancer 31 day wait;
- Cancer 62 day wait;
- 65+ at home 91 days.

Other Intelligence / horizon scanning:

- Winter crisis – Influenza and uptake of vaccines;
- NHS111;
- 52 week waiters;
- Deaths in hospital.

In Focus – Urgent Care

It was anticipated that 2018/19 would be a year of significant change for urgent and emergency care. The progress report was based on the services currently in place focusing on historic data whilst also signalling how these will change going forward as the Integrated Urgent Care Services and further Care Together developments were implemented. The key headlines were detailed as follows:

- Understanding demand
 - A&E attendances;
 - Non-elective Admissions;
- Managing demand
 - Primary Care Services;
 - NHS 111;
 - 999 Ambulance Services;
 - Alternative to Transfer;
 - Digital Health Service;
 - Mental Health Support;
 - Admissions avoidance support in the community;
 - Non-elective Admissions.
- Managing bed capacity

In conclusion, the commitment to keeping people well and providing effective alternatives to hospital based care would support improvements in clinical outcomes and patient experience. For those people needing hospital based support there would be a focus on effective recovery and a Home First approach on discharge.

However, as the system developed and only the very sick people attended A&E the current performance standards based on time to discharge from A&E might no longer be appropriate as the clinical level of need would determine the time needed to fully assess the patient's need and agree an appropriate care pathway and this might exceed the current 4 hour standard. Likewise, the increased use of length of stay of zero days and home based care would result in only the

sickest people being admitted overnight and these may need a length of stay greater length of stay of 7 days before they were well enough to be discharged.

RESOLVED

That the content of the performance report and Urgent Care In Focus progress report be noted.

20. COMMUNITY CARDIOLOGY DIAGNOSTICS

The Interim Director of Commissioning presented a report which explained that Tameside and Glossop CCG commissioned Broomwell Healthwatch TeleMedical Monitoring Services Ltd to deliver the following community diagnostic services:

- Practice based 12 lead ECG service including provision of ECG machines and remote interpretation of all ECGs.
- Neighbourhood based 24 hour ECG service including provision of ECG machines and remote interpretation of all ECGs.

It was reported that Broomwell had delivered services to Tameside and Glossop for a number of years. The current contract was let on 1 April 2016 as a three year contract with an option to extend for a further two years following a formal procurement process. The current contract was due to end on 31 March 2019. The indicative annual contract value for the 2 services was £190,000.

A service description, finance and performance monitoring and options for the future commissioning of community cardiology diagnostics for the population of Tameside and Glossop were outlined. The recommended option was to extend the current contract for a further two years.

RESOLVED

That approval be given to extend the existing contract with Broomwell Healthwatch TeleMedical Monitoring Services Ltd for the provision of a Community Cardiology Diagnostics Service for two years from 1 April 2019.

21. CONTRACT FOR THE PROVISION OF A GARDEN MAINTENANCE AND DAY SUPPORT SERVICE AT SUPPORTED DOMESTIC PROPERTIES IN TAMESIDE

Consideration was given to a report of the Director of Adult Services describing the rationale for an extension of the contract for the provision of a garden maintenance and day support service at supported domestic properties in Tameside for a period of two years.

It was reported that the service consisted of two components:

- 1) A core domestic gardening and grounds maintenance service delivered to a set number of supported domestic properties in Tameside, where tenants had learning disabilities or mental health conditions.
- 2) A day support element for two people with learning disabilities for whom the service would meet some or all of their assessed needs.

The core domestic gardening and grounds maintenance service was currently delivered to 43 domestic properties across the borough. Provision was made by the provider for the day service elements to deliver up to five places per week, Monday to Friday. The two people currently engaged with the service had no set time limit for their continuation. Consequently they could remain with the service for the length of the contract or could, at some point, cease engagement.

The provider was also on the Council's Approved List of Day Services, which attracted a direct payment for each supported person. Therefore the day support provision would be paid at £31.37 per person per day based on five places per week. If one or both people ceased to use the service, the service delivery would continue based solely on the garden maintenance element unless there was a further referral into the service via the approved provider list.

The Board noted that performance monitoring of the service had been positive and Greenscape engaged well with the commissioners.

RESOLVED

That approval be given to extend the existing contract with Greenscape for the provision of a garden maintenance and day support service at supported domestic properties in Tameside for two years.

22. MENTAL HEALTH COMMUNITY BASED SERVICES – CONTRACT EXTENSION

The Director of Adult Services presented a report seeking authorisation to extend the Mental Health Community Based Services contract under Procurement Standing Order F1.3 by two years from 1 April 2019 to 31 March 2021.

The report outlined the service which provided community based support for people recovering from mental ill health through the delivery of a model based on the principles of recovery and rehabilitation that enabled individuals to move through the service to independence. The aims were delivered through partnership working with individuals, care co-ordinators and other stakeholders.

The Members of the Board were pleased to learn of the outcomes being achieved with people with mental health problems and the ability of the provider to work effectively and creatively in meeting the outcomes of the contract.

RESOLVED

That approval be given to extend the existing contract with Turning Point for the provision of mental health community based services for a period of two years from 1 April 2019 to 31 March 2021.

23. LIST OF APPROVED DAY TIME ACTIVITIES – CONTRACT EXTENSION

Consideration was given to a report of the Director of Adult Services describing the rationale for an extension of the List of Approved Daytime Activities contract for a period of two years from 30 November 2018.

The key aims and objectives of the service were to provide day time support for people who were eligible for publically funded care and support and currently there were 460 places per week commissioned for 203 people.

Inclusion on the list brought no guarantee of placements / business but service users had access to the list of approved day services from which to choose, allowing for a more personalised range of options to be purchased from providers that had their economic standing and their proposed service evaluated by the Council. To date, nine organisations in total were on the framework with all contracts running through to November 2018 and further details of the Approved Day Services were attached at Appendix 1 to the report.

The Board welcomed the extension to the contract to continue to deliver a range of daytime activities for older people and people with disabilities ensuring a degree of social inclusion and learning and where carers are involved providing an important level of respite, enabling people to remain living at home.

RESOLVED

That approval be given to extend the existing contract for the List of Approved Daytime Activities for a period of two years from 30 November 2018.

24. PRIMARY CARE ACCESS SERVICES – PROCUREMENT EVALUATION STRATEGY

Consideration was given to a report of the Interim Director of Commissioning, which explained that the current Out of Hours Service including the Alternative to Transfer Service delivered by GoToDoc was commissioned approximately 7 years ago and had been extended three times. The Extended Access Service was delivered by Orbit (GP Federation). Both contracts were due to expire on 30 September 2018 and notice had been given.

A review had identified through public consultation that an integrated out of hours and extended access service including alternative to transfer would benefit service users. The aim of the service would be to deliver a comprehensive Primary Care Access Service for patients and ensure a 24/7 access offer was available to patients within primary care for both routine and same day/urgent demand.

Key to the delivery of the service was the simplification of access to urgent care whilst improving the level of service available. Multiple access points would be replaced by telephone access through a patient's own GP practice to book appointments as well as a single location for urgent walk-in services.

In order to develop the specification and establish the best method for securing services, a project group had been established and the membership was outlined in the report. A procurement strategy was in place to ensure that the objectives of the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 would be met and considerations under the Public Services (Social Value) Act 2012.

In terms of procurement methodology, a Prior Information Notice had been published on 23 May 2018 to raise awareness within the market of the upcoming procurement. A bidder event would also be held to explain the procurement process to potential bidders.

Due to the value of the contract and in line with the Contracting Authority Detailed Financial Policies, the project group had appraised the risks and benefits of each option and had concluded that a procedure which followed the basic principles of an Open Procedure was the most appropriate due to the amount of interest within the market to deliver the services required as part of the specification.

Bidders would be tested on capacity, capability and technical competence of the submission in accordance with the Light Touch Regime within the Public Contracts Regulations 2015.

It was proposed that the procurement be advertised in the Official Journal of the European Union and on Contracts Finder, the UK Government's single platform for providing free access to public procurement related information and documentation.

The invitation to tender and supporting documents would be available to download via a North of England Commissioning Support (NECS) eTendering portal. NECS utilised a secure electronic tendering system where online tenders were published and received into a secure online eTendering portal. The bids could only be accessed by specified representatives on the pre-determined tender closing date. NECS was proposing that an authorised representative be given approval to open bids on behalf of the Clinical Commissioning Group for this procurement ensuring that the bids would be opened in the agreed timeframe. Reference was made to a procurement timetable showing the key milestones and timescales for the proposed procurement process.

The Board considered the evaluation model proposed which sought to identify the Most Economically Advantageous Tender, interpreted as the highest combined quality and price score, the evaluation criteria, outlined in Table 2 and the full set of evaluation questions within Appendix 3 to the report.

The evaluation process was made up of four stages as follows:

- Stage 1 – Compliance;
- Stage 2 – Capability and Capacity;
- Stage 3 – Technical Evaluation;
- Stage 4 – Presentation.

Bidders would be advised that the Clinical Commissioning Group had an affordability limit of £23,890,000 over the 10 year contract (5 year initial contract period plus 5 years extension period) from 1 October 2018. Bidders would also be informed that there was a maximum affordability limit per contact year which had been set at £2,389,000.

RESOLVED

That it be RECOMMENDED to the Clinical Commissioning Group that:

- (i) **Approval be given to the proposed procurement and evaluation strategy, evaluation timetable, financial envelope, contract term, evaluation questions, evaluation methodology, Official Journal of the European Union advert and to note the risks identified.**
- (ii) **Approval be given for the use of electronic tendering systems and approval for an authorised representative from the North of England Commissioning Support (NECS) to open the bids on behalf of the Clinical Commissioning Group.**

25. OUTLINE BUSINESS CASE FOR TRANSFER OF ADULT SOCIAL SERVICES FUNCTION

Consideration was given to a report of the Executive Leader and the Director of Adult Services presenting the draft Outline Business Case for the transaction of a proportion of Adult Social Care services and staff from Tameside MBC to the Tameside and Glossop Integrated Care NHS Foundation Trust. The Outline Business Case combined a high level Strategic Outline Case and the Outline Business Case within one document as agreed with NHS Improvement.

It was reported that Council, Integrated Care Foundation Trust and Clinical Commissioning Group considered a number of integration options at the Strategic Outline Case stage and concluded that the options distilled in the Outline Business Case were the most effective ones to take at the time.

Details of the teams and functions included in the preferred option were detailed including the benefits, dis-benefits, and risks to both the Council and the ICFT. The report also described the economic, business, financial, commercial and management cases for the transaction of the services and functions identified in the preferred option.

RESOLVED

- (i) **That the content of the report be noted.**
- (ii) **That the proposal contained in the preferred option, Option 2, integration of a subset of in house Adult Social Care delivered services from Tameside MBC to the ICFT, through TUPE arrangements, be supported.**

26. 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.

27. DOMESTIC ABUSE SERVICE

Consideration was given to a report of the Assistant Director for Operations and Neighbourhoods requesting that the existing contract for the provision of the Domestic Abuse Service be extended for 6 months until 31 March 2019 to enable the service to be retendered. This was necessary because the contract had not been awarded following a recent tendering exercise. In addition, the availability of additional funding for the service was confirmed during the tender period.

RESOLVED

- (i) That the service be retendered in light of the results of the tender evaluation following confirmation that additional funding was available.**
- (ii) That approval be given for a six month extension of the existing contract with New Charter Homes (part of the Jigsaw Group) to facilitate the retender exercise.**

28. URGENT ITEMS

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

29. DATE OF NEXT MEETING

It was noted that the next meeting of the Strategic Commissioning Board would take place on Wednesday 25 July 2018.

CHAIR