

**TAMESIDE AND GLOSSOP
STRATEGIC COMMISSIONING BOARD**

29 August 2018

Commenced: 1.00 pm

Terminated: 2.20 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 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 Jamie Douglas – NHS Tameside and Glossop CCG
 Dr Vinny Khunger – NHS Tameside and Glossop CCG
 Dr Ashwin Ramachandra – 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
 Jeanelle De Gruchy – Director of Population Health
 Michelle Walsh – Deputy Director of Quality and Safeguarding
 Sandra Whitehead – Assistant Director (Adult Services)
 Sarah Dobson – Assistant Director (Policy, Performance and Communications)
 Janna Rigby – Head of Primary Care

Apologies: Councillor Brenda Warrington – Tameside MBC
 Carol Prowse – NHS Tameside and Glossop CCG
 Councillor Jean Wharmby – Derbyshire CC

37. DECLARATIONS OF INTEREST

Declarations of interest were submitted as follows:

Members	Subject Matter	Type of Interest	Nature of Interest
Dr Alan Dow	Item 9(a) – Primary Care Access Service: Procurement	Personal	Potential perceived conflict of interest therefore did not take part to avoid challenge to process.
Dr Alison Lea	Item 9(a) – Primary Care Access Service: Procurement	Prejudicial	Assistant Medical Director (primary care) at Tameside and Glossop Integrated Care NHS Foundation Trust and GP Practice Partner Director of Orbit.
Dr Vinny Khunger	Item 9(a) – Primary Care Access Service: Procurement	Prejudicial	Salaried GP for Go-to-Doc Ltd and also clinical lead for primary care for Go-to-Doc Ltd.

* Drs Dow, Lea and Khunger left the room during consideration of this item and took no part in the decision thereon.

38. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 25 July 2018 were approved as a correct record.

39. TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST

The Chair welcomed Jane McCall, Chair of the Tameside and Glossop Integrated Care NHS Foundation Trust, who outlined who explained that she had joined the Trust in January 2018. The Trust's Corporate Objectives for 2018/19 were circulated and outlined which underpinned the key priority of ensuring that patients and service users received harm-free care by improving the quality and safety of services through the delivery of the organisation's Quality and Safety Programme.

A key challenge facing the Trust was recruitment and retention of staff across the workforce and particularly in specialist areas where there were national shortages and devising local strategies to achieve workforce sustainability would improve the experience of staff and patients. Work continued with the Trust's key partners to enable the five primary care neighbourhood hubs to deliver new integrated service models to improve the health and wellbeing outcomes for local communities.

The Members of the Board then viewed a short video of the Trust's successes and highlights over the past year.

In conclusion, Jane McCall stated that Tameside and Glossop Integrated Care NHS Foundation Trust had a clear plan to radically change and improve the healthcare provision for local people and she was delighted to play a part in reaching that goal.

RESOLVED

That thanks be extended to Jane McCall, Chair of the Tameside and Glossop Integrated Care NHS Foundation Trust for her attendance and presentation outlining the Trust's priorities for 218/19 and reflecting on progress and successes for the previous year.

40. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

Consideration was given to a report of the Director of Finance providing an overview on the financial position of the Tameside and Glossop economy in 2018/19 at the 30 June 2018 with a forecast projection to 31 March 2019 including the details of the Integrated Commissioning Fund for all Council services and the Clinical Commissioning Group with a total net revenue budget value for 2018/19 of £581 million. The report also included details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust.

The Strategic Commission was currently forecasting that expenditure for the Integrated Commissioning Fund would exceed budget by £5.848 million by the end of 2018/19 due to a combination of non-delivery savings and cost pressures in some areas, particularly in respect of Continuing Healthcare, Children's Social Care and Growth, and supporting details of the projected variances were explained in Appendix 1 to the report. Further detailed analysis for service areas was provided in Appendix 2. The Strategic Commission risk share arrangements remained in place for 2018/19 as outlined in the report.

In particular, the Director of Finance made reference to the economy wide savings target for 2018/19 of £35.721 million. Against this target, £10.906 million of savings had been realised in the first quarter, 30% of the required savings. Expected savings by the end of the year were £30.292 million, a shortfall of £5.429 million against target. It was noted that there was a risk of under achievement of this efficiency sum across the economy at this reporting period. It was therefore

essential that additional proposals were considered and implemented urgently to address this gap on a recurrent basis thereafter.

RESOLVED

- (i) **That the content of the report be noted.**
- (ii) **That the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with the related risks which were contributing to the overall adverse forecast be acknowledged.**
- (iii) **That the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children's Social Care and Growth be acknowledged.**

41. QUALITY ASSURANCE

Consideration was given to a report of the Director of Quality and Safeguarding providing the Strategic Commissioning Board with assurance that robust quality assurance mechanisms were in place to monitor the quality of the services commissioned and covered data and issues of concern / remedy, good practice including patient stories and surveys and horizon scanning.

Reference was made to commissioners working on issues relating to high prescribing costs and high admissions for people with diabetes, chronic obstructive pulmonary disease and asthma. Frequent attenders had been identified and work was ongoing with the appropriate practices and would also be progressed through the Diabetes Improvement Group and Respiratory Programme Board.

There were currently four residential homes rated inadequate within the Tameside and Glossop locality and a short summary of key issues and the support being provided by the Quality Improvement Team.

RESOLVED

That the content of the update report be noted.

42. 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 August 2018 covering:

Health and Care Dashboard

Exceptions (areas of concern):

- A&E 24 hour waits total time with 4 hours at Tameside and Glossop Integrated Care Foundation Trust;
- Referral to treatment – 18 weeks;
- Cancer 62 day wait from referral to treatment;
- Proportion of people using social care who receive self-directed support and those receiving Direct Payments;
- Learning Disability service users in paid employment

On watch (monitoring):

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

Other Intelligence / Horizon Scanning

- NHS 111;
- 52 week waiters;
- GP referrals trend.

In addition, it was reported that NHS England had recently published assessments for cancer and maternity for each Clinical Commissioning Group in the country. Tameside and Glossop Clinical Commissioning Group had been assessed as 'Good' for concern and 'Requires Improvement' for maternity.

It was explained that in relation to cancer, Tameside and Glossop Clinical Commissioning Group was one of six areas in Greater Manchester to get a rating of 'Good' or better for cancer. Although the Clinical Commissioning Group had received a 'Good' rating, more recent data – since the end of 2017/18 – indicated a slight dip in performance. While not significant nor a major cause for concern, it was important to keep a close eye on ongoing changes in performance detailed in section 2.5 and Appendix 2 of the report.

The Chief Executive and Accountable Officer was pleased to advise that the Clinical Commissioning Group had been presented with a certificate by the All Party Parliamentary Group for being one of the most improved Clinical Commissioning Groups as measured by annual one-year cancer survival rates. Thanks to medical advances and the hard work of health staff, survival rates continued to improve which was great news.

For maternity, Tameside and Glossop Clinical Commissioning Group was one of eight areas in Greater Manchester to get a rating of 'Requires Improvement'. A key measure of the effectiveness and quality of maternity services was performance regarding neonatal mortality and stillbirths. Tameside and Glossop Clinical Commissioning Group had the second lowest rate (best) in Greater Manchester and the third lowest (best) amongst peer areas. Improving the quality and effectiveness of maternity services in Tameside and Glossop remained a priority for the Clinical Commissioning Group, the Integrated Care Foundation Trust and other partners. A summary of the key actions relating to the following were outlined:

- Stillbirth and neonatal mortality rate;
- Women's experience of maternity services;
- Choices in maternity services;
- Rate of maternal smoking at time of delivery.

In Focus – Adult Social Care

The Director of Adult Services gave a presentation focusing on the overall performance in adult social care services in Tameside including customer satisfaction and experience with services. It also provided details on initiatives and interventions to enable people to remain in their homes and reduce admission to residential care including:

- Community Response Service – providing different types of alarms depending on customer needs and health;
- Re-ablement Service – supporting people to maximise their level of independence, improve their health and enhance their quality of life.

Data on the quality of care homes in Tameside was also provided and discussed and although there had been improved performance since November 2017 it was recognised that there was a need for further improvement, particularly in two key areas – the safety and well led elements. It was noted that it was the medium sized care homes where the most help was required.

The Chair commented that there had been extensive developments over the last 24 months in moving forward with the integration agenda and was pleased to see that the Quality and Performance reporting now looked at Tameside and Glossop, Primary and Secondary care and health and social care which was a tremendous achievement.

RESOLVED

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

43. RISK REGISTER

Consideration was given to a report of the Director of Finance which explained that the Clinical Commissioning Group's Audit Committee had requested that Risk 32 be reviewed which specifically related to the Strategic Commissioning Board to ensure it did not negatively impact on the Clinical Commissioning Group.

RESOLVED

That having reviewed Risk 32 it was agreed that the risk of negative impact of the Strategic Commission on the Clinical Commissioning Group remained very low.

(At this juncture Drs Dow, Lea and Khunger left the room for consideration of the following item of business.)

(Councillor Bill Fairfoull in the Chair)

44. 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.

45. PRIMARY CARE ACCESS SERVICE PROCUREMENT: EVALUATION OUTCOME

RESOLVED

- (i) That the item be deferred to a future meeting of the Strategic Commissioning Board to provide Members of the Board with assurances that the procurement process had been carried out with due process and how it delivered the outcomes in the Procurement and Evaluation Strategy approved by the Board on 20 June 2018 as there was insufficient information in the report to form a view.**
- (ii) That the existing contract for Primary Access Services be extended with the current providers to ensure continuous service provision until the procurement process had been completed.**

46. URGENT ITEMS

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

47. DATE OF NEXT MEETING

It was noted that the next meeting of the Strategic Commissioning Board would take place on Wednesday 19 September 2018.

CHAIR