

## STRATEGIC COMMISSIONING BOARD

24 October 2018

Commenced: 1.00 pm

Terminated: 2.30 pm

**Present:** Dr Alan Dow (Chair) – NHS Tameside and Glossop CCG  
Councillor Brenda Warrington – Tameside MBC  
Councillor Bill Fairfoull – Tameside MBC  
Councillor Warren Bray – Tameside MBC  
Councillor Leanne Feeley – Tameside MBC  
Councillor Allison Gwynne – Tameside MBC  
Councillor Oliver Ryan – Tameside MBC  
Dr Jamie Douglas – NHS Tameside and Glossop CCG  
Dr Vinny Khunger – NHS Tameside and Glossop CCG  
Dr Ashwin Ramachandra – NHS Tameside and Glossop CCG  
Carol Prowse – NHS Tameside and Glossop CCG

**In Attendance:** Kathy Roe – Director of Finance  
Sandra Stewart – Director of Governance and Pensions  
Stephanie Butterworth – Director of Adult Services  
Jessica Williams – Interim Director of Commissioning  
Dr Kate Hebden – NHS Tameside and Glossop CCG  
Lynne Jackson – Quality Lead Manager  
Janna Rigby – Head of Primary Care  
Ali Rehman – Head of Business Intelligence and Performance  
Gideon Smith – Consultant Public Health Medicine

**Apologies for Absence:** Councillor Gerald Cooney  
Councillor Jean Wharmby  
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG

### 55 DECLARATIONS OF INTEREST

Declarations of interest were submitted as follows:

Members	Subject Matter	Type of Interest	Nature of Interest
Dr Alan Dow	Item 6(b) – Primary Care Access Service: Procurement	Personal	Potential perceived conflict of interest therefore did not take part to avoid challenge to process.
Dr Vinny Khunger	Item 6(b) – 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 and Khunger left the room during consideration of this item and took no part in the decision thereon.

### 56 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 19 September 2018 were approved as a correct record.

## **57 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 31 August 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 £582.2 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 £3.916 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 the Growth directorate. These pressures were being partially offset by additional income in corporate and contingency which might not be available in future years. A summary of the financial position of the Integrated Commissioning Fund analysed by service was provided in Appendix 1 to the report and further narrative on key variances summarised in sections 3 and 4.

The Director of Finance emphasised that there was a clear urgency to implement associated strategies to ensure the projected funding gap in the current financial year was addressed and closed on a recurrent basis across the whole economy. The Medium Term Financial Plan for the period 2019/20 to 2023/24 identified significant savings requirements for future years.

To start to address the gap the Strategic Commission had generated 114 savings proposals and of these ideas 56 had a value totalling £8.42 million. The remainder of the schemes needed to be developed further including some larger schemes focusing on End of Life / Palliative Care and Frailty to understand the potential savings.

### **RESOLVED**

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

## **58 QUALITY ASSURANCE**

Consideration was given to a report of the Director of Safeguarding outlining the robust quality assurance mechanisms in place monitoring the quality of commissioned services including data, issues of concern / remedy, good practice including patient stories and surveys and horizon scanning relating to the following:

- Tameside and Glossop Integrated Care NHS Foundation Trust;
- Mental Health (Pennine Care NHS Foundation Trust);
- Public Health;
- Off the record (children and young people's counselling service);
- Primary Care;
- Care and Nursing Homes;
- Support in the Community;
- Associate and Smaller Value Contracts.

Particular reference was made to concerns in relation to staffing capacity within the Integrated Care Foundation Trust community services. The Integrated Care Foundation Trust was currently undertaking a review of community services and been asked to present the findings of the review

alongside assurance that they had capacity to provide good quality community services at the November Quality and Performance Contract meeting. An update would be provided at a future meeting of the Strategic Commissioning Board.

In response to assurances sought by Members of the Board regarding residents in care and nursing homes rated inadequate by the Care Quality Commission, the Director of Adult Services advised that there were currently four residential homes rated inadequate within the Tameside and Glossop locality. The Local Authority or Clinical Commissioning Group through Continuing Healthcare would not make any new placements to a home rated inadequate and would work in partnership with the care home to establish a safe and effective service for residents to ensure long term sustainable improvement. However, in cases where a home closed, the commissioners would work with residents and their families to move residents to suitable alternative accommodation. The support being provided to homes by the Quality Improvement Team was also highlighted.

It was noted that Willowbank Residential Care Home in Glossop had been rated as outstanding on the 16 August 2018.

## **RESOLVED**

**That the content of the update report be noted.**

## **59 PERFORMANCE UPDATE**

Consideration was given to a report of the Assistant Director (Policy, Performance and Communications) providing the Strategic Commissioning Board with a Health and Care performance update at August 2018. The Health and Social Care dashboard was attached at Appendix 1 to the report and the measures for exception reporting and those on watch were highlighted as follows.

EXCEPTIONS (areas of concern)	3	Referral to Treatment – 18 weeks
ON WATCH (monitored)	7	Cancer 31 day wait
	11	Cancer 62 day wait from referral to treatment
	47	65+ at home 91 days

It was worth acknowledging that Tameside and Glossop was down to one measure for exception reporting and in achieving the target of 95% four hour wait at A&E in August was the best performance in Greater Manchester.

In relation to other intelligence / horizon scanning, the following areas were discussed:

- 52 week waiters;
- A&E – Manchester University Hospital NHS Foundation Trust;
- Elective waiting lists;
- GP Referrals.

## **RESOLVED**

**That the content of the report be noted.**

## **60 TENDER FOR CONTRACT TO EVALUATE TAMESIDE AND GLOSSOP GREATER MANCHESTER FUNDED TRANSFORMATION SCHEMES**

The Interim Director of Commissioning presented a report summarising the procurement approach and evaluation of tenders received for a contract to evaluate the Greater Manchester funded transformation schemes within the Tameside and Glossop Care Together Programme. The Care

Together Programme was Tameside and Glossop's approach to health and social care transformation and the economy received £23.4 million in funding from the Greater Manchester Health and Social Care Partnership to deliver a series of transformation schemes.

The expected returns of the investment, both qualitative and financial, were detailed in the Investment Agreement attached at Appendix A. The Care Together Partnership required an independent evaluation partner to assess the success and achievement of the programme. The total budget allowed for this contract was £200,000.

The evaluation aimed to provide an objective assessment of the impact of Tameside and Glossop's transformation programmes and would take account of some of the challenges involved in measuring an interdependent set of activities, many of which were designed to affect similar population groups. An evaluation methodology and framework would be developed in a collaborative manner between the selected evaluation partner and the Care Together Programme.

It was explained that an open tender exercise was undertaken using the Northwest Procurement Portal and the tender was launched on 11 August 2018 with a closing date of 7 September 2018. The award and evaluation criteria were detailed in Appendix C to the report. The two providers with the highest scoring submissions were invited to deliver a presentation of their proposal, which was used to moderate the provisional scoring of their written submission. The presentation confirmed that the preferred evaluation partner would be CLAHRC University of Manchester and Appendix B contained a full summary of the evaluation scores.

It was noted that the Council had recently entered into a strategic shared procurement service with STAR procurement, as a fourth and equal member with Stockport, Trafford and Rochdale Councils. However, this tender had not been considered in STAR procurement as the process had commenced ahead of the formal shared service arrangement.

#### **RESOLVED**

- (i) That a full and fair review of the potential partners had been conducted.**
- (ii) That CLAHRC University of Manchester be appointed as the evaluation partner for the Greater Manchester funded transformation schemes.**

*Drs Dow and Khunger left the meeting for consideration of the following item.*

*(Councillor Brenda Warrington in the Chair)*

#### **61 PRIMARY CARE ACCESS SERVICE PROCUREMENT: EVALUATION OUTCOME**

The Interim Director of Commissioning introduced a report reminding the Strategic Commissioning Board of the rationale for the procurement for a Primary Care Access Service and advising of the outcome of the tender evaluations in order to award the contract for the Primary Care Access Service with effect from 26 November 2018.

Dr Kate Hebden, GP and Governing Body Clinical Lead for Primary Care, continued by explaining the four different contracts providing aspects of urgent care:

- Walk In Centre;
- Extended Hours;
- Alternative to Transfer;
- Out of Hours.

Following 12 week public consultation, the Strategic Commissioning Board in March 2018 decided to relocate the Walk In Centre alongside A&E to ease access, create additional capacity, reduce duplication and implement national mandate. Due to the contract end dates approaching for the

other three contracts, the Strategic Commission had procured a new Primary Care Access Service incorporating all three services into one. This would provide improve quality and reduce administration costs and development of the Primary Care Access Service would deliver the consultation preferred option of 5 neighbourhood delivery hubs. Quality of provision and patient experience were key elements of the service model and the service specification detailed a set of local outcomes attached to the report at Appendix A.

The procurement process was completed in accordance with the timescale and objectives set out within the Procurement and Evaluation Strategy approved by the Strategic Commissioning Board on 20 June 2018. The evaluation weightings were set at 75% quality and 25% finance to ensure that the bid demonstrating the highest level of quality would achieve the highest overall score. Reference was made to the evaluation panel, the question allocation and final evaluation scores for the two bidders shown at Appendix B and C to the report.

Following deferment of the decision in August 2018 to understand the risks arising from this procurement in greater depth and the need to ensure safe, effective and consistent service offer, contract extensions to current providers had been issued until 31 March 2019. However, it was the recommendation of the Commissioning Team, supported by the North of England Commissioning Support Unit, who had been commissioned to ensure a lawful and robust process throughout, that the Primary Care Access Service be implemented according to the original mobilisation period as stated in the report. Notice could be served on the issued contract extensions to align contract end dates accordingly.

At this stage of the discussions the Strategic Commissioning Board expediently agreed to exclude the press and public to consider the names of bidders which were not in the public domain as it was felt necessary for the Board to understand this from an assurance point of view as to handover transition and implementation with particular regard to health and safety of patients. It was therefore:

#### **RESOLVED**

**That under Section 11A of the Local Government Act 1972 the public be excluded for the discussion relating to the bidders 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 of the 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.**

Members of the public and press were invited to return to the meeting and it was –

#### **RESOLVED**

- (i) That the outcome to award a contract with effect from 26 November 2018 to Bidder 1 for the Primary Care Access Service be approved as the submission was the most advantageous tender received.**
- (ii) That the contract value of the successful bidder's submission was £22,910,498 (net present value) over a maximum duration of 10 years (5 years plus a 60 month (5 years) option year extension).**
- (iii) The publication of the contract award notice following the 10 day standstill period without challenge to allow contract award on 6 November 2018 be approved.**
- (iv) The risks and mitigations highlighted in the report be approved.**
- (v) Approval of the contract performance management process to include formal annual review alongside regular performance management in acknowledgement of the contract value and potential duration of the contract.**
- (vi) The request for approvals and / or copy of minutes to be forwarded via email to the North of England Commissioning Support Unit (NECS) be noted.**

**62 URGENT ITEMS**

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

**63 DATE OF NEXT MEETING**

It was noted that the next meeting of the Strategic Commissioning Board would take place on Wednesday 28 November 2018.

**CHAIR**