

STRATEGIC COMMISSIONING BOARD

28 November 2018

Commenced: 1.00 pm

Terminated: 2.35 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 Gerald Cooney – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Councillor Oliver Ryan – Tameside MBC
Steven Pleasant – Tameside MBC Chief Executive and Accountable
Officer for NHS Tameside and Glossop CCG
Dr Ashwin Ramachandra - NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG

In Attendance:

Richard Hancock – Director of Children’s Services
Jeanelle De Gruchy – Director of Population Health
Gill Gibson – Director of Quality and Safeguarding
Stephanie Butterworth – Director of Adult Services
Sandra Stewart – Director of Governance and Pensions
Kathy Roe – Director of Finance
Jessica Williams – Interim Director of Commissioning
Pat McKelvey – Head of Mental Health & Learning Disabilities
Nigel Gilmore – Head of Strategic Infrastructure
David Berry – Head of Employment and Skills
Lorraine Kitching – Performance, Intelligence & Scrutiny Manager

Apologies for Absence:

Councillor Allison Gwynne - Tameside MBC
Dr Jamie Douglas - NHS Tameside and Glossop CCG
Mrs Carole Prowse – NHS Tameside and Glossop CCG
Councillor Jean Wharmby – Derbyshire CC

64 DECLARATIONS OF INTEREST

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

65 CHAIR'S OPENING REMARKS

The Chair was pleased to advise that Dr Ashwin Ramachandra had been appointed as the Clinical Vice Chair of the Tameside and Glossop CCG Governing Body.

66 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 24 October 2018 were approved as a correct record.

67 STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST - CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 30 SEPTEMBER 2018 AND FORECAST TO 31 MARCH 2019

The Director of Finance presented a report providing an overview on the financial position of the Tameside and Glossop economy in 2018/19. As at 30 September 2018, the Integrated Commissioning Fund was forecast to spend £583.1 million against an approved budget of £580.4

million, an overspend of £2.7 million. Further detail on the economy wide position was detailed in Appendix 1 to the report.

The improved position was due mainly to the release of corporate contingency budgets, additional grant income in respect of business rate reliefs and underspends in Governance. Overspends remain in Continuing Healthcare, Operations and Neighbourhoods and Growth as highlighted in previous reports to the Strategic Commissioning Board. Further detailed analysis of budget performance and progress against savings was provided.

The Director of Finance emphasised that whilst this was a significantly improved position from the previous month there were significant and increased pressures in a number of areas including Children's Services which was now forecasting expenditure to be £6.7 million in excess of budget. This increase in the projected variation since the previous reporting period was primarily related to placements expenditure.

The Director of Children's Services explained that the service had welcomed external scrutiny, support and challenge from the DfE, from Ofsted and from peer consultation with other local authorities who had driven successful improvement plans. This has provided assurance both in terms of setting the right priorities and the strategies focusing on improvement and in terms of the honesty and accuracy of self-assessment and quality assurance. Performance indicators were showing that the basics were improving. Partners were making fewer referrals, risk was being managed, however, more confidence was required to ensure referrals, children in need and child protection numbers also reduced.

Reference was also made to an update on the position regarding the Schools Private Finance Initiative (PFI) following an in depth independently verified review, as outlined in Appendix 4.

The Council's Collection Fund update was detailed in Appendix 5 with a forecast position at month 6 for a £0.1 million deficit on Council Tax and £1.2 million surplus on Non-Domestic Rates. Appendices 6 and 7 detailed the Council's irrecoverable debts over £3,000 that had been written off.

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 related risks contributing to the overall adverse forecast be acknowledged.**
- (iii) That the significant costs pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children's Social Care and Growth, be acknowledged.**

68 DELIVERING EXCELLENCE, COMPASSIONATE COST-EFFECTIVE CARE - IN-FOCUS REPORT: SUICIDE AND SELF HARM PREVENTION

Consideration was given to a report of the Assistant Director (Policy, Performance and Communications) detailing the work being undertaken to understand the issues that lead to suicide and the preventative action being proposed or taken to address the problems. Suicide was often the end point of a complex history of risk factors and distressing events which prevention interventions needed to address. More than half of the people who died by suicide had a history of self-harm, an indication of the underlying mental wellbeing of a population.

Particular reference was made to the following statistics:

- In 2015-17, Tameside had the 16th highest suicide rate in England (out of 149 local authority areas).
- The suicide rate for men aged 35-64 years (2013-17) was 32.7 per 100,000, 3rd worst in England.

- Over half of suicides in Tameside (53%) were amongst those aged between 35 and 54 years.
- The highest proportion of suicides occurred in routine occupations which included roles such as factory workers, retail assistants, cleaners and labourers.
- In 2016-17 the rate of emergency hospital admissions for intentional self-harm was 230.48 per 100,000, higher than the England average at 185.27 per 100,000.
- In Tameside, emergency hospital admissions due to intentional self-harm was far more prevalent amongst females than males (272.82 per 100,000 compared to 189.39 per 100,000).
- Three quarters of all people who ended their own lives were not in contact with mental health services.

It was reported that in relation to national priorities, the Independent Mental Health Taskforce published its Five Year Forward View in February 2016 setting out the current state of mental health services and recommendations for specific services areas. To support this, the Government refreshed the National Suicide Prevention Strategy in January 2017 and in October 2018 the Government announced a £2 million in funding for Zero Suicide Alliance over the next two years.

In terms of a local response, a suicide audit for Tameside covering the period 2013-17 was undertaken in July 2018 and had been presented to the Health and Wellbeing Board. As a result of the audit, the key findings of which were attached to the report at Appendix 1, a draft Tameside Suicide and Self-Harm Prevention Strategy 2018-23 had been developed. The primary focus for the first two years of the Strategy was to reduce the suicide rate by 10% by 2020 with the ultimate long-term goal being to have non-one taking their own life.

In addition, a working group of the Integrated Care and Wellbeing Scrutiny Panel had been undertaking activity looking at suicide prevention in Tameside and their findings and recommendations would be presented to the joint meeting of the Executive Cabinet and Overview (Audit) Panel on 13 February 2019.

In 2018/19, £23.3 million was being spent on the mental health contract with NHS Pennine Care NHS Foundation Trust to provide mental health services in the area. Additional funding support had also been given to a number of targeted initiatives to tackle mental health issues of £2.4 million in 2018/19 set to rise to £4.2 million in 2019/20 and £5 million in 2020/21. Progress on some of these projects was detailed in the report.

Building on this work, Tameside and Glossop had been selected as one of four pilot areas for the Living Well UK programme areas helping to drive the mental health strategy forward.

The Board acknowledged that in-focus reports often looked at very challenging issues but provided the Board with valuable information to determine how best to allocate resources to deliver better outcomes for residents.

RESOLVED

That the content of the in-focus report on suicide and self-harm prevention be noted.

69 101 DAYS FOR MENTAL HEALTH PROJECT: MENTAL HEALTH IN THE NEIGHBOURHOODS BUSINESS CASE

Consideration was given to a report of Dr Khunger, CCG Governing Body GP Lead, and the Interim Director of Commissioning explaining that although there were a number of options to support people diagnosed with mental health needs in primary and secondary care, many people fell between the thresholds for these services and often presented to their GP, A&E and other settings looking for help.

Reference was made to the Strategic Commissioning Board's decision in January 2018 to commit to improving the mental health of the Tameside and Glossop population by agreeing to prioritise

investment in mental health to improve parity of esteem. Investment to support establishing a new model of mental health support in the neighbourhoods and improving support to people with ADHD and autism were included.

Following an analysis of options by a multi-agency working group, the Strategic Commissioning Board agreed investment to establish the 101 Days for Mental Health Project in May 2018. This included investing in the support of an experienced consultancy partner, the Innovation Unit, to support bringing together a wide range of partners and people with lived experience to collaboratively co-produce a new model of care for mental health in the neighbourhoods.

The project had concluded in this proposal to establish an innovative model of mental health support in the Neighbourhoods, starting with a prototype in one neighbourhood prior to incrementally reaching the whole of Tameside and Glossop.

The business case described the new model and requested that £931,513 of existing resources were redesigned and £1,048,831 additional funding be committed recurrently for this development to establish a viable team with additional capacity in the health services, the Council services and the Voluntary and Community Sector as outlined in the report.

Members of the Board were supportive of the proposal and the benefits to patients of implementing the new model of care for mental health.

RESOLVED

That the new model be supported and the investment required from existing resources and additional funding as detailed in the report be approved.

70 LOCALLY COMMISSIONED SERVICES REVIEW - 2019/20 COMMISSIONING INTENTIONS

Consideration was given to a report of Dr Vinny Khunger, CCG Governing Body GP Lead, and the Interim Director of Commissioning presented explaining that the level of funding each General Practice received was based on the number of patients registered in each Practice. The amount of funding per registered patient was based on a nationally derived weighted formula for General practice and aimed to take into account levels of deprivation as well as other factors.

The majority of funding each year for Practices came from NHS England, to Greater Manchester Health and Social Care Partnership and then delegated to Clinical Commissioning Groups to distribute for what was defined as “core services”, i.e. the minimum level of services a Practice had to offer its population. Clinical Commissioning Groups might also decide to invest additional revenue funds into primary medical services to incentivise the delivery of additional services, over and above the core contracted level of service, which were a local priority.

The Board was advised that NHS Tameside and Glossop Clinical Commissioning Group had always chosen to invest additional funds in General Practice to support local delivery of priorities, maintain or increase quality of services and reduce demand elsewhere within the health and social care system. Previous initiatives included Quality Outcomes Framework, Directed Enhanced Services and Locally Commissioned Services.

Locally Commissioned Services had been rolled over year on year since 2013/14 and the current contracts expired on 31 March 2019. The report set out a proposal for reviewing and streamlining the way Locally Commissioned Services funding streams, currently valued at £1.2 million per annum, were managed. The Locally Commissioned Services funding enabled those Practices that wished to participate, to deliver proactive and preventative services and / or alternative locations to an acute hospital location for treatments.

However, in recent years, Locally Commissioned Services payments had remained broadly static and it was possible that Practices would no longer be able to afford to offer these services. This could result in a reduction in local service provision or increased inequity. It was proposed to bring together specific funding streams to create a larger Locally Commissioned Services and pay Practices for “bundles” of care rather than individual treatments. With increased clarity of what aspects of care needed to be provided by a Practice or through collective working across a neighbourhood, the aim was to facilitate a cohesive, affordable and high quality population offer.

The long term vision for General Practice was to reduce variation in the provision of services provided locally, improve equity, broaden access to services and improve the quality of health outcomes across the population. The proposal set out in the report was the first step towards the delivery of the vision as it commenced development of a neighbourhood model of delivery.

RESOLVED

- (i) To note the longer term vision of delivering services at a neighbourhood level and this proposal be accepted as a transition step on that journey.**
- (ii) To approve the continued use of the existing £1.2 million resource for the commissioning of Locally Commissioned Services with a two year contract from 2019/20.**
- (iii) To approve the addition of the £389,000 existing Primary Care Quality Scheme budget to the Locally Commissioned Services resource from 2019/20.**
- (iv) Support the inclusion of the £625,000 Invest to Save element of the current Commissioning Improvement Scheme, noting that this was a Primary Care Delegated Commissioning resource that had been approved by the Primary Care Committee with the requirement set out at 3.12 of the report.**
- (v) Approve the full review and refresh of the Locally Commissioned Services model (Option 2) through the existing working group, with oversight by the Health and Care Advisory Group.**

71 HOUSING FINANCIAL ASSISTANCE POLICY 2018-23

Consideration was given to a report of the Executive Leader and Interim Director of Growth providing an updated Private Sector Housing Policy to enable a wider and more holistic approach to Housing Adaptation improvements due to increased Government Disabled Facilities Grant funding and continued repayments from previous housing improvement grants and loans. The revised Policy would replace Tameside’s current Private Sector Housing Renewal Policy approved in 2003 and provided the means to allow vulnerable and disabled residents access to existing forms of financial assistance to assist them in maintaining independence, preventing further deterioration in their condition and reducing the need to call upon social care and health services.

In addition, and as part of the revised Policy, it was intended to introduce new forms of assistance to enable the offer to be increased to the elderly and the vulnerable home-owner, assisting those individuals who might not qualify for a Disabled Facilities Grant adaptation but need other assistance to prevent or deter the need for further and more expensive interventions at a later date. The proposed assistance would be offered in a number of ways and subject to financial considerations as detailed in Appendix 1 to the report

Reference was also made to an Equality Impact Assessment, attached to the report at Appendix 2, drafted to address the impacts of this policy change and continuing to operate alongside the implementation of the revised policy for the purpose of monitoring. As part of the Equality Impact Assessment process and in order to seek wider support for the proposed Housing Financial Assistance Policy, it was intended to consult with a range of users. This would include Tameside MBC Adult, Social and Children’s Services, disability user groups, registered providers (whom the Council had service level agreements with for adaptations) and through the facilities offered by the Council’s Big Conversation initiative, as detailed in Appendix 3.

RESOLVED

That approval be given for a 6 week public consultation exercise in respect of the proposed amendments to current policy in connection with the Disabled Facilities Grant and other associated funding loans and grants as set out in the report, the outcome of which would be reported for final decision to the Strategic Commissioning Board and Executive Cabinet.

72 TAMESIDE EMPLOYMENT FUND

Consideration was given to a report of the Executive Member (Economic Growth, Employment and Housing) and Director of Children's Services advising that the grants and scheme detailed in the report had been successfully implemented and delivered sustainable outcomes for young people and businesses in Tameside.

It was reported that Tameside MBC had been supporting local small to medium enterprises to grow and develop skilled trades, employment of young people aged 16 to 24 years old in apprenticeships and reduction of young residents aged 16 to 24 years who were not in employment, education or training.

Reference was made to a summary evaluation and business case to continue the outcomes delivered by the grants in the form of re-branded Tameside Employment Fund beginning in April 2019.

The Strategic Commissioning Board was advised that the case for continuing the grants was based on the benefits of cost avoidance by targeting outcomes on vulnerable and complex cohorts and supported the delivery of Corporate Parenting. The Employment and Skills team had already secured £100,130 of Greater Manchester Combined Authority funding towards this programme and further details on this funding were outlined in section 6 of the report.

The Board welcomed the report and supported further investment to continue the scheme and noted the strong outcomes and positive impact for young people from complex groups.

RESOLVED

- (i) That the significant benefits of the grants and schemes for Tameside businesses, providers and young people aged 16 to 24 years old, particularly looked after children and care leavers be noted.**
- (ii) RECOMMEND TO COUNCIL an investment of £0.297 million to support continuation of the scheme over the 2 year period 1 April 2019 to 31 March 2021. In addition, £0.100 million would be received from the Greater Manchester Combined Authority.**
- (iii) That a celebration event be arranged for those benefiting from the scheme to further build sustainable relationships.**

73 SOCIAL VALUE IN COMMISSIONED CONTRACTS GUIDANCE

Consideration was given to a report of the Deputy Executive Leader and the Interim Director of Growth explaining that the draft Social Value Guidance detailed supported the Greater Manchester Combined Authority Social Value Policy. This had already been adopted by all Greater Manchester boroughs and should increase social value outcomes within Tameside if implemented effectively.

Reference was made to the summary evaluation and business case to implement a Tameside Social Value Guidance to ensure this was adopted within all commissioned contracts where appropriate. The case for this was based on the measurable benefits to the borough, supporting the outcomes detailed in 'Our People – Our Place – Our Plan'. It had been developed in conjunction with STAR procurement and, if adopted, STAR and the Employment Skills Team would work with the relevant commissioners to ensure the Guidance was operationally implemented and continued to evolve through learning.

RESOLVED

That the Tameside Social Value Guidance be agreed and the potential significant benefits to the borough of the adherence to the Guidance in all contracts be noted.

74 DATE OF NEXT MEETING

To note that the next meeting of the Strategic Commissioning Board will take place on Wednesday 12 December 2018.