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STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 25 September 2019
Time: 1.00 pm
Place: Committee Room 2, Level 2, Committee Room 2 -
Tameside One, Ashton- Under-Lyne

Item No.	AGENDA	Page No
1.	WELCOME AND APOLOGIES FOR ABSENCE To receive any apologies for the meeting from Members of the Panel.	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Panel.	
3.	MINUTES The Minutes of the meeting of the Strategic Commissioning Board held on 28 August 2019 to be signed by the Chair as a correct record.	1 - 2
4.	FINANCIAL CONTEXT	
a)	MONTH 4 REVENUE MONITORING STATEMENT To consider the attached report of the Executive Member (Finance and Economic Growth)/Chair of CCG/Director of Finance.	3 - 12
5.	QUALITY CONTEXT	
a)	DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – PERFORMANCE UPDATE To consider the attached report of the Executive Member for Adult Social Care and Population Health/CCG Governing Body Chair/Assistant Director Policy, Performance and Communications.	13 - 28
6.	COMMISSIONING FOR REFORM	
a)	EXTENSION TO THE AGREEMENT FOR THE PROVISION OF PERSONALISED EXTRA CARE SUPPORT FOR PEOPLE WITH A PHYSICAL AND/OR SENSORY DISABILITY AGED 18 – 55. To consider the attached report of the Executive Member (Adult Social Care and Population Health)/Director of Adult Services.	29 - 40
b)	GM PROCUREMENT OF ASSISTED CONCEPTION SERVICES To consider the attached report of the Executive Member (Adult Social Care	41 - 48

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Michael Garraway, Democratic Services Business Manager, to whom any apologies for absence should be notified.

and Population Health)/Director of Commissioning

7. URGENT ITEMS

To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Michael Garraway, Democratic Services Business Manager, to whom any apologies for absence should be notified.

STRATEGIC COMMISSIONING BOARD

28 August 2019

Present: Dr Ashwin Ramachandra (Chair) – NHS Tameside and Glossop CCG
Councillor Bill Fairfoull – Tameside MBC
Councillor Warren Bray – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Councillor Oliver Ryan – Tameside MBC
Councillor Wills – Tameside MBC
Councillor Gwynne – Tameside MBC
Dr Asad Ali – NHS Tameside and Glossop CCG
Dr Jamie Douglas – NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Dr Christine Ahmed – NHS Tameside and Glossop CCG
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG

In Attendance: Sandra Stewart Director of Governance and Pensions
Kathy Roe Director of Finance
Richard Hancock Director of Children's Services
Ian Saxon Director of Operations and Neighbourhoods
Sarah Dobson Assistant Director of Policy, Performance and Communication

Apologies for Councillor Brenda Warrington – Tameside MBC
Absence: Stephanie Butterworth – Tameside MBC
Jessica Williams – Tameside MBC
Carol Prowse – NHS Tameside and Glossop CCG

22 DECLARATIONS OF INTEREST

There were no declarations of interest.

23 MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 24 July 2019 be approved as a correct record.

24 MONTH 3 CONSOLIDATED FINANCIAL MONITORING REPORT

Consideration was given to a report of the Executive Member for Finance & Economic Growth / Director of Finance providing an overview on the financial position of the Tameside and Glossop economy in 2019/20. For the year to 31 May 2019 the report forecast that service expenditure would exceed the approved budget in a number of areas, due to a combination of cost pressures and non-delivery of savings.

It was explained that for the 2019/20 financial year the Integrated Commissioning Fund was forecast to spend of £617,896k, against a net budget of £615,694k, a forecast overspend of £2,202k. The forecast was an improved position from the previous month but masks significant and increased pressures in a number of areas, including Children's Services, which was forecasting expenditure to be £4.5m in excess of budget. It was stated that significant pressures were also emerging in Growth and Operations and Neighbourhoods.

The improved position from month 2 was due mainly to a significant favourable movement in Capital and Financing due to an increase in the Manchester Airport Dividend payment. In addition there had been a significant favourable movement on the CCG Targeted Efficiency Programme (TEP). Further detailed analysis of budget performance and progress against savings was included in Appendix 2 of the submitted report.

The report also detailed the significant financial pressures facing the Council in respect of the Education High Needs Funding Block. There was a projected deficit on the High Needs Funding of £5.507m. If this deficit materialised, the Council would be expected to produce a three year deficit recovery plan and submit this to the Department for Education.

The report also provided details of the proposed changes to the financing arrangements for the Tameside Wellness centre, which resulted in changes to the Active Tameside Management Fee.

RESOLVED:

- (i) That the significant level of savings required during 2019/20 to deliver a balanced recurrent economy budget; together with the related risks which are contributing to the overall adverse forecast; be acknowledged.**
- (ii) That the significant financial pressures facing the Strategic Commission, particularly in respect of Children’s Social Care and Operations & Neighbourhoods, and Growth be acknowledged.**
- (iii) That the significant financial pressures facing the Council in respect of the Education High Needs Funding Block be acknowledged.**
- (iv) That the Strategic Commissioning Board support the proposed changes to the financing arrangements for the Tameside Wellness Centre, as set out in section 4 of the submitted report and the related change to the Active Tameside Management Fee.**

25 CORPORATE PLAN PERFORMANCE UPDATE

Consideration was given to a report of the Executive Leader/ CCG Governing Body Chair/Director of Governance and Pensions which provided an update on progress towards the implementation of the Corporate Plan Performance Monitoring Framework across Tameside and Glossop Strategic Commission.

Members were reminded that the Corporate Plan Performance Monitoring Framework had been developed to measure the outcomes that the Corporate Plan aimed to deliver. It was explained that targets for each of the 50 indicators had been included for 2020, along with a stretch target for 2025 and an aspirational target for 2030. These would be reviewed by the leads of each of the five partnerships aligning to the Corporate Plan strands to agree if they were achievable. Each of the eight priorities had a suite of indicators that would be used to measure the outcomes of the priority.

RESOLVED

- (i) That the content of the report be noted.**
- (ii) That performance data is reported on a quarterly basis to Strategic Commissioning Board.**

CHAIR

Report To:	STRATEGIC COMMISSIONING BOARD
Date:	25 September 2019
Executive Member / Reporting Officer:	Cllr Ryan – Executive Member (Finance and Economic Growth) Ashwin Ramachandra– Lead Clinical GP Kathy Roe – Director of Finance
Subject:	STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST – CONSOLIDATED 2019/20 REVENUE MONITORING STATEMENT AT 31 JULY 2019 AND FORECAST TO 31 MARCH 2020
Report Summary:	<p>With a gross budget for 2019/20 in excess of £944m, as at month 4 the Integrated Commissioning Fund has a forecast net spend of £618,503k, against a net budget of £616,583k. The net budget has increased from period 3 due to some changes to Education grant budgets, and additional CCG allocations for transformation funding and GP forward view. The forecast overspend of £1,920k is primarily driven by Children's Services, Growth, Operations and Neighbourhoods and CCG TEP shortfall, offset by contingency and capital financing which includes increased dividend income from Manchester Airport. Further detail on the economy wide position is included at Appendix 1.</p> <p>This forecast is a slightly improved position from the previous month but masks continuing and emerging pressures in a number of areas, including Children's Services which is forecasting expenditure to be £4.5M in excess of budget. Pressures are also emerging in Acute spend, alongside the previously reported pressures in Growth and Operations and Neighbourhoods.</p>
Recommendations:	<p>Members are recommended to :</p> <ol style="list-style-type: none">1. Acknowledge the significant level of savings required during 2019/20 to deliver a balanced recurrent economy budget together with the related risks which are contributing to the overall adverse forecast.2. Acknowledge the significant financial pressures facing the Strategic Commission, particularly in respect of Children's Social Care, Acute, Operations & Neighbourhoods, and Growth.
Links to Community Strategy:	Budget is allocated in accordance with the Community Strategy
Policy Implications:	Budget is allocated in accordance with Council Policy
Financial Implications: (Authorised by the Section 151 Officer & Chief Finance Officer)	This report provides the 2019/20 consolidated financial position statement at 31 July 2019 for the Strategic Commission and ICFT partner organisations. For the year to 31 March 2020 the report forecasts that service expenditure will exceed the approved budget in a number of areas, due to a combination of cost pressures, shortfalls in income and non-delivery of savings. These pressures are being partially offset by savings and additional income in Capital and Financing, Corporate and

Contingency budgets which may not be available in future years.

The report emphasises that there is a clear urgency to implement associated strategies to ensure the projected funding gap in the current financial year is addressed and closed on a recurrent basis across the whole economy. The Medium Term Financial Plan for the period 2019/20 to 2023/24 identifies significant savings requirements for future years. If budget pressures in service areas in 2019/20 are sustained, this will inevitably lead to an increase in the level of savings required in future years to balance the budget.

It should be noted that the Integrated Commissioning Fund (ICF) for the Strategic Commission is bound by the terms within the Section 75 and associated Financial Framework agreements.

**Legal Implications:
(Authorised by the Borough
Solicitor)**

There is a statutory requirement for the Council to deliver a balanced budget whilst ensuring all services deliver value for money. Given the implications for each of the constituent organisations this report will be required to be presented to the decision making body of each one to ensure good governance.

Risk Management:

Associated details are specified within the presentation.

Failure to properly manage and monitor the Strategic Commission's budgets will lead to service failure and a loss of public confidence. Expenditure in excess of budgeted resources is likely to result in a call on Council reserves, which will reduce the resources available for future investment. The use and reliance on one off measures to balance the budget is not sustainable and makes it more difficult in future years to recover the budget position.

Background Papers:

Background papers relating to this report can be inspected by contacting :

Tom Wilkinson, Assistant Director of Finance, Tameside Metropolitan Borough Council

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 e-mail: tom.wilkinson@tameside.gov.uk

Tracey Simpson, Deputy Chief Finance Officer, Tameside and Glossop Clinical Commissioning Group

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 e-mail: tracey.simpson@nhs.net

David Warhurst, Associate Director Of Finance, Tameside and Glossop Integrated Care NHS Foundation Trust

 Telephone:0161 922 4624

 e-mail: David.Warhurst@tgh.nhs.uk

1. BACKGROUND

- 1.1 This report aims to provide an overview on the financial position of the Tameside and Glossop economy in 2019/20 at the 31 July 2019 with a forecast projection to 31 March 2020. Supporting details for the whole economy are provided in **Appendix 1**.
- 1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The total gross revenue budget value of the ICF for 2019/20 is currently £944.245 million. The net budget has increased from period 3 due to some changes to Education grant budgets, and additional CCG allocations for transformation funding and GP forward view
- 1.3 It should be noted that the report also includes details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust. This is to ensure members have an awareness of the overall Tameside and Glossop economy position. Reference to Glossop solely relates to health service expenditure as Council services for Glossop are the responsibility of Derbyshire County Council.
- 1.4 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:
 - Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT)
 - NHS Tameside and Glossop CCG (CCG)
 - Tameside Metropolitan Borough Council (TMBC)

2. FINANCIAL SUMMARY

- 2.1 As at 31 July 2019 the Integrated Commissioning Fund is forecasting to spend £618.503m against an approved net budget of £616.583m, **an over spend of £1.920m**. This forecast is a slightly improved position from the previous month but masks significant and emerging pressures in a number of areas, including **Children's Services which is forecasting expenditure to be £4.5M in excess of budget**. Pressures are also emerging in Acute spend, driven by increasing activity in the independent sector. Further detail is included at **Appendix 1**.

3. RECOMMENDATIONS

- 3.1 As stated on the front cover of the report.

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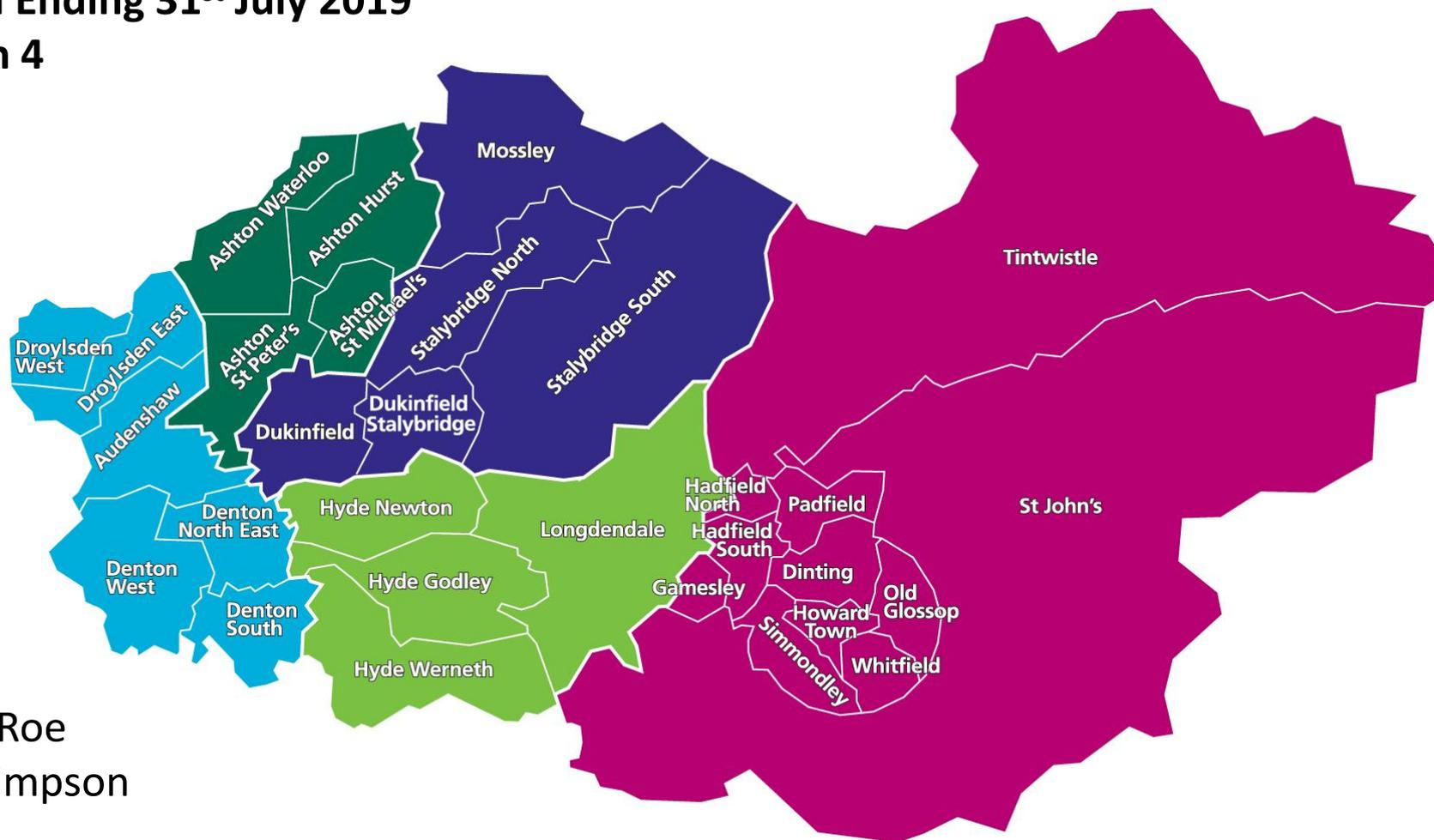
Tameside and Glossop Integrated Financial Position

financial monitoring statements

Period Ending 31st July 2019

Month 4

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Kathy Roe
Sam Simpson

Integrated Financial Position Summary Report

Economy Wide Financial Position	3
Tameside and Glossop Integrated Commissioning Fund	4 - 6
Integrated Care Foundation Trust	7
Targeted/Trust Efficiency Plan	8

This report covers all spend at Tameside & Glossop Clinical Commissioning Group (CCG), Tameside Metropolitan Borough Council (TMBC) and Tameside & Glossop Integrated Care Foundation Trust (ICFT) . It does not capture any Local Authority spend from Derbyshire County Council or High Peak Borough Council for the residents of Glossop.

Note

The values in this report have been presented in £'000s. All values reconcile exactly in it lowest denomination, however, on presentation there may be some minor rounding differences in the variance calculations as a result of reporting the values at a higher level.

Tameside & Glossop Integrated Economy Wide Financial Position

Message from the Directors of Finance

As we enter the second quarter of the financial year, the financial position remains challenging but we have seen a small improvement since period 3, an encouraging sign that further improvements can be made over the coming months as we continue to focus on the delivery of savings and efficiencies. Whilst our track record should encourage a degree of optimism, this needs to be set in the context of the significant financial challenge and risks that continue to face the economy.

Pressures are emerging in Acute spend, driven by increasing activity in the independent sector, and an increase in specialist activity which is being seen across the Greater Manchester economy. Whilst the current forecast for prescribing costs is on budget, this could be at risk if a no deal Brexit results in a significant increase in drug prices. The unprecedented demand for Children's services remains our single greatest financial pressure. A number of initiatives to reduce numbers and costs of looked after children are being evaluated and are beginning to be implemented, it will take some time before these measures have a significant impact on projected expenditure.

Whilst maintaining our focus on in year savings, attention is now shifting to the 2020/21 budget and future financial plans. The economy faces a funding gap of £55m by 2024/25, with a £23m gap to be closed in 2020/21. Funding for Local Government remains uncertain and is expected to continue to reduce. Although the recently announced one year spending review should provide some certainty for next year, continuing uncertainty around funding formulas and retained business rates, means that medium term planning remains challenging.

£282k

ICF Position Improvement

The overall forecast outturn has improved since period 3 by £282k, but remains as a forecast overspend against net budget.

Significant pressures remain in Children's services, Growth, and Operations and Neighbourhoods, with new pressures emerging in Acute.

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
CCG Expenditure	419,780	0	419,780	420,587	(807)	(816)	9
TMBC Expenditure	524,465	(327,662)	196,803	197,916	(1,113)	(1,387)	273
Integrated Commissioning Fund	944,245	(327,662)	616,583	618,503	(1,920)	(2,202)	282

Tameside & Glossop Integrated Commissioning Fund

With a gross budget for 2019/20 in excess of £944m, as at month 4 the Integrated Commissioning Fund has a forecast net spend of £618,503k, against a net budget of £616,583k. The net budget has increased from period 3 due to some changes to Education grant budgets, and additional CCG allocations for transformation funding and GP forward view. The forecast overspend of £1,920k is primarily driven by Children's Services, Growth, Operations and Neighbourhoods and CCG TEP shortfall, offset by contingency and capital financing which includes increased dividend income from Manchester Airport.

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
Acute	214,296	0	214,296	215,107	(811)	(478)	(333)
Mental Health	37,207	0	37,207	37,466	(259)	18	(277)
Primary Care	85,053	0	85,053	85,088	(34)	93	(128)
Continuing Care	16,867	0	16,867	16,396	471	5	467
Community	33,105	0	33,105	33,107	(2)	2	(4)
Other CCG	28,087	0	28,087	27,452	636	360	276
CCG TEP Shortfall (QIPP)	0	0	0	807	(807)	(816)	9
CCG Running Costs	5,164	0	5,164	5,164	0	0	0
Adults	84,083	(46,750)	37,333	37,607	(274)	(274)	0
Children's Services	53,756	(5,199)	48,556	53,078	(4,522)	(4,552)	30
Education	28,198	(22,194)	6,005	6,091	(86)	(61)	(25)
Individual Schools Budgets	115,164	(115,164)	0	0	0	0	0
Population Health	16,262	(170)	16,092	16,372	(280)	(280)	0
Operations and Neighbourhoods	78,812	(28,185)	50,627	51,529	(902)	(1,113)	211
Growth	42,753	(33,883)	8,870	9,916	(1,046)	(1,086)	40
Governance	74,070	(64,876)	9,193	9,002	191	210	(19)
Finance & IT	6,218	(1,408)	4,809	4,765	44	8	36
Quality and Safeguarding	440	(304)	136	136	(0)	(0)	0
Capital and Financing	10,763	(6,647)	4,116	899	3,217	3,202	15
Contingency	5,674	0	5,674	3,876	1,798	1,770	28
Corporate Costs	8,272	(2,881)	5,392	4,646	746	789	(43)
Integrated Commissioning Fund	944,245	(327,662)	616,583	618,503	(1,920)	(2,202)	282

Tameside & Glossop Integrated Commissioning Fund

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
CCG Expenditure	419,780	0	419,780	420,587	(807)	(816)	9
TMBC Expenditure	524,465	(327,662)	196,803	197,916	(1,113)	(1,387)	273
Integrated Commissioning Fund	944,245	(327,662)	616,583	618,503	(1,920)	(2,202)	282
A: Section 75 Services	375,930	(46,820)	329,110	329,929	(819)	(5,493)	4,674
B: Aligned Services	318,686	(100,496)	218,190	222,375	(4,185)	136	(4,320)
C: In Collaboration Services	249,629	(180,346)	69,283	66,200	3,083	(162)	3,245
Integrated Commissioning Fund	944,245	(327,662)	616,583	618,503	(1,920)	(5,519)	3,599

Acute **£811k**

Emerging pressure due to significant increases in the number of patients receiving treatment in the Independent Sector.

Separately to this the Christie is over spent by 20% against plan, and similar increases being seen elsewhere in GM.

Mental Health **£259k**

This pressure reflects a re-classification of spend from continuing healthcare (where there is a corresponding positive variance) to reflect new guidance on the classification of activity.

Children's Services **£4,522k**

Children's Social Care is forecast to overspend by £4,522k mainly due to the cost of placements for looked after children. The number of looked after children when establishing the 2019/20 budget was 648 (December 2018), an all time high for Tameside and considered to be the peak. However the number of looked after children has since increased and stood at 683 on 2 August 2019. The projection assumes the current cost of all existing placements plus a further slight increase in of 5 additional placements for the remainder of the year at an average weekly cost of £ 3,000 per week (£156k per year).

Corporate, Contingency, Capital Financing

Significant favourable variances reflect the release of earmarked contingencies to offset specific pressures in service areas and savings on corporate budgets. The Capital and Financing forecast reflects additional dividend income of £2m in excess of budget.

Growth **£1,046k**

Significant budget pressures relate to a shortfall in income relating to Estates, fee income from planning and building control and rents not being realised. Pressures also forecast due to increased utility costs.

Operations and Neighbourhoods **£902k**

Pressures remain in respect of shortfalls in income from car parks and markets, and from bus lane fines. The positive movement from period 3 reflects one off savings in respect of vehicle costs.

Tameside Integrated Care Foundation Trust Financial Position

Financial Performance Metric	Month 3			YTD			Outturn
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000s
Normalised Surplus / (Deficit) Before PSF	(2,219)	(2,187)	32	(8,301)	(8,219)	82	(25,220)
Provider Sustainability Fund (PSF)	237	237	0	709	709	0	4,727
Financial recovery Fund (FRF)	741	741	0	2,221	2,221	0	14,807
Surplus / (Deficit)	-1,241	-1,209	32	-5,371	-5,289	82	-5,686
Trust Efficiency Savings	721	916	195	2,577	2,838	261	11,580
Use of Resources Metric	3	3		3	3		3

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- **Revenue** - The Trust has agreed a control with NHSI of **c.£5.686m** after Financial Recovery Fund (FRF) and Provider Sustainability Funding (PSF); for the financial period to **31st July 2019**, the Trust has reported a net deficit of **£1.209m** post FRF and PSF, which is £32k below plan.

- **Trust Efficiency Programme (TEP)** - the Trust has a TEP target in 2019/20 of **£11.580m** including carried forward schemes from 2018/19. During month 4 the Trust delivered **£916k** against a plan of **£721k** reporting an overachievement of **c.£195k** in month. The Trust is forecasting at month 4 to deliver **c.£11.267m** by the end of the year, this is an improvement in month of **£291k**. Schemes are being developed across the Trust to mitigate the shortfall of **c.£313k (3%)**.

- **Agency cap** - The Trust has an agency cap of **c.£9.454m**, but a plan of **£7m**. During Month 4 the Trust spent **£511k** against a plan of **£739k**, reporting an underspend of **£228k** and reporting below the cap.

- **Capital** – Capital expenditure is ahead of plan **by c.£14k (A)** year to date.

- **Cash** – The cash balance was **£921k** better than plan at the end of Month 4.

Final

Report to: STRATEGIC COMMISSIONING BOARD

Date: 25th September 2019

Executive Member: Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)

Clinical Lead: Ashwin Ramachandra – CCG Chair

Reporting Officer: Sarah Dobson, Assistant Director Policy, Performance and Communications.

Subject: **DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – PERFORMANCE UPDATE**

Report Summary: This report provides the Strategic Commissioning Board with a Health and Care performance report for comment.

This report provides the Strategic Commissioning Board (SCB) with a health & care performance update at June 2019. The report covers:

- Health & Care Dashboard – including exception reporting for measures which are areas of concern, i.e. performance is declining and/or off target
- Other intelligence / horizon scanning – including updates on issues raised by Strategic Commissioning Board (SCB) members from previous reports, any measures that are outside the dashboard but which Strategic Commissioning Board (SCB) are asked to note, and any other data or performance issues that Strategic Commissioning Board (SCB) need to be made aware.
- In-focus – a more detailed review of performance across a number of measures in a thematic area.

This is based on the latest published data (at the time of preparing the report). This is as at the end of June 2019.

The content of the report is based on ongoing analysis of a broader basket of measures and wider datasets, and looks to give the Strategic Commissioning Board (SCB) the key information they need to know in an accessible and added-value manner. The approach and dashboard are aligned with both Greater Manchester and national frameworks. The development of the report is supported by the Quality and Performance Assurance Group (QPAG).

The following have been highlighted as exceptions:

- A&E 4 Hour Standard
- Referral To Treatment- 18 weeks
- IAPT- Access Rate
- IAPT- Recovery rate
- Proportion of people using social care who receive self-directed support, and those receiving Direct

Payments

- Proportion of older people (65+) who are still at home 91 days after discharge from hospital.

Recommendations:

The Strategic Commissioning Board are asked:

- Note the contents of the report, in particular those areas of performance that are currently off track and the need for appropriate action to be taken by provider organisations which should be monitored by the relevant lead commissioner
- Support ongoing development of the new approach to monitoring and reporting performance and quality across the Tameside & Glossop health and care economy

How do proposals align with Health & Wellbeing Strategy?

Should provide check & balance and assurances as to whether meeting strategy.

How do proposals align with Locality Plan?

Should provide check & balance and assurances as to whether meeting plan.

How do proposals align with the Commissioning Strategy?

Should provide check & balance and assurances as to whether meeting strategy.

Recommendations / views of the Professional Reference Group:

This section is not applicable as this report is not received by the professional reference group.

Public and Patient Implications:

Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets such as waiting times are a priority for patients. The performance is monitored to ensure there is no impact relating to patient care.

Quality Implications:

As above.

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

The updated performance information in this report is presented for information and as such does not have any direct and immediate financial implications. However it must be noted that performance against the data reported here could potentially impact upon achievement of CQUIN and QPP targets, which would indirectly impact upon the financial position. It will be important that whole system delivers and performs within the allocated reducing budgets. Monitoring performance and obtaining system assurance particularly around budgets will be key to ensuring aggregate financial balance.

Legal Implications:

(Authorised by the Borough Solicitor)

As the system restructures and the constituent parts are required to discharge statutory duties, assurance and quality monitoring will be key to managing the system and holding all part to account and understanding best where to focus resources and oversight. This report and framework needs to be developed expediently to achieve this. It must include quality and this would include complaints and other indicators

of quality.

How do the proposals help to reduce health inequalities?

This will help us to understand the impact we are making to reduce health inequalities. This report will be further developed to help us understand the impact.

What are the Equality and Diversity implications?

None.

What are the safeguarding implications?

None reported related to the performance as described in report.

What are the Information Governance implications? Has a privacy impact assessment been conducted?

There are no Information Governance implications. No privacy impact assessment has been conducted.

Risk Management:

Delivery of NHS Tameside and Glossop's Operating Framework commitments 2018/19

Access to Information :

- **Appendix 1** – Health & Care Dashboard;
- **Appendix 2** – Exception reports;

The background papers relating to this report can be inspected by contacting Ali Rehman by:



Telephone: 01613425637



e-mail: alirehman@nhs.net

1.0 BACKGROUND

1.1 This report provides the Strategic Commissioning Board with a health & care performance update at September 2019 using the new approach agreed in November 2017. The report covers:

- Health & Care Dashboard – including exception reporting for measures which are areas of concern, i.e. performance is declining and/or off target;
- Other intelligence / horizon scanning – including updates on issues raised by Strategic Commissioning Board members from previous reports, any measures that are outside the dashboard but which Strategic Commissioning Board are asked to note, and any other data or performance issues that Strategic Commissioning Board need to be made aware;
- In-focus – a more detailed review of performance across a number of measures in a thematic area.

1.2 The content of the report is based on ongoing analysis of a broader basket of measures and wider datasets, and looks to give the Strategic Commissioning Board the key information they need to know in an accessible and added-value manner. The approach and dashboard are aligned with both Greater Manchester and national frameworks. The development of the report is supported by the Quality and Performance Assurance Group (QPAG).

2.0 HEALTH & CARE DASHBOARD

2.1 The Health & Care Dashboard is attached at **Appendix 1**, and the table below highlights which measures are for exception reporting and which are on watch.

EXCEPTIONS (areas of concern)	1	A&E- 4 hour Standard
	3	Referral To Treatment-18 Weeks
	17	IAPT-Access Rate
	18	IAPT –Recovery Rate
	52	Direct Payments
	58	65+ at home 91 Days

ON WATCH (monitored)	4	Diagnostic tests waiting times
	7	Cancer 31 day wait
	11	Cancer 62 day wait from referral to treatment
	31	CYP First Treatment for Eating Disorders within 1 week (Urgent)
	32	CYP First Treatment for Eating Disorders within 4 weeks (Routine)
	41	LD service users in paid employment

2.2 Further detail on the measures for exception reporting is given below and at **Appendix 2**.

A&E waits Total Time with 4 Hours at Tameside and Glossop Integrated Care Foundation Trust (ICFT)

- 2.3 The A&E performance for July 2019 was 85.6% for Type 1 & 3 which is below the target of 95% nationally. Underlying demand continues to grow, a consequence of increased acuity (including the beginning of a seasonal effect), and increased bed occupancy. It should be noted that this performance meant that the Trust was ranked 4th in Greater Manchester.

18 Weeks Referral to Treatment

- 2.4 The RTT 18 weeks performance for June was 90% which is below the National Standard of 92%.

T&G ICFT as a provider are achieving the standard for our patients. However, the performance at MFT at 82.1% is the key reason for the failure in June 2019 with 729 people breaching across 12 specialities. Stockport, Salford, Pennine Acute Trusts and BMI – The Alexandra also contributed to the failure accounting for a further 347 breaches.

Trauma & Orthopaedics continues to be a challenge across most providers. As of June 2019, Trauma & Orthopaedics had the highest number of people waiting over 18 weeks at 452 people.

MFT have advised the following.

- RTT task force is meeting weekly
- Review of referral variation by practice and consider any implications by referrer type and specialty
- MFT to outsource where possible with existing contracts in place with a number of providers including BMI, Spire, HCA and MSS
- Support is to be provided from NHSI IST

Waiting List

T&G CCG waiting list at June 2019 is 11.9% above the expected baseline (March 2018 position for providers with the exception of MFT, which is March 2019 position). NHS England expects CCGs to have zero percent growth from the baseline by March 2020.

Greater Manchester Health & Social Care Partnership and MFT re-adjusted waiting list figures following the formation of MFT and a refresh of patient waiting list data.

InHealth have advised us that unplanned absence due to sickness in addition to planned annual leave throughout July and August will lead to a reduction in capacity and growth in the waiting list and will extend their waiting times to approx. 6 weeks. Additional capacity is being planned September onwards to address the backlog and bring waiting times back to the typical four weeks.

Improving Access to Psychological Therapies-Access Rate

- 2.5 Performance for April is below the Standard for Improving Access to Psychological Therapies-Access Rate (4.75%) achieving 3.18%. This is a deterioration on the previous month, March where performance was 3.37%. The focus on reducing secondary waits and lower referral rates have impacted on prevalence. Joint action plan is in place and prevalence is rising. Business case in development to reach 22%. Anticipated to be meeting prevalence target by Quarter 2 2019/20.

Improving Access to Psychological Therapies-Recovery Rate

- 2.6 The Improving Access to Psychological Therapies recovery rate for April was 47.7% which is below the National Standard of 50%. This is an improvement on the previous month where performance was 47.2%.

Recovery has been affected due to waiting list initiatives. Plan to improve includes review of supervision and therapeutic doses of intervention. Case note audits and increased use of anxiety disorder specific measures. Anticipated to achieve 50% rate in Q1 2019/20.

Proportion of people using social care who receive self-directed support, and those receiving Direct Payments

2.7 Performance for Q4 is below the threshold for total proportion of people using social care who receive self-directed support, and those receiving direct payments (28.1%) achieving 13.51%. This is a deterioration in performance compared to the previous quarter, which also failed to achieve the standard at 13.56%. Tameside performance in 2016/2017 was 12.47%, this is a decrease on 2015/2016 and is below the regional average of 23.8% for 2016/2017. A review of the Direct Payment (DP) Service is underway.

A Working Group with Social Care Managers, Audit, Client Finance and legal to review and update the DP contract / agreement imminently. Development of a Tameside DP Policy and Factsheets. Including DPs as part of social work practice guidance. Visiting other good performing authorities to learn and improve Updating leaflets and website, outreach and engagement in community spaces to engage with local people (i.e. in Tameside One downstairs). Having a DP Officer in each neighbourhood team to work closely with staff to quickly put a DP in place one people have chosen to take up, and to work with staff to encourage them to offer DPs as a choice of personal budget.

Proportion of older people (65+) who were still at home 91 days after discharge from hospital

2.8 Performance for Q4 is below the threshold for the proportion of older people (65+) who were still at home 91 days after discharge from hospital (82.7 %) achieving 77.9%. This is a deterioration in performance compared to the previous quarter, which also failed to achieve the standard at 79.9%. Tameside performance in 2016/2017 was 81.8%, this is a decrease on 2015/2016 and is below the regional average of 82.8% for 2016/2017. Nationally the performance is 82.5% which is still above the Tameside 2016/17 outturn. Reablement criteria has been relaunched to ensure suitable referrals come through, and we continue to raise awareness of this. This indicator is currently being monitored more frequently. In conjunction with colleagues in Performance, a 'deep dive' into the data has already been completed to better understand what the issues are. The majority of cases are due to the ongoing health needs of individuals. Furthermore, the team have committed to visiting other good performing authorities locally to compare and establish any good practice to learn from.

3.0 OTHER INTELLIGENCE / HORIZON SCANNING

3.1 Below are updates on issues raised by Strategic Commissioning Board members from previous presented reports, any measures that are outside the Health and Care Dashboard but which Strategic Commissioning are asked to note, and any other data or performance issues that Strategic Commissioning Board need to be made aware.

Diagnostics Issues MRI

3.2 MRI

Salford Royal Foundation Trust (SRFT) has seen a significant rise in demand for MRI in the months between January and May 2019. Demand for MRI has increased between 8% and 20% over this period. Along with the increase in demand there have been issues around capacity linked to the national shortage of radiographers.

The CCG has not seen a particular increase in MRI demand, however, CCG patients have been impacted by longer waits.

SRFT are actively sourcing additional capacity and investigating the sources of increased demand to inform their recovery plans.

Stockport Breast Services

- 3.3 Stockport CCG have informed co-commissioning CCGs it is not a viable option for Stockport NHS Foundation Trust to re-open access to the Breast Service in Stockport; this is due to the shortage of specialist staff required to deliver a safe and sustainable service. Breast services will therefore be commissioned from neighbouring NHS Trusts on a permanent basis. A plan has been developed by the Trust for the safe transfer and management of existing patients. This builds on the arrangements that have been in place since referrals to Stockport's Breast service were suspended in May 2019. A Communications and Engagement Plan has been developed jointly to ensure that existing and new patients and key stakeholders are engaged in this change of service.

4.0 RECOMMENDATIONS

- 4.1 As set out on the front of the report.

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Health and Care Improvement Dashboard

September 2019

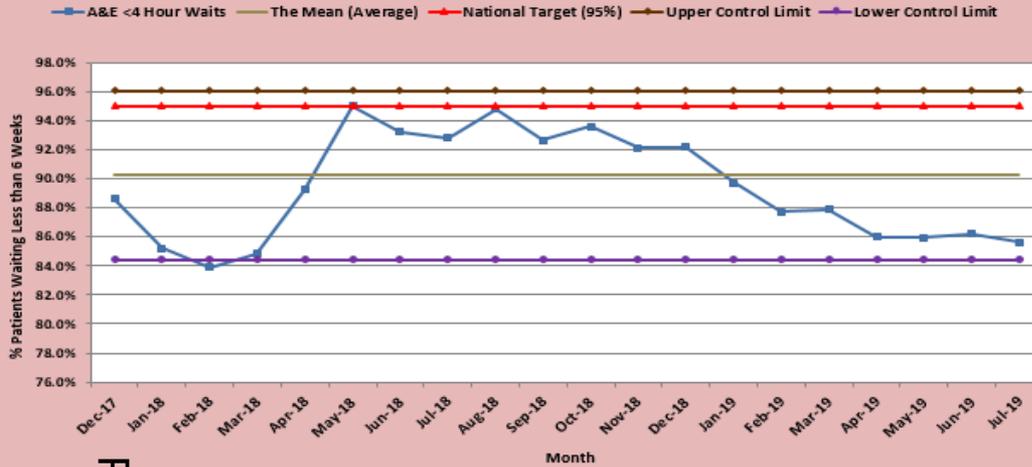
Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
1 Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95%	Jul-19	85.9%	86.2%	85.6%	▼	
2 A&E 12 Hour Trolley Wait	0	Jul-19	0	0	0	↔	
3 * Delayed Transfers of Care - Bed Days Pennine Care NHS Foundation Trust	200	Jun-19	30.0	37.2	34.2	▼	
4 * Delayed Transfers of Care - Bed Days- Tameside and Glossop Integrated Foundation Trust	200	Jun-19	18.2	16.9	21.1	▲	
5 * Delayed Transfers of Care - Per 100,000	-	Jun-19	14.3	14.2	14.9	▲	
6 Stranded Patients (LOS 7+ Days)	2196	May-19	174	198	168	▼	
7 Super Stranded Patients (LOS 21+ Days)	-	May-19	60	67	66	▼	
8 * Referral To Treatment - 18 Weeks	92%	Jun-19	90.1%	90.3%	90.0%	▼	
9 Referral to treatment - 52+ Weeks	0	Jun-19	0	0	0	↔	
10 Referral to treatment - % waiting list change from March 2018	0%	Jun-19	15.6%	18.9%	19.5%	▼	
11 * Diagnostics Tests Waiting Times	1%	Jun-19	1.1%	1.0%	1.2%	▼	
12 Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93%	Jun-19	96.4%	96.8%	95.7%	▼	
13 Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93%	Jun-19	95.8%	92.6%	95.7%	▲	
14 Cancer - 31-Day Wait From Decision To Treat To First Treatment	96%	Jun-19	100.0%	97.5%	98.9%	▲	
15 Cancer - 31-Day Wait For Subsequent Surgery	94%	Jun-19	100.0%	94.7%	100.0%	▲	
16 Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98%	Jun-19	100.0%	100.0%	95.2%	▼	
17 Cancer - 31-Day Wait For Subsequent Radiotherapy	94%	Jun-19	100.0%	100.0%	100.0%	↔	
18 Cancer - 62-Day Wait From Referral To Treatment	85%	Jun-19	87.8%	87.0%	94.3%	▲	
19 Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90%	Jun-19	88.9%	88.9%	100.0%	▲	
20 Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade		Jun-19	82.8%	77.8%	70.4%	▼	
21 Cancer - 104 Day Wait		Jun-19	0	1	3	▼	
22 MRSA	0	Jun-19	0	1	0	▼	
23 C.Difficile (Ytd Var To Plan)	0%	Jun-19	66.7%	33.3%	11.1%	▲	
24 E.Coli		Jun-19	13	23	11	▼	
25 Estimated Diagnosis Rate For People With Dementia	66.7%	Jun-19	82.4%	82.7%	82.8%	▲	
26 Improving Access to Psychological Therapies Access Rate	4.75%	Apr-19	2.8%	3.4%	3.2%	▼	
27 Improving Access to Psychological Therapies Recovery Rate	50%	Apr-19	45.7%	47.2%	47.7%	▲	
28 Improving Access to Psychological Therapies Seen Within 6 Weeks	75%	Apr-19	78.8%	76.7%	78.9%	▲	
29 Improving Access to Psychological Therapies Seen Within 18 Weeks	95%	Apr-19	100.0%	100.0%	100.0%	↔	
30 Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	56%	Jun-19	88.9%	83.3%	84.2%	▲	
31 First Treatment for Eating Disorders within 1 week	95%	19/20 Q1	100.0%	66.7%	75.0%	▲	
32 First Treatment for Eating Disorders within 4 weeks	95%	19/20 Q1	100.0%	90.0%	85.0%	▼	
33 CPA follow up with 7 days	95%	18/19 Q4	100.0%	100.0%	95.3%	▼	
34 Mixed Sex Accommodation	0	Jun-19	0.00	0.51	0.13	▼	
35 Cancelled Operations- Tameside and Glossop Integrated Foundation Trust		18/19 Q4	0.6%	1.0%	2.6%	▲	
36 Cancer Patient Experience		2017	8.70	8.80	8.80	↔	
37 Cancer Diagnosed At An Early Stage		2017 Q4	54.9%	51.8%	48.9%	▼	
38 General Practice Extended Access		Mar-18	82.1%	92.3%	91.9%	▼	
39 Patient Satisfaction With GP Practice Opening Times		Jul-19		62%	61%	▼	

* data for this indicator is provisional and subject to change

Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
40 111 Dispositions- - % Recommended to speak to primary and community care (Ranking out of 37)		Jun-19	17% (5th)	15% (12th)	12% (24th)	▼	
41 111 Dispositions- - % Recommended to dental (Ranking out of 37)		Jun-19	3% (32nd)	3% (33rd)	3% (32nd)	▲	
42 111 Dispositions- - % Recommended home care (Ranking out of 37)		Jun-19	3% (29th)	3% (28th)	3% (28th)	◀▶	
43 Maternal Smoking at delivery		19/20 Q1	13.5%	15.0%	14.0%	▼	
44 %10-11 classified overweight or obese		2015/16 - 2017/18	33.6%	33.8%	34.4%	▲	
45 Personal health budgets		18/19 Q4	20.00	18.00	19.00	▲	
46 Percentage of deaths with three or more emergency admissions in last three months of life		2017	7.75%	8.38%	9.11%	▲	
47 LTC feeling supported		2018			54.0%	▲	
48 Quality of life of carers		2016 03	0.80	0.77	0.78	▲	
49 Emergency admissions for urgent care sensitive conditions (UCS)		18/19 Q2	2749	2839	2941	▲	
50 Patient experience of GP services		Jul-19		81.6%	81.3%	▼	
51 Overall Experience of making a GP appointment		Jul-19	68.9%	64.0%	62.4%	▼	
Adult Social Care Indicators							
52 Part 2a - % of service users who are in receipt of direct payments	28.1%	18/19 Q4	13.71%	13.56%	13.51%	▼	
54 Total number of Learning Disability service users in paid employment	5.7%	18/19 Q4	6.83%	6.80%	7.30%	▲	
55 Total number of permanent admissions to residential and nursing care homes per 100,000 aged 18-64	13.3	18/19 Q4	2.96 (4 Admissions)	8.8 (12 Admissions)	12.59 (17 Admissions)	▲	
56 Total number of permanent admissions to residential and nursing care homes per 100,000 aged 65+	628	18/19 Q4	76.58 (109 Admissions)	469.42 (185 Admissions)	682.57 (269 Admissions)	▲	
57 Total number of permanent admissions to residential and nursing care homes aged 18+		18/19 Q4	113	197	286	▲	
58 Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital	82.7%	18/19 Q4	77.2%	79.9%	77.9%	▼	
59 % Nursing and residential care homes CQC rated as Good or Outstanding (Tameside and Glossop)		Jun-19	76%	72%	76%	▲	
60 % supported accomodation CQC rated as Good or Outstanding (Tameside and Glossop)		Jun-19	100%	100%	100%	◀▶	
61 % Help to live at homes CQC rated as Good or Outstanding (Tameside and Glossop)		Jun-19	94%	93%	94%	▲	

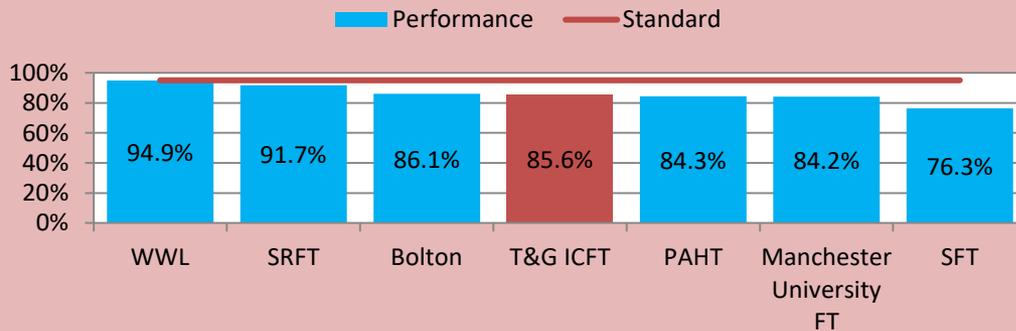
▼	Performance deteriorating and failing standard
▲	Performance improving and failing standard
▲	Performance improving and achieving standard
▼	Performance deteriorating and achieving standard
▼	Performance deteriorating no standard
▲	Performance improving no standard
◀▶	No change in Performance and achieving standard
◀▶	No change in Performance and failing standard
◀▶	No change in Performance and no standard

Type 1&3 A&E T&G ICFT Patients Waiting <4 Hours in A&E



Page 23

A&E Waiting Times: Total time within 4 hours by Greater Manchester Provider - July-19



Key Risks and Issues:

The A&E Type1 and type 3 performance for July was 85.6% which is below the National Standard of 95%.

- Late assessment due to lack of capacity in the department is the main reason for breaches.
- Ambulance handover delays increased this month with crews waiting in excess of 30 minutes and a further crews waiting in excess of one hour
- Underlying demand continues to grow, a consequence of increased acuity (including the beginning of a seasonal effect), and increased bed occupancy.
- This performance meant that the Trust was ranked fourth in Greater Manchester.

Actions:

- 2 hourly board rounds with nurse and consultant team leader assessing capacity in the department based on current demand.
- Escalation plan highlighting triggers for immediate action
- Three times weekly review meeting with Consultants and nursing staff to review previous days performance whilst horizon scanning the week ahead
- New junior rota developed to match demands of the service
- Scrutiny of medical staffing rota's
- Continual recruitment of speciality doctors

Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating. However regular contact is maintained with GMHSCP and the local work being undertaken is recognised.

The failure of this target will impact on the CCGs ability to obtain the money attached to this target for the Quality Premium Payment (QPP).

* Please note that Tameside Trust local trajectory for 19/20 is Q1, Q2 and Q3 90%, and Q4 95%.
 * Type 1 & 3 attendances included from July 2017. Benchmarking info relates to July 2019

Health and Care Improvement– Exception

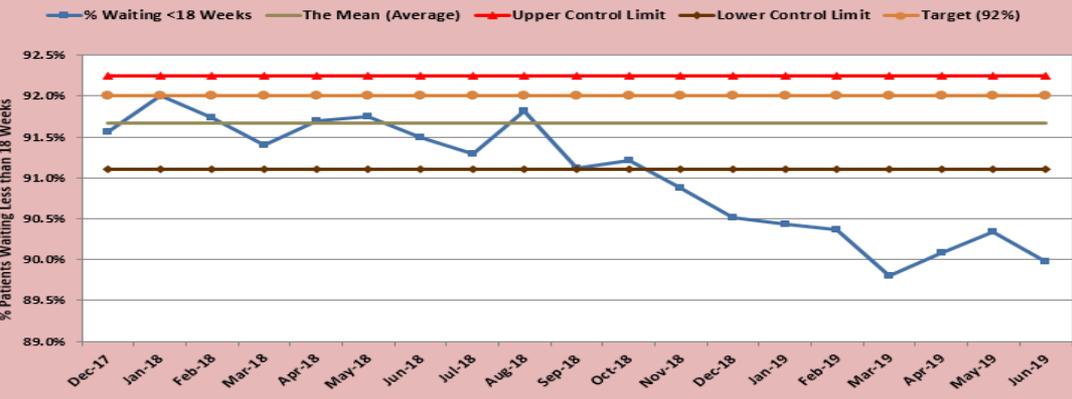
18 Weeks RTT: Patients on incomplete pathway waiting less than 18 weeks for treatment/ % Waiting List Change from March 2018

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: Contracts

18 Weeks RTT: Patients on Incomplete Pathway Waiting Less 18 Weeks for Treatment



Key Risks and Issues:

The RTT 18 weeks performance for June was 90% which is below the National Standard of 92%. T&G ICFT as a provider are achieving the standard for our patients. However, the performance at MFT at 82.1% is the key reason for the failure in June 2019 with 729 people breaching across 12 specialities. Stockport, Salford, Pennine Acute Trusts and BMI – The Alexandra also contributed to the failure accounting for a further 347 breaches. Trauma & Orthopaedics continues to be a challenge across most providers. As of June 2019, Trauma & Orthopaedics had the highest number of people waiting over 18 weeks at 452 people.

Waiting List

T&G CCG waiting list at June 2019 is 11.9% above the expected baseline (March 2018 position for providers with the exception of MFT, which is March 2019 position). NHS England expects CCGs to have zero percent growth from the baseline by March 2020. The ICFT & InHealth experienced capacity issues which has led to growth in the waiting list. Greater Manchester Health & Social Care Partnership and MFT re-adjusted waiting list figures following the formation of MFT and a refresh of patient waiting list data.

Actions:

- MFT have advised the following.
 - RTT task force is meeting weekly
 - Review of referral variation by practice and consider any implications by referrer type and specialty
 - MFT to outsource where possible with existing contracts in place with a number of providers including BMI, Spire, HCA and MSS
 - Support is to be provided from NHSI IST

Waiting List Actions

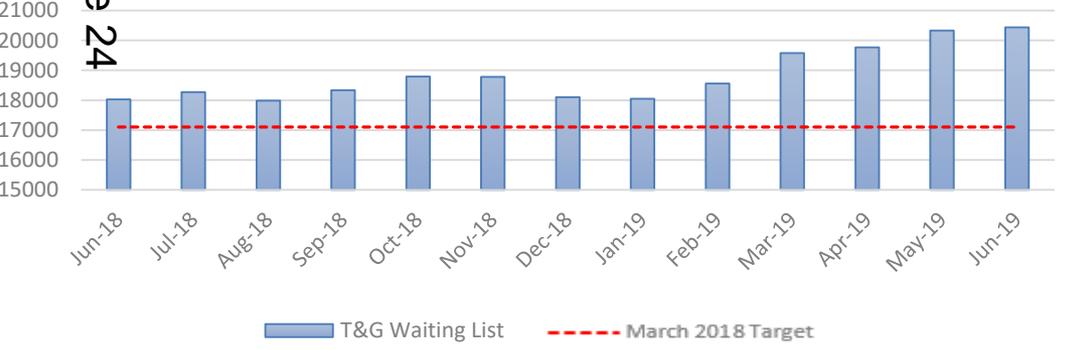
The ICFT and InHealth have additional capacity planned to reduce backlog We will continue to monitor demand across all providers

Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating. However regular contact is maintained with GMHSCP and the local work being undertaken is recognised. The failure of this target will impact on the CCGs ability to obtain the money attached to this target for the Quality Premium Payment (QPP).

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18 Weeks RTT: Patients on Incomplete Pathway Waiting <18 Weeks for Treatment



Monthly Referral to Treatment (RTT) waiting times for incomplete pathways

CCG	June-19			
	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Target
NHS Wigan Borough CCG	22,686	20,776	91.6%	92%
NHS Tameside and Glossop CCG	20,435	18,388	90.0%	92%
NHS Oldham CCG	16,668	14,784	88.7%	92%
NHS Bury CCG	15,118	13,394	88.2%	92%
NHS Salford CCG	27,202	23,991	88.2%	92%
NHS Heywood, Middleton and Rochdale CCG	16,223	14,260	87.9%	92%
GM	101,664	90,749	89.3%	92%
NHSE North of England	554,029	484,735	87.5%	92%
NHS Trafford CCG	19,445	16,867	86.7%	92%
NHS Stockport CCG	28,633	24,680	86.2%	92%
NHS Bolton CCG	24,537	21,143	86.2%	92%
NHS Manchester CCG	47,866	41,199	86.1%	92%

* Benchmarking data relates to June 2019

Unvalidated-Next month FORECAST

Health and Care Improvement– Exception

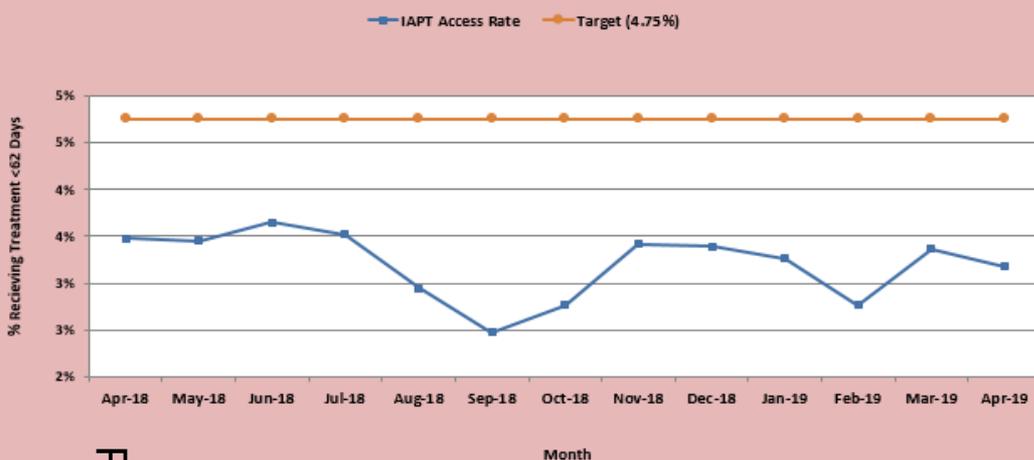
Improving Access to Psychological Therapies Access Rate

Lead Officer: Pat McKelvey

Lead Director: Jess Williams

Governance: Contracts

Improving Access to Psychological Therapies Access Rate



Key Risks and Issues:

The Improving Access to Psychological Therapies-Access Rate for April 2019 was 3.18% which is below the National Standard of 4.75% . This is a deterioration on the previous month where it was 3.37%.

Actions:

- Focus on reducing secondary waits and lower referral rates have impacted on prevalence
- New Step 1 IAPT service has taken longer to mobilise than planned
- Joint Action Plan is in place and prevalence is rising. Impact of action plan starting to be seen in increased prevalence for March (January: 404 February :336 March: 540). Anticipated to be meeting prevalence target by Q2 2019/20
- Business case under development to reach 22% prevalence
- CCG letter sent to Pennine Care executive director of operations to ask for escalation of actions to address performance and quality.
- IAPT Group setup to specifically look at performance and quality.

Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating. However regular contact is maintained with GMHSCP and the local work being undertaken is recognised.

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Improving Access to Psychological Therapies Access Rate by GM CCG

CCG	Apr-19	
	Performance	Standard
NHS Salford CCG	7.11%	4.75%
NHS Bolton CCG	5.83%	4.75%
NHS Wigan Borough CCG	5.39%	4.75%
NHS Manchester CCG	5.35%	4.75%
NHS Oldham CCG	4.97%	4.75%
NHS Stockport CCG	4.85%	4.75%
NHS Trafford CCG	4.82%	4.75%
NHS Heywood, Middleton and Rochdale CCG	4.69%	4.75%
England	4.67%	4.75%
NHS Bury CCG	4.30%	4.75%
NHS Tameside and Glossop CCG	3.18%	4.75%

* Benchmarking relates to April 2019

Unvalidated-Next month FORECAST

Health and Care Improvement– Exception

Improving Access to Psychological Therapies Recovery Rate

Lead Officer: Pat McKelvey

Lead Director: Jess Williams

Governance: Contracts

Improving Access to Psychological Therapies Recovery Rate

IAPT Recovery Rate Target (50%)



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Improving Access to Psychological Therapies Recovery Rate by GM CCG

CCG	Apr-19	
	Performance	Standard
NHS Trafford CCG	57.60%	50%
NHS Stockport CCG	55.90%	50%
NHS Wigan Borough CCG	54.70%	50%
NHS Oldham CCG	54.30%	50%
England	53.20%	50%
NHS Bury CCG	51.80%	50%
NHS Bolton CCG	51.80%	50%
NHS Heywood, Middleton and Rochdale CCG	50.00%	50%
NHS Manchester CCG	48.10%	50%
NHS Tameside and Glossop CCG	47.70%	50%
NHS Salford CCG	47.10%	50%

Key Risks and Issues:

The Improving Access to Psychological Therapies recovery rate for April was 47.7% which is below the National Standard of 50%. This is an improvement on the previous month where performance was 47.2%.

Actions:

- Recovery has been affected due to waiting list initiatives. Plan in place includes:
- Review of supervision and Therapeutic doses of intervention
- Case note audits and Increased use of ADSM (Anxiety Disorder Specific Measures) to improve recovery rates
- Recovery rates on an increasing rate (January 48.2%, February 48.7%, March 49.5%) Anticipated to achieve 50% rate in Q1 2019/20
- CCG letter sent to Pennine Care executive director of operations to ask for escalation of actions to address performance and quality.
- IAPT Group setup to specifically look at performance and quality.

Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating. However regular contact is maintained with GMHSCP and the local work being undertaken is recognised.

Unvalidated-Next month FORECAST

* Benchmarking relates to April 2019

Health and Care Improvement– Exception

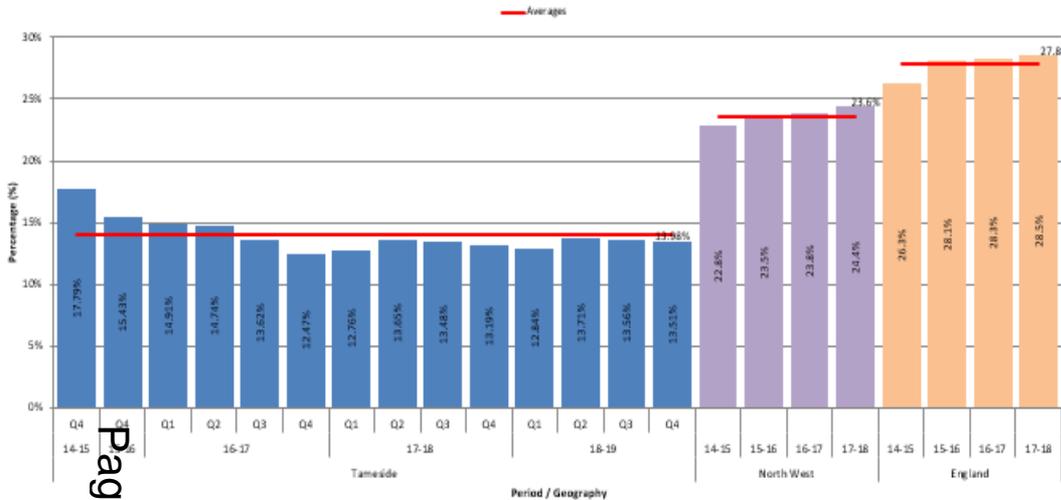
ASCOF 1C- Proportion of people using social care who receive self directed support, and those receiving Direct Payments

Lead Officer: Sandra Whitehead

Lead Director: Steph Butterworth

Governance: Adults Management team

Proportion of people using social care who receive self-directed support, and those receiving direct payments - Part 2a Service users (DPs)



Key Risks and Issues:

This measure supports the drive towards personalisation outlined in the Vision for adult social care and Think Local, Act Personal, by demonstrating the success of councils in providing personal budgets and direct payments to individuals using services.

Actions:

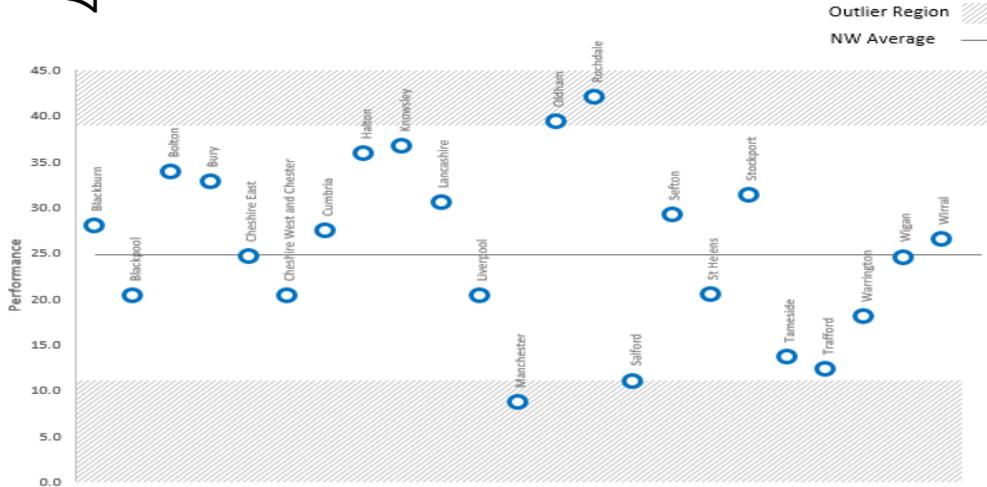
A review of the Direct Payment (DP) Service is underway.

- A Working Group with Social Care Managers, Audit, Client Finance and legal to review and update the DP contract / agreement imminently
- Development of a Tameside DP Policy and Factsheets
- Including DPs as part of social work practice guidance
- Visiting other good performing authorities to learn and improve
- Updating leaflets and website, outreach and engagement in community spaces to engage with local people (i.e. in Tameside One downstairs)
- Having a DP Officer in each neighbourhood team to work closely with staff to quickly put a DP in place one people have chosen to take up, and to work with staff to encourage them to offer DPs as a choice of personal budget.

Operational and Financial implications:

None

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*Benchmarking data is as at Q4 18/19.

Unvalidated-Next month FORECAST

Health and Care Improvement– Exception

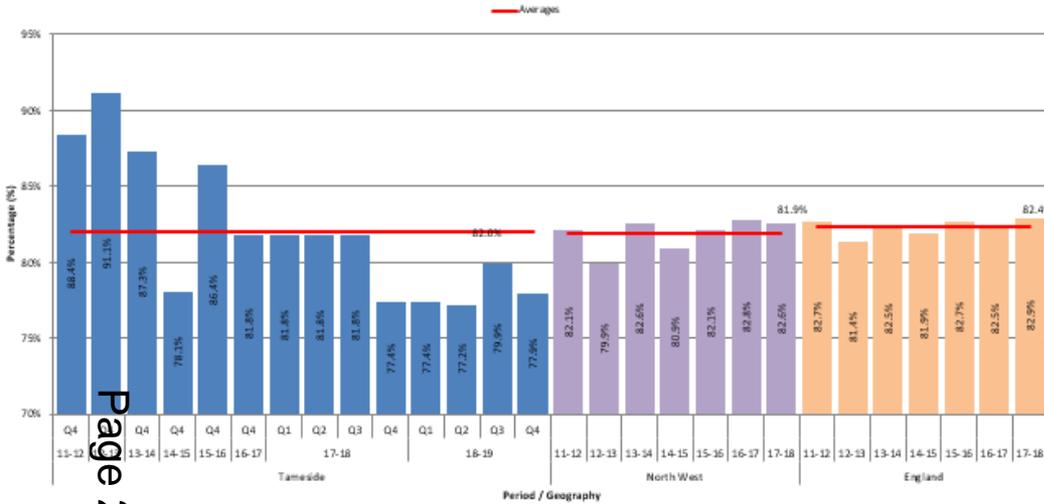
ASCOF 2B(1)- Proportion of older people (65+) who are still at home 91 days after discharge from hospital.

Lead Officer: Sandra Whitehead

Lead Director: Steph Butterworth

Governance: : Adult Management meeting

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services



Key Risks and Issues:

Failing to improve the numbers will put at risk promoting the ways to wellbeing, and ensuring that individuals increase independence and remain at home. This could increase the numbers of people needing support through the health and social care system.

Re-ablement continues to meet positive outcomes for service users and support the system to continue to work towards our targets

Actions:

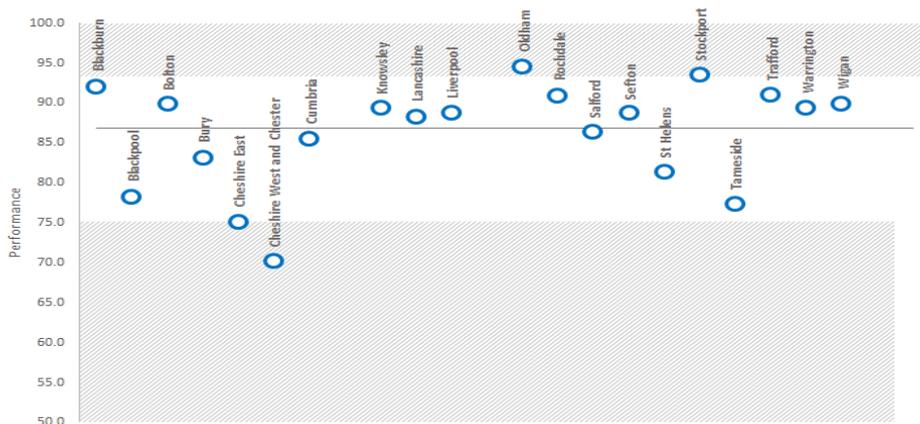
Reablement criteria has been relaunched to ensure suitable referrals come through, and we continue to raise awareness of this

This indicator is currently being monitored more frequently. In conjunction with colleagues in Performance, a 'deep dive' into the data has already been completed to better understand what the issues are. The majority of cases are due to the ongoing health needs of individuals.

Furthermore, the team have committed to visiting other good performing authorities locally to compare and establish any good practice to learn from.

Operational and Financial implications:

This could put more pressure in the health and social care system and on the budget if this does not improve in line with standards.



*Benchmarking data is as at Q4 18/19

Unvalidated-Next month FORECAST

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 25 September 2019

Reporting Member / Officer of Strategic Commissioning Board Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)
Stephanie Butterworth – Director of Adult Services

Subject: **EXTENSION TO THE AGREEMENT FOR THE PROVISION OF PERSONALISED EXTRA CARE SUPPORT FOR PEOPLE WITH A PHYSICAL AND/OR SENSORY DISABILITY AGED 18 – 55**

Report Summary: The service is provided by Liberty Support Services at Lomas Court extra care scheme. The service delivers support to 20 adults who have been assessed as having eligible needs as defined in the Care Act 2014. The contract delivers support based on promoting independence around daily life skills and developing relationships in the community.

Recommendations: That approval is given to extend the Provision of Personalised Extra Care Support for People with a Physical and/or Sensory Disability Aged 18 – 55 for up to two years, as allowed for in the contract under clause 5.3.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board
Organisation and Directorate	Tameside MBC – Adult Services
Budget Allocation 2019/20	£215,270
Additional Comments	
<p>The annual contract value is within the revenue budget allocation of Adult Services for the two year extension period.</p> <p>Any subsequent annual inflationary uplifts to the contract value for the proposed extension will be approved via the Council's Executive Decision process. The value will also be included within the annual Council budget report that is approved by the Council.</p> <p>Section 3 of the report provides comparator unit cost details of the contract comparable to home care provision rates for the current financial year. The comparable rates suggest that value for money is being achieved. In addition section 1 of the report explains that existing contract is subject to quarterly monitoring and that performance is deemed acceptable.</p> <p>It is essential that the contract continues to be subject to robust quarterly monitoring for the proposed extension period and that expected outcomes are delivered. In addition appropriate contract break clauses should be included if there is a requirement to make urgent budgetary savings within the directorate and / or should contract performance be deemed unsatisfactory.</p>	

Legal Implications: (Authorised by the Borough Solicitor)	There is no reason to suggest an extension is not appropriate in these circumstances as it is asserted that the contract monitoring reports compliance is to a good standard. However, decision makers need to be clear that value for money statutory duty continues to be achieved.
How do proposals align with Health & Wellbeing Strategy?	The proposal aligns with the Starting Well, Living Well and Ageing Well programmes
How do proposals align with Locality Plan?	The service links into the Council's priorities for People:- <ul style="list-style-type: none"> • Help people to live independent lifestyles supported by responsible communities. • Improve Health and wellbeing of residents • Protect the most vulnerable
How do proposals align with the Commissioning Strategy?	This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly: <ul style="list-style-type: none"> • Creating the right care model so that people with long term support needs have the opportunity to build independence skills and reduce dependency on the health and social care system
Recommendations / views of the Health and Care Advisory Group:	This report has not been presented at the Health and Care Advisory Group.
Public and Patient Implications:	Those accessing the service have been identified as having eligible needs under the Care Act 2014
Quality Implications:	The service commissioned will support quality outcomes for people to be able to live in their own home.
How do the proposals help to reduce health inequalities?	The service delivers whole life support to vulnerable adults including ensuring individuals have access to a healthy lifestyle and routine medical checks.
What are the Equality and Diversity implications?	There are no equality and diversity implications associated with this report.
What are the safeguarding implications?	There are no safeguarding implications associated with this report. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.
What are the Information Governance implications?	There are no information governance implications associated with this report.
Has a privacy impact assessment been conducted?	A privacy impact assessment has not been carried out.
Risk Management:	Risks will be identified and managed by the implementation team.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer

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1. INTRODUCTION

- 1.1 The contract is for the provision of personalised extra care support for people with a physical and/or sensory disability aged 18 – 55.
- 1.2 The Service is delivered from Lomas Court which offers 20 tenancies in individual flats. The building is provided and managed by a registered social landlord Mosscafe St Vincent's and the support to the individual tenants is provided by Liberty Support Services.
- 1.3 The contract commenced 1 April 2017 for a period of 3 years to 31 March 2020. There is an option in clause 5.3 of the contract to extend for up to a further 2 years.
- 1.4 The contract delivers support as described in individual support plans and is available 24 hours a day, 365 days a year, to individuals with a physical and or sensory disability living in their own flat within the extra care scheme. The service is based on the principles of person-centred support, the promotion of independence and enablement and community engagement giving people the opportunity to make a positive contribution to the communities they live in.
- 1.5 Service Delivery is based on a block contract and spot purchase arrangement. The block contract commissions a minimum core delivery of 224 day hours and overnight support (sleep in or waking night as required to meet individual's needs) per week. Where the assessed support for the 20 individuals accessing the service is over 224 hours per week, these are purchased at the spot purchase rate.
- 1.6 Performance monitoring of the contract has taken place on a quarterly basis with the Provider submitting an overall report of issues and outcomes achieved. The reports have covered the following areas;
 - (a) Service users support plans and risk assessments are reviewed
 - (b) all the appropriate DOLS/BIA's referrals have been made
 - (c) individuals' finances are appropriately managed and frequently audited by Managers
 - (d) all staff have been recruited in accordance with good industry practice
 - (e) all mandatory training is up-to-date and all staff are trained and competent to undertake their job role.
 - (f) speciality training (including refreshers) is up-to-date and all staff are trained and competent to undertake their job role
 - (g) staff are supervised in line with good practice. (4 sessions per year, including annual appraisal)
 - (h) staffing levels (and staff competencies) are adequate to meet the needs of the tenants as of the date of this report.
 - (i) all Safeguarding Adults have been reported and the appropriate documentation completed (Form A and B)
 - (j) all policies and procedures have been reviewed within the last two years, or sooner, and that they are compliant with all current legislation/good industry practice.
 - (k) the Local Authority are supplying relevant information in line with the contract and specification
 - (l) examples of good practice in the organisation
 - compliments
 - complaints
 - accidents
 - incidents

- equalities data – staff

- 1.7 Overall, the Provider has reported positive outcomes for individuals and in particular people building confidence in attending community groups, supporting physio programmes following an individual's surgery which helped with a speedy recovery, support to access voluntary work, medication reviews that have reduced falls and seizures and independence with managing own medication leading to improved mental wellbeing.
- 1.8 The Provider has dealt with all safeguarding concerns and complaints raised, working in a multi-disciplinary capacity with locality teams to resolve issues and take action for improvements. In October 2017, one tenant, following a complaint in relation to the times of calls has taken the option to receive support via a direct payment from a different Provider.
- 1.9 In addition to the quarterly performance review, the service has also been subject to 2 validation visits in January 2018 and February 2019.
- 1.10 The validation in January 2019 reviewed Service User information with checks on three service user files and daily records. The report identified a good level of information covering personal profiles, risk assessments, personal evacuation plans for fire safety and daily notes. There were however actions noted for the Provider to have in place care plans and reviews alongside the assessment and support plan completed and provided by Tameside MBC. This has been actioned by the Provider and further validated by TMBC.
- 1.11 In addition, Commissioners interviewed 2 tenants who feedback that they were happy with the levels of support received and their home environment. One person in particular expressed how she had grown in confidence through the staff support she received.
- 1.12 The validation in January 2019 included a review of both Service User and staffing information. The report considered 4 sets of staffing information and concluded staff were recruited appropriately, had completed induction and other relevant training and had regular supervisions. An action was highlighted to ensure staff received an annual appraisal. The validation of Service User information concluded that of the 4 files checked, all had good person centred and up to date information.
- 1.13 It is proposed the service extension will continue to deliver the agreed outcomes with a continued emphasis on promoting independence pathways. This will be achieved through the provider delivering person-centred approaches and working in a multi-disciplinary way with key partners.

2. CONTRACTING PROPOSAL

- 2.1 Consideration is given to extend the service to ensure continued delivery to a vulnerable client group for a contract period of up to 2 years commencing 1 April 2020.

3. VALUE FOR MONEY

3.1 The cost for this service from commencement to the current financial year is:

Year	Contract Rate	Spot Purchase
2017/18	£163,984	£13.50
2018/19	£209,000	£13.50
2019/20	£215,270	£13.91

3.2 The hourly rates for the current delivery range from £14.78 for core hours, £13.91 for spot purchase hours and £118.24 for overnight support. This comparable to the current homecare rates at £15.37 for day support, £108.27 for sleep in support and waking nights at £144.33.

3.3 The provider has been subject to a prior competitive tendering process to the commencement of the current contract which included both a quality and cost evaluation.

3.4 Annual uplifts from the original annual value of £163,984 have been scrutinised and reviewed by the Council to ensure these are appropriate and offer value for money. Annual uplifts have been approved via the Council's decision approval process for 2018/19 at £209,000 and 2019/20 at £215,270 respectively. This will continue for the contract extension period as per clause 2.4 of the contract.

3.5 A modification request has been completed with involvement from STAR to ensure the contract extension complies with contract procedure rules / procurement standing orders and demonstrates appropriate value for money.

3.6 The value of this modification is based on £215,270 per annum for the remaining 2 years. However, it is anticipated that annual uplifts will be requested each year for the contract extension period. Related uplifts will be considered within the Council's annual budget setting process for subsequent approval by Members. Requests for future year annual contractual uplifts are provided for in clause 2.4 of the contract.

4. OTHER ALTERNATIVES CONSIDERED

4.1 There is the need for this service in terms of continuing to support a vulnerable group of individuals in the community rather than expensive in-patient or residential placements.

4.2 The scheme at Lomas Court was developed as a replacement for a residential service for young adults with a physical/sensory disability. The scheme has been in operation for over 10 years and offers improved outcomes for individuals in terms of greater choice and control over daily lives and having a tenancy directly with the landlord.

5. EQUALITIES

5.1 It is not anticipated that there are any adverse equality and diversity issues with this proposal, see EIA available at **Appendix 1** to the report. The proposal is intended to reduce inequality for vulnerable people.

6. RISK MANAGEMENT

- 6.1 Any risks of poor service delivery will be mitigated by close monitoring of the service by close working relationships between officers representing the Council to ensure that assessed need is being met.
- 6.2 Ceasing the provision of this service and undertaking a procurement exercise may create risk of continuity of service.

7. RECOMMENDATIONS

- 7.1 As set out at the front of the report.

APPENDIX 1

Equality Impact Assessment

Subject / Title	Extension To The Agreement For The Provision Of Personalised Extra Care Support For People With A Physical And/Or Sensory Disability Aged 18 – 55.
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Team	Department	Directorate
Joint Commissioning and Performance Management	Adults	Adults

Start Date	Completion Date
15 July 2019	15 July 2019

Project Lead Officer	Denise Buckley
Contract / Commissioning Manager	Jill Halkyard
Assistant Director/ Director	Stephanie Butterworth

EIA Group (lead contact first)	Job title	Service
Denise Buckley	Contracts and Commissioning Officer	Commissioning Adults
Jill Halkyard	Team Manager	Transformation Adults

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.

The Initial screening is a quick and easy process which aims to identify:

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on, or relevance to, any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not

required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

1a.	What is the project, proposal or service / contract change?	The proposal is for the extension to the agreement for the provision of personalised extra care support for people with a physical and/or sensory disability aged 18 – 55. The contract commenced 1 April 2017 for a period of 3 years with the option to extend for a further 2 years.
1b.	What are the main aims of the project, proposal or service / contract change?	The contract delivers support as required 24 hours a day, 365 days a year, to individuals with a physical and or sensory disability living in their own flat within the extra care scheme. The service is based on the principles of person-centred support, the promotion of independence and enablement and community engagement giving people the opportunity to make a positive contribution to the communities they live in.

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics?

Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.

Protected Characteristic	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Age	✓			The service is for adults 18+. Those under 18 will have access to care and support via children's services
Disability	✓			The service is for adults with a physical or sensory disability. Adults who do not have a physical or sensory

				disability will access adult services if they have an eligible need as per the Care Act 2014
Ethnicity			✓	
Sex			✓	
Religion or Belief			✓	
Sexual Orientation			✓	
Gender Reassignment			✓	
Pregnancy & Maternity			✓	
Marriage & Civil Partnership			✓	
Other protected groups determined locally by Tameside and Glossop Strategic Commission?				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Mental Health	✓			Service users may have a secondary mental health support need in addition to their physical or sensory disability. Individuals whose primary need is mental health, will access other

				appropriate services
Carers	✓			The service supports carers to plan the long term needs of the person they support along with crisis support
Military Veterans			✓	
Breast Feeding			✓	
<p>Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? <i>(e.g. vulnerable residents, isolated residents, low income households, those who are homeless)</i></p>				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
N/A				

Wherever a direct or indirect impact or relevance has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact or relevance is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
			✓
1e.	What are your reasons for the decision made at 1d?	The extension will allow access to appropriate provision, offer more choice and control over the support individuals need to improve and better manage their wellbeing, contributing to improved experiences and outcomes. The service is open to anyone who meets the criteria.	

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Agenda Item 6b

Report to: STRATEGIC COMMISSIONING BOARD

Date: 25 September 2019

Executive Member: Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)

Clinical Lead: Ashwin Ramachandra – CCG Chair

Reporting Officer: Jessica Williams – Director of Commissioning

Subject: **GM REPROCUREMENT OF ASSISTED CONCEPTION SERVICES**

Report Summary: In March 2019, SCB approved the participation of Tameside and Glossop CCG in the Trafford led procurement of Assisted Conception services.

In April 2019, Trafford CCG on behalf of the collaboration of the eight CCGs (below) issued the Invitation to Tender (ITT) to OJEU (procurement portal).

- NHS Tameside and Glossop;
- NHS Trafford CCG;
- NHS Stockport CCG;
- NHS Salford CCG;
- NHS Bolton CCG;
- NHS Bury CCG;
- NHS Oldham CCG; and
- NHS Heywood, Middleton and Rochdale

Five bidders submitted tenders, one was disqualified at the qualification stage due to financial risk and the Procurement Evaluation Panel evaluated the remaining four. Two bidders progressed to the final interview stage.

The purpose of this report is to present a recommendation for consideration and approval of the Tameside and Glossop Strategic Commissioning Board based on the results of the evaluation carried out by the representatives of the collaborative of eight CCGs.

Recommendations:

Strategic Commissioning Board is asked to approve the contract award to the following two recommended providers: CARE Fertility and Create Health Ltd.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
CCG	-	80	-	80
Total	-	80	-	80
Aligned - £'000 Decision Required By:	Independent Sector Providers for IVF Treatment (£80k)			

Strategic Commissioning Board	
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Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison

A standard ceiling tariff has been developed as part of the procurement process and will be contained within, or less than, the current budget. Full finance details are included in section 3 below.

The ITT bid responses were evaluated in accordance with the approved and published evaluation process, which was designed to select the best Value for Money response in which the Bidder's quality score = the total weighted evaluation points awarded in regard to the Bidder Response Questionnaire.

The total cost of the contract would vary, depending on future activity and the number of patients choosing each provider. The tables below do not reflect any changes in activity based on CCGs revising the number of funded cycles.

Legal Implications: (Authorised by the Borough Solicitor)

STAR Procurement have been intrinsically involved in this process, as have procurement specialists throughout Greater Manchester, so there is no reason to doubt the integrity of the process in accordance with public contract rules and consequently no reason not to proceed as recommended.

How do proposals align with Health & Wellbeing Strategy?

The procurement ensures the registered population of Tameside and Glossop CCG are able to access Assisted Conception services.

How do proposals align with Locality Plan?

Assisted Conception services are one of the suite of elective services available to the registered population of Tameside and Glossop CCG.

How do proposals align with the Commissioning Strategy?

The procurement supports increased choice.

Recommendations / views of the Health and Care Advisory Group:

This report has not been taken to HCAG as it is purely relates to the outcome of the procurement.

HCAG were involved in agreeing the service specification.

Public and Patient Implications:

The increase in the number of contracts for Assisted Conception means the patients will have increased choice regarding providers.

Quality Implications:

Quality was a key factor in the procurement and all bidders were required to achieve a minimum of half the total available marks (50%) for the Quality section of the Bidder Questionnaire, including achieving at least a 60% score of the marks available for the 'Clinical Service', 'Quality Management' Sections and 'Service Availability' Question.

How do the proposals help to reduce health inequalities?

There is no direct impact on health inequalities through this procurement. There is no change to the eligibility criteria and the number of funded cycles for each CCG is out of scope of this procurement.

What are the Equality and Diversity implications?

Equality colleagues from Trafford, Salford and Bury CCGs and Commissioning Leads from Trafford and Bolton CCGs completed an EIA on behalf of the participating CCG. The EIA emphasised the positive impact of having a standard service specification across all participating localities and awarded providers.

Bidders were required to describe how they comply with the Equality Act 2010. Particular reference needed to be focussed on what mechanisms they have in place to ensure compliance with the three main aims of the Public Sector Equality Duty:

- Eliminate discrimination, harassment and victimisation;
- Advance equality of opportunity;
- Foster good relations;

Additionally, bidders were expected to describe how they ensure fair and equal access to services.

What are the safeguarding implications?

There are no specific safeguarding implications with this procurement.

What are the Information Governance implications? Has a privacy impact assessment been conducted?

There are no specific information governance implications with this procurement.

Risk Management:

The increase in available providers through the procurement reduces the risk of the Assisted Conception service not being available to patients and increases choice.

Should the recommended providers not be approved the procurement process will need to be abandoned and a decision will need to be made whether to commence a second procurement. Simultaneously, an extension to the current contract will need to be agreed with the incumbent provider. To mitigate this risk. This paper describes the procurement process in order to provide assurance to the committee of its robustness.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer

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1. INTRODUCTION

- 1.1 In March 2019, SCB approved the participation of Tameside and Glossop CCG in the Trafford led procurement of Assisted Conception services on behalf of the collaboration of the eight CCGs below:
- NHS Tameside and Glossop;
 - NHS Trafford CCG;
 - NHS Stockport CCG;
 - NHS Salford CCG;
 - NHS Bolton CCG;
 - NHS Bury CCG;
 - NHS Oldham CCG; and
 - NHS Heywood, Middleton and Rochdale
- 1.2 The ITT confirmed the intent to award contracts to up to three successful bidders. These contracts will be zero value contracts with no guaranteed minimum activity or funding levels and will be for a duration of three years (November 2019 until November 2022) with the possibility of one extension of three years, subject to any restrictions placed nationally by NHS England or the Department of Health and Social Care. An indicative budget of £6,150,000 for the full potential six year contract period was given.
- 1.3 In addition to the contracts awarded through the procurement it is expected Manchester University Foundation Trust (MFT) will continue to hold a contract for Assisted Conception services. This is subject to MFT agreeing to work to the standard service specification and negotiations taking place to agree this and separate tariffs (potentially two tariffs – standard and complex cases) outside of the tender process.
- 1.4 The recommendation is based on the results of the evaluation carried out by the representatives of the collaborative of eight CCGs.

2. PROCUREMENT

- 2.1 Trafford CCG undertook a process akin to an open procurement process in compliance with procurement regulations and advertised through the Official Journal of the European Union (OJEU) and Contracts Finder. This procurement process was chosen in light of the market engagement and it was not considered proportionate to include a short-listing stage to select bidders. The NHS SBS EU-Supply electronic procurement system was used to administrate all communications with bidders and receipt of completed tenders.
- 2.2 A Prior Information Notice (PIN) was published on 1 August 2018, informing the marketplace of the CCGs' collaboration on a potential re-tendering of Assisted Conception services and seeking expressions of interest, to understand the level of interest in the market and to inform decisions such as the number of contracts to be awarded and length of contract. Following a review of the PIN responses submitted, market engagement sessions were held in September and October 2018 on a 1:1 basis with interested providers. Five providers attended the sessions, which involved commissioning colleagues, the clinical lead, procurement manager and finance lead.
- 2.3 During the sessions, information was gathered from providers around the clinical service delivery and finance modelling which were taken under consideration during the development of the service specification and proposed tariff.
- 2.4 On 24 April 2019, Trafford CCG, on behalf of the collaboration of the eight CCGs, issued the ITT to OJEU (procurement portal).

2.5 The ITT specified the timetable for the procurement as below:

Activity	Description	Dates
Issue Adverts and ITT Documentation to OJEU for publication	ITT documentation issued to OJEU for publication via EU-Supply Portal.	24 April 2019
Deadline for the receipt of clarification questions from Bidders	Deadline by which Bidders may request clarification on the ITT documents via the messaging facility within the EU Supply Portal.	5pm on 15 May 2019
ITT Bidder Response Submission DEADLINE	Deadline by when Bidders must have fully compiled their Bids in the required format and submitted via EU-Supply Portal system.	<u>12 noon, 23 May 2019</u>
ITT Bid Evaluation Stage	Period when Bids will be evaluated by the Contracting Authority. During this period Bidders may be asked questions in order to clarify information set out in their Bids	23 May to late August 2019
Bidder Interview/ Presentations and Scenarios	Bidders that meet the criteria described in Section 3.5 will be invited to attend an Interview.	July 2019 – date to be confirmed
Notification to Bidders regarding Contract Award Decision	The expected dates when Bidders will be notified of the outcome of the evaluation and observance of the recommended Standstill Period.	Early September 2019
Standstill Period	Period between Contract Award notification and Contract Signature.	Early September to Mid-September 2019
Contract Signature	The expected date for the signing of the Contract between the Contracting Authority and the Recommended Providers.	Late September 2019
Service Mobilisation Period	Period when the Recommended Bidders plan and delivers mobilisation activities to prepare for service commencement.	October 2019 to January 2020
Service Commencement	Date when commencement of the new Services is expected.	Early February 2020

2.6 Bidders were required to submit seven documents via the EU-Supply Portal by the procurement closure date of 23 May 2019.

1.	Qualification Questionnaires
2.	Financial Assessment Template
3.	Bid Response Questionnaire
4.	Financial Model Template
5.	Confidentiality Statement
6.	Conflict of Interest Statement
7.	Form of Offer

2.7 Five bidders submitted tenders that included written responses to a series of weighted questions, across the following areas:

- Clinical services (33%)
- Quality Management (10%)
- Accessibility and location (10%)
- Workforce (14%)
- IM&T/Information Governance (4%)
- Medicine Management (2%)
- Safeguarding (2%)
- Patient experience (10%)
- Communications and engagement (6%)
- Business Intelligence (2%)

- 2.8 One bidder was disqualified at the qualification stage based on financial risk.
- 2.9 After the 28 May 2019 the Procurement Evaluation Panel consisting of commission leads, clinical leads and subject matter experts, undertook a robust and comprehensive evaluation of the remaining four bidders' written submissions.
- 2.10 Bidders were required to achieve a minimum of half the total available marks (50%) for the Quality section of the Bidder Questionnaire, including achieving at least a 60% score of the marks available for the 'Clinical Service', 'Quality Management' Sections and 'Service Availability' Question.
- 2.11 Two bidders failed to achieve the minimum consensus scores required and were notified of the outcome and advised they did not meet the required minimum overall score to progress to interviews. One bidder requested further information relating to the evaluation and feedback and the requested feedback was issued to the bidder via the procurement portal on 5 August 2019.
- 2.12 At this stage, the bidder who did not pass the Pre-Qualification stage was also notified.
- 2.13 The two bidders invited to the interview stage were asked to present a response to weighted questions across the following areas:
- Management of patient care when it is extended beyond day care
 - Quality improvement cycle
 - Service availability and flexibility
 - Eligibility criteria management
 - Multiple embryo transfer
- 2.14 The interviews took place on 30 July and 6 August 2019, followed by a consensus meeting. The total overall scores was finalised and confirmed Care Fertility and Create Fertility as both meeting the minimum threshold scores required.

3 FINANCE

- 3.1 Stockport CCG's Deputy Director of Finance has been the finance lead for the procurement and led the development of the maximum tariff that was included in the ITT documentation.
- 3.2 The maximum tariff (below) was developed in the knowledge that a national tariff was being developed but the timing of the procurement prevented the use of the national tariff.

Assisted Conception Service	Maximum Tariff
IVF and ICSI	£3,000
IVF or ICSI using donor egg – Inclusive cost	£4,300
IVF or ICSI using donor sperm supplement – Inclusive cost	£3,500
IVF or ICSI using donor egg and sperm supplement – Inclusive cost	£4,800
Intrauterine insemination (IUI) – without stimulation	£500
Intrauterine insemination (IUI) – with stimulation	£900
Intrauterine insemination (IUI) – sperm donor supplement	£400
Frozen Embryo Transfer (FET)	£550
Cancelled Cycle post initial consultation	£250
Cancelled Cycle prior to oocyte retrieval	£1,000
Abandon cycle - after oocyte retrieval but before embryo transfer	£2,000

3.3 In June, the national tariff for IVF and intracytoplasmic sperm injection (ICSI) was included in the NHS Improvement and NHS England 2019/2020 National Tariff Payment System: non-mandatory currencies and prices. The prices below are for a bundled package of care.

	Women aged 37 and under	Woman aged 38 or older, or previous non-responder
IVF (price to include one fresh and one frozen cycle)	3,100	3,500
ICSI (price to include one fresh and one frozen cycle)	3,500	4,000
To include drugs, scans and all components of the service including freezing of gametes and embryos for 2 years from the point the woman is seen by the consultant to when she ends her NHS care, or when she is no longer entitled to NHS care- has a baby, exceeds CCG eligibility criteria		
Subsequent frozen cycles	1,000	1,000
To include average drug costs and all appropriate care in the service specification. There is no need to have age-differential prices for a frozen cycle.		

3.4 The ITT documentation invited bidders to specify their own tariff in their tender taking into account the need for public sector austerity. The tariffs specified by the two bidders meeting the minimum threshold scores vary with one using the tariffs within the ITT and the other setting lower tariffs.

3.5 The tariffs at the CCG's current providers differ and each charge in a slightly different way depending on the nature of the service as shown below.

MFT	Tariff 2019-20
Donor	740
Implantation of Embryo	634
Oocyte Recovery	2,149
Stimulations	1,391
Total Bundle	4,174

Care Fertility	Tariff 2019-20
IVF Cycle	3,900
IVF Egg Recipient (Shared) Package	5,770

3.6 This makes it difficult to do a like for like comparison to those tariffs outlined within the ITT. However, a saving is expected given the tariff of the successful providers is below the above.

- 3.7 As patient choice operates, it is not possible to be sure how much Tameside and Glossop will benefit from the tariff changes, as patients may still choose to go to the MFT for their IVF treatment. However, the analysis below suggests that should the activity with the new providers remain in line with 2018/19 activity within the independent sector, then we could expect a saving of £17k based on the max tariff price within the ITT. This is based on a worst case scenario as the new tariff structure will be inclusive of some activity listed below. Should patient choose other successful bidders for the contract, then savings could range up to £35k+ per annum.

Tameside and Glossop CCG	Maximum Tariff	Excluding MFT	
		Activity	Cost
Assisted Conception Service			
IVF and ICSI	£3,000	8	£24,000
IVF or ICSI using donor egg – Inclusive cost	£4,300	5	£21,500
IVF or ICSI using donor sperm supplement – Inclusive cost	£3,500		
IVF or ICSI using donor egg and sperm supplement – Inclusive cost	£4,800		
Intrauterine insemination (IUI) – without stimulation	£500		
Intrauterine insemination (IUI) – with stimulation	£900		
Intrauterine insemination (IUI) – sperm donor supplement	£400		
Frozen Embryo Transfer (FET)	£550	16	£8,800
Cancelled Cycle post initial consultation	£250	1	£250
Cancelled Cycle prior to oocyte retrieval	£1,000		
Abandon cycle	£2,000	4	£8,000
TOTAL COST PROPOSED TARIFF		34	£62,550
TOTAL COST 2018/19			£79,970
Cost / (Savings)			(£17,420)

- 3.8 There is an opportunity for savings to grow as in 2018/19 we also spent £295,672 at MFT, however, this will be dependent upon the ability to re-direct patients to the new suppliers and this will depend on the complexity of each case.

4. RECOMMENDATION

- 4.1 As set out at the front of the report.