

**TAMESIDE AND GLOSSOP  
CARE TOGETHER SINGLE COMMISSIONING BOARD**

**1 November 2016**

**Commenced: 2.30 pm**

**Terminated: 4.10 pm**

**PRESENT:** Alan Dow (Chair) – Tameside and Glossop CCG  
Steven Pleasant – Chief Executive, Tameside MBC, and Accountable Officer, Tameside and Glossop CCG  
Richard Bircher – Tameside and Glossop CCG  
Christina Greenhough – Tameside and Glossop CCG  
Graham Curtis – Tameside and Glossop CCG  
Councillor Brenda Warrington – Tameside MBC  
Councillor Peter Robinson – Tameside MBC

**IN ATTENDANCE:** Aileen Johnson – Head of Legal Services  
Kathy Roe – Director of Finance  
Clare Watson – Director of Commissioning  
Ali Rehman - Public Health  
Anna Moloney – Public Health

**APOLOGIES:** Councillor Gerald P Cooney – Tameside MBC

**87. DECLARATIONS OF INTEREST**

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

**88. MINUTES OF THE PREVIOUS MEETING**

The Minutes of the previous meeting held on 4 October 2016 were approved as a correct record.

**89. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND**

The Director of Finance, Single Commissioning Team, presented a jointly prepared report of the Tameside and Glossop Care Together constituent organisations on the revenue financial position of the economy. It provided a 2016/17 financial year update on the month 6 financial position at 30 September 2016 and the projected outturn at 31 March 2017.

It was explained that the report included components of the Integrated Commissioning Fund (ICF) and the progress made in closing the financial gap for the 2016/17 financial year.

The 2016/17 financial year was particularly challenging due to the significant financial gap and the risk of CCG QIPP schemes not being sufficiently developed to deliver the required level of efficiencies in the year. Work was continuing to deliver improvement on the CCG QIPP position following submission of the recovery plan.

Members of the Board noted a summary of the financial position of the Tameside Hospital NHS Foundation Trust which provided an awareness of the overall financial position of the whole Care Together economy and highlighted the increased risk of achieving financial sustainability in the short term whilst also acknowledging the value required to bridge the financial gap next year and through to 2020/21.

In terms of a financial summary, it was explained that there was a clear urgency to implement associated strategies to ensure the projected funding gap was addressed and closed on a recurrent basis across the whole economy. Each constituent organisation would be responsible for the financing of their resulting deficit at 31 March 2017.

It was noted that additional non recurrent budget had been allocated by the Council to Adult Services (£8 million) and Childrens' Services (£4 million) in 2016/17 to support the transition towards the delivery of a balanced budget within these services during the current financial year.

#### **RESOLVED**

- (i) That the 2016/17 financial year update on the month 6 financial position at 30 September 2016 and the projected outturn at 31 March 2017 be noted.**
- (ii) That the significant level of savings required during the period 2016/17 to 2020/21 to deliver a balanced recurrent economy budget be acknowledged.**
- (iii) That the significant amount of financial risk in relation to achieving an economy balanced budget across this period be acknowledged.**

### **90. PERFORMANCE REPORT**

Consideration was given to a report of the Director of Public Health and Performance providing an update on CCG assurance and performance based on the latest published data. The August position was shown for elective care and an October snap shot in time for urgent care. Also attached was a CCG NHS Constitution scorecard showing CCG performance across indicators. It also included referral data and a section on care homes.

The assurance framework for 2016/17 had been published nationally. However, the framework from GM Devolution was still awaited.

Particular reference was made to the following matters:

- Performance issues remaining around waiting times in diagnostics and the A & E performance;
- The number of patients still waiting for treatment 18 and over continued to decrease and the risk to the delivery of incomplete standard and zero 52 week waits was being reduced;
- Cancer standards were achieved in August and Quarter 1 performance achieved;
- Endoscopy was still the key challenge in diagnostics particularly at Central Manchester;
- A & E standards were failed at Tameside Hospital Foundation Trust;
- Attendances and NEL admissions at Tameside Hospital Foundation Trust (including admissions via A & E) had increased;
- The number of Delayed Transfers of Care recorded remained higher than planned; and
- Ambulance response times were not met at a local or at North West level.

#### **RESOLVED**

- (i) That the 2016/17 CCG Assurance position be noted.**
- (ii) That the current levels of performance be noted.**

### **91. COMMISSIONING INTENTIONS 2017-19**

The Director of Commissioning submitted a report outlining the approach taken to the development of the Tameside & Glossop Commissioning Intentions for 2017-19. A draft commissioning intentions letter was appended to the report, which, once approved, would be shared with all providers.

It was explained that the commissioning intentions had been developed in line with national NHS planning and contract guidance, including the requirement that commissioning is on a 2 year basis for 2017-19.

## **RESOLVED**

- (i) That the approach taken to the development of the Tameside & Glossop commissioning intentions for 2017-19 be endorsed; and
- (ii) That the letter appended to the report be approved and that it be shared with providers in line with the NHS England contract timetable.

## **92. MENTAL HEALTH COMMISSIONING INTENTIONS**

### **RESOLVED**

**That this item be deferred to the next meeting of the Board.**

## **93. WHEELCHAIR SERVICES**

Consideration was given to a report of the Director of Commissioning, which explained that NHS Tameside & Glossop CCG currently commissioned wheelchair assessment and provision services from Stockport NHS Foundation Trust. This was formerly part of the community contract with Stockport NHS Foundation Trust, but the service did not transfer to Tameside NHS Foundation Trust on 1 April 2017 due to the joint commissioning and provision arrangements with 2 other CCGs. Oldham CCG was party to the Tameside & Glossop CCG contract for this service. Stockport CCG contract separately but for the same service.

It was reported that, prior to 31 March 2016, the funding arrangements were as follows:

- NHS Oldham CCG £466,572
- NHS Tameside & Glossop CCG £1,050,568
- NHS Stockport CCG £1,090,146

All three CCGs had comparable levels of activity despite the different level of investment.

Board members were informed that the contract currently in place between Tameside & Glossop CCG (Including Oldham CCG) was due to expire on 31 March 2017. Proposals for the commissioning of a wheelchair service (assessment and provision) including the procurement of a new service to start from April 2017, were set out in the report.

In respect of negotiations for 2016-17 contract, it was reported that, in light of the imbalance between the levels of investments, Tameside & Glossop CCG negotiated a reduction in the contract for 2016-17 from £1,050m to £821k, therefore achieving a recurrent Quality and Innovation Productivity and Prevention (QIPP) of £229k. This had been included in the financial recovery plan submitted to NHSE on 9 September as a recurrent saving.

With regard to the financial envelope for the new service, NHS England would be publishing a wheelchair report imminently. This would include currencies for use, but would not include a specific tariff, as NHS England needed to improve their reference costs and would change their guidance when this data was available. Therefore that was no national tariff on which the cost of/budget for a wheelchair service could be based.

In the absence of a national tariff, benchmarking of the cost of wheelchair services had been undertaken by the commissioning and finance staff in the Single Commission. Commissioners had determined that a new service, which met the national standards and requirement for the population of Tameside & Glossop could be commissioned with a budget of £600,000 per year.

In respect of potential co-commissioning with Oldham CCG, Oldham CCG had provisionally confirmed their initial intention to continue to be a party to the contract for wheelchair services going forward. However, as an equitable budget could not be agreed, it was anticipated that Tameside & Glossop CCG would undertake the procurement solely for the population of Tameside & Glossop. It would be a matter for Oldham as to how they then proceeded.

Board members were informed that a draft service specification had been produced and consultation commenced (including an Equality Impact Assessment and Quality Impact Assessment) with a view to using this specification as the basis for the re-procurement. Partners in existing provider organisations had been involved in the development of the specification, including representatives from Tameside & Glossop ICFT.

Whilst Tameside & Glossop ICFT were willing to provide support for the procurement process to ensure the service would fit in with the aims and objectives of Tameside & Glossop ICFT, this would not be permitted to delay the re-tendering of this service given the financial and operational imperatives for the service to be in place by 1 April 2017.

#### **RESOLVED**

- (i) That the Single Commissioning Board endorse the service of notice on the Stockport NHS Foundation Trust wheelchair contract to take effect on 31 March 2017.**
- (ii) That the Single Commissioning Board agree that;**
  - The Single Commission will seek to negotiate additional savings for the economy whilst having due regard for the recovery, health and welfare of those in need of the service;**
  - The Single Commission will continue to work with stakeholders on the finalisation of a service specification for wheelchair services. The specification will be in line with national guidance and will be subject to all necessary Impact Assessments;**
  - The Single Commission will work with Tameside and Glossop Integrated Care Foundation Trust to ensure the service is used effectively; and**
  - The Single Commission will use the Shared Business Services framework to retender and procure the new wheelchair services (inc. assessment and provision) to take effect from 1 April 2017.**

#### **94. COMMISSIONING OF INTEGRATED COMMUNITY EQUIPMENT SERVICES**

The Director of Commissioning submitted a report explaining that the Integrated Community Equipment Service (ICES) supplied equipment to Tameside and Glossop residents prescribed by occupational therapists, physiotherapists and community nurses. The service operated a store of equipment that was supplied directly to service user's homes and to peripheral stores for use by prescribers. The service also collected an recycled equipment no longer required.

It was reported that the ICES was provided under contract by Ross Auto Engineering Limited trading as Rosscare and the current contract would conclude on 30 September 2017 necessitating a procurement exercise to ensure a new service is in place from this date.

Rochdale and Oldham Boroughs, who also currently use the same provider (Rosscare), had expressed an interest in a joint procurement exercise.

Board members were further informed that a minor adaptations service, providing grab rails, stair rails and key safes, would conclude on 31 December 2016. It was explained that the service could easily be integrated into the ICES service as it was provided for the same client group and specified by the same practitioners. To integrate the service, permission was sought to extend the contract for up to 3 months to facilitate consultation under TUPE and to make a direct award to Rosscare for the minor adaptations service, co-terminus with the ICES contract and for the service to be incorporated within the ICES when reprocured.

In respect of proposals for future commissioning arrangements, Board members were asked to agree to further discussions with Tameside & Glossop ICFT to propose the transfer of the budget and contract responsibilities for community equipment (2017-20) to Tameside & Glossop ICFT once a contract had been awarded to a provide to provide the service from October 2017. This

would include the transfer of the remaining budget and all contract/performance management responsibilities.

## **RESOLVED**

- (i) That the continued allocation of finance of £1.7 million for the combined ICES and minor adaptations service be approved;**
- (ii) That a joint procurement with other local commissioners for a contract of 3+2 years be approved;**
- (iii) That the required waivers and authorisation to proceed with the proposals as detailed in the report be approved; and**
- (iv) It be noted that further discussions were to be held with commissioners and Tameside and Glossop Integrated Care NHS FT to propose the transfer of the future contract (2017-20) to Tameside & Glossop ICFT (to include transfer of the remaining budget and all contract/performance management responsibilities).**

## **95. HIV PREVENTION SERVICES**

A report of the Director of Public Health was submitted seeking agreement to continue the financial commitment to HIV Prevention and Support services until 31 March 2019. It was explained that current services were commissioned under joint arrangements for Greater Manchester Authorities by Manchester City Council. This request related to the services delivered by the following providers:

- Lesbian Gay Bisexual and Transgender Foundation (LGBTF)
- George House Trust (GHT)
- BHA Equalities (BHA)

The report detailed the proposed future commissioning intentions for HIV Prevention and Support Services and continued collaborative commissioning arrangements with the other areas in Greater Manchester (GM). The proposal was to consolidate the existing provision across Greater Manchester into a more streamlined service(s) that was responsive to the needs of the most at risk of HIV. Salford City Council was proposing to be the lead commissioner of these services on behalf of Greater Manchester Authorities with support from the Greater Manchester Sexual Health Network (GMSHN).

Board members were informed that the economy currently invested £22,560 per annum in Sexual Health HIV prevention across these three voluntary sector providers. This was the smallest amount invested by any Local Authority across Greater Manchester. Protecting the funding was important as it both funded the delivery of services to some of the most vulnerable and high risk population in terms of sexual health needs and gave access to the wider Manchester City region investment in these services. The continued commitment to this level of funding would maintain the economies of scale received by collaboratively commissioning across Greater Manchester.

It was explained that the current lead commissioner, Manchester City Council, had authority to extend current contracts until 31 March 2019 with contracts due to expire on 31 March 2017. They were seeking agreement from Greater Manchester partners to continue the current arrangements until a procurement exercise could be conducted to implement a new service. It was proposed to extend current services by up to six months until 30 September 2017 or until a new service was in place if sooner.

It was further explained that Salford (as the proposed new lead commissioner) intended to manage the tender process and award a new service within the first three months of this extension (by 1 July 2017). The six month extension would offer some degree of flexibility in the timescales which may be necessary when agreeing the service model, financial investments and ensuring the outcomes of public consultation and impact on protected groups were carefully considered across Greater Manchester.

This continued commitment and proposed new service would align these services with the commissioning cycle of core clinical sexual and reproductive health services across Greater Manchester and the Greater Manchester Chlamydia screening service. It was envisaged all sexual health services could be re-tendered collectively with a new Greater Manchester service offer implemented from 1 April 2019.

#### **RESOLVED**

- (i) That the extension of the existing contractual arrangement for a maximum period of 6 months to 30 September 2017 from the current contract expiry date of 31 March 2017 be approved.**
- (ii) That it be noted that the Chief Finance Officer and Executive Director of Governance Resources and Pensions have agreed the extension in compliance with the Council's Procurement Standing Orders.**
- (iii) That the continued investment of £22,560 per annum (£11,280 for the 6 month maximum period as detailed in (i) above towards the existing Greater Manchester collaborative service offer, be approved. The investment will be financed via the Public Health directorate revenue budget which was within the Integrated Commissioning Fund Section 75 allocation.**
- (iv) That the continued participation within the new Greater Manchester collaborative service contract which will be commissioned by Salford to the period ending 31 March 2019 at a continued annual investment of £22,560 be approved in principle. The investment will continue to be financed via the Public Health directorate revenue budget which is within the Integrated Commissioning Fund Section 75 allocation. A further report will be presented to the Single Commissioning Board during 2017 in advance of the commencement of the new Greater Manchester service contract.**
- (v) That it be noted that the continued participation in principle, to the Greater Manchester collaborative arrangements (to 31 March 2019) is approved subject to a further detailed review of commissioning intentions beyond this date.**
- (vi) That it be noted that participation within a Greater Manchester combined sexual health service offer from 1 April 2019 including the level of associated investment, will be subject to a separate decision by Single Commissioning Board members at a later date.**

#### **96. ASHTON IN-HOUSE PHARMACISTS**

Consideration was given to a report of the Director of Commissioning, which presented the case for continuing funding of in-house pharmacists in the Ashton neighbourhood, using the Better Care Fund monies.

Board members were informed that in-house pharmacists were introduced in the Ashton Neighbourhood in the 2015/16 financial year funded from the Better Care Fund or the commissioning Improvement Scheme. Five Ashton practices who funded their schemes under the Commissioning Improvement Scheme (CIS) did not have a mechanism for the Clinical Commissioning Group to disburse funds to them as the CIS funding stream was paid to practices in two lump sums, which the practices then used to pay for the in-house pharmacists.

It was explained that it was accepted that in-house pharmacists provided financial savings to practice prescribing as well as reducing the workload on GPs. The medicines management team believes that if these five Ashton practices retained the services of an in-house pharmacist throughout 2016/17 this would be a major contributory factor in making significant savings on the Ashton prescribing budget.

#### **RESOLVED**

**That the five Ashton practices – Ashton GP Service, Bedford House, HT Practice, Tame Valley and Waterloo – receive funding from the Better Care Fund to cover the costs of in-house pharmacists for 2016/17.**

**97. URGENT ITEMS**

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

**98. DATE OF NEXT MEETING**

It was noted that the next meeting of the Single Commissioning Board would take place on Tuesday 6 December 2016 commencing at 2.30 pm at New Century House, Denton.

**CHAIR**