

**TAMESIDE AND GLOSSOP
SINGLE COMMISSIONING BOARD**

6 December 2016

Commenced: 2.30 pm

Terminated: 3.30 pm

PRESENT: Alan Dow (Chair) – Tameside and Glossop CCG
Steven Pleasant – Chief Executive, Tameside MBC, and Accountable Officer, Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Gerald P Cooney – Tameside MBC
Richard Bircher – Tameside and Glossop CCG
Christina Greenhough – Tameside and Glossop CCG
Graham Curtis – Tameside and Glossop CCG
Alison Lea – Tameside and Glossop CCG

IN ATTENDANCE: Sandra Stewart – Director of Governance
Stephanie Butterworth – Executive Director (People)
Kathy Roe – Director of Finance
Clare Watson – Director of Commissioning
Ali Rehman – Public Health
Anna Moloney – Public Health
Debbie Watson – Public Health

APOLOGIES: Councillor Peter Robinson – Tameside MBC

99. WELCOME AND CHAIR'S OPENING REMARKS

In opening the meeting, the Chair welcomed Alison Lea, Commissioning Lead for Planned Care, who had joined the Board as the fourth GP member. He also made reference to his attendance at a recent meeting of commissioners and the ICO and reported progress in moving towards a single function giving quality consideration and assurance.

100. DECLARATIONS OF INTEREST

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

101. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 1 November 2016 were approved as a correct record.

102. 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 7 financial position at 31 October 2017 and the projected outturn at 31 March 2017.

It also contained a summary of the Tameside Hospital NHS Foundation Trust financial position to ensure Board members had an awareness of the overall financial position of the whole Care Together economy and to highlight 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.

Board members noted that the overall financial position of the Care Together Economy had improved by £357,000 month on month reducing the projected year end deficit to £6.2m or 1.4% of the full year budget from the original commissioner financial gap of £21.5m. 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.

It was explained that the risks in the year end had been identified and planned mitigations would require rigorous monitoring to ensure delivery of the CCG QIPP schemes. In addition, the Winter Plan reflected an integrated approach across the economy which was essential in managing delayed transfers of care (DTOCs) with implementation of the Home First transformation project critical to managing the level of DTOCs.

It was further reported that the current financial gap across the health and social care economy in Tameside and Glossop would be £70.2m by 2020/21. In 2016/17 the gap was £45.7m made up of £13.5m Tameside and Glossop CCG, £8m Tameside MBC and £24.2m ICO. The provider gap represented the underlying recurrent financial position at Tameside Hospital NHS Foundation Trust. However, the Trust was in receipt of £6.9m sustainability funding in 2016/17 resulting in a planned deficit of £17.3m. Reference was made to the initiatives / savings identified to close the financial gap.

RESOLVED

- (i) That the 2016/17 financial year update on the month 7 financial position at 31 October 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 acknowledge.**

103. 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 September position was shown for elective care and a November 'snapshot' in time for urgent care. Also included was the CCG NHS Constitution scorecard showing CCG performance across indicators. The format also included elements on quality from the Nursing and Quality directorate. Particular reference was made to the following:

- Performance issues remained around waiting times in diagnostics and the A&E performance;
- The number of patients still waiting for planned treatment 18 weeks and over continued to decrease and the risk to delivery of the complete standard and zero 52 week waits was being reduced;
- Cancer standards were achieved in September and quarter 2 performance achieved apart from 62 day consultant upgrade;
- Endoscopy was no longer a challenge in diagnostics at Central Manchester;
- A&E standards were failed at Tameside Hospital NHS Foundation Trust; and
- The number of Delayed Transfers of Care recorded had increased recently.

It was explained that the work was progressing on a revised format for presenting assurance and performance data at future meetings. It was critical to raising standards whilst meeting budgetary requirements that a clear outcome framework was developed, that was properly monitored and meeting the statutory obligations and regulatory framework of all constituent parties.

Board members were aware that at a meeting on the 28 October 2016, the Greater Manchester Health and Social Care Partnership Board approved as Assurance Framework, including Performance Dashboard, attached at **Appendix 1** to the report, as the basis for undertaking assurance on behalf of the Partnership. The dashboard comprised 30 key indicators encompassing the four elements of system performance, quality, finance and transformation. It was important that the performance dashboard was replicated going forward to ensure there was an understanding as to the locality was performing in a GM context in addition to any local indicators.

RESOLVED

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

104. HOMESTART HOME VISITING AND BEFRIENDING SERVICE AND TWO YEAR OLD FREE EARLY EDUCATION ENTITLEMENT SUPPORT

Consideration was given to a report of the Director of Public Health and Performance advising that work on how best to commission support to families and maximising available budgets had been ongoing since the beginning of the year. Agreement in early September 2016 was reached to commission a single more holistic low level family support service. The new service would be designed with the existing provider to better target vulnerable families by using supervised peer supporter volunteers achieving a more sustained assessed based approach.

The new service would support reducing demand in Early Help and Children's Social Care and complement the transformation programme in 2017/18 which would start the delivery of integrated services for Children and Families, requiring all agencies locally to understand and collaborate on arrangements for delivering a children and families offer. The work would be aligned to the Integrated Neighbourhoods agenda and build on the Integrated Care Organisation programme to date.

The Council had a productive partnership with Homestart since around 2008 delivering a home visiting and befriending service. Homestart was established for the benefit and well-being of vulnerable families in Tameside and its uniqueness was defined in their service model of using trained and supervised volunteers to deliver agreed support interventions to families. Homestart had worked with the Council to redesign its service offer over the years, responding to the changing profile of family needs being presented along with the tightening of financial resources available. The fundamental purpose of the service was to improve child outcomes through effective prevention, early intervention and quality family support. Trained and supported volunteers had offered support in the families' own homes and in children's centres including practical help, friendship in order to help prevent family breakdown and crisis and signposting to other services.

Approval was sought to extend the current grant arrangement by 18 months from 1 April 2017 to allow time to plan, design and implement a new model that would be phased in during this period of time. It was intended that the 18 month extension period would be used to pilot the new service model with Homestart as the supplier as this long standing provider of services had a desirable volunteer based delivery model that market intelligence suggested was unique to this supplier.

The new design model would ensure alignment with the Care Together vision for integrated children and families with a longer term intention to transfer the new service outcomes into the Integrated Care Organisation programme via a comprehensive review of the pilot. The pilot would also enable commissioners to ensure that the future budget was also correctly aligned with the supplier market and budget pressures.

Whilst the financial model had yet to be finalised, the likelihood was that the budget would be no more than the current total budget of £120,000. The contract provided early intervention and

support and engaging families in this way was a much more cost effective way of providing support compared to supporting a child by other means, e.g. foster care. A full cost benefit analysis would be undertaken during development of the future delivery model.

RESOLVED

That approval be given to grant fund the core activity of Homestart from 1 April 2017 for a period of 18 months. The grant conditions to include a three month notice termination clause.

105. CONTRACT FOR THE PROVISION OF A BREASTFEEDING PEER SUPPORT SERVICE

Consideration was given to a report of the Director of Public Health and Performance outlining the current contractual arrangements for the provision of a breastfeeding peer support service and seeking to enter into a collaborative procurement with Oldham MBC to take effect once their contract with the same provider ended on 30 September 2017.

Homestart currently provided a breastfeeding peer support programme for Tameside and Oldham where parents could benefit from early, evidence-based information in order to enable them to make an informed infant feeding choice.

The proposed extension for six months at a cost of £57,000 would ensure continued compliance with the Greater Manchester Early Years Delivery Model and the Greater Manchester Early Years Starting Well Strategy. It would also ensure alignment with Oldham MBC's contract and would enable the service to be jointly commissioned from 1 October 2017. Commissioning a new contract jointly with Oldham MBC would provide scope for operational and financial efficiencies which would be quantified within the development of the revised contract specification. In addition, a meeting had been arranged with the commissioning lead at Derbyshire CCG to discuss financial arrangements going forward for Glossop parents accessing the service at Tameside Hospital which complemented Derbyshire CCGs referral programme.

RESOLVED

That approval be given:

- (i) To extend the current contract from 1 April 2017 to 30 September 2017;**
- (ii) To recommission the service jointly with Oldham MBC.**

106. URGENT ITEMS

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

107. DATE OF NEXT MEETING

It was noted that the next meeting of the Single Commissioning Board would take place on Tuesday 1 November 2016 commencing at 3.00 pm at New Century House, Denton.

108. CHAIR'S CLOSING REMARKS

In closing the meeting the Chair advised that this would be Richard Bircher's last Board meeting. Members of the Board joined the Chair in extending their thanks to Richard for his contribution as one of the key visionaries of the Integrated Care Organisation and joint commissioning and wished him well for the future.

CHAIR