

**TAMESIDE AND GLOSSOP
SINGLE COMMISSIONING BOARD**

14 MARCH 2017

Commenced: 3.00 pm

Terminated: 4.20 pm

PRESENT: Alan Dow (Chair) – Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Peter Robinson – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Graham Curtis – Tameside and Glossop CCG
Christina Greenhough – Tameside and Glossop CCG
Alison Lea – Tameside and Glossop CCG

IN ATTENDANCE: Sandra Stewart – Director of Governance
Kathy Roe – Director of Finance
Clare Watson – Director of Commissioning
Stephanie Butterworth – Director of People
Angela Hardman – Director of Public Health
Anna Moloney – Public Health
Ali Rehman – Public Health
Sandra Whitehead – Assistant Executive Director of Adults

APOLOGIES: Steven Pleasant – Chief Executive, Tameside MBC, and Accountable Officer, Tameside and Glossop CCG
Jamie Douglas – Tameside and Glossop CCG

137. DECLARATIONS OF INTEREST

Members	Subject Matter	Type of Interest	Nature of Interest
Christina Greenhough	Item 4(a) – A&E Streaming at the Front Door	Prejudicial	Director – GotoDoc

* Dr Greenhough left the room during consideration of this item and took no part in the decision thereon.

138. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 14 February 2017 were approved as a correct record

139. A&E STREAMING AT THE FRONT DOOR

The Director of Commissioning presented a report proposing the introduction of A&E Streaming at the Integrated Care Foundation Trust within 2017/18. This service was in response to the national and Greater Manchester mandate for A&E Streaming services but built on this to ensure locally commissioned outcomes were also achieved. The A&E Streaming service would complement the development of Integrated Neighbourhoods, the Extensivist service and also start the transformation process for a new Urgent Primary Care system across Tameside and Glossop.

Tameside and Glossop had not previously commissioned or provided a Primary Care Streaming service at A&E due to a variety of alternative primary care services and access points. However, it was fully accepted by the economy that a pre-A&E streaming service with appropriate treatment and diversion services could help manage demand and flow at Tameside and Glossop Integrated Care Foundation Trust A&E, improve the quality of services for those requiring more serious urgent care and contribute towards achieving a financially sustainable economy.

Tameside and Glossop needed a comprehensive primary care strategy to ensure a high quality, well managed and sustainable primary care system which achieved national, Greater Manchester and locally commissioned outcomes and was aligned to the place based public sector system. The primary care strategy would need to address how Tameside and Glossop responded to the General Practice Forward View, Greater Manchester Primary Care Quality Standards, national requirements for extended/7 day access, Out of Hours, the prevention agenda and achieved improved health and social care outcomes for the whole population. In addition, the strategy would need to understand the impact of the contract for the current Walk-in-Centre expiring on 31 August 2017.

It was reported that officers of the Integrated Care Foundation Trust had been made aware of the content of the report and would be requested to respond in June 2017 with a proposed model to achieve the desired outcomes. The model would need to be flexible to accommodate differing activity levels, be cognisant of the significant financial pressures in Year 1 (2017/18) and identify what, if any, capital was required to ensure the model is operational by winter. The Single Commissioning Board would expect the proposed model to have support from the Tameside and Glossop A&E Delivery Board and the Integrated Neighbourhood clinical leads.

Board Members noted that the contract for the current Walk-in Centre element of the APMS contract expires on 31 August 2017. There is also a need to ensure economy wide compliance with Primary Care Extended Access, the General Practice Forward View and implement and embed the local priority of integrated neighbourhood teams. These initiatives together provide an opportunity to discuss with residents of Tameside and Glossop options for the redesign of primary care services in line with the vision of accessible, high quality and financially sustainable services.

The Single Commissioning Board requested that a Primary Care Strategy be submitted for discussion in June 2017. This would include how the economy would ensure national, GM and local commissioning objectives were delivered as well as identifying the development of options for Urgent Primary Care and an Equality Impact Assessment. Subject to the content of this, the Single Commissioning Board would determine whether a public consultation was required, provisionally to take place summer / autumn 2017.

Due to wishing to explore options with the public and the timescales involved, the Board requested that discussions be facilitated with Go-To-Doc regarding an extension to the Walk-in-Centre aspect of the APMS current contract, continuing to offer a safe and affordable service, to commission for a time limited period, no longer than 31 December 2017, to enable effective consultation.

RESOLVED

- (i) That the approval be given to the acceleration of the process of redesigning Urgent Primary Care by commissioning from the Integrated Care Foundation Trust, and A&E Streaming service ideally to be in place by 1 October 2017.**
- (ii) That the ICFT be requested to respond in June 2017 with the proposed model to achieve the desired outcomes.**
- (iii) That the contract for the current Walk-in-Centre element of the Alternative Provider Medical Services contract expiring on 31 August 2017 be noted.**
- (iv) That a Primary Care Strategy be presented to the Single Commissioning Board in June 2017.**
- (v) That discussions be facilitated with Go-T-Doc regarding an extension to the Walk-in-Centre aspect of the APMS current contract to continue to offer a safe and affordable**

service for a time limited period, no longer than 31 December 2017, to enable effective consultation.

140. TRANSFORMING MENTAL HEALTH SERVICES: MEETING POPULATION NEEDS AND DELIVERING NATIONAL REQUIREMENTS

Consideration was given to a report of the Director of Commissioning advising that the pressures in mental health services were unprecedented due to an increase in demand, an increase in acuity and an increase in expectations laid out in the national Mental Health Standards. It was acknowledged that investment in mental health services was required and the Clinical Commissioning Groups had investment targets over a number of years. Previously called Parity of Esteem and now called Mental Health Investment Target, it was expected that the Clinical Commissioning Group would uplift mental health investment by £1m in 2017/18. To achieve this and meet the needs of the population, mental health investment needs to be prioritised within the Care Together Transformation Fund, the Greater Manchester Transformation Fund as well as within the Single Commission.

The report sought approval for ongoing funding for two services funded until March 2017:

- 1) Mental Health Crisis Provision – update on developments and proposal to maintain investment at the current level until Greater Manchester developments were known;
- 2) Specialist service for adults with Attention Deficit Hyperactivity Disorder – proposal to expand and extend the pilot for a further 12 months; and
- 3) A decision on a request for a contribution to a GM Enhanced Street Triage Pilot.

This was the first report focused on two elements of service provision that required decisions regarding ongoing funding and the Single Commissioning Board would receive further reports relating to Mental Health Transformation, Healthy Lives, Early Intervention in Psychosis, Adult Autistic Spectrum Disorders and Parent Infant Mental Health.

Members of the Board commented that mental health should be an area of focus and the continued importance of engaging Pennine Care NHS Trust in current and future plans was highlighted.

RESOLVED

- (i) **That the high priority of mental health nationally and in Greater Manchester be noted.**
- (ii) **That the reduction in the use of A&E, aligning to local priorities and contributing to the Parity of Esteem 2% growth required in 2017/18 be supported.**
- (iii) **That the proposed investment in mental health crisis care be approved as follows:**
 - a. **extension of £146,000 funding for 12 months;**
 - b. **investment of £32,690 in the Greater Manchester Enhanced Street Triage Pilot for 2 years.**
- (iv) **That the expansion and extension of the Adult Attention Deficit Hyperactivity Disorder to meet the needs of the population by committing £60,780 for a further year be supported.**

141. HOME CARE, CARE HOMES, SUPPORTED ACCOMMODATION PROVISION AND DAY TIME ACTIVITIES – REVISED FEES AND CHARGES

Consideration was given to a report of the Director of Commissioning outlining proposals in relation to revised prices to meet the increasing cost of providing home care, care home beds, supported accommodation and day time activities for vulnerable adults. It also outlined proposals in relation to a schedule of revised charges to vulnerable adults for the services they received for 2017/18. Reference was also made to an addendum to the substantive report containing an additional recommendation to approve the revised fees for Shared Lives Service as detailed in Section 6, and

amended tables in the executive summary, section 5.29 (Direct Payments) and section 6.3 (Residential Fees).

It was explained that the health and social care economy had seen unprecedented reductions in funding over the past five years. As a result of these reductions all services had been subject of review to establish where efficiencies could be achieved and / or where services could be provided differently. This included consideration of services where there were statutory and non-statutory duties and responsibilities.

The demand to meet savings targets had progressed at a time when providers had in the main been facing increased operating costs. The most significant increase in costs had been those recently experienced specifically in relation to the introduction of the National Living Wage to a sector that had for many years been operating on wage levels at, or close to, minimum wage levels, but also in relation to increased pension contributions.

Work had been progressing over the past three months to work with providers to reflect these additional costs in realistic prices that could continue the delivery of what were essential services for the vulnerable adults concerned. The methodology adopted had included revising costs of care framework that reflected local factors, whilst in the case of the supported accommodation had adopted open book accounting methodology to establish the impact on costs of these additional requirements. The report set out proposals for costs that would constitute the minimum requirements to meet the specific cost pressures imposed on providers following consultation with the provider sector.

RESOLVED

- (i) That approval be given to the revised home care costing framework and proposed new rate of £14.20 per hour, sleep-in rate of £98.91 per night and £131.85 per night for waking nights, with the revised rates being applicable from 1 April 2017.**
- (ii) That in accepting the new fees the Board also acknowledged the revised charges set out in Section 5 of the report already agreed by the Council for 2017-18 and approved the increase of 3.7% in charges for home care in line with the fees uplift for this service.**
- (iii) That approval be given to the revised home care fees highlighted in Section 5 of the report from 1 April 2017.**
- (iv) That approval be given to the revised supported accommodation contract prices as detailed in Section 5 of the report from 1 April 2017.**
- (v) That approval be given to the revised contract prices for the Dementia Day Service as detailed in Section 5 of the report.**
- (vi) That approval be given to the revised fees for the Shared Lives Service as detailed in Section 6 of the report.**

142. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

The Director of Finance, Single Commission, 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 10 financial position at 31 January 2017 and the projected outturn at 31 March 2017. There needed to be careful management of the pressures faced by the each of the Tameside and Glossop Care Together constituent organisations.

It was explained that the overall position of the Care Together Economy had improved by around £3m month on month, reducing the whole economy projected year end deficit to £1.85m as at the 31 January 2017. This remaining deficit comprised values at Tameside MBC and the Integrated Care Foundation Trust as the Clinical Commissioning Group had now fully met its Quality, Innovation, Productivity and Prevention Programme target of £13.5m in 2016/17. It was this combined with an improvement in the Integrated Care Foundation Trust position of £1.8m that had resulted in the

£3m improvement in the financial position since last month. It was important to note that although the CCG Quality, Innovation, Productivity and Prevention programme target had been met in 2016/17, only £1.7m was delivered recurrently and £11.6m was as a result of non-recurrent funding, which created additional pressures for 2017/18 and 2018/19 target of £23.9m.

The diligent efforts commenced in 2016-17 as part of the CCG Recovery Plan would continue at pace and scale to transform services, manage demand and facilitate the delivery of financial efficiencies. Work continued to deliver and identify further savings as part of the Tameside MBC Quality, Innovation, Productivity and Prevention programme. The final year settlement which was in the process of being agreed with the Integrated Care Foundation Trust would mitigate any risk for the rest of the year including the risk regarding winter pressures.

Prescribing costs was an area requiring continued intense scrutiny and future pressure on the position could be mitigated by sustained efforts to reduce volumes and control spend.

Members of the Board discussed the announcement in the Chancellor's Spring Budget of an additional £2bn to social care over the next three years, with £1bn available in 2017/18. Tameside's allocation was expected to be £5.3m and consideration was being given to how this could be used to address the pressures in the Tameside and Glossop health economy, noting that it was a one-off payment only.

RESOLVED

- (i) That the 2016/17 financial year update on the month 10 financial position at 31 January 2017 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.**

143. PERFORMANCE REPORT

Consideration was given to a report of the Director of Public Health and Performance providing an update on quality and performance data. Assurance was provided for the NHS Constitutional Indicators. In addition, Clinical Commissioning Group information on a range of other indicators were included to capture the local health economy position. This was based on the latest published data to end of December 2016.

The format of the report also included elements on quality from the Nursing and Quality Directorate and a selection of Adult Social Care indicators.

In addition, included in the report was a summary of the Greater Manchester Health and Social Care Partnership commissioned report from the Institute of Excellence, Greater Manchester Baseline and Best Practice review. As a result of the Greater Manchester review, four business areas were being prioritised for focus within the analysis, relating to Care at Home, Residential and Nursing Care, Carers and Learning Disability. The evolving report would align with the other Greater Manchester and Social Care Partnership and national dashboard reports.

- Diagnostic standard improving but still failing the standard;
- A&E standards were failed at Tameside Hospital Foundation Trust;
- Cancer 62 day upgrades;
- Ambulance response times were not met at a local or at a North West level;
- Improving Access to Psychological Therapies performance for Access and Recovery remain a challenge;
- 111 Performance against Key Performance Indicators; and
- MRSA.

Also attached for information was the Draft Greater Manchester Partnership dashboard and the latest NHS England Improvement and Assessment Framework.

In particular, reference was made to the summary of past / current performance for the North West Ambulance Service and 111 which was disappointing. The Chair commented that Greater Manchester, in common with many other parts of the country, was experiencing significant performance issues and the Greater Manchester Health and Social Care Partnership was currently considering a revised commissioning model for North West Ambulance Service and 111.

RESOLVED

That the contents for the performance and quality report and revised format be noted.

144. URGENT ITEMS

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

145. DATE OF NEXT MEETING

It was noted that the next meeting of the Single Commissioning Board would take place on Tuesday 11 April 2017 commencing at 3.00 pm at Dukinfield Town Hall.

CHAIR