

**TAMESIDE AND GLOSSOP
SINGLE COMMISSIONING BOARD**

22 June 2017

Commenced: 2.00 pm

Terminated: 3.00 pm

PRESENT: Jamie Douglas (Chair) – Tameside and Glossop CCG
Steven Pleasant – Tameside Council Chief Executive and Accountable
Officer for NHS Tameside and Glossop CCG
Councillor Peter Robinson – Tameside MBC
Carol Prowse – Tameside and Glossop CCG

IN ATTENDANCE: Sandra Stewart – Director of Governance
Clare Watson – Director of Commissioning
Gill Gibson – Director of Nursing and Quality
Stephanie Butterworth – Executive Director (People)
Ali Rehman – Public Health
Trevor Tench – Joint Commissioning and Performance Management

APOLOGIES: Alan Dow – Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Christina Greenhough – Tameside and Glossop CCG
Alison Lea – Tameside and Glossop CCG

12. DECLARATIONS OF INTEREST

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

13. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 25 May 2017 were approved as a correct record.

14. PERFORMANCE REPORT

Consideration was given to a report of the Director of Public Health 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 at the end of April 2017.

The evolving report would align with the other Greater Manchester Health and Social Care Partnership and national dashboard reports. The following were highlighted as exceptions:

- A&E Standards were failed at Tameside Hospital Foundation Trust;
- Ambulance response times were not met at a local or at North West level;
- Improving Access to Psychological Therapies performance for recovery remained a challenge;
- 111 Performance against key performance indicators.

Attached for information was the draft Greater Manchester Partnership dashboard and the latest NHS England improvement and Assessment Framework dashboard.

RESOLVED

That the content of the performance and quality report be noted.

15. CARE HOMES AND CARE HOMES WITH NURSING – CONTRACTUAL MONITORING AND QUALITY ASSURANCE

Consideration was given to a report of the Director of Nursing and Quality informing the Board of planned work in relation to the contract monitoring and quality assurance processes for the Care Home and Care Home with Nursing sector. The report provided a short overview of the Care Quality Commission position for Care Homes and Care Homes with nursing in Tameside and Glossop. This included a summary of the themes identified in Tameside homes where ratings within domains had been reported as 'inadequate' or 'requires improvement'.

The report also provided an early update on planned areas of joint work in respect of contract monitoring and quality assurance for Tameside. This included the intention to develop a full action plan linked to the Greater Manchester Health and Social Care Partnership work programme and aligned to the recently approved proposal for Quality Improvement Team. Reference was made to a number of initial actions identified in the following areas detailed in Section 4 of the report:

- Contractual Performance Documentation and Quality Assurances Processes;
- Contract Performance Database and Systems;
- Governance and Intelligence; and
- Quality Improvement and Support.

RESOLVED

- (i) That the content of the report be noted.**
- (ii) That the initial actions identified at Section 4 of the report be supported.**

16. REVIEW OF CANCER DATA

The Board received a report for information from the Director of Public Health detailing local specific actions being developed to ensure the Tameside and Glossop Clinical Commissioning Group in partnership with Tameside and Glossop Integrated Care Foundation Trust contributed to the ambitions set out within the plan for the Greater Manchester Cancer Board and the cancer programme of the Greater Manchester Health and Social Care Partnership. National, Greater Manchester and local data had been used to inform areas of improvement to be incorporated into the locality specific actions to meet the level of ambition with the aim of preventing avoidable deaths, reducing variation and improving experience.

RESOLVED

- (i) That the content of the report be noted.**
- (ii) That a further report be submitted to the next meeting together with locality specific action plan.**

17. SAVINGS AND ASSURANCE CONTRACTS AND GRANTS REVIEW

The Director of Commissioning presented a report advising that as part of the savings assurance process a small project team was established to review all NHS and Local Authority investment and contracts with a view to identifying any additional opportunities to make a contribution towards the gap in 2017/18 and ensure effective investment going forward. The project team assigned financial values for 2017/18 against all contracts within the combined contracts database and scrutinised these to identify any opportunities for further savings through demand management, redesign or contract renegotiation.

The Projects Team would be working towards greater clarity of investment through aligning the total investment against both the Care Together and Life Course themes. This would enable a

strategic appraisal of investment against priorities, identification of efficiencies, support value for money analysis and priority areas for redesign / recommissioning. The detailed analysis of the Single Commission Function contracts and grants had identified the following areas for action:

- Out of locality NHS costs and volume contracts;
- Planned care activity;
- QIPP plan;
- Direct Access Diagnostics contracts;
- Community Cross Border activity;
- Mental Health;
- Block contracts;
- Contracts held by individual GP practices;
- Other contracts

Commissioners had worked with providers to identify the opportunity for savings within Tameside MBC and Clinical Commissioning Group grants, analysing the impact of reductions in funding of 5%, 10% and 15% on service provision. This had been a challenging process and potential savings were detailed in Appendix 1 to the report grouped into the following 5 categories:

- Savings agreed;
- Grants supporting organisational infrastructure;
- Grants supporting actual hours of care;
- Direct care; and
- Contracts where savings had already been achieved through contract / grant negotiations.

RESOLVED

- (i) That the savings already achieved through contract / grant negotiations be noted.**
- (ii) That the range of further actions identified by the project team be noted.**
- (iii) In recognising the challenges that any reductions would have decisions would not be made until after the Integrated Care Foundation Trust tender for Social Prescribing and Asset Based Community Development concluded to ensure no duplication and that grant funding be extended at 2016/17 level for a further quarter in the interim.**
- (iv) That the work to achieve greater clarity of investment through aligning the total investment against both the Care Together and Life Course themes be continued.**
- (v) That the value of the Voluntary and Community Sector be recognised and the Voluntary and Community Sector Compact currently being revised be developed as a whole system document to support a thriving sector providing core services.**

18. CARE TOGETHER PROGRAMME MANAGEMENT SUPPORT – CONTRACT EXTENSION

The Programme Director, Care Together, submitted a report which stated that the current contract for care together programme management support awarded to Pricewaterhouse Coopers was for support with the setting up of a comprehensive programme management office for the Care Together Programme and was due to be concluded by 1 June 2017. The report requested authorisation to extend the contract for a further 3 month period.

It was explained that this was due to the initial scoping exercise of Pricewaterhouse Coopers finding that the majority of key economy saving schemes were not as detailed as originally thought and that as a result, a significant gap in the overall financial gap had been identified. Additionally, Pricewaterhouse Coopers had set up the Programme Management Office and its systems but these needed to be carried forward by a substantive team. This had taken longer than planned and although recruitment processes had commenced, the team was unlikely to be in place until the

end of August 2017. Without extending the Pricewaterhouse Coopers support, there was unlikely to be sufficient mechanisms to provide assurance on transformational funding and the delivery of economy wide financial savings schemes. The value for the extension period would be a maximum of £200,000.

RESOLVED

- (i) That approval be given to extend the contract for a maximum of three months for Pricewaterhouse Coopers management support to the Care Together Programme Office.**
- (ii) That the contract extension does not exceed £200,000.**
- (iii) That an update report be presented to a future meeting on the benefits realised to the Care Together programme via this contract.**

19. BREASTFEEDING PEER SUPPORT PROGRAMME

Consideration was given to a report of the Director of Public Health explaining that Tameside MBC and Oldham MBC had jointly tendered the breastfeeding peer support programme running for a period of three years from 1 October 2017 with Tameside MBC as the lead commissioner.

The service would focus particularly on those women who were least likely to initiate and continue breastfeeding. Using information provided from needs assessments, a targeted approach would be taken for those areas exhibiting low rates of initiation and maintenance and high levels of deprivation. A breastfeeding peer support service would work in close partnership and help to develop accessible pathways with midwifery, health visiting and children centre services who would demonstrate best practice breastfeeding management through UNICEF baby friendly full accreditation standards.

In relation to current provision and performance, the current provider had 13 staff and 29 trained peer support volunteers delivering two breastfeeding courses per year. Over the past 2 years between 6 and 10 volunteers per course had completed the training and gone on to become volunteers. The current provider's performance was in line with the commissioners expectations and performance data for the period 2016/17 was detailed in the report. The existing contract was due to end on 30 September 2017 and was solely funded by Tameside MBC at the existing annual contract value of £116,250.

A full open joint tender exercise was undertaken by Tameside MBC as the lead commissioner and Oldham MBC using the North West Centre of Excellence electronic tendering portal. Only one tender was received. This was within the available budget and was deemed fully compliant with the tender requirements. The tender was evaluated against the stated criteria and the outcome of the exercise was detailed in Appendix 2 to the report. Given the specialist nature of the service being tendered it was likely that a significant number of the organisations that looked at the tender but did not go on to express an interest would not have had the requisite experience or expertise.

Approval was being sought from the Single Commissioning Board to accept the tender on the basis that procurement activity had resulted in the receipt of only one tender submitted.

RESOLVED

That approval be given under Procurement Standing Order D3.2 to accept the tender submission despite fewer than three tenders being received.

20. TENDER FOR THE PROVISION OF SPECIALIST MENTAL HEALTH SUPPORTED ACCOMMODATION FOR ADULTS WITH COMPLEX HEALTH NEEDS

Consideration was given to a report of the Director of Commissioning which explained that the current contract for the delivery of supported accommodation for adults with complex mental health

needs commenced on 1 June 2014. The contract was awarded for a term of three years with the option to extend for a further two years and under NHS standard contract technical guidance the contract was extended once from 1 April 2017 to 31 March 2018.

The contract currently delivered mental health recovery focused support as required 24 hours a day 365 days a year to individuals living in their own home in three properties across the borough provided by a registered social landlord working with the support provider and individuals to ensure tenancies were able to be maintained.

The overall service was delivered on an outcome model basis on the principles of recovery and rehabilitation. The service facilitated opportunities for individuals to engage in purposeful activity, develop and improve life skills, inclusion within the community and ensure a pathway to recovery that increased independence and a move on to more independent living.

Reference was made to the other alternatives considered, value for money, and the implications if the service was not re-commissioned.

Authorisation was being sought to re-tender the service and continue to commission the delivery of the outcomes above with emphasis on promoting independence pathways supporting people to remain in the community and reducing the need for hospital admission or residential placements.

RESOLVED

That authorisation be given to re-tender for the provision of specialist mental health supported accommodation for adults with complex mental health needs.

21. TENDER FOR THE PROVISION OF A SUPPORTED ACCOMMODATION SERVICE FOR YOUNG ADULTS WITH LEARNING DISABILITIES

Consideration was given to a report of the Director of Commissioning advising that the current contract for the provision of a supported accommodation service for young adults with learning disabilities commenced on 16 February 2015 for a period of three years with the option to extend for up to a further two years. The key objectives of the service had been to provide intensive assessment, support, enablement and development of life skills to five young adults with learning disabilities who had recently made the transition from Children's Services through to Adult Services.

The active engagement with families, carers and other stakeholders in a collaborative approach to supporting each person using the service to fulfil their maximum potential had also been key to successful delivery. The accommodation offered five self-contained flats and a staff flat.

Authorisation was being sought for a contract extension from 1 April 2018 to 31 March 2020 to continue to deliver these outcomes with a continued emphasis on promoting independent pathways for individuals and ensuring there was an opportunity to move on. This would be achieved through the provider delivering person-centred approaches and working in a multi-disciplinary way with key partners.

RESOLVED

That authorisation be given to extend the contract for the provision of a supported accommodation service for young adults with learning disabilities from 1 April 2018 to 31 March 2020 in line with clause 3.2.

22. TENDER FOR THE PROVISION OF A SUPPORTED ACCOMMODATION SERVICE FOR ADULTS WITH LEARNING DISABILITIES

Consideration was given to a report of the Director of Commissioning which explained that the contract for the delivery of supported accommodation for adults with a learning disability was divided into four contract lots delivering support as required 24 hours a day 365 days a year to individuals with a learning disability living in their own home in the community. The service was 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 and the potential to move away from the need for paid support.

The accommodation was provided by a number of registered social landlords working with the support providers and individuals to ensure tenancies were able to be maintained. The accommodation in each contract lot was made up of houses where a number of individuals shared facilities and extra care schemes where people had their own self-contained flat within a building specifically for that service contract.

Reference was made to other alternatives that had been considered, implications if the service was not re-commissioned, value for money and contract performance.

Authorisation was being sought from the Board to extend the contract lots from 1 April 2018 to 31 March 2020. The service extension would continue to deliver the outcomes detailed above with a continued emphasis on promoting independent pathways. This would be achieved through the provider delivering person-centred approaches and working in a multi-disciplinary way with key partners.

RESOLVED

That authorisation be granted to extend the contract lots for the provision of a supported accommodation service for adults with learning disabilities from 1 April 2018 to 31 March 2020 in line with clause 3.2.

23. DRUG AND ALCOHOL RECOVERY SERVICE: CONTRACT NOVATION AND MONITORING

At the Single Commissioning Board meeting held on 25 May 2017, the Board adopted a recommendation to transfer the contract for the local Drug and Alcohol Recovery Service from Lifeline to CGL (Change, Grow, Live) from 1 June 2017. This was prompted by a request from Lifeline and CGL based on an agreement that had been reached between them following the change in the financial circumstances of Lifeline. The terms of the novated contract were the same as that agreed with Lifeline in 2015 running to July 2025.

In view of concerns raised, the comments of the Section 151 Officer, the short notice of the change, the limited knowledge of the new provider and the absence of a tender process, the Board requested a proposal for enhanced financial and performance monitoring to support assurance and consideration of whether a re-tender was necessary.

The Board considered a report of the Director of Public Health outlining a proposed monitoring framework to build on the existing process including the following elements:

- Current contract monitoring process;
- Tameside MBC Internal Audit and Care Quality Commission reviews in July 2017;
- Additional financial monitoring and organisational intelligence;
- Enhanced monitoring measures identified by the commissioner Clinical Lead;
- Nationally published statistics.

The Single Commissioning Board Clinical Lead for substance misuse had identified alcohol community detox activity as an important indicator of service quality and performance. National data collection did not currently provide adequate monitoring data and the provider had committed to review recording. Details of the current monitoring framework would be reviewed with the

Clinical Lead and the Quality Team with a view to identifying further aspects of performance that required closer examination.

RESOLVED

- (i) **That the proposed monitoring framework included in the current contract and the additional elements be endorsed.**
- (ii) **That a contract monitoring report be submitted to the October 2017 meeting of the Single Commissioning Board.**

24. URGENT ITEMS

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

25. DATE OF NEXT MEETING

It was noted that the next meeting of the Single Commissioning Board would take place on Tuesday 11 July 2017 commencing at 2.00 pm at Dukinfield Town Hall.

CHAIR