

**TAMESIDE AND GLOSSOP
SINGLE COMMISSIONING BOARD**

26 September 2017

Commenced: 3.30 pm

Terminated: 4.30 pm

Present: Dr Alan Dow (Chair) – NHS Tameside and Glossop CCG
Councillor Gerald Cooney – Tameside MBC
Steven Pleasant – Tameside Council Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG
Dr Alison Lea – NHS Tameside and Glossop CCG
Dr Jamie Douglas – NHS Tameside and Glossop CCG

In Attendance: Kathy Roe – Director of Finance
Stephanie Butterworth – Director of Adult Services
Anna Moloney – Consultant in Public Health Medicine
Ali Rehman – Head of Business Intelligence and Performance
Lynn Jackson – Quality and Patient Experience Lead

Apologies: Councillor Brenda Warrington – Tameside MBC
Councillor Peter Robinson – Tameside MBC
Dr Christina Greenhough – NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG

48. DECLARATIONS OF INTEREST

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

49. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 11 July 2017 were approved as a correct record.

50. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

Consideration was given to a joint report of the Tameside and Glossop Care Together constituent organisations on the consolidated financial position of the economy and provided a 2017/18 financial year update on the month 4 financial position at 31 July 2017 and the projected outturn at 31 March 2018.

The Director of Finance stated that the Clinical Commissioning Group was reporting that all financial control totals would be met. However, there was significant risk attached to the Quality, Innovation, Productivity and Prevention programme which was forecast £5.6m shortfall to plan. Overall the value of planned savings had reduced the majority of which related to continuing health care and elective services. Under the terms of the Integrated Commissioning Fund financial framework, a non-recurrent contribution of c£5m could be accessed from Tameside Council reserves towards the finance position of the Clinical Commissioning Group in 2017/18. This would need to be repaid within a 4 year period.

Children's Services remained a high risk area. The majority of the projected additional net expenditure related to placements within the independent sector provision of £5m. It was currently estimated that on average there would be an additional 68 children in need of external placement provision above the number of placements estimated when the 2017/18 budget was approved by the Council in February 2017. In addition, the average cost of some external placements had increased since the budget was approved and this equated to a projected increase of £0.6m in the current financial year.

The Single Commissioning Board discussed the financial position of the Integrated Care Foundation Trust. The Trust had still to agree a financial control total with its regulator, NHS Improvement. The Trust had agreed with NHS Improvement, due to the volatility of risk, that a detailed forecast would be presented at Month 6 and the Trust was developing an action plan to mitigate risk of delivery. However, this was affecting the Trust's eligibility to access the targeted element of Sustainability and Transformation funding as providers must have accepted an agreed control total.

The Chief Executive and Accountable Officer reported that the Health and Wellbeing Board, at its meeting on 21 September 2017, had also expressed its discontent at the Trust not being able to access Sustainability and Transformation funding which was now affecting transformation plans and had resolved to write to Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership. In order to progress matters, he proposed that consideration be given to exploring a local solution and the possibility of a single control total across the economy.

RESOLVED

- (i) That the 2017/18 financial year update on the month 4 financial position at 31 July 2017 and the projected outturn at 31 March 2018 be noted.**
- (ii) That the significant level of savings required during the period 2017/18 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.**

51. PERFORMANCE REPORT

Consideration was given to a report of the Assistant Director (Policy, Performance and Communications) 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 June 2017.

Discussion took place on the following which were highlighted as exceptions:

- A&E Standards were failed at Tameside Hospital Foundation Trust;
- Diagnostic standard failed;
- Ambulance response times were not met at a local or at North West level;
- 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.

Reference was also made to the Quality and Safeguarding monthly exception report.

RESOLVED

That the quality and performance update report be noted.

52. SAVINGS ASSURANCE: GRANTS REVIEW

Consideration was given to a report of the Interim Director of Commissioning explaining that a Voluntary and Community sector grants report was presented to the Single Commissioning Board in June 2017 and it was agreed that no decisions about Voluntary and Community sector investment should be made until the outcomes of the Social Prescribing and Asset Based Approaches Programme were known in case there were duplications. The Single Commissioning Board agreed that Voluntary and Community sector grants were extended for a further 3 months to 30 September 2017. An exploration of the Asset Based Grants Programme had shown that:

- It was unlikely that there would be any duplication;
- It would be some time before the grants would be in place.

Concerns about duplication were unfounded as the small grants awarded through the Asset Based Grants Programme would be provided to support unmet needs identified through the findings from Social Prescribing and aimed to promote community development, not provide statutory functions. Decisions on funding through the asset based approach and social prescribing programmes would be taken by an investment board with representation from the sector patients, members of the public, the Integrated Care Foundation Trust and the Single Commission and all learning captured. A summary of the programme was provided in **Appendix 1** to the report.

The Single Commission had funded a range of services that provided a valuable contribution to the health and social care through Conditional Grants or Service Level Agreements. The funding had been based on NHS England regulations that supported Clinical Commissioning Groups to use grants to provide financial support to a voluntary organisation which provided or arranged for the provision of services which were similar to those in respect of the Clinical Commissioning Group had statutory functions. The schemes funded through Grants or Service Level Agreements were detailed in **Appendix 2** to the report. The Voluntary and Community organisations were engaged in an exercise to examine the impact of a 5%, 10% and 15% reduction in grant funding and all highlighted pressures across the sector.

A proposed way forward was outlined on the basis that:

- The priorities for grants from the Asset Based Approach Grants Programme would not be known until 2018;
- The Voluntary and Community Sector Compact was still under development;
- New approaches to commissioning from the Voluntary and Community Sector were underway (as indicated in the proposed actions section in Appendix 2 to the report);
- Learning would emerge from the Greater Manchester Person and Community Centred Programme.

It was proposed that Voluntary and Community Sector Grant and Service Level Agreement funding was maintained at the 2016/17 level in 2017/18 for most organisations except where a reduction had been proposed as detailed in **Appendix 2** to the report.

RESOLVED

- (i) **The value of the Voluntary and Community Sector in achieving Care Together aims and the need for the revised Voluntary and Community Sector Compact be embraced by the whole system to support a thriving voluntary and community sector be recognised.**
- (ii) **That the recommendations in terms of each Voluntary and Community Sector Grant allocation outlined in Appendix 2 to the report be approved.**

53. ATRIAL FIBRILLATION

Consideration was given to a report presented by Dr Alison Lea which explained that Atrial Fibrillation was a common heart condition which caused an irregular and often abnormally fast heart rate. It could increase the risk of a blood clot forming inside the heart. If the clot travelled to the brain it could lead to a stroke. Atrial Fibrillation increased stroke risk by around four to five times.

Single Commission officers and clinical leads were members of the Tameside and Glossop Heart Disease Board led by the Tameside and Glossop Integrated Care Foundation Trust and reported via the Trust's governance through the Director of Operations. The Heart Disease Programme Board identified Atrial Fibrillation as a priority area for their 2016-17 programme of work. As a

result, a pathway for Atrial Fibrillation management was developed and approved at the Single Commissioning Board in January 2017.

It was reported that the Single Commission members of the Heart Disease Programme Board have been tasked with taking forward further work to address the identification and management of patients with Atrial Fibrillation in primary care. The proposal for doing this was outlined in the report. The report also provided an update on action taken to date and a summary of the proposed activities for 2017-18 with a view to seeking the support of the Board for the project.

The aim of the project was to reduce the number of Atrial Fibrillation related strokes in the population of Tameside and Glossop through the effective identification and management of patients with Atrial Fibrillation.

The proposed project was being funded by the Academic Health Science Network and would require input from the 39 Tameside and Glossop member practices, led by the Single Commission, supported by the Network. Tameside and Glossop was the only locality in Greater Manchester receiving funding for an Atrial Fibrillation project and was being seen by the Network as a test site for their work which linked into the Greater Manchester Health and Social Care Partnership. The monitoring of the project would be supported by the Academic Health Science Network to ensure progress and delivery of the project aims and objectives could be reported.

The Clinical Leadership for the project would be provided by Dr Tom Jones, partner at Lockside Medical Centre and Clinical Commissioning Group Clinical Lead for Long Term Conditions. He would provide medical / clinical input to the project and would do so from the perspective of having carried out the reviews proposed in his own practice as part of the testing and development of the proposals.

In recognising that this was a well targeted project presenting opportunities to work with the Academic Health Science Network, the Chair commented that the proposal was asking General Practice to do more with no more resource and was concerned that some practices might not participate based on prevailing manageability or that it might be undertaken at the expense of something else.

RESOLVED

That the project outlined in the report be supported and proceed as described.

54. URGENT ITEMS

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

55. DATE OF NEXT MEETING

It was noted that the next meeting of the Single Commissioning Board would take place on Tuesday 31 October 2017 commencing at 3.30 pm at Dukinfield Town Hall.

CHAIR