

**TAMESIDE AND GLOSSOP  
STRATEGIC COMMISSIONING BOARD**

**12 December 2017**

**Commenced: 2.00 pm**

**Terminated: 4.00 pm**

**Present:** Dr Alan Dow (Chair) – NHS Tameside and Glossop CCG  
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG  
Councillor Kieran Quinn – Tameside MBC  
Councillor Brenda Warrington – Tameside MBC  
Councillor Leanne Feeley – Tameside MBC  
Councillor Jim Fitzpatrick – Tameside MBC  
Councillor David Sweeton – Tameside MBC  
Dr Alison Lea – NHS Tameside and Glossop CCG  
Dr Jamie Douglas – NHS Tameside and Glossop CCG  
Carol Prowse – NHS Tameside and Glossop CCG

**In Attendance:** Kathy Roe – Director of Finance  
Jessica Williams – Interim Director of Commissioning  
Aileen Johnson – Head of Legal Services  
Paul Pallister – Assistant Chief Operating Officer and Company Secretary  
Gideon Smith – Consultant in Public Health Medicine  
Simon Brunet – Policy Manager  
Ali Rehman – Head of Business Intelligence and Performance  
Lynn Jackson – Quality and Patient Experience Lead

**Apologies:** Councillor Gerald Cooney – Tameside MBC  
Councillor Allison Gwynne – Tameside MBC  
Dr Christina Greenhough – NHS Tameside and Glossop CCG

**1. CHAIR'S OPENING REMARKS**

In welcoming those present to the meeting, the Chair made reference to Governance review and revised Terms of Reference which were approved on 27 September 2017 by the Clinical Commissioning Group and adopted by the Full Council on 28 November 2017. The most significant aspects were set out in detail in a report for noting at Item 4. He made specific reference to a name change to Strategic Commissioning Board, to mirror the single commission moving into being a strategic commissioner, and increases in membership.

**2. DECLARATIONS OF INTEREST**

Members	Subject Matter	Type of Interest	Nature of Interest
Dr Alison Lea	Item 7(b) – Intermediate Care in Tameside & Glossop	Personal	Assistant medical director at Tameside and Glossop Integrated Care Foundation Trust

**3. MINUTES OF THE PREVIOUS MEETING**

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

#### **4. GOVERNANCE OF THE STRATEGIC COMMISSION**

Consideration was given to a report of the Interim Director of Commissioning and Care Together Programme Director updating the Strategic Commissioning Board following a governance review by the Clinical Commissioning Group. This review had also been considered and supported by the local authority in respect of those aspects which impacted upon the governance of the Single Commission.

The main impact of these changes which were pertinent to the Strategic Commissioning Board was detailed within the Terms of Reference appended to the report. These Terms of Reference were approved by Tameside MBC Full Council on 28 November 2017 and by the Tameside and Glossop NHS Commissioning Group Governing Body on 27 September 2017.

#### **RESOLVED**

**That the decisions made by the two statutory bodies which came into effect following Full Council on 28 November 2017 be noted.**

#### **5. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND**

Consideration was given to a jointly prepared report of the Tameside and Glossop constituent organisations providing a 2017/18 financial year update on the month 7 position at 31 October 2017 and the projected outturn at 31 March 2018 and highlighting the increased risk of achieving financial sustainability and supporting details were provided in Appendix 1 to the report.

The Director of Finance made reference particular reference to a number of key risks that had to be managed within the economy during the current financial year, highlighted as follows:

- Significant budget pressures for the Clinical Commissioning Group relating to Continuing Care expenditure of £4.4m.
- Children's Services within the Council was managing unprecedented levels of service demand currently projected to result in additional expenditure of £7.2m when compared to the available budget.
- The Integrated Care Foundation Trust was working to a planned deficit of £24.5m for 2017/18 and efficiencies of £10.4m were required in 2017/18 in order to meet this sum.

She also made reference to the Strategic Commission risk share arrangements in place for 2017/18 which demonstrated the extra contributions being made in year to help the economy delivery a balanced budget in 2017/18.

#### **RESOLVED**

- (i) That the 2017/18 financial year update on the month 7 financial position at 31 October 2017 and the projected outturn a 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.**

#### **6. PERFORMANCE REPORT**

The Strategic Commissioning Board received a presented which explained that there would be a new approach and format for future bi-monthly reporting of performance and quality which would include the headlines and key issues. The dashboard would be based on Greater Manchester plus local data with flexibility to be responsive to issues. From February 2018, reports would be supplemented by deep-dive analysis and in-focus reviews covering the following:

- Primary Care;
- Urgent Care;
- Mental Health;
- Social Care (Adults);
- Neighbourhoods;
- Children's.

Consideration was given to a report of the Assistant Director (Policy, Performance and Communications), providing the Strategic Commissioning Board with a health and care performance and quality update was based on the latest published data at the end of September 2017. Discussion took place on the following which were highlighted as exceptions:

- A&E Standards were failed at Tameside Hospital Foundation Trust;
- 111 Performance against Key Performance Indicators;
- Percentage of services users in receipt of direct payments;
- Total number of learning disability service users in paid employment.

The Quality and safeguarding exceptions were also detailed and discussed.

## **RESOLVED**

**That the content of the presentation and Health and Care performance report be noted.**

## **7. COMMISSIONING INTENTIONS**

Consideration was given to a report of the Interim Director of Commissioning and a draft letter to providers set out at Appendix A to the report setting out the high level Commissioning Intentions for how Tameside and Glossop Strategic Commission intended to commission services from its providers in 2018/19, in line with the 2017-19 national contract guidance these intentions were to cover the second year of the agreed two year (2017/19) contracting period. More details of specific intentions in terms of activity and financial planning would be shared with providers during the contract negotiation period.

It was explained that the Commissioning Intentions had been put into four defined groups:

- 1) Tameside and Glossop Strategic Commission;
- 2) Tameside and Glossop financial context;
- 3) Specific Commissioning Intentions with no additional funding;
- 4) Specific Commissioning Intentions – additional support via the Greater Manchester Health and Social Care Partnership.

The Commissioning Intentions set out how, due to strong and steady work over the past two years, a single place-based commissioning body had been formed (Tameside and Glossop Strategic Commission) made up of Tameside MBC and NHS Tameside and Glossop and supported the implementation of a new model of care.

The Strategic Commission's commitment was to early intervention, prevention and tackling unacceptable health inequalities was outlined along with the long term commitment to deliver sustainable improvement to healthy life expectancy.

There was an estimated commissioning gap in 2018/19 of £29m which would affect every aspect of the Commissioning Intentions for next year and Section 2 of the Commissioning Intentions provided an overview of what was required to enable the challenge to be met. Achieving financial sustainability was of utmost importance to provide the economy with future stability and enable the continuation of the transformation journey working alongside providers to identify and support innovative approaches to managing demand in more cost effective ways.

The Commissioning Intentions made it clear that the economy would be unable to support any activity growth or cost increases in 2018/19 and would require providers to work with the commission to reduce demand or mitigate this as far as possible. There would be no additional Tameside and Glossop funding for any new services or developments with the exception of those identified in transformation plans or guaranteed to provide a rapid return on investment / reduce cost elsewhere in the economy. Any developments with additional ring fenced funding either nationally or via Greater Manchester Health and Social Care Partnership funds would be supported in full and detailed under Section 4 of the Commissioning Intentions.

Members of the Board welcomed the report commenting that this annual activity sought to ensure commissioners had clear oversight to work towards informing local health activities and made providers aware of the contractual changes that would be implemented in the forthcoming year.

#### **RESOLVED**

- (i) That the 2018/19 Commissioning Intentions be approved.**
- (ii) That the Strategic Commission continues to work with providers towards delivering a stable economy and long term commitment to delivering sustainable improvement to healthy life expectancy.**

#### **8. INTERMEDIATE CARE IN TAMESIDE AND GLOSSOP**

*(Dr Lea declared her personal interest as Assistant Medical Director at Tameside and Glossop Integrated Care Foundation Trust as this was an update report and not for decision.)*

Consideration was given to a report of the Interim Director of Commissioning which explained that Tameside and Glossop Single Commission had led the development of a local strategy for Intermediate Care. The Single Commission had been asked to bring back a fully developed proposed model to the Strategic Commissioning Board in December 2017.

Due to the richness of evidence arising from the public consultation and in particular from the Glossop neighbourhood, this was an interim report to inform the Strategic Commissioning Board of the consultation progress and process, initial themes and the next steps to ensure a final report to the Strategic Commissioning Board at its meeting in January 2018.

In August 2017, the Strategic Commissioning Board agreed to consult on three options for the delivery of bed based Intermediate Care. Two of the options, one of which was proposed as a preferred option, involved the relocation of intermediate care beds from the Shire Hill site. The three options had been the subject of public consultation over a 12 week period from 23 August to 15 November 2017.

The consultation was hosted on the Clinical Commissioning Group's website in the form of a standard questionnaire with an introduction to explain the reason for the changes and a copy of the questionnaire used was attached as Appendix 2 to the report. In addition to the online consultation, paper copies were made available at all 39 GP surgeries across Tameside and Glossop and made available at all public meetings and meetings with community groups. Paper copies were provided to Tameside and Glossop Integrated Care Foundation Trust for sharing with service users. Copies were also available in libraries in Tameside and the High Peak area.

Details of four public meetings held during the period of consultation together with attendance figures were also included in the report. In addition to the public consultation, community engagement had taken place through contacting specific groups across Tameside and Glossop.

Reference was made to Appendix 3 to the report which included posters advertising the consultation, a fact sheet and frequently asked questions which was expanded throughout the 12 week consultation process to include questions raised through the meetings undertaken.

It was further reported that in October 2015, NHS England published an update to the good practice guide for commissioners on the NHS England assurance process for major service change and reconfiguration. The guidance included four tests of service configuration and this had been taken into consideration when establishing the running the consultation process described in the report.

The Intermediate Care consultation had been promoted extensively since 23 August 2017 and in addition to the page on the Clinical Commissioning Group website the consultation had been shared and promoted in a number of ways which were summarised in the report. In total, 1,358 responses had been received to the online questionnaire hosted on the Clinical Commissioning Group website. Over 1,750 paper questionnaires were issued and 153 returned to the Clinical Commissioning Group.

In addition to the consultation hosted on the Clinical Commissioning Group website, and public meetings, 105 community and patient groups were contacted by the Clinical Commissioning Group directly by letter or email to inform them of the consultation and invite them to be involved. A full list of the groups contacted was attached to the report at Appendix 4. The consultation was also presented to a number of Local Authority meetings across Tameside MBC and Derbyshire CC as listed in the report.

During the period of consultation, the Clinical Commissioning Group and Tameside MBC had received Freedom of Information Requests, complaints, MP enquiries, and comments from community and patient representatives / members of the public relating to the consultation and intermediate care. All had been acknowledged and, where required answers provided and a summary of requests and responses were detailed in the report.

The table below provided a summary of the initial analysis of the survey responses, reflected in key themes detailed below.

<b>CONSULTATION FEEDBACK THEME</b>	<b>DETAIL</b>
TRANSPORT	<ul style="list-style-type: none"> <li>• Public transport availability</li> <li>• Parking</li> <li>• Journey times (car and public transport)</li> </ul>
SHIRE HILL	<ul style="list-style-type: none"> <li>• Site</li> <li>• Staff</li> </ul>
PATIENT CARE	<ul style="list-style-type: none"> <li>• Safety</li> <li>• Quality of services (Shire Hill, Stamford Unit / Tameside and Glossop Integrated Care Foundation Trust, home based, other potential providers)</li> <li>• Staffing issues</li> <li>• Future capacity</li> </ul>
GLOSSOP PROVISION	<ul style="list-style-type: none"> <li>• Intermediate care in the neighbourhood</li> <li>• Community provision</li> <li>• George Street site – Glossop Primary Care Centre</li> </ul>
PASTORAL CARE	<ul style="list-style-type: none"> <li>• Proximity of intermediate care beds to patients' family and carers</li> <li>• Connection with communities</li> </ul>
AFFORDABILITY	<ul style="list-style-type: none"> <li>• Funding of future intermediate care model</li> </ul>

In conclusion, it was stated that extensive consultation had been undertaken over a period of 12 weeks and the Single Commission was confident that the four key themes set out in the NHS England October 2015 guidance on major service change and reconfiguration as detailed in Section 5 of the report had been met. It was recognised that to complement the Intermediate Care bed based services, the community intermediate care and neighbourhood offers would continue to be developed and implemented led by the Care Together Programme Board.

The impact of the proposed model was being fully evaluated and along with the outcome of the consultation would form a comprehensive Equality Impact Assessment which would be presented with the report to the Strategic Commissioning Board in January 2018. An independent assessment of the consultation process, including the analysis of the results, would be undertaken ahead of the presentation of a full report with recommendations to the January Strategic Commissioning Board.

In noting the content of the report providing detail on the consultation and initial themes arising, Members of the Strategic Commissioning commented on the range of community and patient engagement that had been undertaken and it was important that sufficient time was allocated to consider all responses appropriately and any necessary changes / mitigations in response.

#### **RESOLVED**

- (i) That the content of the report providing detail on the consultation and initial themes arising be noted.**
- (ii) That the work in progress on the Equality Impact Assessment to ensure it responded to the issues raised within the consultation and explored whether additional mitigation was required be noted.**
- (iii) That a further report be received by the Strategic Commissioning Board at its meeting on 30 January 2018.**

### **9. COMMUNITY HEALTH CHECKS CONTRACTS EXTENSION**

The Consultant in Public Health Medicine presented a report explaining that the NHS Health Check was a national programme of systemic prevention that assessed an individual's risk of heart disease, stroke, diabetes and kidney disease. The Be Well Tameside Service contract formed part of the Tameside and Glossop Clinical Commissioning Group contract with Pennine Care which was due for review and renewal from April 2019. An extension to the current Community Health Checks Programme contract to March 2019 would enable an incorporation of this contract into the Wellbeing Service contract. The overall aim of the service was to provide the community element of an integrated NHS Health Checks Programme to people in various community settings across Tameside that would improve health outcomes and the quality of life of the Tameside eligible population. The Service would sustain the continuing increase in life expectancy and reduction in premature mortality under threat from the rise in obesity and sedentary living, and reduce the gap between Tameside and England.

It was reported that Tameside and Glossop faced a very significant challenge to reduce premature deaths from cardiovascular disease. NHS Health Checks identified early vascular disease, particularly cardiovascular disease and provided a cost-effective approach to enabling behaviour change and access to follow up and treatment that reduced the risk of future illness.

In response to questions from Members of the Board, the Consultant in Public Health Medicine explained that the contract was subject to regular efficiency review and required activity had been increased from 2000 in 2016/17 to 2261 for 2017/18. A fuller review, taking into account the Greater Manchester strategic direction for NHS Health Checks, national guidance and experience, as well as local learning from the Community Health Checks Service and Primary Care Quality Premium, would be undertaken in the context of planned incorporation into the Wellbeing Service contract.

#### **RESOLVED**

**That approval be given to the extension of the Community Health Checks Programme contract for 12 months until 31 March 2019 to enable the alignment to the commissioning intentions of the Greater Manchester Partnership.**

## **10. EXTENDED ACCESS SERVICE AND OUT OF HOURS: CONTRACT VARIATIONS TO EXTEND**

Consideration was given to a report of the Interim Director of Commissioning, stating that the Extended Access Service had been in place as a pilot since 1 December 2015 and had been extended once during this period. The contract was provided by Orbit, GP Federation in partnership with GoToDoc. The previous extension was for 12 months to bring the contract end date to 30 November 2017. The service delivered access to general practice services for all patients across Tameside and Glossop, offering pre bookable appointments for same day and routine access.

The Extended Access Service contract was now due for renewal and this paper requested approval to further extend the existing contract to the 30 September 2018.

It was further reported that Clinical Commissioning Group records showed that the Out of Hours contract had been in place since at least 2011. The current contract period was due to end on 31 March 2018 and the report requested approval to further extend the existing contract to 30 September 2018 to align the contract end date that of the Extended Access Service.

It was explained that the rationale for the extensions were that Extended Access Service and Out of Hours were fundamental elements for future Urgent Care plans. These plans were currently being widely consulted on across Tameside and Glossop and future commissioning requirements would only be clarified once the outcome of the consultation was known, anticipated at the end of February 2018.

### **RESOLVED**

- (i) That approval be given to extend the Extended Access Service contract to 30 September 2018.**
- (ii) That approval be given to the further extension of the existing Out of Hours contract to 30 September 2018 to align the contract end date to that of the Extended Access Service.**
- (iii) To note that a detailed report would be received in January 2018 outlining the procurement process I**

## **11. URGENT ITEMS**

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

## **12. DATE OF NEXT MEETING**

It was noted that the next meeting of the Strategic Commissioning Board would take place on Tuesday 30 January 2018 commencing at 2.00 pm at Dukinfield Town Hall.

## **13. EXCLUSION OF THE PRESS AND PUBLIC**

### **RESOLVED**

**That under Section 100A of the Local Government Act 1972 (as amended) the public be excluded for the following item of business on the ground that it involved the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A to the Local Government Act 1972. Information relating to the financial or business affairs of the parties (including the Council) had been provided to the Council in commercial confidence and its release into the public domain could result in adverse implications for the parties involved.**

**Disclosure would be likely to prejudice the Council's position in negotiations and this outweighed the public interest in disclosure.**

**14. PROVISION OF SPECIALIST MENTAL HEALTH SUPPORTED ACCOMMODATION FOR ADULTS WITH COMPLEX MENTAL HEALTH NEEDS**

Consideration was given to a report of the Interim Director of Commissioning seeking authorisation to award the contract for the provision of specialist mental health supported accommodation for adults with complex health needs following authorisation by the Single Commissioning Board on 22 June 2017 for a retendering exercise.

The contract would commence on 1 April 2018 for a period of five years, with an option to extend the contract for a further two years, subject to approval and negotiation between the parties.

The service retender had continued the emphasis on delivery of outcomes for those receiving support based on the principles of recovery and rehabilitation, promoting independence pathways supporting people to remain in the community and reducing the need for hospital admission or residential placements.

The retender also included the need for providers to deliver a re-provision of one of these properties which had been identified by commissioners as not fit for purpose in the long term to deliver the desired service model.

Particular reference was made to the procurement approach, evaluation and value for money and the implications if the service was not awarded.

**RESOLVED**

**That the recommendations of the evaluation process be accepted and permission be granted to award the contract for the provision of specialist mental health supported accommodation for adults with complex health needs.**

**CHAIR**