

STRATEGIC COMMISSIONING BOARD

27 March 2019

Commenced: 1.15 pm

Terminated: 2.35 pm

Present:

Dr Alan Dow (Chair) – NHS Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Bill Fairfoull – Tameside MBC
Councillor Warren Bray – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Councillor Allison Gwynne – Tameside MBC
Councillor Oliver Ryan – Tameside MBC
Steven Pleasant – Tameside MBC Chief Executive and Accountable
Officer for NHS Tameside and Glossop CCG
Dr Ashwin Ramachandra – NHS Tameside and Glossop CCG
Dr Jamie Douglas – NHS Tameside and Glossop CCG
Dr Kate Hebden – NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG

In Attendance:

Sandra Stewart – Director of Governance & Pensions
Kathy Roe – Director of Finance
Stephanie Butterworth – Director of Adult Services
Richard Hancock – Director of Children's Services
Jessica Williams – Interim Director of Commissioning
Debbie Watson – Assistant Director of Population Health
Nigel Gilmore – Head of Strategic Infrastructure
Kristy Nuttall – Children, Young People and Families
Commissioning Manager

Apologies for Absence:

Dr Vinny Khunger – NHS Tameside and Glossop CCG
Dr Christine Ahmed – NHS Tameside and Glossop CCG
Councillor Jean Wharmby – Derbyshire CC

102 URGENT ITEMS OF BUSINESS

RESOLVED

That on the grounds of urgency consideration be given to an addendum recommendation relating to Item 6(a) on the agenda setting out a request to allocate funding from the Winter Pressures Budget to the Integrated Care Foundation Trust in 2018/19 to support the additional unplanned expenditure incurred. The reasoning for it not been available at the date that the original agenda and report was published was because final figures were still being clarified with the Integrated Care Foundation Trust, however, there was a need to resolve by financial year end and hence could not go to next meeting.

103 DECLARATIONS OF INTEREST

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

104 MINUTES

The Minutes of the previous meeting held on 13 February 2019 were approved as a correct record.

105 INTEGRATED COMMISSION FUND CONSOLIDATED REVENUE POSITION M10

Consideration was given to a report of the Director of Finance, which stated that as at 31 January 2019, the Integrated Commissioning Fund was forecasting to spend £583.270m against an approved budget of £583.258m, an overspend of £0.012m. Further detail on the economy wide position was included at Appendix 1 to the report. This forecast was an improved position from the previous month but masked significant and increased pressures in a number of areas including Children's Services which was now forecasting expenditure to be £8m in excess of budget and further detail was included at Appendix 2.

The Director of Finance explained that the improved position was due mainly to the release of corporate contingency and improvements in the forecast position for Governance, Growth and Operations and Neighbourhoods. Reference was made to further detailed analysis of budget performance and progress against savings included in Appendix 2.

The Council's Collection Fund update for month 10 was detailed in Appendix 3. The forecast position at month 10 was a £0.6m deficit of Council Tax and £1.0m deficit on Non-Domestic Rates. This was better than the budgeted assumptions which assumed deficit positions of £1.8m and £5m respectively. The level of provisions required for non-collections and appeals were also forecast to be better than expected but would continue to be monitored. Appendix 4 detailed the Council's irrecoverable debts over £3,000 that had been written off in the period October to December 2018.

Members noted that the Tameside and Glossop Integrated Care Foundation Trust (ICFT) had incurred additional expenditure during the 2018/19 winter period compared to their financial plan that was in line with the related grant conditions. The ICFT had invested in the expansion of the Integrated Assessment Unit (IAU) and increased the opening hours in Ambulatory Emergency Care. This was to support admission avoidance and alleviate patient flow pressures together with the achievement of the 4-hour performance target. In light of the shared officer roles in particular accountable officer and s151 officer it was important that there was absolute transparency in respect of any vires of budget or allocation of additional funding to the hospital to provide assurance to both the CCG and Council external auditors.

RESOLVED

- (i) That the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with the related risks contributing to the overall adverse forecast be acknowledged.**
- (ii) That the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children's Social Care and Growth.**
- (iii) That the allocation of £0.200m to the Integrated Care Foundation Trust in 2018/19 via the remaining balance of the Winter Pressures funding be approved to support the additional unplanned expenditure incurred.**

106 YOUNG PEOPLES EMOTIONAL WELLBEING SERVICE

Consideration was given to a report of the Executive Member (Children's Services) and the Director of Population Health seeking authorisation to conduct an open and competitive process, testing the market to secure an appropriate supplier to deliver a Young People's Emotional Wellbeing and Counselling Service in Tameside.

The current Young People's Wellbeing and Counselling Service was an integral part to the delivery of the THRIVE model and commissioning component to the Local Transformation Plan in Tameside and Glossop. It currently supported young people between the ages of 10 to 25 in the 'Getting Advice', 'Getting Help' and 'Getting More Help' quadrants and working closely with a number of partners including Healthy Young Minds.

The outcomes of the Young People's Emotional Wellbeing and Counselling Service were well documented within quarterly reports containing case studies and output data which were briefly

highlighted in Appendix B to the report. Moreover, the outcomes aligned to the Voice of the Child Strategy and the 'I Statements' created by local children and young people as part of the Local Transformation Plan.

The original contract commenced on 1 October 2015 for a two year period with provision to extend for up to an additional two year period and authorisation to extend had been sought via a waiver decision ending on 30 September 2019. The current budget was £91,500 per annum and it was envisaged the service should run for a further five years. However, the options appraisal outlined in the report sought an additional £17,000 per annum to support and reduce demand locally as described in the report, improving goal based outcomes by enabling a robust service fit to meet the demand. The additional funding had been identified from the existing Population Health budget from 2019/20.

The Strategic Commissioning Board was supportive of the continued delivery of a Young People's Emotional Wellbeing and Counselling Service in Tameside and the additional investment to support increased demand. The Board noted the positive feedback and comments from young people who had accessed the service.

RESOLVED

- (i) That approval be given to retender the Young People's Emotional Wellbeing and Counselling Service for 5 years at the end of the contract period due to expire on 30 September 2019.**
- (ii) That Option E(b) outlined in section 4 of the report, including an increase to the contract value to support the growing need and demand be approved.**

107 CHILDREN'S EMOTIONAL HEALTH AND WELL-BEING LOCAL TRANSFORMATION PLAN

Consideration was given to a report of the Interim Director of Commissioning explaining that the Tameside and Glossop Local Transformation Plan finalised in October 2015 and assured at the end of 2015/16 through NHS England. There was a requirement for the Local Transformation Plan to be refreshed on an annual basis to reflect local progress and further ambitions.

The Strategic Commissioning Board considered the detailed refresh of the Local Transformation Plan, seen by NHS England as the evidence that progress was being made, that funding was being spent as intended and providing evidence on how services were being transformed.

The Interim Director of Commissioning reported that mental health disorders in childhood had high levels of persistence and continuity through adolescence, and sometimes into adult life. The consequences of untreated emotional wellbeing and mental health problems early in life could be long lasting and far-reaching, thus effective early intervention was essential. In addition, the risk of child mental health disorders was estimated up to six times higher in vulnerable groups of children and child young people.

The aim of the continued work of the Local Transformation Plan was based upon the need to improve and sustain access to children and young people's mental health provision through a whole-system approach that included the active participation of all partners and key stakeholders. Tameside and Glossop continued to undertake a variety of engagement activities with Children and Young People to inform the development of the Local Transformation plan and the original 'I Statements' developed by children, young people and their families in 2016 remained at the core of all commissioning and outcome monitoring.

She made reference to the 2017-2020 Finance Plan, the overall investment having gone through the Strategic Commissioning governance process and the previously agreed programme of works that would continue in 2019/20.

The Board commented favourably on the update report and the investment in children and young people's mental health would ensure far greater children with a diagnosable mental health condition would access support where and when they needed it and as close to home as possible.

RESOLVED

- (i) That the Local Transformation Plan refresh and finance plans for deliverables for 2019-20 and 2020-21, be approved, recognising that within the year the plan would need to be reviewed in line with strategic objective to integrate Children's and Young People's services.**
- (ii) That the alignment of the Local Transformation Plan with Greater Manchester approaches where populations and needs required thus delivering efficiencies be supported.**
- (iii) That the national context and building national pressures and assurance measures to increase spending on Children's and Young People's Mental Health Services and ensure the publication of the Local Transformation Plan update be noted.**
- (iv) That the financial investment to support developments within the Local Transformation Plan unallocated funding for 2020-21 in order to full meet local and national agendas in delivering the Local Transformation Plan be supported as follows:**
 - Improving access and implementing the THRIVE model;**
 - Ensuring the Neurodevelopmental team was adequately resourced to meet the needs of the local population, including pre-diagnostic and post-diagnostic support.**

108 CHILDREN'S ENURESIS SERVICES PROVISION IN GLOSSOPDALE

The Interim Director of Commissioning presented a report on a proposal to expand the Enuresis service from the Tameside Enuresis Nurse to support children and young people aged 0-19 in Glossop. The pathway would be the same as the current pathway in Tameside and patients would need to travel to Dewsnap Lane Clinic to access the service.

Recurrent funding had been agreed with Derbyshire County Council from the Glossop Better Care Fund allocation with effect from April 2019 to expand the current service to ensure it was equitable to that delivered in Tameside.

RESOLVED

- (i) That the expansion of the current Enuresis Service for the residents of Glossopdale with immediate effect to ensure it was equitable to that delivered in Tameside be noted.**
- (ii) That Derbyshire County Council be recharged for the cost of this additional service.**

109 STARTING POINT SERVICE - GLOSSOP CONTRIBUTION

Consideration was given to a report of the Interim Director of Commissioning explaining that Derbyshire Starting Point was a multi-agency safeguarding hub launched in June 2015. Starting Point acted as the first point of contact for Derbyshire Children's Social Care for early help assessments / requests for support, Police domestic abuse notifications, social care children in need referrals and safeguarding protection concerns about children / young people.

Tameside and Glossop Clinical Commissioning Group contributed to fund the Glossop proportion of the Starting Point service helping to meet the statutory duty to ensure that in discharging their functions, Clinical Commissioning Groups had regard to the need to safeguard and promote the welfare of children under Section 11 of the Children Act 2004.

RESOLVED

That recurrent funding equating to £7,500 per annum be approved to fund the Starting Point service for children and young people living in Glossop.

110 HOUSING FINANCIAL ASSISTANCE POLICY 2018-2023

Consideration was given to a report of the Executive Leader and Director of Growth which explained that Tameside's current Private Sector Housing Renewal Policy was approved in 2003. With increased Government Disabled Facilities Grant funding and continued repayments from previous housing improvement grants and loans, the report provided an updated Private Sector Housing Renewal Policy to enable a more holistic approach to housing adaptation improvements.

In updating the current Policy it was intended to:

- Incorporate the changes in Government policy in respect of the Disabled Facilities Grant and its increased flexibility;
- To reflect the continued increase in Government funding within the Regulatory Reform Order policy;
- Approve the use of ongoing loan repayments to fund alternative initiatives within the updated policy;
- Subject to available funding, increase the number of potential assistance initiatives; and
- Subject to available funding, include Energy Efficiency Measures / Boiler Replacement Scheme within the updated policy.

Following a report to Strategic Commissioning Board on 28 November 2018 approval was given for a public consultation exercise to be undertaken between 12 December 2018 and 25 January 2019 in order to seek wider support for the proposed Housing Financial Assistant Policy update. The response to the consultation exercise was outlined in the report and a number of recommendations had been included in the new Regulatory Reform Order Policy.

RESOLVED

That the Strategic Commissioning Board RECOMMEND to Cabinet the proposed amendments to the Policy set out in the report in connection with the Disabled Facilities Grant and other associated funding loans and grants, including a further three additional grants following the consultation process undertaken between 12 December 2018 and 25 January 2019.

111 DEVELOPING PLACE-BASED PRIMARY CARE NETWORKS IN TAMESIDE AND GLOSSOP

Consideration was given to a report of the Interim Director of Commissioning and Dr Kate Hebden and Dr Vinny Khunger, CCG Governing Body GPs, setting out the way in which the Strategic Commission would engage with general practice in the formation and implementation of Primary Care Networks. This would include setting out the aspiration and rationale for the alignment of Primary Care Networks to the established Neighbourhoods delivering Integrated Care in Tameside and Glossop.

It was explained that on 10 January 2019, the NHS Long Term Plan had been published. This was followed on the 31 January 2019 by 'Investment and Evolution: A five year framework for GP contract reform to implement the NHS Long Term Plan' setting out a number of fundamental changes to the GP contract from 1 April 2019 including the introduction of the Network Contract Direct Enhanced Service creating Primary Care Networks. The Strategic Commission and Primary Care Committee were required to approve Primary Care Network registration forms and coverage and to confirm arrangements to NHS England by 31 May 2019.

The footprint of established Neighbourhoods was the Strategic Commission's ambition for Primary Care Networks in Tameside and Glossop. This was due to the significant and extensive work to build community health, social care, children's integrated teams, social prescribing, community safety partnerships amongst others, with General Practice at the heart. There had been many successes to date by these Neighbourhoods and established collaboration across those footprints.

There would be engagement with General Practice in Tameside and Glossop to ensure an understanding of views in terms of both the opportunities and potential challenges in developing Primary Care Networks in this way.

The report also included proposals for engaging with General Practice in developing place-based Primary Care Networks, through a series of Neighbourhood discussions. Reference was made to a number of key questions designed to frame these discussions to understand how the Networks could support the architecture of, and delivery by, each of the Neighbourhoods. The mapping of the existing neighbourhoods was shown at Appendix 1 and some of the delivery successes for each were detailed in Appendix 2.

Members of the Strategic Commissioning Board welcomed the proposed Primary Care Networks aiming to smooth the interface between primary and community care and made reference to the achievements thus far on this journey and looked forward to using this new opportunity to improve this further and reduce variation across practices.

RESOLVED

- (i) That the principle and ambition for alignment of Primary Care Networks to the five established Neighbourhoods across Tameside and Glossop be approved.**
- (ii) That the engagement plan with General Practice in relation to the formation and implementation of the Primary Care Networks be approved including illustration of the work and successes to date and the embedded relationships across Neighbourhood practices.**
- (iii) To note the oversight and approval of Primary Care Network registration documentation by Primary Care Committee and Governing Body in line with the national timetable.**

112 ASSISTED CONCEPTION PROCUREMENT

The Interim Director of Commissioning presented a report explaining the collaboration of eight Clinical Commissioning Groups across Greater Manchester was looking to procure assisted conception services in order to offer an increased choice of providers to patients and comply with procurement regulations.

NHS Tameside and Glossop was currently an associate to two contracts for assisted conception having decided in 2013 to increase choice from one provider Manchester University Hospital Trust (MFT) and include Care Fertility. The contract held by NHS Trafford CCG with Care Fertility was due to end May 2019 and Trafford had identified the need to re-procure to avoid a legal challenge.

It was reported that Greater Manchester Directors of Commissioning considered a range of options in February 2019 and recommended that NHS Trafford CCG lead procurement with a view to agreeing three contracts alongside the MFT contract. However, MFT were required to agree to work to the standard service specification and to agree separate tariffs, potentially for standard and complex cases, outside of the tender process.

The purpose of the report was to identify whether Tameside and Glossop Strategic Commission wished to be part of the Greater Manchester wide procurement and set out the options were detailed as follows:

Option 1 – participate in the Trafford led procurement;

Option 2 – Revert to MFT as a single provider when Care Fertility contract ended;
Option 3 – run own separate procurement.

The risks and benefits associated with each option was outlined and considered by the Board.

RESOLVED

That approval be given for the participation of Tameside and Glossop Clinical Commissioning Group in the Trafford led procurement as described in Option 1.

113 CHAIR'S CLOSING REMARKS

The Chair advised that this would be his last meeting of the Strategic Commissioning Board and that it had been a privilege to serve the communities in Tameside and Glossop as Clinical Chair. His interest in commissioning had started 24 years ago and during that time he had seen 9 NHS organisational forms and he outlined the challenges and achievements since he had taken over as Chair of the Clinical Commissioning Group. Although there remained a few challenges, the Strategic Commission was now well placed and had commenced its ambition of investing in public health, proactive and preventive care and primary care. He would continue to be interested and supportive of the organisation's work.

The Executive Leader and Chief Executive responded by outlining the significant contribution that Dr Dow had made to the Clinical Commissioning Group and the Strategic Commissioning Board during his tenure, working tirelessly to improve clinical excellence, and his part in ensuring the Strategic Commission was on a firm financial footing. In Greater Manchester Dr Dow had led and chaired the PC Clinical Standards and PC Strategy which had both been clinically well received.

Members of the Strategic Commissioning Board thanked Dr Dow for his service and wished him all the very best for the future.

114 DATE OF NEXT MEETING

To note that the next meeting of the Strategic Commissioning Board will take place on Wednesday 24 April 2019.