

STRATEGIC COMMISSIONING BOARD

26 June 2019

Present: Dr Ashwin Ramachandra (Chair) – NHS Tameside and Glossop CCG
Councillor Bill Fairfoull – Tameside MBC
Councillor Warren Bray – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Dr Jamie Douglas – NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Dr Christine Ahmed – NHS Tameside and Glossop CCG

In Attendance: Stephanie Butterworth Director of Adult Services
Richard Hancock Director of Children's Services
Pat McKelvey Head of Mental Health & Learning Disabilities
Ali Rehman Integrated Performance & Intelligence Service Manager
Jessica Williams Interim Director of Commissioning

Apologies for Absence: Councillor Brenda Warrington – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Councillor Oliver Ryan – Tameside MBC
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG
Dr Asad Ali – NHS Tameside and Glossop CCG

1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2 MINUTES

Consideration was given to the minutes of the meeting of the Strategic Commissioning Board held on 28 April 2019.

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 28 April 2019 be approved as a correct record and signed by the Chair.

3 STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST – CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 31 MARCH 2019

Consideration was given to a report of the Director of Finance which stated that for the 2018/19 financial year the Integrated Commissioning Fund had spent £588,974k, against a net budget of £589,000k. Meeting financial control totals and delivering an underspend of £26k. This overall underspend at a global level had only been possible as a result of non-recurrent financial interventions and it should be noted that contained within this position are several directorates with significant overspend, including Children's Services which has spent £8,043k in excess of budget. Against an authorised deficit position of £23,370k, the actual deficit position at the Integrated Care Foundation Trust was £23,348k, £22k better than target.

The Director of Finance reported that 94% of savings target had been met with the short fall of £2,062k having been addressed non-recurrently to ensure that financial control totals were met.

RESOLVED

That the year-end financial position across both the Strategic Commission and the Integrated Care Foundation Trust be noted.

4 QUALITY ASSURANCE

The Director of Quality and Safeguarding presented a report providing the Strategic Commissioning Board with assurance that robust quality assurance mechanisms were in place monitoring the quality of the services commissioned. It also highlighted any quality concerns and provided assurance as to the action being taken to address such concerns.

The Director of Quality and Safeguarding referred to a learning disability mortality review from which emerging learning themes included an Annual Health Check Uptake and Quality of Health Action plans. Good Practice themes identified included; Reasonable Adjustments and the use of the Hospital Passports. Each of these would be incorporated into improving practice shared directly with relevant Providers, GPs, or commissioners for appropriate real time action.

RESOLVED

That the report be noted.

5 PERFORMANCE UPDATE

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 update.

The Assistant Director for Policy, Performance and Communications highlighted information contained within the Health & Care Dashboard which included exception reporting for measures which are areas of concern, such as where performance was declining and/or off target. Additionally Members were advised on other intelligence / horizon scanning including updates on issues raised by Strategic Commissioning Board Members. A more detailed review of performance across a number of measures was reported in a thematic area based on the latest published data at the end of March 2019.

Members were advised the A&E performance for April was 86.0% for Type 1 & 3 which was below the target of 95% nationally. Underlying demand continued to grow, a consequence of increased acuity including the beginning of a seasonal effect, and increased bed occupancy. There had been a decline in referrals to treatment within 18 weeks. This was primarily due to local GP referrals, but also increases from commissioners outside of Trafford and Manchester, including ENT, cardiology and paediatrics.

Members of the Strategic Commissioning Board sought assurances over the actions taken to alleviate the rise in demand for MRI and Non Obstetric Ultrasound at the Salford Royal Foundation Trust. Members were reassured that those patients waiting 52 weeks or over for treatment were progressing and underlying issues had been resolved.

RESOLVED

That the report be noted.

6 ONE EQUALITY SCHEME ANNUAL REVIEW 2019

Consideration was given to a report of the Executive Leader / Executive Member for Lifelong Learning, Culture and Heritage / Assistant Director of Policy, Performance and Communications detailing the annual review of the One Equality Scheme.

The Assistant Director of Policy, Performance and Communications advised that the One Equality Scheme 2018-22 is the first joint equality scheme of Tameside & Glossop Strategic Commission (Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group). Such arrangements had enabled the successfully establishment of a joint approach and shared vision for the equality and diversity of residents, patients and service users across Tameside and Glossop. The scheme sets out how the Council and CCG strived to reduce the impact of inequality and improve the lives of the most vulnerable members of our communities, committed to ensure that our ethos towards equality and diversity is embedded within everything we do to design and delivery a range of services.

RESOLVED

That the Executive Cabinet be recommended to approve the draft of the One Equality Scheme Annual Review 2019 for publication.

7 REQUIREMENTS FOR REVIEW OF CHILD DEATHS IN GREATER MANCHESTER

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Director of Quality and Safeguarding / Ashwin Ramachandra (Chair) – NHS Tameside and Glossop CCG which outlined the arrangements required for Tameside Local Authority and Tameside & Glossop Clinical Commissioning Group to meet the statutory requirement for reviews of deaths of all children 0-18 years. The report detailed suggested reporting structures for the child death review process to GM Health and Wellbeing Boards.

The Director of Quality and Safeguarding reported that recommendations contained within the report had been produced and agreed on behalf of the Greater Manchester Directors of Children's services and Directors of Nursing CCGs and Directors of Population Health to scope the current arrangements; and to make recommendations as to changes required to meet the statutory guidance for the review of child deaths

Members were advised that following revisions to guidance in 2108 a review had been undertaken to ensure that commissioners and providers of health and social care services within Greater Manchester were clear of the statutory requirement for reviews of deaths of all children 0-18 years to be carried out, to ensure that there are clear reporting structures of the findings of deaths of children and young people, to have clear procedures in place to use data gathered, through various review arrangements, to use information gathered to prevent further deaths and ensure that effective services are commissioned and provided to families who have suffered bereavement through the death of a child.

RESOLVED

- (i) That Health Commissioners and Providers across Greater Manchester are required to understand and implement systems to ensure mortality reviews of all children who have died within their services are carried out using a multi-agency model of review, including commissioners and providers of public health services, be noted and approved.**
- (ii) That Partners other than health services to understand the requirement of practitioners in their agencies to participate in all mortality reviews as necessary be noted and approved.**
- (iii) That a review of procedures and services within acute trusts by health providers and commissioners to ensure that services to meet the needs of families where the death of a child has occurred are effective, be noted.**

- (iv) That agreed information sharing between health providers and Child Death Overview Panels to ensure that all reviews of deaths of children are shared with Child Death Overview Panels, be noted and approved.
- (v) That revision of current sudden unexplained deaths of children policy and mortality review policies to ensure that information sharing and involvement in reviews of deaths of children include the sudden unexplained deaths of children paediatric staff as necessary be noted and approved.
- (vi) That agreement is required across CCG areas of whether there is a perceived need for a discrete role of designated doctor for child deaths including funding arrangements if this is necessary, be noted and approved.
- (vii) That the agreement of continuation of current funding arrangements for sudden unexplained deaths of children by all 10 CCG areas, be noted and approved
- (viii) That the agreement reached between sudden unexplained deaths of children service and acute trusts about the management and review of some cases of unexpected deaths which may occur within the acute trust setting be noted and approved.
- (ix) That responsibility for Governance arrangements for CDOP to be transferred to Health and Wellbeing Boards be noted and approved.
- (x) That the continued agreement for the funding of CDOP administrators be noted and approved.
- (xi) That the agreement that current arrangements for funding of the CDOP administrator role are reviewed across Greater Manchester to ensure that there is capacity to carry out revised role and to ensure that databases can be maintained, be noted and approved.
- (xii) That the joint decision making as to the most appropriate holder for the transfer of budgets for CDOP from LSCBs to alternative arrangements for CDOP. This includes budgets for maintaining databases, be noted and approved.
- (xiii) That the continued support for the current Greater Manchester CDOP arrangements from commissioners of health services and their partners be noted.
- (xiv) That the role of public health partners in leading CDOPs roles needs to be established, be noted.

8 PRIMARY CARE NETWORKS - DEVELOPMENT UPDATE

Consideration was given to a report of Dr Kate Hebden and Dr Vinny Khunger, CCG Governing Body GPs and the Interim Director of Commissioning, setting out the proposals for the establishment and early delivery phase of Primary Care Networks within Tameside and Glossop. The report set out setting out the proposed strategic direction for the development and implementation of Primary Care Networks and the role of Networks, within an Integrated Neighbourhood, in the delivery of the Primary Care within the Locality Plan; and seeking approval of the alignment of the roles of Integrated Neighbourhood Clinical Leads and Primary Care Network Clinical Directors

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' that set 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 the neighbourhoods had carried out 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.

RESOLVED

- (i) That the approval process and governance via Primary Care Committee on 22 May 2019 be noted**
- (ii) That the construct of five Primary Care Network applications approved and the associated investment across the Integrated Commissioning Fund; both the s75 funding approved at SCB in March and the funding within the In Collaboration element of the Integrated Commissioning Fund, be noted**
- (iii) That the proposed strategic direction, set in sections 5 and 6 of the submitted report, for development and implementation of Primary Care Networks and the role of Networks, within an Integrated Neighbourhood, in the delivery of the Primary Care within the Locality Plan be approved.**
- (iv) That the relationship between individual practices, Primary Care Networks, Integrated Neighbourhoods and the Locality, illustrated at paragraph 5.3 of the submitted report including the role, responsibility and differentiation of each of these and their respective place for the delivery of proactive and preventative care for our population be noted.**
- (v) That the alignment of the roles of Integrated Neighbourhood Clinical Leads and Primary Care Network Clinical Directors the need to review the clinical sessions of the Integrated Neighbourhood posts in light of the appointment of the Primary Care Network Clinical Directors be approved.**

9 INITIAL EVALUATION OF FOUR GREATER MANCHESTER (GM) FUNDED TRANSFORMATION SCHEMES

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Interim Director of Commissioning detailing the initial evaluation by the University of Manchester of four transformation schemes, which had received funding from the Greater Manchester Health and Social Care Partnership (GMHSCP).

The University of Manchester had been selected as an independent evaluation partner with a remit to analyse the success of the Care Together programme and specifically, the transformation schemes funded by the Health and Social Care Partnership. The Care Together partnership had identified Greater Manchester Transformation Schemes that had not being reviewed since being commissioned by the Strategic Commissioning Board. The report provided details of an interim evaluation on the following:

- Extensive Care Service
- Integrated Neighbourhood Pharmacy
- Community IV Therapy
- Support at Home.

The evaluation had sought to understand impacts on patients and service users via patient questionnaires or alternative qualitative approaches. However, health and well-being outcomes had not been quantitatively assessed. It was stated that Community IV Therapy and Integrated Neighbourhood Pharmacy were releasing financial benefit. The Support at Home scheme had not been able to demonstrate financial benefit due to increasing pay, nor was it yet possible to determine how this is translated into a more efficient model of care and reductions in demand. The Extensive Care Service was unable to evidence benefits on the wider system though it was considered that there had been insufficient time to demonstrate a change in referral criteria.

RESOLVED

- (i) That the evaluation of these four schemes was the initial part of an overall evaluation for Tameside and Glossop Transformation programme be noted**
- (ii) That the progress of all four schemes to date and recognise that further embedding of the services is required before an accurate evaluation can take place, be noted**
- (iii) That the continuation of all four schemes as currently funded for the final year of the GM transformation programme be approved.**

- (iv) **That the full evaluation of GM transformation programme be brought to a future meeting of the Strategic Commissioning Board.**

10 ICFT CONTRACT OUTCOMES

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health/ Interim Director of Commissioning which outlined proposed key outcome measures, which should they be achieved, would provide an additional £1m of income for the Integrated Care Foundation Trust in 2019/20.

Each of the outcome measures supported life course priorities for Tameside and Glossop and alignment to the Corporate Plan. The measures had been developed in partnership with the Integrated Care Foundation Trust. An Integrated Care Foundation Trust Contract meeting group, to be chaired by the Interim Director of Commissioning would undertake responsibility for determining appropriate trajectories and targets

RESOLVED

- (i) **The key outcomes required by the Integrated Care Foundation Trust be noted**
- (ii) **The responsibility for determining appropriate trajectories /targets lies with the Integrated Care Foundation Trust Contract meeting group be noted.**
- (iii) **That subject to the outcome trajectories being met that this will result in an additional payment of £1m for the Integrated Care Foundation Trust in 2019/20, be noted**

11 ALLOCATION OF £1.154 MILLION ASC WINTER PLANS FUNDING FOR 2019-20

Consideration was given to a report of Dr Douglas, Governing Body GP (Ageing Well) / Director of Adult Services introduced a report that sought approval for the delegation to the Director of Adult Services to approve the allocation of funding to voluntary and community sector organisations in consultation with the Director of Operations at the Integrated Care Foundation Trust. Further delegation was sought for the Director of Adult Services for the use of contingency funding to support additional related pressures and proposals that may emerge during the year that would ensure the most appropriate system wide benefits were delivered.

From October 2018 Councils that provided Adult Social Care to support winter pressures for 2018/19, received an allocation of the funding based on the Adult Social Care Relative Needs formula. In January 2019 the Department for Health and Social Care confirmed that the same level of funding (£1.154 million) would be allocated for 2019/20 to assist with pressures faced by the health and social care system over the next winter period. Funding for all proposals to be approved by the Director of Adult Services were to be financed from the total £1.154 million allocation.

The report detailed a number of schemes which sought to reduce social isolation, support people to remain living safely at home and to promote a timely and safe discharge from hospital as follows:

- Block booking 10 transitional care home bed
- In-house home care service
- Trusted Assessor Post in the Integrated Urgent Care Team
- Additional Social Worker Capacity
- Additional Occupational Therapy / Manual Handling Capacity
- Housing Officer based in the Integrated Urgent Care Team
- Projects with the voluntary and community sector
- Winter Package for Reablement

- Offer the Community Response Service (CRS) to avoid admissions and support safe discharge.

RESOLVED

- (i) That the proposals detailed in section 2 of the submitted report with indicative allocations for each proposal provided in Appendix 1 to the report, be approved.
- (ii) That the Director of Adult Services be authorised to approve the allocation of funding to voluntary and community sector organisations (section 2.8) when the proposals are confirmed and agreed with the Director of Operations at the ICFT.
- (iii) That the use of contingency funding to support additional related pressures and proposals that may emerge during the year be approved to ensure the most appropriate system wide benefits are delivered. All proposals to be financed from the total £1.154 million allocation within the financing arrangements of any contingency requirements that may emerge.

12 ESTABLISHMENT OF A SINGLE HANDED CARE TEAM FOLLOWING CONSULTATION

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Director of Adult's Services that sought authorisation to proceed with the establishment of a single handed care team for an initial two year period following a formal consultation process.

The Director of Adult's Services informed the Board that it was the intention to establish a single handed care team to address the perception of social care, hospital and community based assessors, support providers and service users that many care and support interventions which require manual handling could only be delivered safely through the provision of two carers. The purpose of the team would be to reduce the instances of double up staffing in order to undertake safe manual handling activities associated with the provision of care and support.

A consultation exercise had been undertaken for eight weeks ending 15 April 2019, with 38 responses received. Forty per cent of respondents identified themselves as being in receipt of double handed care after they were actively sought by the Council's support at home providers. Responses elicited a range of views from concern and anxiety through to openness to a different approach.

The proposal was estimated to realise annual savings of £1.1 million by 2021/22 based on an estimated non recurrent investment of £0.525 over the period 2019/20 to 2021/22.

RESOLVED

- (i) That the establishment of a single handed care team be approved.
- (ii) That the non-recurrent sum of up to £0.525 million phased over 2019/20 to 2021/22 to support the establishment of a single handed care team be approved.

13 PERMISSION TO SPEND - TENDER FOR THE PROVISION OF A INDEPENDENT MENTAL CAPACITY ADVOCACY SERVICE

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Director of Adult's Services that sought authorisation to re-tender the Independent Mental Capacity Advocacy (IMCA) service on behalf of Tameside, Stockport and Oldham Council on an annual budget of £181,312, split equally between the three Local Authorities, an annual cost of £60,437 to commence on 1 April 2020.

Since the Mental Capacity Act 2005 came into force on 1 April 2007, Tameside had jointly commissioned IMCA provision with Oldham MBC and Stockport MBC. The current five year contract had been in place since 1 April 2015 with Together for Mental Wellbeing providing the

service. Each council contributed exactly one third of the contract price. A Service Level Agreement (SLA) between the three councils has been in place throughout, formalising commissioning and contractual arrangements and managing funding streams. Subsequent performance monitoring had continued along these lines and a close working relationship between the three Councils had been developed.

The Independent Mental Capacity Advocacy Service operated generically across a wide variety of service users with mental capacity issues, including people with learning disabilities, dementia, mental health needs and acquired brain injury. Staff practitioners and medics alike make referrals across the three Councils and their local health partners.

RESOLVED

- (i) That the re-tender the Independent Mental Capacity Advocacy (IMCA) Service for a five year period with a termination period of six month be approved.**
- (ii) That that delegated authority is confirmed for the Director of Adult Services to approve the contract award following the tender.**

14 TENDER FOR SUPPORTED LIVING FOR ADULTS WITH A LEARNING DISABILITY LIVING IN THEIR OWN HOME

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Director of Adult's Services that sought authorisation to tender five contracts for the Provision of Supported Living for Adults with a Learning Disability in Their Own Homes, with a contract commencement date of 1 April 2020.

It was explained that the Learning Disability Supported Living Contracts supported 290 people across 36 properties in the Borough. The accommodation ranged from shared houses to extra care schemes with individual flats. The contracts deliver 24 hour support in terms of a whole life approach that enables people to develop daily living skills and independence, have access to their local community and activities and maintain their health and wellbeing.

The Director of Adults Services advised Members that the re-tender would be carried out via the Greater Manchester Ethical Learning Disability and Autism Flexible Purchasing System which was for high-quality providers that had a track record in delivering person-centred and outcome-focused packages which would support people with learning disabilities and autism to be independent at home, learn new skills and connect with others.

RESOLVED

That approval be given to tender five contracts for the Provision of Supported Living for Adults with a Learning Disability in Their Own Homes.

15 16+ LEAVING CARE SERVICES – SUPPORTED AND INDEPENDENT LIVING SERVICES DYNAMIC PURCHASING SYSTEM (SAILS DPS) – PLACEMENTS NORTHWEST REVIEW.

Consideration was given to a report of the Deputy Executive Leader for Children and Families and the Director of Children's Services updating Members on the 16+ Leaving Care Services for looked after children accessed via Placements North West.

Placements North West acted as a strategic commissioning service which supported the development of sufficient placements for Looked after Children and Care Leavers across the North West. Tameside Joint Commissioning and Performance Management Team had been lead commissioners in developing the Supported and Independent Living Services Dynamic Purchasing System on behalf of the other Local Authorities.

Issues relating to the quality of suppliers attempting to join the Supported and Independent Living Services Dynamic Purchasing System were considered at a North West Commissioners meeting held on 19 July 2018, where it was agreed to suspend the Supported and Independent Living Services Dynamic Purchasing System in order to carry out a review of its operation. Following review and consultation North West Commissioners recommended to replace the current system with a Flexible Purchasing System with a higher specification and more rigorous evaluation criteria.

RESOLVED

- (i) That the utilisation of the second year of the approved extension period to allow for Placements North West to establish the procurement process for the new Flexible Purchasing System, transfer of existing suppliers to the new Flexible Purchasing System and any contingency planning, be noted.**
- (ii) That the securing by Placements North West and regional commissioners of a procurement team who will work on a new purchasing system, acknowledging that Placements North West will be leading on the project, be noted.**
- (iii) That the establishment by Placements North West of a working group to develop the revised standards and due diligence for the new Flexible Purchasing System, be noted.**
- (iv) That the establishment by Placements North West and regional commissioners of a consultation process with the market and Care Leavers, be noted.**
- (v) That further work is being undertaken by Placement North West to understand these providers and their current activity and Tameside will review placement activity for the borough, be noted.**
- (vi) That a subsequent report will be completed in respect of the FPS and Tameside Councils sign up to the new agreement, be noted.**
- (vii) That the improving the standard and quality of accommodation for Care Leavers should be deemed an essential priority of any commissioning arrangements, be noted.**

CHAIR