

STRATEGIC COMMISSIONING BOARD

27 November 2019

Comm: 1.00pm

Term: 1.40pm

Present: Dr Ashwin Ramachandra – NHS Tameside and Glossop CCG (Chair)
Councillor Warren Bray – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Councillor Bill Fairfoull – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Councillor Oliver Ryan – Tameside MBC
Councillor Brenda Warrington – Tameside MBC
Councillor Eleanor Wills – Tameside MBC
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG
Asad Ali – NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Dr Christine Ahmed – NHS Tameside and Glossop CCG

In Attendance:

Sandra Stewart	Director of Governance & Pensions
Kathy Roe	Director of Finance
Jeanelle De Gruchy	Director of Population Health
Jayne Traverse	Director of Growth
Ian Saxon	Director of Operations & Neighbourhoods
Richard Hancock	Director of Children's Services
Tom Wilkinson	Assistant Director of Finance
Emma Varnam	Assistant Director of Operations & Neighbourhoods
Simon Brunet	Head of Policy, Performance & Intelligence
Debbie Watson	Assistant Director of Population Health

Apologies for Councillor Allison Gwynne – Tameside MBC
Absence:

42 DECLARATIONS OF INTEREST

There were no declarations of interest.

43 MINUTES

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 23 October 2019 be approved as a correct record and signed by the Chair.

44 MONTH 6 INTEGRATED FINANCE REPORT

Consideration was given to a report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance providing an overview on the financial position of the Tameside and Glossop economy in 2019/20. For the year to 31 March 2020 the report forecast that service expenditure would exceed the approved budget in a number of areas, due to a combination of cost pressures, shortfalls in income and non-delivery of savings.

It was explained that for the 2019/20 financial year the Integrated Commissioning Fund was forecast to spend £617.914 million, against an approved net budget of £617.425 million. The forecast overspend at month 6 was now £0.489 million, which was an improved position from the previous month, but masked significant and increased pressures in Children's Services, which was forecasting expenditure to be £6.674 million in excess of budget. Pressures remained in Acute, Mental Health and Growth services, with further pressures emerging in Adults. The forecast position for Operations and Neighbourhoods had improved significantly as a result of a one-off return of reserves from GMCA in respect of the Levies. Further detail on the economy wide position was included in an Appendix to the report.

Members were further advised in respect of changes to mobile phone financing arrangements. Historically, mobile phone handsets had been purchased by service areas outright at the beginning of the contract, with line rental/call costs paid monthly over a period of 2 or 3 years. Whilst it was generally more cost effective to buy the handsets up front, outright purchase by services resulted in uneven spend across financial years.

Purchasing options for mobile phones had recently been reviewed as part of the current replacement programme and it had been identified that significant cost savings could be achieved by purchasing mobile phones outright at the beginning of the contract period. However, rather than a one-off charge to services, it was proposed that reserves were utilised to fund the initial purchase. Services would then be charged over the life of the contract, smoothing the impact on revenue budgets, and replenishing the reserves.

RESOLVED:

- (i) That the significant level of savings required during 2019/20 to deliver a balanced recurrent economy budget together with the related risks, which are contributing to the overall adverse forecast, be acknowledged;**
- (ii) That the significant financial pressures facing the Strategic Commission, particularly in respect of Children's Social Care and Operations & Neighbourhoods, and Growth, be acknowledged; and**
- (iii) That the proposed changes to mobile phone financing arrangements, as detailed above, be approved subject to the agreement of the Executive Cabinet at its meeting immediately following this meeting of the Strategic Commissioning Board.**

45 ENGAGEMENT UPDATE

Consideration was given to a report of the Executive Leader / CCG Chair / Director of Governance and Pensions providing the Strategic Commissioning Board with an update on the delivery of engagement and consultation activity in the last two years.

Members were informed that much of the work was undertaken jointly, co-ordinated through the Tameside and Glossop Partnership Engagement Network (PEN), by NHS Tameside and Glossop Clinical Commissioning Group, Tameside Council and Tameside and Glossop Integrated Care NHS Foundation Trust. However, it was noted that each of the three agencies had undertaken work individually, where necessary and appropriate for the purposes of specific projects. Engagement was relevant to all aspects of service delivery, all the communities of Tameside and Glossop, and wider multi-agency partnership working. The approach was founded on a multi-agency conversation about 'place shaping' for the future prosperity of the area and its communities.

Members extended their thanks and congratulations to the joint, integrated Policy, Performance and Communications teams for their hard work and support.

RESOLVED

That the content of the report be noted and the future engagement and consultation activity with the communities of Tameside and Glossop, be supported.

It was explained that NHS T&G CCG working in partnership with NHS Tameside and Glossop Integrated Care Foundation Trust and Manchester University NHS Foundation Trust, would develop a pathway that incorporated a community based Lung Health Check service, delivered on a mobile unit sited within neighbourhoods to an agreed National Standard Protocol. National funding for the provision of a local service, in line with National Standard Protocol would be provided at an estimated cost of £6.3 million plus £55,000 for a project manager.

The intention of the programme was to:

- Increase identification of lung cancer and support early diagnosis (at an earlier stage); and
- Improve outcomes: increased one year survival and reduce the number of preventable deaths from diagnosing cancer at an earlier stage. Survival rates were better the earlier it was diagnosed, so there needed to remain a strong focus on prevention and early better diagnosis.

It was further explained that NHSE England set a challenging timeline for implementation of the local programme which was outlined in the report.

The national protocol did not dictate a specific model for LHC delivery, provided the standards in the protocol were met. Learning and insight from other established LHC services was built in to support a locally designed, delivery model. Key stakeholders (including clinicians within secondary and primary care) and local people were involved in the planning phase to co-design the right delivery model and design principles for NHS T&G CCG.

Members were informed that, following extensive engagement and consultation with key stakeholders and members of the public, the preferred model of delivery for NHS T&G CCG was to provide Lung Health Checks, smoking Cessation and CT scans all in one place (One Stop) on a Mobile Unit based within neighbourhoods.

Participants would be invited for a LHC via the Manchester University NHS Foundation Trust (MFT) service on GP endorsed letter heads. Practices would provide a list of eligible participants following a data extract from their systems using a Data Quality search template developed by GM Shared Services (Data sharing agreement in place). LHC participants who smoked will receive smoking cessation advice and support from a specialist nurse, while they were on the mobile unit. The LHC service would establish strong links with local services to ensure that participants continued to receive support from local services within the community.

NHS T&G ICFT in partnership with MFT, would proactively manage the service on behalf of NHS T&G CCG to an agreed service specification, a copy of which was appended to the report, and in line with the National Protocol.

RESOLVED

- (i) That the Strategic Commissioning Board endorse and approve the preferred model of delivery for the Targeted Lung Health Checks within the Strategic Commissioning organisation;**
- (ii) That the Strategic Commissioning Board recommend that NHS T&G CCG vary the service specification into NHS T&G ICFT's contract for governance and assurance purposes; and**
- (iii) That the Strategic Commissioning Board recommend that the NHS T&G CCG be accountable to Greater Manchester Cancer Alliance and National Cancer, for delivery of the local service.**

CHAIR