TAMESIDE AND GLOSSOP
CARE TOGETHER SINGLE COMMISSIONING BOARD

20 April 2016

Commenced: 3.00 pm **Terminated: 4.30 pm**

PRESENT:	Alan Dow (Chair) – Tameside and Glossop CCG Richard Bircher – Tameside and Glossop CCG Christina Greenough – Tameside and Glossop CCG Graham Curtis – Tameside and Glossop CCG Councillor Brenda Warrington – Tameside MBC Councillor Peter Robinson – Tameside MBC Steven Pleasant – Tameside MBC Steve Allinson – Tameside and Glossop CCG
IN ATTENDANCE:	Sandra Stewart – Tameside MBC Angela Hardman – Tameside MBC Stephanie Butterworth – Tameside MBC Kathy Roe – Tameside and Glossop CCG Michelle Rothwell – Tameside and Glossop CCG
APOLOGIES:	Councillor G Cooney – Tameside MBC

1. WELCOME AND CHAIR'S OPENING REMARKS

In opening the meeting, the Chair welcomed Board Members to the Tameside and Glossop Care Together Single Commissioning Board and in doing so made reference to a number of landmark / reference papers to be discussed. He stated that there was an inevitable period of 'work in progress' as a product of old systems passing into the new, for example the report on the Public Health Grant.

Just as the Joint Commissioning function was now live after a shadow year, so was the Devolution arrangement for Greater Manchester and the Tameside Hospital Foundation Trust entered its shadow year to become an Integrated Care Foundation Trust. There remained a huge financial challenge to address a deficit £69m by 2020/21 and in addition a quality challenge involving monitoring, assuring and improving a system wide quality going forward. The update report on the assurance framework going forward demonstrated that progress was being made.

In addition, the Chair stated there was a strategic challenge in moving the balance of the locality's interventions and resources, upstream into preventive and proactive care and made reference to the new five year Commissioning Strategy and its four key priorities; tacking the wider determinants of health, healthy lifestyles, best care of long term conditions and supporting positive mental health.

2. DECLARATIONS OF INTEREST

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

3. TERMS OF REFERENCE / GOVERNANCE OF THE SINGLE COMMISSION

The Executive Director (Governance and Resources) presented a report explaining the governance and accountability framework to support the development and implementation of an integrated health and care system in Tameside. It also set out the Terms of Reference and

detailed the proposed arrangements to support the Single Commissioning Board including a Professional Reference Group ensuring that at the heart of decisions there was a strong clinical voice.

She stated that the proposals had been set within the framework of the Memorandum of Understanding and the governance and accountability arrangements agreed at Greater Manchester level where responsibility for the Greater Manchester Strategic Plan and Greater Manchester wide commissioning arrangements resided. Additionally, they must take account of and interface with the governance arrangements of individual partner organisations.

The interim arrangements for the Single Commission started in January 2016 and this included the formation of the Interim Single Commissioning Board. On 1 April 2016, this became the Single Commissioning Board operating on the basis of the Terms of Reference as set out in **Appendix 1** to the report. The governance arrangements were intended to provide a safe foundation from which decisions would be made to deliver improved services to the people of Tameside and Glossop.

Following discussion and in acknowledging that the framework for the Single Commissioning Board had been agreed at Greater Manchester level, it was felt that an early review of the Terms of Reference would be undertaken in 3 months to ensure that they best supported the Board's decision-making processes.

Consideration was also given to the draft Terms of Reference for the Professional Reference Group set out in **Appendix 2** to the report and it was proposed that membership be amended to reflect that there would be no distinction between Members and Attendees of the Group . Again, the Terms of Reference would be reviewed in 3 months time to enable further shaping / refining.

RESOLVED

(i) That the governance arrangements including the Terms of Reference set out as Appendix 1 of the Single Commissioning Board approved by both statutory organisations and the progress being made to support effective commissioning decision-making by the Single Commissioning Board be noted.

(ii) That the intention to keep the Governance arrangements of the Single Commissioning Board under review to ensure fit for purpose be noted and that an early review be undertaken in 3 months.

(iii) That the arrangements for a Single Commissioning Board working group to be known as the Professional Reference Group be noted and the Terms of Reference agreed as set out at Appendix 2 subject to the membership being amended and a review taking place in 3 months time to enable further shaping / refining.

(iv) That each of the parties to the Single Commissioning Board formally receive the minutes of the Single Commissioning Board.

4. FINANCIAL FRAMEWORK AND CURRENT POSITION

The Chief Finance Officer to the Single Commissioning Board, Tameside and Glossop CCG, presented a report setting out the key principles required to establish the joint (single) fund from 1 April 2016 between the Council and the CCG to be managed by the Tameside and Glossop Care Together Single Commissioning Board. The report was approved by the Tameside and Glossop CCG Governing Body on the 23 March 2016 and the Tameside MBC Executive Cabinet on 24 March 2016.

Considerable due diligence had been undertaken to ensure risks were mitigated and lessons observed from other organisations operating pooled funding arrangements. Both organisations had worked closely with the Greater Manchester Integrated Care Programme Office, Monitor and the DH Better Care Fund Task Force to identify the most appropriate way of doing this

acknowledging the current limitations of powers under Section 75 of the National Health Services Act 2006.

She stated that the report set out the financial framework that the Tameside and Glossop Single Commissioning Board would be required to manage all resources within the Integrated Commissioning Fund (ICT) and comply with both organisations statutory functions from the single fund. It was proposed that the pooled fund was hosted within the accounts of the Council on behalf of the Single Commissioning Board.

The Chief Finance Officer explained that **Appendix 1** to the report provided details of the 2016/17 budget allocations for inclusion in the ICF categorised into 3 distinct sections:

- Section 75 Services;
- Aligned Services; and
- In Collaboration Services.

Details of services that could be included in a Section 75 was set out in **Appendix 2**. It also provided information on those services which could not be included as determined within the existing legislation. It was noted that the ICF would be bound by the terms within the existing Section 75 agreement and associated Financial Framework agreement set out in **Appendix 3** of the report.

In conclusion, she made reference to significant progress on joint commissioning arrangements that had already been made and detailed in the report. During April 2016 the first step towards the new commissioning system would be completed. The key milestone of implementing the ICF should not be underestimated and in acknowledging that the work had been complex, it would support the future decision-making of the Single Commissioning Board. It was intended that the Single Commissioning Board would receive regular monitoring reports at future meetings.

RESOLVED

(i) That the inclusion of the 2016/17 Tameside MBC and Tameside and Glossop CCG budgets as stated in Appendix 1 within the existing Section 75 joint finance pooled arrangement and within an aligned partnership agreement be noted.

(ii) That the decisions taken by the Tameside and Glossop Care Together Single Commissioning Board (joint committee) relating to the Integrated Commissioning Fund binding on the Council and the CCG be acknowledged.

(iii) To note the principal that during 2016/17 each organisation would be responsible for the management of their own deficit arising within the level of resources they contributed to the Integrated Commissioning Fund as stated in Appendix 1.

(iv) That it be noted that Tameside Council would continue to be the host organisation for the existing Section 75 pooled fund agreement.

(v) To note that the terms of the financial framework provided within Appendix 3 to support the Integrated Commissioning Fund had been approved by both the Council and CCG.

(vi) To note that the level of resources within Appendix 1 be reviewed during 2016/17 and updated accordingly in recognition of national funding decisions of the Government and associated agencies together with funding decisions taken by the Council and CCG.

(vii) That the inclusion of Greater Manchester Transformation Funding within the Integrated Commissioning Fund, subject to award confirmation, be noted.

(viii) To note the intention to commence joint financial reporting and stringent monitoring in shadow form on the Integrated Commissioning Fund stated in Appendix 1 to the Tameside and Glossop Care Together Single Commissioning Board from 1 April 2016 on a monthly basis or as appropriate within the 2016/17 reporting governance schedule for this Board.

5. IMPACT OF CUTS TO PUBLIC HEALTH GRANT

The Director of Public Health introduced a report which explained that on 4 November 2015, the Department of Health confirmed that it would reduce its spending on public health grants to local authorities by £200m this financial year, 2015-16. This 6.2% in year cut in public health grant for Tameside amounted to £942,928.

In the November 2015 Spending Review, additional cuts in the Public Health grant were announced, which would be an average real terms cut of 3.9% each year to 2020-21. This translated into a further cash reduction of 9.6% in addition to the £200m of savings announced early in the year. For Tameside Council this would mean a confirmed reduction of £363,180 for 2016-17 and another reduction of £387,000 in 2017-18 having a very significant impact on the commissioned Public Health services.

The Director of public Health made reference to the approach being taken to respond to the 2015-16 in year Public Health grant cut, and the reduction in grant funding that would continue to 2020-21. It was noted that 85% of the Public Health grant was commissioned through contracts and confirmation of these reductions would present enormous challenge to reduce, decommission or renegotiate contracts for April 2016/17. A prioritisation framework had been implemented and a review of the total budget available for 2015/16 had been undertaken. A set of proposals against current Public Health expenditure had been developed and a summary was detailed in the report relating to the following areas:

- Starting and Developing Well Programme – total saving £197,000;
- Living and Working Well Programme – total saving £441,000;
- Ageing Well Programme – total saving of £25,000;
- Reducing staff costs and IT consumables – total saving of £36,000;
- Review of all contracts commenced – target saving of £164,928; and
- Public Health staffing redesign – identified part year saving of £79,000.

A letter from the Director of Public Health was sent to all providers in November 2015 informing them of the proposed cuts to the Public Health budget and one to one meetings had taken place throughout November / December to start the process of consultation and possible renegotiation of contracts. In addition, Public Health commissioning leads had met with all providers to look at possible funding scenarios of reductions on current contracts.

Members of the Single Commissioning Board heard that a public consultation on the Council's Big Conversation Website had taken place over a four week period commencing 4 December 2015 to 4 January 2016 where the proposals for the 2015/16 reductions were described and the public invited to comment. The structure of the consultation and responses were detailed in **Appendix 2** of the report.

In considering the proposals in the report, the Board expressed their deep concern and disappointment regarding the cuts to Public Health budgets and the detrimental impact these would have on many prevention and early intervention services. The Council had a statutory duty to provide mandatory functions such as tackling alcohol and drug misuse, smoking and obesity as well as generally promoting a healthier lifestyle. Investing in prevention ultimately saved money in other areas by reducing the demand for hospital, health and social care services. The Board also noted that the grant from 1 April 2016 would be included within the single commissioning pooled fund and would therefore be aligned and considered alongside the outcomes of the single commissioning strategy.

The Director of Public Health further advised that she intended to meeting with the Director of Public Health for Derbyshire CC to understand the impact of the cuts to the public health grant in Derbyshire, discuss system priorities going forward and how prevention programmes would be secured for residents.

RESOLVED
That the approach being adopted in the report and response to the funding situation described be noted.

6. CARE TOGETHER COMMISSIONING STRATEGY

Consideration was given to a report of the Programme Director of the Care Together Programme Board which stated that Care Together Commissioning for Reform Strategy 2016-20, appended to the report, which was based upon discussions with key members of staff from the Single Commission and Tameside Hospital Foundation Trust, Councillors and GPs, two staff workshops and a review of existing plans and strategies.

It suggested an initial focus on four key commissioning priorities. These had been identified as the areas which could have the biggest impact on improving health and wellbeing whilst reducing long term costs. Further work was required in order to develop and appropriate outcomes framework to underpin the commissioning priorities and to inform the development of an outcome based provider contract.

The report also considered the role of the Single Commission in supporting the development of the Integrated Care Organisation and the new model of care and the organisational development of the Single Commission.

Reference was also made to the key actions over the coming months set out in the Strategy and the development of the communications and engagement plan providing an early opportunity to communicate with regard to the high level ambitions and intentions. The next stage also involved an Equality Impact Assessment being undertaken to inform which stakeholders and patient groups might be affected, in order that the Strategy could be shared, initially for information and comment.

RESOLVED
That the Commissioning Strategy and the key next steps be approved and progressed subject to an Equality Impact Assessment and an appropriate communication and engagement plan being developed.

7. UPDATE ON 2016/17 COMMISSIONING CONTRACTS

The Director of Transformation presented a short update report setting out the work undertaken to produce a single database of contracts in the scope of the Single Commissioning Board. There was some outstanding information regarding a small number of CCG 2016/17 contract values, which would be updated in the next few days and Public Health 2016/17 contract values would not be finalised until end April to account for the full impact of the increase in the national living wage. There would be ongoing housekeeping and administrative work to keep the database live and accurate. For each contract it had been established:

- Name and type of provider, e.g. Acute, Any Qualified Provider, Locally Commissioned Service, Patient Ambulance Service, Local Authority, CHC, Community, Mental Health, Out of Area Treatments, Hospice;
- Whether the Local Authority and / or CCG was lead, co-ordinating, co or associate commissioner and contract holder;
- Type of contract and payment type;
- Value, length of contract, start, end dates and notice period; and
- Responsible contract and commissioning leads and monitoring process.

Further analysis would shortly commence to look at reviewing the contracts to understand for example:

- Where both Tameside MBC and the CCG commission and contract from the same provider;
- Where contacts' notice periods were due within the next 6-12 months;
- Opportunities for more outcome based / focused contracting arrangements; and
- Opportunities for efficiencies / recommissioning / decommissioning.

In addition, consideration would be given as to how the single database could be interrogated to provide easy, comprehensive summaries of contractual information for the commissioning team to use and which would give the Single Commissioning Board the assurances it required that contracts were being managed and getting best value for the residents of Tameside and Glossop. A forward plan would be produced providing details of contracts that were due to expire to assist in the future planning of the commissioning strategy.

The Board welcomed the update on commissioning contracts as it was a very positive move for the Single Commission to know how, where and on what its budget was being spent.

RESOLVED

(i) That progress in developing one contracts database for the Single Commissioning function and the opportunities this would bring the locality to better manage and co-ordinate services and where appropriate make contracting efficiencies be noted.

(ii) That a contracts forward plan would be developed for consideration at the next meeting of the Single Commissioning Board.

8. UPDATE ON ASSURANCE FRAMEWORK GOING FORWARD AND UPDATE ON CCG 2015/16 ASSURANCE POSITION

Consideration was given to a report of the Director of Public Health advising on the proposed GM system-wide improvement and recovery approach to the health and social care system delivery challenges, which recognised that the future of assurance on delivery would be delivered at the place level through the newly connected system and recommending that a similar local approach be adopted. The aim would be to establish a system which owned the process of assurance and performance improvement, place based and driven by the locality determined and owned priorities.

The Locality Plans, as the foundation of the GM 5 year Health and Social Care Strategic Plan – Taking Charge, articulated a strategic direction of travel to align and integrate commissioning and new provision through a range of new models of care. This new model would be connected in new ways and the current organisational focus of national assurance and regulatory processes, and local scrutiny functions might need to be reviewed in this context.

The report also provided an update on CCG assurance and performance, based on the latest published data. The January position was detailed for elective care and a March 'snap shot' in time for urgent care to provide continuing reassurance whilst a new fit for purpose approach was co-designed and consulted upon.

Additionally, attached to the report was a CCG NHS Constitution scorecard, showing CCG performance across indicators. The CCG had been Assured as Good in four of the five components in the assurance framework with Performance being the only one with Limited assurance.

In Particular, Board members were asked the note the following:

- Performance issues remained around waiting times in diagnostics and the A&E Performance;
- The number of patients still waiting for planned treatment 18 weeks and over continued to decrease and the risk to delivery of the incomplete standard and zero 52 week waits was being reduced;

- Cancer standards were achieved in January 2016;
- Endoscopy was still the key challenge in diagnostics particularly at Central Manchester;
- A&E standards were failed at Tameside Hospital Foundation Trust (THFT) and were amongst the lowest in GM.
- Attendances and non-elective admissions at THFT (including admissions via A&E) had increased on 2014 since August;
- The number of Delayed Transfers of Care recorded remained higher than planned.
- Ambulance response times were not met at a local or at North West level.

A discussion took place regarding minimising avoidable attendance at A&E and the challenge of developing intelligence and early intervention to prevent emergency or unplanned hospital admissions.

RESOLVED
(i) That the approach described for a GM wide assurance process be noted.
(ii) That the development of a locally based assurance model which aligned with the GM approach and also supporting the localities ambitions be agreed.
(iii) That the 2015/16 CCG statutory assurance position be noted.
(iv) That the Board identify areas to scrutinise further as a holistic system wide assurance system was developed.

9. URGENT ITEMS

The Chair advised that there were no urgent items for consideration at this meeting.

CHAIR