TAMESIDE AND GLOSSOP
CARE TOGETHER SINGLE COMMISSIONING BOARD

2 August 2016

Commenced: 3.00 pm **Terminated: 4.45 pm**

PRESENT: Christina Greenhough (Chair) – Tameside and Glossop CCG
Richard Bircher – Tameside and Glossop CCG
Graham Curtis – Tameside and Glossop CCG
Councillor Gerald P Cooney – Tameside MBC
Councillor Brenda Warrington – Tameside MBC
Councillor Peter Robinson – Tameside MBC

IN ATTENDANCE: Sandra Stewart – Director of Governance
Stephanie Butterworth – Director of People
Kathy Roe – Director of Finance
Clare Watson – Director of Commissioning
Damien Bourke – Assistant Executive Director (Development and Investment)
Sandra Whitehead – Assistant Executive Director (Adult Services)
Ali Rehman – Public Health
Emma Varnam – Head of Stronger Communities
Michelle Rothwell – Interim Director of Nursing, Quality and Patient Safety

APOLOGIES: Alan Dow – Tameside and Glossop CCG
Steven Pleasant – Chief Executive

45. DECLARATIONS OF INTEREST

Members	Subject Matter	Type of Interest	Nature of Interest
Christina Greenhough	Item 6(i) and (j) – Over 75's Scheme Proposal and Directed Enhanced Services	Personal	GP in Tameside
Richard Bircher	Item 6 (i) and (j) – Over 75;s Scheme Proposal and Directed Enhanced Services	Personal	GP in Tameside
Councillor Gerald P Cooney	Item 6 (e) – Extension of Contract with New charter For Bridges Services	Prejudicial	Director of New Charter Housing Trust

Councillor Cooney left the room during consideration of Item 6(e) and took no part in the voting or discussions thereon.

46. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 5 July 2016 were agreed as a correct record.

47. FINANCIAL POSITION OF THE CARE TOGETHER ECONOMY

The Director of Finance, Single Commissioning Team, presented a joint report of the Tameside and Glossop Care together constituent organisations on the revenue financial position of the Economy.

The report provided a 2016/17 financial year update on the month 3 financial position (at 30 June 2016) and the projected outturn (at 31 March 2017).

Particular reference was made to the budgets, expenditure and forecast outturn of the ICF and the Tameside Hospital NHS Foundation Trust. In order to achieve a balanced position by the year end there were a number of risks that had to be managed which were explained in the report and summarised as follows:

- Achievement of the original £21.5 million projected commissioner financial gap (£13.5 million T & G CCG and £8.0 million TMBC);
- Delivery of the £17.3 million projected financial deficit (i.e. agreed control total) of Tameside Hospital NHS Foundation Trust;
- Management of any potential over spend within Acute services. Any over spend would be an additional pressure over and above the financial gap stated above;
- Ensure Parity of Esteem was achieved in relation to Mental Health Services;
- Management of Care Home placements due to the volatility in this area;
- Management of unexpected and complex dependency placements within Children's Services;
- Emergency in-year reductions to Central Government resource allocations;
- Pro-active management of continuing Healthcare and Prescribing which were subject to volatility; and
- Remaining within the running cost allocated for2016/17.

The report also contained a summary of the Tameside Hospital NHS Foundation Trust financial position. This was to ensure members had an awareness of the overall financial position of the whole Care together economy and highlight the increased risk of achieving financial sustainability in the short term whilst also acknowledging the value required to bridge the gap next year and through 2020/21.

RESOLVED

(i) That the 2016/17 financial year update on the month 3 financial position (at 30 June 2016) and the projected outturn (at 31 March 2017) be noted;

(ii) That the significant level of savings required during the period 2016/17 to 2020/21 to deliver a balanced recurrent economy budget be acknowledged; and

(iii) That the significant amount of financial risk in relation to achieving an economy balanced budget across this period, be acknowledged.

48. DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – GOVERNING BODY PERFORMANCE UPDATE

Consideration was given to a report of the Director of Public Health providing an update on CCG assurance and performance based on the latest published data. The May position was shown for elective care and a July 'snapshot' in time for urgent care. Also attached was a CCG NHS Consultation scorecard showing the CCG performance across that indicator set.

The Single Commissioning Board was advised that 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 incomplete standard and zero 52 week wait was being reduced.

It was noted that cancer standards were achieved in May and endoscopy was still the key challenge in diagnostics particularly at Central Manchester.

It was explained that A & E standards were failed at Tameside Hospital Foundation Trust and ambulance response times were not met at a local or at North West level.

The assurance framework for 2016/17 had been published nationally however, the framework from Greater Manchester Devolution was awaited.

In noting that Tameside was currently the third best performer across the GM Trusts reported through Utilisation Management, Board members discussed that the standard had not been achieved during June and up to 10 July 2016. Particular concerns were raised with regard to the hospital discharge process and it was explained that a number of Social Workers had recently been recruited and Senior Managers based at the Hospital were now assisting with the discharge process. However, it was further explained that there were real pressures in the system in respect of care home beds and that a meeting with home care providers had been arranged for 11 August 2016.

RESOLVED
(i) That the 2016/17 CCG Assurance position be noted; and
(ii) That the current levels of performance be noted.

49. STRATEGIC ESTATES PLAN – UPDATE ON PROGRESS

Consideration was given to a report of the Director of Commissioning, which provided a summary of progress towards an agreed Strategic Estates Plan for Tameside and Glossop. The latest version of the Strategic Estates Plan was appended to the report.

It was reported that Tameside and Glossop had developed a growing reputation as an innovative locality in relation to development of their estate within the Greater Manchester economy.

Work was ongoing across the five neighbourhoods of Glossop, Ashton (North), Hyde (South), Denton (West) and Stalybridge (East), gathering information on the supply of our current estate and mapping this onto the SHAPE database and a number of opportunities had been identified within each neighbourhood. Transformation funding had been secured to continue this enabling work and further bids had been made for One Public Estate monies and Estates and Technology Transformation Funds for four key projects across three localities.

It was explained that each neighbourhood would have a Hub where the integrated care model could be developed offering an extended range of health and social care together with added value services from the voluntary sector, police, DWP and other agencies. The Hub in each area would look slightly different depending on the available estate and the opportunities that presented themselves at present.

Neighbourhood opportunities for each area were outlined in the report and discussed by Board members.

The report concluded by explaining that this was an exciting time within Tameside and Glossop with a firm commitment from all stakeholders to work collaboratively. The growing reputation at GM level of the work undertaken had provided investment ready status with only two other localities – Stockport and Salford. The SEG Chair would be reporting to the Programme Board with a full capital ask for the developments outlined in the report and all possible routes to procurement would be explored.

RESOLVED
That the content of the report be noted.

50. DISABLED FACILITIES GRANT DELIVERY CONSIDERATIONS

The Assistant Executive Director, (Development, Growth and Investment), submitted a report describing the current service for providing adaptations for people with disabilities through the Disabled Facilities Grant (DFG) and other revenue streams by the Housing Adaptations Team.

It was explained that the provision of adaptations was likely to be integrated into the Integrated Care Organisation, however, as a result of a 65% increase in Disabled Facilities Grant for 2016/17

compared to 2015/16, the report also noted measures to be implemented to ensure continued service delivery whilst discussions continued.

A number of proposals as part of a raft of changes to increase the number of adaptations delivered on time and at reduced cost were set out in the report as follows:

- Restoring the statutory upper level of £1,000 for Minor Adaptations;
- Remove the requirement for social housing tenants to be subject to a means related test; and
- Use of Disabled Facilities Grant in the 'Urgent' Criteria without referral for a means related test.

A draft Equalities Impact Assessment was appended to the report and an updated version was circulated immediately prior to the meeting. This covered the impacts of the policy change, and it would continue to operate alongside the implementation and changes to analyse and monitor the position to ensure the Council reduced health inequalities and there were no protected characteristics which suffered an unexpected detriment.

RESOLVED

(i) That the restoration of the statutory upper level of £1,000 for minor adaptations to bring it back in line with the national statutory limit before an application for a DFG is required, be approved;

(ii) That the removal of the requirement for social housing tenants to be subjected to a means related test for any proposed adaptations and make use of a new shorter application form to perform a reduced number of checks to ensure eligibility and for audit purposes, be approved; and

(iii) That the use of Disabled Facilities Grant in the 'urgent' criteria without referral for a means related test, be approved.

51. LEARNING DISABILITY DAY SERVICE REVIEW – PERMISSION TO CONSULT

Consideration was given to a report of the Interim Assistant Executive Director (Adults), explaining that Learning Disability Day Services were provided across a wide range of provider organisations. Provision to individuals with more complex needs had been retained by the internally provided council service. The review was driven by a need to achieve further savings from this area of operations which may require a reduction in capacity to achieve efficiencies. Current predicted demand for these services over the forthcoming years was set to increase significantly so it was necessary to understand the nature of this demand and current and future capacity in the wider context of the review.

The report sought permission to consult with people who use services, carers and key stakeholders including the market to establish current and future demand and capacity to future proof services and mitigate any increased future costs.

The consultation method was outlined in the report and copies of information/letters/questionnaire to be circulated to service users and their carers were appended to the report.

A number of risks had been identified a result of undertaking the review, which were outlined in the report. To try and further mitigate some of the risks, day services would ensure that service users and carers were fully informed about the service options and available support from Adult Social Care should they be able to move to community provision. The services would offer taster sessions and 'try it' days as part of the planning live consultation. A full Equality Impact Assessment would be completed following consultation to inform future recommendations.

The report concluded by explaining that the Council faced significant budgetary challenges over the coming years and therefore needed to diversify the service delivery market by looking at new

and innovative approaches to deliver services whilst reducing cost of provision significantly. The Council had further significant savings to make over the forthcoming years so reviews of services were constantly being undertaken to mitigate the impact of the financial reductions.

Learning Disability Day Services supported some of the most vulnerable citizens across the Borough living at home with carers so this provision was an essential part of their day time respite in terms of supporting families and carers to have balanced lives, and enabled some very complex individuals to live at home. Alternative options would be to provide 24 hour care at a significantly higher cost than the provision of day time activities.

The Council further needed to ensure it considered the needs of young people coming through transition with current 5 year projections being 59 young people transitioning from Children's to Adult Services. Not all of these individuals would require complex service provision, however, current capacity would be unable to cope with small increases in demand and should a day centre base close capacity would be significantly reduced and possibly unable to meet demand. The market in some areas would also be unable to meet increased demand as current demand exceeded capacity. It was necessary to expand the current offer being made available by other providers if current and future eligible needs were to be met.

As part of the process, it was necessary to consider post 16 education provision and demand for 5 day service offers as part of investment in the development of alternative services that could assist in making significant savings within Education while supporting families and carers to support individuals to remain living at home.

It was important that the service communicated and consulted with customers regarding these changes and where appropriate, offer support to individuals to fully understand the implications of the proposals, their impact on the individual and their family and the commitment to delivering services differently. The service would fully include the sector in these discussions to assist in consultation and to contribute to future planning. Fundamentally a considered approach to this issue was essential to ensure problems were not created in the short to medium term in terms of capacity to meet future need, demand and capacity for general and complex service provision.

RESOVLED

(i) That approval be given to enter into consultation with the 84 day service customers and their carers who currently access day service provision from the council's internally provided learning disability day services to establish current and future needs and aspirations;

(ii) That approval be given to enter discussions with other day service providers, children's services and education to establish what they offer including current and future plans and capacity; and

(iii) That approval be given to enter into consultation with potential customers coming through transition (21 young people in the next two years with a rise to 59 young people over the next 5 years) and their carers and the wider public to ensure that future needs and demand is planned for appropriately.

52. ELIGIBLE NEEDS BASED ALLOCATION SYSTEM FOR ADULTS IN RECEIPT OF PLANNED RESPITE CARE

A report was submitted the Interim Assistant Executive Director (Adults), which explained the need to continue with the provision of a planned respite/short stay service to meet the eligible needs of individual service users and provide essential breaks for carers to support their ongoing caring role. It was explained that the health economy faced significant budgetary challenges over the coming years and therefore needed to ensure that services were delivered in a fairer and equitable way by ensuring the allocation of respite/short stay was provided in the most cost effective way.

It was reported that the current spend for planned respite was £186,323 per annum based on an enhanced residential EMI placement. This did not take into account any placements that were part Continuing Health Care/part Council funded. There were currently 39 residential and nursing homes on the Council's on/off framework, any of which an individual may access for their planned respite/short stay nights.

The Council currently had criteria for the allocation of planned respite/short stay for Adults with a Learning Disability. This was introduced in 2012 following a Key Decision. The allocation criteria had a set maximum number of nights or equivalent and formed part of the users' personal budget. Users could choose to take their personal budget as a Direct Payment and arrange their care and support form wherever they chose. There were instances when an individual would receive more than the maximum allocation, should exceptional circumstances be determined.

The Council did not currently have criteria for the allocation of an individuals planned respite/short stay allocation for all other Adults 18+. This resulted in a system of allocation that did not deliver a fair and equitable service across all residents of Tameside and gave little control of costs as there was currently no ceiling on the number of nights that could be allocated. Without eligibility criteria, the level of provision could not be aligned to the level of need as detailed in the Care Act 2014 as explained in the report.

Board members were informed of three main options moving forward with the service redesign project as follows:

- Close the service down;
- Continue with existing service and uncontrollable spend; or
- Introduce a fair and equitable cost effective provision that aligned with other adults receiving planned respite/short stay.

It was explained that a needs based allocation system for respite was first introduced in 2003 for all adults with a learning disability to be able to fully capture the level of need of individuals and carers to ensure fair and equitable allocation of respite nights. The allocation was based on an annual assessment of respite needs determined by bandings of low, medium and high needs. The allocation had a ceiling of 21 maximum respite nights per year. From 2011 a full comprehensive reassessment of need for all services was implemented across Adults Services, improving the quality of assessment and focused on achieving outcomes rather than demand. This identified that the implementation of the criteria and allocation required reviewing due to the continued perception of inequity. The revised eligible needs based allocation system was approved via a Key Decision on 27 March 2013 and implemented fully since this date.

The proposed revised needs based allocation system scored applications on a points system resulting in needs being assessed as high, medium or low with the maximum number of nights at 21 per annum. The implementation of the revised allocation system would have an impact for many of those who currently received over a maximum of 21 nights. It was noted that whilst the 21 nights was in principle a ceiling, it was recognised that there would be exceptional cases where it was appropriate to provide more support.

Members were further informed that consultation on the recommended model was launched via the Council's Big conversation website and also letters were sent to all service users of planned respite and their families. The consultation focused on the introduction of an eligible need based system allocation of planned respite with a maximum number of 21 allocated nights. A total of 12 responses were received by the Council, details of which were appended to the report.

Although the response was limited, the general consensus was one of recognising the important role that respite care played allowing users and carers to remain at home. Nearly all the respondents commented that if respite wasn't available that they would have to consider longer term care solutions.

A risk appraisal had been undertaken to ensure that risks, their consequences and impact were considered. Details of risk considerations were set out in the report.

The report concluded by explaining that the Care Act required the council to provide services that met assessed eligible needs. Planned Respite care was a service that allowed users and their families to have a break from each other in order to allow users to remain at home being cared for by their families for as long as possible.

Consultation with the public and more specifically, with users and carers of planned respite had clearly identified the importance of providing a respite service and the impact on carer's ability to continue if it was felt necessary to stop providing the service.

Discussion ensued with regard to the above and the impact on users and carers and the need to manage the situation carefully to ensure that breakdown of care did not occur.

In answer to a query from Board members, the Interim Assistant Executive Director explained that this system would not impact on emergency respite and applied to planned periods of respite only.

RESOLVED
That approval be given to introduce eligible needs based system for the allocation of planned respite with a maximum allocation of 21 nights per annum effective from1 October 2016. This would bring all adults in line with the system currently operated for adults with learning disabilities.

At this juncture, Councillor Cooney, having declared a prejudicial interest as a member of the Board of Directors of New Charter Housing Trust, left the room during consideration of the item below and took no part in the voting or discussions thereon.

53. EXTENSION OF CONTRACT WITH NEW CHARTER FOR BRIDGES SERVICE

Consideration was given to a report of the Executive Director (People), requesting approval of the financial arrangements to enable an extension of a contract with New Charter Housing Trust for the provision of The Domestic Abuse, Drug and Alcohol Service (known as Bridges).

It was explained that the contract commenced on 1 October 2013 and ran until 30 September 2016, with provision within the contract for the option to extend up to 30 September 2018.

It was further explained that the contract had been very successful in achieving its aim to increase awareness of domestic abuse and its core objective of providing support at both preventative and intensive intervention levels. The extension would allow Tameside victims of domestic abuse to continue to benefit from the service.

Demand for the service continued to increase. Greater Manchester Police (GMP) data on the prevalence of domestic abuse in Tameside showed an increase of 30% in 2014/15 when compared with the previous 12 months. An analysis of GMP data of domestic abuse incidents in Tameside by risk showed an increase in medium risk incidents in 2014/15. The trend for incidents assessed as 'high risk' was increasing above and beyond that for other risk types. These incidents increased by 27% in 2014/15 when compared with 2011/12.

It was explained that an extension of the contract would enable the Council and its partners to continue to address pressing issues around increased demand for this service and to improve services for children and young people who were linked to domestic abuse either as victims or perpetrators.

In respect of risks, Board members were informed that the biggest risk to the Council was ceasing the only service which was providing extensive integrated provision throughout the population of the Borough to victims, children, families and communities.

The report concluded that the current contractual arrangements had enabled the delivery of an effective service that both achieved good value and had realised significant outcomes in the early intervention and prevention of domestic abuse as well as dealing with the effects of domestic abuse as it occurred at every level.

The waiver would enable the service to continue to embed and expand this work significantly to support victims, children and young people who were both or either victims or perpetrators of domestic abuse and their communities. This would affect current and future generations of Tameside's population to deal with this subject differently understanding acceptable behaviour and growing respectful relationships.

The extent of the work being provided, alongside the integration with major partners in Tameside detailing the number of clients and families seen, evidenced the clear necessity to continue with such vital provision.

RESOLVED
That the continuation of financial resources to enable the extension of the contract for the provision of The Domestic Abuse, Drug and Alcohol Service to 30 September 2018, be approved.

54. TENDER FOR SUPPORTED ACCOMMODATION FOR PEOPLE WITH A LEARNING DISABILITY LIVING IN THEIR OWN HOME – INTENSIVE SUPPORT SERVICE

A report was submitted by the Director of Commissioning seeking authorisation for the re-commissioning of an intensive support service for people with a learning disability. The current contract was due to end on 31 March 2017. An indicative first year budget of £850,000 was proposed.

It was explained that the key aims and objectives of the service had been to empower service users to manage their lives in a manner that allowed them to achieve fulfilling and meaningful outcomes with a positive sense of belonging in their communities.

It was further explained that the service proposal would continue to deliver these outcomes with an increased emphasis on promoting independence pathways for individuals and ensuring there was an opportunity to move on. This would be achieved through the provider delivering person centred approaches and working in a multi-disciplinary way with key partners including care management and forensic nursing teams.

It was reported that alternatives had been considered through the planning group of the Single Commissioning Team and consideration to the Equalities Impact Assessment which was detailed in the report. Alternatives considered had included the use of personal budgets for individuals to directly purchase their own services. This in itself posed some issues in that individuals within a property may choose to purchase their support from different providers which then had the potential not to deliver the levels of 24 hour support that may be required.
It was concluded that this was an established service which met the needs of those who received support, therefore it was felt appropriate to re-tender this service. The decision to move forward with a restricted tender exercise had been driven by the vulnerable group supported through this contract and implications for more expensive residential care should this service not continue.

RESOLVED
That approval be granted for the proposed re-tender of the service provision.

55. PROVISION OF PERSONALISED EXTRA CARE SUPPORT FOR PEOPLE WITH A PHYSICAL AND SENSORY DISABILITY AGES 18-55 (LOMAS COURT)

The Director of Commissioning submitted a report seeking authorisation for the re-commissioning of extra care support to twenty people with physical and/or sensory disabilities. The current contract was due to end on 31 March 2017. An indicative first year budget of £164,000 was proposed to purchase 200 hours of 'background' support and seven sleep-in's per week.

It was explained that consultation with the tenants at Lomas Court had taken place in April 2016 to establish how best to commission support. Tenants indicated the need for a continuation of 24 hour support within the scheme. Given the needs of the people who lived at Lomas Court, the option to cease the service had been ruled out of considerations. Failure to provide the service could put tenants at risk and may increase the numbers who entered residential care due to a breakdown in their care and support at home.

RESOLVED
That approval be granted for the proposed market testing and re-tender of the service provision.

56. CONTROL OF PHARMACY MANAGED REPEAT SYSTEMS

Consideration was given to a report of the Director of Commissioning setting out a policy for practices to use to control community pharmacy managed repeat activity.

It was reported that, with patient written consent, pharmacies were allowed to order prescriptions on their behalf as well as collect these from the GP and dispense and deliver them to the patient's home. These services were not NHS contracted services but entered into voluntarily by pharmacies for their commercial benefit. It could be a very helpful service in the case of elderly, housebound patients who have little social support. Pharmacies compete to sign patients up to their managed repeat service some of them having hundreds of patients signed up and their repeat slips retained at the pharmacy. This applied whether the scripts were processed as paper scripts or electronically.

Repeat prescribing enabled patients to obtain further supplies of medicines without routinely seeing the prescriber, thereby reducing unnecessary consultations. It was estimated that in some cases, 50% of ordering of repeats was carried out by pharmacies on behalf of patients.

The majority of pharmacists endeavoured to give a safe and high quality service to patients, however, there had been increasing instances of pharmacies ordering inappropriately or unnecessarily, which generated waste and could cause patient safety issues.

It was explained that the CCG had received numerous complaints from practices about these schemes, including instances where pharmacies had ordered repeat medication for:

- Deceased patients;
- Patients who were in hospital;
- Patients who had been discharged from hospital on new medication regimes but their pharmacy had ordered discontinued medicines;
- Patients who medication had recently been changed by their GP but their pharmacy had ordered discontinued medicines;
- Patients who already had sufficient supplies of medication.

Whilst Tameside & Glossop CCG acknowledged that repeat prescription ordering could be beneficial to some patients who had little social support and struggled to cope themselves, wherever possible, patients should be encouraged to take responsibility for the ordering of their own repeat prescription as this encouraged patients to be independent and in control of their medicines.

The standards that should be applied to managed repeat systems were set out in the report. It was added that they had been drawn up to ensure patient safety and prevent waste of NHS resources through ordering of unwanted and unneeded items. To this end, any pharmacy offering a prescription service should do so in compliance with the General Pharmaceutical Council (GPhC), standards of conduct, ethics and performance (July 2012).

Discussion ensued with regard to the above and the recommended options for Practices outlined in the report and Board members sought clarification in respect of monitoring arrangements, for whichever option practices chose. The Director of Commissioning explained that technicians could run reports in order to ensure that whichever option chosen by the Practice was successful in addressing the issues raised.

RESOLVED

(i) That practices choose one of the following approaches to take regarding pharmacy ordering of repeat prescriptions:

Either

Continue as current practice, insisting on best practice from pharmacies in order to accept their ordering of repeats but instigate the 'three (or less if desired) strikes method which had been used by HMR. This involves working in conjunction with the LPC such that when within a 3 month period three (or less if decided upon) examples of poor practice are detected the pharmacy is temporarily suspended form ordering with the surgery. The pharmacy has to contact any patients that it has to order for and help them make alternative arrangements to order their medicines. Working with the CCG and LPC the pharmacy can, after it has investigated the incidents including reviewing SOPs and reported how it will avoid making the same error again be reinstated allowing to order once again. Further contraventions would result in permanent suspension.

Or

In the main, pharmacies are not allowed to order for patients. Patient or carer self-ordering will be promoted. Repeat orders from pharmacies are only to be accepted for those patients who are not capable of or do not have sufficient support to order their prescriptions themselves (once these have been identified).

(ii) That Practices be urged to choose and implement one of the above options as a matter of the upmost priority.

57. OVER 75s REVIEW PAPER

The Director of Commissioning submitted a report, which explained that the National Operating Framework 2014/15 outlined, as part of its plans for a modern model of integrated care, a request to ensure that the NHS provided tailored care for vulnerable and older people. The CCG allocated £1.2 million recurrent funding (£600K) pro rate for 2014/15) to invest in General Practice to deliver this. This equated to £5 per registered patient. Practices were required to meet the outcomes outlined in both the Better Care Fund (BCF) and the Care Together Programme. Whilst the funding was provided by the CCG, it sat jointly with TMBC in the pooled budget element of the Integrated Commissioning Fund.

It was reported that, although, as part of BCF this was a national initiative there was no standard template for how this should be delivered beyond adhering to the BCF framework. The CCG adopted a process and practices were invited to submit a business case to be considered at PIQ, regarding the care of over 75's, which would meet the aims of the Better Care Fund and Care Together Programme.

It was explained that the purpose of the report was as follows:

- To present an evaluation of the process, which had been in place since the introduction of the over 75 schemes. The aim was to investigate whether the current way of working provided a robust and equitable system to evaluate the bids;
- To summarise the schemes, present themes, examples of good practice and identify lessons learnt and to identify where schemes already align with the Integrated Neighbourhood Team model; and
- To reconfirm the approach for 2017/18.

The report concluded that clarity on the position for 2017/18, and beyond was required. The funding formed part of the CCG's recurrent allocation, however confirmation was needed as to whether it was available for 2017/18. If funding was agreed as available the approach in terms of future schemes was also to be agreed, recognising the neighbourhood model being adopted across the locality.

It was recommended that the proposed approach include:

- Start the process sooner for schemes to be considered for 2017/18 to ensure a go live of 1 April 2017 could be achieved;
- Same start and end time where possible to maximise the period schemes were in place and therefore maximise the potential impact;
- Neighbourhood bids only; take the best from previous individual schemes and include this. (as per the agreement from the paper Primary Care transformation and new models of care update, presented and agreed at April PRG);
- Be clear about the strategic aims the bids need to address;
- Have a rating process, similar to that which might be used when interviewing staff, to give PRG members to use whilst bids are being presented; part of this should be to match up the scheme outcomes to the BCF;
- Finance to provide a value for money analysis, comparative data, to allow for benchmarking and comparisons to be drawn between schemes during the consideration and approval of bids;
- Increase the emphasis for bids to demonstrate activity levels for previous years, where they are continuation of existing scheme, to show where criteria had been met, e.g. reduced A&E admissions;
- Recommend use of clinical system template and read codes where possible;
- Alignment with Integrated Neighbourhood Model would be encouraged, however PRG may wish to consider innovative projects which would enhance the existing Integrated Neighbourhood model proposition; and
- The CCG would serve notice during 2016/17 on any scheme not meeting the criteria referred to above.

RESOLVED

(i) That Board members are reassured that the direction of existing schemes align to the Integrated Neighbourhood model;

(ii) That the process for developing and assessing proposals be refined as outlined in the report; and

(iii) That the intention for 2017/18 in terms of recurrent financial resource with an approach for 5 neighbourhood schemes, serving notice on existing sub neighbourhood/individual practice schemes, be agreed.

58. DIRECTED ENHANCED SERVICES

Consideration was given to a report of the Director of Commissioning, which considered how the existing Directed Enhanced Services aligned with the Care Together programme and the developing model of care, and put forward proposals for the management of the Directed Enhanced Services in 2016/17 and 2017/18 from a contractual perspective.

It was explained that Enhanced services were currently commissioned through each of the primary medical care contracting vehicles (GMS, PMS, APMS) and could be commissioned from a range of other service providers (e.g. Community Pharmacies). They currently comprised of:

- Local Enhanced Services; and
- Directed Enhanced Services.

The 'Primary Care Actions and Update' paper received by PRG in April set out the aim of moving toward one contract and therefore one claim per practice for enhanced services, with neighbourhood contracts by the end of 2016/17. Under delegated commissioning, the CCG could offer an alternative scheme as well as the Directed Enhanced Services as long as the local scheme had the national requirements as a minimum. The challenges involved in meeting this were outlined in the report.

Details were also given in respect of the current position and options available on avoiding unplanned admissions.

The report concluded that, in respect of Directed Enhanced Services, the proposed approach was to continue to support the offer of the package of Directed Enhanced Services across Tameside & Glossop, aligning with the commissioning priorities of the Single Commission, encouraging optimum uptake by member practices and therefore ensuring the optimum investment in primary care locally was secured.

With regard to Avoiding Unplanned Admissions Directed Enhanced Services, the national service specification was in line with the approach to Integrated Neighbourhoods therefore did not need to be reviewed or amended. However, practices had not, to date, been supported with the delivery or to engage with partner organisations in its delivery. This could be remedied within the current specification without the complication of designing a local scheme. In doing so, the issue of the reporting and auditing could be addressed, to ensure that this was robust and supported our integrated working.

RESOLVED

(i) That in respect of Avoiding Unplanned Admissions Directed Enhanced Services the current procedure be continued, but to implement the Integrated Neighbourhood alignment recommendations (as detailed in Appendix 2 to the report), as soon as possible and at the latest by Autumn 2016;

(ii) That in respect of the wider Directed Enhanced Service portfolio this be aligned with the appropriate commissioning intentions within the Care Together Programme, to be completed by September 2016 to enable inclusion in the commissioning intentions for 2017/18;

(iii) That in respect of contracting and Performance Management develop and implement plans for Neighbourhood Directed Enhanced Services contracts in readiness for the 2017/18 commissioning intentions and contracting process; and

(iv) The Practices' comments (as detailed in Appendix 1 to the report), be taken into account in implementing the recommendations.

59. URGENT ITEMS

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

60. DATE OF NEXT MEETING

It was noted that the next meeting of the Single Commissioning Board would take place on 6 September 2016 commencing at 2.30 pm at New Century House, Denton.

CHAIR