

Adult Commissioning Committee

Dear Member,

You are invited to attend the meeting of the Adult Commissioning Committee to be held as follows for the transaction of the business indicated.

Miranda Carruthers-Watt
Proper Officer

DATE: Wednesday, 12 June 2019

TIME: 3.00 pm

VENUE: Committee Room 3, Salford Civic Centre, Chorley Road, Swinton

In accordance with 'The Openness of Local Government Bodies Regulations 2014,' the press and public have the right to film, video, photograph or record this meeting.

AGENDA

- 1 **Apologies for Absence - 5 minutes**
- 2 **Declarations of Interest - 5 minutes**
- 3 **Draft Minutes of the Meeting Held on 8 May 2019 - Chair - 5 minutes** (Pages 1 - 4)
- 4 **Finance - Steve Dixon - 30 minutes**
- 4a Service and Financial Group Terms of Reference (Pages 5 - 20)
- 4b Verbal Update - National Living Wage
- 4c Verbal Update - Financial Position - Main Risks
- 5 **Mental Health Progress Report - Judd Skelton - 20 minutes** (Pages 21 - 36)
- 6 **Cancer Care - Quarterly Update Report - Harry Golby - 20 minutes** (Pages 37 - 48)
- 7 **Any Other Business - Chair - 10 minutes**
- 8 **Time, Date and Location of Future Meetings**

3:00pm on Wednesday 10 July 2019 – St James' House;
3:00pm on Wednesday 11 September 2019 – Civic Centre, Salford Suite;
3:00pm on Wednesday 9 October 2019 - St James' House;
3:00pm on Wednesday 6 November 2019 – Civic Centre, Salford Suite;
3:00pm on Wednesday 8 January 2020 - St James' House;
3:00pm on Wednesday 12 February 2020 – Civic Centre, Salford Suite;

3:00pm on Wednesday 11 March 2020 – St James' House.

Contact Officer:
Carol Eddleston

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E-Mail: carol.eddleston@salford.gov.uk

**Minutes of the Adult Commissioning Committee (ACC)
held on 8 May 2018 in the Salford Room, St James' House**

Present:

Dr Peter Brambleby (PB)	Interim Director of Public Health
Mr Steve Dixon (SD)	Chief Finance Officer - CCG
Mr David Flinn (DF)	Neighbourhood Lead - CCG
Cllr Jane Hamilton (JH)	Executive Support for Social Care & Mental Health - SCC
Mrs Joanne Hardman (JH)	Chief finance Officer - SCC
Cllr Bill Hinds (BH)	Lead Member for Finance & Support Services - SCC
Cllr Tracy Kelly (TK)	Lead Member for Housing & Neighbourhoods
Ms Kate Jones (KJ)	Neighbourhood Lead - CCG
Dr David McKelvey (DM)	Neighbourhood Lead - CCG
Mrs Karen Proctor (KP)	Director of Commissioning - CCG
Mrs Charlotte Ramsden (CR)	Strategic Director People - SCC
Dr Tom Regan (TR)	Clinical Director for Transformation
Cllr Gina Reynolds (GR)	Lead Member for Adult Services, Health & Wellbeing - SCC in the chair
Dr Jeremy Tankel (JT)	Medical Director - CCG – co-chair
Mr Judd Skelton (JS)	Assistant Director - Integrated Commissioning - CCG/SCC
Mrs Francine Thorpe (FT)	Director of Quality and Innovation - CCG

In attendance:

Ms. Emma Reid (ER)	Joint Head of Planning & Performance - CCG/SCC
Mr Mike Relph (MR)	Senior Democratic Services Adviser - SCC

1. Apologies for Absence

1.1 There were no apologies for absence.

2. Declarations of Interest

2.1 There were no declarations of interest in relation to any of the items on the agenda.

3. Terms of Reference

3.1 KP presented the recently drafted terms of reference for the Committee.

3.2 The ACC sought clarification on the stated quorum for meetings of the Committee being one-third of the voting membership in attendance, with at least three members present from each of SCCG and SCC. It was suggested that, if this were to be the case, it would be impractical in operation as only a small number of absences/apologies would result in an increased likelihood of meetings being rendered inquorate.

4. Business Planning Update 2018/19

4.1 ER presented the report which detailed the Salford Health and Care Commissioning 'plan on a page' as part of Salford CCG's wider Annual Plan for 2019-20, and which outlined high level aims for each of the following key delivery workstreams from 1 April 2019 until 31 March 2020 to ensure the CCG and City Council played a leading role in delivering the Salford Locality Plan for local people:-

- Quality, safety, innovation and research
- Primary Care
- Integrated community care services for adults
- Children's and maternity services

4.2 It was indicated that there was an intention to refresh the Salford Locality Plan before the end of 2019 and this had to be managed accordingly as part of the committee's current workload. It was suggested that consideration be given to a number of work groups, sitting beneath the main committee, being created to undertake this task and report back accordingly.

4.3 The ACC noted Salford Clinical Commissioning Group's (CCG) Annual Plan 2019-20 and, in particular, the high level aims outlined in the 'Integrated Community Care Services for Adults' workstream, which had been jointly developed with colleagues from Salford City Council leadership teams and service groups. It was intended that this would be translated into team and individual objectives over the coming weeks, with work prioritised accordingly.

5 Finance Report April 2019 - Opening Budgets

5.1 SD presented the report which provided an overview of (a) the scope of services within the Integrated Fund for 2019/20, (b) the main financial risks for 2019/20 and (c) the work underway in the locality to mitigate these financial risks.

5.2 The importance of preventative initiatives in terms of effective budget management was emphasised, though the arising benefits were often only realised in the long term.

5.3 It was commented that "best value" related equally to quality and performance and was not solely a monetary consideration.

5.4 The ACC noted the update on the opening 2019/20 Integrated Fund, in particular acknowledging the main financial risks and the work being undertaken to mitigate them, as highlighted in Sections 4 and 5.

6 Salford Integrated Care Programme for Adults Service and Financial Plan (2016/17 - 2020/21) Implementation - Update

6.1 KP presented the report which provided an update on the delivery and implementation of the Salford Integrated Care Programme for Adults Service and Financial Plan (SAFP) 2016/17 to 2020/21. The SAFP related to the adults pooled budget up to 31 March 2019 and would, in due course, be superseded by a new business plan and report relating to the Adults' Integrated Fund. The report also focused on a selection of SAFP workstreams, to provide assurance of progress with implementation, together with more detail on the progress with the Urgent Care

Treatment Centre, Wellbeing Matters, a Diagnostic Unit proposal, Living Well Salford and a transformation project update.

6.2 A specific update was provided with regard to the current innovation project to pilot an Integrated Care Diagnostic Unit (ICDU) in the Ordsall and Claremont neighbourhood of Salford. The proposal had been developed by GPs within the neighbourhood and there was a need to fully evaluate the pilot once it concluded on 30 September 2019.

6.3 **The ACC noted the update on the Salford Integrated Care Programme for Adults Service and Financial Plan (SAFP) 2016/17 to 2020/21 and agreed the existing reporting format be maintained.**

7.1 **Future Meetings**

7.2 **The following dates for future meetings of the Committee were noted:-**

- 3.00 pm Wednesday 12 June 2019 - Salford Civic Centre, Committee Room 3
- 3:00pm Wednesday 10 July 2019 - St James' House, Salford Room

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**NAME OF MEETING 12 JUNE 2019
AGENDA ITEM NO 4a**

Item for Decision/Assurance/Information (Please underline and bold)

DATE OF MEETING 12 JUNE 2019

Report of:	Steve Dixon, Chief Finance Officer and Deputy Accountable Officer, Salford CCG
Date of Paper:	4 th June 2019
Subject:	Service and Finance Group (SFG) Terms of Reference
In case of query Please contact:	Steve Dixon
Purpose of Paper: This paper updates the Adults' Commissioning Committee on the purpose and scope of the Service and Finance Group (SFG) which undertakes detailed analysis and challenge on the finance, contract and procurement issues in relation to services within the scope of the Integrated Fund. The terms of reference of the SFG are included in the report for comments from ACC	

Further explanatory information required

<p>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?</p>	<p>Detailed due diligence on contracts and finance performance will ensure value for money for the residents of Salford.</p>
<p>WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?</p>	
<p>WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?</p>	<p>None</p>
<p>DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH OR EXTREME RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</p>	<p>The financial challenge within public sectors is a high risk- therefore robust process are required to validate, monitor and report on the financial position and recommend remedial action to decision making committees.</p>
<p>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.</p>	<p>None</p>
<p>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</p>	<p>None</p>

Footnote:

Members of – Adults' Commissioning Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

Document Development

Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail the method i.e. survey, event, consultation)			N/A		
Clinical Engagement (Please detail the method i.e. survey, event, consultation)			N/A		
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)		No			
Legal Advice Sought			N/A		
Presented to the Service and Finance Group				Discussed at Service and Finance Group on 4 th June 2019.	Amendments made to the Terms of reference in relation to membership and the links with Primary Care
Presented to any other groups or committees, including Partnership Groups (Please specify in comments)		No			

Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work

Service and Finance Group Terms of Reference

1. Executive Summary

Within the Partnership Agreement that underpins the Integrated Commissioning arrangements, the CCG is the administrator of the Integrated Fund. As the administrator, the CCG is responsible for the financial monitoring and reporting of services within the Integrated Fund. In order to fulfil that duty, the CCG needs to ensure appropriate level of validation of information and robust systems are in place for monitoring of contracts.

The Service and Finance Group (SFG) is made up of members from both the Council and CCG, representing associate Directors responsible for specific service and representing finance, contracting and procurement expertise. The SFG is a group that undertakes robust checking and monitoring of all service and provides the Integrated Commissioning Committees with assurance that detailed discussion and consideration on finance, contract and procurement issues have been undertaken prior to papers and decisions being made at the Commissioning Committees.

The Terms of Reference of the SFG are attached.

Given that SFG supports both Adults' Commissioning Committee and Children's Commissioning Committee, the Terms of Reference will need comment from both committees. If both committees are broadly in agreement with the Terms of Reference and there are no material amendments, then the Terms of Reference will be approved. Otherwise, the Terms of Reference will need amending and approving by the Health and Care Commissioning Board.

The Adults Commissioning Committee (ACC) is asked to:

- note the work and role of the SFG*
- comment on the Terms of Reference for SFG.*

Steve Dixon
Chief Finance Officer and Deputy Accountable Officer
Salford CCG

**SALFORD CITY COUNCIL
AND
NHS SALFORD CLINICAL COMMISSIONING GROUP**

**TERMS OF REFERENCE
FOR THE
SERVICE AND FINANCE GROUP**

DRAFT V2.0

VERSION CONTROL

Version Number	Date	Editor	Purpose/Change
1.0	9/5/2019	Steve Dixon	First draft issued for comment – ahead of first discussion at SFG 4/6/2019.
2.0	4/6/2019	Steve Dixon	Updated following discussion at Service and Finance Group on 4 th June 2019. Main changes in relation to overarching purpose (to underpin Integrated Commissioning arrangements), membership and clarification on arrangements for Primary Care.

Service and Finance Group**Terms of Reference****DRAFT V1.0****1 Purpose and Scope**

Within the Partnership Agreement that underpins the Integrated Commissioning arrangements, the CCG is the administrator of the Integrated Fund. As the administrator, the CCG is responsible for the financial monitoring and reporting of services within the Integrated Fund. In order to fulfil that duty, the CCG needs to ensure appropriate level of validation and robust systems are in place for monitoring of contracts. The SFG is the group that undertakes that duty.

The scope of the Service and Finance Group's (SFG) remit is to have responsibility to provide oversight and assurance to the Children's Commissioning Committees and Adults' Commissioning Committee for services in scope of the Integrated Fund in relation to performance, finance, contracts and procurement. **Primary Care is excluded at this point as there is a Primary Care Operation Group that considers Primary Care finance and contract issues. Any decision on Primary Care would be taken at Primary Care Commissioning Committee. There might be some strategic finance or contract issues in relation to primary care that might need to come to SFG, for example discussing the financial framework for the Salford Standard but these will be discussed on a case by case basis.**

SFG will provide scrutiny of any business cases or service reviews that relate to investment and disinvestment opportunities.

For CCG services that are In View, SFG will provide finance, procurement and contract advice to the CCG's Executive Team.

2 Core Principles and Responsibilities

The work of the SFG will be driven by the following core principles:

- ✓ Decisions will be based on achieving better outcomes and experience for people who require Health and Care Services;
- ✓ Service transformation will deliver an effective and efficient use of resources whilst assuring safe and effective standards of service;
- ✓ New care models will be developed by health and social care commissioners in partnership with providers, citizens and communities;
- ✓ Services will be evidence-based and of the best quality, encompassing safety, effectiveness and experience;

- ✓ Salford residents will be given more choice and control of services, supporting self-care and independence;
- ✓ Clinical and democratic accountability will be implicit within all decisions;
- ✓ Respect for professional areas of knowledge and expertise;
- ✓ Collective management of risks and benefits; and
- ✓ Each organisation remains sovereign: whilst responsibilities can be delegated, accountability cannot without explicit approval from each respective organisation.

The SFG has responsibility to deliver clearly defined objectives which are detailed below:

- ✓ To develop and implement Contracting Strategies for health and social care services;
- ✓ To develop and ensure compliance with a joint Procurement Policy for health and care services;
- ✓ To monitor performance, finance and activity of all contracts within the scope of the Children’s Commissioning Committee and Adults’ Commissioning Committee;
- ✓ To monitor financial performance of the Integrated Fund and report to the Children’s Commissioning Committee and Adults’ Commissioning Committee;
- ✓ To review business cases and service reviews and provide recommendations to the relevant decision making committee;
- ✓ To consider and comment on the main provider’s Cost Improvement Programmes (CIPs) from a commissioning perspective;
- ✓ To prepare regular reports for the Integrated Commissioning Committees on assurance, risk management, and contract compliance;
- ✓ To oversee Salford’s Best Value programme.

Anything that has a finance, contract or procurement implication should be routed through SFG prior to going to any decision making committee. The Associate Director members of the SFT will consider whether any decisions can be taken under their delegated authority and therefore does not need to be routed through SFG. This could be based on the financial value of the proposed change.

3. Membership, Attendance and Quorum

Membership: The SFG will comprise the following core members:

Members	Organisation
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<ul style="list-style-type: none"> ➤ Chief Finance Officer (Chair) ➤ Assistant Director of Commissioning ➤ Head of Finance and Contracting (Deputy Chair) 	NHS Salford CCG
<ul style="list-style-type: none"> ➤ Chief Finance Officer ➤ Public Health Consultant ➤ Associate Director representing Children’s ➤ Head of Procurement 	Salford City Council
<ul style="list-style-type: none"> ➤ Assistant Director of Integrated Commissioning 	Salford City Council and NHS Salford CCG
In Attendance	Organisation
<ul style="list-style-type: none"> ➤ Associate Director Best Value ➤ Head Service Improvement Representative (s) ➤ Senior Contracting Representative (s) ➤ Senior Finance Representative (s) ➤ Business Intelligence Representative 	Salford City Council and NHS Salford CCG

Other attendees will be co-opted as necessary on an ad-hoc basis to inform discussions on specific agenda items.

The SFG will be chaired by NHS Salford CCG’s Chief Finance Officer (CFO). The Deputy Chair is the CCG’s Head of Finance and Contracting.

The main contact at NHS Salford CCG will be the Personal Assistant (PA) for Finance. Defined duties will specifically include the circulation of agendas and papers on the Friday ahead of the meeting the following week. In addition, the PA will assist the chair(s) in the management of all associated business.

Attendance: It will be important that nominated members commit to attend the SFG. Where this is not possible, however, deputies are encouraged to attend. Deputies must be able to contribute and make decisions on behalf of the individual they are representing. Deputising arrangements should be agreed in advance with the Chair.

Quorum: The SFG will be quorate providing at least 50% of the membership is in attendance, with at least two members in attendance from each of NHS Salford CCG and Salford CC present. For clarity for Salford CCG or Council, this includes joint appointments.

It would be possible for nominated deputies not listed in the membership to also fulfil this requirement.

Responsibilities and Behaviour: Members of the SFG have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

Members of the SFG will recognise that the success of the work programme will depend upon relationships and an environment of trust, collaboration and innovation.

Decision Making Authority: This group has no decision making authority. The Scheme of Delegation for the Integrated Commissioning arrangements is set out in Appendix 2. In relation to services that are in scope of the Integrated Fund, the SFG will make recommendations to:

- the relevant Integrated Commissioning Committee if a decision is in excess of £150k.
- the Chief Finance Officer of NHS Salford CCG, the Strategic Director of Adult and Children's Services at Salford CC and the Director of Public Health if a decision is required that is below the value of £150k.

In relation to CCG services that are In View, the SFG will make recommendations to the CCG's Executive Team where the annual financial value is above £150k. For decisions on In View services where the financial value is below £150k, decisions can be taken through an individual officer's delegated authority as set out in the CCG's Schemes of Delegation.

4. Patient and Public Involvement

The Service and Finance Group will seek assurances that appropriate service user/patient and public involvement has taken place relating to contracted services.

5. Conflicts of Interest/ Codes of Conduct

Members will be aware of what may constitute a Conflict of Interest, will ensure that Conflicts of Interest are formally disclosed and will ensure they are subsequently managed in adherence with the organisations' respective Conflict of Interest Policies. In addition, appropriate Codes of Conduct will be followed at all times.

The group will formally record its deliberations within relevant minutes/action notes. This function will be undertaken by the CCG's Personal Assistant (PA) for Finance, alongside the management of paperwork and version control.

Depending upon the topic under discussion and the nature of the Conflict of Interest, the member may be:

- ✓ Allowed to remain in the meeting and contribute to the discussion;
- ✓ Allowed to remain in the meeting and contribute to the discussion but leave the meeting at the point of decision; or
- ✓ Asked to leave the meeting for the duration of the item under consideration.

Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the Chair. Such items should not be disclosed until such time as it has been agreed that this information can be released.

6. Terms of Delegated Powers/Governance

The SFG will ensure the delivery of its defined aims and objectives and will support the work programme of the Integrated Commissioning Committees. Nominated Members will also report directly to the relevant committee of each organisation.

Regular written updates will be provided to the Integrated Commissioning Committees.

7. Frequency of Meetings

Meetings will be scheduled on a monthly basis.

The Chair of the SFG may call extraordinary meetings at their discretion.

8. Reporting

The SFG will be accountable to the Integrated Commissioning Committees (Children's Commissioning Committee and Adult's Commissioning Committee) for services that are in scope of those committees and for services in scope of the Integrated Fund.

The SFG will be accountable to the CCG's Executive Team for those CCG services that are "In View"

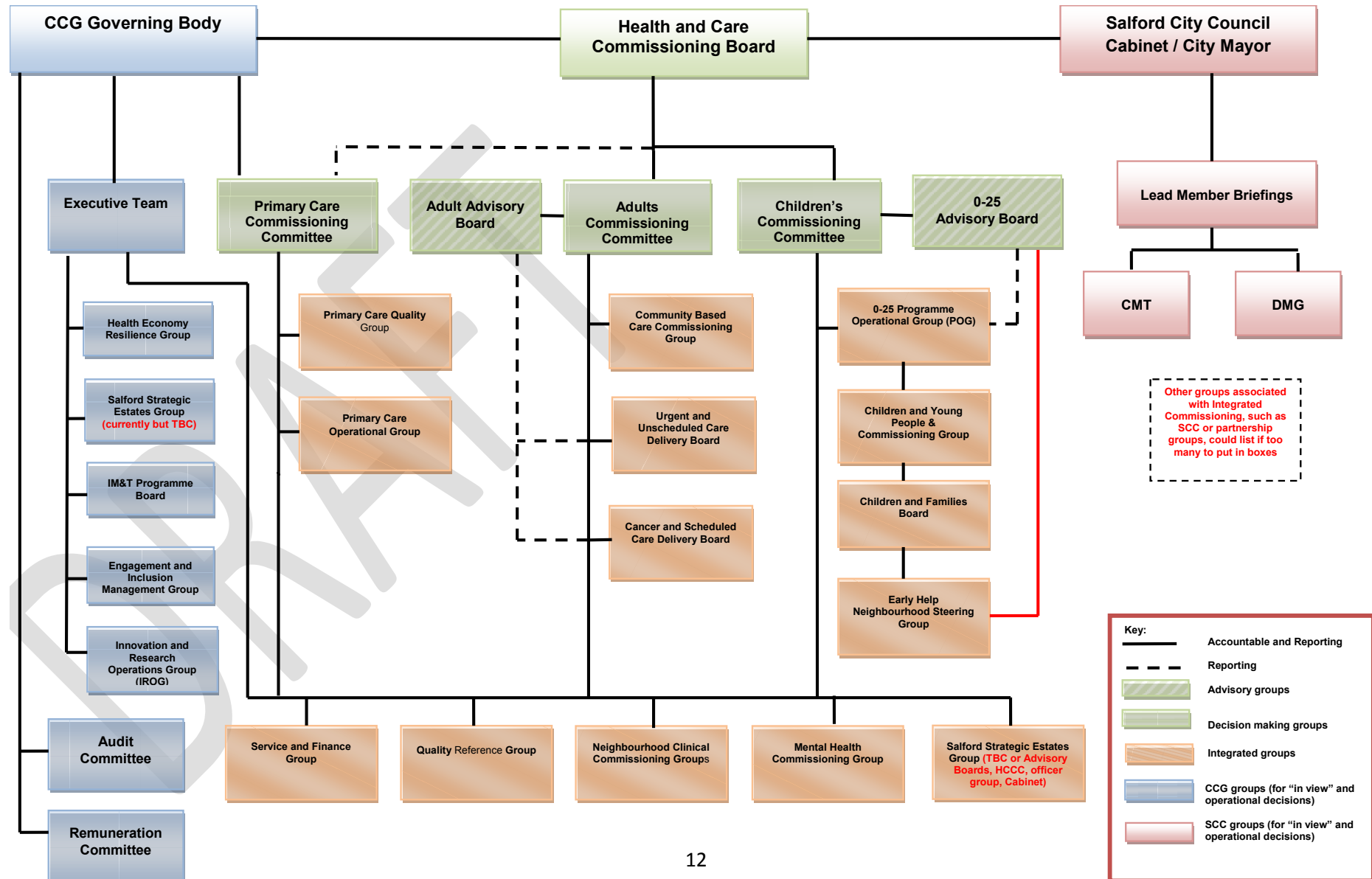
9. Review of Terms of Reference

These Terms of Reference will be formally reviewed by partner organisations and may be amended by mutual agreement between all parties at any time to reflect changes in circumstances which may arise.

Terms of Reference agreed (Date):

Review Date: April 2020

Appendix 1: Integrated Commissioning Governance: This is the current draft and is subject to change



Appendix 2: Integrated Commissioning Decision Making

	Responsibility	Scope of Commissioning Decisions Note: All Retained Decisions are reserved to the relevant Officer
Level 1	<p>CCG: Governing Body</p> <p>Council: City Mayor</p>	<ul style="list-style-type: none"> • Determine the scope and size of the IHCF for each Financial Year • Determine each Approved Budget, (Children's, Adults', and Primary Care) • Determine the Pooled Budget for each Financial Year • Approve any planned or in year variations in the IHCF or Pooled Budget that would require the overall size of the IHCF to be changed • Approve the Partnership Agreement including the Financial Framework and any Variation • Approve all investment and disinvestment plans within the Integrated Health and Care Fund that exceed £1m for individual service lines (with the exception of decisions within the scope of the PCCC) • Approve applications for and investment of external funding awards and associated service models for funding over £1m • Approve any decisions linked to the IHCF, that are novel or contentious, or would materially impact on the interests of either Partner
Level 2	Health and Care Commissioning Board	<ul style="list-style-type: none"> • Set overall health and social care commissioning strategy, including relating to financial, performance, and quality assurance and improvement matters • Approve any in year variations between any of the three Approved Funds within the Integrated Fund (Children's, Adults', and Primary Care) whether within the Pooled Budget or wider ICHF within the overall financial ceiling of

		<p>the IHCF for the relevant Financial Year</p> <ul style="list-style-type: none"> • Make decisions that cannot be agreed at any Committee excluding any Reserved Matters excluding any Retained Decisions and excluding any decisions within the scope of the PCCC. • Provide oversight to Committees to ensure that the needs of people transferring from children's to adult's services are met.
Level 3	<p>Children's Commissioning Committee (CCC)</p> <p>Adults' Commissioning Committee (ACC)</p> <p>Primary Care Commissioning Committee (PCCC)</p>	<ul style="list-style-type: none"> • Approve integrated health and care service models, service specification and associated funding envelope for Services within the scope of that Committee • Set improvement targets and trajectories, for Services within the scope of that Committee • Approve business cases for investment or disinvestment up to £1m for individual Services within the scope of that Committee. <p>For the PCCC there is no upper/ceiling value to decision making authority</p> <ul style="list-style-type: none"> • Approve applications for and investment of external funding awards and associated service models for funding of up to £1m in respect of Services within the scope of that Committee • Approve in year non recurrent investment or variation in the Approved Budget for the Services within the scope of that Committee, providing such investment and variations are within the limits of the relevant Approved Budget • Approve changes to payment mechanisms and contractual arrangements (subject to any Reserved Matter) relating to Services within the scope of that Committee • Make decisions that cannot be agreed by consensus of

		Officers at Level 4, excluding any Retained Decisions
Level 4	CCG: Chief Accountable Officer/Chief Finance Officer Council: Executive Director People/ Director Public Health / Chief Finance Officer	<ul style="list-style-type: none"> • Make recommendations to the relevant Committee, taking account of advice from the relevant Advisory Board (if any), regarding changes to service models and funding • Approve service level variations and changes within the context of the agreed service model and overall financial ceiling of the relevant Approved Budget, up to the financial delegations to individuals set out in Partner organisations' schemes of delegation • Approve applications for and investment of external funding awards and associated service models relevant to any Services up to the financial delegations to such individuals set out in Partner organisations' schemes of delegation • Without prejudice to the ability of the relevant Officer to make a decision falling within this Level/a Retained Decision, where the corresponding Officer(s) at the other Partner does not agree with the approach to be adopted they may escalate the matter upwards to the relevant Committee for consideration
Level 5	CCG: Director Council: Assistant Director	<ul style="list-style-type: none"> • Approve service level investment variations within the context of the agreed service model and overall financial ceiling of the relevant Approved Budget, up to the financial delegations to individuals set out in Parent organisations' schemes of delegation • Without prejudice to the ability of the relevant Officer to make a decision falling within this Level/a Retained Decision, where the corresponding Officer(s) at the other Partner does not agree with the approach to be adopted they may escalate the matter upwards to the relevant Officers of the Partners described at Level 4 for

		<p>consideration.</p> <ul style="list-style-type: none"> • Make decisions on individual care packages where this is a Commissioning Decision and not a decision to be taken by Operational Staff.
Level 6	Advisory Board	<ul style="list-style-type: none"> • Provide advice to Officers, Committees, the Health and Care Commissioning Board and the Partners (together and separately) as applicable.

**NAME OF MEETING
AGENDA ITEM NO**

Item for Decision/Assurance/Information (Please underline and bold)

DATE OF MEETING 12 JUNE 2019

Report of:	Judd Skelton Assistant Director Integrated Commissioning Salford City Council / Salford CCG
Date of Paper:	04.06.2019
Subject:	Adult Mental Health Progress Report
In case of query Please contact:	Judd Skelton 0161 212 5632
Purpose of Paper:	
<p>The purpose of this paper is to provide Adult Commissioning Committee with a progress report regarding a range of national, Greater Manchester and local priorities in Adult Mental Health. This includes priorities and targets identified in the NHS Five Year Forward View for Mental Health.</p> <p>The paper also provide an overview of the Mental Health Grants programme administered by Salford CVS using Greater Manchester Mental Health Transformation funding.</p> <p>The paper also provided an update on the development of a Salford Living Well model, scaling up learning form Lambeth over a three year programme.</p> <p>Adult Commissioning Committee is asked to note and comment on the report.</p>	

Further explanatory information required

<p>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?</p>	<p>This report identifies progress against key priorities and objectives in the Salford Mental Health Commissioning Strategy which works to the following vision:</p> <p>“Salford is a city where good mental health, a good start in life, a family approach to mental wellbeing, the ability to adapt and manage adversity and recognition of the wider factors affecting mental health are supported throughout people’s lives”</p>
<p>WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?</p>	<p>N/A</p>
<p>WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?</p>	<p>N/A</p>
<p>DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH OR EXTREME RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</p>	<p>N/A</p>
<p>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.</p>	<p>N/A</p>
<p>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</p>	<p>Mental Health provision</p>

Footnote:

Members of – Adults’ Commissioning Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

Document Development

Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail the method i.e. survey, event, consultation)			X	The public has not been engaged regarding the production of this report in particular. However, public engagement underpins the approach taken regarding mental health commissioning in Salford, in particular regarding the development of the Living Well model which is built on a platform of significant co-design and co-production with people with lived experience of mental health.	
Clinical Engagement (Please detail the method i.e. survey, event, consultation)			X	Clinicians have not been engaged regarding the production of this report in particular. However, the Clinical Lead for Mental Health is a key member of the Mental Health Commissioning Strategy Group and Living Well Programme and so is fully engaged in the programme of work.	
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)			X		
Legal Advice Sought			X		
Presented to the XXX			X		
Presented to the XXX			X		
Presented to the XXX			X		

Presented to any other groups or committees, including Partnership Groups (Please specify in comments)			X		
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Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

Adult Mental Health Progress Report

1. Executive Summary

The purpose of this paper is to provide Adult Commissioning Committee with a progress report regarding a range of national, Greater Manchester (GM) and local priorities in Adult Mental Health. This includes priorities and targets identified in the NHS Five Year Forward View for Mental Health.

There have been some challenges regarding the GMMH Improving Access to Psychological Therapies (IAPT) performance in relation to waiting times but an improvement plan is in place and we are expecting to see the service meeting waiting time targets on entry by July.

Performance for Early Intervention in Psychosis exceeds target and additional investment has been secured via a business case to Salford CCG to improve the therapeutic offer within this service.

Significant work has been undertaken to address and reduce the number of people being placed out of area in acute inpatient units. Collaborative commissioning with Bolton, Trafford and Manchester CCGs has seen significant reductions in out of area placements (no male acute placements outside of GM), significant cost avoidance and improved patient experience.

The paper also provides an overview of the Mental Health Grants programme administered by Salford CVS using Greater Manchester Mental Health Transformation funding which has seen ten new services funded which meet priorities in the new Salford Mental Health Commissioning Strategy.

Finally, the paper provides an update on the development of a Salford Living Well model, scaling up learning from Lambeth over a three year programme. This exciting programme of work is built on a platform of considerable co-production and co-design with people with lived experience of mental ill health and will focus on those people who are too complex for Primary Care but not meeting eligibility for Secondary Care.

Adult Commissioning Committee is asked to note and comment on the report.

2 MENTAL HEALTH UPDATE

The Five Year Forward View for Mental Health (5YFV) and the NHS Long Term Plan sets out a range of targets for mental health. This paper provides an update on the current adult mental health performance against these targets locally, along with an update on the additional mental health work streams, aligning with ongoing work across Greater Manchester.

The Executive Summary from the Adult Mental Health Report (that outlines performance across mental health provision) which was submitted to Service and Finance Group on June 4th 2019 is attached in Appendix 1 for information.

2.1 Improving Access to Psychological Therapies (IAPT)

“The Mental Health Five Year Forward View Implementation Plan set out the ambition to increase access to integrated evidence-based psychological therapies to at least 600,000 additional adults with anxiety and depression each year by 2020/21. The primary purpose of this indicator is to measure improvement in access rates to psychological therapy services via the national Improving Access to Psychological Therapies (IAPT) programme for people with depression and/or anxiety disorders”.

Salford has very robust reporting and monitoring around IAPT performance as we have developed these services over many years, and Salford was a Wave 1 IAPT expansion site.

In Quarter 4 18/19 Salford continues to achieve against the access target (20.8% against a target of 19%) and the recovery target (51% against a target of 50%), however the two waiting times measures (referral to treatment targets – RTT) are below target. Step 3 IAPT (provided by GMMH) has experienced a significant waiting list backlog and improvements in waiting time performance will not be realised until the waiting list has been addressed.

Recurrent investment in IAPT services was agreed by the CCG in June 2018 and GMMH has allocated additional non-recurrent investment to support waiting list initiatives. In addition, GMMH agreed additional investment and the implementation of IESO (a digital solution) to support reduction of the waiting list and achievement of the RTT targets.

The waiting list was halved in the first two months of 2019. The current waiting list for RTT relevant waiters stands at 516 (as at 03.06.19), however, there has been a significant shift in the profile of the waiting list, with reductions in those people waiting over 18 weeks (‘red waiters’) and an increase in the number of people within 0-6 weeks or 6 -18 weeks (‘green, yellow and amber waiters’). Consequently the number of ‘red’ waiters (over 18 weeks) on 03.06.19 is now only 25. It is anticipated that the waiting list backlog will be resolved by the end of June 2019.

GMMH’s RTT performance has improved considerably and as of 03.06.19 is 70% for 6 weeks (against a target of 75%) and 87% for 18 weeks (against a target of 95%). It is expected that GMMH RTT performance will be on target ‘on entry’ by July 2019 and in published data by the end of November 2019.

Six Degrees, who provide Salford’s Step 2 IAPT provision, has excellent waiting time performance, with year-end performance expected to be 81% for 6 weeks and 100% for 18 weeks and it should be noted that they deal with around 65% of Salford’s total IAPT presentations. Six Degrees data will mean that while the GMMH published waiting time data might not be on target until November, the overall CCG position will be on target sooner. A piece of work is ongoing to explore this trajectory further.

An improvement plan has been developed with GMMH and performance is being monitored on a fortnightly basis, with additional focus in GMMH local commissioning meetings. Commissioners are working closely with GMMH colleagues to receive regular assurance.

Commissioners have asked to monitor caseload size routinely so as to identify any potential problems as early as possible in the future.

Recovery data regarding people who are stepped up from the step 2 to the step 3 service is double counted nationally due to data processing approaches at NHS Digital. This has been recognised as a challenge by NHS Digital and has been escalated at GM.

2.2 Perinatal Mental Health

The impact of mental health problems experienced by women in pregnancy and during the first year following the birth of their child can be challenging for both, mother and baby, as well as their families. The 5YFV sets out an objective that by 2020/21, NHS England should support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period. This needs to include access to psychological therapies and the right range of specialist community or inpatient care so that comprehensive, high-quality services are in place across England.

There are three work streams that are being progressed at a GM and local level.

The first work stream focuses on the specialist community psychiatric input that is required to meet the needs of the most acutely unwell patients. This work stream is being taken forward at a GM level with GMMH being commissioned to provide this service across GM since they are also the provider of the existing GM Mother and Baby unit. The GM service is being developed in clusters, with Salford being included in the second cluster. This is now live.

The second workstream focuses on the provision of psychological therapies for people with perinatal mental health difficulties. The GMMH IAPT step 3 business case included capacity for additional perinatal specific resource. This included two perinatal step 3 IAPT workers and a 0.25 wte perinatal IAPT lead. The perinatal IAPT workers will have a specific focus on perinatal provision; however they will also support the wider IAPT service, with a current focus on reduction of the waiting list.

IAPT services are being guided to work to a 'perinatal frame of mind'. This has included supporting work around a perinatal IAPT checklist to 'self-assess' how the service is meeting the needs of people in the perinatal period. This checklist is then being used to support a development plan within IAPT services to further improve perinatal provision. Two workshops have taken place to explore links between adult mental health services and the wider perinatal pathway. This has resulted in an action plan which will further develop relationships and pathways with midwifery, health visitors and support for partners.

The third work stream focuses on addressing attachment and bonding issues via early intervention approaches. Work is underway to explore demographics and need within Salford to underpin a local model or options appraisal for development of this service. The service will be based on the Tameside and Glossop model supported by GM.

2.3 Early Intervention in Psychosis (EIP)

NHS England states "The access and waiting time standard requires that more than 50% of people experiencing first episode psychosis will be treated with a NICE recommended package of care within two weeks of referral".

In order to achieve the standard, both the maximum waiting time from referral to treatment and access to NICE recommended care must be met. Success is measured as 'more than 50% of people experiencing a first episode of psychosis are treated with a NICE recommended care package within two weeks of referral'. NHS England has committed to ensuring that, by 2020/21, the standard will be extended to reach at least 60% of people experiencing first episode psychosis.

Salford CCG allocated significant additional investment to the local EIP service in 2016 (c£784,355). Consequently, while meeting the EIP targets has been identified as a challenge at a GM level, our local EIP service is currently achieving the national target in relation to the percentage of people experiencing first episode psychosis who commence a NICE-recommended package of care within two weeks of referral. Salford's performance for Q4 18/19 is 93% which exceeds the target of 53%.

Whilst the service is comfortably meeting the above access target, there are significant capacity challenges in the service to meet the delivery of NICE concordant care. This was highlighted in the recent national annual audit which suggested that whilst performing well in comparison to other services in GM, Salford's services still required some improvement, particularly in relation to the provision of Cognitive Behavioural Therapy for Psychosis (CBTp), Family Intervention (FI) and Individual Placement Support (IPS). This resulted in an assessment of a level 2 service in line with the national audit criteria. Salford's EIP service would be expected to work towards becoming a level 3 service in 2019. To support this, a recurrent investment of £148,360 was agreed to improve the delivery of NICE concordant interventions. Additional non recurrent investment of £121,549 was agreed to support an 18 month test of change relating to the assessment function in the service. This details a total investment of £269,909. Recruitment is underway with staffing expected in place by September 2019.

2.4 Adult Mental Health Crisis Services

The 5YFV outlines that: 'at least 50% of acute hospitals should meet the core 24 service standard for mental health liaison as a minimum. People presenting with a mental health need in A&E departments and on physical health wards will have access to swift an compassionate assessment of their mental health needs and high quality NICE recommended care, 24 hours per day, 7 days per week. There will be a reduction in inappropriate inpatient admissions, shorter length of stay, reduction in delayed transfers of care and reduced readmissions'

Salford CCG has invested considerably in development of its local Mental Health Liaison Service - £1.2m in 2013. Salford has secured some of the GM transformation funds (circa £630K in wave 1) to develop this further to be fully CORE24 compliant and meet all targets.

64.7% of referrals from A&E were seen within one hour in March 2019. This is still under the expected target of 75%; however the target was achieved for January and February 2019. The dip in performance for March is thought to be due to the high number of people (444) presenting at A&E in March 2019. Performance for referrals from A&E seen within two hours was 86% for March 2019 against a target of 95%. Again this is a slight drop in performance due to the numbers of people being seen.

In addition, whilst not a 5YFV target, there is work ongoing via a Greater Manchester workstream around Crisis Care. This is picked up locally under the work relating to Living

Well and a wider piece of work which will help to explore how crisis support can be integrated within our current systems.

2.5 Mental Health Out of Area Placements (OAPs)

The 5YFV states that by 2020/21, out of area placements will essentially be eliminated for acute mental health care for adults.

As part of the Best Value work, a risk share agreement for Maryfield Court with the CCGs of Bolton, Salford and Trafford for 13 male acute beds (3 of which are for Salford) is in place. This is based on the average number of male acute inpatients in an OAP during 17/18. The remaining beds were to be managed by GMMH for the management of Manchester OAPs.

The objective is to use these “closer-to-home” beds to accommodate males needing an acute admission where their host district does not currently have an available bed. This greatly reduces likelihood of patients needing to be admitted to units at great distance from their home area. An additional benefit is the oversight that GMMH is providing i.e. they have managerial and clinician input visiting on a daily basis .

Since the programme went live in August 2019 Salford has seen huge benefit as a result of:

- Improved patient experience being closer to home with quicker repatriation back to Salford.
- Lower unit costs for each bed-night used,
- Lower volumes in view of GMMH having the "breathing space" to better manage capacity and occupancy,
- Impact of risk-share with Bolton, Manchester and Trafford, providing commissioners with increased capacity for their own patients, thereby reducing potential occupancy of a Salford bed.

For the 6 months to January 2018 the average monthly cost of acute out of area placements was £60k [£720k pa]. This increased by 50% for 6 months to July 2018, where the average monthly cost was £96k [£1.1m pa]. The programme went live in August 2018 and up to January 2019 ,the average monthly cost had reduced to £7k [£84k pa]. The GMMH costs [extrapolated over a 12-month period] were £260k making a total cost of £344k i.e. a potential 2018/19 benefit through cost avoidance of c£800k.

This agreement was reviewed recently and Salford utilises fewer beds than commissioned under this agreement. Due to the risk share arrangements, Manchester picks up any spare capacity, preventing additional cost to Salford. Salford has also had no male out of area placements since this approach came into effect. Based on the evaluation data, Salford has agreed to commission 2 beds for 19/20. These beds will be provided by the Priory rather than Maryfield Court and will offer more flexibility in that they are suitable for both males and females.

2.7 Suicide Prevention Strategy

Reduction of deaths by suicide by a target of 10% was set as a national target in the 5YFV. A Greater Manchester Suicide Prevention Executive is in place which is overseeing the implementation of the GM Suicide Prevention Strategy and action plan. Salford is well connected into this with the Assistant Director for Integrated Commissioning being the lead GM MH Commissioner in this area.

Salford's annual suicide audit shows that there were 27 deaths from suicide and undetermined injury in 2017. Local work is being undertaken in line with the Salford Suicide Prevention action plan which includes:

- Development of a training ladder – this will explore the different types of training available (ranging from 20 minute online training through to 2 day assist training) and plan how best to promote training to the different communities and teams in Salford.
- Roll out of suicide prevention z cards – local resources developed by people with personal experience will be made available across Salford in key community locations with the aim of helping to raise awareness of how to support someone who is experiencing thoughts of suicide.
- Lived Experience project – supporting people with lived experience to share their journeys with the aim of developing our support offer and understanding where elements of the pathway can be improved.
- Evaluation of the 'Reach Out' programme delivered by Start in Salford – as part of the CGG Innovation Programme, Start in Salford has delivered a range of activities relating to suicide prevention. This is currently being evaluated with a view to planning what future activities may be required.
- Local communications approaches – As a subgroup of the Suicide Prevention Partnership, the comms group leads on specific campaigns relating to suicide prevention. This year, the focus is on exam stress and the construction workforce. All local communications are planned to align with the GM communications plan.

The GM suicide prevention campaign has been launched, resulting in a toolkit of resources for use by local partners. This includes images from the 10 GM localities, along with facts and statistics relating to suicide prevention which can be used on social media and as posters in local venues. The theme of the campaign is 'Shining a Light on Suicide' and Salford's image utilises the iconic Lads and Girls Club. A website with further information and resources from the programme is available: <http://www.shiningalightonsuicide.org.uk/>

The GM Suicide Bereavement Service (provided by Six Degrees Social Enterprise) is now live and will run as a two year pilot to co-ordinate practical support for people bereaved by suicide and to signpost to local support services.

2.8 Employment Support

The Five Year Forward View for Mental Health (5YFV) identifies the disparity between those people with mental health issues and the general population in relation to achieving employment. 43 % of all people with mental health problems (predominantly common mental health problems) are in employment compared to 74% of the general population and 65% of people with other health conditions. The employment rate for people in secondary care mental health services is even lower at 6.7% nationally.

It is noted that the current Q4 ASCOF performance relating to employment for people with mental health problems is 7.4%. As the target of 10% is set for a year end position, it was expected that performance would have improved over time. Unfortunately, this has not been evidenced in the ASCOF figures, however there are challenges in the data recording which may be influencing this reporting. To address this, greater exploration of GMMH data is being undertaken along with the exploration of a recording process to ensure that Care

Coordinators are updated on employment status following people's participation in the employment pathway.

Referrals to the Start Forward pilot service have initially been low. This has been explored in detail and there are some challenges in referral processes to support a greater flow of referrals. Due to Community Engagement Recovery Team (CERT) focussing on people needing enhanced support and the Start Forward programme relying on discussions within allocation meetings to receive referrals from the standard care cohort, the service isn't always identified as a referral point. Therefore there has been further partnership working between GMMH and Start to refine the referral pathway to facilitate an improved approach. The Start Forward service is due to undergo a full review to better understand outcomes and to inform future provision and this service may be located within the Living Well model in the future (see section 4)

As part of the investment in Early Intervention in Psychosis services detailed in section 2.3, additional capacity is resourced in Individual Placement Support (IPS) which should provide oversight of the wider pathway.

Commissioners are also linked into the GM work relating to employment support and this is focused on ensuring that local pathways are considered in the forthcoming GM service to facilitate referrals.

3) VCSE Mental Health Grants Funding

Salford was the only area of Greater Manchester to make the decision to allocate the entirety of its GM Mental Health Transformation Fund to the VCSE sector. £300k per annum over three years has been allocated to Salford CVS to administer a grants programme. Through triangulation of the engagement work with staff, service users and carers, VCSE sector colleagues and public health data, we developed a list of key areas for the bidding processes to focus on.

The first round of bids took place in late 2018 and the following programmes were funded:

Large Bids (up to £50k for 3 years)	
Organisation	Project Summary
Salford IDASS	Support to Safety Provision of dedicated mental health support to women in receipt of support for domestic abuse.
Gaydio	Gaydio Academy – Salford Mentoring and support of 100 individuals from the LGBT community in creating audio content relating to mental health.
42nd Street	Developing an iThrive Approach to Wellbeing in the Orthodox Jewish Community Training of 20 professionals within the OJ community and delivery of mental health support to young people.

Unlimited Potential	<p>Meaningful Employment – people with autism and Asperger’s syndrome</p> <p>An offer has been made to fund accelerated research and development of a practical plan to deliver an employment brokering service for local people with autism and Asperger’s syndrome and employers in need of specialist skills. This plan will be considered for possible funding 2019-21.</p>
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Small Bids (£10k for 1 year)	
Organisation	Project Summary
Warm Hut	<p>Tumayini Project</p> <p>Weekly IT and English conversation club, keep fit, self-management of long-term conditions sessions + monthly dementia café.</p>
Sow the City	<p>Hospital Beds</p> <p>Therapeutic gardening project in hospital gardens and volunteering in the community</p>
Community Pride CIC	<p>Salford Mad Pride 19</p> <p>Expansion of the community-led public engagement project to raise awareness of services and support available</p>
Citywall	<p>Schools Wellbeing Project</p> <p>Provision of highly targeting in-school for support for young people in need of mental health counselling.</p>
Salford Mental Health Forum	<p>Mental Health Peer Support Team</p> <p>Peer support and referral for those in need of mental health services. Professional support has been offered to the MH Forum in delivering this project. The project will commence in Q4 2018/19 to allow embedding of the Lambeth model.</p>

Kings Church Salford	<p>Who Let The Dads Out Parent and toddlers support aimed at single fathers who have access to their children at weekends, male foster carers and men who work during the week and want to spend quality time outside of the home with their children at weekend.</p>
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The approach has been to ensure that a sufficient number of bids were taken forward to support priority areas, whilst also ensuring capacity to support further bids in years 2 and 3. For the 2018/19 fund, over £4m worth of bids were received.

The remaining £50K from the 2018/19 Transformation Fund is being used to support the employment programme with Start in Salford as referred to in section 2.8.

From 19/20 the Mental Health Grants will align with and meet priorities identified in the Living Well Programme in Salford (see Section 4).

4. LIVING WELL SALFORD PROGRAMME UPDATE

The Living Well UK Programme is a national three year programme to help us think differently about mental health support. It will help Salford to focus on people's skills, aspirations and experiences to build a different way of offering support and help.

Over the last eight years, Lambeth has been changing their mental health support to help everyone who experiences mental health difficulties to work towards recovery, stay well, make their own choices and take part in everyday life. Salford, Luton, Edinburgh and Tameside and Glossop have all been selected to learn from this work as part of a programme funded by the National Lottery Community Fund over the next three years . Salford will be working with the Innovation Unit, a not for profit social enterprise. The Innovation Unit will help all of the sites in the Living Well UK programme to develop their own local systems to meet the needs of local people. We are calling this work Living Well Salford.

The Living Well Collaborative is a place for developing our ideas, making decisions and making sure that the programme remains true to our vision. These sessions are different because there are no hierarchies and everyone's contribution is equal. People are recognised as experts in their own experiences – be that getting support or developing and delivering services. We have been meeting monthly since January 2019 and our meetings have included adults with lived experience, commissioners and providers (both statutory and VCSE sector).

The Collaborative decided to focus on adults who feel that they aren't getting access to the help and mental health support they need, perhaps being too complex for Primary Care but not meeting eligibility for Secondary Care.

We have also established a Design Team. This is made up of representatives from the Collaborative. People with lived experience have been sharing their experiences. This is helping the Design Team to better understand people's strengths, aspirations and the things

that get in the way of living a good life. The Design Team will be using the insights from these experiences to help test out how we can do things differently. Based on what people tell us, we will work together as a Collaborative to co-design different ways of supporting people. We will be learning as we go so we will need to test out ideas. The Collaborative have decided that small tests of co-designed ideas will be taking place in Broughton first. We want to keep things small until we know how well they will work. When we have tested different ways of supporting people and learned what works best, we will look to carry out this work across Salford. Initial prototyping will begin in July, starting working 12 people in Broughton and gradually shape and scale up with wider roll out expected in January 2020.

We are also setting up a number of smaller groups to help with the work. This includes: an Evaluation Group (helping us to check that what we are doing is making a difference) and an Outcomes Group (to help plan how to measure the difference made to the people of Salford).

4. RECOMMENDATIONS

That Adult Commissioning Committee notes and comments on the report.

Judd Skelton, Assistant Director Integrated Commissioning

Appendix 1

Adult MH Service Report – Quarter 4 2018/19

Executive Summary

- The CCG achieved 4 of the 6 national targets relating to Mental Health in Quarter 4, according to local data. The 2 measures below the required threshold relate to IAPT 6 & 18 week RTT targets. Aggregated underperformance against these targets is predominantly due to pressures in the step 3 IAPT service.
- Performance against all Five Year Forward View (5YFV) stretch targets exceeded 2018/19 expectations.
- 2 National Quality Requirements for the GMMH Contract did not achieve target in Q4, relating to IAPT 6 and 18 week RTT targets. These issues are currently being managed via a performance improvement plan linked to investment made into step 3 services in 2018. It is anticipated that published performance will be at the required level for both RTT targets by September 2019.
- 7 Local Quality Requirements for the GMMH Contract did not achieve target in Q2. Underperformance mostly relates to service areas where there are known issues, with action already being taken to resolve, as follows:
 - MH Liaison 1 and 2 Hour Targets – Performance has significantly improved against both targets over the course of the financial year following investment and subsequent recruitment earlier this year. Performance issues in month 12 are linked to unusually high demand.
 - 30 day readmissions – Performance has been good for the majority of the year but has dipped in quarter 4. This is due to a spate of readmissions of 3 patients on the PD pathway.
 - IAPT Recovery – actions to resolve are linked to RTT improvement plan detailed above.
 - GP receipt of discharge summaries within 7 days of discharge – caused by low number of junior doctors and some data issues linked to new clinical system.
 - Other measures with very marginal underperformance relate to timeliness and receipt of nutritional and weight assessments. Whilst underperformance is very marginal, quality colleagues have still been made aware due to the nature of these measures.
- Six Degrees achieved 2 out of 3 national IAPT targets in quarter 4. The service did not achieve the 6 week RTT target due to issues with staff sickness in quarter 3. Staff are now back in work and a request has been made to Health Education England to source 6 trainee PWPs to provide additional resilience. Performance is anticipated to be affected until September 2019.
- Self Help Services achieved all contractual IAPT targets in quarter 4.

- All individual placements have an allocated care co-ordinator and up to date review documentation has been provided to commissioners for all but one existing placement. Commissioners are expecting review documents for 7 placements, due before the end of May.

NAME OF MEETING
AGENDA ITEM NO

Item for Decision/Assurance/Information (Please underline and bold)

DATE OF MEETING 12 JUNE 2019

Report of:	Assistant Director of Commissioning
Date of Paper:	3 rd June 2019
Subject:	Cancer Plan Update
In case of query Please contact:	Ian Pattison, Acting Senior Service Improvement Manager, ian.pattison1@nhs.net
Purpose of Paper:	
<p>The purpose of the paper is to provide the committee with an outline of local work to improve cancer services and early diagnosis of cancer.</p> <p>Salford's Cancer work programme is based on the Greater Manchester Cancer Outcomes Plan and overseen by the Cancer & Scheduled Care Delivery Board.</p> <p>The committee is asked to note the contents of the report.</p>	

Further explanatory information required

HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?	Improve prevention and early diagnosis of cancer for people living in Salford. Improve services for people in Salford living with cancer.
WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?	None identified as a result of this update paper – risks would be mitigated at an individual project level.
WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?	None identified as a result of this paper – equality related risks would be mitigated at an individual project level.
DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH OR EXTREME RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?	Yes – the cancer waiting time performance standards referred to in the paper form part of the NHS constitution standards. Failure to achieve these standards is currently rated as a high impact/very likely to occur risk. The paper describes how these targets are performance managed.
PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.	N/A
PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:	N/A

Footnote:

Members of – Adults' Commissioning Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

Document Development

Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail the method i.e. survey, event, consultation)	X			Public engagement is embedded into the programme as a whole	
Clinical Engagement (Please detail the method i.e. survey, event, consultation)	X			Via programme as a whole and at individual project level	
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts?	X			Via programme as a whole and at individual project level	
Legal Advice Sought			X		
Presented to the Cancer & Scheduled Care Delivery Board	X			Highlight report (Appendix A) has been discussed by board on 24 May 2019	Report was noted

Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

CCG Cancer Plan Update

1. Executive Summary

The purpose of the paper is to provide the committee with an outline of local work to improve cancer services and early diagnosis of cancer.

Salford's Cancer work programme is based on the Greater Manchester Cancer Outcomes Plan and overseen by the Cancer & Scheduled Care Delivery Board. The domains of the GM plan are:

- *Prevention*
- *Early Diagnosis*
- *Improved and Standardised Care and Education*
- *Commissioning*
- *Patient Experience*
- *Living With and Beyond Cancer*

The committee is asked to note the contents of the report.

2. Overview

- 2.1 Since 1 April 2019 the Adults Commissioning Committee has had responsibility for overseeing Salford's cancer plan. This paper is the first report the committee has received on this topic (historically responsibility sat with the CCG's Commissioning Committee). The plan is overseen by the Cancer & Scheduled Care Delivery Board.
- 2.2 Cancer is now the main cause of death in Salford. There are almost 1,000 new cases of cancer per year in Salford. The number of people dying from the four most common cancers (lung, colorectal, prostate and breast) is higher than the national average.
- 2.3 Most Salford patients are referred to cancer services by their GP, although increasing numbers are identified through national screening programmes.
- 2.4 For Salford patients the majority of treatment and diagnosis is carried out at Salford Royal, but significant proportions receive care at Manchester Foundation Trust (i.e. Manchester Royal Infirmary & Wythenshawe Hospital), Christie Hospital or other providers (e.g. breast surgery at Bolton Hospital). Cancer care is improving. Nationally and locally the rate of survival one year after diagnosis with cancer is rising; Greater Manchester has an ambition to reach 75% by 2020 – this is highly dependent on detecting cancers at an earlier stage. Salford patients report good (9/10) experience of cancer services.

- 2.5 Some of the specific local challenges in Salford include high rates of smoking, high rates of emergency presentations and late diagnosis of cancers. There are significant inequalities in terms of cancer outcomes, not all of which can be fully explained by deprivation.
- 2.6 Patients' experience of, and outcomes from, cancer and the care they receive is highly individual. Aggregate figures mask significant variation which depends on the individual circumstances of the patient, the type of cancer they have and the detail of the care they receive.

3. Salford's Cancer Plan

- 3.1 Salford CCG's Cancer Plan (Appendix A) focuses on the entire pathway for Salford patients accessing cancer services across Greater Manchester. Key themes of the plan include

3.2 Improving Early Diagnosis

The CCG is working with Salford Royal Foundation Trust on implementation of the Lung Health Check for Salford patients. The Lung Health Check will deliver tests for eligible members of the local population to diagnose COPD and lung cancer at an early stage. The project will also work to improve lung cancer survival rates and support an increase the number of people who quit smoking in Salford. The aim is to have the service in place in quarter 2 of 2019/20.

3.3 Improved Education for Salford Clinicians

The CCG has been working with Salford GPs to improve their knowledge of early signs and symptoms of cancer in patients attending their surgery. Salford CCG's performance for cancers diagnosed at an early stage has dropped in recent years. Cancers diagnosed locally at stage 1 and 2 in 2016 was 52.0% and reduced to 46.8% in 2017.

With the aim to improve performance, the CCG held an educational workshop with GPs in May 2019, which was part of the CCG's drive to reduce the number of patients diagnosed with cancer at stage 3 and 4. The CCG will continue to improve knowledge of cancer symptoms by encouraging GPs to undertake further training. The CCG will also continue to work with Cancer Research UK on improving awareness of cancer symptoms and training for other clinicians in primary care. This work also includes the Cancer Champion training, which supports non-clinical GP practice staff with information and knowledge to help them get patients with cancer symptoms into GP appointments quicker.

3.4 Commissioning (Performance)

Appendix B shows the 2018/19 year end performance for the 9 key national cancer standards. These are all measures of waiting times once the patient is in the cancer pathway – either the wait to be seen or the wait for treatment to be commenced. In 2018/19 Salford achieved 7 of the 9 national standards. The standard for 2 Week

Wait (Breast Symptoms) to be seen and 62 Days wait for treatment to commence (Urgent GP Referral) were not achieved.

The CCG works closely with providers across Greater Manchester and managers at Salford Royal with the aim to improve performance around these targets. Plans are in place with providers in relation to breast services to improve capacity. Salford CCG is working to analyse breaches on the 62 Day pathway and will work with providers to improve access to services for Salford patients.

The clinical significance of these standards varies. Reduced waiting times contributes to improving outcomes for patients. However for those patients who present with late stage cancer a reduction in waiting time will have little impact on outcome compared to the benefit of earlier presentation when the signs and symptoms of cancer are first noticeable. Some cancers, for example some skin cancers, grow and spread slowly but are still subject to the national waiting time standards. The conversion rate of referral to cancer diagnosis is relatively low, so for many people reduced waiting times can help reduce the period of anxiety before they receive a negative diagnosis.

3.5 Living With and Beyond Cancer

The CCG is working closely with the charity Macmillan and Salford Royal to support patients recovering from cancer. The CCG is working to reduce variation in GP practices in relation to the care patients receive when living with cancer. The CCG are also working to improve joined up working between primary care and secondary care to ensure patients get consistent support when recovering from cancer.

4. Recommendations

4.1 The committee is asked to note the contents of the report.

Ian Pattison
Acting Senior Service Improvement Manager
June 2019

Salford CCG Cancer Programme Highlight Report

Report Author	Ian Pattison
Workstream	Cancer Plan
Work-stream Executive Sponsors	Harry Golby
Reporting Period	May 2019
Clinical Lead	Dr. Steven Elliot

Summary of Workstreams

Workstream	Owner	Due	Comments	Measure
Prevention				
1	Joint Communication Campaigns	Public Health/CCG	October 2019	Joint communications between the CCG and Public Health Communications Teams. Messaging on quitting smoking, dermatology, obesity, lung health check and uptake of HPV vaccine. The communications plan will continue throughout the year alongside national campaigns.
2	GP practice based cancer champions	CCG/CRUK	March 2020	Training for non-clinical staff by Cancer Research UK will continue throughout 2019.
Early Diagnosis				
3	Lung Health Check	CCG/SRFT	July 2019	CCG is working with SRFT on implementation of the Lung Health Check for Salford patients. The aim is to have the service in place by quarter 2 2019.
4	Rapid Diagnostic Clinics	CCG/Northern Care Alliance	June 2019	Following the piloting of two Rapid Diagnostics Clinics in Greater Manchester the CCG is working to understand if a local service can be established. Initial meetings have taken place with GM Cancer and the North Care Alliance.
5	Screening Improvement	CCG/Public Health	June 2019	A project group between the CCG and Public Health Salford has reviewed national evidence on the outcomes in relation to Screening Volunteers. This evidence is now being reviewed by Public Health to assess if the project can be led by the Health Improvement Service at Salford

				Council.
6	Suspected Cancer Referral Communications	CCG	June 2019	Suspected Cancer Referral best practice document is in the process of being produced. This will support the letter produced for GPs to give to patients referred on a suspected cancer referral. The letter has been on the GP system since December 2018 and has been promoted through the GP newsletter and added to the Salford Standard.
7	Salford Standard	CCG	June 2019	The CCG has written the GP National Cancer Diagnosis Audit into the Salford Standard. The CCG is promoting the audit to Salford GPs to get a greater insight into a patient's pathway in receiving a cancer diagnosis. 44% of practices have already signed up to the audit.
Improved and Standardised Care and Education				
8	GP Upskilling	CCG	June 2019	The CCG has been engaging with practices via the GP newsletter in order to promote Gateway C Training (Training for GPs on cancer signs, symptoms and pathways). Specific training modules have also been added to the Salford Standard. The CCG has organised training for practice nurses on 'Early Signs and Symptoms of Cancer'. This training took place in April 2019 with 20 practice nurses attending. The Service Improvement Team co-ordinated a workshop at the May GP Members Event. This was used to inform and educate GPs around the Lung Health Check, referrals for colorectal clinics and symptoms of myeloma.
9	GM Cancer Commissioners	GM/CCG	July 2019	Working with Greater Manchester (GM) Cancer Commissioners to support the development and update of the GM Cancer Plan. The group will be reviewing the current GM Cancer Plan and setting actions to improve cancer services across the system. Salford CCG represents the GM Cancer Commissioners and the Children's Pathway Board.
10	Paediatric Cancer Referrals	CCG	July 2019	A standardised referral system for GPs to refer paediatric patients to specialist care has being developed by Greater Manchester. The CCG are involved in a Task and Finish Group with the Paediatric Cancer Pathway Board to get a GM wide referral process for suspected cancer in a child.
Commissioning				
11	Reduction of Diagnostic Waiting Times and Breaches	SRFT/CCG	June 2019	The CCG will be working to improve performance for the national targets in 2WW (Breast Symptoms) and 62 Day. The CCG's Clinical Cancer Lead is producing a breach analysis report on 62 day wait breaches.

12	Quality Surveillance Monitoring	NHS England/SRFT/CCG	June 2019	Following the self-assessment by SRFT on NHS England's Quality Surveillance an action plan has been produced. The CCG are monitoring the action plan with SRFT via the Cancer Governance Board.
Patient Experience				
13	Experience of cancer patients	CCG	August 2019	CCG to monitor and work towards the minimum target of 9/10 rating.
Living With and Beyond Cancer				
14	Recovery Package	MacMillan/CCG	June 2019	Joint work with Macmillan/SRFT and CCG to support patients recovering from cancer. Working to reduce variation in Primary Care and improve uptake of Electronic Holistic Needs Assessments (eHNA) in Secondary Care.
15	Macmillan Practice Educators	Macmillan/CCG	March 2020	The CCG are supporting the newly established Macmillan Practice Educators in their work with Salford GP practices. The Educators are visiting all Salford practices to introduce new education and training programmes to enhance patient-centred care for patients living with cancer.
16	Cancer Care Review	CCG	June 2019	The CCG is now working to support practices in taking up the new best practice Cancer Care Review (CCR) approved by the CCG. A CCR should be undertaken by the GP within 6 months of diagnosis. The CCG aims to improve uptake and quality of the review with the best practice document.
17	Health and Wellbeing Events	CCG	March 2020	The CCG commissioned the Health and Wellbeing Co-ordinator on a recurrent basis.

Appendix B

Salford CCG Cancer Dashboard		Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	2018-19 Year End
Cancer Patients - 2 Week Waits (Urgent GP Referral)	Seen within 14 days		713	823	693	797	808	687	846	787	703	709	800	896	9262
	Total number of referrals seen during the period	93%	757	880	727	834	864	737	900	834	729	762	828	919	9771
	% seen within 14 days		94.2%	93.5%	95.3%	95.6%	93.5%	93.2%	94.0%	94.4%	96.4%	93.0%	96.6%	97.5%	94.8%
Cancer Patients - 2 Week Waits (Breast Symptoms)	Seen within 14 days		73	76	109	111	100	79	94	111	92	97	103	110	1155
	Total number of referrals seen during the period	93%	90	98	127	122	107	84	102	118	109	117	115	131	1320
	% seen within 14 days		81.1%	77.6%	85.8%	91.0%	93.5%	94.0%	92.2%	94.1%	84.4%	82.9%	89.6%	84.0%	87.5%
Cancer Waits - 31 Days (All Cancers)	Treated within 31 days		116	113	89	119	125	115	131	99	88	111	107	109	1322
	Total number of 1 st treatments during the period	96%	117	115	90	122	129	121	133	101	89	113	110	110	1350
	% treated within 31 days		99.1%	98.3%	98.9%	97.5%	96.9%	95.0%	98.5%	98.0%	98.9%	98.2%	97.3%	99.1%	97.9%
Cancer Waits - 31 Days (Surgery)	Treated within 31 days (second or subsequent treatment)		22	16	15	20	23	20	32	29	18	22	14	23	254
	Total number of second or subsequent treatments during the period	94%	23	16	15	21	25	21	32	29	18	25	15	23	263
	% treated within 31 days (second or subsequent treatment)		95.7%	100.0%	100.0%	95.2%	92.0%	95.2%	100.0%	100.0%	100.0%	88.0%	93.3%	100.0%	96.6%
Cancer Waits - 31 Days (Drugs)	Treated within 31 days (second or subsequent treatment)		16	21	16	18	22	20	28	28	15	12	16	18	230
	Total number of second or subsequent treatments during the period	98%	16	21	16	18	22	20	28	28	15	12	16	18	230
	% treated within 31 days (second or subsequent treatment)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer Waits - 31 Days (Radiotherapy)	Treated within 31 days (second or subsequent treatment)		31	30	32	29	26	36	42	29	25	34	46	41	401
	Total number of second or subsequent treatments during the period	94%	31	30	33	29	26	36	42	29	25	34	46	41	402
	% treated within 31 days (second or subsequent treatment)		100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%

Cancer Waits - 62 Days (Urgent GP Referral)	Treated within 62 days	85%	43	40	39	48	44	49	59	37	30	38	41	44	512
	Total number of first treatments during the period		54	51	44	58	51	56	70	44	42	51	52	51	624
	% treated within 62 days		79.6%	78.4%	88.6%	82.8%	86.3%	87.5%	84.3%	84.1%	71.4%	74.5%	78.8%	86.3%	82.1%
Cancer Waits - 62 Days (Screening Service)	Treated within 62 days	90%	4	7	3	11	14	12	8	6	2	6	6	6	85
	Total number of first treatments during the period		5	8	4	12	14	14	8	6	2	6	7	7	93
	% treated within 62 days (Screening Service)		80.0%	87.5%	75.0%	91.7%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	85.7%	85.7%	91.4%
Cancer Waits - 62 Days (Decision to Upgrade)	Treated within 62 days	85%	21	26	23	32	25	29	27	27	16	26	22	16	290
	Total number of first treatments during the period		22	31	25	34	27	31	28	33	19	30	24	21	325
	% treated within 62 days (Decision to upgrade)		95.5%	83.9%	92.0%	94.1%	92.6%	93.5%	96.4%	81.8%	84.2%	86.7%	91.7%	76.2%	89.2%

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