

Minutes of the Meeting of the Adults Commissioning Committee held via MS Teams on Wednesday 9 March 2022

Meeting started at 14:00

Meeting ended at 15:20

Present

Cllr Bill Hinds (BH)	Lead Member for Finance & Support Services – SCC
Cllr Tracy Kelly (TK)	Statutory Deputy City Mayor & Lead Member for Housing – SCC
Dr Jeremy Tankel (JT)	Medical Director - CCG – Chair
Mrs Karen Proctor (KP)	Director of Commissioning – CCG
Dr Tom Regan (TR)	Clinical Director for Commissioning – CCG
Ms Elaine Vermeulen (EV)	Interim CEO – CCG
Mr David Flinn (DF)	Neighbourhood Lead - CCG

In Attendance

Dr Muna Abdel Aziz (MAA)	Director of Public Health – CCG / SCC
Mr Neil Cudby (NC)	Assistant Director Commissioning - CCG
Mr Harry Golby (HG)	Deputy Director of Commissioning – CCG
Mrs Joanne Hardman (JH)	Chief Finance Officer – SCC
Ms Alison Page (AP)	Salford CVS
Mr Judd Skelton (JS)	Assistant Director Integrated Commissioning – CCG/SCC
Mr Paul Walsh (PW)	Assistant Director Integrated Commissioning – CCG/SCC
Dr Girish Patel (GP)	PCNS/SPCT
Stephen Tilley (ST)	Senior Service Improvement Manager Urgent Emergency Care – CCG
Mr Mike McHugh (MM)	Democratic Services – SCC (servicing meeting/ minutes)
Mr Chris Howl (CH)	Democratic Services – SCC (minutes)

Apologies for Absence

Cllr Damian Bailey (DB)	Executive Support Member for Social Care & Mental Health
Cllr John Merry (JM)	Deputy City Mayor & Lead Member for Adult Social Care – Co-Chair
Ms Claire Vaughan (CV)	Director of Quality and Head of Medicines Optimisation – CCG
Dr David McKelvey (DMcK)	Neighbourhood Lead - CCG
Mr David Warhurst (DW)	Chief Finance Officer – CCG
Mr Steve Dixon (SD)	Chief Accountable Officer – CCG
Mrs Charlotte Ramsden (CR)	Strategic Director People – SCC
Ms Clare Mayo (CM)	Integrated Commissioning Manager – CCG/SCC
Dr Tara Kearney (TK)	NCA
Ms Gillian Mclauchlan (GM)	Deputy Director of Public Health – CCG/SCC
Ms Zoe Morris (ZM)	Associate Director - Performance & Strategic Development - GMMH
Ms Fiona Smith (FS)	Risk and Assurance Manager - CCG
Dr Peter Turkington (PT)	NCA

1. Apologies for Absence

The apologies above were noted. The committee were advised that it was inquorate as there were only two members from SCC and would thus be an informal meeting. The committee's consideration of two decisions in respect of items 4 (Community Diagnostic Centre) and 5 (CURE – Tobacco Addiction Programme) would be subsequently emailed to Cllr Merry and Cllr Bailey in order to seek their approval in order to allow a quorate decision and that decision notices can be published.

2. Declarations of Interest

JT declared an interest in agenda item 4 as Medical Director of Salford CCG and took no part in the discussion of the item.

AP declared an interest in agenda item 8 as Salford CVS are stakeholders and contracted in respect of Achieve and the Age Friendly Salford VCSE Partnership and took no part in the discussion of the item.

3. Draft Minutes of the Meeting Held on 12 January 2022

The minutes of the meeting held on 12 January 2022 were approved as a correct record.

4. Community Diagnostic Centre – Tom Regan

TR presented a report which described proposals for a community diagnostic centre offering simple cardiorespiratory investigations and phlebotomy, which has been tested since April 2021. The paper outlined the evaluation from the test and proposed a further expansion into each neighbourhood.

The benefits of community diagnostic centres are reduced attendance to the hospital site, quicker diagnoses, reduced infection risks and greater division between acute and elective diagnostics.

The paper proposed the development of a network of community diagnostic centres (CDCs) in Salford. The paper described the outcomes of a test of one centre, based at Swinton Gateway.

The investment will enable the setting up of a diagnostic centre in each neighbourhood, offering a range of cardiorespiratory investigations and phlebotomy.

CDCs are one of the recommendations of the Independent Review of Diagnostic Services. Demand for diagnostic tests is increasing and CDCs offer patients quicker, more convenient diagnostics, with lower infection risk. CDCs offer the possibility of transforming the traditional outpatient pathway and help to free up capacity for acute, hospital-based diagnostics. CDCs can also reduce pressure on primary care services. The proposal will increase diagnostic capacity across Salford.

The investment, if approved, will support integrated working and improve health and wellbeing outcomes for the people of Salford. The wider system benefits include reduced pressure on general practice and fewer unnecessary visits to hospital. Aligned to new models of care delivery, the CDC may support the delivery of elements of the NHS long term plan including an overall 30% reduction in the number of face-to-face outpatient appointments.

At the start of the financial year the CCG, as part of the planning process, identified £500,000 for this service, this Business Case totals £516,000, so there is a shortfall of £16,000.

This paper was presented at Salford Care Organisation (SCO) investment committee and Service and Finance Group (SFG) in February. Both committees provided similar feedback.

The SFG supported the paper and made some recommendations. These recommendations are:

1. One of the recommendations from the Service and Finance Group was to review the model going forward as it doesn't necessarily have to be 5 centres, one in each PCN, operational each day and could be a flexible model that moves across the locality.

2. SFG supported the principle of commissioning and rolling out Community Diagnostic Centre's to be accessible across all areas of Salford.
3. SFG supported that the locality should work within the £0.5m allocation for CDC's going forward in Salford. It should be noted that the final amount of the national allocation from Service Development Fund (SDF) has not been published but for a planning perspective is expected to be similar value to that received in 2021/22.
4. SFG noted that learning from the pilot should be taken forward with an aim to improve utilisation of the service. This will support the value for money and test per case calculation. SFG also clarified that the offer going forward doesn't necessarily mean five centres in each PCN, operational each day and could be a model that moves across the locality which could help with these financial metrics (a model like the Lung Health Check Service).
5. After dialogue with SRFT finance colleagues it is assumed there is no additional ask from Salford CCG for the financial year 2021/22.
6. It was agreed that with impending changes within the commissioning environment that the Locality Board would have this on its work plan to receive, review and steer going forward Adults Commissioning Committee is asked to:
 - Review and support the proposal including working within the expected £0.5m allocation envelope.
 - Review and support the recommendation that the model should work within the £0.5m allocation for CDC's going forwards and take forward learning from the pilot and options other than having five fixed, daily Centres in each PCN should be explored.
 - Support there being a further review of the service in 6 months' time, and 6 months after that until all parties are comfortable with the model.
 - Support the recommendation that the CDC be added to the work plan of the Locality Board and this board will subsequently receive, review and steer the service going forward.

TR invited questions and observations from members as follows, whereby it was confirmed that:

- Primary care services, including lobotomy services will not be affected by this proposal.
- Primary care clinicians will be able to refer patients to the CDC for diagnostic tests via the long-COVID service, GPs having already sought Advice and Guidance from a secondary care clinician and/ or hospital clinicians asking a GP to refer.
- The y axis on the diagrams in paragraphs 7.2 and 7.3 being 'number of appointments'.
- Whilst the Locality Board won't be able to overturn our decision today, it could refine the delivery model in time so that it stays fit for purpose.
- There needs to be provision to be able to alter service delivery based upon regular reviews of the available of slots across the city, in order to ensure equality of access and matching need to demand.
- In terms of being able to measure the value of service change (i.e. the difference of doing nothing compared to doing something), the proposal has been predicated on the new service delivery model being no more expensive than that which is spent currently, but that within the cost envelope there is the ability to alter and revise delivery so as to better utilise the sum.
- Care would be taken in new service communications to ensure that equality of access and matching need to demand was emphasised.

The Adults Commissioning Committee:

- Reviewed and supported the proposal including working within the expected £0.5m allocation envelope.
- Reviewed and supported the recommendation that the model should work within the £0.5m allocation for CDC's going forwards and take forward learning from the pilot and options other than having five fixed, daily Centres in each PCN should be explored.
- Supported there being a further review of the service in 6 months' time, and 6 months after that until all parties are comfortable with the model.
- Supported the recommendation that the CDC be added to the work plan of the Locality Board and this board will subsequently receive, review and steer the service going forward.

5. CURE Business Case (Post six months' evaluation) – Neil Cudby/ Sam Mansfield

NC presented a report which described the CURE project, a secondary care programme that treats tobacco addiction and dependency (an update to the 8 September 2021 report that provided an overview of the implementation of the CURE tobacco addiction programme to date, at Salford Royal Foundation Trust, including a proposal to establish a permanent CURE service at Salford Royal with an integrated discharge pathway into community smoking cessation services). The initial pilot was delivered at Wythenshawe Hospital and was then rolled out in 2020 across six other acute Trust sites in GM, including Salford (commencing August 2020).

The CURE Business Case was presented to Adult Commissioning Committee (ACC) in September 2021 with a request for support for continued funding. At that time ACC expressed some concern that the project was not currently delivering as originally projected and a six-month extension was agreed with a further assurance paper required at that time.

The report gave an update on performance of the CURE project at Salford Care Organisation, aiming to provide ACC with assurance that improvements in performance are being seen and actions are being undertaken to further improve project outcomes.

TR invited questions and observations from members as follows, whereby it was confirmed that:

- Whilst there is no hard evidence, over the COVID-19 pandemic period, that there have been reduced numbers of people stopping smoking (or attempting to stop smoking) or of people returning to smoking, it would not be surprising if any of these had happened as many people have a lot going on in their lives – in addition, deepening poverty is known to adversely affect rates.
- There needs to be regular reviews to ensure that this GM approach ensures that patients who access out-of-borough hospitals are reconnected to localised in-borough services.
- Going forward there should be an attempt to capture a KPI focused on 'patients not accepting a referral to a support service'.
- This approach should more than pay for itself in terms of savings on lung patient treatments – both for the patient and the NHS.

The Adult Advisory Committee:

- Noted the NHS LTP and GM requirements to have a tobacco dependence treatment service in all inpatient settings.
- Noted the improvements in performance being seen under the CURE project and the action plans in place to further improve project outcomes.
- Approved the £267k funding to sustain the CURE Tobacco Addiction programme for inpatients at Salford Care Organisation.

6. Finance Report – Elaine Vermeulen

EV presented a report which provided an in-year update in relation to the financial performance of the adults' element of the Integrated Fund:

- At January 2022, the adults' element of the Integrated Fund is currently forecasting to be overspent by £2.6m. The last report forecast an overspend of £3.0m, an improvement in the position by £0.4m. At £2.6m, the Adult's fund would be £0.6m underspent against the planned deficit of £3.2m.
- Highlights the YTD and Forecast of the adults integrated fund up to January 2022 with a projected £2.6m overspend for the year against a planned opening adults' pressure of £3.2m. The main movements being:
 - (£0.5m) reduction in committed developments.
 - (£0.1m) reduction in CHC and FNC packages of care.These are offset by:
 - £0.1m increased costs relating to Acute services.

- £0.1m increased costs relating to Community services.
- Provides an update on the investment decisions made as part of the Adults' plan for 2021/22.
- Gives an update on 2022/23 planning and the current assumptions and aims for each of the integrated funds. ACC is asked to note the financial position along with the requirement to deliver on the savings programme for the Adults' Integrated Fund in 2021/22.

TR invited questions and observations from members as follows, whereby it was confirmed that:

- The £6.1m 2020/21 core underline deficit, despite re-occurring would not be entered as core budget, because there is still potential to reduce this amount in-year.

The Adult Advisory Committee:

- Noted the financial position for 2021/22.
- Noted the process for 2022/23 planning and current high-level position.
- Noted the risks outlined in section 5 of the report.

7. Urgent & Emergency Care Update – Stephen Tilley

ST presented a report which provided an update on work programme activity, challenges, performance and developments in the Urgent & Emergency Care services in the Salford locality, as well as outlining performance against relevant NHS Constitutional Standards.

ST invited questions and observations from members as follows, whereby it was confirmed that:

- Further work would be undertaken to try to ascertain what happened to patient callers who were not being answered, in respect to both improving the missed call rate and trying to find out do they attempt another pathway.
- There was an NHS 111 action plan in place for improving call answering rates, for both equipment and staff.
- There were indeed various 'touch points' in the referral process presenting challenges to getting patients to change their pathway of choice.
- Further work might be required to ascertain the impact of and on primary care services of encouraging patients to transfer/ change their pathway of choice.
- Within Salford that we are confident that our local directory of referral services are primed and ready.

The Adult Advisory Committee:

- Noted the contents of this report and supporting appendices for information and assurance.

8. Public Health Commissioning – Muna Abdel-Aziz

MA presented a report which outlined the current status of the Public Health commissioned services and workplans for 2022/23, for assurance purposes only, with no decisions to be taken within the report. The report covers the commissioned services that are part of the integrated pool and those that are in view relating to public health and prevention.

Integrated sexual health and substance misuse contracts are due to be reviewed and renewed in 2022/23. Sexual health Local enhanced services in primary care are part of the Salford Standard and public health services are also being delivered by pharmacies.

The core public health team in the council and health improvement service are delivering prevention services across the life course. There are spotlights on healthy ageing, physical activity and oral health.

There are other strategic plans to which public health contribute that are not reflected in the report e.g. for children and other prevention priorities in the Locality Plan.

MA invited questions and observations from members as follows, whereby it was confirmed that:

- The update provided a really useful overview of the cross-over between coterminous conditions affecting some patients, with some receiving treatment for the separate conditions by the same providers across several services, i.e. mental health and substance misuse support.
- There are sufficient STI resources in Salford, but the profile of service users is changing.

The Adult Advisory Committee:

- Noted the 2021/22 report for commissioned public health services in the context of living with and recovering from COVID for assurance.
- Noted the proposed workplans for services in 2022/23.

9. Adult Commissioning Report – Neil Cudby/ Harry Golby/ Judd Skelton

NC presented the section of the report which provided an overview of the Effective Use of Resources Service, for assurance.

JS presented a report which provided an overview of Mental Health Community Rehab and Mental Health Investment Standard Developments, for assurance.

JS invited questions and observations from members as follows, whereby it was confirmed that:

- Salford’s IAPT services have 39% access by ethnic minorities compared to 13% nationally.
- Salford’s PTSD treatment offer is constantly evolving and is not just relying on CBT.

The Adult Advisory Committee:

- Noted and discussed this overview of a number of key or emerging areas of commissioning and provision relating to adult health and care, for assurance.

10. Any Other Business

There were no items of any other business.

11. Date of Future Meetings

The proposed schedule of dates of meetings for 2022/23, to commence at 14:00 are:

- Wednesday 11 May 2022
- Wednesday 15 June 2022
- Wednesday 13 July 2022
- Wednesday 14 September 2022
- Wednesday 12 October 2022
- Wednesday 9 November 2022
- Wednesday 11 January 2023
- Wednesday 8 February 2023
- Wednesday 8 March 2023
- Wednesday 10 May 2023

Confirmation will be provided nearer the time as to whether the meetings are to be held remotely or face-to-face.

It was noted that in view of GM CCG’s being disestablished at the end of June 2022 and the new GM arrangements being introduced from July 2022 onwards, that requirements might change and to keep abreast of this a situation report would be presented to the 11 May 2022 meeting.