

STRATEGIC COMMISSIONING BOARD

10 February 2021

Comm: 1.00pm

Term: 1.45pm

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| Present: | Dr Ashwin Ramachandra – NHS Tameside & Glossop CCG (Chair) Councillor Brenda Warrington – Tameside MBC Councillor Warren Bray – Tameside MBC (part meeting) Councillor Gerald P Cooney – Tameside MBC Councillor Bill Fairfoull – Tameside MBC Councillor Leanne Feeley – Tameside MBC Councillor Allison Gwynne – Tameside MBC Councillor Joe Kitchen – Tameside MBC Councillor Oliver Ryan – Tameside MBC Councillor Eleanor Wills – Tameside MBC Dr Asad Ali – NHS Tameside & Glossop CCG Dr Christine Ahmed – NHS Tameside & Glossop CCG Dr Kate Hebden – NHS Tameside & Glossop CCG Dr Vinny Khunger – NHS Tameside & Glossop CCG Carol Prowse – NHS Tameside & Glossop CCG | |
| In Attendance: | Sandra Stewart Kathy Roe Richard Hancocklan Saxon Jayne Traverse Jess Williams Jeanelle De Gruchy Debbie Watson Tom Wilkinson Ilys Cookson Sarah Threlfall Tim Rainey Paul Smith Sarah Exall Simon Brunet Dave Berry | Director of Governance & Pensions Director of Finance Director of Children's Services Director of Operations & Neighbourhoods Director of Growth Director of Commissioning Director of Population Health Assistant Director of Population Health Assistant Director of Finance Assistant Director, Exchequer Services Assistant Director, Policy Performance & Communication Assistant Director, Digital Tameside Assistant Director, Strategic Property Public Health Consultant Head of Policy, Performance & Intelligence Head of Employment & Skills |
| Apologies for Absence: | Steven Pleasant | Tameside MBC Chief Executive and Accountable Officer |

87. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

88. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 27 January 2021 be approved as a correct record.

89. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of the Executive Board held on 20 January 2021, be noted.

90. CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 31 DECEMBER 2020

Consideration was given to a report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance, which updated Members on the financial position up to 31 December 2020 and forecasts to 31 March 2021.

The Director of Finance reported that at Month 9, the Council was forecasting a year end overspend of £3.8 million, which was a slight deterioration on the position reported at month 8.

It was explained that significant pressures remained across Directorates, most significantly in Children's Social Care where expenditure was forecast to exceed budget by £4.134m, with further cost pressures in Adults and Education, and income loss pressures in the Growth Directorate. These were due to underlying financial pressures that the Council would have faced regardless of the COVID pandemic.

On the assumption that the anticipated COVID top up was received in full, a surplus of £512k was projected at year end on CCG budgets.

RESOLVED:

That the forecast outturn position and associated risks for 2020/21 as set out in Appendix 1 to the report, be noted.

91. BUDGET CONVERSATION 2021/22 - FINDINGS REPORT

The Executive Leader / Executive Member, Finance and Economic Growth / CCG Co-Chairs / Director of Governance and Pensions / Assistant Director, Policy, Performance and Communications submitted a report detailing responses to a public engagement exercise undertaken between 2 November 2020 and 6 January 2021 to understand the priorities for spending within the context of the financial challenges facing public services.

The conversation was used to educate and inform the public on the Strategic Commission's budget and its financial challenges whilst also allowing feedback and ideas on how services could be improved and savings made. The conversation focussed primarily on two questions:

- What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2021/22 and future years?
- Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?

To support the engagement activity, a full programme of communications was undertaken. The public were provided with an opportunity to leave comments and feedback through the Big Conversation – available on both the Council and CCG websites. Dedicated webpages to the Budget Conversation were created explaining all aspects of the conversation with links to the feedback form. A dedicated email account was also provided to enable public / service users / businesses to submit any comments.

Due to changing national and local Covid-19 social distancing restrictions, engagement took place through virtual engagement. Methods of virtual engagement were Skype or Zoom video meetings, an online survey and social media. This was supported by an extensive communications campaign

including digital methods such as websites, social media and email and non-digital methods such as newspapers and partner organisation networks.

An analysis of the feedback received was detailed in the report.

RESOLVED

That the content of the report be noted and the findings from the conversation be taken into consideration when setting the budget for 2021/22 and future years.

92. LOCALLY COMMISSIONED SERVICES - REVIEW AND RECOMMISSIONING ARRANGEMENTS

A report was submitted by the Executive Member, Adult Social Care and Health / Clinical Lead for Primary Care / Director of Commissioning explaining that the general practice Locally Commissioned Services (LCS) in Tameside and Glossop were significantly reviewed and redesigned from 2019/20, framing services within a series of 'bundles', each with a set of outcomes for an area of care. Six of the eight bundles were commissioned at practice level, with two commissioned from Primary Care Networks (PCNs).

Members were informed that the current structure of the LCS framework commissioned the identification and management of long term conditions, increased focus on palliative, end of life care and frailty, improved access to general practice, quality improvement projects in general practice, alternatives to hospital or clinic based services and the delivery of Severe and Enduring Mental Illness (SEMI) healthchecks. Public Health Locally Commissioned Services for Tameside practices formed part of this model. The introduction of the Partnership Investment Fund within the model in 2020/21 strengthened the system focus on the health and wellbeing of a geographical population; delivery against the full ambition had been significantly impacted in year by the Covid-19 pandemic.

The investment had, for a number of years, been a core aspect of general practice funding, and any significant change to the investment would have a corresponding impact on the scope and potential for service delivery, patient outcomes and the resilience of general practices. The investment aligned to Corporate Plan priorities of Longer Healthier Lives and Independence and Dignity in Older Age. It also delivered on key Strategic Commission priorities of care close to home, stronger neighbourhoods and supported the capacity pressure on the ICFT and associated contract cost.

The activity commissioned through this framework supported outcomes for patients and would need to be commissioned from another provider if these services were not commissioned from general practice. The access to patient records made it much safer to deliver this in general practice and ensured it aligned as part of a seamless offer of care to patients.

Support was sought for the continued investment into general practice however with a further refresh of the specification to commission from Primary Care Networks from 2021/22. The refresh was proposed with clear principles and outcomes focus for delivery across neighbourhood partners and member practices. This aligned with the development of integrated neighbourhoods, the role of PCNs within that and the strategic aim to address unwarranted variation in offer to patients, to reduce health inequalities and improve the proactive identification of patients. This would embed LCS commissioned from general practice as part of the continued delivery model of Strategic Commission priorities.

RESOLVED

(i) That the commissioning intentions, as outlined in the report, be supported, including the priorities of the LCS framework and the approach to strategic investment which includes:

- 1. the continuation of this investment, recognising the priorities addressed through the LCS framework;**
- 2. the contract extension of existing arrangements to 30 September 2021; and**

3. the re-contracting of the LCS framework from PCNs, with the specification refresh, from 1 October 2021 to 31 March 2023.
- (ii) It be noted that, In recognition of the breadth of investment across CCG and SCB governance, the report will also be considered by Primary Care Committee in February 2021.

93. PERMISSION TO EXTEND THE HEALTH IMPROVEMENT CONTRACT TO ALLOW FOR A REVIEW OF THE SERVICE SPECIFICATION IN LINE WITH A BUDGET REDUCTION AND A FULL PUBLIC CONSULTATION ON THE PROPOSED CHANGES TO THE SERVICE

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Clinical Lead – Long-Term Conditions / Director of Population Health / Consultant, Public Health, which explained that the current integrated wellbeing service, Be Well, was Population Health's flagship front line behaviour change programme. It was a community offer aimed at preventing ill health through support to individuals, organisations and communities.

Members were informed that, on 22 January 2020, authorisation was granted by SCB to re-tender Health Improvement services with a total budget of £1,092,000. Population Health planned to procure two new services to cover the functions described above, and to novate the oral health function into another service. The new contracts were due to commence on 1 October 2020 with a tender process planned for the months leading up to that date.

In June 2020, due to the disruption caused by Covid-19, permission was granted by SCB to extend the contract by 12 months, to go out to tender as planned for a contract starting on 1 October 2021.

In November 2020, the council's spending review identified Health Improvement Services for a 20% saving against the budget allocated for Smoking Cessation and Healthy Weight support. The savings required amounted to a reduction in the budget of £185,800 leaving £906,200 available to commission the new services.

The budget reduction would require significant changes to the service plans to be made. In order to carry out a full re-design of the service and a comprehensive public consultation exercise on the revised plans, an extension to the contract would be required. It was therefore proposed that an extension period of 6 months to 31 March, 2022 would be sufficient to allow for a consultation to take place and re-design the service.

RESOLVED

- (i) That approval be given to extend or to directly award the contract for an additional period of six months to 31 March 2022 to allow for a re-design of the service and a full Public Consultation following a 20% budget reduction;
- (ii) It be noted that the cost pressure would be covered from within the Population Health Budget, with the full 20% saving realised from April 2022; and
- (iii) That the plan to undertake a full public consultation on the proposed changes to the Health Improvement Services be noted and approved.

94. RE-COMMISSIONING OF ADULT LEARNING DISABILITY AND AUTISM SERVICES

The Executive Member, Adult Social Care and Health / Clinical Leads / Director of Commissioning submitted a report explaining that the Tameside and Glossop Integrated Care Foundation Trust (ICFT) had given the CCG notice that they no longer wished to provide adult learning disability and autism services after 1 October 2021. This decision was made following recommendations from an independent review commissioned from Pathway Associates CIC in 2019.

STAR had undertaken a procurement options appraisal and had recommended that the services were varied into the Pennine Care Trust Contract with Pennine Care for 18/24 months. This would allow for time to review and develop the service model in partnership with service users to deliver the objectives of the NHS Long Term Plan. This would be managed under the leadership of an experienced provider Trust. It would also accommodate for changes being made across Greater Manchester in relation to Clinical Commissioning Groups and the form commissioning would take in the future.

There were risks of challenge but these could be mitigated. In terms of improving service user experience and quality, commissioners believed that there would be significant improvement under the leadership of Pennine Care Trust.

RESOLVED

Taking into account the risk of challenge, it be agreed that the mitigating factors and rationale are such that the proposal to vary the services into the Pennine Care contract be actioned.

95. URGENT ITEMS

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

CHAIR