

STRATEGIC COMMISSIONING BOARD

24 March 2021

Comm: 1.00pm

Term: 2.05pm

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 Oliver Ryan – Tameside MBC
- Councillor Eleanor Wills – Tameside MBC
- Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer
- 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	Director of Governance & Pensions
Kathy Roe	Director of Finance
Richard Hancock	Director of Children's Services
Steph	Director of Adults Services
ButterworthJayne	Director of Growth
Traverse	Director of Commissioning
Jess Williams	Assistant Director of Population Health
Debbie Watson	Assistant Director of Finance
Tom Wilkinson	Assistant Director, Policy Performance &
Sarah Threlfall	Communication
	Assistant Director, People & Workforce Development
Tracy Brennand	Assistant Director, Operations and Neighbourhoods
Emma Varnam	Public Health Consultant
Sarah Exall	Head of Mental Health and Learning Disabilities –
Pat McKelvey	Tameside & Glossop CCG

Apologies for Councillor Allison Gwynne - Tameside MBC
Absence: Councillor Joe Kitchen – Tameside MBC

96. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

97. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 10 February 2021 be approved as a correct record.

98. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of the Executive Board held on: 3 February, 10 February, 17 February and 3 March 2021, be noted.

99. LIVING WITH COVID BOARD

RESOLVED

That the Minutes of the meetings of the Living with Covid Board held on: 20 January and 24 February 2021, be noted.

100. CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 31 JANUARY 2021

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 January 2021 and forecasts to 31 March 2021.

It was reported that as at Month 10, the Strategic Commission was forecasting a net underspend of £0.155 by 31 March 2021. This was a significant improvement on the position reported at Month 9 and reflected additional Covid related income on Council budgets, which had reduced the forecast overspend to £0.358m. 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.

It was reported that whilst the overall forecast position was looking more positive, there remained significant variances in some service areas, which were not attributed to Covid and which presented ongoing financial risks for future years.

The Director of Finance advised Members that there was a forecast in year deficit on the Collection Fund for both Council Tax and Business Rates due to the impact of the Covid Pandemic. The forecast deficit would need to be funded in 2021/22 and the forecast deficit was reflected in the 2021/22 budget approved by Full Council on 23 February 2021.

The third capital monitoring report for 2020/21 summarised the forecast outturn at 31 March 2021 based on the financial activity to 31 January 2021. The approved budget for 2020/21 was £56.338m and the forecast for the financial year was £46.410m.

In respect of the Designated Schools Grant (DSG) it was explained that the Council was facing significant pressures on High Needs funding and started the 2020/21 financial year with an overall deficit on the DSG reserve of £0.557m. The projected in-year deficit on the high needs block was expected to be £2.838m due to the continuing significant increases in the number of pupils requiring support. If the 2020/21 projections materialised, there would be a deficit on the DSG reserve at the end of this financial year. This would mean it was likely a deficit recovery plan would have to be submitted to the Department for Education (DfE) outlining how this deficit was expected to be recovered and how spending would be managed over the next 3 years and would require discussions and agreement of the Schools Forum.

Members were advised that the CCG had a cumulative surplus held with NHS England, which had built up over a number of years and was reported in the CCG annual accounts. NHS England had offered the opportunity to access this resource in 2020/21 financial year to support the financial pressures faced by the system to tackle delays incurred in implementation of the next phase of the transformation as a result of Covid. It was proposed that this surplus be accessed and utilised to facilitate ongoing financial sustainability across the economy. This additional funding would enable the Strategic Commission to invest in integrated transformation programmes, to improve outcomes and efficiency.

Members were further advised that the Ministry of Housing, Communities and Local Government had announced the distribution of £125m nationally to support the implementation of the Domestic Abuse Bill when it came into law (subject to Parliamentary approval). Tameside were eligible for £0.548m towards this to be spent in the 2021/22 financial year, with a robust needs assessment to be prepared by August 2021. To access this funding the MHCLG required the Council to sign a memorandum of understanding to confirm that they would use the funding towards the necessary

preparations and meet the obligations yet to be made law. As the funding was in excess of £500K in accordance with the Council's Constitution, a further report would be necessary for Executive Cabinet approval of the proposed allocation of the funding.

RESOLVED:

- (i) That the forecast outturn position and associated risks for 2020/21 as set out in Appendix 1 to the report, be noted;**
- (ii) That the significant pressures facing Council Budgets as set out in Appendix 2 to the report, be noted;**
- (iii) That Executive Cabinet be recommended to approve the budget virements and reserve transfers set out on pages 23 and 24 of Appendix 2 to the report;**
- (iv) That the forecast Collection Fund position for 2020/21 as set out in Appendix 3 to the report, be noted;**
- (v) That the Capital Programme 2020/21 forecast be noted and Executive Cabinet be recommended to approve the re-profiling of capital budgets as set out in Appendix 4 to the report;**
- (vi) That the forecast position in respect of Dedicated Schools Grant as set out in Appendix 5 to the report, be noted;**
- (vii) That the proposals for accessing the CCG cumulative surplus and the utilisation of funds for the purposes set out in section 6 of the report be approved, including the creation of earmarked reserves to support specific initiatives; and**
- (viii) That Executive Cabinet be recommended to approve the signing of the Memorandum of Understanding to accept £0.548m of funding to support the preparation for the Domestic Abuse Bill and to receive a further report to agree the implementation strategy in Tameside, as outlined in Section 8 of the report.**

101. EARLY YEARS POPULATION HEALTH COMMISSIONING UPDATE AND INTENTIONS

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Clinical Lead for Starting Well / Assistant Director (Population Health), which detailed Population Health's early years commissioning intentions for 2021 – 2022 and set out specific details to extend for one year, two service agreements.

It was stated that HomeStart provided one-to-one peer support for families via a team of dedicated and supervised volunteers, who visited families' for a couple of hours per week and tailored support to meet the individual needs of the family. The core HomeStart Peer Support Service had operated for a number of years on a grant funding basis from the Strategic Commission's Population Health Directorate.

The grant for the core HomeStart Peer Support Service had been £75,000 per annum. However, this was uplifted to £125,000 last year using monies from the Troubled Families funding. The current grant agreement was due to end of the 31 March 2021.

It was explained that the intention during the past 12 months, was to initiate a procurement exercise however the impact of the Covid pandemic had affected the service's ability to undertake a re-procurement exercise before the expiry of the grant, therefore authorisation was requested to renew the current grant arrangement for one year from 1 April 2021.

It was further explained that the 12 month extension would allow the Strategic Commission to receive confirmation from the Government regarding long term funding arrangements for the Troubled Families programme, as well as allow time to co-design and align to the strategic objective to integrate 0-19 children and family services by April 2022.

Members were reminded that at the Strategic Commissioning Board in March 2020, approval was given to retender the Breastfeeding Peer Support Service jointly with Oldham MBC. However, due to the impact of the pandemic, the retender for the service did not take place. The current contract

was due to end on the 31 March 2021. Authorisation was therefore sought to extend the current contract for one year from the 1 April 2021. The intention to do this had been agreed by Oldham MBC.

It was reported that, during this time, the Service would be included in the review, co-design and align to the strategic objective to integrate 0-19 children and family services by April 2022. The outcomes of the 0-19 children, family and early help services review, would inform the commissioning arrangements of services commissioned from April 2022. The outcomes of the review and further commissioning intentions would be reported to the Strategic Commission Board in Summer 2021.

RESOLVED

- (i) That the core grant arrangements with HomeStart be extended for 12 months to 31 March 2022; and**
- (ii) That the contract for the Breastfeeding Peer Support Service (commissioned jointly with Oldham MBC) be extended for 12 months to 31 March 2022.**

102. DELIVERING THE NHS LONG TERM PLANS: MENTAL HEALTH BUSINESS CASE 2021/24

A report was submitted by the Executive Member, Adult Social Care and Health / Clinical Lead for Mental Health and Learning Disabilities / Clinical Lead for Starting Well / Director of Commissioning setting out funding expectations and the proposed developments to address the mental health recommendations in the NHS Long Term Plan.

Mr Freeman, a volunteer/facilitator with the Anthony Seddon Fund presented before Members and explained his role with the charity and how it had helped him deal with PTSD and mental health issues he had experienced following traumatic events in his life. He further shared the life stories of some of the people in his group. He expressed his gratitude for the life-changing support provided by the Anthony Seddon Fund, which had helped him and others turn around their lives.

Members were advised that the NHS Long Term Plan (2019) outlined the government's commitment to improving mental health services, both for adults and children and young people. In adult services, the plan signaled an extension of commitments in the *Five Year Forward View for Mental Health* (5YFVMH) to 2023/24. It aimed to create a more comprehensive service system, particularly for those who were seeking help in crisis, with a single point of access for adults and children and 24/7 support with appropriate responses across NHS 111, ambulance and A&E services.

The Long Term Plan built on the recommendations from the Five Year Forward View. The Director of Commissioning highlighted programs that would be completed as part of the programs of work delivered at a locality and GM level: -

- Expanding the availability of specialist perinatal mental health services, from preconception to two years after birth, and extending support to their partners if they need it
- A further expansion in the Improving Access to Psychological Therapies (IAPT) programme, particularly for people with long-term physical conditions
- Testing a four-week waiting time target for community mental health teams
- Developing "a new community-based offer [which] will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance misuse"
- Building on the current expansion of crisis care, "ensuring the NHS will provide a single point of access and timely, universal mental health crisis care for everyone" (p70) including nationwide use of the NHS 111 line, 24/7 community support, alternatives to admissions (such as crisis houses and sanctuaries) and improved ambulance services

- Designing a “new Mental Health Safety Improvement Programme” to prevent suicide in inpatient units and offer support for people bereaved by suicide
- Expand further the availability of employment services using the evidence-based Individual Placement and Support (IPS) approach to help people who have “a personal goal to find and retain employment” by 2023/24
- Improve mental health support in the criminal justice system, including improved continuity of care for people entering or leaving prison, supporting Community Service Treatment Requirements for people who might otherwise get a prison sentence, and providing trauma-informed services for children in the youth justice system
- Provide holistic support to people leaving care and to veterans leaving the Armed Forces
- Scale up and improve mental health support for children, young people and young adults.
- Expansion of community-based crisis services for children and young people.
- One-fifth of schools and colleges to have a mental health support team in place by the end of 2023
- Feasibility test for a national access and waiting time standard for specialist services.
- Addressing the issue of transitions between child and adult mental health services by creating “a comprehensive offer for 0-25 year olds”

It was explained that the NHS Long Term Plan promised considerable investment to meet the commitments via two routes – Transformation Funding via the STP and allocations within the CCG Baseline. The Tameside and Glossop Strategic Commission had long recognised the importance of mental health and had been committed to improve parity of esteem and redress the balance between physical and mental health. Significant new investment had been committed over the past four years. However, although investment in MH services had increased, the spend per head of population was low compared to GM, North Region and Nationally. Furthermore, despite the increased investment the overall % of the CCG budget invested in mental health had not increased, due to uplifts in the CCG allocation. In 2019/20 the CCG spend on MH accounted for 11.1% of the total CCG budget.

It was further explained that the CCG Allocation Growth was based on the CCGs 5 yr allocations pre COVID. Allocations for 21/22 and beyond had yet to be finalised as CCGs awaited further planning guidance which was not due until April 2021.

Members expressed their sincere appreciation and thanks to Mr Freeman for sharing his powerful life story and the experiences of people in his group and their journey to improved mental health. Members further highlighted the importance of investment in mental health services and the vital support provided by charities like the Anthony Seddon Fund.

RESOLVED

That the investment proposals, as set out in Section 8 of the report, be approved.

103. FLU VACCINATION PROGRAMME 2021/2022: STRATEGIC COMMISSION WORKFORCE VACCINATION

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Director of Population Health, which set out the aims, ambitions and rationale for a flu vaccination programme for all staff in the Local Authority and CCG workforce.

It was reported that front line health and social care workers were at higher risk than most of the population of contracting seasonal influenza (“flu”), due to the number of people they were in contact with through their work and the nature of these contacts. In addition, there was a risk of them transmitting flu to the vulnerable people they care for. Health and social care employers therefore had a duty to offer flu vaccinations to their staff.

More broadly, employers had a duty of care to their workforce and could offer them protection against a disease which brought with it a relatively high risk of serious illness and even death. Influenza cost

employers millions of working days lost across the UK, many of which could be avoided by the flu vaccine.

It was proposed that for the 2021/22 flu season, 100% of all front-line staff employed by the Strategic Commission should be offered the vaccination, and that as many as possible take up the offer. Furthermore, office-based staff should have the opportunity to take up the flu vaccine, to ensure that staff were protected against flu and to ensure business continuity.

RESOLVED

- (i) That the model proposed in section 7 of the report, be approved;**
- (ii) That there be a commitment to supporting and funding staff employed by the Strategic Commission to receive a vaccination; and**
- (iii) That the offer to schools to access vaccination through this model, as a chargeable service while vaccine is available, be supported.**

104. SUPPORTING MENOPAUSE AT WORK

Consideration was given to a report of the Executive Leader / Assistant Director for People and Workforce Development, which gave a details of a guide, called *Supporting the Menopause at Work*, which had been developed in order to support those employees going through menopause.

The guidance pulled together the latest information on how the menopause affected some employees at work. The guidance was aimed at managers and employees to support those going through the menopause and offered practical guidance on how to hold open, honest discussion and improve workplace environments. Managers had an important role to play in ensuring that anyone who experienced menopausal symptoms was offered the same support and understanding as they would if they had any other health issue, and that support was tailored appropriately to the individual.

The organisation had a legal duty to make a suitable and sufficient assessment of the workplace risks to the health and safety of their employee; which included ensuring menopausal symptoms were not made worse by the workplace, and making changes to help an employee manage their symptoms whilst doing their job.

Moreover, it was important to recognise within an organisation where over 70% of its employees were female and the average age of the work force was above 51 years of age, which was also the average age for menopause, that this was a significant issue for the Council and therefore even more essential that the appropriate support was put in place to support and get the best from our workforce.

Members were advised that Menopause awareness sessions had been delivered, with 61 females attending the available sessions and providing extremely positive feedback. Future menopause sessions would build on this established platform to increase awareness across the workforce and enable managers to effectively support employees affected by the menopause.

RESOLVED

- (i) That the implementation of the proposed Guide to Supporting the Menopause at Work, as detailed in Appendix A to the report, be approved and recommend implementation to the Tameside & Glossop CCG Governing Body for its employees; and**
- (ii) That the Guide to Supporting the Menopause at Work as detailed in Appendix A to the report, be approved for adoption by all Governing Bodies of all community, voluntary controlled and voluntary aided schools.**

105. URGENT ITEMS

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

CHAIR