

STRATEGIC COMMISSIONING BOARD

28 April 2021

Comm: 1.00pm

Term: 1.55pm

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
- Steven Pleasant – Tameside MBC Chief Executive & 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 Butterworth	Director of Adults Services
Ian SaxonJayne	Director of Operations and Neighbourhoods
Traverse	Director of Growth
Jeanelle De Gruchy	Director of Population Health
Tom Wilkinson	Assistant Director of Finance
Ian Duncan	Interim Assistant Director of Finance
Sarah Threlfall	Assistant Director, Policy Performance & Communication
Ilys Cookson	Assistant Director, Exchequer Services
James Mallion	Consultant - Public Health
Elaine Richardson	
Catherine Moseley	Head of Access Services
Dr Naveed Riyaz	Tameside & Glossop – Urgent Care Lead

106. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

107. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 24 March 2021 be approved as a correct record.

108. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

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

109. CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 28 FEBRUARY 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 28 February 2021 and forecasts to 31 March 2021.

It was reported that as at Month 11, the Strategic Commission was forecasting a net underspend of £0.204 by 31 March 2021. This was a small overall deterioration on the position reported at month 10 and reflected the reduced surplus on CCG budgets which was previously offsetting a larger overspend on Council Budgets. As further COVID funding continued to be made available to the Council in the final month of the year, this position may improve before the end of the financial year.

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

RESOLVED:

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

110. UPDATE ON PROVISION OF SOCIAL WELFARE INFORMATION AND ADVICE AND SPECIALIST EMPLOYMENT ADVICE

Consideration was given to a report of the Executive Member, Neighbourhoods, Community Safety and Environment / Executive Member, Adult Social Care and Health / Clinical Lead, Starting Well / Assistant Director, Operations and Neighbourhoods, explaining that the Council had a contract with Citizens Advice Tameside for many years to deliver generalist social welfare advice and specialist employment advice.

It was explained that the contract was last reviewed in 2018 when a waiver to standing orders was granted to allow the direct award of a three-year contract to Citizens Advice Tameside. The current contract ended on 31 March 2021. A report was presented to Strategic Commissioning Board on 25 November 2020, which gave approval to tender the service for a 3 year period to commence 1 April 2021.

It had taken longer than envisaged to get to a position of being tender ready and this was due in part to the current climate during the Covid-19 pandemic, but this had been further exacerbated by the nature of the contract and the fact that this was the first time the service has been tendered.

The report outlines the current position with the tender process and requests additional time by way of a 6 month direct contract award to Citizens Advice to allow a competitive tender process to take place for the remaining 2.5 year contract period. This would cover the period 1 October 2021 – 31 March 2024. The overall total contract spend would be for a 3 year period as previously agreed at SCB on 25 November 2020. Additionally, approval was sought to allow a 1 plus 1 year optional extension in the contract noting that further governance would need to be obtained before any such extension could be exercised.

Members were advised that permission had previously been afforded to the Director of Operations and Neighbourhoods by way of delegated authority to award the tender and enter into all necessary contract arrangements. Further approval was requested to award the same delegation powers to the Director of Operations and Neighbourhoods for the revised 2.5 year tender exercise for the provision of the contract.

RESOLVED

- (i) That the current situation with the tender process and the difficulties encountered in meeting the tender commencement date of 1 April 2021 be noted;
- (ii) That approval be granted to directly award a 6 month contract to Citizens Advice to cover the period 1 April 2021 to 30 September 2021 to allow a competitive tender process to take place;
- (iii) That approval be granted to tender the provision of generalist social welfare information and advice and specialist employment advice for a period of 2.5 years;
- (iv) That approval be granted to allow a 1 plus 1 year optional extension in the contract noting that further governance would need to be obtained before any such extension could be exercised; and
- (v) That authority be delegated to the Director of Operations and Neighbourhoods to award the tender and enter into all necessary contract arrangements.

111. URGENT AND EMERGENCY CARE BY APPOINTMENT

A report was submitted by the Executive Member, Adult Social Care and Health / CCG Co-Chair / Urgent Care Lead / Director of Commissioning, providing an update on the development of Urgent and Emergency Care by Appointment in Tameside and Glossop.

Dr Riyaz, Tameside & Glossop Urgent Care Lead, presented the report and explained that the Five Year Forward View in 2014 recognised that urgent and emergency services needed to integrate more, '*Across the NHS, urgent and emergency care services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services*'. The Next Steps on the Five Year Forward view in 2017 then described the achievements delivered so far and those expected for 2017/18 and 2018/19.' These changes were the basis for a seamless transfer of care for individuals from their point of entry to their treatment.

The Next Steps also set out the expectations that every hospital must have comprehensive front-door clinical streaming by October 2017 and that systems would implement standardised new Urgent Treatment Centres (UTC). These two elements working together would ensure ED/A&E departments were free to care for the sickest patients, and other people would receive care in a more appropriate place with advance booking in UTCs.

The Covid-19 pandemic brought about a change in the way that people accessed healthcare with fewer people self-presenting at EDs and more people utilising NHS 111. Whilst there were some concerns that people who needed help may not be seeking it, there were also benefits as more people could be supported without the need to attend ED or an UTC and those that did need to attend could be managed more safely with reduced congestion in waiting rooms.

The Royal College of Emergency Medicine released a position statement on 6 May 2020 asking for 5 fundamental aims to be supported:

- EDs must not become reservoirs of nosocomial infection for patients
- EDs must not become overcrowded ever again
- Hospitals must not become overcrowded again
- Emergency care must be designed to look after vulnerable patients safely
- EDs must be safe workplaces for staff

Members were informed that, in January 2020, prior to the current COVID 19 Crisis, the GM UEC Improvement & Transformation Board approved a high-level Urgent Care by Appointment model as a refreshed priority for UEC integration. The aim was that by April 2022 the model would reduce across GM: Ambulance attendances by 100 per day and ED walk in attendances by 300 per day.

The GM model had four key elements that would work together to deliver the reduction.

- 'Call before you go to ED' or 111 First
- Acute-based pre-ED triage and streaming

- Clinical Assessment Service (GM and locality-level)
- Locally agreed referral pathways (community-based and acute-based)

It was recognised that whilst consistent standards and outcomes were needed across GM that locality level design and planning would ensure that local needs could be met and that some systems already had mature services that delivered some of the elements.

All GM localities, though the GM Urgent Primary Care Alliance (providers of GP Out of Hours cover), had been working together for several years to provide clinical assessment support to NWS to ensure people who did not need to attend ED were managed elsewhere. Initially with the APAS supporting NHS 111 calls and since 2019 with the GM Clinical Assessment Service (GM CAS) supporting first 999 and latterly both 111 and 999 calls. A decision to extend the arrangement throughout 20/21 ensured availability during the Covid-19 pandemic.

Tameside and Glossop recognised the opportunity to reduce attendances at ED and admissions in 2015 and developed several services as part of the Care Together programme that would not only reduce illness but also manage urgent care out of hospital, in particular Digital Health and the Integrated Urgent Care Team (IUCT). The Tameside and Glossop Locality plan, 'A Place-Based Approach to Better Prosperity, Health and Wellbeing' set out the vision for people who needed urgent care. With a key expectation by 2022 that the most appropriate person within primary care (whether this was registered GP practice, dentist, pharmacy or optician or through a Locality-wide service) would assess people with an urgent care need on the same day. With either, a treatment plan agreed to manage the immediate need within that service or a safe transfer made to the care of another neighbourhood-based service.

Following a public consultation a more integrated Urgent Care Service was commissioned in 2018 that comprised the Primary Care Access Service (PCAS) and the UTC and that together delivered improved access to Primary Care based Urgent Care enabling people to book appointments for same day care as well as retaining the ability to 'walk in'.

These services along with existing ED front door streaming, Ambulatory Care (Same Day Emergency Care) and the developing Acute Frailty Services positioned Tameside and Glossop strongly when the Covid-19 pandemic focused attention on how systems manage Urgent and Emergency Care.

The report concluded that Tameside and Glossop had been able to respond to the national and GM expectation around UEC by Appointment by building on the services already in place. Whilst too early to be assured that there was a positive impact on ED there was evidence that people were able to be supported without the need to attend any service and it was possible to direct people to services that better met their needs. It was expected that over time the services and pathways would develop further to increase the opportunities to ensure people received prompt and effective Urgent and Emergency Care as close to home as possible.

Members welcomed the report and highlighted the importance of communication programmes and the need for a robust evaluation of the users' experience. The way forward in respect of integrated care models was also discussed.

RESOLVED

That the content of the report be noted.

112. SECTION 31 LOCAL AUTHORITY GRANT FOR ADDITIONAL DRUG TREATMENT, CRIME AND HARM REDUCTION ACTIVITY 2021/22

Consideration was given to a report of the Executive Member. Adult Social Care and Health / Clinical Lead / Director of Population Health, providing background information on the Section 31 Local Authority Grant for additional drug treatment and harm reduction activity and outlined the proposed

approach to the commissioning and delivery of the Universal Component of this Grant in Tameside with a value of £406,000 for 2021/22.

It was explained that the GM Drug and Alcohol Strategy 2019-2022 set out a vision to make Greater Manchester a place where everyone could have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol:

The strategy identified six priorities for making things better:

- Prevention and early intervention;
- Reducing drug and alcohol related harm;
- Building recovery in communities;
- Reducing drug and alcohol related crime and disorder;
- Managing availability and accessibility; and
- Establishing diverse, vibrant and safe night-time economies

Tameside was adopting the GM Strategy locally as it was known that substance misuse harm in Tameside was extensive and was an important factor that adversely affected the overall quality of life and perpetuated inequalities.

Due to the scale of the challenge posed by drug and alcohol use in Tameside, and following an independent peer review around substance misuse in late 2018, the Council had developed a local Strategic Substance Misuse Partnership with senior leaders from the local authority, CCG, ICFT, police and voluntary sector. This partnership oversees the local work programme with: specialist treatment services, hospital alcohol liaison service, therapeutic residential supported housing, motivational programmes in community and residential settings, proactive work with licensing colleagues to reduce harms of alcohol availability across the community, the Alcohol Exposed Pregnancies work programme, and dedicated work around the hidden harm to children.

Specialist treatment services in Tameside were commissioned as an all-age integrated substance misuse service. This was currently provided by Change Grow Live, My Recovery Tameside (CGL MRT) and this had been in place since August 2015.

Members were advised that the government had announced £80 million for drug treatment as part of a £148 million funding package for reducing crime. This was the biggest increase in drug treatment funding for 15 years. This was additional to the local authorities core allocation for substance misuse treatment services as part of the public health grant and was funding for 1 year specifically to enhance drug treatment, focused on reducing drug-related crime and stopping the rise of drug-related deaths.

This overall drug treatment crime and harm reduction activity funding package would consist of three separate components:

1. **Universal** – available to all LAs except for those selected to be Accelerator areas. These grants would account for the majority of the £80m.
2. **Accelerator** – available to a small number of local authority areas as an extension of Project ADDER (see further information below). These local authorities would receive larger grants. This would be alongside Home Office funding for targeted enforcement activity by the police and the targeting of recovery support resources and interventions, such as employment support and criminal justice system interventions, by other government departments. It was noted that the specific areas had been selected based on specific needs and Tameside was not one of the areas selected for this element of the programme
3. **Inpatient** – all areas would be able to benefit from grants awarded to regional or sub-regional consortia of LAs for commissioning inpatient detoxification beds. Tameside would benefit from a GM-wide allocation to increase inpatient detox capacity which was currently being developed.

It was reported that Tameside had been awarded a Section 31 Local Authority Grant totalling £406,000 for commissioning and delivery of the Universal Component of the Drug Treatment, Crime

& Harm Reduction Grant for 2021/22. This was one-off funding for the 2021/22 financial year only. Brief details of the areas of work the funding would be utilised for were included in the report and a full cost breakdown was also provided in an appendix to the report.

Members sought assurances that appropriate advice from STAR was obtained to ensure that the procurement of the service was achieved compliantly.

RESOLVED

That approval be given to award the allocation of £406,000 for delivery of the drug treatment crime and harm reduction activity 2021/22 through the Section 31 Local Authority Grant provision, as outlined in the report. That approval be given to commission CGL My Recovery Tameside to deliver the drug treatment, crime and harm reduction package of interventions aligned to the Universal component of the Section 31 Local Authority Grant award.

113. TENDER FOR THE PROVISION OF A SEXUAL AND REPRODUCTIVE HEALTH SERVICE

Consideration was given to a report of the Executive Member, Adult Social Care and health / Clinical Lead/ Director of Population Health, outlining the proposed approach to the re-commissioning of Sexual & Reproductive Health services in Tameside with an annual budget of £1,274,924.

It was reported that Tameside had seen increasing demands in recent years for sexual health advice, contraception, testing and treatment and at the same time continued to have relatively high rates of under-18 conceptions; abortions; and STI diagnoses.

Tameside MBC was responsible for commissioning open access sexual and reproductive health services to be available within the borough, which was a mandated function (Health & Social Care Act 2012). Ensuring the delivery of high quality, accessible services for residents was key to improving the wide-ranging health outcomes linked to sexual & reproductive health. Tameside continued to have a relatively low level of investment per head of population on sexual health services compared to similar areas.

The report put forward the evidence of the impact that sexual & reproductive health interventions had on population health outcomes. It also provided value for money and cost benchmarking analyses to make the case for ongoing investment in sexual & reproductive health services, which would return longer-term savings. Therefore, the report sought permission to go out to tender, and award for a longer-term contract to work up a developmental, neighbourhood-centred model of delivery with the provider to achieve a step-change in supporting good sexual wellbeing across Tameside over the next 5-years and beyond.

The report sought authorisation to tender the service for a new contract to start on 1 April 2022. The total contract value over the five year period was £6,374,620. The Council would co-commission this service with Stockport MBC, who would act as the lead commissioner via a legally binding Inter-authority Agreement and work was underway with STAR procurement to re-tender the service. There was also an additional element of grant funding for the PrEP HIV prevention drug for which there was an allocation of £68,320 for in 2021/22.

RESOLVED

- (i) That approval be given to tender the Sexual & Reproductive Health Service to commence 1 April 2022 for a five year period, plus the option of a five year extension, dependent on a formal review of the service in year 4 (2025/26) to ensure adequate performance and outcomes achieved and the necessary approval granted to proceed as demonstrates vfm. The contract term will include a termination period of six months;**
- (ii) That approval be given to award the contract following the completion of a compliant tender exercise , subject to compliance with the Council's Procurement Standing Orders;**

- (iii) That approval be given to enter into an Inter-authority Agreement, as advised by STAR procurement, with Stockport MBC; and
- (iv) That approval be given to award a grant for provision of the PrEP HIV prevention treatment during 2021/22 and in future years when this grant will be allocated within the wider public health grant allocation.

114. URGENT ITEMS

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

CHAIR