

STRATEGIC COMMISSIONING BOARD

25 August 2021

Comm: 1.00pm

Term: 2.05pm

Present: Dr Ashwin Ramachandra – NHS Tameside & Glossop CCG (Chair)
Councillor Brenda Warrington – Tameside MBC
Councillor Gerald P Cooney – Tameside MBC
Councillor Bill Fairfoull – Tameside MBC
Councillor Ryan – Tameside MBC
Councillor Eleanor Wills – Tameside MBC
Steven Pleasant – Tameside MBC Chief Executive & Accountable Officer
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
Ian Saxon	Director of Operations and Neighbourhoods
Jeanelle De Gruchy	Director of Population Health
Jayne Traverse	Director of Growth
Caroline Barlow	Assistant Director of Finance
Debbie Watson	Assistant Director of Population Health
Jordanna Rawlinson	Head of Communications
Elaine Richardson	Strategic Lead – Ageing Well and Assurance
Samantha Jury-Dada	Strategic Domestic Abuse Manager
Anne Whittington	Acting Consultant in Public Health

Apologies for absence: Councillors Feeley and Gwynne – Tameside MBC
Dr Christine Ahmed – NHS Tameside & Glossop CCG
Dr Kate Hebden – NHS Tameside & Glossop CCG

Further to the decision of Tameside Metropolitan Borough Council (Meeting of 25 May 2021), to enable the Clinical Commissioning General Practitioners to take part in decisions of the Strategic Commissioning Board, whilst they continue to support the NHS in dealing with the pandemic that all future meetings of the SCB remain virtual until further notice with any formal decisions arising from the published agenda being delegated to the chair of the SCB taking into the account the prevailing view of the virtual meeting and these minutes reflect those decisions.

23. CHAIR’S INTRODUCTORY REMARKS

The Chair welcomed everyone to the meeting and explained that to enable the Clinical Commissioning General Practitioner to take part in decisions of the Strategic Commissioning Board, whilst they continued to support the NHS in dealing with the pandemic, the meeting would be a hybrid of remote and physical presence.

As a physical presence was required to formally take decisions, any formal decisions arising from the published agenda have been delegated to the Chair, taking into the account the prevailing view of the virtual meeting.

The only people in the room were the Executive Members, the Chief Executive and Accountable Officer, Monitoring Officer, Democratic Services Officer and the Chair.

24. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

25. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 28 July 2021 be approved as a correct record.

26. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of the Executive Board held on: 14 July 2021 and 4 August 2021, be noted.

27. CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 30 JUNE 2021

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Lead Clinical GP / Director of Finance. The report was the second financial monitoring report for the 2021/22 financial year, reflecting actual expenditure to the 30 June 2021 and current forecasts to the 31 March 2022.

Members were advised that at period 3, Council Budgets were facing significant pressures which were not directly related to the Covid pandemic, with significant forecast overspends in Adults and Children's Social Care being the main contributors to a net forecast overspend of £6.850m. This position was, after taking account of forecast underspends in some areas, and additional Covid related income, in excess of forecast Covid costs. There was an underlying forecast 'Non-COVID' deficit of £8.238m.

It was reported that Children's Social Care and Adults were the greatest areas of concern with forecast overspends of £5.678m (Children's) and £2.234m (Adults). Furthermore, the CCG was reporting an overspend of £519k, which related to reimbursable Covid expenses for which a future allocated increase should be received.

Details were also provided of irrecoverable debts for the period 1 April 2021 to 30 June 2021, in an appendix to the report and an additional recommendation was sought for approval to write-off the irrecoverable debts as detailed.

RESOLVED

- (i) That the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1 and detail for Council budgets as set out in Appendix 2 of the report be noted;**
- (ii) That the reserve transfers as set out on pages 27-28 of Appendix 2, be approved; and**
- (iii) That the write off of irrecoverable debts for the period 1 April to 30 June 2021 as set out in Appendix 3 to the report, be approved.**

28. DOMESTIC ABUSE ACT FUNDING PROPOSAL

The Executive Member, Adult Social Care and Health / Director of Population Health / Assistant Director of Operations and Neighbourhoods submitted a report setting out the commissioning intentions around domestic abuse services in Tameside in light of new funding available this year.

It was explained that TMBC had been awarded a further £547,627 in grant funding to meet new duties under the Domestic Abuse Act 2021. This funding must be spent during 2021/22 on 'support within safe accommodation' for victims of domestic abuse and their children and expenditure related with complying with the new duties.

There was no advance notification of the amount the council was due to receive before this financial year and the funding was released under the stipulation that the money would be spent following the statutory domestic abuse needs assessment. Therefore, the funding was not included in the 21/22 budget. The funding was recurrent and the grant determination for future years would follow the annual Spending Review.

As a result, TMBC had £1,274,445 available to spend on domestic abuse in this financial year (2021/22). Of this, £656,818 was already committed to providing the core commissioned offer, support in safe accommodation and outreach services.

It was proposed that the remaining £617,627 was spent meeting gaps highlighted in the statutory needs assessment. Primarily:

- Better availability of support within Safe Accommodation
- Workforce development, training and practice improvement
- Developing a local perpetrator response
- Piloting innovative approaches with Children and Young People that use violence
- Outreach services in the community and health settings for victim-survivors of Domestic Abuse
- System wide data improvement project to ensure we can discharge our duties under the Domestic Abuse Act 2021

There would be a further spending proposal once the grant amount for 2022/23 was determined pending the Spending Review in Autumn 2021.

RESOLVED

That domestic abuse spending in 2021/22 be approved as follows:

Jointly commissioned Bridges contract	£	506,818
Domestic Abuse Act grant funding (safe accommodation only)	£	547,627
GMCA funding for Domestic Abuse roles	£	70,000
Covid-19 funds	£	30,000
Population Health and Children's Services CHIDVA funds	£	120,000
Total 2021/22 funding for Domestic Abuse	£	1,274,445
<i>Funding committed 2021/22 to date</i>		
Bridges contract - outreach	£	335,090
Bridges contract - safe accommodation duty	£	291,728
Covid-19 additional IDVA	£	30,000
Total 2021/22 committed for Domestic Abuse	£	656,818
Total 2021/22 funds still available	£	617,627
<i>Proposed further spend 2021/22</i>		
Support in safe accommodation	£	255,899
Domestic Abuse transformation activity	£	291,728
GMCA funded IDVA posts	£	70,000
Total 2021/22 proposed further spend for Domestic Abuse	£	617,627
Total spend on Domestic Abuse 2021/22	£	1,274,445

29. NHS SYSTEM OVERSIGHT FRAMEWORK

A report was submitted by the Executive Member, Adult Social Care and Health / CCG Co-Chair / Director of Commissioning setting out NHS England and NHS Improvement's approach to oversight for 2021/22.

It was explained that the approach to 2021/22 oversight was characterised by the following key principles:

- (a) working with and through ICSs, wherever possible, to tackle problems
- (b) a greater emphasis on system performance and quality of care outcomes, alongside the contributions of individual healthcare providers and commissioners to system goals
- (c) matching accountability for results with improvement support, as appropriate
- (d) greater autonomy for ICSs and NHS organisations with evidence of collective working and a track record of successful delivery of NHS priorities, including tackling inequality, health outcomes and access
- (e) compassionate leadership behaviours that underpin all oversight interactions.

The framework had five national themes that reflected the ambitions of the NHS Long Term Plan with a single set of 80 metrics plus a sixth theme based on local strategic priorities that complemented the national NHS priorities set out in the 2021/22 Operational Planning Guidance and aligned to the four fundamental purposes of an ICS. Oversight conversations would reflect a balanced approach across the six oversight themes, including leadership and culture at organisation and system level.

NHS England and NHS Improvement would monitor and gather insights about performance across each of the themes of the framework. Regional teams would work with ICSs to ensure that oversight arrangements at ICS, place (including PCNs) and organisation level and the level of involvement of the ICS depended on their relative level of development and governance arrangements. Given the maturity of GM it was hoped that the ICS would lead the oversight of place based systems and individual organisations and co-ordinate any support and intervention carried out by NHS England and NHS Improvement, other than in exceptional circumstances and there would be the least number of formal assurance meetings possible.

It was further explained that the CCG annual assessment would include a mid-year self-assessment with an end-of-year meeting between the CCG leaders and the NHS England and NHS Improvement regional team. It focused on the six key lines of enquiry, as detailed in the report, five of which were the themes in the oversight with the sixth a focus on engagement, performance against the oversight metrics and an assessment of how the CCG worked with others (including the local health and wellbeing board(s)) to improve quality and outcomes for patients.

The final narrative assessment would identify areas of good and/or outstanding performance, areas of improvement, as well as areas of particular challenge across: quality (including reducing health inequalities), leadership, and finance and use of resources.

The 81 metrics in the five oversight themes reflected the NHS Long Term Plan/People Plan and 2021/22 Planning guidance (as at Appendix 3 to the report). They were system wide with 63 being specifically associated with the CCG. They covered a range of areas including access, service delivery, safety, vaccination and workforce. The metrics against each theme and the area they covered were detailed in the report.

It was concluded that Tameside and Glossop Locality should see minimal difference in the methodology used in the Oversight Framework and were in a strong position for many themes. Whilst some of the metrics may continue to be a challenge, if progress continues there may be a move from the default of Segment 2 into Segment 1.

Discussion ensued with regard to the content of the report and Members commended everyone involved on the progress to date. Members further acknowledged Elaine Richardson, – Tameside

& Glossop CCG, who was retiring at the end of August. They thanked Elaine for her dedicated work and support over many years and wished her well for the future.

RESOLVED

That the NHS England and NHS Improvement's approach to oversight of the CCG for 2021/22, be noted.

30. POPULATION HEALTH EARLY YEARS – PEER SUPPORT PROGRAMMES COMMISSIONING

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Starting Well Clinical Lead / Assistant Director of Population Health, which gave details of two Peer Support Programmes: The Family Peer Support Service and the Breastfeeding Peer Support Service and sought authorisation to:

- Retender the Breastfeeding Peer Support Service jointly with Oldham MBC with Tameside MBC as the lead commissioner; and
- Award a direct contract to HomeStart HOST for to the provision of the Family Peer Support Service.

In respect of the Breastfeeding Peer Support Service, it was explained that in 2017, Tameside Council (as lead commissioner) and Oldham Council jointly commissioned the Breastfeeding Support Service with the current contract due to end on the 31 March 2022. It was proposed to recommission this service for a further 5 years (3+2 contract) ensuring break clauses were built into the contract.

The current Breastfeeding Peer Support Service consistently met service targets and had received positive feedback from local parents. The service regularly provided case studies, an example of which was appended to the report.

The current performance of the provider against the current contract specification was in line with the commissioners' expectations. The full years 2018/19 to 202/21 performance data was detailed in the report.

Options for consideration were outlined with the preferred option being to end the contract and re-tender with current contract value: £203,392 per annum (£114,713 – Tameside Council, £88,679 – Oldham Council) with a 3+2 year contract (1 April 2022 – 31 March 2025, with option to extra to 31 March 2027). (Option E at 6.1 of the report).

With regard to the Family Peer Support Service, it was reported that since 2017, the Early Help Offer in Tameside had grown significantly, with the development of an Early Help Access Point, better Early Help Assessments tools, building 'Team Around' Approaches, Early Help Panels with joint decision-making and shared workforce development, such as Signs of Safety. Pivotal to the successes had been integral and collaborative working with partners, including but not exclusive to: Tameside and Glossop Integrated Care NHS Foundation Trust, Pennine Care NHS Foundation Trust, Action Together, Greater Manchester Police, Tameside Safeguarding Children Partnership and Tameside and Glossop Clinical Commissioning Group.

HomeStart Oldham, Stockport and Tameside (HOST) was a long-standing partner of the Council with a unique, tried and trusted peer support model, with a successful track record of grass-roots community volunteering, valued by volunteers and professionals alike. HomeStart had been a significant partner in the development of the Early Help Offer, regularly attending panel meetings and providing a crucial pathway and intervening early to prevent family breakdown. They had adapted their service delivery and aligned to new ways of working, including asset based and relational approaches using Signs of Safety methodology. HomeStart were champions and delivered interventions supporting early attachment, infant feeding, child development and school readiness, which all have strong evidence of effectiveness and return on investment.

Options for consideration were outlined with the preferred option being to end the grant and award a direct contract. The contract would start from the 1 April 2022 for 3 years (1 April 2022 – 31 March 2025) with a value of: £75,000 per annum (£225,000 in total). (Option E at 11.1 of the report).

RESOLVED

- (i) That approval be given to recommission and tender the Breastfeeding Peer Support Service with a 3+2 contract jointly with Oldham Council (Option E at section 6.1 of the report), and**
- (ii) That approval be given to award HomeStart HOST with direct contract award for the Family Peer Support Programme (Option E at 11.1 of the report).**

31. COMMISSIONING INTENTIONS – HEALTH IMPROVEMENT SERVICE

A report was submitted by the Executive Member, Adult Social Care and Health / Clinical Lead Long Term Conditions / Director of Population Health summarising the outcome of a recent public consultation and outlined commissioning intentions for the Health Improvement Service from April 2022.

Members were advised that Tameside experienced wide health inequalities, with life expectancy lower than the national average. Higher rates of cardiovascular disease (including stroke), cancer and respiratory disease all contribute to this and place additional burden on local health and social care services. Lifestyle and behaviours all contributed to these health outcomes and the importance of public health interventions for smoking, weight management and wellbeing had been highlighted in the recent Marmot cite region report. The Health Improvement service commissioned by public health provided support to the community on these and other lifestyle choices and behaviours.

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 budget reduction required 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 was agreed until 31 March 2022.

Details were given of the public consultation, which ran for a period of 12 weeks from 18 February, 2021 to 13 May 2021. There were 131 respondents to the online survey component of the consultation. Feedback was also gathered from a series of 6 focus groups/workshops held with 4 different community organisations and also collected through a group session with staff from the Be Well service themselves. Concerted effort was made to gather feedback from under-represented and protected characteristic groups. The use of a mixed approach aimed to maximise opportunity for the public to take part in the consultation process.

A summary of the responses to the consultation was provided in an appendix to the report. The results of the public consultation supported the previously proposed changes to the service, the main features of which were:

- A mixed digital/telephone and face-to-face model.
- Group sessions alongside one-to-one support where required.
- Maintaining an integrated, broader wellness offer as well as smoking cessation and weight management services.
- Continuing to work with communities and other organisations to provide support and prevention of ill health.
- Targeting those that need the service most whilst ensuring access for all

An expression of interest (EOI) exercise was conducted with the support of STAR procurement as a form of soft market testing. The previous tender exercise for this service was unsuccessful, so the aim was to understand the optimum way of packaging the services to encourage providers, including charities, social enterprises and Small and Medium Enterprises (SMEs) and new entrants to the market, to bid.

It was explained that with the results of the consultation and the EOI exercise, the opportunity had been taken to review the options for service delivery. In addition to this, the ongoing and likely future impact of the COVID-19 pandemic had been taken into account and all original assumptions revisited. As a result, it was concluded that an element of flexibility would be required going forwards, in order to adapt and respond to the needs of the population and the Council's financial position. Maintaining a holistic service and keeping the smoking cessation and community wellness elements of the service together were also highlighted as important and more cost effective, and this had been taken into account when considering the options, which were outlined as follows:

1. Re-tender the service for a contract period of up to 5 years commencing 1 April 2022 with an annual contract price of £885,910; or
2. Terminate the contract and transfer the service in-house with the Council retaining all income and expenditure and control over the service.

The advantages and disadvantages for both options were detailed and discussed.

In conclusion, it was felt that on balance, the option to transfer the service in-house (Option 2) was preferable. This was because it provided additional financial savings and allowed a greater flexibility around continued provision of the service to meet priorities and service demand. Whilst there were risks associated with both options, the risks associated with bringing the service in-house were considered more acceptable and manageable.

Information was also given in respect of the Oral Health Service and it was proposed that the core oral health offer would continue unchanged with the service within the Council to enable closer integration and alignment with public health and children's services/early years when the contract was terminated on 31 March 2022. This would support a sustainable population approach to oral health, as capacity to deliver could be incorporated and increased within these services. Oral health would continue to be funded from the budget identified within the report with an annual budget of £80,000.

RESOLVED

- (i) **That the outcome and recommendations of the 12 week public consultation held from 18 February, 2021 to 13 May 2021, be noted;**
- (ii) **That the proposal to transfer the Oral Health Service into the Council's Population Health team when the contract terminates on 31 March 2022, be agreed; and**
- (iii) **That the options appraisal set out in section 5 of the report be considered, and Option 2 – to transfer the service in-house within the Council, be agreed.**

32. GRANT NO. 31/5110: LOCAL AUTHORITY EMERGENCY ASSISTANCE GRANT FOR FOOD AND ESSENTIAL SUPPLIES

Consideration was given to a report of the Director of Children's Services requesting a variation to the allocations agreed in September 2020 by the Strategic Commissioning Board of the '*Local Authority Emergency Assistance Grant for Food and Essential Supplies*' fund provided by Defra (Grant No. 31/5110).

Members were advised that the requested variation was for the £5,000 allocation to Caring & Sharing to be changed to Active Tameside. Despite support from the Council, Caring & Sharing had been unable to provide sufficient banking arrangements as per regulations for funding allocations. Active Tameside would use the £5,000 for the essential supplies as follows to provide food within term time where families were in COVID hardship – gas and electric; sportswear / uniforms to support emotional well-being through physical activity. Through casework within the Early Help offer baby safety equipment, baby essentials (nappies, toys, milk, clothing etc.) and school uniform and where approved, household equipment.

RESOLVED

That the change of provider from Caring & Sharing to Active Tameside to the value of £5,000,

be agreed.

33. URGENT ITEMS

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

CHAIR