

59. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

60. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 24 November 2021 be approved as a correct record with the addition of Councillor Bill Fairfoull to list of persons present.

61. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of the Executive Board held on: 10 November 2021 and 1 December 2021, be noted.

62. CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 31 OCTOBER 2021

Consideration was given to a report of the Executive Member, Finance and Economic Growth / Lead Clinical GP / Director of Finance. The report detailed actual expenditure to 31 October 2021 (Month 7) and forecasts to 31 March 2022 for the Council and 31 October 2021 for the CCG.

It was reported that, overall, the Council was facing a total forecast overspend of £1.579m for the year ending 31 March 2022. A substantial majority of the forecast related to ongoing demand pressures in Children's Social Care.

The forecast outturn on Council Budgets had improved by 348k since Month 6, mainly due a reduction in external placement costs in Children's Social Care. There were some other smaller movements relating to the release of contingency budget and reduced income compensation grant for sales, fees and charges losses.

The CCG did not currently have H2 (October 2021 to March 2022) budgets in place. Detailed planning for H2 had been underway at both a CCG and Greater Manchester level since publication of the guidance. But formal approval of plans was not due until after publication of the M7 budget monitoring report. Allocations for H2 were expected by the end of November.

The Trust had submitted a breakeven financial plan for H2 (October 2021 to March 2022) which was in line with national guidance, and was forecasting break even for the year in line with the plan.

RESOLVED

That the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1 to the report, be noted.

63. FAMILY HUBS: LOCAL TRANSFORMATION FUND

The Deputy Executive Leader, Children and Families / Executive Member, Adult Social Care and Health / Clinical Leader, Starting Well / Interim Director of Population Health / Interim Director of Children's Services, submitted a report providing an update on the recently announced national Family Hubs: Local Transformation Fund and outlined Tameside's approach and intention to make a bid application.

It was explained that the Government had committed to championing family hubs. Family hubs were

a way of joining up locally and bringing existing family help services together to improve access to services, connections between families, professionals, services, and providers and putting relationships at the heart of family help. Family hubs brought together services for families with children of all ages (0-19) or up to 25 with special educational needs and disabilities (SEND), with a great Start for Life offer at their core. The principles key to the family hub model were detailed as follows:

- **More accessible** – through clearly branded and communicated hub buildings, virtual offers and outreach.
- **Better connected** – family hubs drive progress on joining up professionals, services and providers (state, private, voluntary) – through co-location, data sharing, shared outcomes and governance. Moving from services organised for under-fives, to families with children of all ages, reduces fragmentation (even though an emphasis on early years and the ‘Start for Life’ offer would remain).
- **Relationship-centred** – practice in a family hub built on family strengths and looked to improve family relationships to address underlying issues.

The Family Hubs Local Transformation Fund was a key part of this commitment and was funded through HM Treasury’s Shared Outcomes Fund, which aimed to test innovative ways of working across the public sector to address complex policy challenges.

To support the development and implementation of family hubs, the Government would provide funding to at least 12 Local Authorities that did not currently have family hubs and currently provide the six core services for the conception to age 2 period that made up the Start for Life ‘Universal Offer’. The fund would pay for the change process only, supporting Local Authorities to move to a family hub model through programme and capital funding. Local Authorities could apply for up to £1 million transformation funding (expect grant range between £650k-£1million), with up to £833k available for programme expenditure and up to £167k available in capital expenditure per local area. Successful Local Authorities would have approximately two years (over the financial years 2022-2023 and 2023-2024) to transition to a family hub model and open family hubs by March 2024.

The application period would open from 2 November 2021 and would close at 23:59pm on 17 December 2021. Key dates and deadlines for the application process were set out in the report.

RESOLVED

- (i) That a bid application into the Family Hubs: Local Transformation Fund be supported; and**
- (ii) Approval be given to the approach intended by the Local Authority if the bid application into the Family Hubs: Local Transformation Fund, is successful.**

64. MACMILLAN SOLUTIONS

Consideration was given to a report of the Executive Member, Adult Social Care and Health / CCG Governing Body Co-Chair / Director of Commissioning providing a brief update on Macmillan’s solutions, in relation to funding from April 2022 and beyond.

It was explained that Macmillan Solutions provided practical and emotional support to people affected by cancer (PABC) from diagnosis to post bereavement, dependant on need. Macmillan Solutions aligned to the wider offers already available within the Locality, ensuring there were no gaps in the provision specialist support for people with cancer.

Macmillan Cancer Support had funded the community based service for people with Cancer for the past ten years, which focused on similar principles to social prescribing, considering the wider determinants of health and the wider issues affecting their wellbeing.

Covid-19 had a catastrophic impact on the finances available to Macmillan Cancer Support, with a considerable reduction in number of charitable donations received. The resulting impact was that

Macmillan Cancer Support could no longer fund Macmillan Solutions beyond the end of March 2022 and were seeking stable funding from CCG's.

Beyond the initial funding period for all Macmillan funded schemes, there was an expectation from Macmillan that CCGs provided a commitment to sustain the outcomes from the programme, pending a full evaluation (Macmillan presented this in the form of a Business Case Proposal to Greater Manchester Cancer Alliance (GMCA)).

The Business case included a number of options (options 2 to 4 were included within the Business case) to ensure the continued provision of the charitable function:

- Option 1: Do Nothing – lose the charitable function and volunteers;
- Option 2: Resource the charitable function concentrating on the Localities making most use of the current Charitable Function (variable uptake across Greater Manchester), namely Manchester, Salford, Tameside, and Bolton. Preferred Option by Macmillan Solutions;
- Option 3: Offer an expanded charitable function to include Clinical Commissioning Groups (CCGs) areas who want to further develop Macmillan Solutions; or
- Option 4: Fund an expanded model across Greater Manchester (GM) ensuring PABC across GM will be able to access high quality Macmillan Solution charitable function. This would duplicate resources in areas who are accessing comparable services.

RESOLVED

- (i) That, support be given for the Macmillan's Solutions charitable function to be funded from April 2022; and**
- (ii) The preferred option: Option 2: Resource the charitable function, Macmillan Solution for the Tameside Locality, be supported. Therefore, the charitable function will have to be funded as new investment, awarded on a grant agreement (with robust governance and reporting processes in place for assurances purposes), following compliant procedures. Funding to support the sustainability of the charitable function was included within the budget for NHS Tameside and Glossop Clinical Commissioning Group (T&G CCG)/future Integrated Care System (ICS) and will assist the work of Macmillan Solutions to support PABC**

65. GREATER MANCHESTER LEARNING DISABILITY AND AUTISM COMPLEX NEEDS PROJECT

A report was submitted by the Executive Member, Adult Social Care and Health / Clinical Lead, Living Well, Finance and Governance / Director of Adults Services setting out details of the GM Complex Needs Programme, linked to the 'bespoke commissioning' priority in the GM Learning Disability Strategy.

It was explained that the main objective of the programme was the development of a new approach to commissioning support across GM for people with complex needs (Learning Disabilities and autism). The aim of the work was to ensure people received the best possible quality of care and support in the right place at the right time, reducing the number of people placed out-of-area, ensuring a more person-centred approach and effective value for money. The individuals in scope were those people who were in a secure hospital and there was no local plan in place for discharge (some people had been in hospital for over 10 to 15 years without any discharge plans) and people whose localities were struggling to find local provision for. The whole aim of the programme was to ensure people with a learning disability who lived in the 10 boroughs were not detained unnecessarily and were discharged as soon as possible to live in community settings.

The report sought agreement to the terms of the Greater Manchester (GM) Learning Disability and Autism Complex Needs Project Memorandum of Understanding (MOU), a copy of which was appended to the report. The purpose of the MOU was to set out clear arrangements across Greater Manchester Local Authorities and Clinical Commissioning Groups when commissioning through the Complex Needs Project, setting out the roles and responsibilities of the placing authority and host

authority, where these were different.

Signatures were required from each Greater Manchester Local Authorities and Clinical Commissioning Groups to progress the MOU.

RESOLVED

- (i) That the terms of the Greater Manchester (GM) Learning Disability and Autism Complex Needs Project Memorandum of Understanding (MOU) be agreed and entered into on the basis set out in the report; and**
- (ii) It be agreed that Individual Agreements be produced for each proposed new service between the relevant placing and host localities and be subject to an Executive Decision, which will provide information about the proposed scheme and will include sub-group information, localities involved, provider support costs, property requirements and why the chosen property had been selected in that locality together with the full provider support proposal and a project plan including timeline.**

66. URGENT ITEMS

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

CHAIR