

STRATEGIC COMMISSIONING BOARD

26 January 2022

Comm: 1.00pm

Term: 1.35pm

Present: Ashwin Ramachandra – Tameside & Glossop CCG (Chair)
Councillor Brenda Warrington – Tameside MBC
Councillor Warren Bray – Tameside MBC
Councillor Gerald P Cooney – Tameside MBC (part meeting)
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 & Accountable Officer
Dr Asad Ali – 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 – Tameside & Glossop CCG

In Attendance:	Sandra Stewart	Director of Governance & Pensions
	Kathy Roe	Director of Finance
	Ian Saxon	Director of Place
	Jess Williams	Director of Commissioning
	Debbie Watson	Interim Director of Population Health
	Sarah Threlfall	Director of Transformation
	Tim Bowman	Director of Education (Tameside and Stockport)
	Emma Varnam	Assistant Director, Operations and Neighbourhoods
	Ilys Cookson	Assistant Director, Exchequer Services
	Tony Decrop	Assistant Director, Children's Services
	Caroline Barlow	Assistant Director of Finance
	Trevor Tench	Head of Commissioning, Adult Social Care
	Catherine Moseley	Head of Access Services
	Jordanna Rawlinson	Head of Communications

Apologies for absence: Councillor Allison Gwynne – Tameside MBC
Councillor Joe Kitchen who participated in the meeting virtually

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.

67. 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.

68. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

69. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 15 December 2021 be approved as a correct record.

70. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of the Executive Board held on 8 December 2021 be noted.

71. CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 30 NOVEMBER 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 30 November 2021 (Month 8) and forecasts to 31 March 2022.

It was reported that, overall, the Council was facing a total forecast overspend of £1.207m for the year ending 31 March 2022. A substantial majority of this forecast related to ongoing demand pressures in Children's Social Care.

The forecast outturn on Council Budgets had improved by 371k since Month 7, mainly due a reduction in external placement costs in Children's Social Care (£207k). There are some other favourable movements (£252k) relating to the release of contingency budget and additional one-off income relating to reimbursement of costs from a prior year, and a small reduction (£88k) in COVID related funding for administration costs recognised in 2021/22.

Last month reported that NHS plans for the second half of 2021/22 had not been formally approved at the time the report was written. Plans were approved by NHS England in mid-November and allocations had now been transacted. As a result of this, full year budgets were now in place across the NHS and for the first time this year, a full 12 month budget position was presented.

The reported position at Month 8 showed a forecast overspend of (£3,553k), with a YTD variance of (£536k). This related to the Hospital Discharge Programme, GP additional roles and responsibilities, and QIPP delivery, with further detail set out in the report and appendix.

Members were advised that there was work underway to produce a revised Section 75 Agreement between the CCG and the Council to reflect the CCG's changed boundaries from 1 April 2022 when the Glossop locality was due to move into the boundaries of NHS Derby and Derbyshire CCG. As directed by NHS England and NHS Improvement (NHSE/I) the CCG had sought legal advice from the solicitors appointed by NHSE/I. The approach now recommended, which was different to that

previously advised, was to now rescind the earlier recommendation to serve notice on the Section 75 Agreement and instead to extend the existing Agreement into 2022/23. The CCG and Council would then agree the future amendment of the 2022/23 Section 75 Agreement to reflect the boundary change by means of a contract variation. The Section 75 Agreement would be supported by an accompanying Financial Framework for 2022/23.

RESOLVED

- (i) That the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1 to the report, be noted; and**
- (ii) That the earlier recommendation to serve notice on the Section 75 Agreement be rescinded and the existing Agreement be extended into 2022/23, subject to any variations that may be required to reflect the Glossop position.**

72. CORPORATE PLAN SCORECARD

The Executive Leader / Tameside & Glossop CCG Co-Chairs / Director of Transformation submitted a report giving details of the corporate plan outcomes scorecard (attached to the report) providing evidence to demonstrate progress towards achievement of the Corporate Plan and improving the services provided to residents, businesses and key stakeholders within the locality.

It was explained that the Corporate Plan outcomes scorecard followed the structure of the Corporate Plan, and contained indicators focused on long term outcomes across the plan's priorities. There were a number of proxy indicators for issues related to the pandemic which would take significantly longer to be reflected in the regular long term measures.

The Director of Transformation highlighted indicators from within Appendix 1. It was reported that the number of Tameside residents receiving Universal Credit in October was down slightly on the same month in 2020, although the percentage of UC recipients in employment in September was higher than in September 2020. The number of households in receipt of council tax support had fallen below 18,000 for the first time since climbing during the first wave of the coronavirus pandemic.

Building across the borough had decreased since the last financial year. The net number of additional dwellings per 10,000 residents had fallen from 20.93 in 2019/2020 to 16.2 in 2020/2021. This remained significantly lower than the national average of 38.3 per 10,000 people. This had also affected the completion of affordable homes, with new affordable homes per 10,000 residents falling from 8.51 in 2019/2020 to just 2.51 in 2020/2021, significantly lower than the national average of 9.2 per 10,000 people.

Members were advised that there had also been a notable drop in performance on a number of wider health metrics. The latest data for the proportion of people walking or cycling 3+ times a week, from 2019/2020, was 15 percentage points lower than the previous year at just 27.4%, below the national average of 34.5%.

Members thanked the Director for the report and requested further information on reported incidents of domestic abuse to Children's Services and an understanding of school attendance figures, be included in the next scorecard update to the Board.

RESOLVED

That the content of the report and scorecard (as appended to the report), be noted, and that the next quarterly update to Board and to Executive Cabinet be agreed.

73. ADULT SERVICES WORKFORCE RECRUITMENT AND RETENTION FUND (ROUNDS 1 & 2)

A report was submitted by the Executive Member, Adult Social Care and Health / Clinical Lead,

Living Well, Finance and Governance / Director of Adult Services, which explained that the outbreak of Covid-19 had been unprecedented and the last 20 months had seen a significant increase in the demand for services and the complexity of people needing social care support. The increase had not been matched by the number of people attracted to work in social care, and this had been compounded with increased numbers of staff leaving the sector.

The Government had recognised the issue with a commitment made to support local authorities and social care providers to maintain safe staffing levels over the winter period and to continue working closely with the care sector to build sufficient workforce capacity across services. Government had announced the “Workforce Recruitment and Retention Fund for Adult Social Care Round 1”, which confirmed an allocation of £781,378 to Tameside to cover the period to 31 March 2022. The Government had recently announced a second round of the Workforce Recruitment and Retention Grant which confirmed an allocation of £1,442,545 to Tameside, which could be used to enable local authorities and providers to bring forward planned uplifts relating to pay, in advance of the new financial year.

The report set out proposals for allocation of the available resource locally to support workforce recruitment and retention across the local social care sector.

The proposal was to spend the allocation in two ways. The first proposal related to direct Council activity to support the market as a whole in relation taking pressure out of the system and aid recruitment and retention. The following initiatives were proposed to utilise £64,700 of the total funding of £781,378:

- **Recruitment Video** – it was clear that a number of people recruited to social care roles quickly became aware that the work really was not for them. It was believed from discussions that a video describing various roles across the sector from experienced staff which described in a “warts and all way” what the work entailed would be a really helpful resource that would maximise the efforts of any recruitment campaign and get people into the work that were clear what the roles entail.
- **Level 3 Trusted Assessor Training – Manual Handling** - the proposal was to get two staff from each of the six “zoned” support at home provider trained up to carry out low level manual handling assessments. This would free up capacity with the Council’s manual handling team and having qualified staff of their own would mean providers could issue their own low level equipment to people they supported, quickly and flexibly. This would free up some MH assessor time and mean providers could get certain items of kit to people they supported quickly and flexibly. Courses would be run in Manchester throughout January and February.
- **Local Recruitment Initiative** - the proposal was for the Council to run a recruitment day for all providers to attract people to the various social care work opportunities on offer across in-house and independent provision.
- **Blue Light Card** – the proposal was to purchase cards for all operational social care staff working across in-house and independent provision. The Blue Light card provided those in the NHS, emergency services, social care sector and armed forces with discounts online and in-store. This proposal had been identified as an important gesture to recognise the important role operational staff have made alongside the NHS and emergency services over the past twenty months, whilst opening up some significant discounts across a wide range of small and large companies.
- **Halfords Voucher** – this proposal was to recognise the important role that staff vehicles had made in ensuring support to vulnerable people throughout the pandemic. The vouchers could be used to support the cost of vehicle servicing, replacement of tyres and exhausts and so on.

All five proposals met the requirements of the grant as outlined in the report.

The second proposal was that the remaining £716,678 of the grant be distributed across the domiciliary and care home providers (both in-house and external provision) based on the formula used for the previous allocations against the Infection Prevention Grants provided by the

Government.

RESOLVED

It be agreed, that:

- (i) An allocation of £781,378 made to the Council by Government from the Workforce Recruitment and Retention Fund (Round 1) for Adult Social Care to support the recruitment and retention of staff across the local social care sector to maintain safe staffing levels over the winter period, be accepted;**
- (ii) £64,700 of this allocation be approved for spend by the Council as a whole sector response across five proposals, namely a recruitment video, Level 3 Trusted Assessor Training Manual Handling, a Local Recruitment Initiative, Blue Light Cards for staff, and Halfords vouchers;**
- (iii) The remaining £716,678 of the grant allocation be distributed across the CQC registered domiciliary, care home, and supported living providers utilising the formula used in relation to previous Infection Control Grants made available through Government;**
- (iv) An additional allocation of £1,442,545 made to the Council by Government from the Workforce Recruitment and Retention Fund (Round 2) for Adult Social Care to enable the Council and providers to bring forward planned uplifts relating to pay in advance of the new financial year, be accepted; and**
- (v) The allocation of £1,442,545 be distributed across the CQC registered domiciliary, care home, and supported living providers utilising the formula used in relation to previous Infection Control Grants made available through Government.**

74. URGENT ITEMS

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

CHAIR