

STRATEGIC COMMISSIONING BOARD

23 March 2022

Comm: 1.00pm

Term: 1.50pm

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 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 – 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
	Steph Butterworth	Director of Adults Services
	Alison Stathers-Tracey	Director of Children's Services
	Jess Williams	Director of Commissioning
	Tim Bowman	Director of Education (Tameside and Stockport)
	Sarah Threlfall	Director of Transformation
	Gregg Stott	Assistant Director, Investment, Development and Housing
	Emma Varnam	Assistant Director for Operations and Neighbourhoods
	Caroline Barlow	Assistant Director of Finance
	Simon Brunet	Head of Policy, Performance and Intelligence

Apologies for absence: Councillor Allison Gwynne

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.

83. 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.

84. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

85. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 9 February 2022 be approved as a correct record.

86. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of the Executive Board held on 17 February and 2 March 2022 be noted.

87. CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 31 JANUARY 2022

Consideration was given to a report of the Executive Member, Finance and Economic Growth / Lead Clinical GP / Director of Finance, which detailed actual expenditure to 31 January 2022 (Month 10) and forecasts to 31 March 2022.

It was reported that the forecast outturn position for the council continued to look more positive for 2021/22, with a £458k improvement reported since last month, taking year-end projected overspend to £701k. The overall improvement was largely due to non-recurrent, pandemic related funding streams which would not be available next year. The 2022/23 budget was approved at Full Council on 22 February 2022, this included additional funding for both Children's and Adults Social Care, but cost and demand pressures were expected to continue to increase.

The CCG reported position at Month 10 showed a forecast overspend of £3,376k, all of which was reimbursable. Once appropriate allocations had been received, a break even position was effectively being reported, which included full achievement QIPP. Work was in progress on national planning returns for 2022/23 with allocations published at an ICB level.

The Trust was forecasting a breakeven financial position for 2021/22 in line with plan. Restoration plans had been established within the Trust and the Trust continued to aspire to deliver nationally prescribed activity targets, which for H2 was to deliver 89% of the completed Referral to Treatment pathways relative to 2019/20. The Trust continued to report good levels of performance against restoration targets. However, the Trust continued to experience significant pressures within Urgent Care, Non-elective and COVID positive admissions and as a result, there had been a small reduction in the number of elective and day cases versus plan this month.

Further detail on the financial position and key headlines was reported in Appendix 1 to the report. Appendix 2 provided more detailed analysis of all Directorate areas.

The latest forecast for the Collection Fund in 2021/22, together with collection performance, was

summarised in Appendix 3 to the report.

In 2020/21 the deficit on Dedicated Schools Grant (DSG) increased from £0.557m to £1.686m mainly due to funding the overspend on the High Needs Block. If the 2021/22 projections materialised, there would be a deficit of £3.713m on the DSG reserve by 31 March 2022. Under DfE regulations a deficit recovery plan was required to be produced, which will be submitted to the DfE outlining how this deficit was expected to be recovered and spending managed and would require discussions and the agreement of the Schools Forum. The position would be closely monitored throughout the year and updates would be reported to Members. Further detail was set out in Appendix 4 to the report.

Appendix 5 to the report detailed the write-off of irrecoverable debts for the period 1 October to 31 December, which Members were asked to approve.

Members were informed that, since the update to Cabinet in December, the position on savings delivery had improved overall across the Council. Overall, the total forecast savings to be delivered in 2021/22 had increased to £9.137m which exceeded the original target of £8.930m. However, it was noted that this total included just over 1m of mitigating savings that were one-off in nature and not expected to be available in 2022/23.

During 2021/22 the public sector and especially the NHS had continued to mobilise at pace and scale to address the ongoing impacts of the COVID-19 pandemic. NHS England and Improvement (NHSEI) had, therefore, continued with the 'command and control' financial regime introduced in 2020/21 during the response to the first wave of the pandemic.

This atypical financial regime had resulted in financial plans for 2021/22 being managed at a GM level for which the finalisation and submission of STP level plans were May 2021 (for H1 period April - Sept) and November 2021 (for H2 period Oct – March). This was significantly later than usual which, in turn, had hindered the CCG and its partners with being able to progress its strategic intentions for the Tameside and Glossop populations.

As the organisation had entered the final quarter of 2021/22, the certainty of budgets and plans meant that the CCG's financial outturn position could be forecast with a greater degree of confidence. This put the CCG in the position of being able to provide additional support to the locality's strategic aims by meeting a greater proportion of the health-related costs for some of the transformation programmes being delivered in 2021/22 through the Section 75 pooling arrangements it had with Tameside Metropolitan Borough Council.

It was intended that this situation would enable the CCG to increase its funding to the Section 75 (S75) pooled budget whilst the Council reduced its contribution in 2021/22 thereby releasing some non-recurrent savings for the Council which, in turn, would facilitate ongoing financial sustainability across the economy and support the transformation schemes for locality priorities such as in Children's and Learning Disability/Adult Mental Health services which were facing significant demand pressures as reported at length in previous reports.

It was proposed that the Council should reduce its contribution to the S75 pool by £3.5m in 2021/22 whilst the CCG increased its contribution to fund health-related costs in 2021/22 by the same amount.

RESOLVED

- (i) That the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1 to the report, be noted;**
- (ii) That the detailed analysis of budget forecasts and variances set out in Appendix 2 to the report, be noted;**
- (iii) That the forecast position on the Collection Fund in respect of Council Tax and Business Rates as set out in Appendix 3 to the report, be noted;**
- (iv) That the forecast position in respect of Dedicated Schools Grant as set out in Appendix 4 to the report, be noted;**
- (v) That the write-off of irrecoverable debts for the period 1 October to 31 December 2021**

- as set out in Appendix 5 to the report, be approved; and
- (vi) That the proposals for the CCG increasing its contribution to the Section 75 pooled fund (and the Council reducing its contribution by the same value) in accordance with the Integrated Commissioning Fund risk share agreement as set out in section 7 of the report, be approved.

88. APPROVAL OF REVISED NON-RESIDENTIAL CHARGING POLICY

The Executive Member, Adult Social Care and Health / Director of Adults Services submitted a report seeking approval of the updated revised Non-Residential Charging Policy 2022, which had been produced expediently following approval by Board Members at the last meeting of the **Strategic Commissioning Board** on the 9 February 2022 to update the previous policy dated 25 March 2015 to take effect from 1 April 2022 to include:

- The Minimum Income Guarantee level would remain at the level the Council currently used;
- The level of income disregarded be changed to disregard the difference between DLA care higher and middle rate and PIP daily living allowance enhanced and standard rate; and
- An annual fee for managing non-residential self-funders' accounts of £95 be implemented, with an annual review of the level which would apply only to non-residential packages of care created from this date, rather than existing packages.

The policy, as appended to the report, had been redrafted with a view to making it simpler to understand.

RESOLVED

That Strategic Commissioning Board agree the Policy attached at Appendix 1 to the report, in line with their decision of the 9 February 2022.

89. SEND WRITTEN STATEMENT OF ACTION

The Executive Member, Lifelong Learning, Equalities, Culture and Heritage / Director of Education (Tameside and Stockport) submitted a report, which explained that between 18 and 22 October 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Tameside to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The outcome of the inspection was that a Written Statement of Action (Written Statement of Action) was required because of significant areas of weakness in the area's practice. HMCI had also determined that the local authority and the area's clinical commissioning group(s) (CCG) were jointly responsible for submitting the written statement to Ofsted. The Written Statement of Action must be submitted for approval no later than April 12.

The report outlined the actions that had been taken to draft the Written Statement of Action. A draft Written Statement of Action was included as Appendix A to the report. In addition the report outlined what further investments were required to deliver the plan.

RESOLVED

It be agreed that:

- (i) The draft Written Statement of Action be shared with DfE and NHS Improvement Advisors for final comment;**
- (ii) A recommendation be made to Council for an additional investment of £275k outlined in section 4.5 of the report be approved noting that £156k of this will not be required until 2023/24;**
- (iii) A report be presented to the Strategic Commissioning Board seeking permission for an additional investment of £820k to provide adequate therapy provision and address waiting times for services including physiotherapy, occupational health and speech and**

language;

- (iv) **A further report be provided to the Strategic Commissioning Board following the submission of the Written Statement of Action outlining what, if any, further resource commitment is required to deliver the plan; and**
- (v) **Final sign-off of the Written Statement of Action be delegated to the relevant Executive Members, Councillor Feeley and Fairfoull, in consultation with the Director of Children's Services and CCG Accountable Officer.**

90. ADULT SOCIAL CARE FEES 2022-23

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Director of Adults Services outlining proposals in relation to revised prices to meet the increasing cost of providing adult social care services for 2022-23.

It was explained that, the Council and CCG, as had been reported over a number of years, continued to face significant financial pressures in the coming years. The budget report, as in previous years, for 2022/23 proposed a balanced budget, subject to the delivery of identified savings on Council Budgets, and an increase in Council Tax. The response to the Covid pandemic had created significant additional pressures and costs along with impacts on the Council's income budgets.

The CCG was currently working on the practicalities of its incorporation into the GM Integrated Care Service (ICS), due to go live in July 2022, with discussions on funding available locally ongoing. The CCG was party to a number of joint contracts with the Council, primarily in relation to support at home/home care and care homes with respect to the nursing element, and agreement had been in place with regards to contract uplifts that any reasonable or unavoidable uplifts should be agreed in line with the proposed increases included in the Council's budget.

Members were advised that much work had been done over the past few years to radically change the way that services were provided, and there had been a focus placed on reducing the costs of services to support management of the overall budget reductions of the last decade. At the same time as managing reductions in financial resources, demand for service provision had been rising - the increasing number of older people and younger adults with complex and life limiting conditions and disabilities continued to add further pressure to services provided. The period of the Covid Pandemic had seen increasing numbers of people requiring care and support – seen most acutely in services supporting people to remain living in their own homes. The rise in the demand for care and support had not been matched by an increased ability to attract sufficient numbers of staff to keep pace with the demand for support.

The report set out proposals for costs that would constitute the minimum requirements to meet the specific cost pressures imposed on providers across the health and social care sector in the following areas:

- Care Homes;
- Support at Home/Home Care;
- Extra Care Housing;
- Supported Accommodation including LD Respite;
- Other Social Care Contracts;
- Direct Payments;
- Wilshaw House – Dementia Day Centre;
- Day Service Options;
- Shared Lives;
- Out of Borough Placements; and
- Charges for services.

RESOLVED

- (i) That the proposed new rates for care home placements as detailed in Section 4 of the report in line with the agreed cost of care framework detailed in Appendix 1, be approved;**
- (ii) That the proposed new rates for Support at Home at £19.22 per hour (Appendix 2) and Standard Home Care at £17.73 per hour (Appendix 3), be approved;**
- (iii) That the spot purchase rates for sleep-in at rates of £110.63 per night, and £147.48 per night for waking nights, be approved;**
- (iv) That the proposed 6.6% uplift on the core contract prices at the four Extra Care Schemes and the proposed revised rate for additional hours commissioned in Extra Care of £16.71 per hour (Appendix 4), be approved;**
- (v) That the proposed uplift by 5.3% of Adult Social Care contract prices highlighted in Section 2 and 4 of this report, be approved;**
- (vi) That the revised Direct Payment rates as detailed in section 4 of the report, be approved;**
- (vii) That the 5.3% uplift in the annual contract price for the Dementia Day Service at Wilshaw House, be approved;**
- (viii) That the revised contract price for the Day Service Options Contract Lead Provider, Active Tameside, at the value of £1,395,728 for 2022-23 as detailed in section 4 of the report, be approved;**
- (ix) That the rate increases for Shared Lives Carer payments detailed in Section 4 of the report, be approved;**
- (x) That the offer to increase younger adults out of borough placements by 5.3 % with flexibility to approve a higher rate where providers evidence a higher rate is required as detailed in Section 4 of the report, be approved; and**
- (xi) That all the proposed new rates becoming effective from 1 April 2022, be approved.**

91. POVERTY STRATEGY AND APPROACH RESPONSE TO THE COST OF LIVING

Consideration was given to a report of the Executive Leader / CCG Co-Chairs / Director of Transformation proposing that work commence to review the current response to poverty and develop a refreshed approach including a long-term poverty strategy and a financial vulnerability plan to provide timely assistance to residents, whilst also addressing the long-term root causes of poverty. The strategy and plan would be informed by extensive analysis of data, benchmarking with best practice and engagement with those affected by poverty and those working with people living in poverty.

RESOLVED

That the content of the report be noted and it be agreed that:

- (i) A refreshed long-term strategy to tackle poverty be developed alongside the Corporate Plan as a place based response to the systemic issues of deprivation;**
- (ii) A refreshed operational approach to financial vulnerability be developed particularly in light of the cost of living crisis and the socio-economic and wellbeing impacts of the Covid-19 on families and communities;**
- (iii) Work required to deliver recommendations (1) and (2) will include a detailed needs assessment underpinned by data, feedback from people with lived experience of poverty, mapping of existing pathways; benchmarking of best practice within and without Tameside and feedback from the Tameside Poverty Truth Commission;**
- (iv) Tameside Council will consult with local partners in the public, private and third sectors in order to work together on the development of the long term poverty strategy and financial vulnerability response to ensure both are holistic place based approaches and address systemic challenges;**
- (v) Tameside Council notes that the socio-economic duty part of the draft Equality Act 2010 has yet to be enacted by parliament and commits to continuing to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage and wherever possible addressing transparently in all decision making;**

- (vi) **It is proposed that the Discretionary Energy Rebate Scheme (announced in addition to the mandatory energy rebate scheme) will provide support as part of the overarching response to the cost of living crisis. The funding in Tameside is £530k, and guidance suggests that this funding should be used to provide payments to other households who are energy bill payers but not covered by the Council Tax Rebate as set out in section 5.20. Specific provision and support will be put in place Care Leavers struggling with the cost of living crisis; and**
- (vii) **Where possible and subject to sufficient funding being identified the existing approach to crisis grants and holiday hunger post (currently supported by the Household Support Fund) be continued post 31 March 2022.**

92. ENGAGEMENT UPDATE

A report was submitted by the Executive Leader / CCG Co-Chairs / Director of Transformation providing an update on the delivery of engagement and consultation activity from June 2021 to date.

It was explained that much of the work was undertaken jointly – coordinated through the Tameside and Glossop Partnership Engagement Network (PEN) – by NHS Tameside and Glossop Clinical Commissioning Group, Tameside Council and Tameside and Glossop Integrated Care NHS Foundation Trust. However, it was noted that each of the three agencies undertake work individually where necessary and appropriate for the purposes of specific projects.

It was further explained that the onset of the Covid-19 pandemic had also meant that different ways to engage local communities had to be identified. The report set out some examples of the ways in which this had been achieved, including the establishment of both the Community Champions programme and Tameside & Glossop Inequalities Reference Group.

The Director of Transformation highlighted the key headlines from June 2021 to date:

- Facilitated 16 thematic Tameside and/or Glossop engagement projects
- Received 3,957 engagement contactsⁱ (excluding attendance at virtual events)
- Supported 7 engagement projects at the regional and Greater Manchester level
- Promoted 7 national consultations where the topic was of relevance to and/or could have an impact on Tameside and/or Glossop
- Established the Community Champions Network to provide residents and workforces with the coronavirus information they need to lead the way in their community, with over 270 members now registered and a networking event on 1 March 2022.
- The Tameside & Glossop Inequalities Reference Group, established in response to how the coronavirus pandemic, and the wider governmental and societal response to this, continues to bring equalities and inequalities into focus. Two reports have been produced for two areas of focus, making recommendations on how to address inequality. These are: Digital Inclusion and Community Cohesion.
- Delivered three virtual Partnership Engagement Network (PEN) conferences attended by over 130 delegates in total.
- Retained 'Green Star' top rating for public and patient engagement as part of the CCG Improvement and Assessment Framework (IAF).

Further information was also provided in respect of:

- Community Champions Network;
- Tameside & Glossop Inequalities Reference Group
- Partnership Engagement Network (PEN) Update; and
- Other engagement work.

RESOLVED

That the content of the report be noted and future engagement and consultation activity with the communities of Tameside and Glossop, as detailed in the report, be supported.

93. BETTER CARE FUND

The Executive Member, Adult Social Care and Health / Director of Adults Services / Director of Finance providing an update in respect of the Better Care Fund for 2021/22.

It was explained that, given the ongoing pressures in systems, there had been minimal change made to the Better Care Fund (BCF) this year. The 2021/22 BCF policy framework was designed to build on progress made during the COVID-19 pandemic by strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.

The non-elective admissions metric had been replaced by a metric on avoidable admissions. This reflected better the focus of joint health and social care work to support people to live independently in their own home and prevent avoidable stays in hospital. Wider work on the metrics for the BCF programme would continue during the year to take into account improvements to data collection and to allow better alignment to national initiatives such as the Ageing Well programme.

The national conditions for the BCF in 2021/22 were:-

- a jointly agreed plan between local health and social care commissioners, signed off by the HWBB;
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution;
- invest in NHS commissioned out-of-hospital services; and
- a plan for improving outcomes for people being discharged from hospital.

Following the 2020 spending round the national CCG contribution to the BCF had risen in actual terms by 5.3% to £4,263 billion. Minimum contributions to social care had also increased by 5.3%.

There was a mandated overall increase of 5.05% to the CCG contribution to TMBC and 4.83% to Derbyshire County Council. This resulted in a contribution by the CCG to TMBC of £18,427k and Derbyshire of £2,622k for the BCF in 2021/22.

A return was completed in November 2021 setting out a detailed breakdown of the schemes being funded by the CCG contribution in 2021/22. A summary of the income and expenditure for the BCF for Tameside was appended to the report. The key metrics for Tameside were also included in an appendix to the report. A breakdown of the individual schemes funded by the BCF for Tameside was appended to the report.

A summary of the BCF income reported by Derbyshire was detailed, which highlighted the CCG contribution of £2,662k. In addition the breakdown of the major schemes funded in Derbyshire (spend >£500k) was detailed and highlighted the CCG contribution of £534k, which directly supported the Glossopdale Neighbourhood scheme. The remaining £2,128k helped support other schemes and services across Derbyshire, which Glossop residents would benefit from.

RESOLVED

It be noted that the Health and Wellbeing Board has approved the plan.

94. URGENT ITEMS

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

95. DATE OF NEXT MEETING

RESOLVED

It be noted that the next meeting of the Strategic Commissioning Board is scheduled to take place on 27 April 2022.

CHAIR