

## STRATEGIC COMMISSIONING BOARD

22 June 2022

Comm: 1.00pm

Term: 1.50pm

**Present:** Dr Asad Ali – Tameside & Glossop CCG (In the Chair)  
Councillor Gerald P Cooney – Tameside MBC  
Councillor Vimal Choksi – Tameside MBC  
Councillor Bill Fairfoull – Tameside MBC  
Councillor Leanne Feeley – Tameside MBC  
Councillor Jan Jackson – Tameside MBC  
Councillor David Sweeton – Tameside MBC  
Councillor John Taylor – Tameside MBC  
Councillor Denise Ward – Tameside MBC (part meeting)  
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 – Tameside & Glossop CCG

**In Attendance:** Sandra Stewart Chief Executive  
Kathy Roe Director of Finance  
Stephanie Butterworth Director of Adults Services  
Alison Stathers-Tracey Director of Children's Services  
Jess Williams Director of Commissioning  
Debbie Watson Interim Director of Population Health  
Sarah Threlfall Director of Transformation  
Nick Fenwick Interim Director of Place  
Emma Varnam Assistant Director, Operations & Neighbourhoods  
Caroline Barlow Assistant Director of Finance

**Apologies for absence:** Councillor Joe Kitchen – Tameside MBC  
Councillor Jacqueline North – Tameside MBC  
Councillor Eleanor Wills – Tameside MBC

***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.***

### 1. 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.

## **2. DECLARATIONS OF INTEREST**

There were no declarations of interest submitted by Board members.

## **3. MINUTES OF THE PREVIOUS MEETING**

### **RESOLVED**

**That the minutes of the meeting of the Strategic Commissioning Board held on 27 April 2022 be approved as a correct record.**

## **4. MINUTES OF THE EXECUTIVE BOARD**

### **RESOLVED**

**That the Minutes of the meeting of the Executive Board held on 13 April 2022 be noted.**

## **5. 2021/22 REVENUE OUTTURN REPORT**

Consideration was given to a report of the First Deputy, Finance, Resources and Transformation / Lead Clinical GP / Director of Finance. The report was the final report for the 2021/22 financial year which detailed actual expenditure to 31 March 2022.

It was reported that, at the end of another unusual and challenging financial year for the Strategic Commission and ICFT, the final outturn position on 2021/22 budgets presented a broadly balanced position, with a small overspend on Council Budgets). CCG budgets represented a break even position, while the ICFT had delivered a small surplus. Given the significant pressures and challenges that had been faced over the last 12 months, this position was a significant achievement.

Longer term financial outlooks remained a cause for concern, contending with the aftermath of the pandemic at the same time as addressing an underlying financial deficit and implementing significant organisational change across the NHS. The national and global economic conditions, with increasing inflationary pressures across a number of areas, presented significant financial risk for a number of Council budgets.

Appendix 1 to the report summarised the integrated financial position on revenue budgets as at 31 March 2022. The final outturn position presented a broadly balanced position, with a small overspend of £131k on Council Budgets. CCG budgets had achieved a balanced position with nil variance against budget. The final outturn position was net of a range of significant under and over spends across a number of service areas. Further detail on budget variances, savings and pressures, was included in appendix 2 to the report.

It was further explained that The CCG would cease to exist as a statutory body in June, with commissioning responsibilities for Tameside patients transferring to Greater Manchester Integrated Care Board, while Glossop moved into the Derby & Derbyshire system. Precise operational arrangements to support this change were still under development and future iterations of this report would need to adapt to support new governance arrangements, whilst continuing to provide insight into the integrated financial position across the Tameside locality.

Appendix 3 to the report provided an update on Council Tax and Business Rates collection performance and the year-end position on the Collection Fund.

Appendix 4 to the report provided an update on the Dedicated Schools Grant (DSG). The 2021/22 cumulative deficit on DSG was £3.243m, mainly as a result of the continued pressure on High Needs. The Council was facing significant pressures on High Needs funding and started the 2020/21 financial year with an overall deficit on the DSG reserve of £0.557m. The 2021/22 cumulative deficit

on DSG was £3.243m, mainly as a result of the continued pressure on High Needs but partly offset by surpluses on the other funding blocks. Under DfE regulations the authority had produced a deficit recovery plan which had been submitted to the DfE outlining how it was expected that the deficit be recovered and spending managed over the next 3 years.

Appendix 5 to the report summarised the write-offs of irrecoverable debts for the period 1 January to 31 March 2022.

#### **RESOLVED**

- (i) That the outturn position as set out in Appendix 1 to the report, be noted;**
- (ii) That the significant variations and pressures facing Budgets as set out in Appendix 2 to the report, be noted;**
- (iii) That the reserve transfers detailed on pages 38-43 of Appendix 2 to the report, be approved;**
- (iv) That the outturn position on the Collection Fund be noted;**
- (v) That the outturn position in respect of Dedicated Schools Grant as set out in Appendix 4 to the report, be noted; and**
- (vi) That the write off of irrecoverable debts set out in Appendix 5 to the report, be approved.**

### **6. CORPORATE PLAN SCORECARDS UPDATE, JUNE 2022**

Consideration was given to a report of the Executive Leader / CCG Co-Chairs / Director of Transformation in respect of the Corporate Plan Scorecards (as appended 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.

The outcomes scorecard, which contained long term outcome measures that tracked progress to improve the quality of life for local residents, was attached to the report at Appendix 1.

Appendix 2 to the report, was the Tameside Policy & Performance Framework for the organisation, under which the scorecards operated. The framework clearly set out the different elements that contributed towards the achievement of the Corporate Plan priorities.

#### **RESOLVED**

**That the contents of the report, scorecard Appendix 1, and the Tameside Policy & Performance Framework at Appendix 2 be noted, and that the next quarterly update to Board and to Executive Cabinet be agreed.**

### **7. SEND WRITTEN STATEMENT OF ACTION – HEALTH FUNDING REQUIREMENTS**

The Executive Member, Health / Executive Member, Education and Achievement / GP Clinical Lead / Director of Commissioning submitted a report, which outlined the critical remedial action that the Tameside integrated health and care system was taking to address the ten areas of significant weakness identified following the SEND local area inspection that took place during October 2021 and the requirement to submit a Written Statement of Action (WSOA) to OFSTED.

It was explained that, out of the ten areas of significant weakness, three were of particular focus in relation to integrated health and care provision:-

- The endemic weaknesses in the quality and, due to the pandemic, timeliness of EHC plans, which lead to poor outcomes for children and young people with SEND across education, health and care;
- The high level of dissatisfaction among parents and carers with the area's provision; and
- The unreasonable waiting times, which lead to increased needs for children and young people and their families.

In relation to addressing the unreasonable waiting times, which lead to increased needs for children and young people and their families; and the endemic weaknesses in the quality and, due to the pandemic, timeliness of EHC plans, which lead to poor outcomes for children and young people with SEND across education, health and care, further investment was required.

The services commissioned specifically in relation to these areas of weakness in the SEND Inspection were:- Therapies (Speech and Language, Occupational Therapy, Physiotherapy), provided by ICFT; Child and Adolescent Mental Health Services (CAMHS) and the neurodevelopmental diagnosis pathway, provided by PCFT.

In 21/22 and 22/23 additional investment of £1,421,537 had been earmarked for CAMHS and the Neurodevelopmental pathway. A mobilisation plan was being implemented that would see an improvement in waiting times and timeliness and quality of the EHC Plans for these service areas.

In relation to the Therapies provision further investment was urgently required. Since 2008 there had been no additional resource provided to take account of the legislative reform of the Children & Families Act and no amendments to contracts or service specifications had taken place.

The impact of the COVID 19 pandemic had meant that the situation in relation to waiting lists was now urgent as they had increased further and as a result, the impact on Tameside families had been significant.

With increasing demands and pressures on the service, key challenges remained and as highlighted in the Inspection report it was now characterised by:-

- Demand on the services outstripping capacity; EHCP numbers had increased threefold in recent years to a current level of 2174;
- Ever-increasing waiting times; and
- A need to update processes and procedures to ensure a more responsive and effective service for Tameside families.

The ICFT currently provided these services across Tameside and were best placed to deliver the integrated service required. The additional investment would expand the existing provision and utilise existing pathways, management structures and infrastructure.

In relation to addressing the high level of dissatisfaction among parents and carers with the area's provision and ensure that a service was provided to support Tameside families on their journey through the integrated system and ensure that it is a positive experience, funding was required to support Tameside's Parent Carer Forum. The SEND Code of Practice stated an expectation that funding would be made available for the local Parent/Carer forum. To widen the scope and service of the Parent Carer Forum would require a contribution of circa £40,000 per annum.

In order to implement the written statement of actions, a Programme Implementation Team would need to be mobilised. The team would ensure that the investment requirements, as outlined in the report, provided value for money and that there was appropriate oversight and reporting of SEND requirements. An estimated cost for this level of support was £150,000 for the first year.

## **RESOLVED**

- (i) That an immediate investment of £410,000 be approved, to enable the immediate recruitment of 50% of the specialist children's therapists and a commitment to a further £410,000 whilst a permanent long-term sustainable solution is fully developed;**
- (ii) That a contribution of £40,000 p.a. be approved, to widen the scope and service of Tameside's Patient Carer Forum to address the weaknesses identified by the Inspection; and**
- (iii) That the recruitment of an interim dedicated programme support be approved, to ensure effective implementation and performance monitoring of the Written Statement of Action and ensure the integrated system is compliant with its statutory duties.**

## 8. NOMINATION OF A PLACE LEAD FOR HEALTH AND CARE INTEGRATION

A report was submitted by the Executive Member, Health / CCG Co-Chair / Director of Commissioning explaining that the role of a single responsible Place Lead for Integrated Care was a core feature of Greater Manchester's development as an integrated care system. The report outlined the proposed nomination and appointment process to the role in Tameside.

It was explained that the Greater Manchester Health and Social Care Partnership (GMHSCP) issued the Accountability Framework for the Place Lead for Health and Care 17 March 2022. The framework requested that each locality identified a new role as part of NHS GM Integrated Care arrangements, this would be known as a Place Lead for Health and Care Integration. The Place Lead would ensure that Tameside remained a strong and influential component part of the Greater Manchester Integrated Care System.

The Place Lead for Health and Care Integration would be responsible for driving the local integration of health and social care and connecting that to wider public services to address the social determinants of health, with the purpose of improving health outcomes, improving the quality of care, reducing health inequalities and maximising the value of public resources.

Noting that the GM accountability framework set out that within each locality the Council would remain the place leader. The nomination process was to establish the Place Lead for Health and Care Integration via one of three options:

Option 1: The Local Authority Chief Executive. As the Place Lead for Health and Care Integration forms part of the Local Authority Chief Executive's role they would need to be supported by a senior officer who would also be a member of the ICB locality team. This was anticipated to be an existing Tameside CCG executive. The Place Lead for Health and Care Integration would hold dual accountability to the Tameside Strategic Partnership Board and the Chief Executive of NHS GM Integrated Care. This would require a contract of employment with both NHS GM Integrated Care and Tameside Council.

Option 2: An individual employed by NHS Greater Manchester Integrated Care Board. A full-time role with the responsibility for delivering the requirements of the accountability framework. Fully employed by NHS GM Integrated Care with dual accountability to the GM Integrated Care Chief Executive and Tameside Council Chief Executive via the place-based board. The post holder would be the head of the locality team.

Option 3: Bespoke locality arrangements. If Tameside partners had alternative proposals from the options set out in the accountability framework a clear rationale should be provided which described and justified the difference and evidenced the full involvement and support of Tameside Council and other locality partners.

Members were advised that Option 1: Nomination of the Local Authority Chief Executive was endorsed at the Shadow Tameside Strategic Partnership Board April 2022 and by Tameside and Glossop CCG Governing Body. The nomination would be submitted to NHS GM Integrated Care for ratification.

### RESOLVED

**That the essence of the arrangement continue and that the Interim Chief Executive of Tameside Council be nominated as the Tameside Place Lead for Health and Care Integration.**

## 9. URGENT ITEMS

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

## **10. CHAIR'S CLOSING REMARKS**

The Chair advised that, with the imminent transition from the Tameside and Glossop Clinical Commissioning Group on 30 June 2022 to the formation of the new NHS Integrated Care Partnership on 1 July 2022, that was the final meeting of the Strategic Commissioning Board.

The Chair thanked everyone involved for their hard work and dedication and added that he was extremely proud of the Board's achievements and wished everyone well for the future.

**CHAIR**