

## **STRATEGIC COMMISSIONING BOARD**

**22 April 2020**

**Comm: 1.00pm**

**Term: 1.55pm**

**Present:** Dr Ashwin Ramachandra – NHS Tameside & Glossop CCG (Chair)  
Councillor Brenda Warrington – Tameside MBC  
Councillor Warren Bray – Tameside MBC  
Councillor Gerald Cooney – Tameside MBC  
Councillor Bill Fairfoull – Tameside MBC  
Councillor Leanne Feeley – Tameside MBC  
Councillor Allison Gwynne – Tameside MBC  
Councillor Joe Kitchen – Tameside MBC  
Councillor Oliver Ryan – Tameside MBC  
Councillor Eleanor Wills – Tameside MBC  
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside & Glossop CCG  
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 - NHS Tameside & Glossop CCG

**In Attendance:** Sandra Stewart                      Director of Governance & Pensions  
Kathy Roe    Director of Finance  
Jessica Williams                                      Director of Commissioning  
Pat McKelvey    Head of Mental Health and Learning Disabilities –  
Tameside & Glossop CCG

### **80. CHAIR'S OPENING REMARKS**

The Chair welcomed everyone to the meeting in the most unusual of circumstances and explained that, in order to comply with social distancing guidance, the meeting was virtual and that this was the first virtual meeting of a Strategic Commission in the country. He further explained that the passing of the Coronavirus Act 2020 contained a clause which allowed the Secretary of State to bring in new regulation regarding the proceedings of local authority meetings. The change was necessary because the Local Government Act 1972 previously required elected members to be physically present at committee meetings.

The Chair paid tribute to all NHS workers and support staff in Tameside and Glossop. The fight against coronavirus was one of the gravest in living memory, and these men and women were in the frontline. He further thanked all the key workers who were keeping the country running.

The Chair also highlighted and recognised the work of council employees, many of whom had found themselves placed in unfamiliar roles and situations over recent weeks. Nevertheless, they continued to carry out their assigned tasks with diligence and professionalism.

The Chair further noted the incredible work of community groups and individuals in supporting others who were self-isolating.

He urged everyone to follow the Public Health guidance on social distancing and self-isolation as they were key to stopping the spread.

The Chair concluded by thanking everyone leading the fight against COVID-19 (coronavirus).

## 81. DECLARATIONS OF INTEREST

Members	Subject Matter	Type of Interest	Nature of Interest
Dr Christine Ahmed	Agenda Item 6(b) – Temporary Hospital Home Visiting Service	Prejudicial	Employee of gtd healthcare.
Dr Vinny Khunger	Agenda Item 6(b) - Temporary Hospital Home Visiting Service	Prejudicial	Employee of gtd healthcare.

## 82. MINUTES OF THE PREVIOUS MEETING

### RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 25 March 2020 be approved as a correct record.

## 83. MINUTES OF THE COVID RESPONSE BOARD

### RESOLVED

That the Minutes of the meetings of the Covid Response Board held on: 1 April, 8 April and 15 April 2020, were noted.

## 84. RESPONSE TO COVID 19 PANDEMIC

Consideration was given to a report of the Executive Leader / CCG Chairs / Chief Executive / Accountable Officer providing the Board with an update on the COVID-19 pandemic and the work that was being undertaken with partners to address the challenges faced. In addition, the report provided a steer as to how ordinary business of the Council would be undertaken over the coming weeks and months ahead.

It was noted that the content of the report was based on circumstances that were changing frequently and therefore submission immediately prior to publication was appropriate, and many areas were likely to become superseded by new information on an ongoing basis.

### RESOLVED

That the content of the report be noted and the way forward, as set out in the report, be approved.

## 85. INITIAL ASSESSMENT OF THE FINANCIAL RISKS AND IMPACT OF THE COVID-19 PANDEMIC

The Director of Finance submitted a report providing an update on the currently known financial risks of the COVID-19 pandemic and the actions the Strategic Commission was taking and needed to take to manage its way through the crisis.

It was explained that the Council set its 2020/21 budget on 25 February 2020 and the CCG followed soon after once the financial planning guidance had been received and fully clarified. Both organisations' budgets were set before the scale of the COVID-19 pandemic was known. The budgets were set against a background of the Council struggling to contain its costs in relation to Children's Services and the recognition that it needed to invest in the growth of the borough; and the CCG having to deliver a £12.5m QIPP target whilst managing an underlying financial deficit of £9m.

It was clear from the outbreak of COVID-19 in the UK the significant impact it was having on the Council and CCG being able to maintain existing key services, cope with the additional demands placed on it because of the virus, and deal with staffing shortfalls due to self-isolation, it was placing a huge strain on services already under pressure following years of austerity. The Strategic Commission was already facing a number of key financial risks prior to the COVID-19 crisis but the risk environment had now significantly deteriorated further.

Key risks already in the budget and new financial risks caused by COVID-19 were detailed and discussed, including specific risks identified to date for the Council, as follows:

- Investment Income;
- Income from Trading;
- Council Tax Collection;
- Business Rates Income;
- Looked After Children – Placements Budgets;
- Education;
- Active Tameside;
- Adult Social Care;
- Non delivery/delay of planned savings; and
- Pensions Guarantor for Admitted Bodies.

In respect of Government funding, it was reported that the Government had announced direct support to Local Government in the form of a £2.9bn announcement to be paid in the new financial year. This was split into two parts:

- a) £1.6bn – unringfenced grant (Tameside to receive £7.675m) to cover costs such as:
  - i. Increased demand and costs of adult social care
  - ii. Increased demand and costs of providing children's social care
  - iii. Additional support for homeless and rough sleepers
  - iv. Support those at higher risk of illness from COVID 19
  - v. Meeting pressures across other services including reduction in income
- b) £1.3bn – to the NHS via CCGs to support enhanced discharge arrangements. This would include providing free out-of-hospital care and support to people discharged from hospital or who would otherwise be admitted into it, for a limited time. This would remove barriers to discharge and transfer between health and social care, and get people out of hospital quicker and back into their homes, community settings or care settings.

There had been no direct allocations announced yet, but if allocated in a similar way to the £1.6bn, Tameside and Glossop CCG would expect to receive around £6.2m. The guidance at this stage suggested that this would be for community services and not for acute providers, who would be supported separately. The method of receiving this funding was equally unclear at this stage and clarity was being sought.

This initial funding support, whilst welcomed was insufficient to cover the costs and loss of income that was already known from the Covid-19 closedown.

With regard to supporting businesses, it was explained that, in the rapidly changing situation there were a number of guidance notes from central Government. The Council had moved to immediate payment of its suppliers on the receipt of valid invoices. The CCG routinely paid immediately on presentation of a validated invoice so there was minimal detrimental impact on suppliers.

In respect of next steps, the report concluded that many services would already be facing additional costs as they enacted their business continuity plans. With most people who could already work from home now doing so, additional IT resilience had been put in place with quick upgrades to capacity and other technological solutions to ensure all staff could work from home wherever possible.

In the short term most services had reprioritised and covered gaps, but as the pandemic grew this would become less sustainable and it was likely that additional resources would be required.

It was acknowledged that, whilst these were unprecedented times and actions often needed to be taken quickly, this was the largest financial risk ever faced collectively by the Strategic Commission and it was important that control of the finances was retained in order to maximise the impact and value from every pound of spending and minimise the financial impact whilst supporting the most vulnerable.

The financial pressures and risks would fall into 4 main areas:

- a) New Costs as a direct result of the COVID 19 pandemic – such as purchase of PPE, IT upgrades, etc;
- b) Additional demand into existing systems and the pressure on prices we have to pay;
- c) Loss of income due to the lockdown and social isolation measures; and
- d) The delay to the delivery of savings plans – thus impacting on the longer term financial position.

Each Directorate had a new COVID–19 cost centre set up for it to capture the direct new costs of the pandemic. All new spending decisions needed to be recorded so that members and the public were sighted as to the decisions that had been made. Directorates were urged to work closely with their finance teams to assess the requirements and impacts on funding. Financial Management were maintaining a record of the additional burden caused by the COVID19 crisis, and it was expected that Directorates worked with Finance to ascertain these costs and pressures.

The additional funding would be pooled and held centrally for the use of the Strategic Commission with decisions to allocate made speedily.

There would also be some expenditure that would not be incurred as a virtue of the crisis, for example, events had been cancelled, staff mileage and travel costs were likely to be lower, less printing would be incurred, training courses would not be taking place, less may be spent on home to school transport etc. It was important that these be captured and centralised alongside the central government funding, so all resources could be mobilised to deal with the crisis.

## **RESOLVED**

- (i) That the report be noted;**
- (ii) The approach for approving additional spending and reporting on the financial impacts of business as usual services on the in-year and on- going financial position of the Council and CCG, as set out in the report, be agreed; and**
- (iii) That the request by Manchester Airport to defer the payment of the bond coupon interest of £1.084m, be accepted.**

## **86. MONTH 11 INTEGRATED REVENUE MONITORING REPORT**

Consideration was given to a report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance providing an overview on the financial position of the Tameside and Glossop economy in 2019/20. For the year to 31 March 2020 the report forecast that service expenditure would exceed the approved budget in a number of areas, due to a combination of cost pressures, shortfalls in income and non-delivery of savings.

It was explained that for the 2019/20 financial year, the Integrated Commissioning Fund was forecast to spend £619.050 million, against an approved net budget of £619.022 million. The small forecast overspend of £0.28 million was an improvement of £0.09 million since period 10. The improved position this month was due to better than expected planning fee income. However, there remained a number of key overspends which placed pressure on future year budgets. Further detail on the economy wide position was included in an Appendix to the report.

## **RESOLVED**

- (i) That the significant level of savings required during 2019/20 to deliver a balanced recurrent economy budget together with the related risks, which are contributing to the overall adverse forecast, be acknowledged; and**
- (ii) That the significant financial pressures facing the Strategic Commission, particularly in respect of Children's Social Care, be acknowledged;**

## **87. TAMESIDE AND GLOSSOP STRATEGIC COMMISSION – INTEGRATED COMMISSIONING FUND 2020/21 AND REVISED RISK SHARE AGREEMENT**

The Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance submitted a report providing a summary of the 2020/21 revenue budget allocations of the Tameside and Glossop Integrated Commissioning Fund (ICF) together with updated risk share arrangements. The ICF would be stringently monitored and reported to Members via monthly consolidated revenue monitoring reports during 2020/21.

## **RESOLVED**

- (i) That the 2020/21 revenue budget allocations for the Integrated Commissioning Fund be noted;**
- (ii). That the extension of the £10m risk share agreement for 2020/21 to 2023/24 as detailed in section 4 of the report, be approved;**
- (iii). That the five year forecasts and projected funding gap for the Strategic Commission be noted; and**
- (iv). That it be noted that Tameside Council will continue to be the host organisation for the Section 75 pooled fund agreement.**

## **88. OUT OF HOSPITAL CARE**

Consideration was given to a report of the Executive Member, Adult Social Care and Health / CCG Chair / Director of Commissioning, which described the principles and pathways that would operate across Tameside and Glossop to support people to remain out of hospital, both in a personal residence and in a care home.

It was explained that the majority of patients with COVID-19 would have mild symptoms and would be able to care for themselves at home. There would however be a significant number of patients who contracted moderate or severe illness from COVID-19 requiring primary or secondary care input.

Most patients presenting with symptoms of COVID-19 could be assessed and managed remotely. When face-to-face assessment was required, this would need to be managed either through use of designated sites (whether within practices or as separate locations) or through home visiting services.

National guidance was being received on a daily basis for all sectors within the health and social care economy. In addition, Greater Manchester had put into place a Hospital Cell and an Out of Hospital Cell to identify opportunities to 'do once' across the ten Localities to improve efficiency or promote consistency.

The principles of Out of Hospital Care were set out in the report including an enhanced service for Digital Health.

## **RESOLVED**

- (I) That the principles, as set out in the report, be agreed; and**
- (II) That the use of the DHAC19 service to support people living in Tameside and Glossop residential and nursing homes, be approved.**

## **89. CHILDREN AND YOUNG PEOPLES EMOTIONAL WELLBEING AND MENTAL HEALTH LOCAL TRANSFORMATION PLAN REFRESH AND BUSINESS CASE**

A report of the Deputy Executive Leader / CCG Chairs / Director of Commissioning was submitted, which explained that the transformation of children and young people's mental health was led locally. This meant that local professionals from across the NHS, public health, children's services in local authorities, education and youth justice, working together with children, young people and their families to design and provide the best possible services for their locality.

To support this local leadership and accountability, Clinical Commissioning Groups (CCGs) were expected to work with commissioners and providers across health, social care, education and youth justice and the voluntary sectors, to develop local transformation plans for children and young people's mental health.

Local transformation plans were first published in 2015 and set out how local services would invest resources to improve children and young people's mental health across the "whole system". These plans were 'living documents' and local areas were asked to refresh, and CCGs to republish them, on CCG websites every year. The Tameside and Glossop Children and Young People's Local Transformation Plan was presented as a slide pack.

The report summarised the Local Transformation Plan priorities and presented the case for additional investment to drive onward in the expansion and transformation of mental health support for children and young people and their families.

The priorities for 2020/21 were detailed as follows:

- Working together in neighbourhoods to make it easier to get help;
- Increasing access;
- Listening and shaping services with young people;
- Focus on families as the best resource; and
- Increase support for those most vulnerable to improve outcomes.

### **RESOLVED**

- (i) That the progress to date be recognised;
- (ii) That the priorities for 2020/21 be noted;
- (iii) That the proposal to pool TMBC and CCG funding to co-produce and commission a new children and young people's emotional wellbeing offer, be noted; and
- (iv) That additional investments be approved as follows:

Element	Proposed investment
<b>CYP Emotional Health and Wellbeing Development - to be commissioned through Innovative Partnership Commissioning</b>	<b>£64,000</b>
<b>Youth MH First Aid Training</b>	<b>£15,000</b>
<b>Early Help Single Access Point - Senior MH practitioner</b>	<b>£50,000</b>
<b>Extend CAMHS to meet needs of 16 and 17 year olds</b>	<b>£95,000</b>
<b>Additional capacity for Autism pathway</b>	<b>£130,000</b>
<b>Raising Confident Kids</b>	<b>£50,000</b>
<b>Total</b>	<b>£404,000</b>

During consideration of the following item, Dr Christine Ahmed and Dr Vinny Khunger, having both declared a prejudicial interest, left the meeting and paid no part in the discussion or decision making thereon.

## **90. TEMPORARY HOSPITAL HOME VISITING SERVICE**

Consideration was given to a report of the Executive Member, Adult Social Care and Health / CCG Chair / Director of Commissioning explaining that during the Covid-19 pandemic peak admissions were forecast to exceed hospital bed capacity in both best and worst case scenarios.

An emergency procurement was undertaken to provide medical support for Covid-19 symptomatic and non-Covid-19 patients in their own homes who would ordinarily be in hospital.

STAR procurement advised that, due to the Covid-19 pandemic, urgent services could be procured under the Public Contract Regulations 2015.

In this context a direct award could have occurred, however to aid transparency four Greater Manchester providers were invited to submit a tender within 2.5 days. One tender was received and reviewed by officers and clinicians. The tender met the requirements of the specification in full.

Following approval of the Tameside and Glossop Strategic Commission it is expected that this service would mobilise within 7 days.

This was a temporary contract to ease the pressure on local health and care services.

### **RESOLVED**

- (i) That the process followed for this urgent procurement under the emergency Covid-19 arrangements and the award of a temporary contract to gtd healthcare, be acknowledged and accepted;**
- (ii) That the potential risk of challenge be noted, although this will need to be considered in light of the urgency of response required to Covid and the limited options available; and**
- (iii) That this temporary contract is approved with the award of the proposed contract for an initial term of 3 months at an indicative cost of £154,137.**

## **91. URGENT ITEMS**

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

**CHAIR**