

## **STRATEGIC COMMISSIONING BOARD**

**27 May 2020**

**Comm: 1.00pm**

**Term: 1.50pm**

**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 – Chief Executive and Accountable Officer  
Dr Asad Ali – NHS Tameside & Glossop CCG  
Dr Christine Ahmed – NHS Tameside & Glossop CCG  
Dr Vinny Khunger – NHS Tameside & Glossop CCG  
Carol Prowse - NHS Tameside & Glossop CCG

<b>In Attendance:</b>	<b>Sandra Stewart</b>	<b>Director of Governance &amp; Pensions</b>
	<b>Tracey Simpson</b>	<b>Deputy Chief Finance Officer</b>
	<b>Peter Howarth</b>	<b>Head of Medicines Management</b>
	<b>Pat McKelvey</b>	<b>Head of Mental Health and Learning Disabilities</b>
	<b>Simon Brunet</b>	<b>Head of Policy, Performance and Intelligence,</b>

**Apologies for**

**Absence:** Dr Kate Hebden – NHS Tameside & Glossop CCG

### **1. DECLARATIONS OF INTEREST**

There were no declarations of interest submitted by Board members.

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

#### **RESOLVED**

**That the minutes of the meeting of the Strategic Commissioning Board held on 22 April 2020 be approved as a correct record.**

### **3. MINUTES OF THE COVID RESPONSE BOARD**

#### **RESOLVED**

**That the Minutes of the meetings of the Covid Response Board held on: 29 April, 6 May and 13 May 2020, be noted.**

### **4. ACCESS TO END OF LIFE MEDICINES**

Consideration was given to a report of the CCG Chair/Director of Commissioning, which explained that under the current Covid 19 situation there was an increase in patients on end of life (EoL) pathways. Under national guidance, many of these would not be admitted to hospital and

additional Provider capacity had been commissioned to meet the needs of patients remaining in the community.

It was further explained that there was a requirement to have access to EoL medicines in a timely manner. With the reported rapid rate of deterioration of COVID 19 affected patients, medicines supply systems should aim to be deliverable within one to two hours.

The CCG had existing EoL medicines arrangements in place; in the first week of Covid 19 due to circumstances noted above, urgent updates to these arrangements were made and details were given in the report.

To develop ongoing resilience as a result of the longer-term impact of Covid 19 within primary care and social care the development of new models was required to transition from emergency arrangements to a 'new normal response'. This was in line with NHS England guidance in order to give assurance at a regional level of robustness, of supply around EoL medicines.

In the current situation with demand overstressing GP planning activity, increased pressure on pharmacies including partial closures and the more rapid deterioration of COVID 19 EoL patients, three responses were needed:

- (i) Incorporation of non- sub-cutaneous route EoL medicines into the formulary (NICE/NCA guidance). This would be oral route medicines some controlled drugs but some non-controlled drugs;
- (ii) Increase in the number of pharmacies holding EoL medicines formulary to give greater systemic resilience; and
- (iii) Extension of hours of pharmacy access to EoL medicines so that via an on-call system 24 hour, 7 day a week coverage was provided across Tameside & Glossop.

In line with NICE guidance the 'traditional' sub-cutaneous EoL medicines list had been extended to include first line oral EoL medicines some of which were controlled drugs but some were not. The benefit of this remodelling was that if on assessment by a clinician the patient was able to take medicines orally then the supply of the medicines to them would be sufficient for a relative or carer to administer as opposed to the sub-cutaneous route, which needed a healthcare professional present to administer.

With agreement of representatives from T&G CCG, ICFT, GtD and led by the consultant in palliative care at Willow Wood, the EoL formulary had been expanded to incorporate oral first line options.

**Arrangement 1: Maintaining EOL stock:** With the expected increase in demand on services and the pressures community pharmacies were under as Covid-19 emerged, the CCG swiftly increased the number of sites holding EoL stock from 6 to 14. This gave better resilience and geographic spread and safeguarded the EoL provision within T&G from the impact of individual pharmacies

Whilst the recruitment of additional stock-holding sites followed the standard model noted above it was an informal non-contracted agreement. For on-going resilience and robustness and regional requirements for regular stock audits these arrangements needed to be formalised. The GM Local Pharmaceutical Committee (LPC), had produced a service specification for EoL medicines which was in line with local and regional requirements. The GMLPC proposed a £650 initial setting up fee, which the CCG would not pay as our sites were already established. The proposal also suggested a £500 annual retainer fee per pharmacy. This had been implemented by neighbouring CCGs who were not as prepared as Tameside and Glossop. All other GM localities were now signed up to or were in the process of signing up to the retainer fee service element. It was recommended that Tameside and Glossop CCG also commit to this.

Due to the potential for Covid patients to deteriorate rapidly there was a need once EoL scenario was identified to move quickly to get the medicines to the patient so that they didn't die without access to symptomatic relief. The NW Medicines Cell 'What Good Looks Like' document

recommended that patients had access to medicines within 1-2 hours. Given the disruption levels there was a need for a protected communication route to EoL stock holding pharmacies to check stock was available and prompt dispensing occurred. NHS England North West proposed that a bespoke mobile phone was provided for all EoL stock holding sites. This line would be reserved solely for EoL communications. NHS England proposed a £100 p.a. payment to each pharmacy to allow 24/7 urgent contact.

Arrangement 2: Extended access: To ensure 7 day, 24 hour access to EoL medicines within the CCG, an additional 12 hours Saturday / Sunday and on call coverage 4 nights per week to bridge the gap where pharmacies were closed, would be required. There was coverage via 100 hour sites for other periods. This would need to be commissioned from an extended hours pharmacy.

With regard to financial implications, it was reported that an initial commitment of 6 months would be made with a review at the end of this period to continue for a potential further 6 months. One year's total costs would be £7,000.

It was noted that at some point in the future, post Covid 19 scenario, the CCG would revert to having 6 EoL stock holding sites and would continue the £500 per annum stock-holding fee. This would give a future pressure of £3000 p.a.

The protected EoL medicines hotline per stock holding pharmacy would be £700 for 6 months with a review at the end of the period to continue for a further 6 months. This service element would not look to be continued post Covid 19.

Additional investment was required for arrangement 2 (24/7 access) as follows:

The fee structure would be £20 per on call (4 nights a week), £350 per call out.

The taxi service that carried out the day time medicines deliveries would be utilised as a first line option, however if this were not available in a timely enough manner and the pharmacy needed to deliver, there would be a charge of £50.

The payment offered was line with LPC service specification. The call out service would be utilised as a last resort where Go to Doc OoH service was overstretched, notwithstanding this, it was difficult to predict the extent to which it would be used.

If this approach was agreed and the service commissioned, then the on call fee per 6 months would be £2080 and based on an average of one call out per week and in locality delivery, £10,400 per 6 months could be paid.

Additional costs would be funded by the Covid-19 central funding source.

## **RESOLVED**

- (i) That the proposed delivery model to improve access and resilience for End of Life medicines, be noted; and**
- (ii) That the proposed mechanisms and additional financial investment required, be supported.**

## **5. STARTING WELL: CHILDREN AND YOUNG PEOPLES' HEALTH SERVICES RESPONSE DURING COVID-19**

The Executive Member, Adult Social Care and Health / Starting Well Clinical Lead / Director of Commissioning, submitted a report providing a summary on the response to the Covid19 pandemic for children and young peoples' health services across Tameside and Glossop.

Details were given of work currently being undertaken/challenges being faced, in a number of different areas and steps in place to mitigate, as much as possible.

The report summarised that there had been significant falls in children accessing primary and secondary care, and 111 for the last 3 months, although data suggested that this was now starting to normalise. A lot of work had gone into trying to ensure that families knew that the NHS was “open for business” and should be accessed for an unwell child and for immunisations, for example.

Across the services for children and young people, the most vulnerable/at risk families had continued to be supported to try to minimise the impact of the current situation.

Digital solutions had to be quickly mobilised and utilised across all areas and it was hoped that some of this good work could continue to be built on, going forward.

The longer term impacts needed to be continually reviewed, in terms of ensuring that there were provisions to “catch up” for missed assessments and immunisations.

## **RESOLVED**

**That the efforts of all children and young people's services to maintain service provision throughout this difficult time, be noted.**

## **6. FINANCE REPORT - OUTTURN 2019/20 AND 2020/21 FORWARD LOOK**

Consideration was given to a report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance, providing details of:

- Consolidated 2019/20 Revenue Monitoring Statement at 31 March 2020;
- Capital Programme Outturn Report 2019/20; and
- Forward Look 2020/21 Financial Position

It was reported that, for the 2019/20 financial year the Integrated Commissioning Fund had spent £619,675K, against a net budget of £619,662k. Further details were given in Appendix 1 to the report. It was explained that the small overspend of £13K on Council budgets would be met from general reserves. Delivery of the budget had only been possible as a result of several significant non recurrent financial interventions, including one-off savings and additional one-off income, and a planned use of £9.3m of Council Reserves. It was noted that significant overspends were included in the overall position across a number of service areas, including Children's Services, which had spent £8.4m in excess of budget. This and other pressures would continue into 2020/21.

The Capital Programme Outturn for 2019/20 was provided in Appendix 2 to the report and provided a forward look to the financing of the 2020/21 Programme. It was explained that the existing 2020/21 programme was dependent on the realisation of planned capital receipts. The current and forecast economic conditions meant there was an increased risk that capital receipts may not be achieved or that values were diminished. If additional capital receipts could not be realised, there was a risk that the Capital Programme was not financially sustainable.

An initial forward look at the financial position for 2020/21 was provided in Appendix 3 to the report, taking account of the potential impacts of COVID-19 and the underlying financial pressures within the 2019/20 outturn position. Members were informed that the Strategic Commission entered 2020/21 with an existing budget gap which increased significantly over the next five years. Initial modelling of the expenditure and income pressures arising from COVID-19, both in 20/21 and future years, suggested that the Strategic Commission faced significant questions about financial sustainability, particularly for Council budgets.

## **RESOLVED**

- (i) That the overall outturn position for 2019/20 as set out in Appendix 1 to the report, be noted. Whilst the overall position for 2019/20 is in line with budget, this includes several significant one-off savings and additional income sources. The budget was also set assuming the use of £9.3m of Council Reserves;**
- (ii) That the Capital outturn position and financing for 2019/20, and the capital financing risks for 20/21 and beyond as set out in Appendix 2 to the report, be noted;**
- (iii) That the re-profiling of £5.344m of Capital Budgets to reflect up to date investment profiles, be approved;**
- (iv) That the updated Prudential Indicator position which was approved by Council in February 2019, be approved;**
- (v) That the budget virement of £178k to Vision Tameside from Vision Tameside Public Realm, be approved;**
- (vi) That approval be given for the reprioritisation of corporate funded capital budget of £110k for Godley Green be returned to the funding pot following approval of the £10m from Homes England; and**
- (vii) That the potential financial scenarios and risks for 2020/21 and beyond as set out in part 3 and Appendix 3 to the report, be noted.**

## **7. ONE EQUALITY SCHEME ANNUAL REVIEW 2020 AND GENERAL EQUALITIES UPDATE**

Consideration was given to a report of the Executive Leader / Executive Member, Lifelong Learning, Equalities, Culture and Heritage / CCG Co-Chairs / Assistant Director, Policy, Performance and Communications, providing:

- an update on developments of the One Equality Scheme, as part of the annual review for 2020; and
- an update on some key equality and diversity related projects that the Strategic Commission had delivered or been part of during the last 12 months.

It was explained that One Equality Scheme (2018-22) was launched in 2018 as the first joint equality scheme for Tameside & Glossop Strategic Commission. A number of joint equality objectives were developed to ensure obligations under the Equality Act 2010 regulations were fulfilled, in that equality objectives must be published at intervals not greater than four years from the date of last publication.

The Equality Act also stated that public bodies must publish annual information to demonstrate compliance with the general duty, including information about the protected characteristic status of employees, and other persons affected by policies and practices. Information about the protected characteristic status of employees for 2019/20 would be published for the Council and CCG by the end of June 2020.

Annual updates to the One Equality Scheme would act as an ongoing position statement and the approach to equalities. The annual review built upon work outlined in the One Equality Scheme (2018-22) and One Equality Scheme Annual Review (2019); as well as providing new examples and evidence sources of achievements in respect of equality and diversity. Engagement, consultation and equality champions were invited to submit examples for inclusions. Input had also been provided by Single Leadership Team, Senior Management Group, QPAG and Primary Care Committee.

A copy of the One Equality Scheme Annual Review 2020, was appended to the report.

Details were given of key equality and diversity related projects that the Strategic Commission had delivered or been part of during the last 12 months, as follows:

- The humanitarian response to the covid-19 crisis to date;
- NHS England Equality Delivery System 2 (EDS2);

- Workforce Race Equality Standards (WRES);
- All Equals Charter;
- Race Equality Change Agents Programme (RECAP); and
- Greater Manchester Women and Girls Panel

It was noted that these supported the commitment to delivering on the equality objectives and ensuring that the requirements set out in the Public Sector Equality Duty, were adhered to.

The Chair and Members of the Board thanked all involved for a very thorough and informative report.

**RESOLVED**

- (i) That the content of the report, including the equalities update, be noted;
- (ii) That the One Equality Scheme Annual Review 2020, as appended to the report, be approved for publication.

**8. URGENT ITEMS**

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

**CHAIR**