

STRATEGIC COMMISSIONING BOARD

24 June 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 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 Vinny Khunger – NHS Tameside & Glossop CCG**
- Dr Kate Hebden – NHS Tameside and Glossop CCG**
- Carol Prowse – NHS Tameside & Glossop CCG**

In Attendance:

Sandra Stewart	Director of Governance & Pensions
Kathy Roe	Director of Finance
Ian Saxon	Director of Operations and Neighbourhoods
Stephanie Butterworth	Director of Adults Services
Jessica Williams	Director of Commissioning
Ilys Cookson	Assistant Director, Exchequer Services
Debbie Watson	Assistant Director of Population Health
Sarah Exall	Consultant Public Health

Apologies for Absence:

- Councillor Fairfoull**

9. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

10. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 27 May 2020 be approved as a correct record.

11. MINUTES OF THE COVID RESPONSE BOARD

RESOLVED

That the Minutes of the meetings of the Covid Response Board held on: 20 May, 3 June and 10 June 2020, be noted.

12. CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 31 MAY 2020

Consideration was given to a report of the Executive Member (Finance and Economic Growth) /CCG Chair / Director of Finance explaining that this was the first financial monitoring report for the

2020/21 financial year, reflecting actual expenditure to 31 May 2020 and forecasts to 31 March 2021.

It was explained that, in the context of the on-going Covid19 pandemic, the forecasts for the rest of the financial year and future year modelling had been prepared using the best information available but was based on a number of assumptions. Forecasts were inevitably likely to be subject to change over the course of the year as more information became available, and there was greater certainty over assumptions. The report focused on the Strategic Commission budgets and forecasts only. The Integrated Care Foundation Trust financial position would be included at month 3 when the wider Finance Economy Report would be produced.

Members were informed that the ICFT and CCG continued to operate under a 'Command and Control' regime, directed by NHS England & Improvement (NHSE&I). NHSE&I had assumed responsibility for elements of commissioning and procurement and CCGs had been advised to assume a breakeven financial position in 2020-21. A notional £6.2m Government funding was available for CCG COVID expenditure including Local Authority hospital discharges. It was proposed this be added to the CCG contribution to the Integrated Commissioning Fund.

As at Period 2, the Council was forecasting an overspend against budget of £4.041m. In addition to this, there were financial risks of £3.5m in relation to the sustainability of Active Tameside, the Council's Leisure provider, which when factored in, resulted in an in year financial pressure of £7.541m. The gross overspend before COVID funding and other contributions was £19.054m, of which £14.297m was attributed to COVID related pressures. £4.757m of pressure was not related to COVID but reflected underlying financial issues that the Council would be facing regardless of the current pandemic. The Council was in receipt of £13.906m of COVID grant funding from Government (of which £0.027m was used in 2019/20), and the balance of this grant together with other COVID related contributions, resulted in forecast additional income in 2020/21 of £15.013m to offset COVID costs. Further details were provided in Appendix 1 to the report.

RESOLVED

- (i) That the forecast outturn position and associated risks for 2020/21, as set out in Appendix 1 to the report, be noted.**
- (ii) That the addition of £20.106m of Government COVID grant funding to the Integrated Commissioning Fund of which £13.906 relates to the Council (£0.027m in respect of 2019/20) and £6.2m relates to the CCG (£0.3m in respect of 2019/20), be approved**
- (iii) That the forecast position in respect of Dedicated Schools Grant, as set out in Appendix 2 to the report, be noted; and**
- (iv) That the write off of irrecoverable debts, as set out in Appendix 3 to the report, be approved.**

13. ASSISTED CONCEPTION COVID-19 IMPACT

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Clinical Lead / Director of Commissioning, which sought agreement on a way forward that mitigated the negative impact of the Covid-19 pandemic on couples eligible for IVF under the Assisted Conception policy.

It was stated that national guidance resulted in IVF treatment being suspended on 15 April 2020 including for those couples part way through a cycle. New guidance issued in May permitted the resumption of treatment from 11 May subject to individual providers demonstrating that they could provide a safe service for patients and a safe working environment for clinic staff that complies with recommendations from professional guidance.

The Tameside and Glossop Policy for Assisted Conception stated that for women aged 39 and under the CCG funded 3 cycles, if the woman turned 40 before all cycles were complete then no further treatment would be funded after the current cycle was completed. For women aged 40-42

all CCG's offer 1 full cycle provided they had never previously had IVF and there had been a discussion about the implications of IVF at this age.

Across Greater Manchester, commissioners had been asked to agree to honour the original number of cycles agreed at the start of treatment with replacement cycles taking place when the original cycle had to be cancelled or abandoned and to allow an extension of the cut off age to enable completion of the original number of cycles.

It was explained that under normal contracting arrangements the provision of IVF services would be paid to providers on a cost per case basis with cancelled cycles being paid at 1/3 tariff and abandoned cycles at 2/3 of the tariff. This process was technically still in place in 20/21, with some changes to NHS Providers.

It was explained that the CCG did not have data on the number of patients who may need replacement cycles or who may be impacted by the cut off age and for some they may have a successful pregnancy that negates the need for a replacement cycle or extension related to age.

The financial impact in total for IVF would be difficult to calculate at this stage as there were unknown factors. It was explained that, whilst NHS block payments would inevitably contribute towards IVF services that got suspended, there was no current guidance about how CCGs and providers would reconcile payments to actual service delivery in the future and at what point. Whereas with the Independent Sector providers, payments had been halted on a cost per case basis, yet the CCG still had a full year's budget plan in place based on expected throughput of patients and mitigates some of the risks highlighted in this report.

RESOLVED

- (i) A replacement treatment cycle if the original cycle had to be abandoned due to the service pause, be approved;**
- (ii) Patients who reach the cut-off age before receiving all their cycles because their treatment start has had to be delayed be permitted to have those cycles missed provided no additional delays requested by the couple; and**
- (iii) Patients who restart treatment in 20/21 who have a treatment cycle stopped due to coronavirus symptoms developing during their treatment, be permitted a replacement cycle.**

14. ADULT SERVICES FINANCIAL SUPPORT RESPONSE TO THE PROVIDER MARKET DURING THE COVID-19 PANDEMIC – UPDATE JUNE 2020

A report was submitted by the Executive Member, Adult Social Care and Health / Clinical Leads (Living Well), (Finance and Governance), (Ageing Well) / Director of Adult's Services, which updated Board Members on the Adult Services financial support response to the provider market during the pandemic which was agreed at Covid Board 8 April 2020.

It was explained that the original report outlined the response to Procurement Policy Note 02/20 (PPN 02/20): Supplier relief due to Covid-19, in relation to providers of care in Tameside. The PPN 02/20 note set out that contracting authorities should support providers at risk so they were better able to cope with the current crisis. The Policy Note was due to be updated on 30 June 2020; and any update would be reflected in future decisions.

It was reported that, with the increasing pressure on commissioned services, there was reliance on provider stability during the pandemic. It was important that there was continued support to communities by ensuring, as far as possible, there was a resilient economy both in terms of the providers who delivered services and the people they employed. There was also a need to ensure that there was a market solidly in place delivering quality services beyond the pandemic.

Providers had continued to support the most vulnerable people during this period. Where they had not been able to respond in their usual way, different and creative ways of delivery of services had been undertaken. It was essential that there was continued support to providers of social care support through these unprecedented times, and that providers were in a strong position to take new referrals on quickly to move people out of hospital care or avoid admissions to hospital.

The measures proposed were devised to support providers financially through improved cash flow and incentivise taking on new referrals in recognition of the two hour discharge guidance. Increased level of vacancies had become apparent during the pandemic, which placed financial pressure on the providers putting their short and longer term viability at risk. The financial support that had been put in place supported market management by ensuring home owners that were at risk of going out of business were in a position to resume normal contract delivery once the outbreak was over.

The Council required a sustainable Care Homes market as it progressed through the pandemic and beyond. These terms were agreed until 15 July 2020, it was proposed that agreement for a further month, to 15 August 2020 be approved and reviewed thereafter on a monthly basis.

The report sought authorisation for the Director of Adult Services in consultation with the Director of Finance, subject to review as outlined, approve the extensions going forward.

RESOLVED

That the previous decision regarding financial support be extended, as set out in the report, for one month to 15 August 2020 and then be subject to further review. Should there be a requirement for any further extensions these will be set out and agreed through the monthly finance report considered by Strategic Commissioning Board, going forward.

15. DISTRIBUTION OF THE ADULT SOCIAL CARE INFECTION CONTROL FUND RING-FENCED GRANT 2020

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Clinical Lead(Ageing Well) / Director of Adult's Services describing the conditions of the Adult Social Care Infection Control Fund Grant and how the Council was expected to allocate, distribute and report on the Grant across the CQC registered care homes in the borough.

It was explained that in May 2020 the Prime Minister announced that £600 million was to be made available to local authorities to provide financial support to social care providers, primarily care homes, to support infection control measures across the sector to reduce the rate of COVID-19 transmission.

Annex B of the Department of Health and Social Care Adult Social Care Infection Control Fund Ring-Fenced Grant 2020 Local Authority Circular published on 22 May 2020 reported that the allocation given to Tameside Council was £2,130,691. The value was calculated based on the number of CQC registered care homes in the borough. Details of the allocation per home were available in Appendix 1 to the report.

Details of the conditions attached to allocation of the first and second payments of the grant were provided including the reporting process that was in place to demonstrate the appropriate application of the grant by the Council and the care home providers.

Members were informed that all care homes in the borough were owned and managed by independent sector providers. The Council and CCG had entered into a Pre-Placement agreement with all local care homes. The Council spot purchased beds across the sector in line with the Care Act 2004 and The Care and Support and After-care (Choice of Accommodation) Regulations 2014. There were no block contracts in place with any of the local care homes.

In order to ensure market stability and to sustain the local market during the current COVID19 crisis authority had been given to guarantee payment of 90% of available beds in care homes and a 20% enhanced payment on the remaining 10% of beds when they were commissioned. As a result of the high number of deaths in care homes it had been appropriate and necessary to make guaranteed payments to the care home sector to protect the current capacity in the market going forward. The continuation of this payment beyond 30 June 2020 would be considered separately.

RESOLVED

- (i) That the distribution of 75% (£1,598,018) of the grant funding, subject to the specified Conditions, be noted; and**
- (ii) That delegated authority be given to the Director of Adult Services, in discussion with the Director of Commissioning (Strategic Commission) and the Director of Operations at Tameside & Glossop Integrated Care NHS Foundation Trust (ICFT), to distribute the remaining 25% (minimum value of £532,673) of the grant funding in an appropriate manner.**

16. BE WELL HEALTH IMPROVEMENT AND NHS COMMUNITY HEALTHCHECKS: CONTRACT EXTENSION AND SERVICE MODIFICATION

The Executive Member (Adult Social Care and Health)/Clinical Lead (Long Term Conditions)/Director of Population Health submitted a report, which described the proposal to award an extension to the Health Improvement contract with Pennine Care NHS Foundation Trust for Health Improvement services in Tameside. The report further described changes to the delivery of this service in line with the requirements and restrictions in place due to COVID-19.

It was explained that it was not feasible to continue recommissioning the service as planned, or deliver the service as currently commissioned during the current COVID-19 crisis. This was due to the effects of COVID-19 on the current market. As providers would have had to realign service delivery to meet national guidance and redirect staff to other priorities, there was a risk that in recommissioning services at this stage of the pandemic, providers would not be in a position to bid for the contract. This would lead to a failure in a robust and competitive tender process and in particular TUPE where staff were carrying out different roles due to COVID-19.

Board members were advised that extending the current contract would allow the current Provider to continue to deliver key elements of the service, which met the needs of local residents whilst adhering to national guidance. This service was critical to supporting the long term health of local residents, particularly in light of the COVID -19 pandemic.

RESOLVED

- (i) That the current contract be extended by 12 months, to 30 September 2021; and**
- (ii) That the modified delivery model for the Health Improvement service to meet the needs of local residents while adhering to national guidance, be noted.**

17. URGENT ITEMS

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

CHAIR