STRATEGIC COMMISSIONING BOARD

29 July 2020

Comm: 1.00pm **Term: 2.15pm**

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 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**
	Richard Hancock	**Director of Children's Services**
	Jayne Traverse	**Director of Growth**
	Jessica Williams	**Director of Commissioning**
	Jeanelle De Gruchy	**Director of Population Health**
	Ilys Cookson	**Assistant Director, Exchequer Services**
	Debbie Watson	**Assistant Director of Population Health**
		Assistant Director, Education

Apologies for Absence: **Dr Asad Ali – NHS Tameside & Glossop CCG**
Dr Christine Ahmed – NHS Tameside & Glossop CCG

18. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

19. MINUTES OF THE PREVIOUS MEETING

RESOLVED
That the minutes of the meeting of the Strategic Commissioning Board held on 24 June 2020 be approved as a correct record.

20. MINUTES OF THE COVID RESPONSE BOARD

RESOLVED
That the Minutes of the meetings of the Covid Response Board held on: 17 June, 1 July, 8 July and 15 July 2020, be noted.

21. STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE REPORT 2020/21 - AS AT MONTH 3

Consideration was given to a report of the Executive Member (Finance and Economic Growth) /CCG Chair / Director of Finance explaining that this was the second financial monitoring report for the 2020/21 financial year, reflecting actual expenditure to 30 June 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 ICFT and CCG continued to operate under a 'Command and Control' regime, directed by NHS England & Improvement (NHSE&I). NHSE had assumed responsibility for elements of commissioning and procurement and CCGs had been advised to assume a break-even financial position in 202021. The Council was forecasting an overspend against budget of £5.966m. Whilst this forecast included some significant COVID related pressures, £3.487m of pressure was not related to COVID but reflected underlying financial issues that the Council would be facing regardless of the current pandemic. This included continuing significant financial pressures in Children's Social Care, budget pressures in Adults services and income shortfalls in the Growth Directorate. Further detail on Council budget variances, savings and pressures was included in Appendix 2 of the report.

The first capital monitoring report for 2020/21, summarising the forecast outturn at 31 March 2021 based on the financial activity to 30 June 2020, was included at Appendix 3 to the report. The detail of the monitoring report was focused on the budget and forecast expenditure for fully approved projects in the 2020/21 financial year. The approved budget for 2020/21 was £60.067m (after re-profiling following the 2019/20 Outturn) and the current forecast was for service areas to have spent £47.684m on capital investment in 2020/21, which was £12.383m less than the current capital budget for the year. This variation was spread across a number of areas, and was made up of a number of over/underspends on a number of specific schemes (£0.123m) less the re-profiling of expenditure in some other areas into 2021/22 financial year (£12.503m).

An overview of the current approved and earmarked Capital Programme, and the required funding was also provided at Appendix 4 to the report. The Council's capital programme ambition is currently unsustainable. The current committed programme required £18.9m of corporate resources, with only £14.6m available in reserves, leaving a £4.3m shortfall which needed to be met from the proceeds from the sale of surplus assets. The broader ambition of the Council points to a further requirement of £33.2m of corporate funding to pay for earmarked schemes identified as a priority and subject to future business cases. Clearly these would be unable to progress until additional capital receipts were generated. Many of these schemes were identified in 2017/18 and therefore should be the subject of a detailed review and reprioritisation. The Growth Directorate were reviewing the estate and developing a pipeline of surplus sites for disposal.

An update on the Dedicated Schools Grant (DSG) was provided at Appendix 5 to the report. 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 projected in-year deficit on the high needs block was expected to be £4.804m due to the continuing significant increases in the number of pupils requiring support. If the 2020/21 projections materialised, there would be a deficit of £5.311m on the DSG reserve at 31 March 2021. This would mean it was likely a deficit recovery plan would have to be submitted to the Department for Education outlining how this deficit was expected to be recovered and how spending would be managed over the next 3 years and would require discussions and agreement of the Schools Forum. The financial pressures in the High Needs Block were therefore serious and represented a high risk to the Council.

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 significant pressures facing Council Budgets as set out in Appendix 2 to the report, be noted;

(iii) That the budget virements and reserve transfers, as set out on pages 23 and 24 of Appendix 2 to the report, be approved;

(iv) That the Capital Programme 2020/21 forecast be noted and the re-profiling of capital budgets as set out in Table 2 of Appendix 3 of the report, be approved;

(v) That the Education capital budget virements set out on page 9 of Appendix 3 to the report, be approved; and, subject to the total overall budget for School Condition Schemes not exceeding £1.886m, the Assistant Director of Education, in consultation with the Assistant Director Finance, be given authority to undertake further virements of funding between these projects should further changes be required;

(vi) That the funding pressures facing the Capital Programme as set out in Appendix 4 to the report, be noted; and a pause on all earmarked schemes and support a full review and re-prioritisation of the future Capital Programme, to be concluded alongside the Growth Directorate's review of the estate and identification of surplus assets for disposal, be approved;

(vii) That the forecast position in respect of Dedicated Schools Grant as set out in Appendix 5 to the report, be noted;

(viii) That the write off of irrecoverable debts for the period 1 April to 30 June 2020 as set out in Appendix 6 to the report, be approved;

(ix) As stated in section 7.11, for the period 16 August 2020 to 31 August 2020, that payment to in borough care home providers a monthly gross sum of the relevant care home bed fee rates based on the reduced level of 80% occupancy levels (less the places funded by other third parties), be approved. The Council therefore guarantees each care home will receive income for 80% of its available beds each month including private and out of borough placements. There will be no premium payment for occupancy levels that exceed 80%. This payment arrangement will end on 31 August 2020;

(x) That payment arrangements to support at home care providers as stated in section 7.16 until 31 August 2020, be continued; and

(xi) That payment arrangements to day services providers a stated in section 7.19 until 31 August 2020, be continued.

22. LOCAL OUTBREAK CONTROL PLAN AND UPDATE

Consideration was given to a report of the Director of Population Health, which provided a summary of the principles of Covid-19 outbreak management across Tameside including an outline of the key roles and responsibilities across the system, the mechanisms & infrastructure in place to deliver this, and appropriate routes of accountability.

The report provided a high level summary of the approach to managing and preventing the spread of Covid-19 in Tameside, which would allow residents and communities to safely live with Covid-19 during the current phase of the pandemic. It also included information on how the approach aligned to national and regional systems; detailed the approaches taken to prevent outbreaks; and a description of the systems and steps in place to effectively manage outbreaks that may occur across the population.

It was added that this was an iterative plan which would continue to be informed by local circumstances; intelligence; evidence; and ongoing engagement with communities.

The key aims of the Outbreak Control Plan were to:

- Prevent spread of Covid-19 and contain and suppress outbreaks;
- Early identification of and management of outbreak;

- Define governance, roles and responsibilities and command & control arrangements relating to Covid-19 management;
- Set out communications and engagement arrangements with partner organisations and residents;
- Outline how the impact of outbreaks would be mitigated for residents;
- Outline the approach to surveillance using data and other sources of information to monitor the extent and impact of Covid-19 infection across Tameside; and
- Where possible, incorporate Covid-19 response into existing structures and ways of working

RESOLVED
That the content of the Plan and update be noted and approved.

23. COVID-19 URGENT EYECARE SERVICE - CUES

A report was submitted by the Executive Member (Adult Social Care and Health)/CCG Co-Chair/Director of Commissioning, which explained that on 17 April 2020 a new service specification was released by NHS England (approved by Royal College of Ophthalmologists) for COVID-19 Urgent Eyecare Service (CUES). The specification suggested that to support whole system management of urgent eye conditions during the current COVID phase and recovery phase CCGs should commission a CUES service. Across Greater Manchester CCGs were commissioning the CUES either as a development of their Minor Eye Conditions Service (MECS) or as a new service from Primary Eyecare Services.

It was explained that Tameside and Glossop had commissioned MECS from Primary Eyecare Services for several years and developing this as CUES would improve access and reduce the risk that patients with urgent eye health issues would find it difficult to access care, with potential implications for their sight and long term eye health.

Members were informed that over the last two years waiting lists for Ophthalmology had grown significantly in Tameside and Glossop with issues in services across the main NHS providers. The onset of COVID had compounded the situation with a rise of circa 100 people waiting more than 18 weeks in April 2020.

National guidance had been followed during COVID with reduction in hospital activity and changes in access for community services. For MECS this involved:

- Suspension of walk in service;
- All referrals being triaged via telephone;
- Patients being assessed using telemedicine, telephone and video calls. Advice and guidance was given to patients where appropriate with telephone follow-ups where required; and
- If needed, patients were seen for a face-to-face appointment at the optometry practice following appropriate safety measures.

It was recognised that delays in Ophthalmology treatment could result in poorer outcomes for some patients and Ophthalmology was one of the areas highlighted for elective reform with increased access to services out of hospital and streamlined pathways key expectations.

Commissioning the proposed CUES service would bring Tameside and Glossop in line with other commissioners in Greater Manchester and provide an opportunity for improved patient care by reducing the risk of long waits for urgent eye care causing harm, increasing access to neighbourhood based care and freeing up access in GP and hospital services to manage other people. The service would reduce the risk of growth in the Ophthalmology waiting list by treating people in the community where possible.

The service aligned with the GM elective reform ambition to reduce avoidable patient attendance at secondary care and by commissioning this year it provided an opportunity to test system wide change at a time when it would have limited financial impact and it will support organisation wide efforts in managing demand during COVID.

Commissioning as a service enhancement within the existing contract with Primary Eyecare Services enabled rapid deployment of a service seen nationally as a key improvement whilst living with the impact of COVID.

RESOLVED
That the commissioning of the CUES service from Primary Eyecare Services in line with National and Greater Manchester expectations be approved, with a review scheduled for January 2021 to inform on-going commissioning in 2021/22.

24. MEASURES FOR RECOVERY – T&G RESPONSE TO SIMON STEVENS LETTER

Consideration was given to a report of the Executive Member, Adult Social Care and Health / CCG Co-Chair / Director of Commissioning which provided assurance regarding the Phase 2 response in Tameside and Glossop to safely supporting COVID-19 patients whilst also reintroducing aspects of proactive and preventative healthcare as advised by NHS England.

It was reported that the spread of Covid-19 had meant that the delivery of emergency and urgent care was prioritised with the NHS operating as a command and control system.

On 30 January the first phase of the NHS preparation and response to Covid-19 was triggered with the declaration of a Level 4 National Incident. Earlier this quarter Sir Simon Stevens (NHS England Chief Executive) wrote to partners outlining expectations from NHS England as part of the second phase of the NHS response to covid-19. Phase 2 planning identified how patients could be effectively supported with Covid-19, whilst other proactive and preventative services were safely reintroduced.

National guidance on Phase 3 was expected shortly that would include the financial and delivery context, the regulation and oversight approach and a request for plans to be developed at a Greater Manchester system level.

Full details of the key priorities for Phase 2 were appended to the report. These could be summarised as:

- Urgent care: Increase the availability of booked appointments that allowed patients to bypass the emergency department altogether. Reintroduce time-critical procedures and ensure all admitted patients were assessed daily for discharge.
- Routine surgery and care: Where additional capacity was available, restart routine elective surgery. In the absence of face-to-face visits, primary and secondary care clinicians should stratify and proactively contact their high risk patients
- Cancer: Maintain access to essential surgery. Safely reintroduce referrals, diagnostics and treatment to minimise potential harm and to reduce the scale of the post-pandemic surge in demand.
- Cardiovascular Disease, Heart Attacks and Stroke: Secondary care to prioritise capacity for urgent arrhythmia services plus management of patients with severe heart failure and severe valve disease. Hospitals to prioritise capacity for stroke services.
- Maternity: Providers to make direct and regular contact with all women receiving antenatal and postnatal care. Ensure obstetric units had appropriate staffing levels including anaesthetic cover. Maintain Antenatal and Newborn Screening Services.
- Primary Care: Ensure patients had clear information on how to access primary care services and were confident about making appointments. Complete work on implementing digital and video consultations. Given the reduction of face-to-face visits, stratify and proactively contact

their high-risk patients with ongoing care needs. Support delivery of the Enhanced Care in Care Homes service. Deliver as much routine and preventative work as could be provided safely including vaccinations immunisations, and screening. Maintain good vaccine uptake and coverage of immunisations. Plan for an expanded flu programme.

- Community Services: Sustain the Hospital Discharge Service, working across secondary care and community providers in partnership with social care. Prepare to support the increase in patients who had recovered from Covid and who having been discharged from hospital needed ongoing community health support.
- Mental Health and Learning Disability/ Autism services: Establish all-age open access crisis services and helplines. For existing patients known to mental health services, continue to ensure they were contacted proactively and supported. Prepare for a possible longer-term increase in demand as a consequence of the pandemic. Annual health checks for people with a learning disability should continue to be completed.
- Reduce the risk of cross-infection and support the safe switch-on of services by scaling up the use of technology-enabled care: General Practices and NHS Trusts should continue to triage patient contacts and utilise remote appointments.
- There were fundamental interdependencies between estates, workforce and IT which meant that they could not be considered in isolation and must be developed with key consideration of one other.

The Phase 2 action response document would be reviewed at Out of Hospital Silver monthly with reports by exception to Covid Senior Coordination Group. In moving into Phase 3 there would be further emphasis on returning critical services to agreed standards, beginning to resume other elective activity and putting plans in place to deal with the backlog of activity.

It was stated that providers had demonstrated a great ability to adapt and change when under significant pressure and it was important to take hold of the opportunities presented through these adverse times and not lose momentum with the transformational progress that had come about. Opportunity to 'lock in' beneficial changes that had been introduced in recent months would be taken. This included strong clinical leadership, flexible and remote working, and rapid innovation including introducing new technology-enabled service delivery options such as digital consultations.

RESOLVED
That the content of the report be noted and a further report be submitted to a future meeting in respect of the development of the Tameside & Glossop model.

25. URGENT ITEMS

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

CHAIR