

## STRATEGIC COMMISSIONING BOARD

26 August 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 (part meeting)
- 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 Kate Hebden – NHS Tameside and Glossop CCG
- Dr Christine Ahmed – NHS Tameside & Glossop CCG
- Carol Prowse – NHS Tameside & Glossop CCG

**In Attendance:**

Sandra Stewart	Director of Governance & Pensions
Ian Saxon	Director of Operations and Neighbourhoods
Stephanie Butterworth	Director of Adults Services
Richard Hancock	Director of Children's Services
Jessica Williams	Director of Commissioning
Debbie Watson	Assistant Director of Population Health
	Deputy Chief Finance Officer
	Chief Operating Officer Tameside & Glossop IC
	NHS Foundation Trust
Paul Smith	Assistant Director, Strategic Property
Sarah Threlfall	Assistant Director, Policy, Performance and Communication

### 26. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

### 27. MINUTES OF THE PREVIOUS MEETING

#### RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 29 July 2020 be approved as a correct record.

### 28. MINUTES OF THE COVID RESPONSE BOARD

#### RESOLVED

That the Minutes of the meetings of the Covid Response Board held on 22 July 2020, be noted.

## **29. NEW SUPPORTED ACCOMMODATION SCHEMES – ADULT SERVICES**

Consideration was given to a report of the Executive Member, Health Social Care and Population Health / Director of Adult Services, which explained that the demand for supported living schemes in Tameside was now outstripping supply, there were currently 36 people on the waiting list held in Adult Services by its Accommodation Options Group (AOG), and there were 8 people identified for transition in the next two years from Children's Services requiring 24 hour support, who needed to be planned for. In addition, the number of people with a learning disability living in costly, out of borough places had increased recently, primarily due to the lack of supported accommodation capacity locally to meet need. There was a real concern that, without increasing capacity, such costly placements would very quickly become long term and the opportunity to return people to supported living in the borough would be lost.

The report outlined a recently developed accommodation by Irwell Valley Housing Group comprising 24 self-contained flats which would be ready for occupation in the coming weeks, in Mount Street, Hyde, and 28 flats to be built at Edge Lane/Fairfield Road Droylsden, subject to approval from Strategic Commissioning Board to progress this scheme. It was noted that neither the Contract Procedure Rules, nor the Public Contract Regulations 2015 applied to this arrangement as it was considered a tenancy arrangement. This also meant that STAR did not need to add this to the Contracts Register.

Full details of both schemes were presented in the report including;

- Value for money;
- Alternatives considered;
- Equalities; and
- Risk Management.

The report concluded that the 2 schemes would support the delivery of savings to the Adult Services budget. The scale of savings would be determined in the future as tenants for the schemes were identified (though as indicated previously, it was expected that for Mount Street these will be complete and reported within the 2020/21 period 6 revenue monitoring report at the latest).

In supporting the progression of these 2 schemes the Council was making a strong commitment to meeting the needs of adults with complex needs by prioritising the continuation of the provision of 24 hour supported living service.

### **RESOLVED**

- (i) That the use of the new build accommodation schemes at Mount Street, Hyde and Edge Lane/Fairfield Road, Droylsden, to increase capacity in the borough for the provision of supported living for adults with a learning disability and/or physical disability, and/or mental health needs to live in their own homes, be approved;**
- (ii) That authority be given to the Director of Adult Services to agree terms to enter an agreement to use this property to deliver 24 hour supported accommodation for people with a learning disability and/or physical disability, and/or mental health needs subject to STAR advising on application of the Public Contracts Regulations 2015 before any further work undertaken; and**
- (iii) That approval is given to provide the support in the accommodation at both locations by the in-house Long Term Support Service.**

## **30. DELIVERING TAMESIDE OUTBREAK CONTROL PLAN – LOCALITY FUNDING CONTRIBUTIONS TO GM INTEGRATED CONTACT TRACING HUB**

Consideration was given to a report of the Executive Member, Health, Social Care and Population Health / CCG Co-Chairs / Director of Population Health, explaining that the Local Authority was directly involved in the response to contain Covid-19. In order to support and reflect this, central

government had allocated ring-fenced funding to each local authority to contribute to this work via Local Authority Test and Trace Service Support Grant. The total amount allocated nationally was £300million. From this national funding, Tameside had been allocated £1.4million. This was non recurrent funding over two years. The report outlined initial proposals (Phase 1) of spend against the grant, with a further report to be presented to Strategic Commissioning Board in September outlining final commissioning proposals (Phase 2).

In terms of governance, it was explained that the delivery of this work sat in the Containing Covid Working Group, chaired by a Consultant in Public Health. This group had broad membership and aims to deliver the Local Outbreak Control Plan. This reported into the Health Protection Board, chaired by the Director of Public Health, which would keep a high level overview of the delivery of the Local Outbreak Control Plan and would ensure delivery of the above posts and areas of spend, including their ongoing performance and outcomes monitoring. These groups and work were accountable to the Health & Wellbeing Board which would receive regular updates from officers on the progress and impacts of this work, alongside wider updates regarding the local Covid-19 pandemic response.

#### **RESOLVED**

- (i) That the allocation of £1.4 million to support Tameside Council to tackle the direct impacts of Covid-19 and the delivery of the Outbreak Control Plan, be noted;**
- (ii) That the initial allocation of the funding over the next two years as outlined below be approved:**
  - GM Contact Tracing Hub - £216,056**
  - 2 Infection Control Nurses - £150,000**
  - Targeted Communications - £40,000**
  - Outbreak Management - £580,000**
- (iii) That an update and proposed outline of the final programme be submitted to the Strategic Commissioning Board in September 2020.**

#### **31. GREATER MANCHESTER CLEAN AIR PLAN GOVERNANCE**

A report was submitted by the Executive Member, Neighbourhoods, Community Safety and Environment / Director of Operations and Neighbourhoods, which set out the progress that had been made on the development of Greater Manchester's Clean Air Plan following the decision that the GM Local Authorities would move to a statutory public consultation on the GM Clean Air Plan as soon as reasonably practicable in light of COVID-19 restrictions, and the link to taxi and private hire common minimum licensing standards.

Board Members were informed that the severe and long-lasting health implications of poor air quality as well as the legal obligations placed on Greater Manchester local authorities meant that authorities needed to act decisively and swiftly to reduce harmful air pollutants, and nitrogen oxides in particular.

Greater Manchester authorities, in deciding to work together to respond to this vital issue, were demonstrating collective leadership, which was essential to help clean the air for the combined population of nearly three million residents. Greater Manchester authorities had been formally directed by the Secretary of State under section 85 of the Environment Act 1995 to take steps to implement a local plan for compliance with limits for nitrogen dioxide, as analysis revealed that locations of damaging roadside nitrogen dioxide concentrations could be found in every district.

Given that air pollution did not respect boundaries, the coordinated approach was also the most effective way to deal with a problem that affected all parts of Greater Manchester, and could not be remedied on a site by site or district by district basis.

The report provided an update on recent developments of the GM Clean Air Plan including the Light Goods Vehicles (LGV) and hackney carriage funding position, and interaction with the

strategic route network and Highways England. It confirmed arrangements for distributing funding received for bus retrofit and highlights separate discussions with DfT about funding for bus replacement. It also set out the results of the public conversation that was held last year and the key points from a number of focus groups that were held with key impacted stakeholders.

The report set out a proposal for consultation, within current Government COVID-19 guidelines, over an eight-week period starting in October 2020. It further set out the positions for consultation on the daily charge, discounts and exemptions, and the proposals for the supporting funds that had been developed taking stakeholder engagement and statistical modelling into account. Key highlights included:

- A revision to the proposed daily charges, including a reduction in the charge for HGVs and buses from £100 per day to £60, an increase in the charge levels for LGV and minibuses from £7.50 to £10 as modelling has shown this will have a greater impact in behavioural responses to the charge, and the taxi and private hire charge has been held at £7.50 per day;
- That the Clean Air Zone (CAZ) will be implemented in Spring 2022;
- That the Government has accepted an exemption for LGVs and minibuses to 2023;
- Details of the vehicle finance offer;
- Details of temporary exemptions, including a temporary exemption to 2023 for wheelchair accessible taxi and private hire vehicles licensed with a Greater Manchester authority, and a temporary exemption to 2023 for coaches registered within Greater Manchester. Additionally, owner-drivers of GM-licensed PHVs (and PHVs leased full-time by 1 person), would be offered a discounted weekly charge of 5/7 of the total from implementation as these vehicles were used for personal use and private cars were not charged under the CAZ.

Details were also given of a “Try Before You Buy” scheme that would give the opportunity for GM licensed Hackney drivers to trial an electric hackney vehicle.

The report set out the proposed funding offer for each of the supporting funds; the Clean Commercial Vehicle Fund for HGVs, LGVs; Coaches and Minibuses that were not a licensed private hire vehicle; the Clean Bus Fund; the Clean Taxi fund for GM-licensed taxi and private hire vehicles; and the Vehicle Finance offer.

The report further considered the proposed Governance arrangements for the CAZ and that TfGM would act as an ‘operating body’ responsible for day to day operation of the CAZ in particular and the implementation of other GM CAP measures.

The link to taxi and private hire vehicle common minimum licensing standards (MLS) was highlighted. In 2018, GM’s ten local authorities agreed to collectively develop, approve and implement a common set of minimum licensing standards (MLS) for Taxi and Private Hire services that covered the whole of GM. At that time, the primary driver for this work was to ensure public safety and protection, but vehicle age and emission standards in the context of the Clean Air and the decarbonisation agendas were now also major considerations. MLS was an important mechanism that permitted the systematic improvements to taxi and private hire services across Greater Manchester.

The following information was also provided in appendices to the report:

- Response to DfT Decarbonising Transport Policy Paper – TfGM’s response to the Government’s proposals for decarbonising the transport system;
- 2020 Ministerial Direction – the most recent ministerial direction from Government;
- Policy for Consultation – the detailed policy proposals including the charge levels, discounts and exemptions, and the supporting funds;
- Vehicle Finance Measure – further detail of the proposed vehicle finance offer;
- Equalities Impact Assessment – the initial equalities impact assessment of the proposed CAZ and supporting measures;

- Operating Body & Responsibilities – further details of the proposed arrangements; and
- A copy of the letter from the Greater Manchester Taxi Trade Coalition to the GM Local Authorities dated 3 August 2020

## **RESOLVED**

**That it be recommended to Executive Cabinet to:**

- (i) Note the progress of the Greater Manchester Clean Air Plan;**
- (ii) Note that TfGM have confirmation that the funding award for Bus Retrofit should be distributed as soon as possible as per arrangements put in place for the Clean Bus Technology Funds;**
- (iii) Note the update on the possible impacts of COVID-19 on the GM Clean Air Plan;**
- (iv) Agree that Tameside Council along with the other nine GM local Authorities hold an 8-week public consultation on the GM Clean Air Plan and Common Minimum Standards commencing in October 2020;**
- (v) Note that the GM local Authorities intend to consult on GM's proposed Minimum Licensing Standards, alongside the Clean Air Plan consultation;**
- (vi) Agree that TfGM act as the Operating Body for the GM CAZ and supporting measures as set out at paragraphs 8.4;**
- (vii) Agree that Tameside Council along with the other nine GM Authorities individually be a 'charging authority' for the purposes of the CAZ, pursuant to the Transport Act 2000;**
- (viii) Endorse the GM Clean Air Plan Policy for Consultation at Appendix 3;**
- (ix) Note the Equalities Impact Assessment on the Clean Air Plan, as set out at Appendix 5;**
- (x) Note that further reports will be brought forward to set out the formal governance mechanisms that will underpin the delivery of a GM Clean Air Zone (CAZ) and the supporting measures, including the full scope of the suite of powers that will be needed to be delegated to the Operating Body;**
- (xi) Agree a delegation to Executive Member (Neighbourhoods, Community Safety and Environment) to approve the submission of the cases for measures to the Government's Joint Air Quality Unit to support the GM Clean Air Plan;**
- (xii) Agree a delegation to Executive Member (Neighbourhoods, Community Safety and Environment) to approve the GM Clean Air Plan consultation materials, to include the Equalities Impact Assessment on the consultation; and**
- (xiii) Note that the response to DfT's Decarbonising Transport – setting the challenge, as set out at Appendix 1, has been submitted to Government.**

## **32. URGENT ITEMS**

### **RESOLVED**

**That the following item be considered as matter of urgency due to the requirement to meet NHS England/NHS Improvement deadlines.**

## **33. THIRD PHASE OF NHS RESPONSE TO COVID 19**

Consideration was given to a report of the Executive Member, Health, Social Care and Population Health / CCGT Chair / Director of Commissioning, explaining that in January 2020, NHS England (NHSE) and NHS Improvement (NHSI) declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response (Phase 1).

At the end of April 2020, as acute Covid pressures were beginning to reduce, NHS England and NHS Improvement wrote to Clinical Commissioning Groups (CCGs) to outline agreed measures for restarting urgent services (Phase 2). The Strategic Commissioning Board previously received a report outlining the local assurance process for Phase 2.

On 31 July 2020 NHSE and NHSI wrote again to CCGs outlining the ambition for the 3 phase of the NHS response to Covid. This was supplemented with implementation guidance in August 2020. The Phase 3 letter confirmed the move from level 4 to level 3 in terms of incident management. This meant there would be a transition from the national command, control and co-ordination structure to a regional command, control and co-ordination structure with national oversight.

The priorities of Phase 3 were outlined, with an NHSE and NHSI shared focus on:

- Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter;
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally; and
- Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackled fundamental challenges including: support for staff, and action on inequalities and prevention.

It was also explained that COVID-19 had further exposed some of the health and wider inequalities that persisted in our society. Phase three implementation guidance requested local focus on eight urgent actions:

- (i) Protect the most vulnerable from COVID-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support;
- (ii) Restore NHS services inclusively, so that they are used by those in greatest need. This would be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October;
- (iii) Develop digitally enabled care pathways in ways which increased inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March;
- (iv) Accelerated preventative programmes which proactively engaged those at greatest risk of poor health outcomes; including more accessible flu vaccinations, better targeting of long-term condition prevention and management programmes such as obesity reduction programmes, health checks for people with learning disabilities, and increasing the continuity of maternity carers;
- (v) Particularly support those who suffer mental ill health, as society and the NHS recover from COVID-19, underpinned by more robust data collection and monitoring by 31 December;
- (vi) Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders;
- (vii) Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later than 31 December, with general practice prioritising those groups at significant risk of COVID-19 from 1 September;
- (viii) Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical services by 21 September; better listening to communities and strengthening local accountability; deepening partnerships with local authorities and the voluntary and community sector; and maintaining a continual focus on implementation of these actions, resources and impact, including a full report by 31 March.

Full details of the Greater Manchester planning submission timeline was appended to the report.

Board members were informed that, for the initial draft submission for Phase 3 planning, due on 1 September 2020, a bottom up assessment of capacity per month and expected performance

against key targets was planned. The expected submission would include the completion of NHSE/I templates within localities (Providers and Commissioners), collated at GM level. The final submission, due 21 September 2020 would acknowledge plans to reduce the shortfall between capacity and demand, with narrative response on the expectations in the Phase 3 letter from NHSE/I. A GM recovery dashboard would be developed to reflect measures in the phase 3 letter. This would include hospital, General Practice and Community health and social care indicators.

In terms of risk, it was reported that Greater Manchester suffered from worse health inequalities and worse outcomes than other parts of the United Kingdom and this had been exacerbated by Covid which had a disproportionate impact on certain sections of the population. The longer it took to restore critical services, the bigger the impact within vulnerable communities.

Greater Manchester had experienced Covid later and longer than many other regions and continued to manage outbreaks. This made the challenge of returning to near-normal levels of activity more difficult.

The Phase 3 requirements asked for a return to near-normal levels of health services, catch-up delayed treatment; request preparation for winter pressures and proactively target certain vulnerable groups. All this should be done without a clear commitment of financial resources and recognising the infection control measures that prevented many aspects of business as usual provision. There was a risk that the system became over-stretched and capacity for local and regional prioritisation was essential.

Discussion ensued and Members sought information with regard to the Flu vaccination programme and commented on the pressures on the track and trace system, going forward.

**RESOLVED that:-**

- (i) the significant challenge of delivering the phase three requirements be noted; and**
- (ii) the national and Greater Manchester timescales to support phase 3 submissions, be noted.**

**CHAIR**