

STRATEGIC COMMISSIONING BOARD

28 October 2020

Comm: 1.00pm

Term: 2.00pm

Present: Dr Ashwin Ramachandra – NHS Tameside & Glossop CCG (Chair)
Councillor Brenda Warrington – Tameside MBC
Councillor Warren Bray – Tameside MBC
Councillor Bill Fairfoull – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Councillor Allison Gwynne – Tameside MBC
Councillor Oliver Ryan – Tameside MBC
Councillor Eleanor Wills – Tameside MBC
Dr Christine Ahmed – NHS Tameside & Glossop CCG
Carol Prowse – NHS Tameside & Glossop CCG

Apologies for absence: Councillor Cooney – Tameside MBC
Dr Asad Ali – NHS Tameside & Glossop CCG
Dr Kate Hebden – NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Steven Pleasant, Tameside MBC Chief Executive and Accountable Officer

In Attendance: Sandra Stewart Director of Governance & Pensions
Tracey Simpson Deputy Chief Finance Officer
Richard Hancock Director of Children's Services
Director of Population Health
Paul Smith Assistant Director, Strategic Property
Simon Brunet Head of Policy, Performance and Intelligence
Emma Varnam Assistant Director, Operations and Neighbourhoods
Sandra Whitehead Assistant Director, Adults Services
Tori O'Hare Head of Primary Care, NHS Tameside and Glossop CCG
Pat McElvey Head of Mental Health and Learning Disabilities – Tameside & Glossop CCG

47. DECLARATIONS OF INTEREST

Member	Subject Matter	Type of Interest	Nature of Interest
Councillor Ryan	Agenda Item 6: Community Safety and Homelessness Contracts Extension and Service Modification	Prejudicial	Member of the Board of New Charter Homes Limited (part of the Jigsaw Group).

48. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 30 September 2020 be approved as a correct record.

49. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of the Executive Board held on: 16 September 2020, 30 September 2020 and 7 October 2020, be noted.

50. MINUTES OF THE LIVING WITH COVID BOARD

RESOLVED

That the Minutes of the meeting of the Living with Covid Board held on 23 September 2020 be noted.

51. REVENUE MONITORING STATEMENT AT 31 AUGUST 2020

Consideration was given to a report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance, which updated Members on the financial position up to Month 5. It was explained that in the context of the on-going Covid-19 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 subject to change over the course of the year as more information became available, the full nature of the pandemic unfolded and there was greater certainty over assumptions.

Members were reminded that the 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 2020-21.

It was explained that as at Period 5, the Council was forecasting an overspend against budget of £3.678m. The £3.678m pressure was non-COVID related and reflected underlying financial issues that the Council would be facing regardless of the current pandemic.

The COVID-19 pandemic was unprecedented and whilst its impact on local public service delivery was clearly significant, the full scale and extent of the health, socio-economic and financial impact was not yet fully understood. The immediate demands placed on local service delivery would result in significant additional costs across the economy, and the economic impact was expected to have significant repercussions for our populations, resulting in losses of income for the Council across a number of areas, potentially for a number of years. Whilst the immediate focus was quite rightly to manage and minimise the impact of the virus on public health, the longer term financial implications and scenarios needed to be considered.

Members were informed that included within the Education Capital Programme was a scheme to increase capacity at Aldwyn School from a 45-pupil intake to 60. The Scheme had a total approved budget of £2.716m. In addition to the proposed extension works at Aldwyn School, the project scope would also include resurfacing of the flat roof area of the existing school. The proposed extension works required the new roof and existing roof to connect. Rather than forming a joint to a poor quality roof, it was recommended that given the age and condition of the existing roof (including ongoing leaks) it would be more cost effective and less disruptive to the school to renew the roof covering at the same time. This would reduce the potential future leak risk and water damage to the new extension.

It was explained that the estimated roofing cost £200k detailed in the report, had since been revised to £320k. This would need to be funded from School Condition grant as the works related to repairs and maintenance of the existing site.

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 approval to be sought from Executive Cabinet to extend the scope of the Aldwyn School Extension project to include roof repairs as set out in section 3 of the report, be noted; and**
- (iii) That approval to be sought from Executive Cabinet for an allocation of £320,000 of School Condition Grant Funding to fund the roof repair works at Aldwyn School, be noted.**

52. BUDGET CONVERSATION 2021/22

Consideration was given to a report of the Executive Leader / Executive Member, Finance and Economic Growth / CCG Co-Chairs / Assistant Director, Policy Performance and Communications / Assistant Director, outlining the proposals to engage with the public in autumn 2020 on their priorities for spending within the context of financial challenges facing public services, including the impact of the Covid-19 pandemic.

It was proposed that this year's engagement would take the form of a conversation with the public on providing sustainable public services for the future and their priorities including the impact of the Covid-19 pandemic.

The Assistant Director of Policy, Performance and Communications explained that due to changing national and local Covid-19 social distancing restrictions, engagement could take place at in-person meetings if safe and practical, but the majority of engagement was likely to take place through virtual engagement. Methods of virtual engagement may include Skype or Zoom video meetings, an online survey and social media. Engagement would be supported by an extensive communications campaign that would include digital methods such as websites, social media and email and non-digital methods such as newspapers, radio, and partner organisation networks.

The conversation would be used to educate and inform the public on the Strategic Commission's budget and its financial challenges whilst also allowing feedback and ideas from the public on how services could be improved and savings made.

It was stated that the conversation with Glossop residents would relate to health services commissioned by Tameside & Glossop Strategic Commission only. Engagement material would be tailored accordingly.

To support the engagement activity, a full programme of communications would be undertaken. This would include a full suite of infographics that could be used to help explain the Strategic Commission's budget and spend. These infographics would be used in the presentation to make it easier for the public to digest the information. This could then also be used on social media, websites, and other promotional material.

RESOLVED

- (i) That the content of the report be noted;**
- (ii) That approval be given to proceed with the proposals, as detailed in the report.**

At this juncture, Councillor Ryan left the meeting during consideration of the following item of business, having declared a prejudicial interest as a member of the Board of New Charter Homes Limited, and paid no part in the discussion nor decision thereon.

53. COMMUNITY SAFETY AND HOMELESSNESS CONTRACTS EXTENSION AND SERVICE MODIFICATION

Consideration was given to a report of the Executive Member, Neighbourhoods, Community Safety and Environment / Clinical Lead, Living well / Assistant Director of Operations and Neighbourhoods, which explained the proposal to enter into contracts with providers delivering a number of services across the Operations and Neighbourhoods portfolio.

It was explained that the service had undergone considerable transformation over the last 2 years and uses a broad range of different services to fulfil the aims of the Council's Preventing Homelessness Strategy. The strategy reinforced the Council's commitment to prevent homelessness and to intervene at the earliest stage before households reached the point of crisis.

The contract arrangements for the services ended on 31 March 2020 but were continuing in order to maintain critical service delivery and continuity to the borough's most vulnerable residents, as well as to allow the Council to meet its statutory obligations.

The Director of Operations and Neighbourhoods stated the report sought permission to award contracts to providers. The contracts for consideration were imperative to the continued delivery of homelessness services across the Borough and were as follows:

Name of Service	Name of Provider	Direct Award Cost 1 Oct 2020 to 30 Sept 2020
Short Term Accommodation and Support	Foundation	£133,887.00
Impact - Service for people with chronic exclusion	Greystones	£75,000.00
Floating Support and Activities	Adullum Homes	£253,000.00
Accommodation Based Service - People with Alcohol & Substance Misuse Problems	Greystones	£118,340.00
Personalisation Fund	Adullum Homes	£32,000.00
Short Term Accommodation and Support	Foundation	£58,576.00
Supported Housing for Homeless Families	Jigsaw Support (Housing Group)	£430,295.00
Temporary Accommodation	Jigsaw Support (Housing Group)	£200,000.00
Short Term Accommodation and Support - Younger Clients	Jigsaw Support (Housing Group) formerly Threshold	£117,780.00

The report detailed that Tameside's Homelessness Service had seen substantial changes in the last eighteen months. During 2019, Tameside was the top performing Council in England for the reduction of Rough Sleeping with 43 rough sleepers reduced to 6, and then zero in July 2020. Although this success was significant, the people who were previously sleeping rough were now in service with the Rough Sleeping team and required considerable ongoing support.

During the Covid-19 pandemic the Government had removed the ability for landlords to commence eviction proceedings with their tenants. This prohibition was lifted on 24 September 2020, which could result in a further influx of service users to the service.

RESOLVED

That approval be given to extend existing contracts with the current service providers for 12 months commencing 1 October 2020 to 30 Sept 2021.

Councillor Ryan re-joined the meeting at this juncture.

54. COMMUNITY CARDIOLOGY DIAGNOSTICS SERVICE

A report was submitted by the Executive Member, Health, Social Care and Population Health / Clinical Lead / Director of Commissioning, which presented options for the locality for the commissioning of community cardiology diagnostics from March 2021.

Members were informed that Tameside and Glossop CCG commissioned Broomwell Healthwatch to deliver community cardiology diagnostic services until March 2021. A procurement process was required for contract arrangements from April 2021.

It was reported that Broomwell Healthwatch had successfully delivered services to Tameside & Glossop for a number of years. The current contract began April 2016 as a 3 year contract following a successful procurement process with the option to extend for two years. The option to extend was taken up and would end on 31 March 2021. The indicative annual contract value for the 2 services was £305k. The current contract had consistently over performed and activity had grown exponentially over the life of the contract.

Current average activity for the service was 839 reviews each month, with activity increasing by 16% over the course of the contract. Current average activity for the 24 hour ECG service was 91 per month, with activity increasing by 76% over the course of the contract.

Rising levels of activity were essential as early mortality rates (under 75 years) from coronary heart disease in Tameside & Glossop were significantly higher than the England average. A proactive approach to diagnosing and testing for heart conditions was essential to raise healthy life expectancy. The NHS long term plan stated that cardiovascular disease caused a quarter of all deaths in the UK and was the largest cause of premature mortality in deprived areas. This was the single biggest area where the NHS could save lives over the next 10 years. Increasing activity would also help increase the diagnosed prevalence of atrial fibrillation (AF). Public Health England estimated that there could be an additional 1,050 people with undiagnosed atrial fibrillation across Tameside and Glossop. This was an activity-based contract, if successful, activity would continue to increase and deflect urgent activity away from other services. Due to the nature of this contract it was not deemed suitable for a block contracting arrangement.

RESOLVED

- (i) That a 3-6 month extension of the current contract be supported, to enable a procurement exercise to take place which will be facilitated by STAR procurement, the delay in this process starting earlier has unfortunately been exacerbated by the COVID-19 pandemic; and**
- (ii) That the procurement process outlined within the paper be supported, including permission to award the contract following a successful procurement exercise.**

55. CONTRACT UPLIFTS IN CONSIDERATION TO NATIONAL LIVING WAGE (NLW) INCREASE FOR 20/21

Consideration was given to a report of the Executive Member, Health, Social Care and Population Health / Clinical Lead, Living Well / Director of Adult Services, outlining the increased costs in relation to the NLW increased announced in 2019 across three service providers not factored into the original budget setting for 2020/21.

It was explained that the Learning Disability Supported Accommodation Contracts supported 290 people across 36 properties in the Borough delivered by both in house and external providers.

Permission was given on 29 June 2019 to re-tender the service to ensure continued delivery to a vulnerable client group for a contract period of up to 5 years commencing 1 April 2020. The re-tender, supported by the Council's procurement partner STAR, was carried out utilising the Greater Manchester Ethical Learning Disability and Autism Flexible Purchasing System (GMFPS).

It was further explained that following contract award and subsequent allocation of contract terms and conditions to awarded tenderers, reference was made to the contract price and consideration to NLW increases for 20/21 as the pricing schedule in the tender had required bidders submit tender costs at 2019/20 prices “the current year’s delivery costs” due to the NLW uplift being unknown at that time.

Of the awarded providers, Community Integrated Care and Turning Point highlighted the issues as outlined above in that their submission of a competitive bid did not include NLW increases for year one (2020/21). They were clear that based on the 2019/20 prices as requested in their submissions the delivery of the service was not sustainable, and had subsequently resulted in the providers not signing the contracts with the delivery of the service at risk whilst it was against assumed T&Cs until the NLW issues were addressed and incorporated into the contract.

The total overspend against Adult Services 20/21 revenue budget for Supported Accommodation was therefore £206,000 arising from uplifts for the National Living Wage, and £84,864 to meet increased needs, making a total of £291k against a budget of £4,652k (6.25%)

RESOLVED

That approval be given to the NLW increases to the contracts detailed:

- **Community Integrated Care - supported accommodation for adults with a learning disability living in their own home – two contracts (areas 2 and 5);**
- **Turning Point - supported accommodation for adults with a learning disability living in their own home (area 1); and**
- **Liberty Support Services - Lomas Court extra care and support for adults 18-65 with a sensory or physical disability.**

56. IMPROVING DEMENTIA SERVICES IN THE NEIGHBOURHOODS

The Executive Member, Health, Social Care and Population Health / Director of Commissioning submitted a report, which detailed the development and output of the Dementia Support Worker Pilot and proposed recommendations for next steps.

The report summarised that since the introduction of the dementia pathway, and increased community support for people living with dementia, the following benefits had been evidenced:

- A reduction of the number of people on the dementia register prescribed anti-psychotics;
- An increase in the number of people dying in their usual place of residence; and
- Below the national average length of stay for people admitted with a diagnosis of dementia.

The 12 month service extension was intended to allow further development to create a fully integrated dementia offer within each neighbourhood. By extending this Pilot, there was time to carry out a whole pathway review and, following this, the option to go out with a full tender for all community dementia provision within the neighbourhood/PCN model, connecting closely to secondary care provision.

The 12 month requested would allow a full tender process to be undertaken. In light of the Covid-19 pandemic, it had not been possible to undertake a comprehensive review of the pilot scheme as the service model had changed and adapted in order to meet national guidelines around social distancing. Also, under the current circumstances, it would be difficult through a tender process, to undertake the due diligence required due to these changes. In addition, the ability of the market to bid at this time could be hampered by other priorities and therefore there could be a shortage of providers who submitted.

The original contract was held within Tameside Council, and the plan had been for this to be reviewed by health as an investment going forwards as a key part of the integrated community dementia pathway. The extension therefore, was planned to be from within CCG budgets whilst remaining on the current council contract.

It was proposed to invest £110,000 for 2021/22. It was intended for a full tender to take place prior to any further contract being awarded by 31 March 2022.

RESOLVED

That the existing Dementia Support Worker Pilot contract with the Alzheimer's Society be extended for a further 12 months using previously identified funding of £110,000 through the Covid-19 emergency award process, in order to give stability during Covid as well as enable a full review of options to further integrate dementia services within the neighbourhoods.

57. PRIMARY CARE – COVID RESPONSE BRIEFING

Consideration was given to a report of the Executive Member, Health, Social Care and Population Health / Director of Commissioning / Governing Body GP for Primary Care / Director of Commissioning, which provided oversight of the primary care response, with particular focus on general practice, during the initial pandemic response period, the transition to the Living with Covid phase of response and provided a forward look to the next steps.

It was reported that 100% of Tameside & Glossop 37 GP Practices remained open throughout the pandemic, including all opening Easter and May Day Bank Holidays. National guidance directed practices on activity which could be paused during the immediate pandemic, subsequent guidance had directed the resumption of activity, though recognised there would be adjustments to the mode of delivery. Community pharmacies had remained open throughout the whole of COVID-19. During the COVID-19 peak, service delivery focused upon medicines supply and health care support / advice. Although the initial pandemic response paused routine care in primary care dental services, practices remained open and provided advice and referral to one of the urgent care treatment hubs in Greater Manchester where basic treatment was offered. A Greater Manchester Urgent Dental Care Service was available for patients not registered. Primary care dental services had now been resumed.

Members were advised that the Pandemic Resilience Management Group was set up in recognition of the significant pressure of Covid-19 on general practice and that this was likely to continue for the foreseeable future. The group, chaired by the Co-Chair of the CCG, included dedicated Pandemic Resilience Clinical and Managerial Lead capacity, allocated to each neighbourhood with comprehensive membership of clinicians representing all neighbourhoods and CCG officers. The group had a line of governance both to Primary Care Committee and to Senior Leadership Team along with providing a line of accountability into the daily Gold Command meetings and the twice weekly Silver Out of Hospital meetings.

There were Five Pandemic Resilience Groups (PRGs), each aligned to Primary Care Networks (PCNs), and with a relationship through the PCN Clinical Directors to ensure alignment of workstreams and action, led the resilience response for each geographic area. Completion of the daily SITREP provided local oversight of workforce resilience, PPE available to ensure proactive and timely action as required. A CCG Medicines Management Technician and the existing Social Prescribing Link Workers, already allocated on neighbourhood basis, worked with the VCFSE partners to provide a point of support for vulnerable patients. The allocation of a Community Pharmacist to each Primary Care Network, part of the national PCN strategy, also strengthened the inter-professional working and 'place based' response during this period.

The Director of Commissioning explained that in July the next phase of the pandemic response was needed, PRMG was stood down and replaced with a Primary Care Ambition and Recovery Group. This group had a broader Terms of Reference and membership to further explore and shape ideas on the ambition for Primary Care as part the neighbourhood.

It was highlighted that the Covid-19 response had required significant changes to the way in which services had historically been delivered. There has been a substantial shift in digital offer during

the pandemic with 63% of appointments delivered through a total triage model across T&G in April 2020 compared with 13.5% in April 2019.

It was explained that the Royal College of General Practitioners (RCGP) guidance suggested that approximately 50% of appointments in the 'new normal' could be digital; some established digital practices across the country had seen approximately 75% of appointments pre Covid-19 delivered through a total triage model.

In terms of system support, it was reported that funding arrangements to support the additional and significant cost of Covid were implemented rapidly to ensure practices could manage workforce resilience, through staff sickness, risk assessments, isolating and/or shielding as well as small adaptations and enhancements to practice buildings, e.g. perspex screens, additional hand sanitiser units, temporary oxygen saturation monitoring stations, gazebos for outdoor waiting areas, vaccination delivery. The oversight of this process, review and approval of claims had been overseen by a task group of finance, commissioning and clinician, including PCN Clinical Director and LMC advisory roles.

Throughout the pandemic, the Medicines Management Team (MMT) had played an active role in supporting health and social care organisations to rapidly roll out new initiatives to help residents of Tameside and Glossop. The team had also represented the locality at a GM, regional and national level; this had included supporting the North West Medicine and Pharmacy Cell to develop resources that have been implemented locally e.g. re-use of medicines policy in Care Homes, End of Life medications provision.

The system wide Enhanced Health in Care Homes Task and Finish group was in place to lead the oversight of the specification across the system beyond pandemic response phase. The group would co-ordinate the efficiency and effective use of the existing investment across those partners to maximise the personalised care offer to these patients. A lead PCN Clinical Director, to represent PCNs at this group, was in place.

In May, a Primary Care Living with Covid (LWC) Task Group was established. This group, chaired by the Governing Body GP for Primary Care, had focussed on the action plan and any additional support required to deliver the phased return and resumption of general practice activity, incorporating the learning from the last few months.

The next phase of Covid response focussed on the Build Back Better ambition, the proactive identification of patients who were clinically vulnerable and/or may have delayed accessing care and the focus on health inequalities. A separate paper would be presented to Strategic Commissioning Board on this, at a future meeting.

The Chair and Board members, expressed their gratitude to everyone involved for their hard work during these challenging times.

RESOLVED

- (i) That the content of the report be noted, including the resilience response by Primary Care partners through the first phase of the Covid-19 pandemic as part of the total locality response; and**
- (ii) That a further report on future ambition, Build Back Better and the phase 3 NHS response priorities on health inequalities and proactive care, be submitted to the next meeting of the Board.**

58. URGENT ITEMS

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

CHAIR