

STRATEGIC COMMISSIONING BOARD

16 December 2020

Comm: 1.00pm

Term: 1.40pm

Present: Dr Ashwin Ramachandra – NHS Tameside & Glossop CCG (Chair)
Councillor Brenda Warrington – 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
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer
Dr Asad Ali – NHS Tameside & Glossop CCG
Dr Christine Ahmed – NHS Tameside & Glossop CCG
Dr Kate Hebden – NHS Tameside & Glossop CCG
Dr Vinny Khunger – NHS Tameside & Glossop CCG

Apologies for absence: Councillors Warren Bray, Gerald Cooney, Eleanor Wills and Carol Prowse

In Attendance:	Sandra Stewart	Director of Governance & Pensions
	Kathy Roe	Director of Finance
	Richard Hancock	Director of Children's Services
		Director of Adults Services
	Ian Saxon	Director of Operations and Neighbourhoods
	Jayne Traverse	Director of Growth
	Jess Williams	Director of Commissioning
	Jeanelle De Gruchy	Director of Population Health
	Sarah Threlfall	Assistant Director, Policy, Performance & Communications
	Ilys Cookson	Assistant Director, Exchequer Services
	David Berry	Head of Employment and Skills

68. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

69. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 25 November 2020 be approved as a correct record.

70. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of the Executive Board held on: 11 November 2020 and 2 December 2020, be noted.

71. MINUTES OF THE LIVING WITH COVID BOARD

RESOLVED

That the Minutes of the meeting of the Living with Covid Board held on 4 November and 18 November 2020 be noted.

72. CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 31 OCTOBER 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 31 October 2020 and forecasts to 31 March 2021.

The Director of Finance reported that at Month 7, the Council was forecasting a year end overspend of £3.4m, which was a slight improvement on the position reported at month 6 due mainly to a revised forecast in Children's Social Care. COVID pressures exceeded £40m but with £39m of COVID related grant funding and other income contributions, the net pressure relating to COVID was £0.898m.

Significant pressures remained across Directorates, most significantly in Children's Social Care where expenditure was forecast to exceed budget by £3.718m, with further cost pressures in Adults and Education, and income loss pressures in the Growth Directorate.

In the first 6 months of the year the NHS had operated under a national command and control financial framework, with CCGs and providers advised to assume a break-even financial position in 2020-21. Changes to the national financial regime from month 7 meant that individual organisations financial positions would be monitored within the context of a financial envelope set at an STP (Sustainability and Transformation Partnership) level, which for the CCG, meant at a Greater Manchester level.

The CCG was showing a year to date pressure of £4,924k, but a break even position by year end. This related to top up payments, which had not yet been received: £4,277k outstanding from command & control in first half of year, plus £647k Hospital Discharge Programme costs in M7. A decision on funding for the first half of the year would be made by NHSE by the end of November.

RESOLVED

That the forecast outturn position and associated risks for 2020/21 as set out in Appendix 1 to the report, be noted.

73. GM REPROCUREMENT OF DIRECT ACCESS NOUS, HEAD AND NECK MRI DIAGNOSTICS SERVICES AND AGE RELATED HEARING LOSS SERVICES

Consideration was given to a report of the Executive Member, Adult Social Care and Population Health / Chair of the Tameside and Glossop CCG / Director of Commissioning, which detailed the commissioning of Age Related Hearing Loss, Non Obstetric Ultrasound and Head and Neck MRI services through the GM Process.

The Director of Commissioning reported that there were 3 services commissioned via GM AQP arrangements, these were:

- Age Related Hearing Loss;
- Non-Obstetric Ultrasound (NOUS); and
- Magnetic Resonance Imaging Head and Neck (MRI)

The contracts awarded in the re-procurement carried out in October were due to expire on 30 September 2020 and in preparation, in 2018 NHS Tameside and Glossop agreed to continue to be part of the GM collaborative approach.

Due to the complex nature of the procurement, the changing commissioning landscape and the impact of COVID GM, the procurement was delayed and Directors of Commissioning (GM DoCs)

agreed to extend the current contracts, initially for 6 months to 31 March 2021 but with an option for a further 6 months to 30 September 2021. In November 2020 GM DoCs confirmed the need to extend to 30 September.

Tameside and Glossop Health Care Advisory Group (HCAG) confirmed they wanted to maintain choice for the population and had no issues with an AQP procurement or a non AQP procurement as long as choice was part of the procurement. The draft service specifications for each service were reviewed by HCAG with the inclusion of an ear wax removal option within the Age Related Hearing Loss specification being identified as a key improvement.

The GM Commissioner Group had collectively agreed the procurement documentation and for Tameside and Glossop this had also been shared with STAR. It was explained that from a finance perspective it was important that Tameside & Glossop CCG remained part of the GM procurement to benefit from the unit price reductions.

RESOLVED

That the commissioning of Age Related Hearing Loss, Non Obstetric Ultrasound Sound and Head and Neck MRI services through the GM procurement process, be approved.

74. MACMILLAN GP IN CANCER AND PALLIATIVE CARE

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Chair of the Tameside & Glossop CCG / Director of Commissioning, which sought approval for the recruitment of a Macmillan GP to the revised job description.

It was explained that Tameside and Glossop CCG had employed a Macmillan GP since 2014-15, in line with other CCGs across GM. Macmillan funding was awarded in Quarter 4, 2014-15 for two years with an option to extend for an additional 12 months on understanding that, pending evaluation, the CCG had intentions to fund this post beyond this period. The service agreement between Macmillan and NHS T&G stipulated that when Macmillan payments ended the CCG should continue to fulfil all the continuing obligations.

It was further explained that role had supported the Strategic Commission's Cancer and Palliative Care agenda and helped reduce premature deaths. The Macmillan GP role realised a number of benefits to the Strategic Commission but in order to sustain progress and gain momentum in a number of areas there was a requirement to refocus the role on two key aims:

- Lead the Improvement in the quality of local cancer and palliative care outcome; and
- Reduce historic boundaries between Health and Social Care.

With regard to funding, the Macmillan Grant Agreement (June 2016 to June 2019) of £19,850 per annum covered two sessions per week at £202.55 per session (plus travel expenses) for 49 weeks per year.

To ensure equity of pay with other clinical posts within the CCG it was agreed that the CCG would supplement Macmillan funding by £23,401 year to give a £43,251 post that covered two sessions per week (for 49 weeks per year) at £353.50 per session plus 26% on costs (pension contributions, salary increments and mileage).

To maintain the post from June 2019 to June 2020 TMBC Public Health funding was used with the CCG recurrent funding in place since June 2020. The report concluded that the redesigned Macmillan GP role would enable a greater focus on the Strategic Commission's Cancer and Palliative Care agenda and help reduce premature deaths.

RESOLVED

That the recruitment in Q4 2020-21 of a Macmillan GP to the revised job description, with a view to the Macmillan GP commencing in post on 1 April 2021, be approved.

75. ADULT SERVICES HOUSING AND ACCOMMODATION WITH SUPPORT 2021-2026

A report was submitted by the Executive Member, Health, Social Care and Population Health / Clinical Lead, Living Well / Director of Adults Services, outlining a range of accommodation schemes needed over the coming 3-5 years to meet current and future need across all adult groups.

It was explained that the demand for supported living and extra care in Tameside was now outstripping supply and there was therefore a need to expand the amount of accommodation with support schemes to meet this and projected future need, whilst ensuring that in line with local and national policy, people are supported to Live Well at Home (LWAH).

Presently, new accommodation was delivered through ad hoc arrangements and specific approved developments working with RPs and Private Partners (and in some cases RP/Private Partners working together). Such arrangements had delivered 23 apartments at Mount Street, and three houses at Marsden Close due for occupation 1 January 2021 along with 5 apartments at Hart Street due April 2021. These ad hoc arrangements at the current rate and pace of delivery would not meet the identified demand over the next five years.

There was currently high demand for accommodation with support that would continue to grow if new accommodation schemes were not developed. There were currently:

- 56 service users who were being accommodated out of borough due to the lack of specialist accommodation within the borough at the time of placement. There had been on-going work as part of the LWAH project to facilitate returns to borough for those who were able. 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;
- 98 people currently on the Disability Housing Register who may fall into services if the care provided by family in their home broke down due to the accommodation within which they resided no longer meeting the family situation; and
- 36 people awaiting accommodation on the Accommodation Options Group (AOG) waiting list. The majority of these were awaiting an extra care provision, which the identified schemes would provide.

The growth in the number of people waiting for suitable supported accommodation would be set to continue if no further action was taken and so the expansion of stock was pivotal.

Information from the Tameside Housing Needs Assessment (December 2017) highlighted that:

- By 2031 there would be a need for an additional 83 units of specialist accommodation for people with learning disabilities;
- Within the same timescale a need for an additional 281 units of supported accommodation for people with mental health needs; and
- By 2035 an extra 720 wheelchair friendly homes were needed, including 187 fully wheelchair adapted properties.

In addition to the growing demand from people requiring accommodation there was a need to expand housing stock to meet the needs of existing service users who, whilst already accommodated, were living in accommodation that either no longer met their needs comfortably or was no longer fit for purpose. A further pressure in relation to accommodation would come through young people transitioning from Children's into Adult Services. More local young people who were also care leavers were now in need of support to make the transition from care to living independently.

Progress on previously approved accommodation schemes at; Mount Street, Hyde and Hart Street, Droylsden was provided and an illustration given of the identified need and potential accommodation solutions.

It was further explained that through research locally and actual experience recently in Tameside, it was clear that supporting people in larger schemes of self-contained flats not only offered better

quality independent living for individuals, it allowed the delivery of 24 hour support in a far more cost-efficient way, and was certainly far more cost effective than being placed in higher cost residential placements both in and out of borough.

The report sought approval to progress the accommodation plans as set out in the report. The proposals would deliver high quality living environments offering the opportunity to deliver cost effective services for vulnerable people requiring long term support.

The schemes would support the delivery of savings and cost avoidance to the Adult Services budget whilst meeting the capacity required by the increasing demand from people requiring support over the coming few years. The scale of savings and avoidance of cost would be determined in the future as each accommodation scheme was occupied by the various Adult Services user groups.

The report concluded that, in supporting progression of this strategy 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 approval be given to progress the plans devised by Adult Services in conjunction with Growth and thereby the resultant accommodation schemes identified in ongoing discussions with registered provider partners. The accommodation schemes developed will increase capacity in the borough for the provision of accommodation with support for the range of Adult service users enabling them to live in their own homes.**
- (ii) That authority be given to enter individual agreements to deliver accommodation with support for the Adults' service users, subject to such relevant governance required Key/executive decision setting out the details including vfm together with advice from STAR Procurement should any procurement activity be required within each individual scheme in relation to the application of the Public Contracts Regulations 2015.**
- (iii) That approval be given to provide the support in the accommodation at all locations by either the in-house Long Term Support Service, or through tender with independent sector providers (to be established based on the needs identified and requirements of each scheme).**

76. URGENT ITEMS

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

CHAIR