PRESENT: G. Burgess (Independent Chair); HMR CCG: Dr Duffy, Dr B. Alam, D. Dawson, P.Riley (Sub for J. Newon); RBC: Councillor A. Brett, S. Rowbotham and Councillor K. Heakin.

APOLOGIES: S. McIvor (RBC/HMR CCG), J. Newton and N. Thornton - Director of Resources

OFFICERS:

HMR CCG:
- Sam Evans - Chief Finance Officer Health & Social Care Integration
- S. Croasdale - Strategic Commissioning Director

HMR CCG/RBC:
- Steve Rumbelow - Chief Executive

RBC:
- A. Fallon - Director for Public Health and Wellbeing
- G. Hopper - Director of Children’s Services
- D. Wilcock - Assistant Director for Legal, Governance and Workforce
- V. Bradshaw - Chief Finance Officer
- J. Addison - Senior Governance and Committee Officer

91 DECLARATIONS OF INTEREST

There were no declaration of interests.

92 MINUTES

RESOLVED:

That the Minutes of the meeting held on the 18th of December 2018 be approved as a correct record.

93 ITEMS FOR EXCLUSION OF PUBLIC AND PRESS

The Chair informed the Board that were a number of items on the Agenda that would require the press and public to leave the room during the discussion of those items. The Chair further informed Members that given the current bad weather he would take the Agenda out of order to allow the most urgent items to be decided first in case the meeting had to be adjourned.
The Minutes have therefore been written in the order in which the items were heard.

94 EXCLUSION OF PRESS AND PUBLIC

That the Press and Public be excluded from the meeting during consideration of the following four items of business, in accordance with the provisions of Section 100A (3) of the Local Government Act 1972, as amended.

Reason for Decision:

Should the press and public remain during the debate on this item there may be a disclosure of information that is deemed to be exempt under Part 3 of Schedule 12A of the Local Government Act 1972.

95 FUTURE PROVISION OF CHILDREN'S COMMUNITY HEALTH SERVICES

The Board received a report from the Assistant Director of Commissioning on the future provision of Children's Community Health Service in light of a recent decision made by the Pennine Care NHS Foundation Trust (PCFT).

REOSLVED:

That the Board supports the options as outlined in the report.

96 2019/20 - 2020/21 SAVINGS PROGRAMME FOR THE INTEGRATED HEALTH & SOCIAL CARE POOLED FUND

The Strategic Commissioning Director provided the Integrated Commissioning Board with a report updating Members on the Savings Programme and an overview of the proposed phasing and categorisation of round 1 and 2 savings schemes.

REOSLVED:

1) That the Board approve the revised categorisation and phasing of schemes and the implementation of a full Urgent and Planned Care Review;

2) That the round 2 savings proposals contained within the appendices be accepted and recommend for implementation, or closure as noted;

3) That the Savings Programme Framework and Decision-Making Framework be approved and their adoption in the development and critique of future proposals be submitted to the Board.

4) That the Board receive update reports on the savings programme as they progress.
ADULT SOCIAL CARE COMMISSIONING PLAN 2019/20

The Director for Health and Wellbeing presented to Members a report seeking the Integrated Commissioning Board’s approval of the Adult Care Commissioning and Procurement Plan for 2019/20, including extensions of contracts as identified in the report included within the Agenda.

REOSLVED:

1) That the Integrated Commissioning Board approve the Adult Care commissioning and procurement plan for 2019/20.

2) That the Integrated Commissioning Board approve the contract extensions identified within the report.

3) That the Integrated Commissioning Board delegate authority to the Director of Adult Social Services (DASS) to award the contracts based on the outcome of any selection process carried out in relation to the contracts listed within the report. In addition, delegate authority to the Assistant Director Legal, Governance and Workforce or to the Head of Legal Services to sign the contracts. The delegation would also apply to the signing of any other contracts or contract variations resulting from the proposals in the report as presented to the Board.

4) That the Integrated Commissioning Board approve the contract extensions identified within the report.

5) That the Integrated Commissioning Board delegate authority to the Director of Adult Social Services (DASS) to award the contracts based on the outcome of any selection process carried out in relation to the contracts listed in within the report. In addition, delegate authority to the Assistant Director Legal, Governance and Workforce) or to the Head of Legal Services to sign the contracts. The delegation would also apply to the signing of any other contracts or contract variations resulting from the proposals in the report as present to the Board.

PUBLIC HEALTH COMMISSIONING INTENTIONS 2019/20

The Director for Health and Wellbeing present to Members a report seeking the Board’s approval of the extensions of Public Health contracts as identified in this report and approval to delegate the signing of any contract extensions associated with this report to the Assistant Director (Legal, Governance and Workforce) or to the Head of Legal Services.

RESOLVED:
1) That the Integrated Commissioning Board approve the extension of the Integrated Sexual Health Service contract by a period of two years (2019/20 and 2020/21).

2) That the Board approve the extension of the Young People’s Substance Misuse Service by a period of one year (2019/20).

3) That the Integrated Commissioning Board delegate authority to the Assistant Director (Legal, Governance and Workforce) or to the Head of Legal Services to sign any contract extension documents that are required.

At this point in the meeting the Press and Public were allowed back into the meeting.

99 IVF CONSULTATION OUTCOME

The Strategic Commissioning Director provided the Board with a report that updated Members on the feedback received from the IVF consultation that ran from the 3rd December 2018 to 16th January 2019. The report provided a response to the key thematic points raised by stakeholders and members of the public, and provided a set of recommendations and supporting evidence for the ICB to consider in regard to future IVF funding Policy.

It was reported that feedback received from the public consultation had been considered in detail and, as a result of some of the points raised; the CCG reviewed the evidence base behind its preferred policy option. It was noted that the CCG was satisfied that the decision to recommend a change in policy to one funded cycle was supported by evidence, as well as the need to respond to the significant financial pressure currently facing the NHS.

The Strategic Commissioning Director Informed Members that a number of points were raised via the consultation that individuals/couples with pre-existing medical conditions would be disproportionately disadvantaged by a proposed change in policy. It was reported that after reviewing this individuals/couples who had a clinically exceptional need would be able to have their case evaluated via the Individual Funding Request.

The Board considered the implementation of the Policy and agreed that if the policy change was accepted it should come into effect from 9 am on the 30th January 2019. Again, it was noted by the Board that the change would not affect any patients who had already been referred to an IVF service (including those who are waiting but have not yet been seen) and patients on any other part of the IVF pathway, including tests for subfertility.

RESOLVED:

1) That the Board recommends that HMR CCG adopts a policy of funding 1 IVF cycle. However, all individuals/couples who have a clinically
exceptional need would be able to have their case evaluated via the Individual Funding Request route.

2) That the Policy be adopted and become effective from 9am from 30th January 2019.

3) That the Board recommends that HMR CCG adopts a policy of funding 1 IVF cycle. However, all individuals/couples who have a clinically exceptional need would be able to have their case evaluated via the Individual Funding Request route.

4) That the Policy be adopted and become effective from 9am from 30th January 2019.

100 TRANSFORMATION EXPENDITURE REVIEW

The Strategic Commissioning Programme Director provided the Board with a presentation on the Transformation Expenditure Review. The presentation focused on the expenditure review and its outcomes between 2018 and 2019, the impact and cashable benefits to close the financial gap.

Members were also provided with the latest position of the five-year rolling transformation plan.

RESOLVED:

1) That the presentation be noted.

2) That Board agreed to sign off the expenditure review and associated deflections (as reported to the Board in November 2018) as the new baseline plan for monitoring transformation

101 APPROVAL OF JOINT COMMISSIONING BOARD TERMS OF REFERENCE

The Chief Executive provided the Board with a report seeking the approval of the terms of reference for the Greater Manchester Joint Commissioning Board (GM JCB). This would allow the representatives of the CCG on the GM JCB to participate in decision making around the ‘Theme 3’ programme of hospital service redesign.

It was noted that at the last Clinical Commissioning Group Governing Body meeting, they had agreed to amend delegation arrangements to the Integrated Commissioning Board.
RESOLVED:

That the Board approve Greater Manchester Joint Commissioning Board Terms of Reference and agree to adjust delegation arrangements to the Integrated Commissioning Board as appropriate.

102 POSITION STATEMENT ON THE PENNINE CARE TRANSFER OF COMMUNITY SERVICES

The Board received a position statement on the Pennine Care transfer of Community Service from the Strategic Commissioning Programme Director. The update focused on a number of services that would be transferring from the 1st July 2019.

RESOLVED:

That the update be noted.

103 UPDATE ON THE NHS ALLOCATIONS FOR 2019/20

The Chief Finance Officer for Health & Social Care Integration provided the Board with an update on the NHS allocations for 2019/20. Although there had been an increase in the allocation, after Officers had been through all the supporting information there was a shortfall to the CCG of £12.6 million. It was noted that £9.6 million of this would go into the pooled fund.

RESOLVED:

That the update be noted.

104 POOLED BUDGET SAVINGS PROGRAMME 18/19 JANUARY UPDATE

The Integrated Commissioning Board received a report from the Chief Finance Officer for Health & Social Care Integration that updated Members on the financial position of the pooled budget for the financial year 2018/19 at the end of January 2019. The pooled budget excluded the Better Care Fund (BCF) and Greater Manchester Transformation funding which would be reported separately to the Board during 2018/19.

The Board noted the work undertaken in reducing the Pooled Fund Gap and the current position of the saving proposals implemented during 2018/19. The Board was asked to recommend to Cabinet a sharing of the remaining Pooled Fund Gap of £1.1m. This would enable a balanced Pooled Fund to be achieved for 2018/19.

RESOLVED:

1) That the update be noted.
2) That the remaining financial gap of £1.1m be funded on a 50/50 split between the CCG and Council.

105 UPDATE ON THE FINANCIAL POSITION OF THE INTEGRATED HEALTH & SOCIAL CARE POOLED FUND IN 2019/20 AND 2020/21

The Integrated Commissioning Board received a report from the Chief Finance Officer for Health & Social Care Integration on the current budget gaps for the Integrated Health & Social Care Pooled Fund for 2019/20 & 2020/21.

It was reported that the current budget gap for the Integrated Health & Social Care Pooled Fund was £11.9m and £14.0m for 2019/20 & 2020/21 respectively. It was noted that the final pooled fund gap would not be known until the CCG has had chance to work through the implications of the planning guidance, the CCG allocations and completed all of its contract negotiations. The Board noted that this would be finalised in time for the opening pooled fund budget report which would be presented to the March ICB.

RESOLVED:

1) That the Board note the current budget gap for the Integrated Health & Social Care Pooled Fund is £11.9m and £14.0m for 2019/20 & 2020/21 respectively.

2) That an additional report be brought to a future meeting updating the Board on the savings programme that was being developed to close the budget gaps noted above.

106 HEALTH AND SOCIAL CARE POOLED BUDGET MONITORING REPORT - NOVEMBER 2018/19

The Chief Finance Officer for Health & Social Care Integration presented Members with an update report on the Health and Social Care pooled budgets for 2018/19 in line with National Health Service England (NHSE) guidelines and the Greater Manchester (GM) Health and Social Care Partnership requirements.

RESOLVED:

1) That the current position for the pooled budget for 2018/19 be noted.

2) That the funding gap as at the end of November on the pool is £1.1m, and that the partners are asked to contribute £0.55m each from their reserves/ contingencies to balance off the remaining gap in 2018/19 be noted.
3) That the Board notes the Council will have responsibility to identify mitigating actions for the variations in Council’s Children’s provider services in 2018/19 (£5.6m) identified as at the end of November 2018.

4) That the Board notes that there are £1.8m of pressures on the acute and mental health budgets as at the end of November and that the CCG had contributed additional funding from reserves to offset this pressure in the pooled accounts.

5) That the Board noted the £1.1m Winter Pressures Funding announced for 2018/19 had been continued in 2019/20 and that the funding would be part of the Better Care Fund in 2019/20.

107 HEALTH AND SOCIAL CARE BETTER CARE FUND BUDGET MONITORING REPORT- DECEMBER PERIOD END 2018/19

The Chief Finance Officer for Health & Social Care Integration provided the Board with a report on the Health and Social Care Better Care Fund Budget Monitoring for the end of December 2018 period.

It was reported that the Board was being asked to note that in the Governments autumn statement an additional £55m Disabled Facilities Grant (DFG) had been made available to Local Authorities in 2018/19. It was noted that Rochdale’s allocation had been confirmed by the Ministry of Housing, Communities and Local Government (MHCLG) as £350,119.

RESOLVED:

1) That the monitoring information at December 2018 period end be noted.

2) That the ICB notes that there are contingencies being held for the revenue and capital budgets not yet allocated in 2018/19.

3) That the additional funding announced by MHCLG be noted and agreed to its use as detailed in the report. The Board further note that this leaves a capital contingency currently being held against further requirements of £64,870.

108 UPDATE ON FURTHER CHANGES MADE TO THE INTEGRATED HEALTH & SOCIAL CARE POOLED FUND SECTION 75 AGREEMENT

An update report was provided to Board by the Chief Finance Officer for Health & Social Care Integration on a number of changes that had been made to the Integrated Health & Social Care Pooled Fund Section 75 Agreement that was agreed on 7th September by both the Council and Heywood, Middleton & Rochdale Clinical Commissioning Group (HMR CCG).
RESOLVED:

That the Board note the changes to the Section 75 agreement and the reasons for these changes.

109 FINANCE UPDATE ON THE GM FUNDED TRANSFORMATION FUND PROGRAMME - TO THE END OF DECEMBER 2018

The Chief Finance Officer for Health & Social Care Integration updated the Integrated Commissioning Board on expenditure incurred through to the end of December 18 on the Greater Manchester funded Transformation Programme.

Members were reminded that the HMR CCG and the Council had applied for Transformation Funding from GM H&SCP in 2017/18, being successful in a bid for £25.17m of funding, it was reported that £4.64m of this was used in 17/18.

RESOLVED:

That the Board note the year to date expenditure incurred on the GM funded Transformation Programme.

110 NHS ENGLAND MEDICINES CONSULTATION

Dr Duffy presented to Members a report outlining changes required by NHS England to reduce prescribing or supply of medicines which were considered to be self-limiting, that did not need treatment as they would get better of their own accord, or were suitable for self-care, so that the person suffering did not normally need to seek medical advice and could manage the condition by purchasing Over The Counter items, unless there was clinically exceptional circumstances.

It was noted that this included provision of NHS funded medicines through all routes of supply e.g. prescriptions, hospitals, Accident and Emergency Departments, Out of Hours services, Walk-in Centres and Minor Ailments Scheme.

Members held a discussion around the implications of this change and while accepting it as a positive move, some products listed could be used for treatment of acute illness or a long-term condition and this could make GP’s diagnosis more challenging. The Board also noted that this change would have an impact on patients who routinely obtained their medicines from their GP.

RESOLVED:

1) That in line with NHS England guidance, HMR CCG will not routinely, commission at NHS expense medicines that are for conditions that are
listed by NHS England and ratified by the Greater Manchester Medicines Management Group.

2) That a piece of work to engage with residents of the Rochdale Borough is commenced in order that exceptions can be identified.

111 TRANSFORMATION HIGHLIGHT REPORT

The Strategic Commissioning Programme Director provided the Board with an update on Programme Delivery outlining transformation progress, finance not covered elsewhere on the agenda, an update on the 10 months into operation Local Care Organisation, an update on progress against measuring the performance of transformation interventions and an overview of the progress made towards a collaborative Communication and Engagement Programme.

RESOLVED:

That the presentation be noted.

112 ICB PERFORMANCE REPORT

At the conclusion of the last item Cllr Heakin had to leave to attend another meeting, this made the meeting inquorate, as the ICB performance report was for information the remaining Members of the Board considered the information as presented.

The Board was presented with the ICB Constitution Performance Scorecards, reporting progress against the NHS constitution and Adult Social Care indicators for information.