

INTEGRATED COMMISSIONING BOARD

MINUTES OF MEETING

Tuesday, 25th September 2018

PRESENT: G. Burgess (Independent Chair); HMR CCG: Dr B. Alam, Dr C. Duffy, D. Dawson, P. Hinnigan; RBC: Councillor I. Ahmed, Councillor A. Brett, Councillor K. Heakin and Councillor S. Rowbotham.

OFFICERS: S. Rumbelow (Chief Executive (RBC) and Accountable Officer (CCG), K. Kenton (RBC/CCG - Associate Director – Children’s Services); CCG: K. Hurley (Director of Operations and Executive Nurse), S. Evans (Chief Finance Officer), H. Chapman (Corporate Affairs and Governance Manager), S. Croasdale (Strategic Commissioning Director); RBC: N. Thornton (Director of Resources, A. Fallon (Director of Public Health). V. Bradshaw (Chief Finance Officer), D. Wilcock (Assistant Director – Legal, Governance and Human Resources) and P. Thompson (Resources Directorate).

Also in Attendance: Dr A. York (Clinical and Professional Advisory Panel), L. Sharman (HMR CCG) and D. Brierley (RBC)

APOLOGIES

41 Apologies were received from S. McIvor (Joint Director of Commissioning/DASS).

Note: the Chair, Mr. G. Burgess, was absent at the start of the meeting and it was agreed that Councillor Brett be appointed to Chair the meeting for the next item of business.

GREATER MANCHESTER INTEGRATED COMMISSIONING - GOVERNANCE ARRANGEMENTS

42 The Chief Executive/Accountable Officer reported that the Greater Manchester Combine Authority were looking to establish a ‘Joint Commissioning Board to take executive decisions, involving expenditure, on ‘Theme 3’ (health and social care), of the Greater Manchester Devolution Agreement. Theme 3 included eight specialist services, including neurological services.

The Chief Executive/Accountable Officer noted that it was imperative that a funding decision be made in relation to Neurological Rehabilitation services. However members of the Rochdale Integrated Commissioning Board expressed concerns the proposal to establish a Greater Manchester wide Joint Strategic Commissioning Body and, at this stage, were only prepared to lend support on an issue by issue basis. The Joint Strategic Commissioning Body was to have three representatives from each locality but only one vote per locality with a 70% majority required for approval of a decision.

Decision:

That authority for determining issues relating to Neurological Rehabilitation Services be returned to HMR CCG’s Governing Body and that regular

updates be presented, as appropriate, to future meetings of the Integrated Commissioning Board.

Reasons for the decision:

The delegation arrangement for this were such that responsibility thereon would rest with HMR CCG's Governing Body to determine as the CCG Governing Body had already exercised its delegation to the ICB and double-delegation was not permitted.

Mr. G. Burgess in the Chair.

DECLARATIONS OF INTEREST

43 There were no declarations of interests.

URGENT ITEMS OF BUSINESS

44 There were no urgent items of business for the Board to consider.

MINUTES

45 The Integrated Commissioning Board considered the minutes of its previous meeting held on 31st July 2018.

Further to minute 31, it was noted that the Prescribing Medicines sub-group was a sub-group of the Integrated Commissioning Board and not a sub-group of HMR CCG as stated. Also in relation to minute 31 it was noted that the report outlining options for the future format and content of Integrated Commissioning Board meetings was now due for submission to the Board's meeting scheduled for 30th October 2018.

The Chair referred to the structure of the Board's next meeting on 30th October 2018, suggesting that it largely concentrate on budgetary savings proposals for 2019/20 and the years beyond.

Decision:

1. The minutes of the meeting of the Integrated Commissioning Board, held 31st July 2018, be approved as a correct record, subject to an amendment to minute 31 clarifying the status of the prescribing medicines group as a sub-group of the Integrated Commissioning Board.
2. The CCG Director of Operations be requested to present a report to the next meeting of the Integrated Commissioning Board, on 30th October 2018 outlining options for the future format and content of Integrated Commissioning Board meetings.
3. That the agenda for the Board's next meeting, on 30th October 2018, comprise in the main of an in-depth study of budgetary savings proposals for 2019/20 and the years thereafter.

OVER THE COUNTER PRESCRIBING MEDICINES

46 Dr C. Duffy verbally updated the Board on the current status of 'over the counter prescribing medicines'. The number of medicines to be included in

this category was under review as it was noted that the expense for some of these items could be prohibitive.

Decision;

That the update on 'over the counter prescribing medicines' be noted.

CLINICAL AND PROFESSIONAL ADVISORY PANEL (CPAP)

47 Dr Aggy York updated and appraised the Board on the work of the Clinical and Professional Advisory Panel (CPAP)

CPAP operates in a consultative and advisory capacity, on behalf of the integrated Commissioning Board, rather than as a decision making body. It has a core membership of between 15 and 20. CPAP would often consider issues of concern in depth and make appropriate recommendations thereon to appropriate bodies. CPAP's membership comprised clinical leads, opticians, pharmacists, dentists, staff from the CCG and lay members of the CCG

Decision:

That the update of the Clinical and Professional Advisory Panel be noted and welcomed.

TRANSFORMATION HIGHLIGHT REPORT

48 The Board considered a report of the Transformation Programme Director that updated members on the following matters:

- a. Programme Delivery – describing transformation progress and including the Transformation Theme Report.
- b. Finance – an update on finance in relation to spend at an intervention level. It was reported that a further review of deflections was being carried out for all commissioner led interventions.
- c. Local care Organisation – including an update on progress, five months into its period of operation
- d. Performance – an examination of development of Transformation Indicators and the data set process with appendices covering the performance indicator dashboard, the intervention data set process and the approval list and ICB status.
- e. Communications and engagement – a review of transformation communication and engagement activity during July and August 2018
- f. Risk – an update on strategic and operational risks

Concerns were expressed in relation to expenditure as only 50% of expenditure had been utilised and clarification was sought as to any future implications for the Integrated Commissioning Board arising from this underspend. In this regard the CCG's Strategic Programme Director undertook to submit a further report on this matter to the Board's meeting scheduled for 27th November 2018 which would address the concerns regarding the funding together with more details of the current year's financial position.

Decision:

1. The report be noted.

2. The CCG's Strategic Programme Director be requested to submit a report regarding the issue of Transformation Fund expenditure the Board's meeting scheduled for 27th November 2018.

ICB PERFORMANCE REPORT

49 The Board considered a report of the Transformation Programme Director that updated members on the ICB Constitution Performance Scorecards and which reported progress against the NHS Constitution and adult Social Care indicators.

The report included details within the NHS Constitution section of the report of: accident and emergency, referrals to treatment, early intervention psychosis, cancer and breast two week wait and improved access to psychological therapies. In terms of adult care the report covered: cash budgets, 're-abled' or remain at home, learning disabilities, delayed transfer of care and long term support. It was noted that this was an 'exceptions' report for the CCG which explained the number of RED (RAG) ratings. Further narrative was requested to clarify actions that were being taken to address areas which were showing as RED and the possibility of an additional column in future reports to indicate whether this was on target to achieve a GREEN rating. The reporting format was to be reviewed and aligned. A revised format was to be taken to a meeting of the Finance, Performance and Risk Sub-Group for their comment with a report to be presented to the next meeting of the Integrated Commissioning Board.

Decision:

1. The report be noted.
2. A revised report be presented to the Board's next meeting

HEALTH AND SOCIAL CARE POOLED BUDGET REPORT

50 The Integrated Commissioning Board considered a report of the Chief Finance Officer that updated members on the financial position of the pooled budget for the financial year 2018/19 at period 4 (end of July).

The pooled budget excluded the Better Care Fund (BCF) and the Greater Manchester Transformation funding. The pooled budget had been amended to take into account the savings reported in April and May 2018 and the gap at month 4 on the pooled budget was £3,100,000 which represented a reduction of £100,000 since the period 2 report which was reported to the June ICB. This was as a consequence of additional protection of Adult Social Care services agreed by the ICB from the Better Care Fund in period 3. However, due to the timing of meetings it was reported that at month 5 the gap has been reduced, non-recurrently, by a further £400,000 to £2,700,000.

The Local Authority (LA) provider services for Adult Social Care (ASC) were reporting commissioning pressures around residential and community services of £400,000 which were being offset by savings from staff turnover leaving no net variations to budget at period 4. The LA Public Health (PH) services were not reporting any variations to budget at period 4. LA Children's Social Care (CSC) provider services have identified a potential pressure

around residential placements (£3,900,000) and staffing issues (£100,000) leaving a pressure of £4,000,000.

The ICB noted that during 2018/19 any LA provider service variations, being noted in the report are for information only (detailed in the appendices), as it will be for the Council to identify mitigating actions. However for future financial years funding of such pressures will be subject to the development of the pooled fund commissioning arrangements.

The CCG was showing a pressure of £700,000 at period 4. The CCG pressure was shown in the pool but the CCG have contributed an additional amount to the pool from reserves to offset this pressure. The pressure relates to Pennine Acute contracts £200,000 and Mental Health expensive placements £700,000 partially offset by underspending in the Community and other services (£200,000).

Decision:

That the report be noted.

TERMS OF REFERENCE/GOVERNANCE ARRANGEMENTS

51 It was agreed that consideration of this matter be deferred to the Board's next meeting on Tuesday, 30th October 2018.

EXCLUSION OF PRESS AND PUBLIC

52 Decision:

The Press and Public be excluded from the meeting during consideration of the following two items of business, in accordance with the provisions of Section 100A (4) of the Local Government Act 1972, as amended.

Reason for Decision:

Should the press and public remain during debate on this item there may be the disclosure of information that is deemed to be exempt under Part 1 of Schedule 12A of the Local Government Act 1972.

LCO GATEWAY 3 - UPDATE

53 The Director of Resources informed the Board that the meeting to review progress of LCO Gateway 2, prior to the commencement of LCO Gateway 3 was due to be held on 27th September and therefore the Director undertook to report further on this matter at the Board's next meeting.

Decision;

That the update be noted.

HMRCCG - COMMISSIONING & CONTRACT INTENTIONS 2019/20

54 The Board considered a report of the Associate Director of Children's Services which summarised the process of review undertaken of contracts due to expire at the end of 2018/19 and which set out recommendations in respect of the CCG's 2019/20 intentions.

Alternatives considered: to not continue with the services during 2019/20; to reduce some of the services or to remove them altogether. In this regard the Board considered the removal of some of the transport services that were detailed in the report.

Decision:

The CCG's commissioning and contracting intentions for 2019/20, as set out at Annex A to the submitted report, be approved.

Reasons for the decision:

The Board were advised that HMR CCG held a number of NHS Standard Contracts and Grant Agreements for community services and mental health services with a range of providers. The CCG is required to provide six months contract notice. It was anticipated that the CCG announce commissioning intentions for the following year around September or October - especially where contracts are due to expire at the end of the financial year to ensure robust forward planning. Guidance and regulations required that, if a contract is ending and a competitive procurement process was not considered in the best public interest based on considerations of current quality, value for money and the provider market that these decisions were to be confirmed through appropriate governance routes and recorded for use in the event of any future challenge.