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## INTEGRATED COMMISSIONING BOARD

### MINUTES OF MEETING Tuesday, 30<sup>th</sup> October 2018

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

**OFFICERS:** HMR CCG: K. Hurley (Director of Operations and Executive Nurse), S. Croasdale (Strategic Commissioning Director); HMR CCG/RBC: K. Kenton (Associate Director – Children’s Services); RBC: N. Thornton (Director of Resources), G. Hopper (Director of Children’s Services), V. Bradshaw (Chief Finance Officer), W. Meston (Deputy Director of Public Health) and P. Thompson (Resources Directorate).

**Also in Attendance:** Dr A. York (Clinical and Professional Advisory Panel) and J. Newton (HMR CCG).

#### **APOLOGIES**

55 Apologies for absence were received from Dr C. Duffy (HMR CCG), Councillor Iftikhar Ahmed (RBC); S. Rumbelow, S. McIvor (RBC/HMR CCG), S Evans, H. Chapman (HMR CCG), A. Fallon and D. Wilcock (RBC).

#### **DECLARATIONS OF INTEREST**

56 There were no declarations of interests.

#### **MINUTES**

57 The Integrated Commissioning Board considered the minutes of the last meeting held 25<sup>th</sup> September 2018 and the Actions list that was appended thereto.

The Chair advised that Mr. Paul Hinnigan was due to resign his membership of HMR CCG’s governing body in the near future therefore this was to be the last meeting of the Integrated Commissioning Board that he would attend. He was to be replaced by Ms. Joanne Newton who was attending this meeting as an observer.

Resolved:

1. The minutes of the meeting of the Integrated Commissioning Board held 25<sup>th</sup> September 2018 be approved as ac correct record.
2. The Actions List appended to the minutes be noted.
3. The best wishes of the Board be conveyed to Mr. Hinnigan.

#### **TERMS OF REFERENCE (INCLUDING SUB-GROUPS)**

58 The Integrated Commissioning Board received the terms of reference for the Board’s Finance, Performance and Risk Sub Group and the terms of reference for the HMR CCG’s Quality and Safeguarding Committee/Group, for information.

Revised Terms of Reference for the Integrated Commissioning Board would be submitted to a future meeting of the Board for approval. It had been suggested that a representative of the Rochdale Borough HealthWatch group be co-opted onto the Board as a non-voting member

Resolved:

1. The terms of reference for the Board's Finance, Performance and Risk Sub Group and the terms of reference for the HMR CCG's Quality and Safeguarding Committee/Group be noted.
2. The Board recommends that a representative of Rochdale Borough HealthWatch group be co-opted onto the Board as a non-voting member.
3. The Board notes that a report detailing revised Terms of Reference for the Integrated Commissioning Board will be submitted to a future meeting of the Board.

## **TRANSFORMATION HIGHLIGHTS REPORT**

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

- a) Programme delivery – describing transformation progress
- b) Finance – an update on finance in relation to transformation issues
- c) Local Care Organisation – update on progress
- d) Performance – progress made towards the DSCRO data flow process and Transformation Performance Indicators
- e) Communication and Engagement

The Board considered a number of risks that had been raised at previous meetings, including the ability of the transformation programme to deliver the levels of deflections and benefits required. Key operational risks included recruiting to Clinical Pharmacist posts, TPI's/Outcomes tracking and Planned Care. The planned care theme had a deflection value of £10 million over a four year period with £2.5 million deliverable in 2018/19. The pain intervention, contained in the theme, was the only one that was currently delivering deflections.

A Member referred to an instance of a patient, that he was aware of, who had to be conveyed to hospital via a taxi due to the inordinate length of time spent waiting for an ambulance, in this regard it was asked if North West Ambulance Service were delivering the required data through their existing datasets (as referenced in the Board' report)? It was agreed that the issue raised by the Member would be investigated further.

The Chair asked if the Board could make positive interventions to assist with any problems relating to Planned Care?

Resolved:

1. That the report be noted;

2. The issue raised by the Member, referred to above, of a patient being conveyed to hospital via a taxi service, be referred to HMR CCG to investigate;
3. Future reports to the Integrated Commissioning Board include, where appropriate, details of where the Board can make crucial differences to include the provision of service.

## **HEALTH AND SOCIAL CARE BETTER CARE FUND BUDGET MONITORING REPORT**

60 The Chief Finance Officer reported that at its meeting held 29<sup>th</sup> May 2018 the Integrated Commissioning Board (ICB) had agreed revised 2018/19 budgets for the Better Care Fund (BCF). The submitted report updated the Board with the quarter 2 (September period end) budget monitoring for the BCF for the financial year 2018/19.

The ICB was asked to agree a further capital budget realignment (£15k) to the £40,000 that had been agreed at Quarter 1 for the for the Mental Health Safe Haven transformation project now that updated costs had been received. The ICB subsequently agreed at its meeting on 31<sup>st</sup> July 2018 that any unspent capital budget in 2018/19 would be carried over into 2019/20 against existing or new schemes that are to be identified.

In addition the Secretary of State for Health and Social Care announced on 2<sup>nd</sup> October 2018, that an extra £240 million of funding would be made available to Councils to pay for Social Care packages for winter 2018/19. The indication was that the funding will be allocated to Councils based on the adult care relative needs formula which would result in the Council receiving £1.1 million of additional one-off funding in 2018/19.

Alternatives considered: It is a requirement of the NHS England guidance to produce a budget for 2018/19 which the ICB approved at its May 2018 meeting. The submitted report updated the monitoring against the 2018/19 budget which was a requirement of the Section 75 Agreement.

Resolved:

1. The monitoring information at Quarter 2 (September period end) 2018/19, be noted.
2. The ICB notes that there are contingencies being held for the revenue and capital budgets not yet allocated in 2018/19.
3. The ICB gives approval to a capital budget realignment from the capital contingency to the Mental Health Safe Haven project (as detailed in the submitted report), in the sum of £15,000.
4. The additional funding announced by the Secretary of State for Health and Social Care on the 2<sup>nd</sup> October 2018, be noted.

## **HEALTH AND SOCIAL CARE POOLED BUDGET MONITORING REPORT - PERIOD 6 (SEPTEMBER) 2018/19**

61 The Integrated Commissioning Board received a report that provided an update on the financial position of the pooled budget for the financial year 2018/19 at period 6 (30<sup>th</sup> September 2018). 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 pooled budget had been amended to take into account the savings reported in previous reports to the Board, the gap at period 6 on the pooled budget was reported to be £2.7 million which was the same as the position reported at period 5 in the previous monitoring report to the Board on 25<sup>th</sup> September 2018.

The Integrated Commissioning Board was advised that during 2018/19 any Local Authority provider service variations, being noted in this report were for information only as it will be for the Council to identify mitigating actions. However in future financial years funding of such pressures would be subject to the development of the pooled fund commissioning arrangements.

The CCG was showing a pressure of £900,000 at period 6 (30<sup>th</sup> September 2018). The CCG pressure was shown in the pool but the CCG had contributed an additional amount to the pool from reserves to offset this pressure. The pressure related to 'Acute' contracts (£600,000) and Mental Health expensive placements (£300,000). This was £200,000 more than reported at period 4.

In considering the report Members sought additional assurances that the savings already agreed, such as for prescribing services, were on course to be delivered. The Board asked that any savings that were agreed for 2019/2020, which could be delivered early should be used to off-set the reported £2.7 million funding gap.

Resolved:  
That the report be noted.

#### **FUTURE MODEL FOR LCO AND FAMILY SERVICES MODEL**

62 The Director of Resources verbally updated the meeting on progress towards LCO Gateway 3 and undertook to keep the Board updated at future meetings. A report on the Family Services Model (for Children's Services) was due to be submitted to the Board's next meeting on 27<sup>th</sup> November 2018.

Resolved:  
That the update be noted.

#### **EXCLUSION OF PUBLIC AND PRESS**

63 Resolved:  
The Press and Public be excluded from the meeting during consideration of the following item 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.

## **2019/20 - 2020/21 SAVINGS PROGRAMME**

64 The Integrated Commissioning Board considered a report of the Chief Finance Officer that provided an update on the 2019/20 – 2020/21 Savings Programme for the Integrated Health and Social Care Pooled Fund.

Alternatives considered: the Pooled Fund was mandated to set a balanced budget and all areas of the Pooled Fund will therefore be reviewed in the search for opportunities to close the budget gap.

Resolved:

1. The current budget gap for the Integrated Health and Social Care Pooled Fund, detailed in the submitted report, be noted;
2. The Board approves the timelines detailed for Round 1 and 2 savings schemes (detailed in paragraphs 5.9 and 5.10 of the report);
3. The Board confirms that they wished to receive the outcome of consultation in line with Option 3 as detailed in paragraph 5.9 of the submitted report);
4. The Board delegate the approval of decisions as to whether to include the schemes highlighted in paragraph 5.15 of the submitted report to the Chief Finance Officer for Health and Social Integration.