

Public Document Pack



Meeting of: Integrated Commissioning Board
Date: Tuesday, 28th January, 2020
Time: 3.30 pm.
Venue: Number One Riverside

This agenda gives notice of items to be considered in private as required by Regulations 5 (4) and (5) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

| Item No. | AGENDA | Page No |
|-----------------|---|----------------|
| 1 | Apologies To receive any apologies for absence. | |
| 2 | Minutes Members are requested to approve the Minutes of the Meeting held on the 3 rd December 2019. | 4 - 7 |
| 3 | Declarations of Interest Members are required to declare any disclosable pecuniary, personal or personal and prejudicial interests they may have and the nature of those interests relating to items on this agenda and/or indicate if S106 of the Local Government Finance Act 1992 applies to them. | |
| 4 | Items for Exclusion of Public and Press To determine any items on the agenda, if any, where the public are to be excluded from the meeting. | |
| 5 | Urgent Items of Business To determine whether there are any additional items of business which, by reason of special circumstances, the Chair decides should be considered at the meeting as a matter of urgency. | |
| 6 | Period 9 Pooled Fund Finance Report The Chief Finance Officer for Health & Social Care Integration will provide Members with a Finance Monitoring report covering period 9. | 8 - 14 |

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|-----------|--|---------|
| 7 | BCF Quarterly update | 15 - 21 |
| | To receive a report a Monitoring Report on the Health and Social Care Better Care Fund Budget– Quarter 3. | |
| 8 | FPR sub group | |
| | The Board will receive a verbal update on the work of the Finance, Performance & Risk Sub Group from the Chief Finance Officer for Health & Social Care Integration. | |
| 9 | Alzheimer's Society grant agreement 2020/21 | 22 - 25 |
| | The Board will be presented with a report on Alzheimer's Society grant agreement 2020/21. | |
| 10 | Rochdale & District Mind contracting options from 1 April 2020 | 26 - 29 |
| | For the Committee to receive a report on Rochdale & District Mind contracting options. | |
| 11 | Exclusion of Press and Public | |
| | To consider that the press and public be excluded from the remaining part of the meeting pursuant to Section 100(A)4 of the Local Government Act 1972 on the grounds that discussions may involve the likely disclosure of exempt information as defined in the provisions of Part 1 of Schedule 12A to the Local Government Act 1972 and public interest would not be served in publishing the information. | |
| 12 | Prevention System Transformation | 30 - 44 |
| | The Board will receive a report on Prevention System Transformation. | |
| 13 | Savings Programme Update | 45 - 54 |
| | The Chief Finance Officer for Health & Social Care Integration will provide Members with a savings programme update. | |
| 14 | Proposed Provider Fee Rates 2020/2021 Financial Year | 55 - 66 |
| | The Committee will receive a report on Proposed Provider Fee Rates 2020/2021. | |

15 Approval to award a new contract for the provision of a carers universal support service.

The Board will receive an update on the approval to award a new contract for the provision of a carers universal support service.

16 LCO Update

67 - 71

For Members to receive an update report on the LCO Contract.

Integrated Commissioning Board Members

Councillor Iftikhar Ahmed

Dr Bodrul Alam

Councillor Allen Brett

Graham Burgess

Denise Dawson

Dr Chris Duffy

Councillor Kieran Heakin

Joanne Newton

Councillor Sara Rowbotham

For more information about this meeting, please contact

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INTEGRATED COMMISSIONING BOARD

MINUTES OF MEETING
Tuesday, 3rd December 2019

PRESENT: G. Burgess (Independent Chair); HMR CCG: Dr B. Alam, D. Dawson, T. Aldred and J. Newton; RBC: Councillor Dale (substituting for Iftikhar Ahmed), Councillor Brett, Councillor Heakin and Councillor Rowbotham.

OFFICERS: HMR CCG: S. Evans (Chief Finance Officer) and S. Croasdale (Strategic Commissioning Director).

HMR CCG/RBC: S. Rumbelow (Chief Executive/Accountable Officer), S. McIvor (Joint Director of Commissioning/DASS) and K. Kenton (Associate Director Commissioning).

RBC: A. Fallon (Director of Public Health), J. Murphy (Chief Finance Officer), T. Harrison (Assistant Director – Adult Care Services) and P. Thompson (Resources Directorate).

57 APOLOGIES

Apologies for absence were received from Councillor Iftikhar Ahmed (Rochdale Borough Council); Dr C. Duffy, K. Hurley and Dr A. York (HMR CCG).

58 DECLARATIONS OF INTEREST

Doctor B. Alam declared a personal interest in agenda item 12 (Changes to 2019/2020 Savings Programme).

59 MINUTES

Resolved;

That the Minutes of the meeting of the Integrated Commissioning Board held 29th October 2019, be approved as a correct record.

60 VERBAL UPDATE FROM THE FPR SUB GROUP

The Chief Finance Officer for Health and Social Care Integration provided the Board with a verbal update on the work of the Finance, Performance and Risk Sub-Group.

The Board was informed that the Sub-Group had been looking at various savings proposals (to be considered later on in this meeting), the transformation fund monthly activity monitoring and risk management.

In considering the update the Board requested that a report detailing the financial position at the end of Period 9 (2019/20) be submitted to the meeting of the Board that is scheduled to be held on 28th January 2020.

Resolved:

1. That the update be noted.

2. The Chief Finance Officer for Health and Social Care Integration be requested to submit a financial update report, detailing the position at the end of Period 9 (2019/20) to the Integrated Commissioning Board's meeting on 28th January 2020.

61 EXCLUSION OF PRESS AND PUBLIC

Resolved:

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

Reason for the Decision:

Should the press and public remain during debate on these three items there may be a disclosure of information that is deemed to be exempt under Parts 1 and 4 of Schedule 12A of the Local Government Act 1972.

62 LCO PROPOSITION

The Board considered a report and presentation of the Director of Commissioning/DASS which detailed proposals which set out a timeframe for the establishment of a whole system/population budget lead provider model and contract for the Local Care Organisation (LCO) to be fully mobilised by 1st April 2023.

Resolved:

1. The Board approves the proposal to proceed with Phase 3 LCO development as outlined in the submitted report;
2. The Board approves in principle the long term proposition and support for the direction of travel for phases 4 and 5, and commencement of discussions with NHS England (NHSE) in relation to the development of an Integrated Care Provider Contract, after further consideration by a future meeting of the Integrated Commissioning Board.
3. A report be submitted to the Board's meeting, scheduled to be held on 25th February 2020 regarding the development of the commissioning approach in Greater Manchester's North East Sector.

Reasons for the decision:

The Board were reminded that at a previous meeting it had been agreed that a lead provider model for the LCO be established, and that a move toward a whole system, population budget, place based, approach to transform service delivery models and outcomes be put in motion. The Board was advised that the report's recommendations were in line with the approach described in the Locality Plan, Greater Manchester Health and Social Care Integration, and with the recommendations from the Greater Manchester Commissioning Review.

63 APPROVAL TO APPOINT A DOMICILIARY CARE PROVIDER

The Board were asked to consider a proposal, submitted by the Director of Commissioning/DASS, to appoint a domiciliary care provider for Harehill Extra Care housing scheme, Littleborough.

Resolved:

The Integrated Commissioning Board approves the appointment of Comfort Call as the new domiciliary care provider, as they were the highest ranked organisation following the approved procurement exercise.

Reasons for the decision:

The Adult Care Service had conducted a thorough evaluation process recommended that the contract should be awarded to Comfort Call Limited. They were the highest ranked organisation and were regarded as the best fit against the requirements of the service specification and required outcomes of the service.

64 DELEGATED CONTRACT AWARD: CHILDREN, YOUNG PEOPLE AND FAMILIES SUBSTANCE MISUSE SERVICE

The Integrated Commissioning Board considered a report of the Director of Commissioning/DASS that sought approval to delegate the contract award of the Children, Young People and Families Substance Misuse Service to the Director of Public Health following a comprehensive procurement process.

Resolved:

The Integrated Commissioning Board approves the delegation of the contract award of the Children, Young People and Families Substance Misuse Service to the Director of Public Health.

Reasons for the decision:

The Board was advised that the contract for the Children, Young People and Families Substance Misuse Service was due to expire on 31st March 2020; the procurement process to secure provision for this service over the next two to five years was underway; and to ensure the procurement process was completed on time, whilst allowing enough time for the new provider to complete the necessary implementation preparation delegated authority was required to be granted to the Director of Public Health to award the contract following a competitive procurement process.

65 TRANSFORMATION

The Chief Finance Officer for Health and Social Care Integration presented a report that updated the Integrated Commissioning Board on expenditure incurred through to the end of October 2019 on the Greater Manchester funded Transformation Programme.

The report evaluated the implementation of the Transformation Fund Programme noting that outturn expenditure reporting is a key indicator on the maturity of the interventions in terms of workforce and mobilisation and thus the achievement of strategic outcomes of the Locality Transformation Plan.

Resolved:

That the report be noted.

66 CHANGES TO 2019/20 SAVINGS PROGRAMME

The Board considered a report of the Programme Director for Strategic Commissioning that provided an update on the Savings Programme. The Savings Programme had been through robust challenge at the Savings Delivery Board and this report presented in detail at the joint Finance, Performance and Risk Committee.

The report described the impact on the savings for 2019/20 and how the savings programme would be impacted by the potential to agree a block settlement/year end deal with the acute provider. The report added that the impact of this agreement would reduce the total programme by £692,000; however only £59,000 of this is against the 'probable' case scenario. There had also been further reductions in the pipeline of £1,639,000.

The report also provided an update on the savings programme for 2020/21 and 2021/22. This described the increase in the approved programme schemes of £3,500,000 and the subsequent reduction in pipeline scheme to £1,600,000, which is expected as schemes move out of the pipeline into the approved programme.

Alternatives considered:

The Integrated Commissioning Board could decide not to implement some or all of the proposals detailed in the report and provide alternate options to enable the achievement of a balanced budget.

Resolved:

1. That the Integrated Commissioning Board notes the increase in the approved programme of £3,500,000 to £5,200,000 giving a total of £7,700,000 in the fully approved programme for 2020/2021.
2. The Board notes that the 'pipeline' has been reduced by £3,300,000 to £1,600,000 and which is as expected following the movement of schemes into the approved programme.

Reasons for the decision:

The recommendations supported the closure of the pooled budget gap in 2019/2020, 2020/2021 and 2021/2022.

Agenda Item 6

Report to Integrated Commissioning Board



**Heywood, Middleton
and Rochdale**
Clinical Commissioning Group

| | |
|---|-----------------------------------|
| Date of Meeting - 28 th January 2020 | Lead Member- Councillor Rowbotham |
| Portfolio- Integrated Commissioning | Lead Officer- Sam Evans |
| Report Author- Gareth Davies | |
| Public Document | |

Health and Social Care Pooled Budget Monitoring Report- December 2019

Executive Summary

- 1.1 To update the Integrated Commissioning Board (ICB) on the financial position of the pooled budget for the financial year 2019/20 as at the end of December 2019. The pooled budget excludes the Better Care Fund (BCF) and the Greater Manchester Transformation funding which are being reported separately to the ICB in 2019/20. The pooled budget has been amended to take into account the savings previously reported to ICB.
- 1.2 As at the end of September, the Health & Social Care (H&SC) Pool budget gap reported was £11.4m, with an overspend against budget of £3m bringing the total pressure on the H&SC Pool to £14.4m.
- 1.3 Since the last update, both the LA and the CCG agreed a one off funding arrangement to address the £14.4m pressure. It was agreed at Governing body in November that the CCG would contribute £7.7m towards the pool pressure, and it was agreed at Cabinet in December that the LA would contribute their share of the pool pressure (£5.9m). To fully fund the 2019/20 pressure, the LA has agreed to contribute an additional £0.8m to support delivery of the commissioning functions for 2019/20, with a corresponding reduction to the Council's contribution in 2020/21.
- 1.4 The contribution of the additional £0.8m will only be made if required at year end, and as at the end of December the forecast pressure remains at £0.8m.
- 1.5 The forecast overspend against pooled budgets as at the end of December has increased by £0.8m to £3.8m, due to an increase in the health-related pressures to £2.6m from £1.8m. The increase is in relation to prescribing costs. Health have identified resources to fund this £0.8m increase. Adult Social Care related pressures remain at £1.2m, and Public Health is forecasting a nil variance.

Recommendation

- 2.1 ICB notes the pressure on the H&SC pool budget as at the end of December is £0.8m, however the LA has set aside resources to fund this gap at year end if the gap remains, with a corresponding reduction to the Council's contribution in 2020/21. Further work is underway to address this gap in 2019/20.
- 2.2 ICB notes that there is a £3.8m overspend being reported against the pool budget for 2019/20 (£2.6m on Health-related budgets and £1.2m on Adult Social Care), however these have been partially offset by the agreed one-off contributions from the LA and CCG, with only a £0.8m pressure outstanding.
- 2.3 ICB Notes the latest forecast overspend on Children's Social Care reported to Cabinet is £2.9m, a reduction of £0.2m since the last update. This is being reported for information only, as the in-year overspend is managed by the LA and does not form part of the pool.

Reason for Recommendation

- 3.1 This report updates the ICB on the Health and Social Care pooled budgets for 2019/20 in line with National Health Service England (NHSE) guidelines and the Greater Manchester (GM) Health and Social Care Partnership requirements. As part of operating a pooled budget regular monitoring reports are required.
- 3.2 The BCF has been excluded from the pooled reporting and will be reported separately to ICB in line with NHSE requirements for reporting each quarter.

Key Points for Consideration

- 4.1 The pooling of budgets between the two organisations, LA and CCG, is in line with NHSE guidelines to progress integration of Adult Social Care and Health and is in accordance with the decision made by Cabinet and the CCG Governing Body.
- 4.2 The operation of a formal pooled budget has been in place from April 2018 in line with the agreement for Transformation Funding from the GM Health and Social Care Partnership.
- 4.3 BCF graduation has not yet been received from NHSE for the locality; this means that reporting of the BCF is required each quarter in line with NHSE guidelines.
- 4.4 **Alternatives Considered**
The operation of a formal pool in 2019/20 is in line with the requirements of the GM Health and Social Care Partnership and builds on the shadow pool that was operated by the ICB in 2017/18 and is in line with 2018/19 reporting; therefore there are no alternatives to consider.

Costs and Budget Summary

- 5.1 Changes to the Pooled Budget and Budget Gap between the end of September and the end of December are detailed in Table 1 below;

Table 1

| Variations from September to December budgets | | |
|---|-------------------------------|----------------------------|
| | Pooled Budget £m's | Budget Gap £m's |
| Position as at the end of September 2019 | 350.8 | 11.4 |
| CCG Changes Impacting Pool Gap | | |
| Additional Contribution to pool gap agreed at Governing Body in November. | 0.0 | -6.4 |
| CCG Changes with matching CCG contribution | | |
| Additional Palliative Care Funding received. | 0.1 | 0.0 |
| The CCG has used its £0.8m prescribing reserve to partially offset this pressure from the increase negotiated by the DoH on Category M drugs. | 0.8 | 0.0 |
| Total movement in CCG pooled budgets/ gap | 0.9 | -6.4 |
| LA Changes Impacting Pool Gap | | |
| Additional Contribution agreed at Cabinet in December | 0.0 | -5.0 |
| Total movement in LA pooled budgets/ gap | 0.0 | -5.0 |
| Total Pool Movements from September to December | 0.9 | -11.4 |
| Position as at the end of December 2019 | 351.7 | 0.0 |

- 5.2 Since the end of September there has been a net increase in the H&SC pool budget of £0.9m, primarily due to the inclusion of the CCG's £0.8m prescribing reserve, required to offset the increased cost of Category M drugs following Department of Health price negotiations. The remaining increase of £0.1m relates to additional palliative care funding received.
- 5.3 Since the last update, both the LA and the CCG agreed a one off funding arrangement to address the £11.4m pool gap as well as the previously reported £3m overspend. It was agreed at Governing body in November that the CCG would contribute £7.7m towards the pool pressure, of which £6.4m relates to closing the pool gap, and it was agreed at Cabinet in December that the LA would contribute £5.9m towards the pool pressure, of which £5.0m relates to closing the pool gap.
- 5.4 These additional one off contributions have reduced the pool budget gap to nil for 2019/20.

5.5 Table 2 below shows the latest monitoring position against the Health & Social Care Pooled Budget.

Table 2

| Health and Social Care Pooled Budget 2019/20 | | | | |
|--|----------------|------------------|-------------|---|
| | 2019/20 Budget | 2019/20 Forecast | Variance | Narrative |
| December Monitoring position | £m's | £m's | £m's | |
| Adult's Services | | | | |
| Management, Support and Commissioning | 3.0 | 3.0 | 0.0 | |
| Adults, Older People and Physical Disability | 42.0 | 42.9 | 0.9 | Increase in expensive Residential/ Community Placements (£0.9m). |
| Learning Disability / Mental Health | 54.1 | 54.8 | 0.7 | Expensive Residential/ Community Placements (£0.3m). Additional patients within specialist rehab beds and increased observations for an LD patient (£0.4m). |
| Acute Health Care | 116.9 | 118.4 | 1.5 | Pressure with Pennine Acute on non-elective. |
| Primary Care - Prescribing | 30.0 | 30.3 | 0.3 | Due to Category M Drug price increases negotiated by the Department of Health (DoH), there is a forecast pressure of £1.2m on prescribing. The CCG has used its £0.8m prescribing reserve to partially offset this pressure giving a net £0.4m pressure, £0.1m of which is shown in Children's prescribing below. |
| Other Services | 6.6 | 6.6 | 0.0 | |
| Adult Public Health | 8.0 | 8.0 | 0.0 | |
| Total Adult Pooled Services | 260.6 | 264.0 | 3.4 | |
| Children's Services | | | | |
| Management, Support and Commissioning | 4.4 | 4.4 | 0.0 | |
| Children's Early Intervention | 6.3 | 6.3 | 0.0 | |
| Health Community Services | 5.8 | 5.8 | 0.0 | |
| Learning Disability / Mental Health | 6.7 | 6.7 | 0.0 | |
| Special Educational Needs | 4.0 | 4.0 | 0.0 | |
| Acute Health Care | 22.7 | 23.0 | 0.3 | Pressure with Pennine Acute on non-elective. |
| Children 0-19 Public Health | 5.0 | 5.0 | 0.0 | |
| Cared for Children and Safeguarding | 26.7 | 26.7 | 0.0 | |
| Primary Care - Prescribing | 8.0 | 8.1 | 0.1 | See Adults Primary Care - Prescribing above for details. |
| Other Services | 1.5 | 1.5 | 0.0 | |
| Total Children's Pooled Services | 91.1 | 91.5 | 0.4 | |
| Total Health and Social Care Pooled Budgets | 351.7 | 355.5 | 3.8 | |
| Contribution from Partners | | | | |
| CCG | -256.9 | -259.0 | -2.1 | The CCG has contributed an additional £6.4m towards closing the pooled gap and £1.3m towards the previously reported overspend. The CCG have also contributed an additional £0.8m to cover the increased overspend since the September reporting update. |
| LA | -94.8 | -95.7 | -0.9 | The LA has contributed an additional £5.0m towards closing the pool gap and £0.9m towards the previously reported overspend. |
| Total Contributions | -351.7 | -354.7 | -3.0 | |
| Revised Gap | 0.0 | 0.8 | 0.8 | The LA has agreed to fund the remaining £0.8m pressure in 2019/20 if required at year end, with a corresponding reduction in the LA contributions in 2020/21. |

- 5.6 A pressure of £2.6m is being reported against Health Services. Acute is forecast to over spend by £1.8m primarily due to over performance at Pennine Acute in relation to Non-Elective activity. It is worth noting that the forecast over performance on the Acute contract is after the outturn agreement has been applied. The cost of this activity at full cost would be circa £6.5m.

In addition, there is a £0.5m pressure against Learning Disability / Mental Health budgets. The CCG has a patient at Cheshire and Wirral NHS Partnership in a Learning Disability bed. Although the cost of the placement is funded through the greater Manchester risk share, The CCG continue to pay for additional observation costs. This results in a forecast overperformance of £257k, which is over and above the agreed contract value. Learning Disabilities Commissioners are working with Cheshire and Wirral to find an appropriate placement in a community setting for this patient.

Since the September update, a net £0.4m pressure on Primary Care prescribing has been identified due to Category M Drug price increases negotiated by the Department of Health (DoH). The gross impact of the newly negotiated prices is a forecast pressure of £1.2m, however the CCG has used its £0.8m prescribing reserve to partially offset this pressure giving a net £0.4m pressure.

- 5.7 Adult Social Care is continuing to forecast an overspend due to an increase in Residential and Community service expenditure, although this has remained at £1.2m in line with the previous position reported. Data trends continue to show a significant increase in forecast costs, compared to a relatively small increase in the number of placements meaning that the average price of care packages provided has increased. This is as a consequence of an increase in the number of higher need residential placements, charged above the standard rate, and an increase in the average number of hours provided for home care packages due to increased complexity.
- 5.8 Both partners have increased their contributions to the pool to cover the previously reported overspend of £3.0m. The CCG are contributing £1.3m, and the LA are contributing £0.9m, with the LA agreeing to fund the additional £0.8m gap in 2019/20 if required at year end.
- 5.9 The CCG have agreed to increase their contributions by a further £0.8m to cover the increased forecast overspend since the position reported in September.
- 5.10 Further work is underway between the pool fund partners to close the pooled gap and address the reported pressures.
- 5.11 There are a number of aligned services which sit outside of the pooled budget which are listed in table 3. These are not under the control of the ICB but are included here for information, decision making around these budgets remains with the LA or CCG.

Table 3

| Aligned Services | | |
|--|-------------|--------------------------|
| Service | Host | Budget £000's |
| Health Protection | PH | 160 |
| Physical Activity | PH | 581 |
| Smoking | PH | 34 |
| Other Public Health | PH | 1,201 |
| Link4Life | PH | 2,586 |
| Management and Strategy | CSC | 241 |
| Shared Services with Bury | CSC | 220 |
| Sufficiency and Access | CSC | 82 |
| School Improvement, Organisation and Personnel | CSC | 824 |
| Educational Psychology/Coordinator | CSC | 445 |
| Regional Adoption Agency | CSC | 1,270 |
| Primary Care | CCG | 7,044 |
| Acute Services | CCG | 47,396 |
| Core Running Costs | CCG | 4,567 |
| Primary Care & Co Commissioning | CCG | 37,489 |
| Other CCG | CCG | 1,689 |
| Total Aligned Services | | 105,829 |

Risk and Policy Implications

- 6.1 The pooled budget has been agreed to be operated in 2019/20. Section 75 of the National Health Service 2006 Act gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed LA functions and prescribed NHS functions.
- 6.2 Under the Section 75 Risk Share agreement, If a revenue overspend or underspend remains at the end of a financial year, the Partners agree that such Underspends and Overspends will be managed based on the initial level of contributions made by each Partner at the start of each financial year. Any over/under spend at the end of the year would be shared pro rata to the initial level of contributions made by each partner.

Consultation

- 7.1 There is no requirement for consultation on the contents of this report other than with the partners i.e. the CCG and the LA. Relevant officers from both organisations have been consulted on the content of this report.

| Background Papers | | Place of Inspection |
|---|-------------------------------|--|
| 8.1 | LA Monitoring working papers | Number 1 Riverside |
| | CCG Monitoring working papers | Number 1 Riverside |
| For Further Information Contact: | | Gareth Davies gareth.davies@rochdale.gov.uk 01706 924888 |

Agenda Item 7

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| Agenda Item | |
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Integrated Commissioning Board



NHS
**Heywood, Middleton
and Rochdale**
Clinical Commissioning Group

| | |
|-------------------------------------|-----------------------------------|
| Date of Meeting- 28th January 2020 | Lead Member- Councillor Rowbotham |
| Portfolio- Integrated Commissioning | Lead Officer- Sam Evans |
| Report Author- Gareth Davies | |
| Public Document | |

Health and Social Care Better Care Fund Budget Monitoring Report – Quarter 3 2019/20

1.Executive Summary

- 1.1 At its March 2019 meeting the Integrated Commissioning Board (ICB) agreed the revised 2019/20 budgets for the Better Care Fund (BCF), this report updates the ICB and the Strategic Place Board (SPB) with the Quarter 3 (October to December 2019) budget monitoring for the BCF for the financial year 2019/20.

2.Recommendation

- 2.1 ICB notes the Quarter 3 monitoring information as at December 2019 period end.
- 2.2 ICB notes that there are contingencies being held for budgets not yet allocated in 2019/20. The revenue position is currently showing a forecast underspend of £75k - the requirement to allocate these funds will be monitored as the year progresses. Should the pooled fund gap remain (currently £823k) and there be an underspend in the BCF at year end, this will be transferred to reduce the gap on the pooled fund.
- 2.3 ICB are asked to approve the carry forward of any unspent capital from 2019/20 to 2020/21. The latest forecast is that £477k will be unspent in 2019/20 as detailed in 5.3-5.5.
- 2.4 ICB note the use of £200k of Adult Social Care Capital Reserves to fund the demand for Disabled Facility Grant adaptations above the level of grant received for 2019/20.

3.Reason for Recommendation

- 3.1 The Strategic Place Board (SPB) have ultimate sign off of the BCF budget as mandated in the BCF Policy Framework and Planning Guidance. The SPB have delegated responsibility for the BCF to the ICB. The revised 2019/20 budget for the BCF was agreed by the ICB in March 2019, this report provides monitoring against those budgets as at September period end.

4.Key Points for Consideration

- 4.1 The BCF revised budget was set at the ICB meeting in March 2019 in line with the BCF Policy Framework and Planning Guidance for 2017-19.
- 4.2 The partners must have a Section 75 agreement to support the BCF budget and this was approved by the ICB at its September 2017 meeting and has now been updated and forms part of the overall pooled Health and Social Care Section 75 agreement for 2019/20.

Alternatives Considered

- 4.3 It is a requirement of the NHSE guidance to produce a budget for 2019/20 which the ICB approved at its March 2019 meeting. This report updates the monitoring against the 2019/20 budget which is a requirement of the Section 75 agreement. Therefore there are no alternatives to consider.

5.Costs and Budget Summary

- 5.1 Table 1 shows the updated 2019/20 revenue budget and the forecast financial position.
- 5.2 Since the last financial update, the forecast revenue underspend has increased by £30k to £75,579, as an expected charge against contingency budgets for GP related IT licences will no longer be charged to the BCF. Should the pooled fund gap remain (currently £823k) and there be an underspend in the BCF at year end, this will be transferred to reduce the gap on the pooled fund.

Table 1 Revenue Budget and Forecast at December period end

| Line No | Scheme | 2019/20 Budget | 2019/20 Spend/ Committed Quarter 3 | 2019/20 Forecast | Variance |
|---------|--|---------------------|------------------------------------|---------------------|-----------------|
| | | £'s | £'s | £'s | £'s |
| | Revenue Expenditure | | | | |
| 1 | Funding of Social Care Services 2019/20 | 18,467,255 | 13,850,441 | 18,467,255 | - |
| 2 | Additional Funding in Adult Social Care notified in Spring Budget 2017 | 1,568,389 | 1,176,292 | 1,568,389 | - |
| 3 | Care Act Implementation | 201,469 | 151,102 | 201,469 | - |
| | Carers Services | | | | |
| 4 | Carers -universal services | 400,668 | 300,501 | 400,668 | - |
| 5 | Carers night sitting service - dementia | 80,000 | 60,000 | 80,000 | - |
| | Carers sub total | 480,668 | 360,501 | 480,668 | - |
| | Reablement Services | | | | |
| 6 | Reablement - dementia support workers | 85,115 | 63,836 | 85,115 | - |
| 7 | Reablement - Intermediate Care dementia flexible workers | 63,048 | 47,286 | 63,048 | - |
| 8 | Reablement - mental health outreach workers | 104,712 | 78,534 | 104,712 | - |
| 9 | Reablement - memory clinic dementia workers | 49,866 | 37,400 | 49,866 | - |
| 10 | Reablement - carers life after stroke | 135,306 | 101,480 | 135,306 | - |
| 11 | Reablement - equipment loan store | 953,491 | 682,958 | 953,491 | - |
| | Reablement sub total | 1,391,538 | 1,011,494 | 1,391,538 | - |
| | Intermediate tier service | | | | |
| 12 | Reablement (STAR's) plus to support the new service | 183,448 | 137,586 | 183,448 | - |
| 13 | Pennine Acute ITS contract | 5,788,919 | 4,341,689 | 5,788,919 | - |
| 14 | Pennine Acute CQUIN - new funding from CCG | 72,361 | 54,271 | 72,361 | - |
| 15 | Winter Pressure Funding Expenditure | 1,108,358 | 831,269 | 1,108,358 | - |
| 16 | Contingency for revenue schemes | 75,579 | - | - | 75,579 |
| | Intermediate Care sub total | 7,228,665 | 5,364,815 | 7,153,086 | - 75,579 |
| | Total Revenue Expenditure | 29,337,984 | 21,914,645 | 29,262,405 | - 75,579 |
| | Income | | | | |
| 17 | Contribution from CCG | - 17,044,502 | - 12,783,377 | - 17,044,502 | - |
| 18 | Contribution from LA | - 9,616,735 | - 7,212,551 | - 9,616,735 | - |
| 19 | Contribution from LA additional Grant notified in 2017 Spring Budget | - 1,568,389 | - 1,176,292 | - 1,568,389 | - |
| 20 | Contribution from LA - Winter Pressure Funding 2019/20 | - 1,108,358 | - 831,269 | - 1,108,358 | - |
| | Total Income | - 29,337,984 | - 22,003,489 | - 29,337,984 | - |
| | (Surplus) income over expenditure | - | - 88,844 | - 75,579 | - 75,579 |

- 5.3 The capital DFG budget is included in table's 2a/2b below. The figures in table 2a include the revised 2019/20 capital allocation and the capital grant carried over from 2019/20.

Table 2a 2019/20 Capital Budgets and Forecasts at December period end

| Line No | Capital Schemes | 2019/20 Budget | 2019/20 Spend/ Committed Quarter 3 | 2019/20 Forecast | Variance |
|---------|---|-------------------|------------------------------------|-------------------|-----------------|
| | | £'s | £'s | £'s | £'s |
| 1a | Disabled Facilities Grant (DFG)- 2019/20 (see allocation below) | 2,632,865 | 2,264,349 | 2,832,865 | 200,000 |
| | Total DFG in allocation below | 2,632,865 | 2,264,349 | 2,832,865 | 200,000 |
| 2 | Capital Grant carried over from 2018/19 | | | | |
| 2a | DFG- Adaptations to Autism Project | 150,000 | 0 | 0 | -150,000 |
| 2b | Adult Social Care and Health Integration Hubs | 422,253 | 0 | 100,000 | -322,253 |
| | Total Capital Schemes | 3,205,118 | 2,264,349 | 2,932,865 | -272,253 |
| 3 | Contribution from LA | -3,205,118 | -2,264,349 | -2,932,865 | 272,253 |
| | Total Capital Contributions | -3,205,118 | -2,264,349 | -2,932,865 | 272,253 |
| | (Surplus) Contribution over expenditure | 0 | 0 | 0 | 0 |

- 5.4 The Autism project will not be completed this year, and therefore the capital budget of £150k for adaptations will be carried forward to 2020/21
- 5.5 Work is underway to progress the Adult Social Care and Health Integration Hubs, with a number of sites identified across various localities. It is anticipated that around £100k of the capital allocation will be required in 2019/20, and that the remaining £322k will be carried forward to 2020/21.
- 5.6 Demand for DFG adaptations has continued to be high in 2019/20, and the overall grant allocation has been lower than in previous years. To manage this demand, the Adult Social Care Service has agreed to release £200k of Capital Grant Reserves to top up the DFG budget available in 2019/20 and help meet demand. Details of the DFG spend by scheme type are shown in table 2b. Progress on the DFG budgets will be updated in future monitoring report to the ICB.

Table 2b Allocation of DFG Budget and Forecast included in table 2a above

| Line No | Allocation of DFG | 2019/20 Budget | 2019/20 Spend/ Committed Quarter 3 | 2019/20 Forecast | Variance |
|---------|---|------------------|------------------------------------|------------------|----------|
| | | £'s | £'s | £'s | £'s |
| 4 | Main DFG Budget(including additional amount) | 590,000 | 977,000 | 1,200,865 | 610,865 |
| 5 | Fast Track DFG | 1,100,000 | 1,093,759 | 1,300,000 | 200,000 |
| 6 | DFG Top Up Grants | 50,000 | 8,287 | 11,000 | -39,000 |
| 7 | Minor Adaptations | 100,000 | 40,000 | 55,000 | -45,000 |
| 8 | Assistive Technology | 180,000 | 26,000 | 35,000 | -145,000 |
| 9 | Dementia / Falls / Excess Cold grants | 50,000 | 10,765 | 16,000 | -34,000 |
| 10 | Stair Lift replacement programme | 100,000 | 50,000 | 70,000 | -30,000 |
| 11 | Adaptations repairs | 35,000 | 16,038 | 20,000 | -15,000 |
| 12 | Housing Options for Older People (HOOP) service | 40,000 | 40,000 | 40,000 | 0 |
| 13 | Care Home grants | 200,000 | 2,500 | 40,000 | -160,000 |
| 14 | Contribution to RBH new build properties for service users who we are unable to adapt for | 50,000 | 0 | 45,000 | -5,000 |
| 15 | Walking aids | 15,000 | 0 | 0 | -15,000 |
| 16 | Contingency | 122,865 | 0 | 0 | -122,865 |
| 17 | Allocation of Adult Social Care Capital Grants Unapplied | 200,000 | 0 | 0 | -200,000 |
| | Total | 2,832,865 | 2,264,349 | 2,832,865 | 0 |

5.7 Table 3 shows a progress report on each of the schemes in the DFG programme.

Table 3 Details of Proposed DFG Schemes 2019/20

| Scheme | Update December 2019 |
|--|---|
| Main DFG Budget (including additional amount) | There has been an increase in referrals for more complex and multiple adaptations costing in excess of £8,000. |
| Fast Track DFG | As above. The non means tested grant is benefitting many people who would otherwise have a contribution and potentially not proceed. Administratively more efficient too. |
| DFG Top Up Grants | 1 case fully paid. A number of cases expected to be approved have withdrawn, which has led to a reduced forecast. |
| Minor Adaptations | Demand for the larger minor adapts still high, although not as high as in Q1. Many undertaken by property services and costs don't always come through on a monthly basis, so spend often takes a few months to catch up. Revised forecast on the basis that there has been a slight reduction and there is an increasing trend for some of the major minors to be linked to a DFG, which is reflected in the increased spend and forecast for DFG and Disabled Home Repairs above. |
| Assistive Technology | AT purchases as and when required. Fewer purchases in Q3, as no investment has been made in new Careline units, as there is speculation about whether a new unit will be launched soon in preparation for the digital switchover in 2025. |
| Dementia / Falls / Excess Cold grants | Referrals still coming through but quite a number have been linked to a full DFG, as when assessed further, the service user have needed larger adaptations, so all the works have been linked together as a DFG. |
| Stair Lift replacement programme | Continue to replace stair lifts over 5 years old. Not a significant number left and these will be slower to replace as some service users are refusing to have the old lift removed. Still anticipating to have most replaced by the end of Q4. |
| Adaptations repairs | Numerous cases being worked on. Forecast reduced, as some of the disrepair cases have turned into full DFG, as the works are more extensive and the needs of the service user have changed. |
| Housing Options for Older People (HOOP) service | This funding has now been paid to RBH. |
| Care Home grants | Made offer to care homes of part funding for electronic records systems. Awaiting expressions of interest and expect to run the programme over current and next financial year, with £100,000 in current year and £100,000 in 20/21 |
| Contribution to RBH new build properties (for service users who the LA are unable to make adaptations) | 1 build ongoing for 2 disabled children, we are expecting the build to be completed before year end so costs likely to be invoiced before end of Q4. |
| Walking aids | No requests have been made for this additional funding so far, the expectation is that it will not be required. |
| Contingency | No contingency as utilised on DFG and Disabled Home Repairs expected expenditure. |

6.Risk and Policy Implications

- 6.1 Any risk of operating the BCF in 2019/20 is covered in the Section 75 agreement which was agreed by the ICB in September 2017 and has now been updated and included in the revised Section 75 report for the whole of the pooled Health and Social Care budgets.
- 6.2 Most of the budgets in the BCF are fixed price contracts but there are demand led budgets which could pose a financial risk mainly around the provision of equipment. Regular monitoring will allow commissioners to mitigate any risks and contingencies are included in both the capital and revenue budgets which could be used to mitigate risks.

7.Consultation

- 7.1 There is no requirement for consultation on the contents of this report other than with the partners i.e. the CCG and the LA. Relevant officers from both organisations have been consulted on the content of this report.

| 8.Background Papers | Place of Inspection |
|---|--|
| 8.1 LA Monitoring working papers CCG Monitoring working papers | Number 1 Riverside Number 1 Riverside |

| | |
|---|--|
| For Further Information Contact: | Gareth Davies gareth.davies@rochdale.gov.uk 01706 924888 |
|---|--|

Agenda Item 9

Report to the Integrated Commissioning Board for a Decision



NHS
**Heywood, Middleton
and Rochdale**
Clinical Commissioning Group

Date of Meeting – 28th January
2020

Portfolio-Integrated
Commissioning

Lead Member - Councillor Ahmed

Report Author – Sarah Kay

Lead Officer- Sally McIvor, Director of
Commissioning (DASS)
NHS HMR CCG

Public Document

Alzheimer's Society grant agreement 2020/21

Executive Summary

- 1.1 ICB members are asked to approve a 12 month HMR CCG grant to the Alzheimer's Society for the coming financial year 2020/21 for £156,002.
- 1.2 12 month grants have been issued to The Alzheimer's Society since September 2016. The grant agreement supports the provision of the post diagnostic support for people diagnosed with dementia in HMR.
- 1.3 The overarching aim of the service is to ensure that all people with dementia and their carers live well with dementia in line with the values enshrined within "Living well with dementia"
- 1.4 To achieve these aims the CCG commissions the Alzheimer's Society to provide Dementia Advisors, a Side by Side service and Wellbeing cafes for Heywood, Middleton and Rochdale residents

Recommendation

- 2.1 **Option 2** – Approval is given to re-issue the grant agreement for 12 months at the same funding level as 19/20 dependent on NHS England guidance.

Reason for Recommendation

- 3.1 The grant will support continuation of post diagnosis dementia services to the residents of HMR living with dementia and their carers.

- 3.2 The Alzheimer's Society will introduce Dementia Connect in HMR in line with the priorities set out in the NHS Long term plan and gives Rochdale the opportunity to be one of the first places in the country to "go live" with this service.
- 3.3 The service delivered by the grant supports the CCG and RBC to deliver its priorities for dementia in line with the GM project Dementia United and priorities identified locally by the local Dementia Partnership steering group.

Key Points for Consideration

The services the contact delivers

- 4.1 The aims of service are reinforced by The NHS Long term plan which states that in supporting people to age well "We will continue working closely with the voluntary sector, including supporting the Alzheimer's Society to extend its Dementia Connect programme which offers a range of advice and support for people following a dementia diagnosis".
- 4.2 The Dementia Advisors are based in the Pennine Care Memory Assessment service and form part of the dementia diagnosis and post diagnosis pathway and offer ongoing advice, information and support to people living with dementia and their carers.
- 4.3 The Side by Side service links people living with dementia to volunteers so they can keep doing the things they want to do.
- 4.4 There are three Wellbeing Cafes established in Milnrow, Heywood and Middleton for people to meet up with others who have similar issues and concerns. Guest speakers from various organisations are invited to the cafes to provide information on the help and support they can provide.
- 4.5 The Alzheimer's Society have developed an enhanced service offer through their Dementia Connect service providing a new personalised support service that puts people in touch with Dementia Advisers via telephone or online. Rochdale will be one of the first places in the country to go live with this new service and is on track to start delivery from April 2020. The provider has confirmed that this enhanced offer will be provided to HMR at the same cost as the current provision.

Performance and outcomes

- 4.6 The Alzheimer's Society have been providing a service in HMR since September 2016 via grant agreements using the NHS England grant agreement template.

4.7 Commissioners have a high level of confidence in the current delivery of the service. Whilst there are no Key Performance Indicators in line with the requirements of issuing NHS grant agreements, quarterly activity monitoring is provided demonstrating that the services are well utilised. Feedback from people using the service is also provided to commissioners and this is overwhelmingly positive.

4.8 Options considered

- **Option 1** – Do nothing. The grant agreement will end on 31 March 2020 and the service ends. This would leave the residents of HMR with no access to these dementia post diagnostic support services.
- **Option 2** – Re-issue the grant agreement for 12 months at the same funding level as 19/20 dependent on NHS England guidance.

Costs and Budget Summary

5.1 The value of the grant for 2019/20 is £156,002. It is proposed that this level of funding remains the same for 2020/21 dependent on NHS England guidance.

Risk and Policy Implications

6.1 The NHS Mental Health Implementation Plan 2019/20 – 2023/24 sets out the opportunities for Voluntary, Community and Social Enterprise (VCSE) Sector leadership in delivery and implementation. The plan states that “The VCSE also plays an essential role in the delivery of LTP ambitions.” The issuing of a further one year grant will support the aims of the long term plan.

6.2 If the Alzheimer’s Society are not issued with funding via a grant they will not be able to deliver the Dementia Connect service which has been identified as a priority in the NHS Long term plan for Supporting people to age well.

Consultation

7.1 The provider consults with services users to improve the service in line with feedback.

Background Papers

Place of Inspection

8.1 There are no background papers

For Further Information Contact:

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Agenda Item 10

Report to the Integrated Commissioning Board for Decision



Date of Meeting – 28th January
2020

Portfolio-Integrated
Commissioning

Report Author- Sara Kay

Lead Member- Councillor Ahmed

Lead Officer- Sally McIvor, Director of
Commissioning (DASS)
NHS HMR CCG

Public Document

Rochdale & District Mind contracting options from 1 April 2020

1. Executive Summary

- 1.1 Members are asked to approve an exemption to extend the current Rochdale & District Mind contract for a further 12 months from 1 April 2020 to 31st March 2021 to allow the completion of a service review in line with wider prevention services.
- 1.2 The recurrent CCG contract value is £369,036; the non-recurrent value is £53,896 excluding CQUIN payment. The Local Authority contribution is £122,235.
- 1.3 Members are asked to agree that the decision to tender the new model and subsequent contract award is delegated to the Director of Strategic commissioning.
- 1.4 The aim of the contract is to improve mental health and wellbeing across the borough. The focus is on prevention, raising awareness of mental health and promoting self-help. Services include work experience opportunities, counselling, therapy and a dementia family link service.

2. Recommendation

- 2.1 **Option 3:** That the Board approve an exemption to extend the current contract for a further 12 months from 1 April 2020 to 31st March 2021 to allow the completion of a service review in line with wider prevention services.

3. Reason for Recommendation

- 3.1 The council and CCG are conducting a wider review of prevention services and are seeking to review mental health prevention services alongside this process to ensure a whole system approach. It is therefore sensible to seek to extend the current arrangements to give time for this process to be concluded. It is intended that the service review will be completed with the aim of an open tender exercise beginning by September 2020 and a new service to commence from 1 April 2021.
- 3.2 The service review will consider service quality, value for money, demand and how the services meet CCG, Local Authority and Public Health strategic priorities including those set out in the NHS Long Term plan.

4. Key Points for Consideration

- 4.1 HMR CCG hold an NHS standard contract with Rochdale and District Mind to provide mental health services to people living in Heywood, Middleton and Rochdale.
- 4.2 The contract Co-ordinating Commissioner is HMR CCG with Rochdale Borough Council (including Public Health and Wellbeing) as a co-commissioner. This contract has been in place since 1st April 2014 with 12 month contracts being issued from 1st April each year since then. The current 12 month contract expires on 31st March 2020 with no option to extend.
- 4.3 The overarching aim of the services is for people to have better mental health and wellbeing across Heywood, Middleton and Rochdale. The focus is on prevention and raising awareness of mental health and promoting self-help. A summary of service user outcomes over a six month period showed over 50% of those using Mind services in HMR reported an increased sense of hope, increased confidence, increased self-esteem and increased feelings of relaxation. Additionally service users reported feeling less dependent on medication and used professional support less. A reduction in GP appointments was also reported.

The services

- 4.4 Mind provide a number of non-statutory services including the following:
- 4.5 The **community business service** provides work experience opportunities in two cafes and an allotment with the aim of improving participants' independence by building confidence and self-esteem, and reducing social isolation.
- 4.6 The aim of the **Wellbeing Service** is to promote positive mental health by focusing on wellbeing, recovery and social inclusion by providing a range of self-help tools and wellbeing activities including groups and courses.

- 4.7 **Psychological services** provide an opportunity for clients to engage in individual counselling and therapy groups with the aim of supporting people to manage their mental health issues and lead a more fulfilling and productive life.
- 4.8 The aim of the **Rochdale offenders mental health project** is to empower and equip offenders with the skills to manage and maintain their mental health and wellbeing as part of their rehabilitation. The project offers a range of face to face, telephone and group support including one-to-one coaching sessions, access to Rochdale and District Mind's programme of wellbeing activities and courses, and supported signposting to community, educational, art, exercise, social and leisure facilities. The service also works with families of offenders to manage any stresses and anxieties they may have as a result of the offending behaviour.
- 4.9 The **Mind Wellbeing centre** offers a 'hub' including a point for access and offers a range of services that individuals can use to improve their mental health. The focus is on prevention and raising awareness of mental health and promotes self-help wherever possible. Information, advice and signposting through a helpline, wellbeing directories and outreach sessions is also provided.
- 4.10 The **Dementia Shifa family link worker service** will offer person-centred support to people living in the community with memory changes or a diagnosis of dementia, to enhance their ability to live well and Independently, with ongoing support for carers and family members working towards tailoring dementia care services to diverse communities.

Performance and outcomes

- 4.11 We have a high level of confidence in the current delivery of the service, with performance targets being met over the course of the year and in some instances exceed the targets.
- 4.12 **Options considered**
- Option 1:** Do nothing - The contract will end on 31 March 2020 and the services ends. This would leave the residents of HMR with no access to these prevention level mental health services.
- Option 2:** Do not issue a new contract from 1 April 2020 and go to procurement with immediate effect with a view to the provider being in place by June 2020. This means the service would be delivered outside of contract for two months and procurement would be done without the benefit of a service review.
- 4.13 **Option 3:** That the Board approve an exemption to extend the current contract for a further 12 months from 1 April 2020 to 31st March 2021 to allow the completion of a service review in line with wider prevention services.

5. To Costs and Budget Summary

5.1 The recurrent CCG contract value will be £369,036 and non-recurrent value of £53,896 excluding CQUIN payment, with Local Authority contributions to be £122,235. There is also the potential for the provider to earn an additional quality payment on the recurrent CCG contract value via the CQUIN scheme to the value of £4,612. Local Authority funding is reduced by £11,031 from the 19/20 contract value. We do not anticipate any loss of service as a result of the funding reduction. It should also be noted that funding will be subject to any guidance published by NHS England in relation to NHS standard contracts. The £53,896 non recurrent CCG contribution is subject to the outcome of commissioning intentions which should be finalised before the end of the 19/20 financial year.

| | R/NR | Contract Value |
|-----------------------------|---------------|----------------|
| CCG Contract | Recurrent | 369,036 |
| Open Young Minds | Non-Recurrent | 53,896 |
| Rochdale Borough Council | Recurrent | 122,235 |
| Public Health and Wellbeing | Recurrent | - |
| | | 545,167 |

Risk and Policy Implications

- 6.1 The NHS Mental Health Implementation Plan 2019/20 – 2023/24 sets out the opportunities for Voluntary, Community and Social Enterprise (VCSE) Sector leadership in delivery and implementation. The plan states that “The VCSE also plays an essential role in the delivery of LTP ambitions.”
- 6.2 The risk of not providing access to preventative mental health and wellbeing is that we may see increased demand for primary and secondary care mental health services.

Consultation

- 7.1 If approved commissioners will work with providers, stakeholders and service users during the service review process to shape future service delivery.

8. Background Papers

Place of Inspection

For Further Information Contact:

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Agenda Item 12

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Agenda Item 13

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of the Local Government Act 1972.

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