

Public Document Pack



Meeting of: Integrated Commissioning Board
Date: Tuesday, 29th September, 2020
Time: 3.30 pm.
Venue: Zoom / YouTube

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 To consider the minutes of the meeting of the Integrated Commissioning Board meeting held on 25 August 2020. | 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 | Phase 3 NHS Response (part 1) | 8 - 11 |
| | To receive the attached report from the Director of Integrated Systems Development | |
| 7 | 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. | |
| 8 | Phase 3 NHS Response (part 2) | 12 - 17 |
| | To receive the attached report from the Director of Integrated Systems Development | |
| 9 | Update on acute hospital site reconfiguration | 18 - 77 |
| | To consider the attached report of the Director of Integrated Systems Development | |
| 10 | Preventative Mental Health and Wellbeing service: contracting options from 1 April 2021 | 78 - 83 |
| | To consider the attached report from the Director of Commissioning | |
| 11 | Eating Disorders (Adults) | 84 - 88 |
| | To consider the attached report of the Director of Commissioning | |
| 12 | Dementia: Post Diagnosis Support Service (Alzheimer's Society) | 89 - 100 |
| | To consider the attached report from the Director of Commissioning | |
| 13 | Recommissioning of Adult Care prevention Contracts | 101 - 107 |
| | To consider the attached report from the Director of Commissioning | |

**14 Commissioning intentions- The provision of Healthwatch and
Advocacy services-Options appraisal**

108 - 121

To consider the attached report from the Director of Commissioning

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

Agenda Item 2

INTEGRATED COMMISSIONING BOARD

MINUTES OF MEETING Tuesday, 25 August 2020

PRESENT: G. Burgess (Independent Chair); Rochdale Borough Council - Councillors Brett, Heakin and Rowbotham; HMRCCG – Dr Bodrul, D. Dawson, J. Newton, Dr York.

OFFICERS: S. Rumbelow (Chief Executive / Accountable Officer), S. McIvor (Director of Commissioning), G. Hopper (Director of Children’s Services), N. Thornton (Director of Resources), J. Murphy (Chief Finance Officer), T. Harrison (Assistant Director – Commissioning), N. Baig (Assistant Director – Commissioning), S. Croasdale (Director of Integrated Systems Development), K. Hurley (Director of Operations and Executive Nurse), P. Dickinson (Communications & Engagement Manager), G. Davies (Finance Manager - Adult Social Care & Public Health), M. Garraway (Committees & Constitutional Services Manager).

APOLOGIES FOR ABSENCE: Councillor Iftikhar Ahmed and Dr Duffy

**27 MINUTES
RESOLVED**

That the minutes of the meeting of the Integrated Commissioning Board held on 28 July 2020 be approved as a correct record.

28 DECLARATIONS OF INTEREST

There were no declarations of interest in relation to the agenda items to be considered.

**29 HEALTH AND SOCIAL CARE POOLED BUDGET MONITORING REPORT
JULY 2020**

Consideration was given to a report of the Chief Finance Officer – Health & Social Care Integration, updating the Integrated Commissioning Board on the financial position of the pooled budget for the financial year 2020/21 as at the end of July 2020.

Members were informed the Covid-19 pandemic has caused a change in funding arrangements for the Clinical Commissioning Group, and there is uncertainty around the impact will have on both partners.

The CCG opening pool gap on the Health & Social Care pooled budget for 2020/21 was £4.1m. As at the end of July 2020 a £0.5m pool pressure in relation to Adult Social Care budgets. This had reduced from a £2m pressure reported in May primarily due to a non-recurrent £1m additional contribution from the Clinical Commissioning Group towards the cost of expensive placements and a forecast £0.5m underspend due to a reduction in residential placements.

Alternatives considered

It is a requirement of the Local Authority and National Health Service England to monitor budgets. This report updates the monitoring against the 2020/21 budget which is a requirement of the Section 75 agreement. Therefore no alternatives were considered.

RESOLVED

That the Health and Social Care Pooled Budget Monitoring Report be noted.

Reason for resolution

To comply with budget monitoring requirements.

30 THIRD PHASE OF NHS RESPONSE TO COVID-19

Consideration was given to a report of the Director of Commissioning detailing changes to ways in which the NHS was required to work in response to the Covid-19 pandemic.

Specifically the NHS had been asked to

- Restore full operation of all cancer services
- Recover Maximum elective activity prior to winter
- Restore delivery in community services and primary care
- Improve and expand mental health services and services for people with learning disabilities and or autism

Preparation for winter is required with the understanding that there may be a resurgence in COVID activity including

- Maintaining NHS staffing beds and capacity
- Delivering and expanded flu programme
- Expanding the offer of 111 First to reduce the demand on the hospital system
- Continued work with Local Authorities to support resilient social care services.

Additionally, there was a requirement to ensure that lessons are learnt from the initial covid response including workforce. The new NHS People plan "We are the NHS people plan for 20/21- actions for us all" has been published with a range of expectations for NHS organisations

- Keeping staff well
- Actions to address inequalities experienced by some staff including BAME staff
- New ways of working
- Growing the workforce

Alternatives considered

No alternatives were considered.

RESOLVED

That the report be noted.

Reason for resolution

The actions and developments in health are due to direct guidance from NHS England and NHS improvement.

31 EXCLUSION OF PRESS AND PUBLIC RESOLVED

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

Reason for resolution

Should the press and public remain during the 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.

32 ADULT SOCIAL CARE FEES 2021/22 – OPTIONS FOR CONSULTATION

Consideration was given to a report of the Assistant Director (Commissioning) which sought approval for consultation of proposed fee rate structure for a range of Adult Social Care services delivered by externally commissioned providers in Rochdale Borough; along with proposals to ensure that all care workers in all settings will be paid the Real Living Wage by 2023/24.

It was discussed that the Integrated Commissioning Board supports proposals to ensure that all workers are paid the Real Living Wage by 2023/24, concerns were raised regarding the financial viability within the current climate.

Alternatives considered

The Integrated Commissioning Board could set out alternative options provided the Council is able to set a balanced budget and manage the Adult Social Care Market to ensure adequacy of services to meet needs and demands of citizens seeking care and support.

RESOLVED

That the report be deferred to a future meeting of the Integrate Commissioning Board to enable the Chief Executive /Accountable Officer explore further alternative options for the funding of the proposals.

Reason for resolution

To enable further consideration of the proposals.

33 PRESENTATION - URGENT CARE SYSTEM

Consideration was given to a report of the Assistant Director – Commissioning outlining the One Rochdale Health and Care approach to the development of Urgent care, which included

- The progress made against the urgent care strategy for Rochdale and the Urgent care 10 point plan with changes made as a result of the impact of the COVID 19 pandemic.
- The progress made with the development of the Urgent care by appointment model and the its constituent parts including

- The preferred delivery model
- Decisions that need to be made
- The timelines to have the model in place
- The risks benefits and financial implications of the changes.

RESOLVED

That the report be noted.

Agenda Item 6

Report to Integrated Commissioning Board



Date of Meeting 29th September 2020
Portfolio Public Health and Wellbeing
Report Author Nadia Baig
Public/Private Document Public

Third Phase of NHS response to COVID 19 –Update

Executive Summary

1. The response to the Covid-19 pandemic has required changes in ways of working across health and social care in order to meet the needs of the population.
- 1.1 This report updates the Integrated Commissioning Board with regard to the third Phase of NHS response to COVID 19 in the following areas
 - the initial process adopted in Rochdale to support system readiness
 - the second submission to Greater Manchester
 - the other returns required as part of this process
 - next steps for the Rochdale system

Recommendation

2. The integrated commissioning board is asked to note the content of the report and the context provided around the capacity of the health system to respond to the targets set out in the phase 3 guidance.

Reason for Recommendation

3. To support the maintenance of the health and care system for the benefit of the local population

Key Points for Consideration

4. National Requirements
 - 4.1 The correspondence and subsequent guidance from NHS England and NHS improvement set out a series of targets for the NHS system in the following areas.
 - 4.2 Specifically the NHS is asked to
 - Restore full operation of all cancer services
 - Recover Maximum elective activity prior to winter
 - Restore delivery in community services and primary care
 - Improve and expand mental health services and services for people with learning disabilities and or autism
 - 4.3 Preparation for winter is required with the understanding that there may be a resurgence in COVID activity including
 - Maintaining NHS staffing, beds and capacity
 - Delivering an expanded flu programme
 - Expanding the offer of 111 First to reduce the demand on the hospital system
 - Continued work with Local Authorities to support resilient social care services
- 5 **Submissions to Greater Manchester**
 - 5.1 Submissions have been required within the national guidance from each area with a summary plan submitted by 1st September 2020 and final plans outlining all actions by the 21st September 2020. Plan submissions are required at a Sustainability Transformation Partnership (STP) level. This meant a Greater Manchester level submission by the 1st September with local care organisation responses which were required by the 24th August.
 - 5.2 Further guidance has followed the initial letter with details around how systems are expected to respond. In addition further guidance is arriving on a regular basis with regard to the expectations of the system.
 - 5.3 The latest version of the Greater Manchester Submissions includes separate requirements for returns around Mental Health, the People Plan, Health Inequalities and Cancer.
- 6 **The Rochdale approach**
 - 6.1 The Rochdale approach to the phase 3 requirements has been as follows. A clear commitment was gained from the Local Care Organisation leadership to a joined up system response. An overall plan is being used to monitor progress in each area as outlined in the initial letter from NHS England and NHS Improvement. This is supported by weekly meetings of commissioner and provider leads reporting into a sub group of the Local Care Organisation Executive team.

6.2 Links are established across the North East Sector and Greater Manchester to support the system response to the phase 3 planning process to ensure the best possible results for our Rochdale population.

7 **Rochdale Submissions**

7.1 There have been two submissions of activity data to date. The submissions from Provider and Commissioner have been aligned in terms of methodology used however the data is not identical as both have different reference points. The acute provider is reporting on all patients treated on the hospital sites, commissioners are reporting on the activity relating to the residents of Rochdale irrespective of hospital site.

8 **Feedback on first submission and preparation for final submission**

8.1 Regional and GM feedback has been received on the first submission. Concern has been expressed about a lack of alignment of CCG and provider plans. The group is asked to note that the submissions from our main acute provider (Pennine Acute Hospitals) will never precisely match our return for the following reasons

- The hospitals are reporting on all patients they treat and as commissioners we are reporting on all activity for the residents of Rochdale irrespective of location of treatment
- Specialist commissioned activity is a separate category.

8.2 Whilst the numbers will not be identical significant work has gone into ensuring the methodology applied by provider and commissioner is shared and understood.

8.3 There is also feedback in relation to the failure to meet the targets set out in the initial phase 3 communications. It is understood that Greater Manchester has forecast lower acute restoration achievement than other parts of the North West of England and that the North West of England has forecast lower achievement than the rest of England.

9 **Next Steps**

9.1 Work will continue on the data based submissions following feedback from Greater Manchester and the North West Region. It is anticipated that there will be further challenge across all areas to maximise restoration of activity. The potential for an increase in COVID related activity will make this even more challenging for the system in Rochdale and across Greater Manchester.

9.2 As outlined in there is also further work to take place on the local people plans, inequalities plans and other submissions around mental health, cancer and finance.

9.3 As a local system the aim is to take the information from the second return and to commence development of an operational plan to support how the system will

achieve the activity volumes within the plans. This is intended to include collaboration across the Rochdale footprint. This will also include plans for pathway changes and communication with patients.

- 9.4 The Local Care Organisation Executive will manage the over-arching plan which ensures all requirements of the Phase 3 response are considered across the locality. This group will also monitor the relative risk around maximising the restoration of activity and the levels of covid related activity.
- 9.5 In Greater Manchester further work is also underway to determine the impact financially and operationally of a number of programmes of work including
- Urgent care by appointment
 - Implementation of the Rapid Diagnostic centre model for Manchester Foundation Trust
 - Identification of additional diagnostic capacity
- 9.6 The full impact of the above schemes will need to be factored in once they are determined.

| |
|---------------------------------|
| Costs and Budget Summary |
|---------------------------------|

- 10 Finance returns are a separate submission.

| |
|-------------------------------------|
| Risk and Policy Implications |
|-------------------------------------|

- 11 The submission includes a number of risks.
- The Plans will add to financial pressures due to covid related impact on baseline productivity.
 - Potential to not be able to resource the plans due to financial constraints
 - Demand remains relatively uncertain including future covid patterns
 - Potential for changes in provider capacity
 - Potential further impact from COVID related activity

| |
|---------------------|
| Consultation |
|---------------------|

12. This paper has been written in consultation with senior leaders from both the SCF and LCO

| Background Papers | Place of Inspection |
|---|----------------------------|
| 13. There are no background papers for the submitted report | |

| | |
|---|--|
| For Further Information Contact: | Nadia Baig Nadiabaig@nhs.net 07896996301 |
|---|--|

Agenda Item 8

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

Document is Restricted

Agenda Item 9

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

Document is Restricted

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

Document is Restricted

Document is Restricted

Agenda Item 10

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

Document is Restricted

Agenda Item 11

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

Document is Restricted

Agenda Item 12

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

Document is Restricted

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

Document is Restricted

Agenda Item 13

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

Document is Restricted

Agenda Item 14

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

Document is Restricted