

## **INTEGRATED COMMISSIONING BOARD**

### **MINUTES OF MEETING Tuesday 27<sup>th</sup> October 2020**

**PRESENT:** G. Burgess (Independent Chair); Rochdale Borough Council – Councillors D Ali, Brett, Heakin and Emsley (substituting for Councillor I Ahmed); HMRCCG – Dr B Alam, D. Dawson, Dr C. Duffy, J. Newton.

**OFFICERS:** S. Rumbelow (Chief Executive / Accountable Officer), S. McIvor (Director of Commissioning), G. Hopper (Director of Children’s Services), N. Thornton (Director of Resources), T. Harrison (Assistant Director – Commissioning), N. Baig (Assistant Director – Commissioning), K. Hurley (Director of Operations and Executive Nurse), J. Evans (Deputy Chief Finance Officer – Health & Social Care Integration) and A. James (Committees and Constitutional Services)

**ALSO IN ATTENDANCE:** Dr A. York (HMRCCG)

#### **45 APOLOGIES**

Apologies for absence were received from Councillor I. Ahmed and S. Evans.

#### **46 MINUTES**

Resolved

1. That the minutes of the meeting of the Integrated Commissioning Board held on 29<sup>th</sup> September 2020 be approved and signed as a correct record.

#### **47 DECLARATIONS OF INTEREST**

Doctor Duffy and Councillor Heakin declared interests insofar as they related to the LCO within any of the items to be considered on the Agenda.

#### **48 TERMS OF REFERENCE REVIEW**

The Board considered a report of the Director of Resources which advised that following changes by the Leader to the Council’s Executive Portfolio’s, amendments were required to the Terms of Reference for the Integrated Commissioning Board.

The Terms of Reference were adopted at the meeting of the Integrated Commissioning Board held on 27 August 2019 and provides Members of the Board an opportunity to review the effectiveness of those terms in light of recent challenges.

The Finance, Performance & Risk Sub Group have reviewed the agreed Terms of Reference in light of a review its own performance.

Alternatives considered:  
No alternatives were considered.

Resolved:

1. That the revised Terms of Reference for the Integrated Commissioning Board as attached at appendix 1 to the submitted report be approved;
2. That the Terms of Reference of the Finance, Performance & Risk Sub Group as attached at appendix 2 to the submitted report be approved.

Reasons for the recommendation:  
To reflect changes to Cabinet Portfolio's and operational decision making of both organisations.

#### **49 PRESENTATION - PENNINE ACUTE TRANSACTIONS**

The Board considered the report from the Assistant Director of Commissioning and a presentation from the Transaction Director, Northern Care Alliance that advised that Rochdale Commissioners are working with providers and are sighted on the development of the Business case to support the Pennine Transaction.

The transaction was in 2 parts

- the Manchester Foundation Trust acquisition of the North Manchester site;
- the Northern Care Alliance acquisition of the Fairfield, Rochdale and Oldham Hospitals;

The development of the Transaction business case followed after the confirmation of the of the North East Sector Services strategy. This was developed in collaboration with North East Sector CCG's and Manchester Health and Care Commissioning.

The report and presentation updated the Board on the development of plans by the Northern Care Alliance across the Salford, Bury, Rochdale and Oldham footprint and the the broad plans for development across the North East Sector of Greater Manchester.

Resolved:

1. That the report and presentation be noted.

#### **50 BETTER CARE FUND BUDGET MONITORING QUARTER 2 2020/21**

The Board considered the report of the Chief Finance Officer – Health and Social Care Integration which advised that at its May 2020 meeting, the Board had agreed the revised 2020/21 budgets for the Better Care Fund (BCF) and that this report updates the Board and the Strategic Place Board (SPB) with the Quarter 2 (April to September 2020) budget monitoring for the BCF for the financial year 2020/21.

Alternatives considered:

It is a requirement of the NHSE guidance to produce a budget for 2020/21 which the Board approved at its May 2020 meeting. The report updates the monitoring against the 2020/21 budget which is a requirement of the Section 75 agreement. Therefore there are no alternatives to consider.

Resolved:

1. That the Quarter 2 monitoring information as at Sept 2020 period end be noted;
2. It be noted that there are contingencies being held for budgets not yet allocated in 2020/21 of £37k and a forecast underspend against the equipment store budget of £118k giving a total forecast revenue underspend of £155k;
3. That the forecast underspend against capital budgets of £318k in relation to the Autism Project adaptations (£150k) and the INT hubs (£168k), both of which are now expected to be spent in 2021/22 be noted.

Reasons for the decision:

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 2020/21 budget for the BCF was agreed by the ICB in May 2020, this report provides monitoring against those budgets as at September period end.

## **51 HEALTH AND SOCIAL CARE POOLED BUDGET MONITORING REPORT SEPTEMBER 2020**

The Board considered the report of the Chief Finance Officer – Health and Social Care Integration which provided an update on the financial position of the pooled budget for the financial year 2020/21 as at the end of September 2020. The pooled budget excludes the Better Care Fund (BCF) which is being reported separately to the Board in 2020/21. The pooled budget has been amended to take into account the savings previously reported to the Board.

Alternatives considered:

The operation of a formal pool in 2020/21 builds on the shadow pool that was operated by the Board in 2017/18 and is in line with 2018/19 & 2019/20 reporting; therefore there are no alternatives to consider.

Resolved:

1. That the break-even position being forecast in relation to non-Covid pool budgets as at the end of September be noted. If the current national finance regime continues for the remainder of this financial year there should be no pressure in relation to health budgets. Early work on the month 7-12 CCG position identifies that the pressure is in the region of £500k - £1m. A further update will be provided in future reports;
2. It be noted that as at the end of September, £12.4m of Covid costs are forecast against the Health & Social Care Pool Budget. £4.6m of these

costs have been reclaimed from the NHS Covid fund, and £7.8m forms part of the Local Authority overall Covid-19 pressure of £36.4m of which £16m Government funding has been received to date;

3. It be noted that the non-Covid break-even position being reported against Adult Social Care is largely due to one off contributions of £1.4m from the CCG towards expensive placements and enhanced Discharge to assess provision, and so further work is required to address the underlying service pressures going forward. To support the addressing of this pressure, it should be noted that the service and the finance team have recently commenced a financial sustainability review along with a review of new operating models to understand the increasing pressures within adult social care and the ongoing impacts of COVID.

Reason for the decision:

The report updates the Board on the Health and Social Care pooled budgets for 2020/21 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.

## **52 HEALTH COMMISSIONING INTENTIONS**

The Board considered a report and presentation from the Director of Integrated Commissioning which advised that in June and July 2020, Board received papers which outlined the next steps in continuing the development of the Strategic Commissioning Function (SCF) and Local Care Organisation (LCO) and the development of the system wide health and care plans. The early thinking in relation to commissioning intentions was presented, with commitment to engage both the health and care system and the public in their further development.

The report and presentation described the Health and Care System Intentions, which include the commissioning intentions. These intentions have been developed following engagement from across the health and care system including senior leaders, local Councillors, lay members and clinical leaders. In addition, a public engagement programme of work has been developed which has started with a series of early conversations to inform our direction of travel. The report described this engagement. A joint ICB/LCO Board development session took place in September which focussed on four key areas with the aim of further defining them.

The report brought together this work, including the response to feedback from engagement and puts forward the Health and Care Intentions and commissioning intentions for approval which will inform decisions about SCF and LCO development, commissioning and service delivery for 2021/2022.

The system intentions are also informed by the system response to the “third phase of NHS response to COVID-19” and subsequent pan-GM discussions with the Greater Manchester Health and Social Care Partnership (GM HSCP).

The direction of travel aligns with the requirements of Phase 3 and will continue to be developed in year.

The report outlined the high-level system and commissioning intentions for approval.

Alternatives considered:

There were no alternatives presented.

Resolved:

1. That the health and care system intentions, including commissioning intentions as set out in the report and presentation be approved.

Reasons for the decision:

To support decisions about SCF and LCO development, commissioning and service delivery for 2021-2022

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

Resolved:

1. 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 the decision:

Should the press and public remain during the debate on the following 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

### **54 PUBLIC HEALTH COMMISSIONING INTENTIONS 2021/22**

The Board considered the report of the Director of Public Health and Wellbeing which sought approval of the recommendations in relation to the Public Health contracts as identified within the submitted report.

Approval was also sought to delegate the signing of any contract extensions or contract award associated with the report to the Director of Public Health and Wellbeing.

Alternatives considered:

No alternatives were presented within the report.

Resolved:

1. That the extension of the Voluntary and Community Sector Infrastructure Support Service by a period of two years (2021/22 and 2022/23) be approved;
2. That going out to tender for the Integrated Sexual Health Service in 2021 in line with contractual requirements be approved;
3. That the continued public health investment in the public health primary care services delivered by Rochdale Health Alliance be approved;

4. That the Director of Public Health and Wellbeing in consultation with the Portfolio Holder for Healthy Lives be authorised to sign any contract extension and contract award documents that are required relating to resolution (1) and (3) above.

Reasons for the decision:

The recommendations made in the report ensure that the Council remains contractually compliant in relation to the services in scope. The context around each separate recommendation was detailed in the 'key points for consideration' section of the report.

## **55 CONTRACT INTENTIONS FOR HEALTH AND CHILDREN'S SOCIAL CARE**

The Board considered the report of the Assistant Director of Commissioning which outlined the contract intentions across the following portfolios:

- Primary health care;
- Planned health care;
- Cancer and End of Life care;
- Urgent Care;
- Children's health and Maternity care including Children's Mental Health;
- Children's social care;
- Mental Health care for adults;

This report sets out the status of the current contract portfolio and noted the requirement to establish and communicate contract intentions for 2021/22.

Alternatives considered:

There were no alternatives presented within the report.

Resolved:

1. That the continuation of the contract negotiations with NHS Trusts for 2021/21 as detailed within 2.1 of the report be approved;
2. That a 12 month service continuation to be put in place subject to a review for determination of the best location for the contracts detailed within 2.2 of the report be approved;
3. That a service review be undertaken to determine ongoing requirements and inclusion of those elements in the LCO contract as detailed within 2.3 of the report be approved;
4. That the procurements as detailed within 2.3 of the submitted the report be approved noting that the procurement in relation to children's placements will be subject to a separate review and not included in this decision.

Reasons for the decision:

To support decisions about commissioning and service delivery for 2021/2022

**56 COMMISSIONING INTENTIONS FOR HEALTH AND CHILDREN'S SOCIAL CARE**

The Board considered the report of the Assistant Director of Commissioning which advised that work has been ongoing to further develop health and children's care intentions, this has been conducted in partnership with Local Care organisation partners.

The report brought together the work including the response, for the commissioning of:-

- Primary health care;
- Planned health care;
- Cancer and End of Life care;
- Urgent Care;
- Children's health and Maternity care including Children's Mental Health; Children's social care;
- Mental Health care for adults.

This report included feedback from engagement and puts forward the commissioning intentions for approval which will inform decisions about commissioning and service delivery for 2021-2022

The implications for health and children's social care contracts were included in a separate report.

Alternatives considered:

There were no alternatives presented within the report.

Resolved:

1. That the commissioning intentions as set out in the submitted report be approved.

Reasons for the decision:

To support decisions about commissioning and service delivery for 2021/2022

**57 ADULT CARE COMMISSIONING PLAN 2021/22**

The Board considered the report of the Assistant Director - Commissioning (Prevention and Adult Social Care) which sought approval of the recommendations in relation to the Adult Social Care contracts as detailed in the submitted report.

Approval was also sought to delegate the signing of any contract extensions or contract award associated with the report to the Director of Strategic Commissioning (DASS) in consultation with the portfolio holder and in accordance with the Council's Constitution/Scheme of Delegation.

Alternatives considered:

No alternatives were presented within the report.

Resolved:

1. That the extension of the Care at Home Service (Adults) - Domiciliary Care contract be approved for two years from the 1st April 2022 to 31st March 2024 in line with current extension provisions contained within the Contract;
2. That the tendering or retendering of the Home Improvement Agency (HIA) services, linked to the disabled facilities grant programme as detailed at 2.2 of the report be approved. This will be achieved by joining the recently retendered Manchester Framework of which the Council are an identified contracting party. The intended contract period is 1st April 2021 to 31 March 2025, with a review on 31 March 2023;
3. That the proposed extension of the Community alarm monitoring service with the existing Provider be approved for a period of 2 years from 1st April 2022 to 31st March 2024 as contained within the contract;
4. That the extension of the lift service and maintenance contract be approved for a period of 2 years from 1 November 2021 to 31 October 2023 in line with current extension provisions contained within the Contract;
5. That the tendering through an appropriate framework for the purchase of equipment and services in relation to Careline and Assistive Technology be approved;
6. That the intention to extend the Hare Hill Extra Care service for a period of 12 months from 1st February 2021 to 31st January 2022 be approved in line with current extension provisions contained within the Contract;
7. That the proposed extension of the Integrated Community Equipment Contract for a period of 1 year from 1st July 2021 to 30th June 2022 be approved in line with current extension provisions contained within the Contract;
8. That the retendering of the Learning Disability Employment Development service be approved. The intended contract would be from 1st April 2021 to 31st March 2022 with an option to extend for 1 year.
9. That the re-tendering of contract 1 pre-paid cards for appointee ships via the North East Procurement Organisation (NEPO) framework for a contract term which runs from 14th February 2021 to 12th of January 2022 be approved. This will bring these prepayment cards in line with those in contract 2;
10. That the re-tender of both contract 1 and contract 2 pre-paid cards to bring them into a single contract be approved, which would take effect from 12th January 2022 to 31st March 2024 which is a period of 26 months with an option to extend for a further two years;
11. That the re-tendering of the Genealogy Service be approved for a period of 16 months 2nd November 2021 to 31st March 2023 with an option to extend for 1 year;
12. That authority be delegated to the Director of Strategic Commissioning (DASS) in consultation with the Portfolio Holder for Social Care and Ageing Well to approve any contract awards and contract extension



documents in accordance with the Council's Constitution/Scheme of Delegation.

Reasons for the decision:

The recommendations made in the report ensure that the council remains contractually compliant in relation to the services in scope. The context around each separate recommendation was detailed below in the 'key points for consideration' section of the submitted report

## **58 ADULT SOCIAL CARE FEES 2021/22 – OPTIONS FOR CONSULTATION**

The Board considered the report of the Assistant Director - Commissioning (Prevention and Adult Social Care) that provided proposed options for the funding of the Real Living Wage (RLW) in the context of the fee setting process for Adult Social Care Fees 2021/22.

Alternatives considered:

No alternatives were presented within the report as the decision at the August meeting was that the decision on the report be deferred to a future meeting of the Integrated Commissioning Board to enable the Chief Executive /Accountable Officer explore further alternative options for the funding of the proposals.

Resolved:

1. That the plan to fund the Real Living Wage for care workers recurrently from April 2021/22 be approved;
2. That it be agreed that fee consultation with the sector can begin in November 2020 on the basis of providing for the Real Living Wage.

Reasons for the decision:

The Council is required 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.

The funding solution identified provides a means of meeting the real living wage for all care workers and full delivery on the Care Workers Ethical Charter.

## **59 FINANCIAL ASSESSMENT (DLA) REVIEW**

The Board considered the report of the Director of Operations (Adult Social Care) which advised that Service users' in receipt of Adult Care services are financially assessed to determine if they are required to make a contribution towards their care package. The financial assessment for non-residential care takes into account all the service users income (including any benefits) and compares this to a nationally agreed 'minimum income guarantee'. Amounts above the minimum income guarantee will be the contribution / charge the service user will be asked to pay towards their care and support.

The report outlined options for consideration with regard to the potential back dating of charges in line with the Councils Local Charging Policy.

Alternatives considered:

The alternatives were outlined within the submitted report.

Resolved:

1. That Cabinet be informed that the Board supports Option 3, no backdating of charges.

Reasons for the decision:

The Board was asked to express a view on which backdating option it supported relating to the backdating of charges for Adult Care Services. As the Policy was a Council Policy, the decision would be taken by Cabinet.

## **60 THE LEARNING DISABILITY & AUTISM PLAN**

The Board considered the report of the Head of Commissioning (Mental Health and Learning Disabilities) which advised that people with learning disabilities and autism form some of the most vulnerable people in the Borough and the report intended to provide members with an overview of the work for these specific client groups.

The Learning Disability and Autism Plans had been developed this year as a local Rochdale response to a GM LD plan and a separate GM Autism plan.

Both plans are for the period April 2020 to March 2021. GM require the LD plan to be supported at Locality Health & Wellbeing Boards and request that locality Chief Executives have sight of the plan. Members were asked to support the plans.

Alternatives considered:

No alternatives were presented within the report.

Resolved:

1. That Learning Disability Plan as outlined for the Rochdale Borough be approved;
2. That authority be delegated to the Director of Strategic commissioning (DASS) and the Learning Disability Partnership Board for the oversight of the delivery plan.

Reasons for the decision:

The Greater Manchester Learning Disability Delivery Group requires all 10 GM localities to report on the learning disability plan to local executive bodies and gain support for the work undertaken.

To ensure our citizens who have learning disabilities and, or, autism are supported to live fulfilling lives.

To ensure compliance with the Greater Manchester Learning Disability plan.

To provide members with an overview of the ongoing work to support people with autism in the borough.