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Meeting of: Integrated Commissioning Board
Date: Tuesday, 23rd February, 2021
Time: 3.30 pm.
Venue: Virtual

The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 Under the provisions of these regulations the location where a meeting is held can include reference to more than one place including electronic, digital or virtual locations such as Internet locations, web addresses or conference call telephone numbers. To attend this meeting it can be watched live as a webcast. The recording of the webcast will also be available for viewing after the meeting has ended.

| Item No. | AGENDA | Page No |
|----------|---|---------|
| 1 | Apologies To receive any apologies for absence. | |
| 2 | 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. | |
| 3 | Minutes To consider the minutes of the meeting of the Integrated Commissioning Board held on 26 January 2021. | 4 - 7 |
| 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 Health and Social Care Pooled Budget Monitoring Report January 2021 8 - 19

To consider the attached report of the Cabinet Member for Social Care and Ageing Well/ Chief Finance Officer (Health & Social Care Integration).

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 Autism Project: procurement of specialist provision 20 - 24

To consider the attached report of the Portfolio Holder for Social Care and Ageing Well / Assistant Director of Commissioning

9 Adult Social care Prevention Service: Contract Award 25 - 31

To consider the attached report of the Portfolio Holder for Social Care and Ageing Well / Assistant Director of Commissioning

10 Residential & Nursing Flexible Purchasing System: Contract Award 32 - 37

To consider the attached report of the Portfolio Holder for Social Care and Ageing Well / Assistant Director of Commissioning

Integrated Commissioning Board Members

Councillor Iftikhar Ahmed
Councillor Daalat Ali
Graham Burgess
Dr Chris Duffy
Joanne Newton

Dr Bodrul Alam
Councillor Allen Brett
Denise Dawson
Councillor Kieran Heakin

For more information about this meeting, please contact
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Agenda Item 3

INTEGRATED COMMISSIONING BOARD

MINUTES OF MEETING

Tuesday, 26 January 2021

PRESENT: G. Burgess (Independent Chair); Rochdale Borough Council – Councillors D Ali, Brett, Heakin; HMRCCG – Dr B Alam, D. Dawson, Dr C. Duffy, J. Newton.

OFFICERS: S. Rumbelow (Chief Executive / Accountable Officer), S. McIvor (Director of Commissioning), C. Richardson (DASS), G. Hopper (Director of Children's Services), N. Thornton (Director of Resources), T. Harrison (Assistant Director – Commissioning), S. Evans (Chief Finance Officer – Health & Social Care Integration) A. Ibrahim (Monitoring Officer) and M. Garraway (Committees and Constitutional Services)

EXPRESSION OF THANKS

The Chair led expressions of thanks to the work undertaken by Sally McIvor and wished her a well in her retirement.

67 MINUTES

RESOLVED

That the minutes of the Integrated Commissioning Board held on 1 December 2020, be approved as a correct record.

68 DECLARATIONS OF INTEREST

Councillor Heakin and Dr Duffy declared personal interests in relation to items considering Local Care Organisation matters at agenda items 6, 7 and 12.

69 SOCIAL CARE BETTER CARE FUND BUDGET MONITORING REPORT – QUARTER 3 2020/21

Consideration was given to a report of the Chief Finance Officer – Health & Social Care Integration, which sought to update the Board on the revised 2020/21 budgets for the Better Care Fund (BCF), with the Quarter 3 (April to December 2020) budget monitoring for the BCF for the financial year 2020/21.

Alternatives considered

It is a requirement of the National Health Service England guidance to produce a budget for 2020/21. The report updated 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 3 monitoring information as at December 2020 period end be noted.
2. That it be noted 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 £175k giving a total forecast revenue underspend of £212k.

3. That it be noted the forecast underspend against capital budgets of £363k in relation to the Autism Project adaptations (£150k) and the INT hubs (£213k), both of which are now expected to be spent in 2021/22.
4. That it be noted an additional £355k DFG capital grant was allocated by the Government in December 2020, and that this increases the forecast in year underspend on DFG to £976k, which is expected to be spent in 2021/22. The forecast in year underspend relates primarily to delays in carrying out DFG adaptations as a result of Covid restrictions.

Reason for resolution

To update Members on the position of the Better Care Fund.

70 HEALTH AND SOCIAL CARE POOLED BUDGET MONITORING REPORT NOVEMBER 2020

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

Alternatives considered

No alternatives were considered

RESOLVED

That the report be noted.

**71 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 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.

72 PROPOSED ADULT SOCIAL CARE PROVIDER FEE RATES 2021/2022 FINANCIAL YEAR

Consideration was given to a report of the Cabinet Member for Social Care and Ageing Well / Assistant Director – Commissioning seeking approval for the adult social care fee rates for the financial year 2021/22.

Alternatives considered

At the meeting of the Integrated Commissioning Board held on 27th October 2020 it was determined that the fee rates for 2021/22 would enable the real living wage to be paid to care workers therefore no alternatives were considered.

RESOLVED

1. That the externally commissioned care and support fees for 2021/22 be approved as:
 - a. Supported Living Hourly Rate £16.30

- b. Complex cases hourly rate £17.30
 - c. Sleep in Rate (per night) £74.00
 - d. Home Care (hourly rate) £17.25
 - e. Outreach £15.98
2. That the proposed banding be approved for Residential Care Homes Weekly Rate
 - i. Band 1 £546.00
 - ii. Band 2 £595.00
 - iii. Band 3 £644.00
 3. That the introduction of an individual pricing tool be approved to enable improved care cost calculations for expensive care packages for people with the most complex needs that fall outside of the standard rates.
 4. That it be noted the proposed rates allow for a 6.7% increase in day services and a 5.8% increase in respite care which is included within the personal budget day services and respite care section.
 5. That respite care fees for older people be uplifted in line with the residential fees for 2021 and the results of consultation with other respite providers supporting people of working age be reported to a future meeting of the Integrated Commissioning Board.
 6. That the personal expenditure allowance for residential and nursing care at the minimum rate defined by the Department of Health be retained.

Reason for resolution

The fees are assessed as being sufficient to maintain the adult social care market in its current state and allow providers to pay the real living wage to all care staff.

73 COMMISSIONING INTENTIONS - SPECIALIST HEALTH IMPROVEMENT PROVISION

Consideration was given to a report of Cabinet Member for Healthy Lives / Assistant Director – Commissioning, seeking approval for the commissioning of specialist health improvement provision.

Alternatives considered

To commission the vast majority of the functions within the specialist health improvement provision and the creation of an internal specialist lifestyle service were discounted on the grounds that elements would remain located within other organisations.

RESOLVED

1. That the existing contract be extended for six months.
2. That the Director of Public Health be delegate4d approval for the determination of contractual notices in consultation with the Cabinet Member for Healthy Lives.

Reason for resolution

To allow further alignment to the prevention review and inform future delivery models.

74 APPROVAL TO TENDER FOR PAYROLL/ACCOUNTANCY/BROKERAGE SERVICES FOR CASH BUDGET RECIPIENTS

Consideration was given to a report of the Cabinet Member for Social Care and Ageing Well / Director of Commissioning seeking approval to tender for payroll, accountancy and brokerage services for the delivery of adults personal budget provisions.

Alternatives considered

To not enter a joint procurement exercise with Trafford MBC and Trafford CCG and wither continue without a dedicated system or seek to tender for one as an individual organisation.

RESOLVED

1. That the Council enter into a Flexible Purchasing System framework in partnership with Trafford Council and Trafford CCG.
2. That the awarding of the contract be delegated to the Director of Commissioning in consultation with Cabinet Member for Social Care and Ageing Well

Reasons for resolution

The requirement for this service will be an ongoing requirement. The Flexible Purchasing System will be commissioned on a ten year basis meaning that there will be internal resource efficiencies as a result of not having to complete regular re-tendering and market testing exercises.

75 RECOMMISSIONING OF THE CONTRACT FOR THE DELIVERY OF ASSESSMENTS UNDER THE DEPRIVATION OF LIBERTY SCHEME

Consideration was given to a report of the Cabinet Member for Social Care and Ageing Well / Director of Commissioning seeking approval for the recommissioning of the contract for the delivery of assessments under the Deprivation of Liberty Scheme.

Alternatives considered

No alternatives were considered

RESOLVED

That the contract of £668k for the delivery of assessments under the Deprivation of Liberty Scheme be approved for procurement.

Reason for resolution

To ensure that the Council remains contractually compliant in relation to the services in scope.

Agenda Item 6

Report to Integrated Commissioning Board



| | |
|-------------------------|--|
| Date of Meeting | 23 rd February 2021 |
| Portfolio | Cabinet Member for Health & Wellbeing |
| Report Author | Gareth Davies (for Adult Care Directorate & Public Health & Integrated Directorate) |
| Lead Officer | Sam Evans (Chief Finance Officer – Health & Social Care Integration) |
| Public/Private Document | Public |

Health and Social Care Pooled Budget Monitoring Report January 2021

Executive Summary

- 1.1 To update the Integrated Commissioning Board (ICB) on the financial position of the pooled budget for the financial year 2020/21 as at the end of January 2021. The pooled budget excludes the Better Care Fund (BCF) which is being reported separately to the ICB in 2020/21. The pooled budget has been amended to take into account the savings previously reported to ICB.
- 1.2 The Covid pandemic has caused a change in funding arrangements for the CCG, and there is uncertainty around the impact Covid will have on both partners this year. As a result of this uncertainty it was agreed at ICB and Cabinet on the 26th of May that the Health & Social Care Pool budget risk share agreement is changed for 2020/21 so that both partners are responsible for their own pooled fund gap and in year underspend or overspend.
- 1.3 As previously reported to ICB The CCG opening pool gap on the Health & Social Care pooled budget for 2020/21 was £4.1m. The LA had set a balanced position for the LA Pooled Budgets.
- 1.4 As at the end of January the LA is reporting a nil variance against pool budgets.
- 1.5 As at the end of January there is a forecast over performance of £0.8m against pooled CCG budgets. The over performance is in relation to the Independent sector and Hospital Discharge Programme. It is anticipated that the over performance will be funded from national funding, but this will not be reflected in the Pool until the allocation is received. Once this allocation is received the Pool will show a breakeven position.
- 1.6 As at the end of January there has been £6.4m of Covid related costs claimed against the NHS Covid fund, £4.9m of which relate to H&SC pooled budgets. There are also £4.8m of Covid pressures net of specific grants being reported against pool budgets that forms part of the Local Authority £25.4m pressure. The Local Authority has received £22.2m of Government emergency funding to date and is forecasting to receive £2.6m of support for lost sales, fees and charges leaving a forecast £0.6m net pressure in year. The net LA pool Covid pressure currently forecast at £4.8m will be wholly funded from Government emergency funding leaving no in year pool pressure.

Recommendation

- 2.1 ICB notes the break-even position being forecast in relation to non-Covid pool budgets as at the end of January.
- 2.2 ICB note that as at the end of January, £9.7m of Covid costs are forecast against the Health & Social Care Pool Budget. £4.9m of these costs have been reclaimed from the NHS Covid fund, and £4.8m forms part of the Local Authority overall Covid-19 pressure of £25.4m. The Local Authority has received £22.2m of Government emergency funding to date and is forecasting to receive £2.6m of support for lost sales, fees and charges leaving a forecast £0.6m net pressure in year. The net LA pool Covid pressure currently forecast at £4.8m will be wholly funded from Government emergency funding leaving no in year pool pressure.
- 2.3 ICB note 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, however the 2021/22 budget settlement has allowed the LA to address this issue without the need for further savings. The service and the finance team have recently undertaken 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 Recommendation

- 3.1 This report updates the ICB 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.
- 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.

Alternatives Considered

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

Costs and Budget Summary

- 5.1 Table 1 below shows the opening Health & Social Care Pool Budget for 2020/21. It should be noted that this is before the national approach for NHS budgets was enforced for this financial year.

Table 1

| Health and Social Care Pooled Budget 2020/21 | |
|---|------------------------------------|
| 2020/21 Expenditure Budgets | Opening 2020/21 Budget £m's |
| <u>Adult's Services</u> | |
| Management, Support and Commissioning | 4.5 |
| Adults, Older People and Physical Disability | 42.6 |
| Learning Disability / Mental Health | 58.6 |
| Acute Health Care | 116.2 |
| Primary Care - Prescribing | 32.3 |
| Other Services | 3.7 |
| Adult Public Health | 7.7 |
| Total Adult Pooled Services | 265.6 |
| <u>Children's Services</u> | |
| Management, Support and Commissioning | 2.9 |
| Children's Early Intervention | 6.6 |
| Health Community Services | 7.2 |
| Learning Disability / Mental Health | 7.2 |
| Special Educational Needs | 4.1 |
| Acute Health Care | 23.0 |
| Children 0-19 Public Health | 5.0 |
| Cared for Children and Safeguarding | 30.7 |
| Primary Care - Prescribing | 8.6 |
| Other Services | 0.8 |
| Total Children's Pooled Services | 96.1 |
| Total Health and Social Care Pooled Budgets | 361.7 |
| <u>Contribution from Partners</u> | |
| CCG | -255.3 |
| LA | -102.3 |
| Total Contributions | -357.6 |
| Opening Gap | 4.1 |

5.2 **NHSE Current Arrangements**

The CCG received allocations in months 1-6 which enabled a breakeven position to be reported. For months 7-12 the CCG has received an allocation based on forecast expenditure that was submitted in September. The CCG is forecasting an overall breakeven position once additional national funding has been received for the costs incurred within the Independent sector and the hospital discharge programme.

5.3 Table 2 shows the latest monitoring position against the Health & Social Care Pooled Budget as at the end of January.

Table 2

| Health and Social Care Pooled Budget 2020/21 | | | | |
|--|----------------|------------------|------------|--|
| January Monitoring position | 2020/21 Budget | 2020/21 Forecast | Variance | Narrative |
| | £m's | £m's | £m's | |
| Expenditure Budgets | | | | |
| Adult's Services | | | | |
| Management, Support and Commissioning | -1.5 | -1.7 | -0.2 | There is a £0.2m underspend forecast against staffing budgets in this area due to a delay in filling vacancies. The negative budget reflects the income held within management budgets being greater than expenditure. |
| Adults, Older People and Physical Disability | 39.4 | 44.2 | 4.8 | <ul style="list-style-type: none"> - It was anticipated that £1.7m of LA costs in this category would be funded in 2020/21 via a loan from the Health and Social Care Partnership but it has since been confirmed that this is no longer available. A one-off contribution of £1m from the CCG towards expensive placements has helped reduce this pressure to £0.7m. - Due to the current funding arrangements and reduction in residential placements, Adult Social Care is forecasting a £0.6m underspend against other budgets in this area. - There are £4.6m LA Covid pressures forecast against this area. - There is a £0.1m over performance on Continuing Healthcare activity. |
| Learning Disability / Mental Health | 63.6 | 63.7 | 0.1 | <ul style="list-style-type: none"> -£0.3m of LA costs for LD/MH were anticipated to be funded via the loan mentioned above. -This has been offset by a non-recurrent contribution of £0.2m from the CCG to the pool in 2020/21. |
| Acute Health Care | 111.3 | 112.1 | 0.8 | There is a £0.8m pressure against Adults Acute Health Care due to non-NHS providers over performance and new services which have not been fully funded. |
| Primary Care - Prescribing | 31.1 | 31.1 | 0.0 | |
| Other Services | 9.8 | 9.7 | -0.1 | There is a minor underperformance against these budgets |
| Adult Public Health | 8.0 | 8.4 | 0.4 | There are £0.4m LA Covid pressures forecast against Public Health budgets. |
| Total Adult Pooled Services | 261.7 | 267.5 | 5.8 | |

| | | | | |
|--|---------------|---------------|-------------|---|
| <u>Children's Services</u> | | | | |
| Management, Support and Commissioning | 2.9 | 2.9 | 0.0 | |
| Children's Early Intervention | 7.4 | 7.4 | 0.0 | |
| Health Community Services | 13.1 | 13.1 | 0.0 | |
| Learning Disability / Mental Health | 8.2 | 8.1 | -0.1 | There is a minor underperformance against these budgets |
| Special Educational Needs | 4.2 | 4.2 | 0.0 | |
| Acute Health Care | 22.0 | 22.1 | 0.1 | There is a £0.1m pressure against Children's Acute Health Care due to non-NHS providers over performance and new services which have not been fully funded. |
| Children 0-19 Public Health | 5.3 | 5.3 | 0.0 | |
| Cared for Children and Safeguarding | 31.0 | 33.9 | 2.9 | There are £2.9m LA Covid pressures forecast against Children's Services. |
| Primary Care - Prescribing | 8.3 | 8.3 | 0.0 | |
| Other Services | 1.1 | 1.1 | 0.0 | |
| Total Children's Pooled Services | 103.5 | 106.4 | 2.9 | |
| Total Health and Social Care Pooled Budgets | 365.2 | 373.9 | 8.7 | The forecast variance of £8.7m represents:- -£7.9m of LA Covid pressures before adjusting for health Covid funding. -a £0.8m over performance on health budgets primarily due to over performance on Acute health Care within the independent sector. |
| <u>Contribution from Partners</u> | | | | |
| CCG | -261.3 | -265.5 | -4.2 | -The CCG has received £4.9m of Covid health funding to offset pooled Covid costs, £1.8m of which is already reflected in the figures above. The remaining £3.1m relates to the ASC Covid pressures identified above. |
| LA | -103.9 | -108.4 | -4.5 | -The CCG is forecasting a £0.8m over performance against pooled budgets which will be reclaimed from NHS England under the current funding arrangements. -The CCG is contributing an additional £0.3m in year to cover 50% of the late overspend on ASC in 2019/20, with the LA contribution reducing by the same amount. - The LA will make a contribution from Government emergency funding received to address any unfunded Pool LA Covid pressures, currently forecast to be £4.8m. |
| Total Contributions | -365.2 | -373.9 | -8.7 | |
| Forecast Position | 0.0 | 0.0 | 0.0 | |

- 5.4 As at the end of January the LA is reporting a nil variance against non-Covid pool budgets, in line with the position reported in November. There is an underlying £2m pressure in year within Adult Social Care representing the continuation of services that were previously funded by Transformation Funding and were planned to be funded from a GM H&SCP loan in 2020/21 which is no longer available. The pressure has been partially offset in year by a non-recurrent £1.4m contribution from the CCG towards expensive placements and an improved discharge to assess offer, along with a forecast reduction in Adult Social Care spend on residential placements due to the implications of Covid. The £2m pressure has been addressed in 2021/22 without the need for further savings following the autumn funding announcements. The service and the finance team have recently undertaken 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.
- 5.5 As at the end of January the CCG pool position is a £0.8m over performance. The £0.8m over performance after fully funding the COVID costs is due to over performance by non-NHS providers (including Care UK, Ophthalmology, Mediscan diagnostics) and the Hospital Discharge programme. Due to the current funding regime these costs will be funded by NHSE as a separate allocation. The overall CCG position will be breakeven once the allocation is received.

Covid 19

CCG Impact

- 5.6 The CCG were able to reclaim costs incurred as a result of Covid-19 up until the end of September. From October until March, costs can only be claimed for costs eligible under the Hospital Discharge Program (HDP) Scheme 2.
- 5.7 For the financial year 2020/21 to the end of January, the CCG has submitted the return to show the below Covid-19 Expenditure as part of the monthly return:

Table 3

| COVID | TOTAL £000 |
|---|-------------------|
| Primary Care | 854 |
| Prescribing | 480 |
| Hospital Discharge Programme (Scheme 1) | 2,666 |
| Hospital Discharge Programme (Scheme 2) | 392 |
| Hot Hubs | 1,141 |
| Continuing Healthcare (CHC) | 352 |
| Other | 519 |
| TOTAL | 6,404 |

- 5.8 This table is included for completeness however £1.539m of these costs sit outside of the pooled fund. £4.865m of the total CCGs COVID claim falls within the pooled fund.

LA Impact

- 5.9 The LA has received £22.2m and is forecasting to receive a further £2.6m of funding to offset additional expenditure and reduced income caused by the impact of Covid-19. Currently the pressure is £25.4m which exceeds the funding that has been received.

Below is a summary of forecast additional expenditure less specific grant funding, totalling £0.6m:

Table 4

| LA Covid 19 Forecast Pressures 2020/21 | £'m |
|---|----------------|
| <i>Cost Pressures net of specific grants</i> | |
| Pooled LA Cost Pressures | 7.901 |
| less Pooled LA expenditure reclaimed from joint hospital discharge programme as at the end of January | -3.099 |
| Non Pooled LA Cost Pressures | 6.254 |
| LA Total Loss of Income | 14.293 |
| Forecast Total Pressure | 25.349 |
| LA General Covid 19 Funding Received | -22.231 |
| Forecast Government compensation re: Sales, Fees & Charges Income, and use of Reserves | -2.559 |
| Forecast Total Funding | -24.790 |
| Net Covid 19 Pressure | 0.559 |

- 5.10 Currently the impact is projected at £25.4m after taking into account the £3.1m of pooled LA costs incurred to date that have been charged against the Covid hospital discharge programme. The LA has received £22.2m of general Covid funding to offset these pressures, with a further £2.6m forecast to be received in compensation for lost sales, fees and charges.

Work is on-going to assess the financial impact and timeframe involved relating to Covid-19. The longer term implications are being considered to support the Council in its financial planning going forward.

Two reserves are to be set up to hold funds to be used to offset the post 2020/21 impact of Covid 19, recognising that some of the forecast financial impact of the pandemic in table 4 will not materialise until 2021/22 and future years. The 2 reserves being established for demand led and economic pressures and the Government Emergency funding will be applied as and when the pressure materialises in future years.

The amount to be transferred to the reserves will be finalised as part of the year end process, and is dependent on ongoing developments relating to the Covid 19 pandemic.

The Council will, with other Greater Manchester councils, continue to lobby the government to provide further funding to offset the ongoing financial impact of Covid-19.

5.11 Forecast Covid 19 related expenditure pressures against LA pooled budgets net of specific grants total £7.9m, of which £3.1m has been charged against the Covid hospital discharge programme for costs claimed up until the end of January. This leaves a net forecast pressure of £4.8m which will be funded from Government emergency funding received by the LA.

5.12 The LA was allocated a further instalment of the Infection Control Grant in October of almost £2m bringing the total allocation in year to £4.1m. The second instalment of the Infection Control grant requires 80% to be paid direct to locally based care homes and community care providers on a per bed / service user basis. The remaining 20% has been offered to care homes to support additional testing and visiting requirements.

Aligned Services

5.13 There are a number of aligned services which sit outside of the pooled budget which are listed in table 5. 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 5

| Aligned Services | | |
|--|-------------|--------------------------|
| Service | Host | Budget £000's |
| Health Protection | PH | 160 |
| Physical Activity | PH | 544 |
| Other Public Health | PH | 1,192 |
| Link4Life | PH | 2,368 |
| Management and Strategy | CSC | 243 |
| Shared Services with Bury | CSC | 574 |
| Sufficiency and Access | CSC | 45 |
| School Improvement, Organisation and Personnel | CSC | 855 |
| Educational Psychology/coordinator | CSC | 456 |
| Regional Adoption Agency | CSC | 1,279 |
| Primary Care | CCG | 6,937 |
| Acute Services | CCG | 49,254 |
| Core Running Costs | CCG | 4,128 |
| Primary Care & Co Commissioning | CCG | 39,010 |
| Other CCG | CCG | 1,340 |
| Total Aligned Services | | 108,385 |

Risk and Policy Implications

- 6.1 The pooled budget has been agreed to be operated in 2020/21. 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 by the respective organisation in 2020/21. This is as a consequence of the different financial regimes and funding for COVID and will be revisited for 2021/22.
- 6.3 The long term impact of Covid on the delivery of services is not fully understood and it is expected that the financial impact will continue into future years.

Consultation

7. 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. | LA Monitoring working papers | Number 1 Riverside |
| | CCG Monitoring working papers | Number 1 Riverside |

For Further Information Contact:

Gareth Davies (for Adult Care Directorate & Public Health & Integrated Directorate), Tel: 01706924888, gareth.davies@rochdale.gov.uk

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

Agenda Item 10

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

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