

INTEGRATED COMMISSIONING BOARD

MINUTES OF MEETING Tuesday, 21st September 2021

PRESENT: G. Burgess (Independent Chair)

Rochdale Borough Council – Councillors Iftikhar Ahmed, Daalat Ali, Rachel Massey and Wardle.

HMR CCG – Dr B Alam and Mrs D. Dawson

OFFICERS: C. Richardson (Director of Strategic Commissioning/DASS), S. Hubber (Director of Children' Services), T. Harrison (Assistant Director – Adult Care Commissioning), J. Murphy (Chief Finance Officer), N. Baig (Public Health/HMR CCG). G. Davies and P. Thompson (Resources Directorate).

11 **APOLOGIES**

Apologies for absence were received from Dr C. Duffy and Ms. J. Newton (HMR CCG).

12 **MINUTES**

Resolved:

That the Minutes of the meeting of the Integrated Commissioning Board, held 29th June 2021, be approved as a correct record.

13 **DECLARATIONS OF INTEREST**

There were no declarations of interests.

14 **HEALTH & SOCIAL CARE POOLED BUDGET MONITORING REPORT Q1**

The Integrated Commissioning Board (ICB) considered a report of the Chief Finance Officer, which updated Members of the financial position of the pooled budget for the financial year 2021/2022, as at the end of June 2021. The pooled budget excluded the Better Care Fund (BCF), which had been reported separately to the ICB during 2021/2022. The pooled budget had been amended to take into account savings that had previously reported to the ICB.

The meeting was advised that the end of June 2021, there was a forecast over performance of £400,000 against the H&SC Pool Budget. The over performance was against health budgets and related to Non-NHS Providers (£200,000) and Adult database beds activity (£200,000). It was anticipated that the over performance would be funded from national funding, but this would not be reflected in the Pool until the allocation had been received. Once this allocation was received the Pool would begin to show a breakeven position.

It was reported that at the end of June 2021, Forecast Covid pressures of £5.4m had been identified across the Health and Social Care Pool in relation to Children's (£3.9m) and Adults Social Care (£1.5m). £300,000 of this will be

funded via the Hospital Discharge Programme, and the remaining £5.1m would be wholly funded from Government emergency funding received by the LA leaving no in year pool Covid pressure.

Resolved:
that the report be noted.

15 BETTER CARE FUND BUDGET MONITORING 2021/22 Q1

The Integrated Commissioning Board received a report of the Chief Finance Officer, which advised that at a previous meeting in March 2021 it had been resolved to approve a revised 2021/2022 budgets for the Better Care Fund (BCF). The Chief Finance Officer's report, therefore updated this meeting and the Strategic Place Board, with details of the Quarter 1 (April to June 2021) budget monitoring for the BCF for the 2021/2022 financial year.

Resolved:
That the report be noted.

16 EXCLUSION OF PRESS AND PUBLIC

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

Reason for the resolution:
Should the press and public remain during debate on these four 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.

17 ADDITIONAL SECTION 31 DRUG AND ALCOHOL TREATMENT FUNDING

The Integrated Commissioning Board received a report of the Interim Director of Public Health, which advised that since March 2021 there have been three different additional funding opportunities provided by Public Health England (PHE) for local authorities to bid for to support the delivery of substance misuse services. Rochdale Borough Council had been successful in securing all three. These were: Section 31 local authority grant for additional drug treatment crime and harm reduction activity 2021/22 – £444,000 universal element, £59,000 inpatient element for Rochdale Borough; Individual Placement and Support (IPS) employment programme in community drug and alcohol treatment - £215,000 secured across Rochdale and Oldham; and Section 31 Rough sleeping drug and alcohol treatment grant - £424,950 for Rochdale Borough.

This funding was in addition to the money local authorities already spend on substance misuse from the public health grant and must be spent on additional services / functions. The funding would be made available through the Section 31 grant provisions of the Local Government Act 2003. The funding was non-recurrent.

To enable this additional funding to be utilised, contract variations would have to be implemented with current providers. The submitted report therefore sought authority to formally put the variations in place.

Alternative considered:
None reported.

Resolved:

1. The Integrated Commissioning Board approves the implementation of contract variations to enable the delivery of services funded via the Section 31 local authority grant for additional drug treatment crime and harm reduction.
2. The Integrated Commissioning Board approves the implementation of a contract variation with the adult substance misuse treatment provider (Turning Point) to enable the delivery of services funded via the Individual Placement and Support (IPS) employment programme in community drug and alcohol treatment.
3. The Integrated Commissioning Board approves the implementation of contract variations to enable the delivery of services funded via the Section 31 Rough sleeping drug and alcohol treatment grant.
4. The Integrated Commissioning Board delegates the approval of the contract variations relating to the Section 31 Rough sleeping drug and alcohol treatment grant to the Director of Public Health and the Cabinet Member with responsibility for the Health Portfolio should the grant value be different to that described in this report, following formal notification of the outcome from Public Health England.

Reasons for the decision:

The approval of the recommendations (above) would enable additional funding which has been secured to be utilised in a contractually compliant manner. The funding bids had been successful on the basis that existing providers will deliver the additional services and functions.

18 INTEGRATED COMMUNITY EQUIPMENT SERVICE (ICES) – CONTRACTING OPTIONS FROM JULY 2022

The Integrated Commissioning Board received a confidential report of the Strategic director of Commissioning/DASS, which asked Board Members to approve a proposal (option 2 in the report) to recommission the Integrated Community Equipment Service (ICES). The current contract expires on 30th June 2022.

The report sought approval to tender for ICES and would be on the basis of a new contract which would run for a four year period from 1st July 2022 to 30th June 2026 with an option to extend for a further year to 30th June 2027. The proposed tender timeline would be an open process commencing in December 2021 with an anticipated start date for the new contract would be July 2022.

Alternatives considered
None reported.

Resolved:

1. That the Integrated Commissioning Board approve Option 2, as detailed in the Director of Strategic Commissioning's report, to recommission the Integrated Community Equipment Service (ICES), when the current contract expires on 30th June 2022.
2. The Integrated Commissioning Board grants approval to tender for ICES on the basis of a new contract which will run for a four year period from 1st July 2022 to 30th June 2026 with an option to extend for a further year to 30th June 2027.
3. The Integrated Commissioning Board notes that the proposed tender timeline will be an open process commencing in December 2021 with an anticipated start date for the new contract being July 2022.
4. That authority be delegated to the Assistant Director (Legal, Governance and Workforce)/Monitoring Officer to advise, prepare and execute the associated legal documentation.

Reasons for the resolution:

The recommendations in the report were presented as it was considered that they were required because the provision of a community equipment service was a statutory duty under the Care Act 2014. The provision of equipment to support people at home was a cost effective service which minimised the risk of people becoming more dependent on long term care and support, it supported timely discharges from hospital and prevented admissions to hospital which had been critical during the COVID 19 pandemic.

19 ADULT SOCIAL CARE FEE RATES 2022/23: PRE-CONSULTATION REPORT

The Integrated Commissioning Board (ICB) considered a report of the Director of Strategic Commissioning/DASS which sought to approve consultation with the Adult Social Care (ASC) provider organisations as part of the fee rates setting process for 2022/2023. The report provides information on the implementation of the Real Living Wage (RLW) initiative that was agreed by the ICB in January 2021 and detailed at Appendix 1 of the report. The ICB was asked to note that subject to approval to consult, an outcomes report with recommendations for 2022/2023 provider fees will be prepared for an ICB meeting early in 2022.

Alternatives considered:

None reported.

Resolved:

That the Integrated Commissioning Board approves the consultation exercise, to be undertaken by the Director of Strategic Commissioning/DASS, with the Adult Social Care provider organisations as part of the fee rates setting process for 2022/2023.

Reasons for the resolution:

It was reported that early consultation would enable the issues that are important to care providers to be factored into the budget setting process.

20 HEALTH CONTRACTS 22/23

The Integrated Commissioning Board received a presentation from the Director of Public Health, which outlined proposals for how the CCG intended to manage contract with providers for 2021/2022, in line with Proposals from the Greater Manchester Combined Authority.

A report detailing specific recommendations for each of the contracts expected was due to be presented for the Integrated Commissioning Board's next meeting on 26th October 2021.

Resolved that the presentation be noted.