

# Public Document Pack



**Meeting of:** Integrated Commissioning Board  
**Date:** Tuesday, 26th October, 2021  
**Time:** 3.30 pm.  
**Venue:** Hollingworth B&C , First Floor, Training & Conference Suite, Number One Riverside, Smith Street, Rochdale, OL16 1XU

**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.**

<b>Item No.</b>	<b>AGENDA</b>	<b>Page No</b>
<b>1</b>	<b>Apologies</b>  To receive any apologies for absence.	
<b>2</b>	<b>Minutes</b>  To consider the minutes of the meeting of the Integrated Commissioning Board held on 21 September 2021.	<b>3 - 7</b>
<b>3</b>	<b>Declarations of Interest</b>  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.	
<b>4</b>	<b>Items for Exclusion of Public and Press</b>  To determine any items on the agenda, if any, where the public are to be excluded from the meeting.	
<b>5</b>	<b>Urgent Items of Business</b>  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.	
<b>6</b>	<b>HMR CCG Funding to RBC for Social Care and Support Services</b>	<b>8 - 15</b>

To consider the report of the Cabinet Member for Finance and Corporate / Chief Finance Officer (HMRCCG)

**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 CCG Contract recommendations**

16 - 27

To consider the report of the Cabinet Member for Health / Assistant Director – Commissioning (HMRCCG).

**Integrated Commissioning Board Members**

Councillor Iftikhar Ahmed

Dr Bodrul Alam

Councillor Daalat Ali

Graham Burgess

Denise Dawson

Dr Chris Duffy

Councillor Rachel Massey

Joanne Newton

Councillor Carol Wardle

For more information about this meeting, please contact  
Alison James

01706 924829

michael.garraway2@rochdale.gov.uk

# Agenda Item 2

## INTEGRATED COMMISSIONING BOARD

### MINUTES OF MEETING

Tuesday, 21<sup>st</sup> 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 29<sup>th</sup> 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 30<sup>th</sup> 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 1<sup>st</sup> July 2022 to 30<sup>th</sup> June 2026 with an option to extend for a further year to 30<sup>th</sup> 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 30<sup>th</sup> 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 1<sup>st</sup> July 2022 to 30<sup>th</sup> June 2026 with an option to extend for a further year to 30<sup>th</sup> 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 26<sup>th</sup> October 2021.

Resolved that the presentation be noted.

# Agenda Item 6

## Report to Integrated Commissioning Board



Date of Meeting	26 <sup>th</sup> October 2021
Portfolio	Cabinet Member for Health
Report Author	Gareth Davies ( for Adult Care Directorate & Public Health & Integrated Directorate)
Lead Officer	Jonathan Evans (Chief Finance Officer – Health & Social Care Integration)
Public/Private Document	Public

## HMR CCG Funding to RBC for Social Care and Support Services

### Executive Summary

1. This report summarises the agreed ongoing funding arrangements from HMR CCG to RBC to support Adults and Children’s Social care services, and other support services.

### Recommendations

- 2.1 ICB notes the funding arrangements in place for 2021/22 and the planned future uplifts.
- 2.2 ICB and System Board to note that all funding arrangements identified in this paper are ongoing funding arrangements and that short-term funding agreements have been excluded for the purpose of this paper.

### Reason for Recommendation

3. To inform ICB and Systems Board of the current ongoing funding arrangements in place which need to continue into future financial years.

## Key Points for Consideration

- 4.1 HMR CCG are forecast to make the following ongoing contributions towards RBC:-

<b><u>HMR CCG funding of RBC Social Care &amp; Support Services</u></b>	<b>2021/22</b>	<b>2022/23</b>	<b>Detail</b>
	<b>£'000</b>	<b>£'000</b>	
Adult Social Care	£7,338	£7,524	App 1
Children's Social Care	£2,360	£2,412	App 2
Support Services	£95	£97	App 3
<b>Total contribution to RBC</b>	<b>£9,793</b>	<b>£10,033</b>	
HMR CCG Contribution to the Better Care Fund	£18,870	£19,247	Para 4.4
<b>Total Contribution to RBC and the Better Care Fund</b>	<b>£28,663</b>	<b>£29,280</b>	

- 4.2 Appendixes 1-3 include a detailed analysis of the various funding streams behind the values included in the table above.

- 4.3 The income streams identified fit into the following categories

Fixed – a contribution previously agreed at a set rate that is not expected to change.

Fixed plus inflation – a contribution previously agreed at a set rate that attracts annual inflation linked to the activity it is funding.

Variable – These contributions are linked to specific posts or care packages and so the contribution will vary in line with changes to the related costs.

- 4.4 The HMR CCG contribution to the Better Care Fund is in line with the statutory minimum contribution as set out by the Department of Health each year. Future contributions will continue to match the statutory minimum contribution, which is normally announced in December/ January ahead of the new financial year.

### **Alternatives Considered**

- 4.5 This paper is to inform ICB and Systems Board of the ongoing funding streams in place so there are no alternatives to consider.

## Costs and Budget Summary

- 5.1 The cost and budget implications are covered in section 4 of this report.

### **Risk and Policy Implications**

- 6.1 There is some uncertainty around the future funding arrangements of HMR CCG from 1/4/2022, however it is expected that the funding streams identified in this paper will continue to support the local Health & Social Care provision.
- 6.2 There is a significant risk to the delivery of Adults and Children Social Care functions if this funding was reduced or removed.

### **Consultation**

7. This report will be presented to the Systems Board for consultation.

#### **Background Papers**

#### **Place of Inspection**

8.	LA Monitoring Working papers	Number 1 Riverside
	For further information about this report or access to any background papers contact Gareth Davies	Gareth Davies ( for Adult Care Directorate & Public Health & Integrated Directorate) Tel: 01706924888 gareth.davies@rochdale.gov.uk

**Appendix 1 - HMR CCG Funding of RBC Adult Social Care**

<b>Income Stream</b>	<b>2021/22 Estimate £</b>	<b>Type</b>	<b>Further Details</b>	<b>Future year funding expectations</b>	<b>2022/23 Estimate £</b>
Contribution to Health Related element of placement costs	3,380,000	Fixed plus inflation	This represents a general contribution towards the health element of social care packages (excluding Section 117).	The contribution is expected to rise in line with residential care inflation (estimated at 4%)	3,515,200
Contribution to ongoing requirements from the GM Transformation Programme	2,000,000	Fixed	A number of posts and initiatives were introduced as part of the Greater Manchester Transformation Programme. This represents funding toward those posts and initiatives identified as ongoing requirements to support the Rochdale Health & Social Care partnership.	This income is expected to remain at the same rate in future years.	2,000,000
Contribution to Joint Funded Cases (Section 117)	1,000,000	Variable	This is the health contribution to Section 117 cases that are required to be funded 50/50 between health and social care. This relates to a specific list of service users.	The contribution is expected to change in line with the number of Section 117 placements and their package costs.	1,040,000
Removal of unachievable deflection targets	489,000	Fixed	ASC were set deflection targets within the Locality Transformation programme for service user placements to be reduced linked to transformation funding. The financial benefit of the transformation schemes predominately enabled Health to reduce their costs. It was agreed that that health and social care would share the benefits held by the CCG through additional funding on an ongoing basis.	This income is expected to remain at the same rate in future years.	489,000
Contribution to GP Liaison Officer posts	190,969	Variable	Contribution towards council salary and on-costs for 4 GP Liaison Social Workers. Recharge based on actual salary costs incurred. Will vary if there are vacancies.	The recharge is linked to 4 specific posts and will increase in line with salary inflation.	194,788

Recharge health direct payments	100,000	Variable	Recharge of direct payment administered on behalf of health. Charges are in line with actual costs incurred	Charges will vary in line with packages - if existing packages remain then would expect annual inflationary increase.	104,000
Contribution to Recovery & Reablement service	77,568	Variable	General contribution towards the Recovery & Reablement team whose work helps speed up recovery time reducing the costs to the health system.	The recharge will increase in line with salary inflation.	79,119
Contribution to 2x Admin Hub posts	52,868	Variable	Contribution towards 2 x Admin hub posts based on actual salary costs incurred. Will vary if there are vacancies. The admin hub supports both Health & Social Care.	The recharge is linked to 2 specific posts and will increase in line with salary inflation.	53,925
Contribution to advocacy contract	47,831	Fixed plus inflation	Contribution towards the LA advocacy contract recognising that advocacy services impact individuals that require both health and social care.	In line with current funding plus inflation if required.	47,831
<b>Total</b>	<b>7,338,236</b>				<b>7,523,864</b>

**Appendix 2 - HMR CCG Funding of RBC Children's Social Care**

Income Stream	2021/22 Estimate £	Type	Further Details	Future year funding expectations	2022/23 Estimate £
CHILD AND ADOLESCENT MENTAL HEALTH and Continuing Health Care (CHC)	1,000,000	Variable	Contribution to joint funded children's placements, child led funding therefore linked to specific placements agreed via the multi-agency panel.	This contribution is expected to change in line with the number of joint placements and the needs of the children. Estimated 4% inflation	1,040,000
Removal of unachievable deflection targets	511,000	Fixed	CSC were set deflection targets within the Locality Transformation programme for service user placements to be reduced linked to transformation funding. The financial benefit of the transformation schemes predominately enabled Health to reduce their costs. It was agreed that Health and Social Care share the benefits held by the CCG through additional funding on an ongoing basis.	This income is expected to remain at the same rate in future years.	511,000
PROGRAMME PROJECTS	450,000	Fixed	Health contribution towards the Children Social Care functions which supports the health outcomes of the children in the Borough.	This income is expected to remain at the same rate in future years.	450,000
COMMISSIONING - NON ACUTE	205,076	Fixed plus inflation	Short breaks commissioned service – Preventative - stops cases escalating into cared for children so reduces joint placements.	Income expected to remain the same plus inflation on fees	213,279

COMMISSIONING - NON ACUTE	109,777	Fixed plus inflation	Key Workers funding. 4 Year programme funding key worker posts. Preventative.	This income is expected to remain at the same rate in future years plus inflation	111,972
COMMISSIONING - NON ACUTE	70,239	Fixed plus inflation	Supports the Complex safeguarding team - preventative CSE,CCE	This income is expected to remain at the same rate in future years plus inflation	71,644
COMMISSIONING - NON ACUTE	6,679	Fixed plus inflation	Child Death Review Panel	This income is expected to remain at the same rate in future years plus inflation	6,813
EXCEPTIONS & PRIOR APPROVALS	7,095	Fixed	Conductive education & Galileo rehab machine	Child led - required as long as needed by the child	7,095
<b>Total</b>	<b>2,359,866</b>				<b>2,411,803</b>

**Appendix 3 - HMR CCG Funding of RBC Support Services**

<b>Income Stream</b>	<b>2021/22 Estimate £</b>	<b>Type</b>	<b>Further Details</b>	<b>Future year funding expectations</b>	<b>2022/23 Estimate £</b>
Funding of Human Resource Support to the CCG due to the integration of support services to generate system savings and alignment	58,639	Variable	Recharge for a HR Advisor and 1/3rd of an HR Business partner	The recharge is linked to specific posts and will increase in line with salary inflation.	59,812
Funding of 50% towards Estates post overseeing the implementation of the Integrated Neighbourhood Teams (INT) estates	28,500	Variable	Contribution towards the Integration Manager post on the estates team overseeing the implementation of the Integrated Neighbourhood Team estates development.	The recharge is linked to a specific post and will increase in line with salary inflation.	29,070
Deprivation supplement re: Kirkholt new build rent.	8,100	Fixed	The value shown in this table is net of VAT, which the CCG are required to pay on this contribution.	Funding is expected to remain at the same level in future years.	8,100
<b>Total</b>	<b>95,239</b>				<b>96,982</b>

# Agenda Item 8

By virtue of  
Regulation 21(1)(A) of the Local Authorities (Executive  
Arrangements) (Access to Information) (England)  
Regulations 2000.

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