

Minutes of the Meeting of the Adults' Commissioning Committee Held via MS Teams on Wednesday 7th July 2021

Meeting started at 14:01

Meeting ended at 15:02

Present

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| Dr David McKelvey (DMcK) | Neighbourhood Lead - CCG |
| Cllr John Merry (JM) | Deputy City Mayor and Lead Member for Adult Social Care |
| Dr Tom Regan (TR) | Clinical Director for Commissioning - CCG |
| Dr Jeremy Tankel (JT) | Medical Director - CCG – Chair |
| Mr David Warhurst (DW) | Chief Finance Officer - CCG |

The following joined at the close of an earlier meeting:

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| Cllr Tracy Kelly (TK) | Statutory Deputy City Mayor and Lead Member for Housing & Neighbourhoods - CCG |
| Ms Gillian Mclauchlan | Deputy Director of Public Health – CCG/SCC |

In Attendance

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| Mr Harry Golby (HG) | Deputy Director of Commissioning – CCG |
| Mr Chris Hesketh (CH) | Head of Financial Management - SCC |
| Dr Girish Patel | PCNS/SPCT |
| Ms Emma Reid (ER) | Joint Head of Planning and Performance CCG/SCC |
| Mr Judd Skelton (JS) | Assistant Director Integrated Commissioning – CCG/SCC |
| Ms Carol Eddleston (CAE) | Democratic Services – SCC (minutes) |

Apologies for Absence

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| Dr Muna Abdel Aziz | Director of Public Health – CCG/SCC |
| Cllr Damian Bailey | Executive Support Member for Social Care & Mental Health |
| Mr Steve Dixon (SD) | Chief Accountable Officer – CCG |
| Mr David Flinn (DF) | Neighbourhood Lead - CCG |
| Mrs Joanne Hardman (JH) | Chief Finance Officer - SCC |
| Cllr Bill Hinds (BH) | Lead Member for Finance & Support Services – SCC |
| Ms Alison Paige (AP) | Salford CVS |
| Mrs Karen Proctor (KP) | Director of Commissioning - CCG |
| Mrs Charlotte Ramsden (CR) | Strategic Director People – SCC |
| Mr Paul Walsh (PW) | Assistant Director, Integrated Commissioning – CCG/SCC |

1. Welcome and Introductions

JM welcomed everybody to the meeting and explained that the meeting was inquorate for decision making purposes as, due to unfortunate and unavoidable circumstances, only one elected member was able to attend for the entire duration of the meeting. [Three voting members are required from each of CCG and SCC for decision making purposes].

For the purposes of agenda item 4 *Draft Annual Plan for Integrated Commissioning 2021/22* it was agreed that, subject to the in principle agreement of those members present, voting Salford City Council members not present would be asked to confirm their agreement by email after the meeting.

2. Apologies for Absence

The apologies above were noted.

3. Declarations of Interest

There were no declarations of interest in any of the items on the agenda.

4. Draft Integrated Commissioning Plan for 2021/22

ER presented the draft Integrated Commissioning Plan for 2021/22 which outlined the high level priorities for each of the six strategic programme areas, including Adult Services, from 1st April 2021 until 31st March 2022 to ensure the CCG and City Council played a leading role in delivering the Salford Locality Plan for local people.

It was not anticipated that there would be any significant changes to this plan but, in this time of ongoing uncertainty, this annual plan, even more than in other years, would remain a dynamic document which would be updated as required throughout the year.

As in previous years, the Health and Care Commissioning Board had been asked to delegate approval of the Adults Services Plan to the Adults Commissioning Committee.

Observations on the report and appendix included:

- A total of 102 out of 193 actions reported in the 2020/21 plan had been marked for completion by 31/03/21 which was a considerable achievement;
- The plan was ambitious and impressive but many of the actions were process based rather than outcome based. Every effort was made to make the actions SMART wherever possible but it was difficult to get the balance right. Further consideration of how they might be made SMARTer would be given in the next round of planning.
- The amount of work undertaken to get the plan to this stage was significant, with much discussion to get agreement to the actions and timescales.
- The plan did indeed need to be dynamic and thankfully Salford was very adept at adapting when necessary.

The ACC members present agreed that, subject to their in principle agreement, voting Salford City Council members not present would be asked to confirm their agreement to the actions outlined in the Adult Services section of Appendix 1 by email after the meeting.

5. Finance Report

DW presented the report which provided an overview of the opening budgets for 2021/22, along with an update relating to the year to date financial performance and forecast and associated risks to the financial plan of the Adults Integrated Fund for 2021/22.

In 2020/21 the Adults integrated fund had a projected overspend against available funding of £2m, which had increased by £1.3m, consequently the financial overspend for 2021/22 was now £3.3m. The increased overspend was aligned with the committee's aspirations, including funding of £9.8m for system priorities including a continued move towards the Real Living Wage (RLW) and achievement of key standards such as Mental Health Investment Standard (MHIS).

Based on a number of assumptions used in constructing the expenditure budget and the available funding, to achieve financial balance within Adults' a savings target of £3.3m would need to be delivered recurrently. Overall, the integrated fund needed to achieve a saving of £6.2m or be in balance. The Health Care Commissioning Board did approve an opening financial risk of £6.2m, but the system should aspire to reduce this deficit.

Although the financial plan was presented on a full year basis, the NHS funding regime for months 7 to 12 was as yet not known and therefore remained a risk. The picture would be much clearer by the time of the September meeting. It was increasingly likely that CCG allocations would be reduced in the second half of the year which would consequently require some difficult decisions to be made, including additional savings to be identified or investments reprioritised.

One area of particular concern was client income. The client income target had been set at where it would have been pre-COVID but there were early indications that it could be as much as £2m under achieved. It was not clear if this was due to a backlog of claims or if it was a genuine underachievement and it was intended to do a deep dive before the next meeting.

Salford had done extremely well in managing national funding in 2020/21 and, with this in mind, a bi-weekly meeting was going to be arranged with ASC staff and the three Chief Finance Officers to work through how best to do the same in 2021/22.

It was very early to be forecasting to the end of the year but, at this stage, there were indications of a forecast underspend of around £900k and, whilst this might not come to fruition, it felt like the budget could be delivered comfortably at the end of the year. Given the forthcoming ICS it was important that Salford put itself in the strongest financial position that it could.

DW responded to questions and observations as follows:

- Adult Social Care showed an overspend of £6m at the beginning of 2020/21, £3m of which was funded through the Council and the CCG, of the remaining £3m SRFT agreed to fund half and commissioners the other half, meaning that the £6m was negated last year.
- This year there was a risk of about £1m in ASC, split again between SRFT and commissioners.

- Nationally commissioned independent sector (IS) – the money that was removed from Salford baseline in the last financial year had now been given back to Salford. Any overspend on the IS contracts in H1 would be mitigated by the national Elective Recovery Fund.
- Given budgetary pressures, the system could not afford overspends and needed to be well sighted on risks. The system had reconvened the savings programme, which was meeting monthly, focussing on cost containment as well as savings.
- It was understood that the funding position in relation to the second half of the year may be known towards the end of September but the money would come into at GM level and then GM would have to work out which CCGs and which providers received how much. It was expected that that would take a minimum of two to three weeks.
- £2m relating to the CCG's historic underspend were currently held by GM but DW expressed his expectation that GM should honour previous agreements and return this funding to Salford. Additionally, around £9m of the CCG's historic surplus was currently being held nationally and recovery of this was more challenging. Across the whole of the North West there was around £78m retained nationally. DW worried that this might not be returned before the demise of the CCGs and, if not, Salford would have to exert its influence on the ICS to ensure it was returned. Salford had made a commitment to help the system, both locally and nationally, on the premise that it would come back.
- It was anticipated that the nationally held surpluses would be reviewed in the second half of the financial year. With this in mind, it would be better to wait until confirmation had been received one way or another before starting any lobbying.
- When the previous NHS reorganisation occurred, the CCG did retain the previous PCTs historic underspends, so there was precedent for the money being retained in localities – but this should not be seen as a guarantee.
- If Salford did not get its monies back in 2021/22 it needed to seek a commitment that it would be returned in the fullness of time.

The Adults Commissioning Committee noted the Adults' integrated fund plan for 2021/22; the financial position for 2021/22, the risks to the Adults' integrated fund for 2021/22 and the savings programme for 2021/22 to deliver a balanced plan.

6. Adult Commissioning Report

HG and JS presented the report which provided an overview on the following:

- *Additional capacity in Community Mental Health Teams –*

Recurrent funding of £332k had been approved by this committee in November 2020 to help bolster and sustain Community Health Teams (CMHT) to meet changing and increased need and to support new and integrated models of primary and community mental health care by 2023/24. Following planning discussions with GMMH a staffing model had now been proposed. Two of these posts were initially funded by the IBCF but that funding had now ended, hence the ask to the committee in November of last year.

There had been an increase of presentations of dual diagnosis from people with substance misuse and mental health needs. It had also been noted that a theme was emerging regarding the number of Safeguarding Adult Reviews which centred around someone with co-occurring substance misuse and mental health needs. There had also been an increase in the number of people presenting with eating disorders so the additional investment agreed by this committee in February 2020 had been very timely.

Dual diagnosis practitioners would be located in CMHTs and Salford could now maximise the benefits of having the same provider. A VCSE organisation was working with Living Well to provide a service to individuals who did not meet the criteria for CMHT

- *Urology Services Reconfiguration Delivery Model –*

Colleagues from Bury, Oldham, Rochdale and Salford CCGs and the Northern Care Alliance had been working jointly on developing a pan-locality delivery model to improve Urology services in response to significant service resilience issues and unwarranted variation in services.

- *Review of Greater Manchester Assisted Conception and Fertility Services –*

These services were commissioned in partnership with other CCGs across GM. Each CCG had a policy based on a GM framework but the pathways and the number of cycles offered varied among CCGs. Officers from the Finance, Service Improvement and Engagement teams of Salford CCG were involved in the review and the public engagement phase was now underway.

- *Approval of the Emergency Primary Integrated Care (EPiC 24) Business Case –*

The business case had been approved by Primary Care Commissioning Committee in May for up to two years. As previously reported to Adults Commissioning Committee, EPiC 24 was an integrated model which aligned urgent and unscheduled care services via a digital hub to ensure that the people of Salford benefited directly, by receiving the most appropriate support for their clinical needs, wherever possible in a community setting.

- *Listening Lounge –*

This was intended, as an alternative to A&E, as a robust urgent care response for people who were in the community and in crisis. The model being developed would be based at Hollybank which was situated one mile from Salford Royal hospital on a main road and easily accessible by public transport.

Listening Lounge referral – the starting point for this was via A&E so that commissioners could understand flow and demand, and ensure that staffing levels were adequate. In the longer term discussions would be held with GMMH about when access might be extended via NWAS and the Crisis Line which general practice could direct people to.

The Adults Commissioning Committee noted the report and commended the progress and developments outlined.

7. Any Other Business

There were no items of any other business.

8. Dates of Future Meetings

- Wednesday 08 September at 14:00;
- Wednesday 13 October at 14:00;
- Wednesday 10 November at 14:00;
- Wednesday 12 January 2022 at 14:00;
- Tuesday 01 February 2022 at 14:00;
- Wednesday 09 March 2022 at 14:00.