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EXECUTIVE CABINET

Day: Wednesday
Date: 20 June 2018
Time: 2.00 pm
Place: Lesser Hall 2 - Dukinfield Town Hall

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE To receive any apologies for the meeting from Members of the Executive Cabinet.	
2.	DECLARATIONS OF INTEREST	
3.	MINUTES	
a)	EXECUTIVE CABINET To consider the minutes of the Executive Cabinet held on 21 March 2018.	1 - 12
b)	STRATEGIC COMMISSIONING BOARD To receive the minutes of the meeting of the Strategic Commissioning Board held on 17 April and 23 May 2018.	13 - 28
c)	ASSOCIATION OF GREATER MANCHESTER AUTHORITIES/GREATER MANCHESTER COMBINED AUTHORITY To receive the minutes of the meeting of the GM Combined Authority held on 25 May 2018.	29 - 42
4.	TO RECEIVE ANY RECOMMENDATIONS MADE BY THE STRATEGIC COMMISSIONING BOARD (SCB) PREVIOUSLY CONSIDERED AT THE EARLIER MEETING AT 1PM ON 20 JUNE 2018 IN RELATION TO THE FOLLOWING REPORTS	
a)	COMMUNITY SERVICES CONTRACT (ITEM 4(A) ON SCB AGENDA) To consider the attached report of the Deputy Executive Leader/Director of Finance.	43 - 48
b)	OUTLINE BUSINESS CASE FOR TRANSFER OF ADULT SOCIAL SERVICES FUNCTION (ITEM 7 ON SCB AGENDA) To consider the attached report of the Executive Leader / Director of Adult Services.	49 - 112

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Robert Landon, Head of Democratic Services, to whom any apologies for absence should be notified.

EXCLUSION OF THE PRESS AND PUBLIC

That under Section 11A of the Local Government Act 197 (as amended) the public be excluded for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12(a) of the Local Government Act. Information relating to the financial or business affairs of the parties (including the Council) has been provided to the Council in commercial confidence and its release into the public domain could result in adverse implications for the parties involved. Disclosure is likely to prejudice the Council's position in negotiations and this outweighs the public interest in disclosure.

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| c) | DOMESTIC ABUSE SERVICE (ITEM 8 ON SCB AGENDA) | 113 - 120 |
| | To consider the attached report of the Executive Member (Economic Growth and Housing) / Assistant Director (Operations and Neighbourhoods). | |
| 5. | REVENUE MONITORING | 121 - 148 |
| | To consider the attached report of the Executive Member (Performance and Finance)/Director of Finance. | |
| 6. | CAPITAL MONITORING | 149 - 170 |
| | To consider the attached report of the Executive Member (Performance and Finance)/Director of Finance. | |
| 7. | STAR PROCUREMENT | 171 - 202 |
| | To consider the attached report of the Executive Member (Performance and Finance)/Director of Finance. | |
| 8. | CHILDREN'S SERVICES OFSTED INSPECTION | 203 - 208 |
| | To consider the attached report of the Executive Member (Children and Families)/Interim Director of Children's Services. | |
| 9. | ADULT COMMUNITY EDUCATION OFSTED INSPECTION 2018 OUTCOME | 209 - 224 |
| | To consider the attached report of the Executive Member (Lifelong Learning)/Interim Director of Children's Services. | |
| 10. | ADULT EDUCATION BUDGET | 225 - 238 |
| | To consider the attached report of the Executive Member (Lifelong Learning)/Director of Children's Services. | |
| 11. | EQUALITY SCHEME | 239 - 334 |
| | To consider the attached report of the Executive Leader/Director of Governance and Resources. | |
| 12. | MAKING WALKING AND CYCLING SAFER – AN INVESTMENT STRATEGY | 335 - 374 |
| | To consider the attached report of the Executive Member (Neighbourhood Services)/Director of Operations and Neighbourhoods. | |

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Robert Landon, Head of Democratic Services, to whom any apologies for absence should be notified.

Item No.	AGENDA	Page No
13.	FOOD SAFETY AND FOOD STANDARDS SERVICE PLAN 2018/19 To consider the attached report of the Executive Member (Neighbourhoods and Operations).	375 - 396
14.	HOMELESSNESS To consider the report of the Executive Member (Economic Growth and Housing)/Assistant Director (Operations and Neighbourhoods).	397 - 452
15.	VISION TAMESIDE PHASE 2 (TAMESIDE ONE) COMPLETION PLAN To consider the attached report of the Executive Member (Performance and Finance)/Interim Director of Growth.	453 - 464
16.	URGENT ITEMS	

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Robert Landon, Head of Democratic Services, to whom any apologies for absence should be notified.

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EXECUTIVE CABINET

21 MARCH 2018

Commenced: 2.00pm

Terminated: 3.10pm

Present: Councillor Warrington (in the Chair)
Councillors Cooney, Fairfoull, J Fitzpatrick Gwynne, Robinson and L Travis

**Apologies
Absence:** for Councillors Kitchen and Taylor
Chief Executive

In Attendance: Sandra Stewart Director (Governance & Pensions)
Robin Monk Director (Place)
Ian Saxon Director (Operations & Neighbourhoods)
Tom Wilkinson Assistant Director (Finance)
Sandra Whitehead Assistant Director (Adult Services)
Emma Varnam Assistant Director (Operations and Neighbourhoods)

55. DECLARATIONS OF INTEREST

There were no declarations of interest submitted for this meeting.

56. MINUTES

a) Joint Meeting of Executive Cabinet and Overview (Audit) Panel

Consideration was given to the Minutes of the Joint Meeting of Executive Cabinet and Overview (Audit) Panel held on 7 February 2018.

RESOLVED

That the Minutes of the Joint Meeting of Executive Cabinet and Overview (Audit) Panel held on 7 February 2018 be taken as read and signed by the Chair as a correct record.

b) Strategic Planning and Capital Monitoring Panel

Consideration was given to the Minutes of the Strategic Planning and Capital Monitoring Panel held on 12 March 2018.

RESOLVED

That the Minutes of the Strategic Planning and Capital Monitoring Panel held on 12 March 2018 be received.

c) Strategic Commissioning Board

Consideration was given to the Minutes of the Strategic Commissioning Board held on 20 February 2018.

RESOLVED

That the Minutes of the Strategic Commissioning Board held on 20 February 2018 be received.

d) AGMA Executive Board Meetings / Greater Manchester Combined Authority

Consideration was given to a report of the Executive Leader and Chief Executive, which informed Members of the issues considered at the Greater Manchester Combined Authority on 23 February 2018 and the Forward Plan of Strategic Decisions of the Greater Manchester Combined Authority and AGMA Executive Board.

RESOLVED

That the content of the report be noted.

57. REVENUE MONITORING

Consideration was given to a report of Executive Member (Performance and Finance) / Assistant Director (Finance), which showed that at Period 10 the overall forecast outturn position for the Council was a net position of £2.607m under budget. This was a movement of £1.869m from the quarter 2 monitoring report, which reported a forecast outturn position of £0.738m under budget. This improved position was due primarily to a combination of one-off additional dividend income, the release of bad debt contingencies and savings on borrowing costs.

It was explained that this overall position reflected the prudent planning taken when setting the 2017/18 budget, but also masked a number of pressures and savings challenges across the Directorates, including:

- The Director of Children forecast outturn was £7.813m in excess of budget due to demand on service provision in Children's Social Care. Specific mention of the management of this budget is included in section 4 the report.
- The Director of Governance was forecasting expenditure would be within budget by £1.205m due to the effect of staff turnover, restrictions in spending and the bringing forward of savings in light of the service pressures being felt elsewhere within the Council.
- The Director of Finance and IT was forecasting expenditure would be within budget by £1.018m due to delays in recruitment and other restrictions in spending.
- The budget for corporate costs was currently forecast to be £7.894m under budget for 2017/18. This was due to a combination of the release of operational contingencies, which would be used to partially offset pressures in Children's Services, and receipt of one off additional grant income and additional Manchester Airport Dividend in excess of budget.

Members were informed that the pressures within Children's Services in particular threatened the financial sustainability of future year's budgets, and whilst these had been absorbed through prudent contingency planning and proactive restrictions on spending elsewhere, further funding cuts and inflationary pressures in 2018/19 and beyond eroded the financial base and the Council's ability to sustain pressures of this size.

Given these significant pressures, which had been mitigated by mainly one-off measures, strong budget management was required across the Council to ensure that its financial plans were achieved, and to ensure that the Council was able to control budgetary pressures and deliver the required savings over the medium term.

RESOLVED:

- (i) **That the forecast revenue outturn position be noted.**
- (ii) **That the detail for each service area be noted and that Directors be required to identify measures to ensure expenditure is maintained with the approved budget for the year.**

- (iii) That the position on the Integrated Commissioning Fund, including the transaction of the risk share be noted.
- (iv) That the emerging risks and financial pressures be noted.
- (v) That a payment of £1.65m to the Tameside and Glossop Integrated Care NHS Foundation Trust be approved to support the additional financial liabilities incurred by the Trust during 2017/2018 as a result of delayed transfers across the health and social care economy together with transition costs associated with local transformation schemes.

58. CAPITAL MONITORING

Consideration was given to a report of Executive Member (Performance and Finance) / Assistant Director (Finance), which summarised the capital monitoring position at 31 January 2018 based on information provided by project managers, which showed that the current forecast was for service areas to spend £53.550m on capital investment by March 2018. This was significantly less than the original budgeted capital investment for 2017/2018 which was in part due to project delays that were being experienced following the liquidation of Carillion. It was proposed, therefore, that the capital investment programme be re-profiled to reflect current information and the re-phasing of £15.584m into the next financial year identified within the individual service areas as detailed in the report.

The projected outturn capital expenditure by service area was detailed and explanations were provided for capital projects with a projected variation of £0.100m or above over the life of the project. Schemes with an in-year variation in excess of £0.100m were highlighted and approval was being sought to re-profile the capital expenditure of these project.

RESOLVED:

- (i) That the reprofiling to reflect up to date investment profiles be approved;
- (ii) That the changes to the Capital Programme set out in the report be approved;
- (iii) That the updated Prudential Indicator position be agreed;
- (iv) That the following be noted:
 - (a) The current capital budget monitoring position;
 - (b) The resources currently available to fund the Capital Programme;
 - (c) The updated capital receipts position;
 - (d) The timescales for review of the Council's three year capital programme.

59. CONTINUITY OF SERVICE

Consideration was given to a report of the Deputy Executive Leader / Assistant Director (People and Workforce Development), which provided an update on the progress made and implementation plans in relation to the Greater Manchester wide Continuity of Service Protocol. It was explained that the protocol would enable recognition of service where an individual voluntarily changed employer between Local Authorities and NHS employers within Greater Manchester.

Members were informed that the Protocol extended to include all staff employed by:

- a GM CCG organisations;
- a GM NHS body;
- a GM Council (but initially excluding staff employed by schools);
- GM Combined Authority and its constituent bodies;
- Greater Manchester Health & Social Care Partnership.

It was recognised that flexibility of employment across public services was an ambition shared by the organisations and recognised trade unions. Portability of accrued service was a key consideration for employees and needed to be addressed to secure such flexibility.

It was explained that it would be necessary to keep under review to ensure that any financial / equality issues were considered appropriately managed.

RESOLVED:

- (i) That the adoption and implementation of the Protocol from April 2018 be approved except in relation to redundancy, and subject to any changes subsequently agreed by the Director of Governance and Pensions;**
- (ii) That an update to the GM Workforce Engagement Board (WEB) and WLT be provided in April 2018 outlining the implementation and adoption progress across all organisations;**
- (iii) That given that a financial analysis of the proposals has not yet been possible, it is also not possible to fully assess whether public law duties under best value, Wednesbury reasonableness or the fiduciary duty to the public purse have been met nor is it possible until there is evidence of demand and therefore important scheme kept under review and regularly assessed on triannual basis and/or before any major staffing review.**

60. CARE HOMES NEW CONTRACT AND CHANGES OF POLICY

Consideration was given to a report of the Executive Leader / Director of Adult Services, which sought approval to change the current policy around contractual arrangements with care homes which had been in operation since 2012. It was explained that commissioners had been contracting with the sector on an On/Off Framework arrangement since August 2012. The On/Off arrangement carried slightly different contract terms and conditions for On and Off Framework providers, as well as different fee levels. It was stated that this arrangement was no longer fit for purpose and that all care homes should start from the same basis with the same contract, be paid the same fees for the service and have the same opportunity to apply for the enhanced payment.

The proposed change in contracting with the care home providers was based on the changing market conditions and the impact of regulatory changes made by the Care Quality Commission. Following consultation the majority of respondents had no objection to the removal of the on/off framework arrangements, with the exception of those who would be financially disadvantaged. It was explained that, as this change in policy would be to assist the care homes market any disadvantage to service users currently contracted with the Council and care homes should be picked up by the Council.

RESOLVED:

- (i) That approval be given to change the current contractual policy arrangements so that all care homes in Tameside are contracted on the same basis;**
- (ii) That the NHS Standard Contract (shorter form version) be used to enter into any contract with care homes;**
- (iii) That current service users should not be disadvantaged by the change in contractual policy arrangements and any financial difference will be met;**
- (iv) That the criteria for the Enhanced Payment and the transitional arrangements proposed as set out in paragraph 7.19 and appendix C of the report be approved;**
- (v) That approval be given to continue with the contractual arrangements on third party top-ups which are restricted to environmental factors that service users may choose prior to residing in the care home.**

61. INTERPRETATION SERVICE

Consideration was given to a report of the Executive Leader / Assistant Director (Adults Services) advising that translation services for both verbal and non-verbal languages were provided via a mixture of different arrangements within Tameside and Glossop Integrated Care Foundation Trust and Tameside Council. There was an 'in-house' verbal language interpretation service in the

Integrated Care Foundation Trust supplemented by additional purchased telephone interpretation and face to face interpretation and an 'in-house' non-verbal service within the Council supplemented by the use of freelance interpreters for both verbal and non-verbal language interpretation.

It was explained that the service was fragmented and heavily dependent upon business support to organise and manage. The integration of Acute, Primary, Community and Social Care in an Integrated Care Organisation offered the opportunity to rationalise and improve this provision to ensure the needs of the local population were met whilst being more cost effective.

The report identified options for providing interpretation services within the Tameside and Glossop health and social care economy and the wider Council so that an appropriate, high quality and best value service could be commissioned to meet these requirements. A joint working group had been formed between the Clinical Commissioning Group, Council and Foundation Trust to produce an implement any approved proposals.

The procurement approach was outlined and it was proposed that the contract should sit within and be procured by the Integrated Care Foundation Trust and this decision had been based upon the advantages of a comprehensive fully managed service across the health and social care economy plus the advantages of maintaining the close links the sensory team had with social care.

The Integrated Care Foundation Trust was predicting a significant recurrent budget reduction of £175,000 on interpretation services if a new model was adopted. This was based partially on a service review within their interpretation service and also an assumption of a large percentage of interpretation moving from face to face to online services. For the Council there might not be the same cashable savings. However, there would be time saved in the administration of current ad hoc services but these were distributed across the Council. A procured service should provide a better rate compared to the current off contract activity and be more efficient from an administrative point of view with improved quality that could be monitored and complying with standing orders.

RESOLVED:

That the approach outlined in the report be noted and that Option 2c be approved and adopted to include the residual services of the Council.

62. INVESTING IN CHILDREN'S PLAYGROUNDS

Consideration was given to a report of the Executive Member (Healthy and Working) / Assistant Director (Operations and Neighbourhoods), which set out details of the investments required towards the improvements of children's playgrounds together with the approximate costing, project plan and on-going cyclic maintenance programme.

This report set out the improvements required to children's play areas together with the approximate costs, project plan and a regular cyclic maintenance programme.

It was stated that improvements to children's play areas would contribute towards giving all children in Tameside a healthy start in life. The improved play areas would encourage young people and their families to get outside, to be active and to spend time together. All the play areas were free to attend and are open every day therefore there are no economic barriers to access as there are with commercial indoor soft play areas.

The existing play areas had not had significant investment for around 10 years and were designed and installed at a time when most parks were staffed and there was a greater maintenance budget. Therefore some of the play areas include features such as sand and equipment which is high maintenance.

This project would improve the 35 play areas across Tameside. It would ensure that there were good quality play areas which young people can enjoy. There will be additional benefits such as reducing the resources required for maintenance through replacing sand with wetpour on most sites and reducing the risk of personal injury claims against the Council which may result from accidents on poor quality play equipment.

RESOLVED:

That the proposal set out in the report be taken to the next stage and that further work is undertaken to produce detailed business case for investment up to £600K providing fully specified and costed scheme together with implementation plan setting out how the current revenue expenditure will be reduced as a consequence of this investment.

63. REPLACEMENT OF CREMATORS

Consideration was given to a report of the Executive Member (Clean and Green) / Assistant Director (Operations and Neighbourhoods), which provided information on replacing the current cremators and auxiliary equipment at Dukinfield Crematorium in order to meet its statutory requirements.

It was explained that three current cremators had been installed in 1998. The life expectancy of cremators, based on the capacity they were being used at Dukinfield, was between 15 and 20 years and were now at the end of their working life.

The report outlined the work required and likely timeline and it was stated that whilst £1.5m had been identified for the project a further report would be required once more accurate figures were available.

RESOLVED:

- (i) That the proposal be taken to the next stage and that further work is undertaken to produce detailed business case for investment providing fully specified and costed scheme together with implementation plan setting out how the current revenue expenditure will be reduced as a consequence of this investment.**
- (ii) That the appointment of a technical advisor be approved to develop a schedule of works and a detailed specification of all the councils requirements for the project in order to develop a full detailed business case, covering both the proposed capital investment and ongoing revenue operations to enable capital investment being fully approved.**

64. REPAIR AND RESTORATION OF CEMETERY BOUNDARY WALLS

Consideration was given to a report of the Executive Member (Clean and Green) / Assistant Director (Operations and Neighbourhoods), which provided information on the condition of the boundary walls within the Local Authority Cemeteries and demonstrated a programme to bring them back into a pleasing and safe condition.

Following the long term concerns for the condition of the Local Authority Cemeteries boundary walls within the borough, capital funding had been set aside to enable some of the most urgent repairs to be undertaken. All of the eight Cemeteries have been jointly inspected

Of the eight cemeteries inspected, it was decided that the boundary walls at Ashton (Hurst), Dukinfield, Hyde, Mossley and Mottram cemeteries were in need of the most significant repairs.

It was felt that Audenshaw, Denton and Droylsden cemeteries had limited masonry defects or alternative boundary protection such as metal railings/fencing.

For each of the 5 Cemeteries highlighted as the most in need of work being required, detailed defects have been noted and marked on location plans for each site.

RESOLVED:

That the programme of works set out in Appendix A to the report to carry out the necessary repairs to the boundary walls be approved in principle subject to a more detailed business case to be produced for approval setting out the procurement and delivery methods to be used, together with a plan and timescales for completion of the project with a view to undertaking the high priority work first.

65. ENGINEERING CAPITAL PROGRAMME 2018/19 AND 2017-18 UPDATE

Consideration was given to a report of the Executive Member (Clean and Green) / Assistant Director (Operations and Neighbourhoods), which set out initial details of the 2018/19 Engineering Capital Programme for Engineering Services and sources of funding with specific reference to the Highways Structural Maintenance Programme and capital funding made available by the Council for both the Tameside Asset Management Plan (TAMP) for highways and flood prevention and repair of consequential flooding damage.

The purpose of the report is to seek approval for the proposed allocation of the 2018/19 DfT allocation and specifically for the allocation amongst Tameside's principal and non-principal roads (£1.69m), together with the profiled TAMP programme (£5.00m).

Highway Structural Maintenance was fundamental to extending the life of existing highways and making the best use of the Council's assets. The proposed 2018/19 highways programme was detailed in Appendix 2 to the report.

RESOLVED:

That approval be given to the Engineering Maintenance Block Allocation with specific reference to the Highways Structural Maintenance Programme for 2017/18 and the additional capital investment via the TAMP, noting the planned profiled spend, and for flood prevention and repairs SUBJECT to a clear schedule of works, project costs, profile of spend and timetable for completion to enable monitoring by Strategic Planning and Capital Monitoring Panel who need.

66. IMPROVING THE BOROUGH'S GATEWAYS

Consideration was given to a report of the Executive Member (Clean and Green) / Assistant Director (Stronger Communities), which set out details of the improvements required to the Boroughs Gateways, together with the approximate costing, project plan and on-going cyclic maintenance programme.

It was explained that currently the gateway signs differed in design and format across the Borough and the Communications Team have provided some alternative designs for further discussion and approval by the Executive Cabinet.

The internal signage from Town to Town will also be replaced to ensure a consistent approach is adopted throughout the borough. Any supporting posts will either be re-painted or replaced and the immediate area cleaned.

RESOLVED:

- (i) That the proposal is taken to the next stage and that further work is undertaken to produce detailed business case for investment up to £300K providing fully specified and costed scheme together with implementation plan the exact nature of works**

- proposed at each site and how these works will be prioritised within the available funding.
- (ii) That the existing cyclical maintenance programme will incorporate the new borough gateways and this work will be managed within the existing revenue budget; and
 - (iii) That the style and format of the new Gateway signs be approved.

67. LED STREET LIGHTING

Consideration was given to a report Executive Member (Clean and Green) / Assistant Director (Operations and Neighbourhoods), which reminded Members that a report was presented at the Council's Strategic Planning & Capital Monitoring Panel in December 2014 seeking permission to consider the way forward for the Council's street lighting assets, including energy costs. It was recommended that a wholesale LED lantern replacement scheme for residential streets should be undertaken. Also recommended was an assessment on the viability of an LED lantern replacement for the main roads to be undertaken after 3 years (2018).

IT IS RECOMMENDED TO COUNCIL that a wholesale LED lantern replacement programme should be approved IN PRINCIPLE for the remaining main road traffic routes over two years with an initial allocation of £3.6M subject to any expenditure or financial commitment being SUBJECT to a detailed business case being considered by Members, setting out key assumptions, specified works and costs, and a more detailed plan for delivery. It is intended that this scheme should deliver revenue savings of £282,328 per year based on current prices.

68. CROWDED PLACES

Consideration was given to a report of the Executive Member (Clean and Green) / Assistant Director (Stronger Communities), which explored the options available and proposals to improve safety in and around crowded places, where large groups of pedestrians congregated, particularly around schools and places of worship. The report also utilised methodology and principles identified as part of a wider review, with partners from Greater Manchester Police, to explore improving safety at locations, which may be at risk by deliberate actions by drivers as a terrorist activity.

RESOLVED:

- (i) That the estimated 250 areas that cover all the schools and places of worship within the borough be surveyed according to the assessment criteria framework identified in Appendix A;
- (ii) That a further report is brought back to members setting out the results of the surveys and options for safety improvements setting out the results of the risk assessment and prioritisation process, and to assess whether this level of resource is appropriate and to enable work to progress.

69. 4C COMMUNITY CENTRE ASHTON - CAPITAL INVESTMENT PROGRAMME

Consideration was given to a report of the Executive Leader / Director of Adults Services, which provided an overview of the developments and plans in relation to the delivery of the new community development in Ashton, working in partnership with Christ Church Community Developments Charitable Organisation (CCCD). The report proposed the allocation of £150,000 capital grant, which together with the £51,583 match funding to be provided by CCCD, would provide a high quality community facility in the centre of Ashton.

RESOLVED:

That approval be given to a capital grant of £150,000 to the Christ Church Community Developments Charitable Organisation.

70. REVIEW OF LEARNING DISABILITY DAY SERVICES - OXFORD PARK DEVELOPMENT

Consideration was given to a report of the Executive Leader / Director of Adults Services, which reminded Members that on 27 November 2017 the Oxford Park development (£0.455 million) was provisionally agreed by the Strategic Planning and Capital Monitoring Panel (see Appendix 1 to the report for business case) pending a response to a two part question requesting from Active Tameside assurance that the project was deliverable and that it would not adversely impact on Active Tameside's revenue generating activities as this may effect the contribution sought from the Council through the leisure management contract.

Active Tameside have provided this assurance within Appendix 2, and verbally as part of the project management group.

The report also provided a brief overview of the project governance going forward including:

- Identified project lead
- Project group formation
- Development of a service level agreement (SLA) to formally agree utilisation of site / service
- Identification of improved Better Care Funding (iBCF) funding to support revenue funding during transition of new service
- A group of performance indicators for on-going performance management of the project

Once final agreement to funding was given then planning permission could be sought and construction can commence. The current estimated completion date is January / February 2019

RESOLVED:

That the assurance provided in Appendix 2 to the report from Active Tameside in response to minute 32 of the Strategic Planning and Capital Monitoring Panel meeting of 27 November 2017 approved by the Executive Cabinet on 13 December 2017 be acknowledged.

71. ACTIVE HYDE POOL EXTENSION SCHEME

Consideration was given to a report of the Executive Member (Healthy and Working) / Director of Place, which sought approval to increase the capital budget for the Hyde Pool scheme by £88,280.72 or 2.85% to cover the costs associated with unavoidable inflationary increases and ground condition risk.

Executive Cabinet approved a £20.4m leisure facility investment budget on 24 March 2016 which included £2m for the Active Hyde pool extension scheme. Since then the cost of the scheme had increased by £1.096m to £3.096m.

The original budget estimate for the scheme had been based on limited building survey information which made a number of assumptions about the feasibility of extending the existing mechanical, electrical and pool filtration systems at the existing facility. When establishing the likely cost of the scheme it was envisaged that much of the existing mechanical, electrical and pool filtration infrastructure could be adapted to support the new conventional pool installation keeping costs to a minimum.

Extensive surveys of the existing systems, commissioned since the Executive Cabinet report, had confirmed that services could not be integrated as planned due to positioning, capacity and

condition issues. This directly resulted in the cost increase of £1.096m. The additional investment to finance the increase was approved by the Executive Cabinet on 30 August 2017.

Tenders were received by the LEP on 2 May 2017, with Aspect Construction Group Limited (Aspect) being selected as the preferred contractor subject to Council approval. The Council's Strategic Planning and Capital Monitoring Panel (SPCMP) recommended award of a contract to Aspect and a budget of £3.096m on 10 July 2017, which was subsequently approved at Executive Cabinet.

Following the approval by Executive Cabinet, a head contract was issued by the Council on 10 October 2017, based on the standard Design and Build Contract agreed between the LEP and the Council in 2009. The head contract for the Hyde Pool Extension was agreed by the Council and the LEP in late October 2017.

The LEP issued a copy of the sub contract to Aspect on 23 October 2017. The sub contract effectively steps down all of the terms and conditions in the head contract to the sub-contractor. Aspect was uncomfortable with a number of clauses within the sub-contract.

The report sought approval to increase the capital budget for the Hyde Pool scheme by £88,280.72 or 2.85% to cover the costs associated with unavoidable inflationary increases and ground condition risk. The Council could not change the terms of the head contract and therefore the step in provision amendment proposed by Aspect could not be achieved. Aspect had indicated that they were willing to enter in to contract, without amendment to step-in provision, if the additional budget requirement is met by the Council.

RESOLVED:

That the increased capital budget by £88,280.72 to £3,185,000 for 2018-2019 be approved, which will allow works to start on site in May 2018.

72. EXCLUSION OF PUBLIC AND PRESS

RESOLVED:

That under Section 100A of the Local Government Act 1972 (as amended) the public and press be excluded for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A to the Local Government Act 1972. Information relating to the financial or business affairs of the parties (including the Council) had been provided to the Council in commercial confidence and its release into the public domain could result in adverse implications for the parties involved. Disclosure would be likely to prejudice the Council's position in negotiations and this outweighs the public interest in disclosure.

73. REVIEW OF LEARNING DISABILITY DAY SERVICES - OXFORD PARK DEVELOPMENT

Consideration was given to a report of the Executive Leader/Chief Executive which advised Members on the new governance arrangements and the implications for the Council following New Charter Housing Trust making a decision to merge with Adactus and form a new group company to be known as Jigsaw.

RESOLVED:

That the Council will only consent to the transition from NCHT to a Community Benefit Society and the subsequent merger with Adactus if it has guaranteed representation of its choosing on the Group Board and where this is not achieved the Chief Executive to take all necessary steps to maintain an objection to the merger including involving the regulator

where necessary to ensure that 'community interests' of the borough and tenants are represented and protected.

74. MANCHESTER AIRPORT – CONCESSION OPPORTUNITY

Consideration was given to a report of the Executive Leader / Chief Executive, which explained that Greater Manchester Boroughs were being consulted in relation to the submission of a second screening bid by a Manchester Airport Group consortium in relation to the concession opportunity.

It was stated that in the event that the bid was successful this would require a restructure of the arrangements to govern the future relationship between shareholders in Manchester Airport Holdings Limited.

RESOLVED:

- (i) That the submission of the bid;**
- (ii) That the principles of revised governance be supported acknowledging that there will be the opportunity to work through the detail in the legal documentation;**
- (iii) That it be noted that further consultation will be required before Manchester City Council votes on any shareholder decisions which are reserved matters**

CHAIR

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TAMESIDE AND GLOSSOP STRATEGIC COMMISSIONING BOARD

17 April 2018

Commenced: 2.00 pm

Terminated: 4.00 pm

Present: Dr Alan Dow (Chair) – NHS Tameside and Glossop CCG
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Councillor Jim Fitzpatrick – Tameside MBC
Councillor David Sweeton – Tameside MBC
Dr Alison Lea – NHS Tameside and Glossop CCG
Dr Jamie Douglas – NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG

In Attendance: Sandra Stewart – Director of Governance & Pensions
Kathy Roe – Director of Finance
Stephanie Butterworth – Director of Adult Services
Gill Gibson – Director of Safeguarding and Quality
Jessica Williams – Interim Director of Commissioning
Sarah Dobson – Assistant Director Policy, Performance & Communications
Sandra Whitehead – Assistant Director (Adult Services)
Anna Moloney – Consultant, Public Health Medicine
Tori O'Hare – Head of Primary Care
Ali Rehman – Head of
Pat McKelvey – Head of Mental Health

Apologies: Councillor Gerald Cooney – Tameside MBC
Councillor Allison Gwynne – Tameside MBC
Councillor Bill Fairfoull – Tameside MBC
Councillor Jean Wharmby – Derbyshire CC
Councillor Tony Ashton – High Peak BC

54. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Members of the Strategic Commissioning Board.

55. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 20 March 2018 were approved as a correct record.

56. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

The Director of Finance presented a report providing a 2017/18 financial year update on the month 11 financial position at 28 February 2018 and the projected outturn at 31 March 2018. Details of the summary 2017/18 budgets, net expenditure and forecast outturn of the Integrated Commissioning Fund and Tameside and Glossop NHS Integrated Foundation Trust were provided with supporting information contained in Appendix A to the report. Members noted that there were a number of risk had had to be managed within the economy during the current financial year, the key ones being:

- Following transaction of the Integrated Commissioning Fund risk share the Clinical Commissioning Group was able to show a balanced financial position in 2017/18. However, this ignored significant underlying pressures in individualised commissioning of approximately £6.4m compared to the opening budget.
- The Integrated Care Foundation Trust was working to a planned deficit of £23.7m for 2017/18. However, it was noted that efficiencies of £10.4m was required in 2017/18 in order to meet this sum.

The Director of Finance outlined the risk share arrangements in place and contributions transacted for 2017/18 and contributions transacted. There were a number of additional risks which each partner organisation was also managing during the current financial year, which the Director of Finance outlined and provided within Appendix A of the report.

A summary of the financial position of the Integrated Commissioning Fund broken down by directorate was provided in Table 3 and outlined in more detail at section 2 of the report.

In terms of the efficiency plan, the economy has a efficiency sum of £35.1m to deliver in 2017/18, of which £24.7m was a requirement of the Strategic Commissioner. Appendix A to the report provided supporting analysis of the delivery against this requirement for the whole economy. It was noted that there was a forecast £0.3m under achievement of this efficiency sum by the end of the financial year. It was essential therefore that additional proposals were considered and implemented urgently to address this gap and on a recurrent basis thereafter.

RESOLVED

- (i) **That the 2017/18 financial year update on the month 11 financial position at 28 February 2018 and the projected outturn at 31 March 2018 be noted.**
- (ii) **That the significant level of savings required during the period 2017/18 to 2020/21 to deliver a balanced recurrent economy budget be acknowledged.**
- (iii) **That the significant amount of financial risk in relation to achieving an economy balanced budget across this period be acknowledged.**

57. COMMISSIONING IMPROVEMENT SCHEME 2018/19

The Interim Director of Commissioning presented a report describing a two element Commissioning Improvement Scheme being proposed to support Tameside and Glossop General Practice in 2018/19. The report outlined the two elements of the proposal the aim of which was to support continued transformation of the economy, improving Healthy Life Expectancy, reducing health inequalities, improving outcomes and delivering financial sustainability of services across the economy. It was proposed that the Commissioning Improvement Scheme be moved to a neighbourhood focus and alongside this make available up front via investment in neighbourhoods to test or continue schemes which addressed pressures, quality and financial or maintain elements of the 2017/18 Commissioning Improvement Scheme model so that those previously successful practices could work in their neighbourhoods to create stability and expand the current Commissioning Improvement Schemes.

The two approaches were outlined as follows:

Neighbourhood Commissioning Improvement Scheme

This would be the current Commissioning Improvement Scheme format in place in 2017/18, however, with outcomes (underspend and / or improvement) measured at neighbourhood level. This should enable some practices to achieve the Commissioning Improvement Scheme when this has previously proved too challenging.

2018/19 Invest to Save Project

In addition to the Neighbourhood Commissioning Improvement Scheme it was proposed to make £125,000 available to each neighbourhood in 2018/19 for delivery of an invest to save project to

benefit the neighbourhood population and deliver efficiencies, both financial and quality, across the locality. It would be for each neighbourhood to determine:

- How their funding would be invested;
- How the funding would be transacted to the neighbourhood;
- How the plan would be achieved; and
- How the impact and success of the plan would be measured and any reviews and adjustments made as required in year.

The Strategic Commissioning Board members provided their views on the proposals and the experiences and outcomes with the scheme in previous years. Following discussion and a vote on the proposals it was felt that this was the appropriate direction of travel to invest in practices working together for the benefit of the neighbourhood population. However, there would need to be engagement and communication with practices to develop an outcomes framework with appropriate structures in place to ensure accountability.

RESOLVED

- (i) That the proposal for 2018/19 be approved and communication take place with GP practices.**
- (ii) That the calculation of budgets at neighbourhood level, in line with 2017/18 budget setting methodology, and with the continuation of high cost patient risk pool in line with 2017/18 be supported.**
- (iii) That the cap on Commissioning Scheme Improvement payments per neighbourhood of £100,000 and the proposed continuation of the Panel process for approval of spend proposals be supported.**
- (iv) That the proposal of a Panel approval process for the Invest to Save element of the scheme be supported.**

58. PROVISION OF CALL HANDLING SYSTEM FOR COMMUNITY RESPONSE SERVICE

Consideration was given to a report of the Assistant Director (Adult Services) seeking permission to spend for the provision of a community response call handling system and authorisation to use a direct call off agreement with a supplier from the ESPO framework 203_15. The lease on the current call handling system that supported the service was due to expire on 13 August 2018.

It was explained that Tameside Adult Services operated an in-house telecare service and the aims of the service were outlined. Staff were employed to provide an emergency response service 24 hours a day, 365 days a year to residents who were vulnerable or at risk. In December 2017, there were 3,547 customers connected to the service receiving approximately 18,000 calls every month.

The rationale and benefits to enter into a call off agreement with the current provider for the continued delivery of this service offered the Council was outlined in the report. Disaster recovery for this service was currently shared with Stockport MBC and this arrangement would continue until it was reviewed as part of the wider integration of social care and health.

To inform this decision a wider benchmarking exercise had been undertaken to establish what the needs of the Community Response Service going forward to support this service function, what other call handling systems were being used elsewhere and their effectiveness.

There was a requirement to re-commission the call handling system for the Community Response Service to ensure compliance with Procurement Standing Orders. The service and support provided by the current provider had been very satisfactory. However, based on current and future service and system needs functionality needed updating to provide a wider range of information to inform performance management.

The report centred on market testing and procuring a new call handling system through a review of providers contained within the framework 203-15. The review of the framework identified three providers who could potentially provide this system. However, on further review, one of these could not currently support digital technology which was a future requirement of the system, leaving two providers, including the current provider. The indicative costs of the two providers were detailed in the report.

Based on cost, additional extras that would enhance the service offer and to reduce risk in terms of disaster recovery arrangements, it was recommended that the current provider be maintained.

RESOLVED

- (i) That approval be given to the direct award of the contract for the provision of a community response service call handling system from the existing provider from the ESPO Framework 203_15 for a five year contract commencing 14 August 2018.**
- (ii) That approval be given to the service leasing an upgraded call handling system to support the Community Response Service no later than 13 August 2018 when the current lease expires.**

59. PROVISION OF E-ROSTERING AND ALLOCATION SYSTEM FOR REABLEMENT SERVICE, COMMUNITY RESPONSE AND LONG TERM SUPPORT SERVICE

Consideration was given to a report of the Assistant Director (Adults) seeking permission to spend for the provision of an e-rostering and allocation system and authorisation to carry out a mini tender exercise with suppliers on the existing ESPO Framework 394_15 – Elec. Homecare Monitoring and Scheduling. There were a number of providers who had already demonstrated that they would meet a required standard to be included on the framework. The aim of the Reablement Service was to provide an intensive short term period of rehabilitation (up to 6 weeks) when someone had a period of ill health or trauma. The service had delivered good outcomes for people allowing them to continue to live at home with an ongoing reduced package of home care or in many cases with no ongoing support provision at all.

Whilst considering options for an electronic solution to the staff rostering and allocation system within Reablement it had also become apparent that other areas of Adult Services could benefit with a similar solution, particularly the Long Term Support Service which already had an electronic staff rostering system in place that would benefit from an upgrade. The Community Response Service had also identified some potential benefits from having access to an electronic solution.

The services were constantly reviewing their ongoing effectiveness and regularly had regard for new developments in the social care system. The introduction of a number of electronic staff rostering and work allocation systems over the past few years had led to greater efficiencies in this area of the market. After reviewing many of the systems on the market it was felt by officers working closely with these services and result in better outcomes for users of the services as well as opportunities to realise possible budget savings.

RESOLVED

- (i) That approval be given to spend for the provision of an e-rostering and allocation system for the Reablement Service, Community Response Service and Long Term Support Service.**
- (ii) That approval be given to carrying out a procurement exercise using the existing ESPO framework.**

60. PROVISION OF A LEARNING DISABILITY RESPITE SERVICE

Consideration was given to a report which explained that Adult Services had provided a specialist respite / short stay service for people with a learning disability for more than three decades with the

aim of enabling people to live as independent and fulfilling lives as possible in the community whilst ensuring their carers received breaks to enable them to continue with their caring duties. The current contract for the provision of five beds (comprising four respite and one emergency bed) at one building base in Stalybridge commenced on 1 December 2013 and was due to expire on 30 September 2018 following a two year extension.

This valued service was currently accessed by 55 families and all service users had been assessed as having eligible needs as defined in the Care Act 2014. Authorisation was being sought to re-tender for the provision of a learning disability respite service with a contract commencement date of 1 October 2018 for a period of five years with the continued delivery of a domiciliary care model.

RESOLVED

That approval be given to tender for the provision of a Learning Disability Respite Service commencing from 1 October 2018 for a period of five years.

61. QUALITY ASSURANCE

The Director of Safeguarding and Quality presented a report providing the Strategic Commissioning Board with assurance that robust quality assurance mechanisms were in place to monitor the quality of the services commissioned, highlight any quality concerns and providing assurance as to the action being taken to address such concerns. The report covered data and issues of concern / remedy, good practice including patient stories and surveys and horizon scanning for the following:

- Tameside and Glossop Integrated Care NHS Foundation Trust Acute and Community Services;
- Mental Health (Pennine Care NHS Foundation Trust);
- Care Homes / Home Care;
- Safeguarding;
- Primary Care;
- Public Health; and
- Small value contracts.

Particular reference was made to issues of recruitment and data quality for Health Visiting Service and a deep dive had previously highlighted service pressures, challenges and risk mitigation the service had put in place whilst it was without a full complement of Health Visitors. Although work continued in relation to recruitment and workforce projection, the Strategic Commissioning Board was keen to understand why the service was not able to recruit to its full capacity.

RESOLVED

That the content of the update report be noted.

62. PERFORMANCE UPDATE

The Assistant Director (Policy, Performance and Communications) submitted a report providing the Strategic Commissioning Board with a Health and Care Performance update at April 2018 covering:

Health and Care Dashboard

The following were highlighted as exceptions:

- A&E Standards were failed at Tameside Hospital Foundation Trust;
- Diagnostics over 6 weeks;
- Referral to Treatment – 18 weeks;

- Proportion of people using social care who receive self-directed support, and those receiving direct payments;
- Total number of Learning Disability service users in paid employment.

Other Intelligence / Horizon Scanning

Updates on issues were providing on the following:

- Winter Crisis – Influenza and uptake of vaccines;
- NHS 111.

In Focus

At its meeting on 30 January 2018 and in recognition of the importance of mental health the Strategic Commissioning Board agreed to prioritise increasing investment in improving mental health outcomes to improve parity of esteem. Work to develop an outcome focused approach to monitoring was ongoing at both a Greater Manchester level and within the Pennine Care footprint. Pat McKelvey presented a mental health in focus report providing a snapshot of performance and outcome information against the life course as follows:

- Starting Well
 - Parent Infant Mental Health;
 - Off the Record;
 - Healthy Young Minds (CAMHS);
 - Children and Young People Eating Disorder Service;
 - MIND Support to Children and Young People;
- Living Well
 - Pennine Care Services;
 - IAPT Access and Waiting Times;
 - Mental Health Crisis Care;
 - Mental Health In-patient Care;
 - Health and Wellbeing College;
 - Tameside, Oldham and Glossop MIND;
- Ageing Well
 - Memory Assessment Service;
 - Dementia 65+ Diagnosis Rate;
- Pennine Care Foundation Trust Integrated Performance Dashboard

RESOLVED

That the content of the performance report and mental health in-focus progress report be noted.

28. URGENT ITEMS

The Chair reported that there were no urgent items had been received for consideration at this meeting.

CHAIR

**TAMESIDE AND GLOSSOP
STRATEGIC COMMISSIONING BOARD**

23 May 2018

Commenced: 9.00 am

Terminated: 11.00 am

Present: Dr Alan Dow (Chair) – NHS Tameside and Glossop CCG
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Bill Fairfoull – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Dr Alison Lea – NHS Tameside and Glossop CCG
Dr Jamie Douglas – NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG
Councillor Jean Wharmby – Derbyshire County Council

In Attendance: Kathy Roe – Director of Finance
Stephanie Butterworth – Director of Adult Services
Gill Gibson – Director of Safeguarding and Quality
Jessica Williams – Interim Director of Commissioning
Sarah Dobson – Assistant Director Policy, Performance & Communications
Sandra Whitehead – Assistant Director (Adult Services)
Gideon Smith – Consultant, Public Health Medicine
Stephanie Sloane – Strategy and Business Planning Manager
Cheryl Pike – Group Manager, Derbyshire County Council

Apologies: Councillor Gerald Cooney – Tameside MBC
Councillor Allison Gwynne – Tameside MBC

1. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Members of the Strategic Commissioning Board.

2. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 20 March 2018 were approved as a correct record.

3. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

The Director of Finance presented a report providing an update on the year end financial position of the care together economy in 2017/18 and highlighting the increased risk of achieving financial sustainability over the long term and supporting details were attached at Appendix 1 to the report.

Reference was made to details of the summary 2017/18 budgets and net expenditure for the Integrated Commissioning Fund and Tameside and Glossop Integrated Care Foundation Trust and the outturn variances were explained in Appendix 1 to the report. While financial control totals had been achieved by the three statutory organisations in 2017/18, members were aware of significant pressures within the economy during the financial year, the key ones being:

- Following transaction of the Integrated Commissioning Fund risk share the Clinical Commissioning Group was able to show a balanced financial position in 2017/18.

However, this ignored significant underlying pressures in individualised commissioning of approximately £6.393m compared to the opening budget.

- Children's Services within the Council was managing unprecedented levels of service demand which was currently projected to result in additional expenditure of £8.609m when compared to the available budget.

A summary of the financial position of the Integrated Commissioning Fund broken down by directorate was provided in Table 3 and outlined in more detail at section 2 of the report.

It was reported that there had been a significant change to the CCG Surplus position at month 11 relating to the System Risk Reserve and Category M Drugs. The net impact of these changes was an increase in the surplus to £9.347m. It was important to note that there was no mechanism through which the CCG would be able to draw down any of this surplus in 2018/19.

RESOLVED

- (i) That the 2017/18 2017/18 financial year end position be noted.**
- (ii) That the significant level of savings required during the period 2018/19 to 2020/21 to deliver a balanced recurrent economy budget be acknowledged.**
- (iii) That the significant amount of financial risk in relation to achieving an economy balanced budget across this period be acknowledged.**

4. SHARED LIVES CONSULTATION – ACCESS POLICY CHANGE

Consideration was given to a report of the Assistant Director for Adult Services seeking permission to enter into consultation to change the Shared Lives Service age of entry from 18 years of age to 16 years of age. This was part of a wider piece of work with Shared Lives Plus which was the national Shared Lives umbrella body and the Department for Education to expand the offer of Shared Lives services to younger people. This was supported by a Department for Education grant to assist in supporting the development.

The policy change was part of the Adult Services Transformation Programme. It was highlighted that Shared Lives could provide an alternative service to young people leaving care from the age of 16+. This could be as an alternative to other traditional services offered via Children's Services which could prepare young people for independent living. It would also support the work of Shared Lives in terms of encouraging a smoother transition of young people with complex needs transitioning into Adult Services.

Working with young people leaving care was one element of the transformation plan which was aimed at improvement and diversification of the service through expansion of provision, creating better choice and outcomes for young people while also working with partners to improve the efficiency and effectiveness of community based services. This would better support the wider health and social care system as health and social care services continued to be integrated.

Consultation with Children's Services on the legislative requirements of this change of policy had only identified specific training and screening requirements of carers and staff in terms of working with young people 16-18 years of age. The identified training requirements were detailed in Appendix 1 to the report. It was intended to have a specific targeted recruitment campaign for carers interested in working with young people and would link with Children's Services training and development programme in terms of providing necessary training and development requirements.

It was also reported that an Equality Impact Assessment had been undertaken and attached as Appendix 2 to the report.

The service was currently working with the Policy, Performance and Communications Team regarding questions on the Big Conversation for public consultation on this policy change. The consultation plan and documents including public information and a description of the proposed

work and questionnaire had been developed and attached to the report at Appendix 3 and Appendix 4. Consultation will also be undertaken with the Children in Care Council to seek their views and comments on the proposal. A combination of focus groups and drop in sessions would be arranged to run in parallel with Carers Forums over a range of day / evening sessions.

All feedback would be used to inform the final report, recommendations and final Equality Impact Assessment.

RESOLVED

That approval be given to undertaken consultation to change the Shared Lives age of service entry from 18 to 16 years.

5. SHARED LIVES CONSULTATION – BANDED SYSTEM FOR SHARED LIVES PLACEMENTS

Consideration was given to a report of the Assistant Director (Adult Services) seeking permission to enter into consultation with Shared Lives Carers and key stakeholders to consider a banded payment system for carers. Shared Lives primarily worked with adults with learning disabilities but more recently had started to diversify and promote services to other vulnerable adult groups such as older people. Shared Lives carers were approved to provide a range of community support services to individuals meeting the criteria for Adult Services.

There were currently 125 service users being supported by 88 carers and any person aged 18 or over meeting the eligibility criteria for services could use Shared Lives. The Shared Lives carers provided a range of services dependent upon the needs and health of the individuals. Shared Lives carers were self-employed and to become approved were DBS checked and had to complete an in-depth assessment and approval process and required to undertake regular mandatory training.

The Council faced significant budgetary challenges over the foreseeable future and must diversify service delivery by looking at new and innovative approaches to deliver services whilst also reducing the cost of provision. This would also include a cost benefit analysis across the health and social care system identifying where efficiencies could be made. An example could be seen in Adult Services respite provision, currently Cumberland Street respite had no available capacity and costs significantly more than Shared Lives provision. Shared Lives could offer a viable alternative to meet demand.

Shared Lives supported some of the most vulnerable individuals across the borough to maximise their independence through a family based community support network. Throughout the service offer Shared Lives carers could support service users to maintain independence in the community and as a support to family carers to maintain their roles. As people progressed into long term placements Shared Lives carers offered an asset based approach as a less costly alternative to traditional services. The Shared Lives Scheme was currently in a period transformation to expand the provision to a more diverse range of Service Users and relieve pressure on other provisions. Recruitment of skilled carers was pivotal to these aims.

This consultation aimed to discuss a proposed banded payment system for Shared Lives carers, which ensured the payment made to carers was reflective of the levels of need of the service users in their care, and providing a choice to carers of the amount of assistance they want to, or could, provide at a certain cost. A banded payment system would also support the attraction of a larger number of prospective carers to meet the varying degrees of need. There was a need to review the fixed payments that were currently offered to carers, and consider a payment mechanism that was more reflective of the complexity of service users that carers currently supported, and could support in the future as service expanded. It would also support us in recruiting more carers to the service.

Some individuals might be willing to provide accommodation but not much support while others might be willing and indeed want to provide a substantial amount of support on the basis that the level of support and commitment was financially recognised. Some kind of differential pay system segments the market and should have the effect of attracting a larger number of carers to the role.

It was important that there was communication and consultation with Shared Lives carers, service users and their families regarding these proposals and where appropriate offer support to individuals to fully understand the proposal, and the potential impact on them as an individual in the service. This would be done using various approaches including letters, focus groups, drop-in sessions and individual interviews.

RESOLVED

That the proposal for the Shared Lives Service to enter into consultation with carers and key stakeholders on the implementation of a banded system for carers be supported.

6. PUBLIC HEALTH INVESTMENT – PREVENTING AND MANAGING LONG TERM CONDITIONS

Consideration was given to a report of the Interim Director of Commissioning and the Interim Assistant Director of Population Health which stated that on 20 March 2018 the Strategic Commissioning Board agreed three priority areas for Population Health Investment resourced via the non-recurrent Population Health ‘ring fenced’ reserve of £3.004 million. These were:

Priority 1: Delivering our new approach to Early Help for Children and Families;

Priority 2: Improving Mental Health and Wellbeing in our neighbourhoods; and

Priority 3: Preventing and Managing Long Term Conditions.

The proposals around Priority 1: the new approach to Early Help for Children and Families were agreed on 20 March allocating £1.2M aimed to ensure a move from reactive service provision, based around responding to accumulated acute needs, towards earlier intervention via targeted interventions, where problems can be addressed before they escalate taking a holistic whole family approach based on early intervention and prevention.

The report outlined three business cases within the **Priority 3:** Preventing and Managing Long Term Conditions workstream focusing on.

- Tobacco – Making Smoking History in Tameside;
- MacMillan GP in cancer prevention and care;
- Campaign and Social Marketing Programme – Find, Diagnose and Treat.

The business case for the Lung Screening programme will be presented separately to a future Strategic Commissioning Board for decision.

RESOLVED

(i) That the proposals set out in the business cases be supported.

(ii) That the investment outlined in the report of £313,401 for 2017/18, £329,751 for 2018/19 and £190,000 for 2018/20 be agreed.

7. MENTAL HEALTH INVESTMENT – MENTAL HEALTH NEIGHBOURHOOD DEVELOPMENT BUSINESS CASE

The Interim Director of Commissioning presented a report outlining a business case to request investment in two neighbourhood mental health developments in line with the Mental Health Investment agreed by the Strategic Commissioning Board in January 2018.

Reference was made to section 2 of the report which outlined the ambitions for 2018/20. Further work had taken place within the locality, in Greater Manchester and with partner Clinical Commissioning Groups in the Pennine Care footprint. From this learning a range of ambitions were proposed:

- Increase opportunities for people to stay well in the community;
- Increase opportunities to get help before / during crisis;
- Make effective use of secondary care.

The report outlined requests for Strategic Commissioning Board agreement to progress with two elements:

- Mental Health in the Neighbourhoods: 101 Days for Mental Health Project to co-produce a new model of mental health support;
- Dementia Support in the Neighbourhoods – increasing dementia practitioner capacity.

RESOLVED

- (i) **That the proposed ambitions be endorsed.**
- (ii) **That investment be agreed for two proposals for £58,000 for the 101 Days for Mental Health Project and £144,000 recurrently for the Dementia Practitioner capacity.**

8. MENTAL HEALTH INVESTMENT – SELF-MANAGEMENT EDUCATION BUSINESS CASE

Consideration was given to a report of the Interim Director of Commissioning explaining that a co-ordinated vision for self-management education that aimed to align and develop resources that supported individuals to self-care, across physical health, mental health and lifestyle change had been developed within Care Together.

The business case proposed that two funding streams be brought together - £27,000 recurrent funding used in the past to commission Self-Management UK to deliver self-management courses and £80,000 of Public Health Investment Fund, committed for two years. The £107,000 would be used to invest in a new programme for Tameside and Glossop to develop a co-ordinated self-management education offer that consisted of the following key elements:

- Continuing to invest in the high quality mental health self-management education programme delivered by Pennine Care in the Health and Wellbeing College.
- Developing a generic self-management course for Tameside and Glossop and equipping local trainers to deliver it.
- Co-ordinating existing SME assets and developing new ones in partnership with local organisations.
- Ensuring people had access to high quality, accessible information about their condition(s) and how to manage it.
- Supporting the development of peer support opportunities, led by local community groups but formally linked to their clinical teams.

Going forward it was hoped to add the following elements provided through developments in the system wide self-care transformation programme:

- Bringing together the wide range of existing resources into an outline resource to help people self-manage, with associated neighbourhood hubs.
- Supporting access to specialised health coaching, specifically for people with long term conditions who had lower activation levels and required more intensive one to one support.
- Embedding self-management consistently in clinical pathways ensuring a dual role in supporting people's conditions and empowering them to be effective self-managers.

Reference was also made to the national, strategic and local context, outcomes and benefits, the evidence base and performance monitoring and evaluation. It was intended that the proposal would be implemented from July 2018 preceded by a continuing planning phase in May and June 2018.

RESOLVED

That the Strategic Commissioning Board RECOMMEND to Council and the Clinical Commissioning Group that the proposals for investment outlined in the report be supported.

9. INTERMEDIATE CARE IN TAMESIDE AND GLOSSOP

The Interim Director of Commissioning presented a report which stated that the Tameside and Glossop Strategic Commission have led the development of a locality strategy for Intermediate Care.

In August 2017, the Strategic Commissioning Board agreed to consult on 3 options for the delivery of bed based Intermediate Care. Two of the options, one of which was proposed as the preferred option, involved the relocation of intermediate care beds from the Shire Hill site. The 3 options were the subject of public consultation over a 12 week period from 23 August to 15 November 2017.

Due to the richness of evidence arising from the public consultation and in particular from the Glossop neighbourhood, an interim report was presented in December 2017 to inform the Strategic Commissioning Board of the consultation progress and process, initial themes and the next steps to ensure a final report to the January 2018 Board meeting.

A report containing the full detail of the consultation analysis, an Equality Impact Assessment responding to issues arising during the consultation and explored mitigations, was presented to the Strategic Commissioning Board in January 2018. On the basis of this report, the Board approved Option 2, resulting in the centralisation of the intermediate care beds into the Stamford Unit, adjacent to Tameside Hospital and part of Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT).

An interim report was presented to the February meeting of the Strategic Commissioning Board, including a letter from the Clinical Chair and Chief Executive of the Clinical Commissioning Group, which set out expectations with regard to assurance on the progress of mitigations required before implementing the new model and moving the bed based care from Shire Hill to the Stamford Unit and appended to the report at Appendix 1.

Commissioners had been working with Integrated Care Foundation Trust and other partners in the locality to ensure the mitigations are being delivered and to develop the implementation plan set out in the report. The Integrated Care Foundation Trust had established a dedicated Intermediate Care project group which was led by the Chief Nurse and Director of Human Resources and reports into the Trust Executive Management Group. The Group's objectives were outlined in the report. Senior leads had been identified and sub-groups established to progress key actions prior to the relocation of services.

It was reported that a key principle of the intermediate care model was that wherever possible a person should have their care requirements met within their own place of residents and that the system would be responsive to meeting this need in a timely manner. The Integrated Care Foundation Trust had a well-established and documented process for referring patients into intermediate care services from acute care to facilitate discharge and a referral document for step up from community to avoid an admission. This documentation supported discussions with patients, carers and social care services on discharge planning and a choice of services attached to the report at Appendix 3.

The Integrated Care Foundation Trust had established a project group to develop a revised model for the whole of the Stamford Unit and agree policies and procedures for the new state. This included the process for identifying and referring patients into the specific Glossop bed based intermediate care.

Reference was also made to staffing implications and the process for staff consultation for the relocation of staff and a recruitment event had been held to recruit to vacant posts. Safe staffing of intermediate tier services would be monitored through quality and performance contract meetings between the Strategic Commission and the Tameside and Glossop Integrated Care Foundation Trust to ensure a focus on quality and safety during and after transition.

In conclusion, the Interim Director of Commissioning made reference to the letter from the Clinical Chair and Chief Executive of the Clinical Commissioning Group which set out expectations with regard to assurance on the progress of mitigations required before implementing the new model and moving the bed based care from Shire Hill to the Stamford Unit. The Integrated Foundation Trust's response to this letter had been included in detail in the report.

The Board discussed at length the development of the process to commission and provide additional bed based intermediate care provision in Glossop for patients needing to be close to their families / carers to deliver their optimum outcome.

It was emphasised that in line with the outcome of the consultation, bed based intermediate care for the population of Tameside and Glossop would be delivered from the Stamford Unit on the Tameside Hospital site and, in addition, the commissioning of intermediate care beds in Glossop to be purchased on an individual basis to meet an individual's needs should this be appropriate. This was ongoing and being led by the Integrated Care Foundation Trust Glossop Neighbourhood team with involvement from primary care, commissioning, social care, Derbyshire County Council and patient representation.

The Interim Director of Commissioning stated that this offer for the population of the Glossop neighbourhood had been developed and enhanced over recent months.

In particular, the Chair sought assurances and made reference to the minutes of the February Strategic Commissioning Board and read out the following extract:

“The Interim Director of Commissioning provided assurances that the Home First offer would be fully established and operational in the Glossop area before any implementation. This would ensure consistency, help build public confidence and ensure the new care models were understood before changes were implemented.

Resolution

3)c The need for assurance of the home based Intermediate Care offer working in Glossop.”

In response the Interim Director of Commissioning made reference to her review of the response of the Integrated Care Foundation Trust outlined in detail in the report and was satisfied that:

- Processes were in place to identify and refer intermediate care patients in Glossop, offer choice and fulfil the expectation of Commissioners;
- There was a plan to develop a commissioning process to support the additional bed based intermediate care provision in Glossop should this be appropriate. The Interim Director of Commissioning was working with the Strategic Commission's Director of Quality and the Integrated Care Foundation Trust Director of Nursing to ensure the process was robust and agreed.
- The Integrated Care Foundation Trust was offering service provision at all levels of Intermediate Care. However, this would be kept under review and assurance gained via the National Audit.

- That in relation to Glossop Integrated Neighbourhood Services and Glossop Primary Care Centre utilisation, the ICFT had met the Strategic Commissioning Board recommendation as described in the letter to the ICFT and attached at Appendix 1 to the report.

Having considered the report and responses provided by the Interim Director of Commissioning it was –

RESOLVED

- (i) **That the progress against mitigations outlined in the conclusions to the report be noted.**
- (ii) **That the move to implementation of the agreed model of care be approved.**
- (iii) **That the Quality and Performance meeting undertake a review of the delivery of Intermediate Care and report the findings to the Strategic Commissioning Board in January 2019.**

10. INTEGRATED URGENT CARE IN TAMESIDE AND GLOSSOP

The Interim Director of Commissioning presented a report explaining that in 2017/18 the Tameside and Glossop Strategic Commission had led the development of a locality vision for an enhanced offer of urgent care. Following a public consultation, the Strategic Commissioning Board, agreed the model for an Integrated Urgent Care Service comprising:

- The Urgent Treatment Centre;
- The Primary Care Access Service.

The level of integration between the Urgent Treatment Centre, A&E streaming, A&E and diagnostic provision, along with the strategic way forward for Tameside and Glossop Integrated Care NHS Foundation Trust, meant that the Urgent Treatment Centre element would be commissioned within the Integrated Care Foundation Trust contract. The report set out the National and Local Requirements of the Tameside and Glossop Urgent Treatment Centre. A Quality Impact Assessment had been completed and was attached to the report at Appendix 1.

Particular reference was made to financial implications and it was reported that the business cases for the Primary Care Access Service had already been approved and this was proceeding to procurement with an expectation of a 15% saving versus the current cost. The recurrent cost of A&E and Walk in Centre at present was £10,900 per annum. In addition to this, GP streaming was being funded on a non-recurrent basis for approximately £50,000 per month. Non-recurrent money was included in budgets to continue funding GP streaming until July.

When the new Urgent Treatment Centre was in place, the requirement for GP streaming would cease. It was also expected that efficiencies could be generated by bringing the Walk in Centre and A&E together. As such it was proposed that an additional £900,000 was varied into the Integrated Care Foundation Trust contract to run the Urgent Treatment Centre. This would create a commissioner saving of £118,000 per annum versus the current cost of the GP led Walk in Centre and ending the requirement for non-recurrent funding of GP streaming.

In order to enable these savings and before the Urgent Treatment Centre could go live, some capital work was required on the A&E site. The cost of these works was estimated at £1m and was subject to a separate business case for a capital grant from the local authority.

However, it was reported that initial time lines expected the Urgent Treatment Centre to be operational in July 2018. The Board heard that this was now feeling unachievable and some degree of slippage was inevitable while capital funding issues were addressed and work to reconfigure the hospital site took place. Until capital works were complete, the current arrangements for the Walk in Centre and GP streaming would need to be extended, delaying

realisation of planned savings and creating a cost pressure of £50,000 per month for every month GP streaming was required beyond July.

RESOLVED

The Board confirmed its intention to commission an Urgent Treatment Centre that delivered the standards and outcomes stated in the report and recommended the same to the Clinical Commissioning Group.

11. EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED

That under Section 11A of the Local Government Act 1972 (as amended) the public be excluded for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A to the Local Government Act 1972. Information relating to the financial or business affairs parties (including the Council) had been provided to the Council in commercial confidence and its release into the public domain could result in adverse implications for the parties involved.

12. WOMEN AND THEIR FAMILIES SERVICE

Consideration was given to a report of the Interim Director of Commissioning, which explained that the purpose of the Women and Families Centre was to use asset-based approaches to focus on early detection and help for women and their families who had the often overlapping issues of domestic abuse, mental health issues and harmful drug and alcohol use and were ready to make changes in their life. The report had been prepared in accordance with Procurement Standing Order D3.3 which required authorisation to be obtained where procurement activity had resulted in the receipt of fewer than three tenders. Having tested the market via OJEU and on The Chest, two compliant tenders were submitted.

It was reported that the core service elements of the Service was the provision of advice and support, risk assessment and safety planning, referral and assistance to engage with other relevant agencies to help overcome issues related to the women and their families. Where appropriate, crèche facilities were provided allowing women with children to ensure care for their children aged 5 years and under whilst utilising the Service.

At its meeting on 14 February 2017, the Strategic Commissioning Board agreed to the continuation of the current grant of £99,570 per annum to the Women and Families Centre for 2016/17 and an extension to 31 March 2018 and market testing to support consideration of funding of the Centre beyond 31 March 2018. Following a further report to the Strategic Commissioning Board on 31 October 2017, the Board agreed to extend the existing grant arrangement from 1 April 2018 to 30 September 2018 to allow time for the procurement to be completed with a view to a five year contract being procured.

Given the size of the contract, the specialist nature of the service and the market intelligence, the likelihood was that only a very limited number of providers had the necessary expertise and capacity to tender for these services. Particular reference was made to the procurement approach and evaluation exercise, which had been undertaken.

RESOLVED

- (i) That the recommendations of the evaluation process be accepted and permission be granted to award the contract for the Women and Their Families Service to the successful tenderer, New Charter Homes Ltd.**
- (ii) That commissioners regularly review the need for and alignment of this service with associated local service provision and consider revisions to the contract if indicated.**



13. URGENT ITEMS

The Chair reported that there were no urgent items had been received for consideration at this meeting.

14. DATE OF NEXT MEETING

It was noted that the next meeting of the Strategic Commissioning Board would take place on Wednesday 20 June 2018.

CHAIR

Report To:	EXECUTIVE CABINET
Date:	20 June 2018
Executive Member/ Reporting Officer:	Cllr Brenda Warrington, Executive Leader Steven Pleasant, Chief Executive
Subject:	AGMA EXECUTIVE BOARD MEETINGS / GREATER MANCHESTER COMBINED AUTHORITY
Report Summary:	<p>To inform Members of the issues considered at the January and February meetings of the AGMA Executive Board and Greater Manchester Combined Authority meeting. Under the GMCA Constitution there are provisions to ensure that GMCA Executive deliberations and decisions are reported to the ten Greater Manchester Councils. In order to meet this requirement the minutes of AGMA Executive Board/Greater Manchester Combined Authority meetings are reported to Executive Cabinet on a regular basis. The minutes of the following meetings of the AGMA Executive Board and the Greater Manchester Combined Authority are appended for Members information:</p> <p>a) GM Combined Authority on 25 May 2018.</p>
Recommendations:	That Members note and comment on the appended minutes.
Links to Community Strategy:	The Constitution and democratic framework provides an effective framework for implementing the Community Strategy.
Policy Implications:	In line with council policies.
Financial Implications: (Authorised by the Section 151 Officer)	There are no budgetary implications other than any specific references made in the AGMA Executive Board/Greater Manchester Combined Authority minutes.
Legal Implications: (Authorised by the Borough Solicitor)	Consideration of the AGMA Executive Board/Greater Manchester Combined Authority minutes helps meet the requirements of the AGMA Constitution and helps to keep Members informed on sub-regional issues and enables effective scrutiny.
Risk Management:	There are no specific risks associated with consideration of the minutes.
Access to Information:	<p>The background papers relating to this report can be inspected by contacting Robert Landon, Head of Democratic Services by:</p> <p> phone: 0161 342 2146</p> <p> e-mail: robert.landon@tameside.gov.uk</p>

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NOTICE OF DECISIONS TAKEN BY THE GMCA ON 25 MAY 2018

PRESENT:

Greater Manchester Mayor	Andy Burnham
Bolton	Councillor Linda Thomas
Bury	Councillor Rishi Shori
Manchester	Councillor Nigel Murphy
Oldham	Councillor Sean Fielding
Rochdale	Councillor Allen Brett
Salford	City Mayor Paul Dennett
Stockport	Councillor Alex Ganotis
Tameside	Councillor Brenda Warrington
Trafford	Councillor Andrew Western
Wigan	Councillor David Molyneux

OTHER MEMBERS IN ATTENDANCE:

TfGMC	Councillor Guy Harkin
Manchester	Councillor Angeliki Stogia
Rochdale	Councillor Sara Rowbotham
Stockport	Councillor Wendy Wild
Wigan	Councillor Jenny Bullen

OFFICERS IN ATTENDANCE:

GMCA Chief Executive	Eamonn Boylan
GMCA –Deputy Chief Executive	Andrew Lightfoot
GMCA – Monitoring Officer	Liz Treacy
GMCA – Treasurer	Richard Paver
Office of the GM Mayor	Kevin Lee
Bolton	Tony Oakman
Bury	Pat Jones-Greenhalgh
Oldham	Carolyn Wilkins
Manchester	Joanne Roney
Rochdale	Steve Rumbelow
Salford	Jim Taylor
Stockport	Pam Smith
Tameside	Sandra Stewart
Trafford	Joanne Hyde
Wigan	Alison McKenzie-Folan
Manchester Growth Company	Mark Hughes
TfGM	Steve Warrener
GMP	Ian Piling
GMFRS	Dawn Docx

GMCA	Simon Nokes
GMCA	Julie Connor
GMCA	Sylvia Welsh
GMCA	Lindsay Dunn
GMCA	Nicola Ward

APOLOGIES:

Bury	Councillor Andrea Simpson
Manchester	Councillor Richard Leese
Tameside	Steven Pleasant
Trafford	Theresa Grant
Trafford	Councillor Laura Evans
Wigan	Donna Hall
GMHSC Partnership	Jon Rouse
TfGM	Jon Lamonte
GMP	Ian Hopkins

Agenda Item No.

2. CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

RESOLVED /-

1. That it be noted that Councillor Jean Stretton, the former Leader of Oldham, Councillor Sean Anstee, the former Leader of Trafford and Lord Peter Smith the former leader of Wigan had resigned as members of the GMCA, and that it be placed on record that members recognise and appreciate that all three had made a major contribution to the work of the GMCA. In particular acknowledging the work of Lord Peter Smith as the long standing Chair of AGMA, leading to the establishment of the GMCA and as Chair of the GMCA over a significant length of time. That it be noted that Lord Peter Smith will continue as Chair of the Health & Care Board and Portfolio Lead for Health and Care.
2. That the appointment of Councillor Sean Fielding, Leader of Oldham, Councillor Andrew Western, Leader of Trafford and Councillor David Molyneux, Leader of Wigan to the GMCA be noted and that they be welcomed to their first meeting as members of the GMCA.
3. That Sir Richard Leese, Leader, Joanne Roney, Chief Executive, Kate Brown and the supporting team at Manchester City Council be thanked on behalf of the GMCA for the arrangement and management of the programme of events which took place on 22 May, in recognition of the Anniversary of the Manchester Arena Attack.
4. That thanks also be convey to the Bishop and the Dean and staff at Manchester Cathedral, Rose Marley and Sharp Futures for the role in the One Voice Event, volunteers who helped

with 'Trees of Hope' throughout the City Centre and everyone who attended the event in Albert Square.

5. That an objective assessment of the performance of Northern Rail and Network Rail be undertaken by TfGM and Transport for the North for the following month for submission to the June meeting of the GMCA to inform the next steps to be taken by Transport for the North and the GMCA in addressing the current performance issues.
6. That it be agreed that the submission of the Greater Manchester Spatial Framework be deferred to the 29 July meeting of the GMCA, due to the changes in the membership of the GMCA and the results of local elections across Greater Manchester, acknowledging that the public consultation will commence during the school summer holidays for a three month period concluding mid-October 2018.

4. MINUTES OF THE GMCA MEETING HELD ON 27 APRIL 2018

RESOLVED/-

That the minutes of the GMCA meeting held on 27 April 2018 be approved as a correct record.

5. MINUTES OF THE GREATER MANCHESTER LOCAL ENTERPRISE PARTNERSHIP 14 MAY 2018

RESOLVED/-

That the minutes of the GM LEP held on 14 May 2018 be noted.

6. GMCA APPOINTMENTS TO OVERVIEW & SCRUTINY COMMITTEES

RESOLVED /-

1. That appointments to the GMCA's 3 Overview & Scrutiny Committees, (15 members each) following nominations received from the constituent councils be approved as detailed below. That it be noted that political balance requirements have been met: 11 Labour, 3 Conservatives and 1 Liberal Democrat per Committee.

ECONOMY, BUSINESS GROWTH & SKILLS OVERVIEW & SCRUTINY			
1	Bolton	Susan Haworth	Labour
2	Bury	Mary Whitby	Labour
3	Manchester	Luke Raikes	Labour
4	Oldham	Barbara Brownridge	Labour
5	Rochdale	tbc	Labour
6	Salford	Kate Lewis	Labour

7	Stockport	Jude Wells	Labour
8	Tameside	Yvonne Cartey	Labour
9	Trafford	Barry Brotherton	Labour
10	Wigan	Charles Rigby	Labour
11	Stockport	Mark Hunter	Liberal Democrat
12	Rochdale	Mike Holly	Conservative
13	Salford	Karen Garrido	Conservative
14	Bury	Robert Caserta	Conservative
15	Oldham	Chris Goodwin	Labour

**HOUSING, PLANNING & ENVIRONMENT
OVERVIEW & SCRUTINY**

1	Bolton	Shamim Abdullah	Labour
2	Bury	Catherine Preston	Labour
3	Manchester	James Wilson	Labour
4	Oldham	James Larkin	Labour
5	Rochdale	Linda Robinson	Labour
6	Salford	Stuart Dickman	Labour
7	Stockport	Laura Booth	Labour
8	Tameside	Mike Glover	Labour
9	Trafford	Graham Whitham	Labour
10	Wigan	Lynne Holland	Labour
11	Stockport	Lisa Smart	Liberal Democrat
12	Bolton	Andrew Morgan	Conservative
13	Wigan	Michael Winstanley	Conservative
14	Bury	Dorothy Gunther	Conservative
15	Manchester	Paula Sadler	Labour

**CORPORATE ISSUES & REFORM
OVERVIEW & SCRUTINY**

1	Bolton	Hamid Khurram	Labour
2	Bury	Stella Smith	Labour
3	Manchest	Mary Watson	Labour
4	Oldham	Colin McLaren	Labour

5	Rochdale	Peter Malcom	Labour
6	Salford	David Jolley	Labour
7	Stockport	Yvonne Guariento	Labour
8	Tameside	Gill Peet	Labour
9	Trafford	Ann Duffield	Labour
10	Wigan	Joanne Marshall	Labour
11	Bury	Tim Pickstone	Liberal Democrat
12	Trafford	Nathan Evans	Conservative
13	Stockport	Linda Holt	Conservative
14	Tameside	John Bell	Conservative
15	Mancheste	Annette Wright	Labour

2. That approval be given to the appointment of up to 16 members to the GMCA Overview and Scrutiny Committee substitutes pool. That the appointments detailed below be approved, noting that a further 3 nominations are to be confirmed in June.

	LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT
Bolton	Kevin McKeon	David Greenhalgh	
Bury	Waiting for 1 further nomination to be confirmed		
Manchester			John Leech
Oldham	To be confirmed		Hazel Gloster
Rochdale	Danny Meredith Ray Dutton	Ann Stott	
Salford	Tanya Burch	To be confirmed	
Stockport			
Tameside	Adrian Pearce	Ruth Welsh	
Trafford	Amy Whyte	Bernard Sharp	
Wigan	Fred Walker	James Grundy	

7. ROUGH SLEEPERS UPDATE

RESOLVED/-

That this item be withdrawn and noted that the issue will be considered at the next meeting of the GMCA Reform Board, with a view to submitting an update to the 29 June meeting of the GMCA.

8. GREATER MANCHESTER CYCLING & WALKING GOVERNANCE UPDATE

RESOLVED/-

1. That the proposed governance arrangements, including for the allocation of funding and the approval of business cases in relation to allocating Transforming Cities funding (TCF) to cycling and walking focused schemes be approved.
2. That the prioritisation framework against which schemes will be assessed be approved.
3. That progress on scheme development be noted and it be agreed that delivery will be reported through regular updates to GMCA and via the quarterly GMCA Capital Monitoring reports.
4. That it be noted that Chris Boardman, Walking and Cycling Commissioner, would be presenting an update on the progress of the cycling and walking agenda at the 29 June meeting of the GMCA.
5. That the report to be considered by the GMCA on 29 June consider a number of issues including:
 -) extending the composition of the Cycling and Walking Delivery Board to include representatives from health and/or public health services and representative users of the schemes, including children and young people and people with physical and sensory impairments, in recognition of the wider agenda beyond transport improvements, including the improvement of the health of the population and improving air quality
 -) provide clarity on who would be responsible for developing the business case for schemes; local authorities or TfGM or a combination, together with details of available support
6. That the Walking and Cycling Commissioner be encouraged to meet with a number of individuals who attended the Mayor's Question Time on 24 May to discuss the experiences of disabled people in getting around Greater Manchester.

9. INTRODUCTION OF ZONAL FARES STRUCTURE ON THE METROLINK NETWORK (KEY DECISION)

RESOLVED/-

1. That the proposal to introduce a zonal fare structure on the Metrolink network in early 2019 be approved.
2. That the policy drivers and customer benefits of the proposed change be noted.
3. That the financial and demand assessment associated with the proposal and the assumed mitigation of risks be noted.
4. That it be noted that some of the proposed changes to the fares structure will impact on short journeys and comments would be considered as part of the proposed public engagement exercise.
5. That it be noted that the final zonal fare structure will be subject to a public engagement exercise from 1 – 17 June 2018.
6. That it be noted that the approval of the final zonal fare structure will be subject to a subsequent report to the GMCA on 27 July 2018.

10. BUS REFORM OBJECTIVES UPDATE

RESOLVED/-

1. That the objectives set out in the report be endorsed.

11. RAIL STATION PARTNERSHIP UPDATE

RESOLVED/-

1. That the report and the national political environment which has a preference for alliancing and partnerships rather than the transfer of full responsibility and ownership for rail assets be noted.
2. That the proposals to work with the rail industry to determine the extent to which the proposals around a partnership approach in relation to rail assets can deliver acceptable benefits to Greater Manchester be noted and endorsed.
3. That it be agreed to develop and embed formal governance with rail industry partners around stations development and delivery in Greater Manchester.

4. That the continuation of the workstreams and enabling projects set out in the report that can be delivered within the £0.5 million of funding approved by GMCA as part of the Transport Budget in January 2018 be approved.
5. That the potential for Government to assist with facilitating the release of brownfield land within the ownership of Network Rail be progressed as part of the discussions on Greater Manchester's Housing deal.
6. That an update on Rail Station Partnerships be submitted to the GMCA in September 2018.

12. MANCHESTER AND PENNINE RESILIENCE - OPTIONS FOR THE HAWESWATER AQUEDUCT

RESOLVED/-

1. That the report and the key issues and options identified – (sections 2, 3 and 4) be noted.
2. That it be agreed to write to United Utilities by 31st May to confirm the engagement that they have undertaken with GMCA and to provide support to the progression of a preferred option that secures a long term and sustainable solution for residents and businesses in GM.

13. BREXIT MONTHLY MONITOR

RESOLVED/-

1. That the Brexit Monthly Monitor (May 2018) be noted.
2. That Officers be requested to submit a report to the GMCA on 29 June providing an update on the impact of Universal Credit broadly across Greater Manchester, including the impact on the number of unemployed residents and family poverty etc.

14. GMCA CAPITAL OUTTURN 2017/18

RESOLVED/-

That the 2017/18 outturn capital expenditure compared to the forecast position presented to GMCA in January 2018 be noted.

15. GMCA REVENUE OUTTURN 2017/18

RESOLVED /-

1. That the GMCA Economic Development and Regeneration revenue outturn position for

2017/18, which shows a favourable position of £0.576 million after transfers to earmarked reserves be noted.

2. That the contribution to earmarked Economic Regeneration and Development reserves be approved.
 3. That proposals to spend any reserves which have not already been committed will be submitted to the GMCA for approval and that a process will be developed quickly, in consultation with Local Authority Treasurers, to determine how much of the reserves may be available for return to Local Authorities, to be considered by the GMCA as quickly as possible.
 4. That the GMCA transport revenue outturn position for 2017/18 is in line with budget after transfers to earmarked reserves be noted.
 5. That the contribution to earmarked transport reserves be approved.
 6. That the GM Fire and Rescue Service outturn position for 2017/18 which shows a favourable position of £0.396 million after transfers to earmarked reserves be noted.
 7. That the TfGM revenue position for 2017/18, in line with budget be noted.
 8. That it be noted that the final outturn position is subject to the completion of the annual external audit to be finalised by 31 July 2018, which will be reported to the GMCA Audit Committee at its meeting in July.
 9. That it be noted that the appropriate adjustments to the 2018/19 budget will be brought forward in due course.
- 16. GREATER MANCHESTER INVESTMENT FRAMEWORK PROJECT UPDATES (KEY DECISION)**

RESOLVED /-

1. That the funding applications by Maxilin Manufacturing Limited (loan of £600k) and LA Fashion Enterprise Limited (Lasula) (investment of £1,000k) be given conditional approval and progress to due diligence.
2. That delegated authority to the GMCA Treasurer and Monitoring Officer be approved to review the due diligence information and, subject to their satisfactory review and agreement of the due diligence information and the overall detailed commercial terms of the transactions, to sign off any outstanding conditions, issue final approvals and complete any necessary related documentation in respect of the loans/investments at 1. above.

17. GREATER MANCHESTER HOUSING INVESTMENT LOANS FUND – INVESTMENT APPROVAL RECOMMENDATIONS (KEY DECISION)

RESOLVED/-

1. That the following loans from the GM Housing Investment Loans Fund be approved.

BORROWER	SCHEME	DISTRICT	LOAN
Wiggett Homes Ltd	Hare Hill Mill, Littleborough	Rochdale	£2.215m
Maya Property Group Limited	Dale House, Hazel Grove	Stockport	£1.321m

2. That delegated authority to the GMCA Treasurer acting in conjunction with the GMCA Monitoring Officer to prepare and effect the necessary legal agreements be approved.

18. EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED/-

That, under section 100 (A) (4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items on business on the grounds that this involves the likely disclosure of exempt information, as set out in paragraph 3, Part 1, Schedule 12A of the Local Government Act 1972 and that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

19. GREATER MANCHESTER INVESTMENT FRAMEWORK PROJECT UPDATES (KEY DECISION)

RESOLVED /-

That the report be noted.

20. GREATER MANCHESTER HOUSING INVESTMENT LOANS APPLICATIONS (KEY DECISION)

RESOLVED /-

That the report be noted.

A link to the full agenda and papers can be found here:

https://www.greatermanchester-ca.gov.uk/meetings/meeting/513/greater_manchester_combined_authority

This decision notice was issued on 31 May 2018 on behalf of Eamonn Boylan, Secretary to the Greater Manchester Combined Authority, Churchgate House, 56 Oxford Street, Manchester M1 6EU. The deadline for call in of the attached decisions is 4.00pm on Thursday 7 June 2018.

Call-In Process

In accordance with the scrutiny procedure rules, these decisions will come into effect five days after the publication of this notice unless before that time any three members of the relevant Overview and Scrutiny Committee decides to call-in a decision.

Members must give notice in writing to the Chief Executive that they wish to call-in a decision, stating their reason(s) why the decision should be scrutinised. The period between the publication of this decision notice and the time a decision may be implemented is the 'call-in' period.

Decisions which have already been considered by an Overview and Scrutiny Committee, and where the GMCA's decision agrees with the views of the Overview and Scrutiny Committee may not be called in.

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Report to: EXECUTIVE CABINET

Date: 20 June 2018

Officer of Strategic Commissioning Board: Kathy Roe – Director Of Finance – Tameside MBC and NHS Tameside & Glossop CCG

Subject: **TAMESIDE AND GLOSSOP COMMUNITY SERVICES CONTRACT ARRANGEMENTS WITH THE TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST**

Report Summary: The report explains the proposed revised payment arrangements for the commissioning of community service provision by the Council and NHS Tameside & Glossop Clinical Commissioning Group across the locality from the Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT). These revised payment profiles will enhance the ICFT's cashflow position and allow it to avoid interest costs of £300k per annum. The Council will be compensated by £100k per annum for its own loss of interest caused by changing the payment profile.

The change in the arrangements will help ensure more funds are retained within the local health economy to optimise improved services for residents.

Recommendations: Strategic Commissioning Board Members are recommended to APPROVE and RECOMMEND to Council that:

1. The advance payment arrangements set out in the report, which is intended to commence from 20 June 2018 for 2018/19 and from 1 April each financial year thereafter.
2. To note that Tameside Council will continue to be the host organisation and accountable body for the Section 75 pooled fund agreement.
3. That the change will, if expedient, be documented in the Section 75 and contracts between between the CCG, ICFT and Council, otherwise through a separate agreement.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation	Council : £ 5.075 m CCG : £ £23.607 m Total : £ 28.682 m
Integrated Commissioning Fund Section	Section 75
Decision Body	Strategic Commissioning Board
Additional Comments	
The report explains the proposed arrangements for implementation from 20 June 2018 and associated financial implications. It should be noted that the annual net saving to the ICFT of these arrangements will be c £0.2m. There will however be a part year saving in 2018/19 due to implementation from the aforementioned date.	

**Legal Implications:
(Authorised by the Borough
Solicitor)**

The proposal involves an advance payment for the year's community services that both the Council (£5.075m) and the CCG (£23.607m) are in contract with the ICFT for. The budget which funds the current contractual services are held in the pooled section 75 budget held and accounted for by the Council. This change will result in improved cash flow for the hospital which will result in total savings of £300K for the whole Tameside health economy as it will not be necessary for the ICFT to borrow money to cashflow existing services. The Council is obliged to demonstrate value for money. The advance will ensure the services are delivered on time and result in a reduction in costs of £100K for the benefit of the advance. This is to compensate for the loss of available capital to otherwise invest. If the Council retains the funding on the current basis given the current financial markets it would not be able to achieve such a return. The arrangement requires the necessary legal documentation to be put in place.

**How do proposals align with
Health & Wellbeing Strategy?**

The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Health and Wellbeing Strategy

**How do proposals align with
Locality Plan?**

The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Locality Plan

**How do proposals align with
the Commissioning
Strategy?**

The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Strategic Commissioning Strategy

**Recommendations / views of
the Health and Care Advisory
Group:**

Reported directly to the Strategic Commissioning Board.

**Public and Patient
Implications:**

Service reconfiguration and transformation has the patient at the forefront of any service re-design. The overarching objective of Care Together is to improve outcomes for all of our citizens whilst creating a high quality, clinically safe and financially sustainable health and social care system. The comments and views of our public and patients are incorporated into all services provided.

Quality Implications:

Quality considerations are included in the re-design and transformation of all services.

**How do the proposals help
to reduce health
inequalities?**

The reconfiguration and reform of services within Health and Social Care of the Tameside and Glossop economy will be delivered within the available resource allocations. Improved outcomes for the public and patients should reduce health inequalities across the economy.

**What are the Equality and
Diversity implications?**

Equality and Diversity considerations are included in the re-design and transformation of all services

**What are the safeguarding
implications?**

Safeguarding considerations are included in the re-design and transformation of all services

**What are the Information
Governance implications?
Has a privacy impact
assessment been**

There are no information governance implications within this report and therefore a privacy impact assessment has not been carried out.

conducted?

Risk Management:

Whilst making an advanced payment can be risky when made to a third party. The ICFT is a public sector body and underwritten by the Government. Other associated risks will be managed within the Section 75 and supporting Financial Framework

Access to Information :

Background papers relating to this report can be inspected by contacting :

Stephen Wilde, Finance Business Partner, Tameside Metropolitan Borough Council



Telephone:0161 342 3726



e-mail: stephen.wilde@tameside.gov.uk

Tracey Simpson, Deputy Chief Finance Officer, NHS Tameside and Glossop Clinical Commissioning Group



Telephone:0161 342 5609



e-mail: tracey.simpson@nhs.net

1. INTRODUCTION

- 1.1. Within the Section 75 element of the Integrated Commissioning Fund, the Council and NHS Tameside and Glossop Clinical Commissioning Group (CCG) have two contracts respectively with the Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT).
- 1.2. The Council's contract is to deliver community service provision across the locality. These services include :
 - The universal Healthy Child Programme 0-19 (this includes Health Visiting and School Nursing services)
 - Early Attachment Service
 - Infant Feeding
 - Family Health Mentors
 - Children's Nutrition Team
 - Falls Prevention programme
 - Infection Prevention
 - Children's Safeguarding
- 1.3. The CCG also commissions community services from the ICFT across the locality. These services include (but are not restricted to) :
 - District Nursing
 - Health Visiting
 - Physiotherapy
 - Speech & Language Therapy
 - Palliative Care (MacMillan Nurses)
 - Continence services
- 1.4. These services form part of the Council and NHS Tameside & Glossop Clinical Commissioning Group's contract with ICFT with each service having a detailed 'service specification' in place, a description of the service provided and the care offered to Tameside & Glossop residents by that service. The services each have a list of objectives and key performance indicators which are monitored by commissioners through the ICFT contract management processes. This process includes discussions relating to issues of performance and quality and enables commissioners to highlight any areas of concern and ensure these are addressed.

2. CONTRACT VALUE

- 2.1. The value of the 2018/19 Council commissioned community services contract for 2018/19 is £5.075m and is financed via the Population Health directorate revenue budget
- 2.2. The value of the 2018/19 CCG commissioned community services contract for 2018/19 is £23.607m and is financed via the CCG's core funding allocation.
- 2.3. These contracts are both accounted for within the 2018/19 Section 75 agreement of the Integrated Commissioning Fund of the Council and NHS Tameside and Glossop Clinical Commissioning Group arrangements, for which the Council is the host body
- 2.4. The Council currently pays the total contract value in advance instalments during the first quarter of the financial year. This is to support the cashflow of the ICFT and associated loan interest payments which are explained further in section 3 of the report.
- 2.5. The CCG currently pays the contract value in equal monthly instalments in line with the draw down arrangements of the annual core funding allocation.

3. FINANCIAL STATUS OF THE INTEGRATED CARE FOUNDATION TRUST

- 3.1. The ICFT is one of the hospitals defined by the Department of Health as being in “finance distress” as they have an annual deficit control total set by their regulatory body, NHS Improvement. The organisation is reliant upon cash from the Department of Health and Social Care (DHSC) in the form of loans in order to balance its books on an annual basis. The loans have to be requested on a monthly basis and interest of 3.5% is accrued from the date of draw down and paid on six monthly instalments.
- 3.2. NHS Improvement (NHSI) and the Department of Health have requested from the ICFT a monthly deficit profile, a daily cash plan and Board resolution.

4. PROPOSAL

- 4.1. The Council is fully responsible for its own cashflow and has the flexibility to alter payment terms with suppliers unlike the CCG who is governed by NHS England rules. Any such arrangements implemented by the Council are assessed against the potential risk of supplier failure and the benefits to the Council.
- 4.2. In order to reduce the value of loan interest payments incurred by the ICFT, it is proposed that the Council will commission the total value of the community services contract in 2018/19 (£28.682m) and each year thereafter in accordance with the terms of the existing Tameside MBC and NHS Tameside & Glossop Clinical Commissioning Group Section 75 agreement.
- 4.3. The Council will then pay this sum in an accelerated payment profile to be agreed with the ICFT to enable them to delay the loan drawdown and as a result reduce the value of the loan interest sum payable thereby retaining more funds within the local economy
- 4.4. The Council will be fully reimbursed for the CCG commissioned community services in line with the CCG’s monthly funding drawdown profile. This arrangement will be reflected within the Section 75 agreement and supporting Financial Framework duly approved by both parties.
- 4.5. The proposal does not affect the CCG’s cashflow and there are no direct financial costs or benefits to the CCG. They continue to pay their drawdown of funding from the DoH for the contract into the Section 75 pool. However, this arrangement benefits the wider health economy by saving the ICFT interest costs which can be invested in service delivery for the benefit of Tameside residents.

5. ESTIMATED FINANCIAL SAVINGS

- 5.1. This arrangement would enable the ICFT to make an annual gross saving of c£0.3m per annum in reduced loan interest payments, by deferring the date of the draw down of loans by the ICFT from the DoH. The ICFT is expected to have an in year deficit of more than £20m, for which it has to borrow. For illustrative purposes the deferring the drawdown by around 5 months would save around £0.3m on a straightline basis.
- 5.2. The Council, by making the advanced payment will lose some of its investment income on those balances which is estimated to be at 0.9%, which over the course of the year based on the revised cashflows would cost around £0.1m. It has therefore been agreed that in exchange for making the advanced payment, the contract value is reduced by £0.1m which will be retained by the Council to compensate it for the lost of interest.

5.3. It should be noted there will be part year saving implications in 2018/19 of this arrangement as it will commence on 20 June 2018 once approval is in place.

6. RECOMMENDATIONS

6.1. As detailed on the report cover.

Report to: EXECUTIVE CABINET

Date: 20 June 2018

Officer of Strategic Commissioning Board: Councillor Brenda Warrington – Executive Leader
Stephanie Butterworth – Director of Adult Services

Subject: PRESENTATION OF THE DRAFT OUTLINE BUSINESS CASE THAT PRESENTS THE CASE FOR THE TRANSACTION OF A NUMBER OF ADULT SOCIAL CARE FUNCTIONS AND STAFF INTO TAMESIDE & GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST

Report Summary: The attached report presents the draft Outline Business Case (OBC) for the transaction of a proportion of Adult Social Care services and staff into the ICFT. The OBC combines a high level Strategic Outline Case (SOC) and the OBC within one document as agreed with NHS Improvement.

The Council, ICFT, and CCG considered a number of integration options at the SOC stage and concluded that the options distilled in the OBC were the most effective ones to take at this time.

Details of the teams and functions that are included in the preferred option are detailed, including the benefits, dis-benefits and risks to both the Council and the ICFT.

The report describes the economic, business, financial, commercial and management cases for the transaction of the services and functions identified in the preferred option.

Recommendations: That Strategic Commissioning Board note the content of the report and support the content of the report and the proposal contained in Option 2.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

ICF Funding Stream	Section 75
Decision Required By	Strategic Commissioning Board
Organisation and Directorate	Tameside MBC – Adult Services
Comments	
<p>The Outline Business Case (OBC) includes assumptions on the level of Council resources that will support the transfer of the respective services to the ICFT for the five year period to 2023/24 (Section 2 of the OBC). Section 6.4 of the OBC includes the proposed details of the risk share arrangements for the transfer. The arrangements for the Council support functions related to the transfer are yet to be confirmed.</p> <p>Members should consider the related risks to the Council associated with the transfer alongside the share of the proposed financial risk share arrangements stated in 6.4.</p> <p>The financial implications of the OBC will continue to be reviewed and updated, with further updates included within the Full Business Case should the OBC be approved by NHS Improvement.</p>	

Legal Implications:
(Authorised by the Borough Solicitor)

It should be noted that the approach to risk transfer set out in the report states that: *“It will be based on the best practice principle of allocating risk to the party, or parties, best placed to manage that*

risk. Therefore, an optimum allocation of risk rather than a maximum risk transfer will be taken.

The risk sharing agreement (which protects the ICFT from undue financial hardship until it can start to realise benefits) will be defined and agreed during the project process. After this TMBC will not cover any funding shortfalls as the ICFT will have had the opportunity to transform the service in a manner that releases savings. Risks associated with the delivery of the solution (i.e. post contract award) will be maintained in a jointly held risk register with clear assignment to the responsible party.

Hempsons Solicitors have provided an initial review of the legal feasibility and likely risks involved in this transfer.

Going forward we need to be clear that there is an appropriate risk transfer and the Council/CCG are not left exposed with an increasing demand for resources set against a lack of control whilst retaining the liability for the service. This will need to be carefully understood before any final decision is made.

How do proposals align with Health & Wellbeing Strategy?

The proposals and strategic direction are consistent and aligned.

How do proposals align with Locality Plan?

The proposals and strategic direction are consistent and aligned.

The service is consistent with the following priority transformation programmes:

- Healthy Lives (early intervention and prevention)
- Enabling self-care
- Locality-based services
- Urgent Integrated Care Services
- Planned care services

How do proposals align with the Commissioning Strategy?

The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities
- Commission for the 'whole person'
- Target commissioning resources effectively

Recommendations / views of the Health and Care Advisory Group:

This document has not been presented at HCAG.

Public and Patient Implications:

It is anticipated that this proposal will improve the service offer to people living within the borough.

Quality Implications:

A Quality Impact Assessment will be completed as part of the development of the FBC and the programme of transfer to ensure quality is maintained.

A robust quality assurance framework will be developed to assure the DASS that the ICFT is delivering the Council's statutory duties.

How do the proposals help to reduce health

A primary objective of the Care Together Programme and the development of the Integrated Care Organisation (ICO) – Tameside and Glossop Integrated Care NHS Foundation Trust –

inequalities?

is to reduce health inequalities.

Bringing together the health and social care functions, working in an asset based, place based way, will improve the offer to local people, with a focus on those whose health is placing them at most risk.

What are the Equality and Diversity implications?

It is anticipated that the proposal will not have a negative effect on any of the protected characteristic group(s) within the Equality Act.

An Equality Impact assessment will be completed as part of the FBC.

What are the safeguarding implications?

Safeguarding assurance is integral and essential to the service model. All safeguarding implications will be considered as part of the FBC.

What are the Information Governance implications? Has a privacy impact assessment been conducted?

As part of the development of the FBC, a data flow mapping exercise will be undertaken to understand what information will be transferred and to where; from that it will be possible to identify the requirements for robust data sharing agreements between the parties sending or receiving the data. A work stream is already considering the implications.

A Privacy Impact Assessment has not been conducted at this stage in the process.

Risk Management:

The OBC details the anticipated risks to the three options proposed in the report. Further risk analysis and mitigation will be considered as part of the development of the Full Business Case.

Access to Information :

The background papers relating to this report can be inspected by contacting Stephanie Butterworth, Director of Adult Services



Telephone: 0161 342 2613



e-mail: Stephanie.butterworth@tameside.gov.uk

1. INTRODUCTION

- 1.1 The purpose of this report is to provide a progress update to the Strategic Commissioning Board (SCB) regarding the progress made on the transaction of transferring a sub-set of Adult Social Care (ASC) services from Tameside Metropolitan Borough Council (TMBC) into Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT). This builds on the report that was received by the Health and Wellbeing Board in January 2018.

2. CONTEXT

- 2.1 During 2015 analysis conducted through the Contingency Planning Team's report concluded that in order to achieve the most improved outcomes for our local people and to be a sustainable economy the formation of an Integrated Care Organisation was required. This new organisation would be inclusive of Social Care and the principle was accepted by the locality partners.
- 2.2 Consequently the locality established a programme of work to define, design, and implement the transactional process to deliver Adult Social Care into the ICFT, and within agreed timescales.

3. OUTLINE BUSINESS CASE

- 3.1 The recent activity undertaken in support of this transaction has been focused upon the production of the Outline Business Case (OBC). Before the transaction can be effected it needs to receive the support of the ICFT's Board, of Council's Cabinet, and of NHS Improvement (one of the ICFT's regulators). Therefore the OBC aims to set out the locality's rationale for the transaction and a compelling case for change.
- 3.2 There is appended to this report the current draft of the OBC (version 12.2). There has been a significant focus over the last two months to produce a business case that will set out for NHS Improvement the benefits to the local health and care system of delivering this transaction whilst also setting out the risks and how these can be mitigated.
- 3.3 SCB are advised that this version of the OBC has been shared with the Board members of the ICFT who were supportive of the report, with a preference for Option 2, subject to a more detailed Full Business Case.

Strategic Outline Case

- 3.4 This current version of the OBC (version 12.2) opens with the Strategic Outline Case and sets out a long list of options that have been considered with regards to the services under consideration for the transaction and also the options for any new contractual basis including the implications for staff. From this long list of eight potential options there is the rationale provided as to how the OBC arrived at a short list of three options.
- 3.5 These three options are:
- Option One – Do nothing
 - Option Seven - Integration of a subset of in house ASC delivered services from TMBC into the ICFT, through TUPE arrangements
 - Option Eight - Integration of a subset of in house ASC delivered services from TMBC into the ICFT, as detailed in Appendix B, with the LA staff seconded into the ICFT.

ASC services for the transaction

- 3.6 The draft OBC is proposing that only a subset of ASC services would transfer at this time. Although it remains the intent to progress the integration in the future to include the wider scope of ASC services it has been decided to transact a smaller sub-set of services in the first instance both to prove the concept and to limit the financial and operational risk. It is considered that this stepped approach would be more amenable to NHS Improvement. It remains the intent that in future further services would still look to be transferred.
- 3.7 The following table sets out the services proposed for transfer at this time:

Service Area – Adult Social Care	Service Description
TMBC Urgent Care	
Service Unit Manager	
Integrated Urgent Care Team (IUCT) - staff and Management team	The ASC resource in IUCT is made up of Social Workers, Assessors Assistant Practitioners, Customer Care Officers. Community Care Officers and therapists, including Physios and OTs. The function of the team is to aid a speedy discharge from hospital, prevent hospital admission, deal with a wide range of situations which present within the community, the referrals that are received by the Team come from a range of sources, such as GP's, Emergency Services, other professionals, families and carers. The function of the Team is to assess a persons' needs and requirements, provide a 72 hour wrap around service establishing on-going support requirements going forward. At present the team also carry out rehabilitation for a period of time, which should be no longer than 6 weeks.
Integrated Community Equipment Service (ICES) - Service co-ordination staff member	Integrated Community Equipment Services provides a vast range of equipment to support people either in their own homes or the establishments they live in. ICES contract has three partners – TMBC, CCG and Derbyshire County Council. It is currently a section 75 pooled budget with TMBC as the lead Commissioner. The contract is currently being reviewed to determine future commissioning arrangements. A Co-ordinator is employed to ensure appropriate ordering and prescribing by health and social care staff, and to monitor the performance of the contract.
TMBC – Localities	
Assessment / Care Co-ordination (18+) Inc Locality teams and management	<p>The Care Act 2014 provides a statutory duty on the Council to carry out an assessment of need for anyone requesting it. Once an assessment has taken place, the application of the national eligibility criteria is made and a suitable support plan is determined. People receiving a package of care must be reviewed/reassessed annually as a minimum and those with complex care packages will be care managed/care co-ordinated throughout their time with the service.</p> <p>Assessment and Care Management staff undertake assessments and annual re-assessments. They hold a caseload, and will support individuals on an on-going basis, working proactively with individuals to enable them to live well in their own homes. Where an individual experiences a crisis or experiences a change in need the Social Worker/Assessor will work with the individual, carrying out a re-assessment where appropriate, and amending/changing the support</p>

	<p>plan where appropriate.</p> <p>The staff have a commissioning function in that they put in place care home placements or refer to the Home Care Commissioning Team to set up a home care package. Referrals to other appropriate professionals are also made, as is support to access community resources.</p> <p>A key function involves safeguarding adults, including undertaken and supporting safeguarding investigations. Investigation of complaints is also a function of managers in this function.</p>
Direct Payment Function – staff resource	<p>Direct Payments (DP) are the Governments' preferred delivery vehicle for service users to have greater choice and control. Once a package of care has been identified, a personal budget is set against it and this can be taken as a direct cash payment to the user. This allows the individual to determine how best to meet their needs. A small team support individuals who have chosen a DP to ensure they are confident to manager the DP.</p>
Review function in care homes – staff resource	<p>The Council has a statutory duty to carry out at least an annual review of all packages of care. Reviews and reassessments can be carried out more frequently should the need arise. Two staff - Operational Performance Officers (OPOs) carry out this function with people who live in residential homes. The OPOs are responsible for organising the reviews, chairing the meetings and circulating copies of review minutes. The OPOs will also follow up on any actions identified during the reviews.</p>
Health & wellbeing and Carers Service – staff resource	<p>Whilst not everyone will meet the eligibility criteria to receive ASC it is important that help and advice is offered to everyone so that they are able to make informed decisions about their lifestyle and options for support within communities. The Health and Wellbeing Advisors work closely with people to support them in accessing the correct support and the correct connections with community and third sector groups in neighbourhoods. Within the Neighbourhood teams there are specific staff who work directly with carers to identify their care and support needs. The Council has a statutory duty to assess carers' needs and to provide suitable services to help support carers to continue to carry out their caring role.</p>
Occupational therapy / Manual Handling Team	<p>Adult services carry out assessments to determine whether appropriate community equipment and or adaptations are required. It also provides assessment for people with manual handling needs particularly if they are returning from hospital or are in crisis in their own homes.</p>
TMBC Long Term Support	
Reablement Service (CQC Registered) (Inc Homecare through the night)	<p>The Reablement service is a CQC registered service that provides reablement support to individuals whose needs may have changed or have experienced a period of crisis. This service currently provides support for up to 6 weeks and supports the urgent care system in terms of 'step-up' and 'step down' support and provides support in the provision of community care assessments. The service is usually delivered in the individual's home.</p> <p>Individuals are referred into the service either from IUCT or from the</p>

	<p>Neighbourhood teams and is part of the Intermediate Tier function. The service is usually established within 2 working days. Individuals are reviewed weekly and their care package modified as an individual's skills and confidence improve.</p> <p>The service is delivered free as it is identified as a rehabilitation function. The service will usually support between 100 and 120 people at any one time. Individuals may require on-going longer term support, though for many this service builds confidence and skills that results in no further interventions being required.</p> <p>Social Workers in IUCT carry out reviews to close cases. There are usually about 30 people awaiting closure reviews – an individual cannot be charged for this service while awaiting this review. In exceptional circumstances Reablement will provide 'long term' home care support to individuals where a home care package cannot be commissioned – individuals are financially assessed for these services.</p>
Through the Night Service (CQC Registered in reablement registration)	This service offers planned care visits during the hours of 10pm and 7am to enable individuals who require care and support through the night to remain at home. The main functions are support with turning people and to support people with using the toilet.
TMBC Crisis & Response	
Community Response Service – warden/response element (Not Control/Operator function)	<p>CRS provides support to enable people to remain in their own homes through the installation of assistive technology. A system linked to an individual's telephone is installed which gives connection to the Control/Operator function (it is proposed that the telephone response function remains with the Council). Devices include falls pendant, wander alert, pill dispensers, as well as a range of environmental alerts (gas, flood, etc). The service also supports hospital discharge, by installing equipment within 2 hours of referral, to facilitate a speedier discharge. The service also has a range of lifting equipment which can be utilised to lift someone who has fallen, where they are not injured, thereby reducing transfers to hospital or hospital admission.</p> <p>The service is available to anyone aged 18+, whether they live in their own home, sheltered housing, or social housing. There is a weekly charge, which is currently £6.17. The service provides a 24 hour response, 365 days per year.</p> <p>The service offers a physical response, usually within 20 minutes, through a team of Wardens. A minimum of 2 Wardens are on duty at any one time, on a shift basis. A further 2 members of staff are utilised to install equipment and devices. The service also provides technical triage for Telehealth, Digital Health services.</p> <p>This service is not means tested and there is no eligibility criteria – this is a universal offer to anyone living in the borough.</p>
Sensory Service – (inc interpreting services)	This service provides an assessment and support function to adults aged 18+ who are blind, partially sighted or deaf, or dual sensory. Support includes rehabilitation, cane training, guide communicator, travel training, mail reading, provision of sensory aids and an interpreter service.

4. NEXT STEPS

- 4.1 If the OBC then receives support from the leadership at both organisations it will then be submitted to NHS Improvement for their consideration. It is expected that NHS Improvement would provide a response by September 2018.
- 4.2 Should the appropriate approval be given to transfer staff into the ICFT full and formal consultation will be undertaken with all affected staff.

5. RECOMMENDATIONS

- 5.1 As set out on the front of the report.

Tameside and Glossop Integrated Care NHS Foundation Trust

Adult Social Care Transaction

OUTLINE BUSINESS CASE

Author:	Suzanne Holroyd / Paul Pallister
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Name	Role	Latest version reviewed	Status	Approver	Reviewer
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Paul Pallister	Assistant Chief Operating Officer	0.2, 0.7	Draft		✓
Pauline John	Programme Manager	0.3, 0.7	Draft		✓
Reyhana Khan	Programme Manager	0.3, 0.7	Draft		✓
Stephen Wilde, Tom Wilkinson, Suzanne Holroyd	Finance Task and Finish Group	0.4, 0.7	Draft		✓
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Glossary

Term or abbreviation	Description
SOC	Strategic Outline Case
OBC	Outline Business Case
FBC	Full Business Case
ASC	Adult Social Care
ICFT	Integrated Care Foundation Trust
TMBC	Tameside Metropolitan Borough Council
CCG	Clinical Commissioning Group
LA	Local Authority
SCF	Strategic Commissioning Function
DASS	Director Adult Social Services
POPPI	Projecting Older People Population Information

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Appendices

Appendix A: SOC – Long List of Options

Appendix B: Option Analysis of Gross Expenditure & Associated Funding Gap

Appendix C: Public Health Joint Needs Assessment

Appendix D: Adult Social Care Budget Analysis

Appendix E: Hempsons' Due Diligence Report & Questionnaire

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Executive Summary

This is the Business Case for the transfer of in house Adult Social Care (ASC) services into Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) from Tameside Metropolitan Borough Council (TMBC). For the purposes of this document this transaction refers to:

- The transfer of the provision of in house ASC services from TMBC into the ICFT
- The transfer of ASC staff from TMBC into the ICFT

TO BE COMPLETED ONCE ALL OF THE OPTIONS HAVE BEEN WORKED THROUGH AND A RECOMMENDATION MADE

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1. Introduction

The Tameside and Glossop Economy consists of Tameside & Glossop Integrated Care NHS Foundation Trust (ICFT), NHS Tameside and Glossop Clinical Commissioning Group (CCG) and Tameside Metropolitan Borough Council (TMBC). TMBC provides Social Services within the Tameside area, but does not provide these services to the residents of Glossop who receive Social Services from Derbyshire County Council (DCC). Under the future models of care Glossop residents would continue to receive Social Services from DCC who will not be integrating their services into the ICFT.

The Tameside and Glossop economy has experienced significant clinical and financial sustainability challenges for a number of years. Over a number of years three external reviews have been conducted (Ernst & Young 2012, McKinsey 2013/4, and PwC via Monitor's Contingency Planning Team process in 2015) and all concluded that improved population outcomes at reduced cost could be achieved through the integration of health and social care services. As the financial challenge continues, we have continued to develop and implement plans to maintain (and in some cases to increase) service provision but at reduced cost.

Monitor appointed Price Waterhouse Cooper (PwC) in November 2014 as a Contingency Planning Team (CPT) to test the financial and clinical sustainability of the then Tameside Hospital NHS Foundation Trust (THFT) following a number of critical reports. The CPT report was supported and published by Monitor in September 2015 and fed directly into the on-going transformation work across the economy. The CPT process provided considerable assurance on our plans as it concluded that THFT should become an Integrated Care Foundation Trust (ICFT) as the delivery vehicle for providing an integrated health and social care system.

The CPT report proposed the full integration of Community Services, Adult Social Care, Mental Health Services and Commissioning into the ICFT in order to support ongoing financial sustainability of the ICFT. The ICFT has already integrated Community Services into the Trust in April 2016 as the first stage of the integration process. This OBC intends to further progress the process with the integration of Adult Social Care Services which are currently provided by TMBC directly employed Social workers and other associated staff.

2. Strategic Outline Case

This Outline Business Case (OBC) integrates a high level Strategic Outline Case (SOC) and the OBC within one document as agreed with NHSI.

The ICFT, TMBC and CCG considered a number of various integration options at the SOC stage and concluded that the options distilled in the OBC were the most effective options at this time.

The long list of options considered within the SOC are detailed below:-

- Option One – Do nothing

- Option Two – Full integration of all Adult Social Care Services, and CCG Commissioned Services.
- Option Three – Full integration of all Adult Social Care Services, and a subset of CCG Commissioned Services.
- Option Four – Full integration of all Adult Social Care Services (including staff and funding).
- Option Five – Integration of in house ASC delivered services from TMBC into the ICFT through TUPE arrangements
- Option Six - Integration of in house ASC delivered services from TMBC into the ICFT with TMBC staff being seconded into the ICFT
- Option Seven - Integration of a subset of in house ASC delivered services from TMBC into the ICFT, through TUPE arrangements
- Option Eight: Integration of a subset of in house ASC delivered services from TMBC into the ICFT, as detailed in Appendix B, with the LA staff seconded into the ICFT.

The high level reason for excluding each of the options not taken forward are detailed below.

Option Two – Full integration of all Adult Social Care Services, and CCG Commissioned Services.

The Trust engaged Hempsons Solicitors in July 2017 to undertake a review of the integration of all Adult Social Care and CCG Commissioned Services. As a result of this review it was determined that including the integration of CCG Commissioned services would slow the process down due to the proposal not being sufficiently developed and the legal issues that would need resolving in order to transfer CCG Commissioned Services, as it is not lawful for the CCG to delegate its functions to an NHS Foundation Trust. This option also transferred significant financial risk to the ICFT and under the Single Oversight Framework this may have resulted in the failure to secure an acceptable NHS Improvement risk rating

Option Three – Full integration of all Adult Social Care Services, and a subset of CCG Commissioned Services.

The reasons for discounting this option were the same as option two but the financial risk had reduced but only marginally. The largest financial risk remained associated with all of adult social services transferring. There also remained potential legal issues with the sub-set of CCG Commissioned services.

Option Four – Full integration of all Adult Social Care Services (including staff and funding).

This option was discounted on the level of financial risk to the ICFT. The transfer of all Adult Social Care Services had the potential to have transferred a financial gap of £x by 22/23 to the ICFT with no clear financial or operational plans to mitigate this.

Option Five – Integration of in house ASC delivered services from TMBC into the ICFT through TUPE arrangements

This option was also discounted on the level of financial risk to the ICFT.

Option Six - Integration of in house ASC delivered services from TMBC into the ICFT with TMBC staff being seconded into the ICFT

This option was also discounted on the level of financial risk to the ICFT.

A matrix of the services considered as part of each of the options can be found at Appendix A. Appendix B details the financial gap details and values of the services within each option.

The table below details for the Adult Social Service options transferring (excludes back office support functions), the 2023/24 projected financial gap associated with each option, and supports the option being discounted on the basis of financial risk.

Table:- Adult Social Care Financial Gap Associated with each of the Options

2023/2024 Projected Gap	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8
TMBC ASC Financial gap £m	17,318	17,318	17,318	17,318	4,312	4,312	2,264	2,264

Only options one, seven and eight have been taken forward as the shortlist of options into the OBC, as such the later parts of this OBC will be limited to the remaining three options. Section 4 details the OBC options and the services covered within the case.

3. OBC - Strategic Case

3.1 Strategic Vision

Care Together is our transformational approach to improving significantly the health and wellbeing of the 250,000 residents of Tameside and Glossop. The programme comprises three key elements:

- The establishment of a Strategic Commissioning Function to ensure resources are aligned and distributed in a way which facilitates integration and most effectively meets need
- The development of an Integrated Care Organisation to eliminate traditional organisational silos and boundaries
- A new model of care to drive forward at pace and scale the changes required in order to achieve our ambitions of improved outcomes for our population and a financially and clinically sustainable health and care system.

We aim to develop a sustainable economy by improving the healthy life expectancy (HLE) of our population. In doing this, our programme has three key ambitions which are wholly in line with both Greater Manchester and national policy:

1. To support local people to remain well by tackling the causes of ill health, supporting behaviour and lifestyle change, and maximising the role played by local communities
2. To ensure that those receiving support are equipped with the knowledge, skills, and confidence to enable them to take greater control over their own care needs and the services they receive
3. When illness or crisis occurs, to provide high quality and integrated services designed around the needs of the individual and, where appropriate, provided as close to home as possible.

We have the economy-wide leadership in place to deliver our integration agenda. We have a coherent, ambitious strategy and comprehensive governance arrangements and have already delivered a Strategic Commissioning function. Implementation is underway to transform to our new models of care. We have one health economy with all partners equally sharing the risk and burden of deficit. This Outline Business Case sets out the opportunity for delivering at pace the three key ambitions above by bringing together health and adult social care services and, in the process, transforming the local hospital into an Integrated Care Foundation Trust. This ambitious programme firmly establishes the confidence held by the Strategic Commissioners regarding the Foundation Trust's ability to develop into a fully-fledged Integrated Care Foundation Trust by taking responsibility for the provision of Adult Social Care and integrating these services with community and acute medicine. As evidence of this confidence and in order to support the transaction the Strategic Commission has agreed to underwrite the financial risk in full for a number of years and then for a proportion for a further period of time.

We are confident that the aims of this transaction are achievable; we have taken learning from colleagues elsewhere in Greater Manchester and note for example the progress made by the Salford locality to bring together Adult Social Care and health services.

We are fully cognisant of the context within which we are operating; we know that by progressing this transaction at pace we have the opportunity to deliver Adult Social Care services to the ICFT without the requirement of undergoing a largescale procurement process.

We recognise our locality's uniqueness both within Greater Manchester and nationally. We are rightly acknowledged as being at the forefront of integration and this transaction will further cement our reputation as visionary system leaders.

3.2 Strategic Context

The way in which the NHS and care partners provide health and care services has been the subject of review for a number of years as the UK population and its needs change. Demand for services is increasing as people live for longer with more complex health and care needs. Consequently, the current model of care which we offer is under pressure.

In 2014 the NHS published a Five Year Forward View (FYFV), which recognised the scale of the challenges facing the health and care system in England and projected a funding gap of up to £30bn by 2020 if the NHS did not radically change the way it delivered services. This called for changes to the way in which health and care is provided, to better meet the needs of individuals, whilst meeting the financial and sustainability challenge. This recognised the need for a wholesale shift towards care that is; focussed on prevention as much as cure, that empowers people to manage their health and care, and is organised around the needs of the individual as well as the assets of the community.

The Greater Manchester Health and Social Care Partnership (GMH&SCP) has developed its five year plan 'Taking Charge of our Health and Social Care in Greater Manchester'. This describes the vision for Greater Manchester (GM) 'to deliver the fastest and greatest improvement in health and wellbeing of the 2.8 million population of GM, creating a strong, safe and sustainable health and care system that is fit for the future'.

Locally the Public Health Joint Strategic Needs Assessment (Appendix C) highlights that people in Tameside and Glossop experience particularly high levels of ill health, and shorter life expectancy, than the national average. Additionally projections indicate that the population of Tameside and Glossop will increase by 10% by 2035 to 280,000 with a greater growth in the number of older people.

The locality has some significant social issues including continuing high levels of relative deprivation as well as the impact of a reducing resource base.

The health of people in Tameside is generally worse than the England average. Tameside is one of the 20% most deprived districts/unitary authorities in England and about 24% (10,600) of children live in low income families. Life expectancy for both men and women is lower than the England average. Life expectancy locally is about 7 years lower for men and 8 years lower for women in the most deprived areas of Tameside compared to the least deprived in the borough (as at 2014/16).

In adults the recorded diabetes prevalence, excess weight, and drug and alcohol misuse is significantly worse than the England average. Rates of smoking related deaths and hospital admissions for alcohol harm are significantly higher than the England average. 70% of all preventable disease in Tameside is linked to four conditions (Liver disease, Heart disease, Respiratory disease, and Cancer).

Compared with England as a whole, Tameside and Glossop has a slightly lower proportion of people aged 20-39 and a slightly higher proportion of people aged 40-69. In addition, an ageing population is likely to increase the overall prevalence of life limiting long term illness or disability and increase demand for health services and social service interventions. The burden on and need for efficient Adult Social Care services is likely to increase over the next few years.

The table below indicates elements of Tameside population projections to 2035¹. The data source is POPPI (Projecting Older People Population Information), and specifically relates to Tameside, and excludes Glossop's population.

Table: TMBC POPPI Data

	2018	2020	2025	2030	2035	Percentage Increase
People aged 65 and over	40,400	41,400	45,600	51,300	56,200	39%
People aged 85 and over	4,600	4,800	6,000	7,400	9,600	109%
People living with dementia	2,603	2,745	3,183	3,750	4,307	65%
People living with a limiting long term illness	22,362	23,038	25,737	28,896	31,890	43%
People 65 and over unable to manage at least one personal care task	15,842	16,423	18,511	21,038	23,477	48%

As can be seen from the table above over the next seventeen years there is projected to be a thirty nine percent increase in people over the age of 65 within the Tameside area, and a forty eight percent increase in people unable to manage at least one personal care task, and a forty three percent increase in people living with a limiting long term illness.

All of these projections will put increasing pressure on the local health and social care economy, thereby emphasising the need for transformation of the way in which services are provided.

Changes in the ageing population are already contributing to an increased demand on health and social care services. The demands on these services will continue as people live longer and the dynamics of the ageing population changes. The number of carers will also increase as more people live longer and therefore it is important to have responsive, flexible arrangements in place to support those people caring for others and to support people who want to live independently; this will create a health and social care culture where the need for secondary hospital services are a last resort.

3.3 The Tameside and Glossop Case for Change

Traditionally, the provision of ASC services within Tameside and Glossop rested with TMBC for the residents of Tameside. With the increased collaboration between TMBC, the CCG and the ICFT it was recognised that there was an opportunity to transfer the provision of in house ASC services to the ICFT. It was felt that this gave an opportunity to rationalise the service within the local health and care economy without negatively impacting patient care.

The vehicle for implementing the Care Together vision is the ICFT. The ICFT would bring together under the controlling auspices of one organization the provision of:-

- In house Adult Social Care services currently provided by TMBC
- Community health services which are already integrated into the ICFT

- Hospital services.

This proposal supports that intention by moving a defined set of ASC services into the ICFT and is in alignment with recommendations contained within the Contingency Planning Report (2015).

Through strong leadership, pooling our resources, and redesigning how our health and social care provision works collectively we aim to improve financial sustainability. This will be achieved by a continued focus on:

- Reducing growth in health and social care demand
- Avoiding unplanned admissions
- Preventing ill health
- Use of the Voluntary sector and communities
- Efficiency and unlocking the potential of enabling work streams.

Our transformation plans describe how health and social care services will contribute towards our whole system ambition of improving health, wellbeing and prosperity.

The local health and social care economy has delivered significant transformation over the last two years culminating in the formation of the Strategic Commissioning Function and the continued development of the Integrated Care Organisation to deliver the economy vision. TMBC, Tameside and Glossop ICFT, and the CCG have a significant track record in the delivery of substantial strategic change programmes. We are therefore in a strong position to drive ahead at both pace and scale with the programme identified in this Outline Business Case.

3.4 Rationale for the Transaction of ASC moving into the ICFT

The Tameside and Glossop locality has created a compelling case for the development of the local health and care economy (social care, health, primary care, mental health, voluntary and community sector and others) to deliver a significantly improved offer and outcomes for local people. The vision is predicated on a fully integrated model that promotes good health, great outcomes for local people and manages the demographic challenges faced by the locality. The locality has received external assurance (from the CPT report commissioned by then Monitor) that this is the appropriate strategy.

The model of care that is currently being implemented through our local transformation programme is fundamentally about an offer:

- to activate and empower local people and communities to look after their own health
- to do so in the context of wider determinants of health reaching across to leisure, housing, education, employment and training, and local economic development
- to deliver care in or as close to people's homes as possible developing five neighbourhood community care teams bringing together professional expertise, including primary care, offering a range of services for preventative and proactive care interventions and support for people living with long term conditions. Hospital based services would only be provided where there is no other suitable setting of care.

In order to maximise the benefits of this model and to deliver against the transformation programme, it is crucial that health and social care services are delivered in a fully integrated manner. This will ensure maximum flexibility in the movement of funding and resources across the whole system to support and enable people to remain in good health and to delay the need for more intensive interventions. It is only by bringing health and social care services into an integrated system that the opportunities to transform services can be maximised.

Our vision for Adult Social Care is as an integral element of a system that delivers our ambitions for local people, maximises the opportunities to maintain and develop people to live well in their own homes, supports and promotes independence, minimises social isolation and develops a local offer where people expect to self-care when appropriate and to engage with local community assets to ensure personal resilience and self-determination.

Other ASC services and functions are integral to the delivery of the model, and being part of a single economic entity ensure maximum flexibility in how these resources are deployed to impact positively on system priorities. An example of this is the Community Response Service that delivers a physical response to individuals via a pendant alarm system. This service works collaboratively with Digital Health Service and forms an integral part of the falls prevention agenda, the frailty programme across Integrated Neighbourhoods and the Support at Home model.

The creation of an ICO requires a higher level of service integration that cannot be delivered through collaboration alone. Bringing the full range of care within a unified, aligned management structure and contractual arrangement enables more efficient, effective and person-centred services.

Although care can be integrated without transfer to the ICFT the advantage of this approach is that a unified organisation with one funding envelope, an agreed set of objectives and a shared vision of integration for the future of Tameside and Glossop's health and social care economy is better able to avoid the problems of fragmentation and duplication. An ICFT should be able to more effectively ensure:

- Consistency in applying operational policies and procedures
- Consistency in applying risk, governance and performance principles
- The spread and sustaining of improvements to practice across the whole economy
- The improvement of communication, information and reporting systems
- Faster reaction to changes in demand and times of pressure
- More innovation in developing new services
- Provide more assurance to staff and improve sickness and retention rates
- Collectively deliver improved outcomes for local people it serves
- Efficient and effective use of resources

3.5 Strategic Alignment of Adult Social Care into ICFT's Strategic Plan

The integration of ASC forms an integral element of the ICFT's five year strategic plan. The table below demonstrates how the Trust's five year strategic plan is aligned to and enables the

delivery of the triple aims of the national five year forward view and the Greater Manchester plan, Taking Charge and Locality plans. (* denotes locality plans)

DRAFT

<p>NATIONAL Five Year Forward View</p> <p>1: Improved Health & Wellbeing A radical upgrade in prevention and public health</p>	<p>GREATER MANCHESTER Taking Charge</p> <p>Radical upgrade in population health Changing our relationship with people through,</p> <ul style="list-style-type: none"> • People looking after themselves other. • Increased early intervention at scale • Starting well, living well and ageing well 	<p>TAMESIDE AND GLOSSOP ICFT <i>(Underpinned by the Locality plan 'Care Together*')</i></p> <p>Tackling the causes of ill health</p> <ul style="list-style-type: none"> • Establishment of a single commissioning function for Tameside and Glossop, bringing together the resources of the Clinical Commissioning Group and the Local Authority.* • Development of the Integrated Care Foundation Trust to be the primary provider of health and social care services to provide joined up care. • Integration of primary care and mental health services with the ICFT • Develop strong partnerships with our population, voluntary sector and health and social care organisations. • Use population insight data and risk stratification to inform decision making.
<p>NATIONAL Five Year Forward View</p> <p>2: Better Value and Sustainable Finances NHS will take decisive steps to break down the barriers in how care is provided</p>	<p>Standardising clinical support and back office services Redesign back office support to create the most efficient services we can at a GM level.</p>	<p>Collaboration across clinical support and back office services The Trust and Tameside and Glossop Health and Care economy is developing organisational collaborations to maximise the efficiencies from shared or collaborative back office services in IM&T.</p> <p>The Trust will work with our GM partners across Procurement, HR and finance as well as Clinical Support Services for Pharmacy and Pathology.</p>
	<p>Enabling Better Care Create systems once, at GM level which incentivise our new models of care and support</p>	<p>Alignment with GM on Specialist Provision The ICFT has embedded the GM led cross cutting projects on Specialist Provision and Standardisation of clinical services within its transformational programme to deliver improved outcomes in;</p> <ul style="list-style-type: none"> • Cancer Services • Mental Health provision • Digital Technologies <p>Enabling Delivery The Trust recognises that there are some key enablers to deliver integrated services, including; Workforce, Estates and Informatics. Each of these enabling functions have developed five year strategies that align to the deliver the ambitions of the Trusts five year plan.</p>
		<p>Outcomes <i>The Single Commissioner has taken the initial steps of removing the financial barriers to innovate transformation through the introduction of an outcomes based contract for Tameside and Glossop Health and Social Care services. The next step is the development of an outcomes framework for the Tameside & Glossop Health and Social care economy that will inform the strategic commissioning of services and drive delivery of the integrated care system ambitions.*</i></p>

3: Transformed Quality of Care Delivery
 When people do need health services, patients will gain far greater control of their own care.

GREATER MANCHESTER Taking Charge

Transforming community based care and support
 Transform care in localities by integrating primary, community, acute, social and third sector care through the development of new local Care Organisations (LCO's) focussing on;

- Managing care at home and in the community
- Providing alternatives to A&E when crisis occurs
- Supporting effective discharge from Hospital
- Helping people return home and stay well

Standardising acute and specialist care
 Standardise and create consistent evidence based hospital services so that;

- Care that does not require a hospital stay will be provided locally
- In-patient emergency care and all in-patient surgery would be organised at a cluster or group level.
- Highly specialised services requiring specialist skills and infrastructure will be organised at a GM level.

TAMESIDE AND GLOSSOP ICFT (*Underpinned by the Locality plan 'Care Together'*)

Supporting People with Greater Control
 The support people need to stay healthy and well is not always medical or based on treatments. It can be practical help with tasks of daily living, emotional support, or information so that people can better manage their own health. This will be delivered through System-Wide Self-Care, which includes;

- Social Prescribing
- Asset Based Approaches
- Self-management education
- Person-centred care and support

Integrated services closer to home
 The ICFT has committed to bringing together health and social care services within Tameside and Glossop, to provide seamless care to meet all of an individual's needs rather than treating each condition or need as an isolated episode and where possible to delivering services within the communities or in people's homes. Our approach will be to;

- Adopt a Home First principle to support effective and timely discharge from hospital and avoid unnecessary admissions.
- Create integrated neighbourhood teams (INTs) made up of a range of health and social care professionals to provide co-ordinated care and support to people who live in their neighbourhood. INT multi-disciplinary team will work closely with community, including carers, the local voluntary sector, and wider statutory services.
- Provide specialised health or social care services through the Intermediate Tier services
- Develop innovative and integrated end of life and frailty care pathways.
- *Develop the home care service in Tameside and Glossop to provide individualised patient centred care that gives individuals greater control.*

Developing Local Hospital Services
 The Integrated Care Trust will continue to provide and develop seamless and joined-up Local Hospital Services to the population of Tameside and Glossop. Including:

- *Development of an Urgent Care Treatment Centre on the Hospital site to provide alternatives to A&E**
- *Collaboration with Mental Health Partners to simplify and improve mental health provision for our populations.**
- Development of Maternity Services and network arrangements with other organisations to deliver high quality maternity services for a wider geographical population.
- Development of collaborative and network arrangements with other organisations to provide high quality specialist care for our population.
- Enhance the Trusts Research and Development programme and participation in clinical trials.
- Contributing to wider work on the standardisation of clinical services across Greater Manchester to look at how services in key clinical areas can be provided in a more standardised way across GM.

4.0 OBC - Options considered

The three partner organisations considered various options at the SOC stage as discussed in section two. Although it remains the intent to progress the integration in the future to include the wider scope of Adult Social Care services it was decided to transact of smaller sub-set of Adult social care in the first instance to both prove the concept and limit the financial and operational risk. It remains the intent that in future further services would still look to be transferred. The following short list of options taken forward therefore reflects a staged approach and an agreed initial configuration of the ICFT.

This Outline Business Case considers the following five options for the transaction of Adult Social Care services into the ICFT.

Option One: Do Nothing

Option Two: Transfer the provision of a subset of ASC delivered services from TMBC into the ICFT, as detailed in Appendix B, through TUPE arrangements

Option Three: Transfer the provision of a subset of ASC delivered services from TMBC into the ICFT, as detailed in Appendix B, with the LA staff seconded into the ICFT.

For clarity, the definition of 'ASC delivered services' is staff and services that are delivered directly by the Council (that is, TMBC employed staff) not services that are commissioned by TMBC to meet need (such as residential and nursing care beds, home care services). These have not been considered for transaction at this time but will be considered for a separate transaction at a later date.

Both options two and three would see the same services transferring across to the ICFT but just under differing operational models.

The services that would transfer under both options two and three are detailed below with a brief service description in order to aid understanding of the options.

Service Area – Adult Social Care	Service Description
TMBC Urgent Care	
Service Unit Manager	
Integrated Urgent Care Team (IUCT) - staff and Management team	The ASC resource in IUCT is made up of Social Workers, Assessors Assistant Practitioners, Customer Care Officers. Community Care Officers and therapists, including Physios and OTs. The function of the team is to aid a speedy discharge from hospital, prevent hospital admission, deal with a wide range of situations which present within the community, the referrals that are received by the Team come from a range of sources, such as GP's, Emergency Services, other professionals, families and carers. The function of the Team is to assess a persons' needs and requirements, provide a 72 hour wrap around service establishing on-going support requirements going forward. At present the team also carry out rehabilitation for a period of time, which should be no longer than 6 weeks.
Integrated Community	Integrated Community Equipment Services provides a vast range of equipment

Equipment Service (ICES) - Service co-ordination staff member	to support people either in their own homes or the establishments they live in. ICES contract has three partners – TMBC, CCG and Derbyshire County Council. It is currently a section 75 pooled budget with TMBC as the lead Commissioner. The contract is currently being reviewed to determine future commissioning arrangements. A Co-ordinator is employed to ensure appropriate ordering and prescribing by health and social care staff, and to monitor the performance of the contract.
TMBC – Localities	
Assessment / Care Co-ordination (18+) Inc Locality teams and management	<p>The Care Act 2014 provides a statutory duty on the Council to carry out an assessment of need for anyone requesting it. Once an assessment has taken place, the application of the national eligibility criteria is made and a suitable support plan is determined. People receiving a package of care must be reviewed/reassessed annually as a minimum and those with complex care packages will be care managed/care co-ordinated throughout their time with the service.</p> <p>Assessment and Care Management staff undertake assessments and annual re-assessments. They hold a caseload, and will support individuals on an on-going basis, working proactively with individuals to enable them to live well in their own homes. Where an individual experiences a crisis or experiences a change in need the Social Worker/Assessor will work with the individual, carrying out a re-assessment where appropriate, and amending/changing the support plan where appropriate.</p> <p>The staff have a commissioning function in that they put in place care home placements or refer to the Home Care Commissioning Team to set up a home care package. Referrals to other appropriate professionals are also made, as is support to access community resources.</p> <p>A key function involves safeguarding adults, including undertaken and supporting safeguarding investigations. Investigation of complaints is also a function of managers in this function.</p>
Direct Payment Function – staff resource	Direct Payments (DP) are the Governments' preferred delivery vehicle for service users to have greater choice and control. Once a package of care has been identified, a personal budget is set against it and this can be taken as a direct cash payment to the user. This allows the individual to determine how best to meet their needs. A small team support individuals who have chosen a DP to ensure they are confident to manager the DP.
Review function in care homes – staff resource	The Council has a statutory duty to carry out at least an annual review of all packages of care. Reviews and reassessments can be carried out more frequently should the need arise. Two staff - Operational Performance Officers (OPOs) carry out this function with people who live in residential homes. The OPOs are responsible for organising the reviews, chairing the meetings and circulating copies of review minutes. The OPOs will also follow up on any actions identified during the reviews.
Health & wellbeing and Carers Service – staff resource	Whilst not everyone will meet the eligibility criteria to receive ASC it is important that help and advice is offered to everyone so that they are able to

	<p>make informed decisions about their lifestyle and options for support within communities. The Health and Wellbeing Advisors work closely with people to support them in accessing the correct support and the correct connections with community and third sector groups in neighbourhoods. Within the Neighbourhood teams there are specific staff who work directly with carers to identify their care and support needs. The Council has a statutory duty to assess carers' needs and to provide suitable services to help support carers to continue to carry out their caring role.</p>
Occupational therapy / Manual Handling Team	<p>Adult services carry out assessments to determine whether appropriate community equipment and or adaptations are required. It also provides assessment for people with manual handling needs particularly if they are returning from hospital or are in crisis in their own homes.</p>
TMBC Long Term Support	
Reablement Service (CQC Registered) (Inc Homecare through the night)	<p>The Reablement service is a CQC registered service that provides reablement support to individuals whose needs may have changed or have experienced a period of crisis. This service currently provides support for up to 6 weeks and supports the urgent care system in terms of 'step-up' and 'step down' support and provides support in the provision of community care assessments. The service is usually delivered in the individual's home.</p> <p>Individuals are referred into the service either from IUCT or from the Neighbourhood teams and is part of the Intermediate Tier function. The service is usually established within 2 working days. Individuals are reviewed weekly and their care package modified as an individual's skills and confidence improve.</p> <p>The service is delivered free as it is identified as a rehabilitation function. The service will usually support between 100 and 120 people at any one time. Individuals may require on-going longer term support, though for many this service builds confidence and skills that results in no further interventions being required.</p> <p>Social Workers in IUCT carry out reviews to close cases. There are usually about 30 people awaiting closure reviews – an individual cannot be charged for this service while awaiting this review. In exceptional circumstances Reablement will provide 'long term' home care support to individuals where a home care package cannot be commissioned – individuals are financially assessed for these services.</p>
Through the Night Service (CQC Registered in reablement registration)	<p>This service offers planned care visits during the hours of 10pm and 7am to enable individuals who require care and support through the night to remain at home. The main functions are support with turning people and to support people with using the toilet.</p>
TMBC Crisis & Response	
Community Response Service – warden/response element (Not Control/Operator function)	<p>CRS provides support to enable people to remain in their own homes through the installation of assistive technology. A system linked to an individual's telephone is installed which gives connection to the Control/Operator function (it is proposed that the telephone response function remains with the Council). Devices include falls pendant, wander alert, pill dispensers, as well as a range of environmental alerts (gas, flood, etc). The service also supports hospital discharge, by installing equipment within 2 hours of referral, to facilitate a</p>

	<p>speedier discharge. The service also has a range of lifting equipment which can be utilised to lift someone who has fallen, where they are not injured, thereby reducing transfers to hospital or hospital admission.</p> <p>The service is available to anyone aged 18+, whether they live in their own home, sheltered housing, or social housing. There is a weekly charge, which is currently £6.17. The service provides a 24 hour response, 365 days per year.</p> <p>The service offers a physical response, usually within 20 minutes, through a team of Wardens. A minimum of 2 Wardens are on duty at any one time, on a shift basis. A further 2 members of staff are utilised to install equipment and devices. The service also provides technical triage for Telehealth, Digital Health services.</p> <p>This service is not means tested and there is no eligibility criteria – this is a universal offer to anyone living in the borough.</p>
Sensory Service – (inc interpreting services)	This service provides an assessment and support function to adults aged 18+ who are blind, partially sighted or deaf, or dual sensory. Support includes rehabilitation, cane training, guide communicator, travel training, mail reading, provision of sensory aids and an interpreter service.

The table below details both the number of staff employed in each of these services, and where appropriate, details the activity levels associated with the service.

Table :- Transferring Staff Numbers and Service Activity

SERVICE/FUNCTION	NUMBER OF STAFFING POSTS	ACTIVITY
Integrated Urgent Care Staff & Management Team	47	
ICES Service co-ordination	1	
Assessment / Care Co-ordination (18+)	48	2,515
Direct Payment Function - staff resource	2	315 service users
Review function in care homes - staff resource	2	386 residents
Health & Wellbeing and Carers Service (Inc Management)	9	929 includes carers and wellbeing
Community Occupational Therapy / Manual Handling Team	19	1,321
Reablement Service	131	115
Through the Night Service	11	43
Community Response Service	50	3,425 18,000 in-bound calls on CRS per month 1,300 in-bound calls on Control per month (approximately 342 relating to ASC)

Sensory Service including Interpreter Services	8	136 541 Interpreting sessions 182 Mail Reading
Total Staff	328	

In addition to the service departments transferring it will be necessary to transfer either function or funding to support back office functions. If operationally it is better to retain the function with TMBC in order to maintain economies of scale funding will transfer and a service level agreement will be put in place for the ICFT to purchase the service from TMBC. Alternatively funding and staff will transfer and the service will be integrated into the ICFT. The table below identifies the functions:-

Function	Service description
Assistant Director Adults	
Head of Service Assessment and Care Management	
Finance	
Human Resources	
Legal	
Information	
Payroll	
IT & Systems	
Performance Management	
Quality Governance	

Further work will be required between approval of the OBC and FBC to develop the options and values associated with back office functions, as it is only proposed to transfer a sub-set of ASC which will mean that it is more difficult to disaggregate roles and responsibilities as most staff will support the whole of ASC services. Any agreements will need to ensure value for money and aim to avoid any increases in economy costs.

TMBC will still maintain legal responsibility for the provision of ASC services (although they will choose to discharge this responsibility through using the ICFT as their provider). This responsibility will be protected by the introduction of a Service Level Agreement. There will need to be appropriate additional controls around safeguarding, and assurance to TMBC that the ICFT is delivering social care effectively, ensuring TMBC duties are being delivered in accordance with the law.

Further detail on the options and the benefits and dis-benefits of each of the options taken forward in the OBC are included in the economic case below.

5.0 Economic Case

5.1 Option One – Do Nothing

The three partners (CCG, ICFT and TMBC) could do nothing. This would leave the responsibility for providing Adult Social Care with TMBC. Nothing would be changed.

5.1.1 Benefits

- Lowest risk option in the short term

- No additional risk of disruption to patients/clients
- No additional risk of disruption to the hospital or staff – at the moment the ICFT and ASC is undergoing considerable change and transformation. This would be an additional significant change

5.1.2 Dis-benefits

- No opportunity to change and improve the service (financial)
- Ignores the wider integration agenda
- Fragmentation of services
- Duplication of service provision
- Whole economy gap will remain and money will not flow through the system
- Less scope to improve the quality of services, as organisations work in silos.
- Less opportunity to improve user experience
- Lose opportunity to develop organisational development activities
- Reputational damage in terms of money already spent on forming partnerships.
- Opportunities to maximise early intervention, prevention and community based interventions will be lost
- Limited opportunities to develop a ‘think family’ and place based approach to meet people’s needs
- Lose opportunity to access and share skills and knowledge across the organisation

5.1.3 Risks of this option

The significant drawback of the ‘Do nothing’ option is that it does not help the partners to address the whole economy financial gap. Under this option none of the three statutory partners to the Tameside and Glossop Locality Plan will be in financial balance by the end of the time period. Also there will be no significant progress made to deliver the required improvements in healthy life expectancy.

5.2 Option 2 – Transfer the provision of a subset of ASC delivered services from TMBC into the ICFT, as detailed in appendix A, through TUPE arrangements.

5.2.1 Rationale

There are a range of services that have a close interface between the ICFT and social care. These services identified as transferring as a subset of ASC are those that are more easily recognised as supporting the individual’s journey through the health and social care system, since they impact more directly on the transition of care between the acute sector and neighbourhood provision. Several operate to support people to remain at home through an admission avoidance function or ensure that an individual’s care is supported on discharge from hospital care.

The transformational work already commenced as part of the Care Together Programme has demonstrated the synergies/co-dependencies between these services and the benefits to the system and individuals that can be gained when pathways are streamlined and care better co-ordinated. It becomes more difficult to articulate a rationale for managing all

services under the current ASC remit the further along a continuum that those services are away from that health/social care interface.

It is therefore proposed that a subset of ASC services are transferred (as listed in Section four and in appendix A) along with the funds/staff required to perform them. It has been established that operationally the majority of these services are already closely aligned and that further integration would be beneficial to ensuring that standardisation of policies and working practices could be completed. Services that are partially aligned rather than fully integrated do present some issues as this alignment leads in some instances to clear lines of responsibility and accountability becoming more blurred. Whilst this is not necessarily a disadvantage for service users it can become complex for staff operating in the service and attempting to respond to the different organisational requirements.

Whilst it is unlikely that full integration of these services would result in significant cash releasing benefits in the short term, it would assist in supporting workforce redesign within health and social care in the medium to long term. The opportunities for exploiting the potential for developing apprenticeships and new roles and career paths is unlikely to occur in the absence of fully integrated services but would be an advantage given the predicted future shortfall in workforce across these sectors.

The need for data sharing presents further rationale for the transfer of these services. The interventions with the client group served by these services currently requires complex data sharing arrangements and access to and recording on multiple information systems. This would be more streamlined within a fully integrated service having the potential for the development of single assessment documentation between professional disciplines. This would enhance quality, potentially reduce risk and avoid duplication.

A number of considerations relating to governance issues could also be addressed and simplified with one organisation having a single line of sight on incidents and opportunities for improvement in the quality of services. This may present some risks, if not regulatory then reputational, as the ICFT develops a more in-depth understanding of service delivery and the potential risks inherent within them. To some extent this could be covered in part by a risk-sharing agreement though any public perception of a poor quality of service would be unlikely to be resolved even if this were in place. Given the high degree of regulation of health services, there may be some differences in the risk appetite between organisations. That said, the services recently reviewed by the CQC have been positively rated.

The services not included in this option are the longer term provision of care and mental health services. Whilst there is some risks that the flexibility gained by the transfer of ASC to the ICFT would be at the expense of the loss of the same flexibility between those ASC services remaining and those transferring, it is likely that greater benefits would be gained from the transfer.

Further information is available in the detailed benefit profiles below.

5.2.2 Benefits

This option in part mitigates the risk deriving from a transaction the size of the whole of Adult Social Care; it is more likely that both organisations would more easily be able to continue to meet their statutory duties.

The scale of change would be less likely to distract from the transformational programme and would enhance the work undertaken to date.

Operational teams are currently working in a partially integrated manner and there are further operational benefits that would be realised with the standardisation of policies and procedures. It is likely that staff would have more clarity on lines of reporting, responsibility and accountability.

Data sharing would be less complex and there is potential for streamlining assessment processes and avoidance of duplication.

Governance arrangements could be more easily determined and opportunities for learning and improvement accelerated and risk reduced.

Workforce planning could be completed in an integrated manner creating the potential for new roles which would be unlikely to occur if services remained separate. This is important given the future reductions in workforce across both health and social care sector.

5.2.3 Dis-benefits

There would be a separation in ASC services which does not currently exist and a potential loss of flexibility in TMBCs ability to flex resources as it does at present.

The ICFT may have a different risk appetite than TMBC and determine risks to be greater than is currently perceived.

5.2.4 Risks of this option

However leading from this specific option is the risk that the functions identified for transfer will either not be sufficient to address the locality's financial challenge and / or be unable to enable the delivery of significant service transformation to deliver the Locality Plan's objectives.

This option also carries the risk of failing to agree an appropriate financial value of the transaction as only a subset of services is to transfer. Under this option the ICFT holds the risk for the transfer of the identified staff.

5.3 Option 3 – Transfer the provision of a subset of ASC delivered services from TMBC into the ICFT, as detailed in Appendix A, with the LA staff seconded into the ICFT.

5.3.1 Rationale

The rationale for this option are the same as those discussed in section 5.2.1.

5.3.2 Risks of this option

This option contains the same risk profile as Option Two above but without the ICFT taking on the same degree of staffing risk. There continues to be the risk of having two cohorts of

staff on different terms and conditions.

5.4 Adult Social Care - Support Functions

In terms of the back office functions that support the new organisational form there are three key options to be considered.

- No back office functions transfer from TMBC to the ICFT and instead there is a range of Service level agreements put in place to cover the requirements.
- Transfer all of the back office functions from TMBC into the ICFT
- Transfer a subset of back office functions dependent on which option is recommended.

6.0 Finance Case

6.1 Financial Position within the Economy

In 2015 the ICFT, CCG and TMBC worked together to develop their locality plan. As part of that locality plan the three organisations developed a projected financial gap by 2020/21. At that time the projected gap was £70 million assuming that the ICFT could deliver £30 million pounds of cash releasing savings across that period. As such the economy do nothing gap was circa £100m. It should be noted that TMBC's financial gap included Children's services which no longer forms part of the integration plans.

The table below identifies the latest projected economy gap **(still incorporating TMBC's Children's Services).**

Economy Financial Gap	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000
CCG	21,877	21,036	21,232	21,232	
Council – Social Care & Population Health	12,131	12,944	17,926	18,251	
Strategic Commissioner	34,008	33,980	39,158	39,483	
ICFT	29,500	28,666	31,655	31,349	
Health; Social Care & Population Health Gap	63,508	62,646	70,813	70,833	

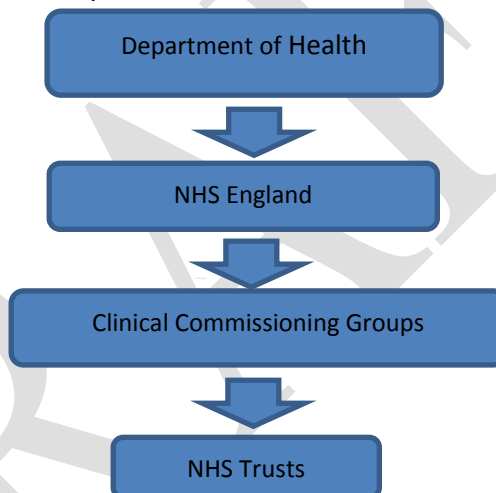
ICFT TEP savings required					
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Other Council Services Savings	5,115	7,477	14,820	18,717	
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Strategic Commissioning Total Gap	39,123	41,456	53,978	58,200	
Total Commissioner & Provider Gap – assuming ICFT TEP achieved	68,623	70,122	85,633	89,549	
Total Commissioner & Provider Gap – assuming ICFT TEP not achieved	77,123	78,224	91,799	93,756	

6.2 Funding Regimes

Funding and accounting mechanisms vary between the Local Authorities and the NHS. The funding flows within the NHS are depicted below.

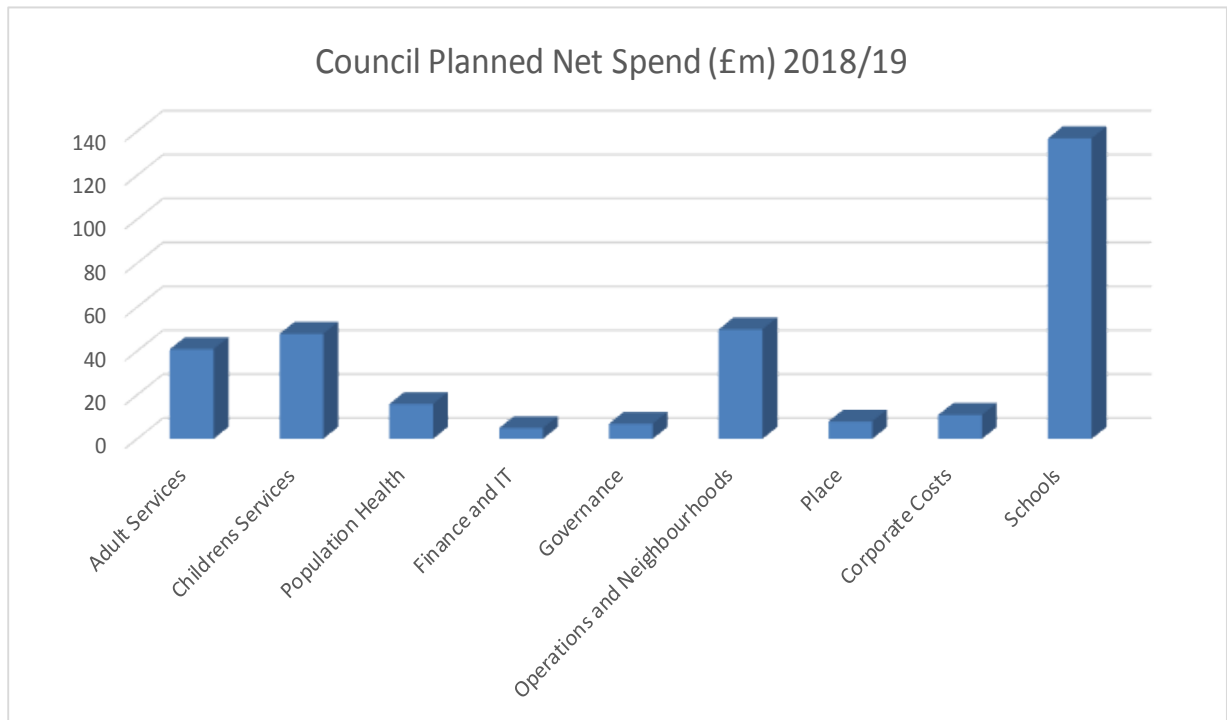


CCG's purchase activity from hospitals and, in the main, pay for it using a set of nationally set tariffs. As such funding follows the patients who receive the services free of charge. NHS Trusts are performance managed by NHSI, and are required to deliver against nationally set performance targets, and quality standards set by inspection regimes (Care Quality Commission – CQC). NHS Trusts account for income and expenditure on a gross basis.

Local Authorities receive their funding from four main sources; funding from central government, business rates, local council tax and fees and charges levied for Council Services. Councils which provide Social Care to Adults have been allowed to increase their share of Council tax by a maximum of an extra 6% between 2017/18 and 19/20, if it is all used to fund the increasing costs of Adult Social Care services. This is referred to as the 'Adult Social Care precept'. The extent of total Council expenditure is dictated by the amount of income or funding received, as the Council has to balance income and expenditure on an annual basis. They cannot have a deficit, as such if income falls for any reason the Council has to cut back on its planned levels of expenditure. As such the Council has to align its limited resources with key Council priorities, which are influenced by local priorities, input from public consultation, consultation with local businesses, Government

policies, performance information and external inspections. Councils are able to charge for Adult Social Services, based upon means testing, in accordance with the Care Act 2014. Councils report income and expenditure on a net basis, and also operate under different sections of the VAT Act to the NHS.

TMBC spends its money on the services depicted below.



It is only elements of Adult services that would be integrated into the ICFT in the first instance, and TMBC would continue to collect any client charges.

6.3 Section 75 Agreement

The funding for Adult Social Care services is held within the integrated Commissioning Fund (ICF) which is a pooled arrangement between the CCG and TMBC. Within the Tameside and Glossop ICF there are three pooling mechanisms; a section 75 pooling arrangement, 'aligned' funds, and 'in collaboration' funds. It is anticipated that the Adult Social Care transfer will be funded from the section 75 element of the ICF but there may be a small minority of services which may be funded from the 'aligned' funds due to the limitation of the section 75 legislation. This will be fully identified prior to the transaction being undertaken. The ICFT contract is funded from the ICF in which it is proposed that this Adult Social Care transfer will be included.

The transfer of this sub-section of adult Social Care services to the ICFT will be funded from the local authority contributions into the ICF. The ICF is underpinned by a robust Financial Framework which incorporates a mechanism for sharing financial risk between the two Strategic Commissioners and this will be separate from the risk share arrangement proposed for Adult Social Care between the Strategic Commission and the ICFT. This flow of funds in

respect of the transferred services will be managed, monitored, and reported in line with the governance set out within the ICF's Financial Framework.

The risk share arrangement between the Strategic Commission and the ICFT is proposed in section 6.4 below.

6.4 Financial Risk Management

To ensure greater confidence in the ongoing sustainability of both the ICFT and the provision of ASC services, there will need to be a risk sharing agreement with TMBC that guarantees the ICFT will not endure a further deficit on it in the first three years of implementation (starting in 19/20); additionally there will need to be detailed plans that identify how and when benefits can be released which will make the service more financially sustainable.

The following Risk Sharing Agreement has been proposed:

Financial Year	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
TMBC contribution to funding shortfall	100%	100%	100%	50%	25%

Funding would commence from the point of implementation in the Finance Year 19/20 and cover the remainder of that year. As part of the risk share agreement it will be necessary to identify any proposed caps on the risk share taking account of the projected activity risks.

6.5 Benefits Realisation

6.6 Financial Option Appraisal

The tables below detail the finances associated with each of the three options proposed. In all cases it is the intention to transfer the gross expenditure budgets for the services, and TMBC will continue to recover and retain all client chargeable income. The detail supporting the expenditure budgets can be found in Appendix D.

It should be noted that at this time the figures reflected in the tables below have been provided by TMBC, and as yet there has been no agreement as to the methodology proposed to determine the allocation of the Adult Social Care financial gap down to the sub-set of transferring services. As such the financial gap could reduce pending discussions between now and production of the full business case.

Option One

Option 1 - Do Nothing	2019/20 £000's	2020/21 £000's	2021/22 £000's	2022/23 £000's	2023/24 £000's
Income	10,668	10,289	10,147	9,978	9,803
Expenditure	10,851	11,146	11,441	11,743	12,067
(Surplus) / Deficit	183	857	1,294	1,765	2,264
Risk Sharing Agreement	0	0	0	0	0
Trust Efficiency Requirement	0	0	0	0	0

Under option 1 the Council would retain the services and any projected financial gap would remain the responsibility of TMBC to resolve. This option does not support the economy vision of integration and would not support the benefits of integration. The economy financial gap would also remain static.

Option Two

Option 2 –Subset ASC Services - TUPE ASC Staff	2019/20 £000's	2020/21 £000's	2021/22 £000's	2022/23 £000's	2023/24 £000's
Income	10,668	10,289	10,147	9,978	9,803
Expenditure	10,851	11,146	11,441	11,743	12,067
(Surplus) / Deficit	183	857	1,294	1,765	2,264
Risk Sharing Agreement	183	857	1,294	882.5	566
Trust Efficiency Requirement	0	0	0	882.5	1,698

Under option 2 social workers and other staff included within the transfer would retain their terms and conditions. This would require the ICFT to be admitted to the Local Authorities pension fund, which may have associated risks and liabilities. It would also be necessary to agree which organisations terms and conditions any future staff recruitments would follow, as this too could have pension fund implications. Additional due diligence would highlight any associated risks of this during the development of the FBC.

The NHS scheme is a defined benefit scheme but because it is unfunded and (in theory) the future liabilities associated with each member body cannot be identified, it is accounted for as

if it were a defined contribution scheme, with employer pension costs being charged to expenditure as and when they become due. Effectively the only cost in the Trust's accounts will be the employer contributions payable for the financial year in question.

The Local Authority pension scheme charges the discounted present value of future benefits to expenditure each year, but then reverse this out through the statutory override so the charge to expenditure is just the employer cost in year. The Local Authority also reflect the future liabilities and share of the fund assets on their balance sheet (the NHS doesn't recognise anything on the balance sheet). This means that Local Authorities have a charge to expenditure that is generally greater than the actual cash cost in year, and depending on the valuation point, generally a significant net pensions liability on the balance sheet. The ICFT needs to understand how if they are admitted to the Local Authority pension fund they will be required to account for these pensions and its potential impact on the charges to expenditure being in excess of the budgets transferred, and any impact of the Trust's balance sheet.

The Local Authorities also maintain a reserve in relation to any future shortfalls in the local authority pension scheme. The ICFT would need to understand if this would be a requirement for the ICFT, or if TMBC would retain this in relation to the staff transferred.

If staff are TUPE across to the ICFT, this will result in staff being employed within the ICFT on differing terms and conditions. Any potential integration of staff onto NHS terms and conditions could increase the costs to the system, as the two organisations have differing staff and employer pension contributions and differing levels of sickness pay. The impact of any such proposal would need to be financially assessed to determine the impact on the economy and staff.

If staff are transferred this will result in staff following the same organisational policies and procedures, and will help to develop a single cultural and organisational identity. I should also support the streamlining of management processes and ensure equity. It should also enable the reduction in duplication of processes, allowing more time for direct care.

The transfer of staff to the ICFT would also potentially impact adversely on TMBC in relation to their Civil Contingency duties. Currently all staff employed by TMBC can be called on to support any local civil contingency. If the staff are TUPE, TMBC would lose this potential resource, unless this was covered within any future contract arrangements. If not it could have a potential cost to TMBC.

The transfer of staff has the potential to impact on adherence to the Care Act in that pressures within the ICFT could result in social workers priorities being shifted to the hospital which may impact on the delivery of TMBC's statutory responsibilities such as re-assessments being undertaken within twelve months, or safeguarding duties being completed within the set timescales.

Both options two and three, by the nature of only a sub-set of adult social care services transferring, have the potential to risk management fragmentation, as current service managers will support or manage both ASC services transferred and ASC services retained by TMBC. This will need to be resolved as part of the management and back office support discussions which will be resolved as part of the FBC.

Another potential risk which applies to both options two and three, is the fact that the staff which would form part of this transfer will be commissioning services against budgets and contracts retained by TMBC such as residential home placements, nursing homes, and home care, and as such these costs could increase due to differing management priorities. This could result in cost shunting between organisations, but this could be resolved as part of the future financial principles and risk share arrangements.

Option Three

Option 3 – Subset ASC services - Seconded ASC Staff	2019/20 £000's	2020/21 £000's	2021/22 £000's	2022/23 £000's	2023/24 £000's
Income	10,668	10,289	10,147	9,978	9,803
Expenditure	10,851	11,146	11,441	11,743	12,067
(Surplus) / Deficit	183	857	1,294	1,765	2,264
Risk Sharing Agreement	183	857	1,294	882.5	566
Trust Efficiency Requirement	0	0	0	882.5	1,698

Under option 3 staff would remain employed and paid by TMBC, but would be seconded to the ICFT who would then pay TMBC for the staff. This would negate any pension fund issues, but could potentially have VAT issues, although initial VAT advice is that this would be recoverable by the ICFT. As part of stage two due diligence any VAT issues would need to be further explored, and resolved such there are no increases in costs to the economy of this option. If VAT were to be an issue in respect of this option it could increase costs across the economy by circa £2m.

The secondment option arrangement is easier to withdraw from if the 'proof of concept' does not materialise. If the 'proof of concept' does work this would support future TUPE of staff and the future transfer of further services.

Secondment of staff may not support the creation of an organisational identity, as staff will be on differing terms and conditions, which could not be changed if staff were seconded. It also could make transformation of services more difficult if any staff related proposals have to go through governance at both the ICFT and TMBC. If staff are seconded it would be necessary to clarify whose policies and procedures they would follow, which could result in a team manager having to follow differing policies and procedures for different staff in their team.

This option may also make it more difficult to re-align budgets and services in the future as part of the integration and transformation process.

Both options two and three have the same financial impact on the ICFT, subject to further due diligence work at FBC.

The tapering risk share agreement would mean that the ICFT would need to find integration benefits starting in 2022/23 of 7.5% of Adult Social Care expenditure, rising to 14%

cumulatively in 2023/24. This level of benefits exceeds that normally expected and delivered within the NHS, and is the same for both options two and three.

6.7 Financial Principles

As part of any transaction the partners would need to agree some financial principles such as:-

- Financial transparency and co-operation between organisations.
- Fair and proportionate transfer of resources to support back office functions, while maintaining services at no additional costs where ever possible.
- No transfer of historic liabilities these will be retained by the transferring organisation
- No increase in service requirements either in terms of activity levels, or specification without agreement of all parties.
- No in year reductions in funding without prior agreement, and agreement to corresponding reductions or efficiencies in service provision.
- Any national changes to terms and conditions over and above those in the financial modelling to be funded by the Single Commissioners.
- No cost shunting between partners in the economy unless fully discussed and agreed as it reduces the economy financial gap.

6.8 Sensitivity Analysis

Full sensitivity analysis will be completed as part of the full business case.

7.0 Commercial Case

7.1 Commissioners' Procurement Strategy

The Contingency Planning Team report of 2015 (the Monitor-sponsored review by PwC) proposed the creation of an Integrated Care Organisation as the best opportunity for the locality to deliver the most significant improvements to the health and outcomes of our population.

The Strategic Commission is, therefore, convinced that the best way to achieve our vision and to deliver our priorities is by delivering via the ICO a new service model of which adult social care is a key component. It is therefore critical that the procurement strategy facilitates the development of the ICO and enables it to deliver a system of care that effectively responds to and impacts on population health outcomes whilst reducing costs.

It is therefore the intention of the Strategic Commission to transfer this subset of Adult Social Care services to Tameside and Glossop Integrated Care NHS Foundation Trust.

This approach has been formed through discussions with a colleague at NHS Improvement.

7.2. Due Diligence Summary

The ICFT and the Strategic Commissioners agreed to undertake due diligence in two phases. The first phase has been undertaken to support the completion of the OBC, and was commissioned on behalf of all parties. This work was undertaken by Hempsons. The second phase of due diligence will be required to support the FBC and will require the parties to the agreement to seek independent due diligence to provide the required assurance to the parties Boards.

The creation of a fully integrated Health and Social Care system is a complex undertaking that carries significant risks potentially to both TMBC who retain the statutory responsibility, and to the ICFT in terms of financial and delivery risks. As such the economy engaged Hempsons, as legal advisors in July 2017 to undertake due diligence into the integration of Adult social Care and some Commissioning functions. Hempsons were engaged to act on behalf of all partners to identify any areas of risk in expanding the ICFT services.

Due diligence has been identified as the basis of identifying both the risks and the available mitigation of those risks in expanding the ICFT. Formal due diligence will need to be performed to cover:

- Legal
- Financial
- Operational
- Quality

At the current time the first stage of external due diligence has only been undertaken by Hempsons in respect of legal issues, as it was assessed as being the areas with the highest areas of risk. The first stages of due diligence for the other areas has been undertaken internally for the first stage. At the FBC stage the ICFT will undertake formal external due diligence on the proposed option as the receiving organisation, which will comprise of legal, financial and operational due diligence.

7.2.1 Hempsons Due Diligence Report

Hempsons were engaged by the partner organisations in May 2017 and provided their findings in July 2017. Hempsons were engaged to cover the following areas:-

- Corporate, commercial, governance and contracts
- Employment and pensions
- Estates and Equipment
- Health and Safety / Environmental

- IM&T and intellectual property
- Disputes, clinical governance and indemnity
- Information governance

Hempsons review process aimed to highlight the main areas of risk including those requiring the need for greater clarity. As such the following areas were covered.

- System wide governance and accountability arrangements, including statutory powers of TMBC to transfer ASC and SCT functions to TGICFT, and the role of TMBC following completion of the arrangements
- Commissioned contracts with third parties, assuming these will transfer to TGICFT
- Procurement law compliance by TMBC and TGCCG as commissioners, and by TGICFT in respect of commissioned contracts with third parties
- Governance issues including role of Boards of Directors and Council of Governors
- Regulatory issues including NHS Improvement compliance requirements for transactions and the ISAP process, and CQC requirements
- Pensions liabilities in relation to TMBC staff transferring to TGICFT
- TUPE implications including employment liabilities of transferring staff
- Estates implications where there will be a change of use of existing estate
- IM&T implications where partners intend to integrate IM&T systems
- Disputes/claims – existing material disputes, civil and criminal claims of the partners and regulatory concerns (with CQC, NHS Improvement, Information Commissioners' Office, Health and Safety Executive)
- Indemnity arrangements for transferring services.

The final report was based on information provided by the three partner organisations and can be found within Appendix E. The report highlights the risks and recommends actions / mitigations that should be instigated. It should be noted that the report was produced to reflect the SOC longlist option two, where all Adult Social Services and an element of Commissioning functions would transfer.

7.2.2 Hempsons Phase One – Key Findings Report

Hempsons first phase due diligence report for inclusion within the OBC was produced based on information received from the partner organisations. The due diligence questionnaire is attached at Appendix C along with the full final report.

The key findings of the report were:-

- There are no legal showstoppers which will prevent the transfer of functions/services and the award of contract.

- There are a number of legal, commercial and practical steps that need to be undertaken to allow the proposed transfer to happen.
- There are some material risks of which 7 are red risks and 29 amber for which actions and mitigations have been identified.
- Most risks affect the ICFT, as the organisation which will acquire responsibility to Commissioners for the services.
- All risks can be rated 'green' or in a few cases 'amber' following the next stage of the project if actions and mitigations are followed.
- Recommended that partners carry out further due diligence on the matters identified and implement suggested actions and mitigations.

7.2.3 Partnership Response

As part of the ongoing partnership working each risk has been allocated to an individual or working group to address. The output should then support the stage two formal due diligence in order to mitigate the red and amber rated risks.

7.3 Contractual Arrangements

7.3.1 Statutory Responsibility

Tameside Metropolitan Borough Council will continue to retain legal responsibility for the provision of all Adult Social Care services. For the subset of services transferring under this Outline Business Case the local authority is choosing to discharge this responsibility through the ICFT as the provider.

The Council is required to appoint a Director of Adult Social Services under section 6 of the Local Authority Social Services Act 1970 (as amended) who is accountable for the delivery of TMBC's social services functions (except those the responsibility of the Director of Children's Services) listed in Schedule 1 of the Local Authority Social Services Act 1970 (as amended). The Director of Adult Social Services is directly accountable to the Chief Executive of the Council, appointed by the Council to a politically restricted Statutory Chief Officer post under section 2 of the Local Government Act 1989 (as amended), and from where they are required to deliver a key leadership role on behalf of the Council. This is not a role capable of novation or delegation to another organisation. It must remain part of the statutory chief officer team employed by the Council.

The position of Director of Adult Social Services is a leadership role to deliver the local authority's part in:

- improving preventative services and delivering earlier intervention
- managing the necessary cultural change to give people greater choice and control over services
- tackling inequalities and improving access to services
- increasing support for people with the highest levels of need.

One of the key aspects of the Director of Adult Social Services role is to deliver an integrated 'whole systems' approach to supporting communities. This is at the very heart of our locality's approach to neighbourhood working and for bringing together and transforming services.

The Director of Adult Social Services will seek assurances from the ICFT regarding the quality and timeliness of service delivery, regarding the application of the agreed eligibility criteria, and for the arrangements for the safeguarding of vulnerable adults. It is expected that these will be monitored through the existing contract review meetings.

TMBC will maintain the legal obligation to fulfil these services but will enter a contractual arrangement with the ICFT to be the provider.

7.3.2 Contract Form

The NHSE Contracting Team has verbally advised the ICFT that the standard NHS contract, as currently used by the Trust in its contract with the Single Commissioning Function, may not be the most suitable contract form in which to incorporate the provision of ASC. Instead, the NHS Standard Contract for Accountable Care Organisations (ACO) may be more appropriate.

The ICFT has raised a series of additional queries with the NHSE Contracts team. Without pre-empting any subsequent advice there is likelihood that the ICFT will continue to use the NHS standard form contract and adapt this to include the provision of ASC; this is for several reasons including:

- the model contract for Accountable Care Organisations is still not finalised and appears to be essentially for the provision of primary medical services with the addition of selected local authority services such as social care and/or public health
- At least one other GM NHS acute provider that also provides social care has continued to use the standard form contract without any issues
- The vast majority of the ICFT's income will continue to relate to the provision of acute and community healthcare

Regardless of the type of contract, any agreement will have a defined lifespan with the usual exit clauses which will be identified during the project process. Additionally, the provision of ASC will be fully specified in the contract, including the performance and quality requirements necessary to ensure that TMBC meets its legal obligations.

Required Services

The exact list of services that need to be performed, the volume and associated Service Level Agreements along with associated costs will be detailed in greater depth within any Full Business Case and later contractual documentation that will be agreed by the three partner organisations.

7.3.3 Risk Mitigation

This NHS contract will also include a risk sharing agreement which will ensure that TMBC is responsible for funding shortfalls within the first three years of the ICFT operating the ASC

services starting 19/20 and a decreasing percentage after the initial three years. The percentage available to the ICFT is covered in the table in Section 6.4.

The risk mitigation strategy outlined in section 6.4 may need to be reconsidered if the final arrangements for the TMBC ASC staff affected by the transfer changes the balance of risk. For example, if TMBC retains the employment of ASC staff, and their services are provided to the ICFT under a service level agreement or secondment arrangement then it this potentially creates a conflict as the ICFT:

- takes on increasing responsibility for any funding shortfalls from TMBC, and
- is dependent on TMBC for the supply of staff

In other words TMBC would have control over both the ICFT's ASC income and costs potentially creating a significant financial risk

7.3.4 Risk Transfer

The approach to risk transfer will be based on the best practice principle of allocating risk to the party, or parties, best placed to manage that risk. Therefore, an optimum allocation of risk rather than a maximum risk transfer will be taken.

The risk sharing agreement (which protects the ICFT from undue financial hardship until it can start to realise benefits) will be defined and agreed during the project process. After this TMBC will not cover any funding shortfalls as the ICFT will have had the opportunity to transform the service in a manner that releases savings.

Risks associated with the delivery of the solution (i.e. post contract award) will be maintained in a jointly held risk register with clear assignment to the responsible party.

Hempsons have provided an initial review of the legal feasibility and likely risks involved in this transfer. These issues are being captured within the Project Risk Register and will be documented in greater detail in the Project Initiation Document (PID).

8. Management Case

8.1 Introduction

This section addresses how the expansion of services within the ICO sits within the broader transformation programme within the ICFT. The integration transaction in its own right will not deliver financial or operational benefits. It will be the subsequent ability to integrate and transform services to provide a more streamlined end to end service that will provide efficiencies and a better patient experience.

To support the integration vision the Locality partners bid for and were successful in securing £23.2m of non-recurrent transformation monies from Greater Manchester Health and Social Care Partnership over a three year period from 2016. This funding will be used to transform services to better support people in their own homes, reducing the likelihood of hospital attendance and admissions, and to ensure that people are as well supported as possible to live healthy and independent lives.

All of the schemes aim to change behaviours or services within the Tameside & Glossop health and social care system, to contribute to delivery of the proposed system benefits, and impact on the successful delivery of the locality ambitions of financial sustainability and healthy life expectancy. The integration of Adult Social Care supports this ambition as reflected in the ICFT strategy as detailed in section 3.5. The aim is to fully integrate Social Service staff into the developing Neighbourhood structure which is aimed at reducing secondary care activity, and integrate them into the Hospital structure to support effective patient discharge.



8.2 Integration Principles

Further work required (Stephanie, Sandra W, Trish, Suzanne to discuss)

- E.g. secure vfm for the economy
- Transparency
- Co-operation and commitment

- Effective integrated working between the partners
- Positive health and social care outcomes
- Positive communication, integration and engagement of Social Care staff

8.3 Management Structure

The operational structure would require to be reviewed in order to ensure that this transaction resulted in integration of services rather than the development of a silo within the ICFT in which social care operates. This was the approach adopted with the transfer of community services in April 2016 and there are benefits in replicating this. It should be noted that the transfer of services from one health provider to another, in which expertise in the receiving organisation already exists, differs from the transfer of functions from social care to a health care provider who is inexperienced in this. The statutory responsibility of the DASS also requires consideration in this context.

It is envisaged that a senior management team with the capability to operationally lead the delivery of services and contribute to the on-going transformational work would be required to supplement the existing management structure within the ICFT. It is proposed that this team would sit alongside the existing operational teams reporting to the Executive Director of Operations. In the first instance it is unlikely that structures within services which are already integrated would change significantly but rather that this would be an iterative process as the workforce model develops.

There would also need to be further support provided by corporate services e.g IM&T, finance, human resources, Governance to support the expanded functions of operations.

8.4 Organisational Development

The workforce within the locality has been working collaboratively for a number of years in order to transform the delivery of health and social care services to enable improvement and seamless services to our residents.

Whole workforce engagement, including trade union colleagues has been undertaken to raise awareness of our transformation plans and to ensure that all colleagues are sighted on our vision and priorities and how they will contribute to this.

A detailed development programme has been commissioned and delivered by Rothwell Douglas. The focus of this has enabled us to drive forward our vision and transformation plans:

- strategic leadership and management
- whole workforce engagement
- neighbourhood and localities.

Neighbourhood teams are already co-located with colleagues from the Council and ICFT and plans are in place for this to be further developed to include primary care, voluntary sector and other wider public services.

To further support workforce transformation, a detailed workforce plan has been developed and dedicated resource put in place to ensure that the transformation is delivered. It is envisaged that the transaction of the Council workforce to the ICFT will provide significant

opportunities to accelerate transformation and new ways of working. Such benefits may include:

- ability for colleagues in NHS/Council to work even more closely together to reduce duplication
- develop improved ways of working
- enhance health and social care roles and to ensure improved outcomes for our residents are achieved
- colleagues are better equipped, able and expected to work and operate on a whole system approach
- improve understanding of whole system and enable priority and resource to be directed to areas of greatest transformation/improvement
- support and develop improved working/collaboration with primary care and voluntary sector
- enable improved career pathways to health and social care roles – improving recruitment and retention etc.
- improved user experience as workforce are better connected with our priorities and able to navigate the system better.

8.5 Governance Arrangements

Governance arrangements will be further developed as part of the full business case but will be required to cover arrangements at the ICFT, and how it sits within the economy wider governance structure, and continues to fulfil Statutory organisational requirements.

8.6 Project Management Arrangements

The SRO for the project is the Director of Adult Social Services at TMBC, whilst within the ICFT the Executive Lead for the project is the Director of Operations supported by the Executive management team, with the Director of Finance being the Executive lead for the transaction. The size and complexity of the project warrants significant management resource and oversight. The overall progress of the project will be overseen by the Care Together Programme Board.

The Care Together Programme Board will be collectively responsible for ensuring that:

- the project is adequately resourced
- the project achieves its objectives
- that risks are well managed
- that partner organisations undertake their responsibility to identify and release benefits
- the project is managed within budget, time and quality tolerances

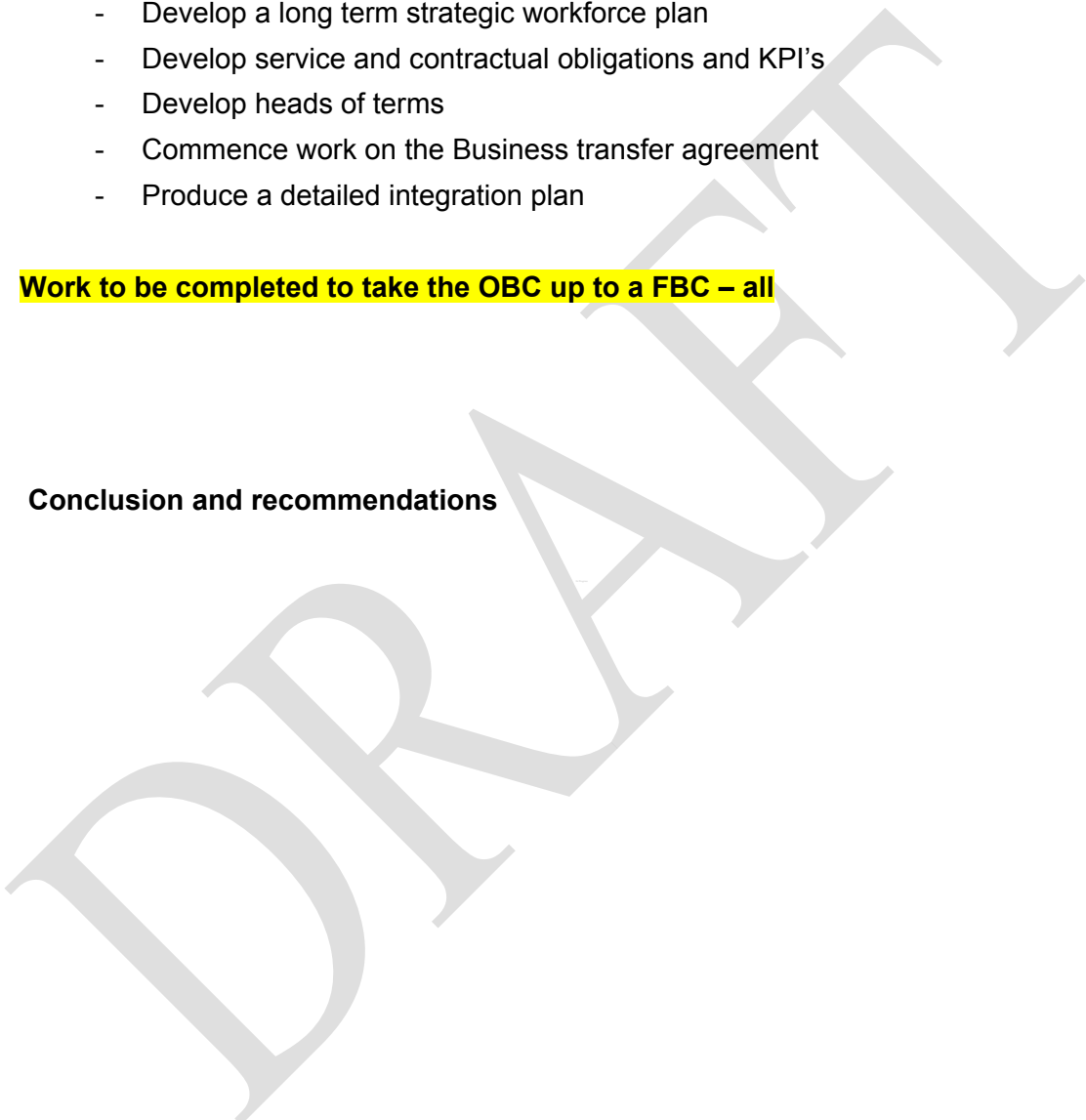
8.7 Summary of Next Steps

To progress the OBC the economy partners would need to:-

- Undertake individual phase two due diligence work to satisfy Boards/Cabinet as to the benefits of the transaction
- Develop formal staff communication and TUPE consultation with affected staff (dependant on the preferred option)
- Agree either staff transfers or develop SLA's for back office functions, with associated finances and KPI's.
- Identify any additional costs to the ICFT resulting from the transaction (e.g. IM&T)
- Develop a long term strategic workforce plan
- Develop service and contractual obligations and KPI's
- Develop heads of terms
- Commence work on the Business transfer agreement
- Produce a detailed integration plan

Work to be completed to take the OBC up to a FBC – all

9. Conclusion and recommendations



Appendix A

Strategic Outline Case Long List of Options

Service Area – Adult Social Care	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8
TMBC Urgent Care								

Service Unit Manager	x	√	√	√	√	√	√	√
Integrated Urgent Care staff and Management team	x	√	√	√	√	√	√	√
ICES Service co-ordination staff member	x	√	√	√	√	√	√	√
TMBC – Localities								
Assessment / Care Co-ordination (18+) Inc Locality teams and management	x	√	√	√	√	√	√	√
Direct Payment Function – staff resource	x	√	√	√	√	√	√	√
Review function in care homes – staff resource	x	√	√	√	√	√	√	√
Health & wellbeing and Carers Service – staff resource	x	√	√	√	√	√	√	√
Occupational therapy / Manual Handling Team	x	√	√	√	√	√	√	√
Home Care Commissioning Team	x	√	√	√	√	√	√	√
Property Management Function – staff resource	x	√	√	√	x	x	x	x
TMBC Long Term Support								
Service Unit Manager	x	√	√	√	√	√	x	x
Homemakers staff and management (24 hour Long term supported housing - LD) CQC Registered	x	√	√	√	√	√	x	x
LDS Support Clerks	x	√	√	√	√	√	x	x
Shared Lives (Carer Approval, training & support) CQC Registered	x	√	√	√	√	√	x	x
Learning Disability Day Services (including transport)	x	√	√	√	√	√	x	x
Reablement Service (CQC Registered) (Inc Homecare through the night)	x	√	√	√	√	√	√	√
Through the Night Service (CQC Registered in reablement registration)	x	√	√	√	√	√	√	√
Loxley House – Day service for people with physical disabilities / Development Trust	x	√	√	√	√	√	x	x
TMBC Crisis & Response								
Service Unit Manager	x	√	√	√	√	√	x	x
Community Response Service – warden/response element (Not Control/Operator function)	x	√	√	√	√	√	√	√

Sensory Service – (inc interpreting services)	x	√	√	√	√	√	√	√
Out of Hours Social work function inc statutory MH duty	x	√	√	√	√	√	x	x
Mental Health Service - TMBC Provision (social workers in Pennine Care) CMHT	x	√	√	√	√	√	x	x
Opt-In Service	x	√	√	√	√	√	x	x
MCA and AMHP co-ordination inc Deprivation of Liberty Safeguards	x	√	√	√	√	√	x	x
TMBC Contracts								
Age UK Core Funding	x	√	√	√	x	x	x	x
Community Support Service / Buddying (Age UK)	x	√	√	√	x	x	x	x
Advocacy (Cloverleaf)	x	√	√	√	x	x	x	x
Individual Service Fund (Tameside Link)	x	√	√	√	x	x	x	x
Mind Core Funding (Mind)	x	√	√	√	x	x	x	x
Willow Wood Hospice	x	√	√	√	x	x	x	x
Integrated Community Equipment Service (Rosscare)	x	√	√	√	x	x	x	x
Minor Adaptations and Handy Person Service (Age Uk / NCHT)	x	√	√	√	x	x	x	x
Garden Maintenance and Daytime Support (Greenscape)	x	√	√	√	x	x	x	x
Home Care Pre-Placement "Framework" Contract (Comfort Call; Mears Group; MRL Healthcare; Allied)	x	√	√	√	x	x	x	x
Home Care Pre-Placement Approved list (Able Care; Direct Care; Person Centred Care; CRG; Laurel Bank + Others)	x	√	√	√	x	x	x	x
Mencap	x	√	√	√	x	x	x	x
Older People Day Support - List of Approved Services	x	√	√	√	x	x	x	x
Learning Disability Day Support - List of Approved Services	x	√	√	√	x	x	x	x
Physical Disability Day Support - List of Approved Services								
Mental Health Alternative Accommodation	x	√	√	√	x	x	x	x
Mental Health Community Recovery Service (Turning Point)	x	√	√	√	x	x	x	x
Specialist Day Service for people with a Dementia (Creative Support - Wilshaw House)	x	√	√	√	x	x	x	x

Supported Accommodation for Adults with a Learning Disability (24 hour Support) (Alternative Futures Group)	x	√	√	√	x	x	x	x
Provision of short-term and respite care to people with a learning disability plus alternative respite (Community Integrated Care)	x	√	√	√	x	x	x	x
Supported Accommodation for people with Mental Health Needs (Bendix Court, Mottram Road, Lyne View) (Creative Support)	x	√	√	√	x	x	x	x
Support with Independent Living – Lomas Court (Alternative Futures Group)	x	√	√	√	x	x	x	x
Supported Accommodation for young adults with a learning disability (Alternative Futures Group)	x	√	√	√	x	x	x	x
IMCA	x	√	√	√	x	x	x	x
Residential & Nursing Care Home “On Framework” Contract (26 Care homes)	x	√	√	√	x	x	x	x
Stroke Care Delivery	x	√	√	√	x	x	x	x
Senior Management Team								
Assistant Director Adults	x	√	√	√	√	√	√	√
Head of Service - Operations	x	√	√	√	√	√	x	x
Head of Service – Assessment and Care Management	x	√	√	√	√	√	√	√
Back Office Functions	x	√	√	√	√	√	√	√

Service Area – CCG Commissioned Services	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8
Public Health	x	√	x	x	x	x	x	x
Prescribing	x	√	√	x	x	x	x	x
Primary Care - PCQS, OOH, central drugs, LES, home oxygen, GPIT, Broomwell	x	√	x	x	x	x	x	x
Urgent Primary Care	x	√	√	x	x	x	x	x
Individualised Commissioning – CHC etc	x	√	x	x	x	x	x	x
3 rd Sector Grants & Services	x	√	x	x	x	x	x	x
Mental Health	x	√	x	x	x	x	x	x
Patient Transport	x	√	x	x	x	x	x	x

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Option Analysis of Gross Expenditure and Associated Funding Gap

Service Area - Adult Social Care	Option 1 - Do Nothing	Option 2 - Full integration of all Adult Social Care Services, and CCG Commissioned Services.	Option 3 - Full integration of all Adult Social Care Services, and a subset of CCG Commissioned Services.	Option 4 - Full integration of all Adult Social Care Services (including staff and funding).	Option 5 - Integration of in house ASC delivered services from TMBC into the ICFT through TUPE arrangements	Option 6 - Integration of in house ASC delivered services from TMBC into the ICFT with TMBC staff being seconded into the ICFT	Option 7 - Integration of a subset of in house ASC delivered services from TMBC into the ICFT, through TUPE arrangements	Option 8 - Integration of a subset of in house ASC delivered services from TMBC into the ICFT, as detailed in Appendix B, with the LA staff seconded into the ICFT.
Total Expenditure	73,979	73,979	73,979	73,979	17,976	17,976	10,556	10,556
2023-24 Financial Gap relating to ASC transfer (£'000)	17,318	17,318	17,318	17,318	4,312	4,312	2,264	2,264
Financial Gap as a % of Expenditure	23%	23%	23%	23%	24%	24%	21%	21%

Public Health Joint Needs Assessment

[Summary of Tameside Joint Strategic Needs Analysis 2015/16](#)

Key statistics for Tameside (compared to the England average);

- Highest premature death rate for heart disease in England
- For premature deaths from heart disease and stroke, Tameside is ranked 148th out of 150 Local Authorities in England
- For overall premature deaths, Tameside is ranked 142nd out of 150 Local Authorities in England (<75 years)
- For premature deaths from cancer, Tameside is ranked 133rd out of 150 Local Authorities in England
- Life expectancy at birth for both males and females is lower than the England average (76.9 years males, 80.3 years females)
- Life expectancy locally is 8.7 years lower for men and 7.4 years lower for women in the most deprived areas of Tameside compared to the least deprived areas.
- Healthy life expectancy at birth is currently 57.9 years for males in Tameside and 58.6 years for females in Tameside. This is significantly lower than the England averages.
- In year 6, 33.3% of children are classified as being overweight or obese, under 18 alcohol specific hospital admissions, breast feeding initiation and at 6 to 8 weeks and smoking in pregnancy are all worse than the England average.
- In adults the recorded diabetes prevalence, excess weight and drug and alcohol misuse are significantly worse than the England average
- Rates of smoking related deaths and hospital admissions for alcohol harm are significantly higher than the England average and many of our statistical neighbours
- Life expectancy with Males in Tameside living 3 years less than the England average and nearly 7 years less than the England best.
- Females live on average just over 2 years less than the England average and 6 years less than the England best.
- Healthy life expectancy for women is nearly a year less than for men, and close to the worst in England.
- Premature mortality for women has not improved as fast as the NW and England.
- Circulatory diseases including heart disease are the commonest cause of early death and rates are 55% higher than the national average.
- Disability free life expectancy at 65 years is significantly worse than the England average (6.8 years compared to 10.2 years in England (males)) and 7.1 years compared to 10.9 years (females))
- Nearly 20% of Tameside residents are living in fuel poverty compared to the 16% England average
- Significantly higher emergency admissions for both males and females
- People returning to their own homes after a stroke is significantly worse than the England average, 28% less people return to their own homes after a stroke compared to the England average.

[Summary of Glossop Socio-economic status 2014](#)

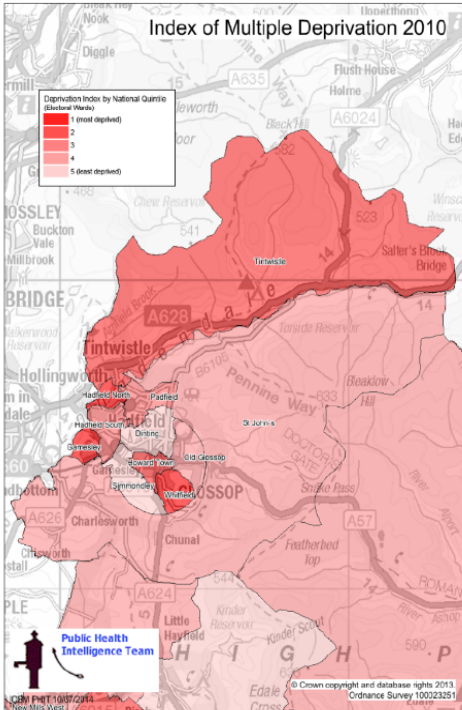


Fig. 2.2: Map of Glossop wards showing local area deprivation (see key)

Key term: Social deprivation

Deprivation is a lack of resources of all kinds, not just financial.¹ The English Indices of Deprivation 2010 (IMD) combine measures of employment, income, health and disability, education skills and training, barriers to housing and services, crime and disorder, and living environment—weighted to produce an overall area-based score.

In Fig. 2.2 each geographic area (Lower Level Super Output Area, or LSOA) is associated with an Index of Multiple Deprivation score. These scores are then ranked nationally and divided into five equal parts to create bands (each band thus equating to 20% of the total population, known as a quintile). The scores for each LSOA in Glossop are then mapped to the corresponding national band by colour coding. Thus those areas of Glossop that are the lightest shade (e.g. Dinting) are among the most affluent 20% of the population nationally. Conversely, those areas that are the darkest shade (e.g. Gamesley) are among the most disadvantaged 20% of the national population.

Table 2.4 shows more detail about each quintile in Glossop. It is notable that two LSOAs are in the most deprived national quintile, corresponding to 8% of the population of Glossop and to 2,560 residents.

Table 2.4: Social deprivation in Glossop LSOAs, by national quintile

LSOA IMD 2010 quintile	Number of LSOAs	Percentage of population	Number of residents
1 (Most deprived)	2	7.6	2,560
2	3	16.2	5,500
3	6	27.2	9,210
4	4	20.9	7,092
5 (Least deprived)	6	28.1	9,540
		100	33,902

Source: IMD 2010 and ONS mid-2012 estimates of population, via Public Health Intelligence, DCC

Table 2.5 shows that Glossop has a higher proportion of people living in the most deprived areas of England than the High Peak overall (two of the High Peak's three 'most deprived' LSOAs are in Glossop). However, Glossop overall is relatively affluent compared to Bolsover and Chesterfield, both of which have over three times the proportion of their population living in the 'most deprived' quintile.

	% in most deprived quintile
Glossop (11 wards combined)	7.6
Amber Valley	8.9
Bolsover	27.3
Chesterfield	25.8
Derbyshire Dales	2.2
Erewash	16.3
High Peak	4.6
North East Derbyshire	10.3
South Derbyshire	1.7
Derbyshire CC	12.2
England	20.4

Quilt key:

Worse than England average	Similar to England average	Better than England average	No statistical comparison made
----------------------------	----------------------------	-----------------------------	--------------------------------

Source: Public Health England, via www.healthprofiles.info

Table 2.6 compares the sub-type of deprivation within Glossop by ward, revealing that Dinting, Simmondley and St John's are comparatively affluent whereas Gamesley, Hadfield North and Hadfield South are comparatively deprived.

	Income deprivation	Child poverty	Older people in deprivation
Dinting	4.4	5.1	8.0
Whitfield	14.5	18.5	24.8
Old Glossop	11.8	15.2	20.1
Howard Town	14.5	18.5	24.8
Gamesley	22.0	30.8	28.6
Simmondley	4.4	5.1	8.0
Hadfield North	22.0	30.8	28.6
Hadfield South	18.2	25.6	24.7
Tintwistle	11.4	15.1	19.3
Padfield	11.4	15.1	19.3
St. Johns	4.4	5.1	8.0
Glossop (11 wards combined)	12.5	17.2	19.0
High Peak BC	10.2	13.7	14.4
Derbyshire CC	12.2	16.6	16.2
England	14.7	21.8	18.1

Quilt key:

Worse than England average	Similar to England average	Better than England average	No statistical comparison made
----------------------------	----------------------------	-----------------------------	--------------------------------

Source: Public Health England, via www.localhealth.org.uk

For the full report see;

https://observatory.derbyshire.gov.uk/IAS/Custom/resources/HealthandWellbeing/Health_Needs_Assessments/Needs_and_assets_in_Glossop.pdf

[Appendix D](#)

Adult Social Care Transaction - Business Case

Sum of Budget 2018/19			
Cost Centre	Cost Centre(T)	Subcipfa(T)	Total
SB500303	Assistant Executive Director - Adults	Employees	123,100
		Premises Related Expenditure	1,420
		Supplies and Services	3,370
		Transport Related Expenditure	1,100
SB500303 Total			128,990
SD710000	Home Care Through the Night	Employees	216,320
		Supplies and Services	2,160
		Transport Related Expenditure	4,500
SD710000 Total			222,980
SD711600	Reablement	Employees	1,551,930
		Premises Related Expenditure	730
		Recharge Expenses	600
		Supplies and Services	38,410
		Transport Related Expenditure	64,820
SD711600 Total			1,656,490
SI433900	Mental Capacity Act (MCA) Training - Deprivation	Employees	173,330
		Premises Related Expenditure	500
		Supplies and Services	157,810
		Transport Related Expenditure	900
SI433900 Total			332,540
SM090301	Team Clerks	Employees	89,340
		Supplies and Services	340
SM090301 Total			89,680
SM100000	Long Term Support Management Function	Employees	492,500
		Recharge Expenses	240
		Supplies and Services	15,020
		Transport Related Expenditure	560
SM100000 Total			508,320
SP420500	Occupational Therapy and Manual Handling	Employees	735,890
		Recharge Expenses	150
		Supplies and Services	8,410
		Transport Related Expenditure	3,330
SP420500 Total			747,780
SP420700	Sensory Services	Employees	292,290
		Premises Related Expenditure	-
		Recharge Expenses	-
		Supplies and Services	4,850
		Transport Related Expenditure	5,500
SP420700 Total			302,640
SP421300	Interpreter Services/Access to Work	Supplies and Services	20,000
		Transfer Payments	-
		Transport Related Expenditure	-
SP421300 Total			20,000
SP917100	Integrated Community Equip Servi Aids / Equipm	Employees	22,680
		Supplies and Services	-
SP917100 Total			22,680
SP917201	Telephones For Disabled	Supplies and Services	2,000
SP917201 Total			2,000
SQ760000	Carers Centre Main	Employees	-
		Premises Related Expenditure	-
		Supplies and Services	105,000
		Third Party Payments	25,000
SQ760000 Total			130,000

Appendix D

Sum of Budget 2018/19			
Cost Centre	Cost Centre(T)	Subcipfa(T)	Total
SQ760200	Health and Wellbeing Staff	Employees	215,870
		Premises Related Expenditure	-
		Recharge Expenses	300
		Supplies and Services	16,180
		Transport Related Expenditure	1,000
SQ760200 Total			233,350
SW500300	HOS - Head of Transformation	Employees	101,390
		Recharge Expenses	-
		Supplies and Services	45,310
SW500300 Total			146,700
SW752000	Localities Management Function	Employees	655,280
		Premises Related Expenditure	-
		Recharge Expenses	150
		Supplies and Services	3,220
		Transport Related Expenditure	500
SW752000 Total			659,150
SW752300	Adult Social Care Locality Teams	Employees	1,881,250
		Premises Related Expenditure	3,000
		Recharge Expenses	1,000
		Supplies and Services	32,100
		Third Party Payments	123,680
		Transfer Payments	-
		Transport Related Expenditure	18,050
SW752300 Total			2,059,080
SW752500	Urgent Integrated Care Team	Employees	1,623,140
		Premises Related Expenditure	2,000
		Recharge Expenses	-
		Supplies and Services	17,850
		Transfer Payments	-
		Transport Related Expenditure	8,420
SW752500 Total			1,651,410
SW752600	Urgent Intergrated Care Service Management Tea	Employees	308,890
		Supplies and Services	1,800
		Transport Related Expenditure	-
SW752600 Total			310,690
SW752700	Reablement Operational	Employees	502,510
		Recharge Expenses	100
		Supplies and Services	4,770
		Transport Related Expenditure	2,900
SW752700 Total			510,280
SW754200	Community Response and Emergency Control Ser	Employees	821,250
		Premises Related Expenditure	-
		Recharge Expenses	-
		Supplies and Services	-
		Transport Related Expenditure	-
SW754200 Total			821,250
Grand Total			10,556,010

Appendix E

Hempsons Legal Due Diligence Report – Stage One



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Finance case

Economy Financial Gap	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000
CCG	21,877	21,036	21,232	21,232
Council - Social Care & Pop Health	12,131	12,944	17,926	18,251
Strategic Commissioner	34,008	33,980	39,158	39,483
ICFT	29,500	28,666	31,655	31,349
Health & Social Care & Pop Health Gap	63,508	62,646	70,813	70,833
ICFT TEP savings required	8,500	8,102	6,166	4,207
Other Council Services Savings	5,115	7,477	14,820	18,717
Strategic Commissioning Total Gap	39,123	41,456	53,978	58,200
Total Gap Commissioner & Provider - assuming ICFT TEP achieved	68,623	70,122	85,633	89,549
Total Gap Commissioner & Provider - assuming ICFT TEP not achieved	77,123	78,224	91,799	93,756

APPENDIX E: INDIVIDUAL SERVICE BENEFIT TEMPLATES

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

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Report To: EXECUTIVE CABINET

Date: 20 June 2018

**Executive Member/
Reporting Officer:** Cllr Fairfoull – Executive Member (Performance and Finance)
Kathy Roe – Director of Finance
Tom Wilkinson – Assistant Director of Finance

Subject: REVENUE MONITORING – OUTTURN 2017/18

Report Summary:

This report shows that the actual 2017/18 revenue budget outturn position for the Council is a net position of £3.342m under budget, as set out in Table 1. This is a movement of £0.736m from the Period 10 monitoring report which reported a forecast outturn position of £2.607m under budget. This movement is net of the release of some provisions within Governance and further cost pressures in Children's Services.

This overall position reflects the prudent planning taken when setting the 2017/18 budget, but also masks a number of pressures and savings challenges across the Directorates, including:

- The Director of Children's outturn is £8.655m in excess of budget due to demand on service provision in Children's Social Care. Specific mention of the management of this budget is included in section 3 the report.
- The Director of Governance is outturn is within budget by £2.505m due to the effect of staff turnover, restrictions in spending, the release of some large one-off provisions and the bringing forward of savings for the 3 year budget period in light of the service pressures being felt elsewhere within the Council.
- The Director of Finance and IT outturn is within budget by £0.928m due to delays in recruitment and other restrictions in spending.
- Corporate costs outturn is £8.263m under budget for 2017/18. This is due to a combination of the release of operational contingencies, which will be used to offset pressures in Children's Services, and receipt of one off additional grant income and additional Manchester Airport Dividend in excess of budget.

The pressures within Children's Services in particular threaten the financial sustainability of future year's budgets, and whilst these have been absorbed through prudent contingency planning and proactive restrictions on spending elsewhere, further funding cuts and inflationary pressures in 2018/19 and beyond erode the financial base and the Council's ability to sustain pressures of this size.

Given these significant pressures, which have been mitigated by mainly one-off measures, strong budget management is required across the Council to ensure that its financial plans are achieved, and to ensure that the Council is able to control budgetary pressures and deliver the required savings over the

medium term.

- Recommendations:**
- 1) That the final actual revenue outturn position is noted (**Table 1**).
 - 2) That the detail for each service area (**Section 3**) is noted and that Directors be required to identify measures to ensure expenditure is maintained within the approved budget for the 2018/19 and future years.
 - 3) That the position on the Integrated Commissioning Fund, including the transaction of the risk share (**Section 5**) is noted.
 - 4) That the emerging risks and financial pressures (**Section 6**) are noted.

Links to Community Strategy: Budget is allocated in accordance with the Community Strategy.

Policy Implications: Budget is allocated in accordance with Council Policy.

**Financial Implications:
(Authorised by the Section 151 Officer)** This monitoring report for the current financial year confirms that service expenditure has exceeded the approved budget for 2017/18. Services areas need to take action to address the issues that are leading to these budget pressures, to ensure the 2018/19 budget and future years can be delivered sustainably.

The overall outturn position of £3.342m under budget is due to a combination of one-off budget savings in some service areas, the release of corporate contingencies and additional grant income, which will not all be available in future years.

The Medium Term Financial Plan (MTFP) for the period 2018 - 2022 identifies significant savings requirements for 2019/20, 2020/21 and 2021/22. If budget pressures in service areas in 2017/18 are sustained during 2018/19, this will inevitably lead to an increase in the level of savings required in future years to balance the budget.

**Legal Implications:
(Authorised by the Borough Solicitor)** There is a statutory duty to ensure the Council sets a balanced budget and that it is monitored to ensure statutory commitments are met.

Risk Management: Failure to properly manage and monitor the Council's budgets will lead to service failure and a loss of public confidence. Expenditure in excess of budgeted resources is likely to result in a call on reserves, which will reduce the resources available for future investment. The use and reliance on one off measures to balance the budget is not sustainable and makes it more difficult in future years to recover the budget position. The Council is facing significant risks, especially in relation to Children's Services and demographic pressures in Adults Services, which has been absorbed by using one off Government Grant funding in the short term. Further commentary on the financial risks facing the Council is set out in section 6 of this report.

Access to Information

The background papers relating to this report can be inspected by contacting the report writer, Heather Green, Finance Business Partner by:



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1 INTRODUCTION

- 1.1 This is the final revenue monitoring report of the 2017/18 financial year. The report summarises the actual revenue outturn position at 31 March 2018 for the Council.
- 1.2 Details of the various sections and Appendices within the report are shown below:
- **Section 2:** A summary of the budget and revenue financial position for Service areas.
 - **Section 3:** A summary of the budget pressures facing Children’s Social Care.
 - **Section 4:** Council Tax, Business Rates collection performance and write offs.
 - **Section 5:** Commentary about the financial challenges in the local health and social care economy.
 - **Section 6:** Risks and Emerging financial pressures
 - **Section 7:** Recommendations.
 - **Appendix 1:** Details for each Directorate showing the revenue outturn position and explanations for significant budget variances.
 - **Appendix 2:** Summary of budget changes since period 10.
 - **Appendix 3:** Analysis of the Council Tax and Business Rates collection performance.
- 1.3 This report details the Council’s actual revenue outturn position for 2017/18 against the approved budget for the year and shows the net of income and expenditure as a variation to budget.
- 1.4 Also included within the report are details for those budgets that are held corporately and the outturn position. These budgets include the cost of capital financing, democracy and where service areas are unable to affect spend against budget e.g. Association of Greater Manchester Authority (AGMA) costs.
- 1.5 Separate tables, which break down the budget variations into elements of expenditure and income, are included in **Appendix 1**, to show how Directorates are utilising their allocated funding.

2 SUMMARY OF THE FINANCIAL POSITION

- 2.1 This report shows that the actual net revenue expenditure for services for the 2017/18 financial year is £4.920m in excess of budgeted resources. The outturn revenue position by service area is summarised in Table 1.

- 2.2 The overall outturn position for the Director of Children is net expenditure of £8.655m in excess of budget, primarily due to the outturn for Children's Social Care. Further details are set out in section 4 of this report.
- 2.3 The Director of Governance outturn is within budget by £2.505m due to the effect of staff turnover allowing vacancies to be held, restrictions in spending in light of the service pressures being felt elsewhere within the Council, and a release of a large one off provision in relation to housing benefit. This review of provisions is the main reason for the increased budget underspends from period 10.
- 2.4 In addition to service budgets, there are corporate budgets which are held to pay for corporate costs such as levies, loan debt etc. as well as the means to cope with in-year volatility. This budget outturn is £8.263m under budget. This is primarily due to the release of corporate contingencies, which had been held to offset unforeseen expenditure or other risks, savings on borrowing costs, receipt of additional grant income in excess of budget, and receipt of additional dividend income from Manchester Airport.
- 2.5 The overall outturn position for the Council is a net position of £3.342m under budget, as set out in Table 1. . This is a movement of £0.736m from the Period 10 monitoring report which reported a forecast outturn position of £2.307m under budget. This improved position is due primarily to a combination of one-off the release of bad debt contingencies and some additional business rates income.

Table 1 – Outturn revenue position for 2017/18

Directorate	Service	2017/18 Budget £000	Forecast Outturn £000	Variation to Budget £000	Movement since P10 £000s
Children	Children's Social Care	35,192	43,801	8,609	796
Children	Education	2,841	2,887	46	(34)
Director of Children's Services		38,033	46,688	8,655	762
Adults	Adult and Early Intervention Services ¹	44,185	43,641	(544)	(19)
Director of Adults Services		44,185	43,641	(544)	(19)
Population Health	Population Health	16,708	16,527	(180)	(10)
Director of Population Health		16,708	16,527	(180)	(10)
Place	Development Growth & Investment	2,368	2,287	(81)	(97)
Place	Asset & Investment Partnership Management	3,549	3,888	329	43
Director of Place		5,916	6,175	259	(53)
Neighbourhood & Operations	Environmental Services	41,371	42,150	779	489
Neighbourhood & Operations	Stronger Communities	6,885	6,270	(616)	(326)
Director of Neighbourhoods and Operations		48,256	48,420	164	163
Governance	Governance	7,186	4,681	(2,505)	(1,300)
Director of Governance		7,186	4,681	(2,505)	(1,300)
Finance & IT	Finance	2,491	1,722	(769)	144
Finance & IT	Digital Tameside	1,967	1,808	(159)	(54)
Director of Finance and IT		4,458	3,530	(928)	115
Total Service Position		164,742	169,662	4,920	(366)
	Corporate Costs, Capital and Financing and Other Cost Pressures	12,654	4,391	(8,263)	(369)
Total		177,396	174,054	(3,342)	(735)

¹ Net of the £5.365m Adult Social Care Grant announced in the spring budget on 8 March 2017.

- 2.6 The current revenue position needs to be considered in the context of the Council's Medium Term Financial Plan (MTFP). An updated MTFP was presented to Full Council on the 27 February 2018 alongside the proposed balanced budget for 2018/19. The four year MTFP from 2018/19 to 2021/22 is summarised in Table 2. The MTFP identifies significant savings requirements for 2019/20, 2020/21 and 2021/22. If budget pressures in service areas in 2017/18 are sustained, this will inevitably lead to an increase in the level of savings required in future years to set a balanced budget. The MTFP will be refreshed during June and July 2018.
- 2.7 The 2017/18 budget included the use of £2.6m of the Council's reserves for additional investment in Children's services, with further investment of £1.6m in 2018/19 and £0.3m in 2019/20 assumed in the MTFP approved in February 2017. In the context of the extraordinary demands being placed on Children's Services set out in section 3 below, the updated MTFP approved in February 2018 includes significant additional investment in Children's Services over the period 2018/19 to 2020/21. This will be financed from the Council's earmarked reserves as this additional investment is to fund the implementation of a long term sustainable plan for Children's Services.
- 2.8 Following a review of the current demand pressures facing Children's Services and the additional investment being made in the service to drive improvements, the MTFP now includes additional investment of £18m over three years. Including the use of reserves already assumed in 2017/18, this additional one-off investment will see almost £20m invested in Children's services to drive the required improvements (£11.6m in 2018/19, £6.3m in 2019/20 and £2m in 2020/21).

Table 2 - Medium Term Financial Plan 2017- 22 (extract)

MTFP	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000
Spending Plans					
Adults	44,309	41,175	41,462	48,742	54,362
Children's Services	38,577	48,065	43,159	39,412	37,979
Public Health	16,707	16,494	15,767	15,588	15,369
Place	8,086	7,858	6,808	6,898	6,990
Operations and Neighbourhoods	48,598	50,379	50,735	51,147	51,568
Governance	7,185	7,207	6,737	6,993	7,256
Finance	4,376	4,516	4,401	4,521	4,643
Corporate	9,558	10,820	13,650	17,532	17,810
Total Spending	177,396	186,514	182,719	190,833	195,977
Resources					
Business Rates Baseline	(47,701)	(49,851)	(52,797)	(54,381)	(56,012)
Business Rates Top-up Grant	(43,635)	(36,593)	(29,123)	(24,123)	(19,123)
Amount to be funded from Council Tax	(80,460)	(86,068)	(88,992)	(91,121)	(93,300)
Collection Fund Surplus	(3,000)	(1,500)	(1,500)	(1,500)	(1,500)
Use of Reserves and Balances	(2,600)	(12,502)	(6,300)	(2,000)	0
Total Resources	(177,396)	(186,514)	(178,712)	(173,125)	(169,935)
Remaining Gap to be addressed	0	0	4,007	17,708	26,042

3. CHILDREN'S SOCIAL CARE

- 3.1 The Council has experienced extraordinary increases in demand for Children's Social Care Services during 2017, placing significant pressures on staff and resources. The number of Looked after Children has gradually increased from 519 at April 2017 to 612 at 31 March 2018. The current budget allocation will finance approximately 450 placements, assuming average weekly unit costs for placements. Despite the additional financial investment in the service in 2017/18, the service exceeded the approved budget by more than £8.6m during the year due mainly to additional placement costs (£7.1m) and additional staffing costs (£1.5m).
- 3.2 The Council appointed a new interim Director of Children's Services in October 2017, and approved a new improvement plan in November 2017, which together are intended to drive the required improvements in the service. The ambition is to deliver services that are good or outstanding, and the new improvement plan for the next twelve months is focused on delivering consistent basic standards as the secure foundation for further improvement in future years.
- 3.3 Alongside the improvement plan there are other key area's that will be addressed which include:
- A direct focus on Ofsted's recommendations
 - The basics of practice standards
 - The recruitment and retention of the workforce
 - Reductions to caseload allocations
 - The effectiveness of leadership and management disciplines
 - Management of service demand and the associated financial implications
 - Clearer measurements of performance and quality of practice at team level
 - Working with partners to ensure the Local Safeguarding Children's Board improvement plan is delivered – there will be a particular focus on the roles of Police and Health in frontline safeguarding operations, and upon a wider range of partners in order to support the delivery of early help
- 3.4 Of these the immediate priorities for the interim Director are the strengthening of service leadership, the stabilisation of the workforce, the implementation of strategies to reduce service demand and the implementation of a new framework to support performance and quality.
- 3.5 In addition the Director and service leadership team will be addressing the related implications on the service budget alongside the Finance directorate to ensure services are delivered within annual resource allocations over the medium term.

4. COUNCIL TAX AND BUSINESS RATES

- 4.1 The Business Rates Retention Scheme means that variations in the level of Business Rates income collected has a direct impact on Council resources. The level of Council Tax income collected remains an important area for the Council as any shortfall in the level of Council Tax income also has a direct impact on Council resources.
- 4.2 For 2017/18 the level of Council Tax income collected in year is marginally under target collection rates and Business Rates exceeded the target. Both areas are closely monitored during the financial year and we continue to target income collection. **Appendix 2** includes two tables that show how the Council is performing against target collection rates in both Business Rates and Council Tax.

5. CARE TOGETHER

- 5.1 There continues to be an increasing number of people that need access to adult social care services. This is a national challenge and Tameside is not unique in facing growing demands for NHS and social care services as a result of people living longer. There is a national recognition that the response to this growing demand is to invest more in social care, and some additional investment was made available through the Adult Social Care grant announced in March 2017.
- 5.2 Our response to this growing demand in Tameside is Care Together. Care Together is a transformational approach which aims to significantly improve the health and wellbeing of residents, and deliver a clinically and financially sustainable health and social care service through a Strategic Commissioning Function and Integrated Care Foundation Trust. Delivery of this transformational approach provides an opportunity to address the financial challenge presented by rising demand for Adult social care services, but also exposes the Council to a greater degree of risk in the short term.
- 5.3 Under Care Together a single body commissions health and social care services. The Strategic Commissioning function is made up from Tameside & Glossop Clinical Commissioning Group (CCG) and Tameside Council. The Care Together vision is to significantly raise healthy life expectancy by focussing on health and care needs of communities with a view to achieving better prosperity, health and wellbeing and to deliver a clinically and financially sustainable health and social care service with the next five years.
- 5.4 On the financial front the first step last year was to enter into a section 75 agreement with Tameside and Glossop CCG to pool resources. For the 2017/18 financial year a risk sharing arrangement has been included in the agreement. Under this arrangement the Council has agreed to resource up to £5m in each of the next two years (2017/18 and 2018/19) in support of the CCG's QIPP savings target; this is conditional upon the CCG agreeing to a reciprocal arrangement in 2019/20 and 2020/21. Thereafter, any variation from budget for both CCG and Council will be shared in the ratio 80:20 for CCG:Council. A cap is placed on the shared financial exposure for each organisation (after the use of £5m) in 2017/18.
- 5.5 The risk share contributions were transacted in Month 10. Under the risk share arrangement, the Council is making a £4,200k contribution to the CCG for Continuing Health Care and Mental Health Individualised Commissioning. This is being financed from the Council's reserves and has no impact on the net expenditure position being reported for Adults and Early Intervention Services. The CCG is making a £500k contribution to Children's Services under the risk share. This contribution has been transferred to Council Reserves as the 2017/18 budget already includes £2,600k of reserves to support expenditure pressures in Children's Services.
- 5.6 The Strategic Commissioning Management Team and the Strategic Commissioning Board receive regular budget monitoring reports and will agree mitigating actions as appropriate. The financial information in respect of council services provided to the single commissioning bodies is consistent with information included in the Council's budget monitoring reports albeit there can be timing differences between the two. A single consolidated finance report for the whole health and social care economy will continue to be produced and reported to the Strategic Commissioning Board.
- 5.7 The outturn revenue position will be reported to the Strategic Commissioning Board on 23 May 2018. The full year outturn and risk share position is also summarised in table 5 below. Table 5 provides details of the summary 2017/18 budgets and outturn of the ICF and Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT). Members should note that there are a number of risks that have to be managed within the economy during the current financial year, the key ones being:

- Significant budget pressures for the CCG relating to Continuing Health Care related expenditure of £4,200k
- Children's Services within the Council is managing unprecedented levels of service demand which have resulted in additional expenditure of £8,600k when compared to the available budget
- The ICFT are working to a planned deficit of £22,088k for 2017/18. However it should be noted that efficiencies of £10,400k are required in 2017/18 in order to meet this sum.

5.8 The Strategic Commission net funding gap of £7,851k in 2017/18 primarily relates to demand pressures within the Council's Children's Social Care service. This net funding gap within the Council will be resourced via a £500k additional contribution to the ICF from the Tameside and Glossop Clinical Commissioning Group, highlighted in paragraph 5.3, as per the terms of the Integrated Commissioning Fund risk share agreement, with the residual balance financed via a combination of Council in year revenue and existing general reserve balances.

Table 5 – 2017/18 Whole Economy Outturn and Risk Share

	2017/18		
	Budget	Actual	Variance
	£'000	£'000	£'000
Strategic Commission	485,466	493,351	(7,885)
ICFT	(22,088)	(22,054)	34
Total Whole Economy	463,378	471,297	(7,851)

Strategic Commission - Risk Share		£'000
TMBC risk share contribution	Continuing Health Care	3,700
	Mental Health Individualised Commissioning	500
CCG risk share contribution	Children's Services	500

5.9 The full consolidated finance reports are considered by the Strategic Commissioning Board and can be found at:

<https://tamesideintranet.moderngov.co.uk/ieListDocuments.aspx?CId=303&MId=1511>

6. RISKS AND EMERGING FINANCIAL PRESSURES

- 6.1 The Council continues to face a number of significant risks and cost pressures which need to be closely monitored. Failure to properly manage and monitor the Council's budgets will lead to service failure and a loss of public confidence. Expenditure in excess of budgeted resources is likely to result in a call on reserves, which will reduce the resources available for future investment. The use and reliance on one off measures to balance the budget is not sustainable and makes it more difficult in future years to recover the budget position.
- 6.2 As set out in section 3 above, extraordinary increases in demand for Children's Services have resulted in a significant budget overspend in 2017/18 and significant additional one-off investment is planned over the next three years. The Children's Services improvement plan must be carefully monitored to ensure that the additional resources are being effectively utilised to drive improvements, and establish a financially sustainable service.
- 6.3 Adults and Early Intervention Services continue to face demographic pressures which are increasing demand for services, together with other cost pressures including increased costs arising from the foundation living wage. Further cost pressures are also anticipated to meet the requirements of the Social Care Compliance Scheme in respect of sleep-in shift pay.
- 6.4 The liquidation of Carillion in January 2018 has not had an immediate financial impact on the day to day delivery of services and therefore this revenue budget. However the short term focus has been on continuity of services and business as usual, and the Council has been required to make continuity of service payments to the Local Education Partnership. Options for a longer term solution for services previously delivered by Carillion are being worked up but it remains too early to assess what the financial implications of any new arrangements may be. There are some material risks in relation to the Vision Tameside capital programme, which are addressed in the Capital Monitoring report on this agenda.

7. RECOMMENDATIONS

- 7.1 As stated on the front cover of the report.

DIRECTOR OF CHILDREN

	2017/18 Budget £000	Outturn £000	Variation to Budget £000
A. Children's Social Care	35,192	43,801	8,609
B. Education	2,841	2,887	46
TOTAL	38,033	46,688	8,655

A. CHILDREN'S SOCIAL CARE

Children's Social Care	£000
<p>Employees Additional agency social workers as a result of increased demand during the year. The on-going strategy is to transition agency employees onto permanent contracts within the service as this is a lower cost alternative and also improves the quality and stability of service delivery. There have also been appointments to senior posts within the service to the approved budget allocation to lead and support the implementation of required improvements.</p>	1,472
<p>Independent Sector and Internal Carer Placements The number of Looked After Children has increased from 519 at April 2017 to 613 at 31 March 2018 (590 in January 2018). It should be recognised that the current budget allocation will finance approximately 450 placements, assuming average weekly unit costs for placements.</p>	7,129
Other minor variations across the service	8
TOTAL VARIATION	<u>8,655</u>

B. EDUCATION

	£000
Employee Costs Expenditure is below budget on employee costs due to a number of vacant posts and other minor variations under £50k.	(513)
Special Education Transport The budget was set based on 2016-17 demand levels. Expenditure is projected to be above budget due to an increase in the number of children eligible to receive home to school transport for the academic year. A review of the transport position has been undertaken and tenders have been awarded. The expected savings have not materialised. This is due to an increase in demand and routes needed and some price increases, despite a competitive tender. The service will continue to monitor spend in this area.	368
Other Expenditure The traded service for Education Psychology has seen a significant reduction in buy in from schools in this financial year. As a result of this spend will be below budget (£115k) due to a reduction in the use of associates and overheads which is offset against the reduction in income. SEN Implementation-under budget by (£84k), grant transferred to reserve for use in following year. There are other minor variations under £50k.	(203)
Grants & Other Contributions There are a number of small increases in grant funding, individually under £50k.	(99)
Non-Academy Schools Income Income is less than budgeted for Non Academy Schools due to a reduction in the buy in from schools to the Education Psychology Traded Service (£106k); Behaviour for Learning & Inclusion Service (£53k); Equality, Multicultural and Access Team (£43k) and the Governor Clerking Service (£34k). There are other minor variations under £50k.	238
Academy Schools Income Income is less than budgeted for Academy Schools due to a reduction in the buy in from schools to the Education Psychology Traded Service (£35k). There are other minor variations under £50k.	23
Sales, Fees & Charges Minor Variations Under £50k	(41)
Other Income LAC Pupil Premium grant transferred to Virtual Team to fund specific posts (£82k). There are other minor variations under £50k.	(72)
Use of one-off monies DSG Grant transfers to and from reserve £43k; SEND Implementation Grant transfer to reserve £85k; RCCO transfer to PFI Reserve £18k. £200k School Improvement agreed transfer to reserve. £40k Education Welfare - Penalty Notice Income Agreed transfer to reserve.	345
Maternity Cover Insurance This is an insurance scheme for Maternity Cover which has collected more contributions than monies paid out. The balance has been transferred to a reserve for use in the following year.	0
TOTAL VARIATION	<u>46</u>

DIRECTOR OF ADULTS

	2017/18 Budget £000	Outturn £000	Variation to Budget £000
C. Adult and Early Intervention Services	44,185	43,641	(544)
TOTAL	44,185	43,641	(544)

C. ADULT AND EARLY INTERVENTION SERVICES

	£000
Employee Expenditure was less than budget for the year due to a combination of vacant posts and the number of hours required for the Council provided Learning Disabilities Homemaker Service being less than the budgeted amount. This is due to services being delivered by the independent sector.	(523)
The numbers of Nursing care home bed placements have increased from April 2017 levels although they have seen a slight reduction since the previous reporting period. Delayed Transfers of Care (DTC) are showing an upward trend with latest numbers suggesting 30+ DTC's per day. i-BCF funding is being utilised to mitigate this. The age of admission remains at 80 years of age which is leading to an increase in length of stay (average age of admission last year was 82) this will have a future financial impact.	855
There has been £160k of Direct Payment (DP) clawbacks in year following client finance audits. These occur when clients no longer require the level of care originally stipulated in their DP agreement or where the allowance has not been used by the client in the agreed way. This reduction in spend is partially offset by a small increase in clients receiving DP's (increase from 284 to 290 since April 2017).	(198)
There has been an increase in Fairer Charging income received for community based services, this is income based on the individual client financial assessments of approximately 1000 clients (this number varies slightly throughout the year). Work will be undertaken in 2018-19 in partnership with the Exchequer department to establish the reasons for this in further detail to improve future forecasting	(936)
Actual homecare hours ended the year slightly higher than the budgeted amount. The costs attributable to implementation of the new Support at Home model from February 2018 (£90k) have been fully funded by GM Transformation monies.	82
Other Minor Service variations (0.21% of total spend)	176
TOTAL VARIATION	<u>(544)</u>

DIRECTOR OF POPULATION HEALTH

D. DIRECTOR OF POPULATION HEALTH

	2017/18 Budget £000	Outturn £000	Variation to Budget £000
D. Population Health	16,708	16,527	(180)
TOTAL	16,708	16,527	(180)

	£000
Prudential Borrowing Costs - Active Tameside	106
Total employee expenditure less than budget due to vacant and deleted posts within the service.	(238)
Public Health England income received 31/3/2018 due to targets met by Service Area	(41)
Minor Variations	(9)
TOTAL VARIATION	<u>(180)</u>

DIRECTOR OF PLACE

	2017/18 Budget £000	Outturn £000	Variation to Budget £000
E. Development Growth and Investment	2,368	2,287	(81)
F. Asset and Investment Partnership Management	3,549	3,888	339
TOTAL	5,916	6,175	259

E. DEVELOPMENT GROWTH AND INVESTMENT

Employees Expenditure is less than budget as a result of delayed recruitment to vacant posts.	(306)
Expenditure in excess of Budget for Waterway Levy	14
Ashton Old Baths operating costs for the building in excess of income. This is in line with the business plan which set out an expected loss for the first three years.	62
Development & Control - Temporary agency support in Planning due to the high cost of agency staff where no Budget allocated	72
Godley Green spend where no budget allocated	90
Expenditure less than budget on Employment and Skills Projects	(165)
Income less than budget for Building Control as a result of vacant posts. Income for the building control service is driven by the quantum of work undertaken. Due to vacancies the service has been unable to undertake all planned work and income is less than budget as a result	177
Advertising income not received	65
Capitalisation of Salaries in excess of Budget	(62)
Repayment of Local Authority Mortgage Scheme LAMS. The scheme ended in February 2018	(1,000)
GM Ecology Unit in year income less than in year spend	94
Other minor variations across the service	222
<u>Drawdown from Reserves at beginning of 2017/18:</u>	
- Leaders Pledge - Loyalty Scheme (£14K)	
- Leaders Pledge - Business Grant Scheme (£28K)	
- Leaders Pledge - Trade Grant Scheme (£164K)	
- Leaders Pledge - Inward Investment Scheme (£39K)	
- Leaders Pledge - Youth Employment Scheme (£266K)	
- Leaders Pledge - Tameside Free Travel Scheme (£25K)	
- Leaders Pledge – Ex-Forces Pilot Scheme (£33K)	
- Godley Green Garden Village (£299K)	
- Housing Strategy (£46K)	
	(1,551)

<ul style="list-style-type: none"> - Local Plan carried forward to next year for Investment Schemes over more than one financial year(£153K) - Local Innovation awards received in 2010/11 carried forward (64k) - GM Ecology Unit (£274K) - Post 19 Adult Education Budget (£96K) - Heat Delivery Networks (£40K) 	
<p><u>Movements to Reserves:</u></p> <ul style="list-style-type: none"> - Leaders Pledge - Loyalty Scheme(£11K) - Leaders Pledge - Business Grant Scheme(£25K) - Leaders Pledge - Trade Grant Scheme (£49K) - Leaders Pledge - Inward Investment Scheme(£39K) - Leaders Pledge - Youth Employment Scheme(£48K) - Leaders Pledge - Tameside Free Travel Scheme(£25K) - Leaders Pledge – Ex-Forces Pilot Scheme(£29K) - Repayment of LAMS. The scheme ended in February 2018 £1,000K - Godley Green Garden Village £209K - Local Plan £191K - Local Innovation awards received in 2010/11 carried forward £64K - GM Ecology Unit £185K - Quick Response - Hattersley - Money to be claimed from Barrets £55K - Employment & Skills Contribution from Greater Manchester Combined Authority for the Youth Employment Scheme £139K - Other Minor Variations £139K 	2,208
TOTAL VARIATION	(81)

F. ASSET AND INVESTMENT PARTNERSHIP MANAGEMENT

Catering	
Catering Costs were less than originally anticipated	-432
Income less than budgeted due to schools moving to academies	502
AIPM	
Expenditure - expenditure forecast to be less than budget on salaries due to vacancies during the year	(37)

Other Expenditure - Overspend on costs incurred in respect of anticipated capital receipts which have not materialised and are now classed as abortive costs. An example is £117,000 of expenditure has been incurred relating to the former Littlemoss High School anticipated receipt which are now abortive costs due to the asset be being transferred to be used as a Free School	210
Other Expenditure - Costs in respect of charges payable to PWC which have been incurred following the Liquidation of Carillion	193
Other Expenditure - Increase in expenditure for security costs across the corporate estate including Stamford Park, Tame Street, Two Trees, Ashton Town Hall and Ashton Library	123
Other Expenditure - Rent in relation to previous years in respect of Ashton Primary Care Building	116
Other Expenditure - Emergency building repairs in excess of Budget	83
Other Expenditure - Delapidation costs following the termination of the lease 'for the Learn at St Annes accommodation' for the Post 19 service following the vacation of the building were not provided for within the current budget. Savings will be realised from the termination of the lease on this property and have been factored into the current service budget.	75
Other Expenditure - other minor variations	23
Other Expenditure - Refund on business rates for Hyde Town Hall, Union Street, Dukinfield Town Hall and Stalybridge Public Toilets related to previous financial years	(98)
Other Expenditure- Expenditure less than estimated on general supplies and services within Corporate Landlord	(143)
Other Expenditure - credit received in respect of Facilities Management charge for period April 2015 to March 2017.	(170)
Income - Income received for Accommodation costs from the CCG	(150)
Income - Rent received in respect of Guardsman Tony Downes House following the Purchase of the Building. Budget has been included in future years.	(96)
Income - Additional Income received in respect of Accommodation recharges for Stamford Chambers (£37K) and Denton Festival Hall (£21K)	(59)
Income - Loss of industrial estate income including Plantation Industrial Estate	262
Income - other minor variations	(2)
Capital Items & Movements to/from Earmarked Reserves - Revenue Contribution was less than anticipated	(61)
TOTAL VARIATION	339

DIRECTOR OF NEIGHBOURHOOD & OPERATIONS

	2017/18 Budget £000	Outturn £000	Variation to Budget £000
G. Environmental Services	41,371	42,150	779
H. Stronger Communities	6,885	6,270	(616)
TOTAL	48,256	48,420	169

G. ENVIRONMENTAL SERVICES

	£000
Expenditure is less than budget as a result of delayed recruitment to vacant posts following service re-designs across Environmental Services. It is anticipated that all posts are expected to be filled as soon as possible.	(723)
Agency staffing costs are in excess of budget in respect of waste services to enable the implementation of new collection rounds. No budget provision was made at the time as it was expected that corresponding savings to the waste levy would be achieved through reduced tonnages.	195
Expenditure in excess of budget for the Waste Levy, this has arisen in the main due to changes in the split of tonnages collected across Greater Manchester and the impact this has on how the levy is calculated. This has been managed by utilising the Waste Reserve which was originally set up to manage this type of situation.	1,294
Expenditure in excess of budget was incurred in Environmental Services for:	
- Transport related costs to cover the implementation of new waste collection rounds"	110
- The purchase of caddy liners for recycling of food waste. This encourages recycling which in turn delivers reductions in cost for the Council. There was no budget for this in 2017/18.	147
- In Operations Services for Waste Disposal related costs.	109
- For Risk Management work - repairing potholes and road surfaces.	440
- For maintaining and managing parks and land within the Borough, including one-off projects and repairs to retaining walls. This was partially offset by additional income shown below.	104
"Expenditure relating to Council Car Parks varied to budget by:	
- Maintenance and repair of council car parks was in excess of budget."	69
- Car Parking contractor fees (NSL) were less than budget.	(82)
Expenditure less than budget was incurred within Transport Services due to the cyclical nature of maintaining the fleet of vehicles. An element of the planned in-year saving has been used to fund capital expenditure in 17/18. The remaining will be re-invested in the fleet in future years (see below).	(916)
Expenditure in excess of budget for Winter Maintenance as a result of the requirement to fulfil our statutory duties, which is determined by the weather conditions.	491

"Income from sales, fees and charges was less than budget in the following areas across Environmental Services: - Ashton Market Ground rental income. The reduction in rental income from stall holders due to the redevelopment of the market and the reduced no. of stalls." - Car parks: Pay & Display Income as a result of reduced demand." Contract Passes - there was an underachievement of income at the new multi storey car park at Dale St. - Fewer Excess Fee Notices (Parking Fines) were issued resulting in a reduction of income	197 111 36 41
Income from sales, fees and charges was in excess of budget in the following areas across Environmental Services: - Bereavement Services as a result of increased demand for burial, cremation and other bereavement services. - Trade Waste services as a result of increased demand for commercial waste services.	(206) (73)
Other minor variations across the service for example increased Pest Control income, increased internal recharge income for skip hire, engineers works.	(186)
Waste Disposal Levy - Draw down from Reserve for costs in excess of budget (see above)	(1,294)
Winter Maintenance - Draw down from Reserve for costs in excess of budget (see above)	(491)
Draw down from reserve to fund capital expenditure in 2017/18 on vehicles for Transport and Operations Services	(1,162)
Contribution to reserve for future years expenditure on vehicles for Transport and Operations Services	1,193
Movements to/from Reserves for monies held by Tameside MBC in trust/on behalf of other groups e.g. Allotments	20
Leader's Pledge Monies - Big Tidy Up moved to reserve for continued use.	16
Unspent Drainage Grant Carried Forward	57
Revenue Contribution to Capital Outlay for expenditure in 2017/18 on vehicles for Transport and Operations Services	1255
TOTAL VARIATION	<u>779</u>

H. STRONGER COMMUNITIES

	£000
Expenditure is less than budget on salaries across all services due to vacant posts throughout the year.	(152)
Expenditure in excess of budget on temporary accommodation due to an increase in the number of people being placed in temporary accommodation, an increase in the amount that is not recoverable and the increase in time it takes Housing Benefits to process claims.	91
The Homelessness support budget was not fully utilised as a result of receiving grant income relating to the Homelessness Prevention Bill.	(338)
Expenditure less than budget on Domestic Abuse support as a result of utilising grant income received.	(191)
Expenditure is less than budget on fixtures and fittings under Tameside Resettlement Scheme	(89)
Grants brought forward from 2016/17 with no budget provision, including Community Safety Funding.	(261)
Minor Variations under £50k	(235)
Unspent grants carried forward to 18/19	337
Movement to Reserve for use on major projects in 2018/19; relocation costs within Libraries and Museums, refurbishment of Astley Cheetham Art Gallery and to fund a temporary Debt Advisor to help deal with the impact of Universal Credit.	218
Revenue Contribution to Capital Outlay	4
TOTAL VARIATION	(616)

DIRECTOR OF GOVERNANCE

I. DIRECTOR OF GOVERNANCE

	2017/18 Budget £000	Outturn £000	Variation to Budget £000
I. Director of Governance	7,186	4,681	(2,505)
TOTAL	7,186	4,681	(2,505)

	£000
On-going restrictions in recruitment, and delays in the implementation of Service redesigns, have resulted in a projected expenditure level under budget in relation to human resource costs across the directorate.	(750)
One off movement from Bad Debt Provision for Housing Benefit as the provision currently held was in excess of required value as per Housing Benefits analysis, also meaning the planned in year contribution to this provision was not required	(1,000)
Continuing restrictions in expenditure, and efficiencies across the service, have resulted in a projected expenditure level under budget in relation to supplies and services across the directorate	(951)
Movement to reserve in relation to Election duties	243
Other Minor Variation across the directorate	(47)
TOTAL VARIATION	<u>(2,505)</u>

DIRECTOR OF FINANCE & IT

	2017/18 Budget £000	Outturn £000	Variation to Budget £000
J. Finance	2,490	1,722	(768)
K. Digital Tameside	1,967	1,808	(159)
TOTAL	4,457	3,530	(927)

J. FINANCE

	£000
Finance Services - in year savings due to delays in recruitment £594k, Other minor variations under £50k.	(673)
Movement to Reserve for STAR Procurement and Commissioning Work	150
Cashiers - £119k savings on cash collection cost. Other minor savings less than £50k	(125)
Internal Audit and Insurance Services - Savings due to delays to recruitment of vacant posts and secondment of an insurance officer. Other minor variations less than £50K	(132)
Movement to Reserve for Insurance Services	12
TOTAL VARIATION	<u>(768)</u>

K. DIGITAL TAMESIDE

	£000
Schools Trading Account - More buy in than anticipated, and the expenditure has been managed.	(24)
IT Services - Savings in relation to staffing and agency budgets and other minor savings.	(75)
Multi-Functional Devices (MFD's) - This is income generated from charging services for photocopying, printing and scanning services through MFDs across the council.	(98)
TOTAL VARIATION	<u>(159)</u>

CORPORATE BUDGETS

	2017/18 Budget £000	Outturn £000	Variation to Budget £000
Corporate Costs, Capital and Financing and Other Cost Pressures	12,654	4,391	(8,263)
TOTAL	12,654	4,391	(8,263)

Corporate Budgets	£000
Capital Financing	
The 2017/18 budget assumed additional borrowing of £30m from 1 April 2017. No additional borrowing has been undertaken during 2017/18.	(780)
Contingency	
The 2017/18 budget included operational contingencies to cover unforeseen expenditure.	(359)
The council has received additional grant funding, some of which is one-off (Business Rates Section 31 grant, Business Rates amount received over the baseline and Education Services Grant).	(5,543)
Corporate Costs	
Reduction in Pension Increase Act costs following the revised mid year estimate adjustment	(145)
Budget in excess of requirement - Teachers Retirement benefits	(182)
Ongoing restrictions in Other expenditure has resulted in a projected expenditure level of £217k under budget	(217)
Expenditure - Minor Variations under £50k	2
Overachievement in relation to the savings target for advance payment of Pension fund contributions relative to a return on the early payment of contributions rate	(98)
Receipt of Insurance Funds - MMI	(116)
Receipt of increased Manchester Airport Dividend	(813)
Income - Minor Variations under £50k	(13)
TOTAL VARIATION	<u>(8,263)</u>

Budget changes since Period 10

	2017/18 Budget at Period 10 £000s	2017/18 Budget Outturn £000s	Change £000s	Reason for change
Director of Children's Services				
Education	3,385	2,841	-544	Release of council budget supported by DSG
Director of Place				
Asset & Investment Partnership Management	6,126	3,549	-2,577	Move PFI financing related budgets to corporate
Director of Finance and IT				
Finance	2,466	2,491	25	Funding for local partnership work
Corporate Budgets				
Corporate Costs, Capital and Financing and Other Cost Pressures	9,559	12,654	3,096	Funding provided to service areas as above.
Total			0	

APPENDIX 4

The tables below detail how the Council is performing against target collection rates in both Business Rates and Council Tax for the first three months of 2017/18. Arrears are pursued and recovery of current year arrears will continue in future years.

<u>Council Tax In-year Collection Performance 2017/18</u>				
	Cash Collected £m	Cash Collected %	Cash Target %	Variation %
April 2017	10.077	10.36	10.45	-0.09
May 2017	18.884	19.39	19.30	+0.09
June 2017	27.470	28.16	28.30	-0.14
July 2017	36.010	36.87	37.00	-0.13
August 2017	44.642	45.66	46.00	-0.34
September 2017	53.240	54.41	54.90	-0.49
October 2017	61.951	63.27	63.70	-0.43
November 2017	70.658	72.14	72.70	-0.56
December 2017	78.911	80.57	81.00	-0.43
January 2018	87.645	89.44	90.00	-0.56
February 2018	90.351	92.29	92.60	-0.31
March 2018	91.428	93.42	94.50	-1.08

<u>Business Rates In-year Collection Performance 2017/18</u>				
	Cash Collected £m	Cash Collected %	Cash Target %	Variation %
April 2017	10.134	16.95	11.00	+5.95
May 2017	15.601	26.29	20.00	+6.29
June 2017	21.226	35.71	30.00	+5.71
July 2017	26.225	44.31	38.00	+6.31
August 2017	30.677	51.76	47.00	+4.76
September 2017	33.156	56.10	55.50	+0.60
October 2017	38.124	64.48	64.00	+0.48
November 2017	43.145	73.28	72.90	+0.38
December 2017	47.077	80.01	80.00	+0.01
January 2018	51.957	88.55	88.50	+0.05
February 2018	53.541	93.50	93.00	+0.50

March 2018	56.397	96.68	96.50	+0.18
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Agenda Item 6

Report To:	EXECUTIVE CABINET
Date:	20 June 2018
Executive Member/Reporting Officer:	Councillor Fairfoull – Executive Member (Performance and Finance) Kathy Roe – Director of Finance Tom Wilkinson – Assistant Director of Finance
Subject:	2017/18 CAPITAL OUTTURN
Report Summary:	<p>The Strategic Planning and Capital Monitoring Panel at its meeting on 9 October 2017 recommended to Cabinet a three year capital programme for the period 2017-2020 of over £174 million. Additional schemes were approved in February and March 2018, bringing the total programme to £185 million.</p> <p>This report summarises the 2017/18 capital expenditure outturn position at 31 March 2018, based on information provided by project managers.</p> <p>The report shows actual capital investment in 2017/18 of £51.385m at 31 March 2018. This is significantly less than the original budgeted capital investment for 2017/18, and is in part due to project delays that are being experienced following the liquidation of Carillion.</p>
Recommendations:	<p>Members are asked to approve the following:</p> <ul style="list-style-type: none">(i) The reprofiling to reflect up to date investment profiles(ii) The changes to the Capital Programme(iii) The updated Prudential Indicator position <p>Members are asked to note:</p> <ul style="list-style-type: none">(i) The capital outturn position(ii) The resources currently available to fund the Capital Programme(iii) The updated capital receipts position(iv) The need for a full review of the Capital Programme in early summer 2018
Links to Community Strategy:	The Capital Programme ensures investment in the Council's infrastructure is in line with the Community Strategy.
Policy Implications:	In line with Council Policies.
Financial Implications:	These are the subject of the report. In summary:
(Authorised by the Section 151 Officer)	<ul style="list-style-type: none">• The outturn for 2017/18 is £51.385m compared to the revised 2017/18 budget of £55.370m• The original budget for 2017/18 was in excess of £89m but significant re-profiling was requested in previous reports due to slippage on a number of schemes. Some further slippage has occurred in the last two months of the year and further re-profiling requests of £3.449m into future

year(s) to match expected spending profiles has been requested.

- The remaining £0.530m under budget can be returned to the central capital reserves and applied elsewhere.

Demand for capital resources exceeds availability and it is essential that those leading projects ensure that the management of each scheme is able to deliver them on plan and within the allocated budget.

Close monitoring of capital expenditure on each scheme and the resources available to fund capital expenditure is essential and is an integral part of the financial planning process. The liquidation of Carillion has resulted in some delays to a number of projects, resulting in slippage in the programme.

There is very limited contingency funding set aside for capital schemes, and any significant variation in capital expenditure and resources, particularly the delivery of capital receipts, will have implications for future revenue budgets or the viability of future capital schemes.

Legal Implications:
(Authorised by the Borough Solicitor)

It is a statutory requirement for the Council to set a balanced budget. It is important that the capital expenditure position is regularly monitored to ensure we are maintaining a balanced budget and to ensure that the priorities of the Council are being delivered.

Risk Management:

The Capital Investment Programme proposes significant additional investment across the borough. Failure to properly manage and monitor the Council's Capital Investment Programme could lead to service failure, financial loss and a loss of public confidence.

The liquidation of Carillion is having an adverse impact on the progression of a number of key schemes, including the Vision Tameside project and a number of key Education programmes to deliver additional school places.

Funding of the Capital Programme assumes the realisation of some significant Capital Receipts from land and property sales which if not achieved will require the reassessment of the investment programme.

Access to Information:

The background papers relating to this report can be inspected by contacting Heather Green, Finance Business Partner by:



phone: 0161 342 2929



e-mail: heather.green@tameside.gov.uk

1. INTRODUCTION

- 1.1 This is the final outturn capital monitoring report for 2017/18, summarising the outturn position on capital expenditure at 31 March 2018. The detail of this monitoring report is focused on the budget and forecast expenditure for fully approved projects in the 2017/18 financial year.
- 1.2 The Strategic Planning and Capital Monitoring Panel at its meeting on 9 October 2017 recommended to Cabinet a three year capital programme which earmarked resources for schemes totalling over £174m for the period 2017-2020. Further schemes have since been approved, taking the total programme to £185m and there are other pressures on the programme which mean that demand for capital resources now significant exceeds expected resources. A review of the Capital Programme will take place in summer 2018.

2. CHANGES SINCE THE LAST REPORT

- 2.1 There have been changes to the 2017/18 Capital Programme since the period 10 report. These are largely due to the re-profiling of £27.725m into 2018/19 approved in period 10. **Appendix 1** provides a summary of changes to the 2017/18 programme budget since the period 10 monitoring report (table A1).
- 2.2 As noted in section 1 above, there are a number of pressures facing the programme which mean that demand for capital resources is now expected to significant exceed available resources. A review of the full three year Capital Programme will take place in summer 2018.
- 2.3 On 15 January 2018, the Council's main contractor on the Vision Tameside project, Carillion, was put into liquidation. Since then the Local Education Partnership (LEP), through whom Carillion were contracted, have worked to find an alternative contractor to take over the construction project to enable completion of the scheme. On 6 February 2018, the LEP terminated the Vision Tameside construction contract with Carillion and on 7 February 2018 entered into an Early Works Agreement with Robertson Group. The early works agreement allows works to recommence on site and due diligence to be conducted before arriving at a contract price to completion. The early works agreement has since been extended by the LEP until the beginning of July. A contract variation between the Council and the LEP will be in place before this date and in turn a final contract arrangement will have been agreed between the LEP and Robertson.
- 2.4 There is sufficient budget available within the existing allocation to cover the costs of the early works agreement. A high proportion of the costs to complete on the main contract are now known and have been verified by the Council's independent cost consultants, Cushman and Wakefield. The costs to complete are in the region of £13.5m, with Robertson, with additional costs that will be incurred by the Council outside of these contract arrangements. The overall additional funding required to enable the satisfactory completion of the project is likely to be around £8.5m.
- 2.5 A key area where further clarity is required is in relation to the costs outside of the contract with the LEP and in particular the recant arrangements. The increase in budget requirement will have to be met from a review of the resources allocated to the current capital programme, a review of existing reserves and contingencies, and/or asset sales. The report on this agenda outlines the future cost envelop for the Vision Tameside scheme. Proposals are being developed to revise the capital programme to align with the available resources in time for the meeting of Executive Cabinet in July 2018.

3. SUMMARY

- 3.1 The service areas have spent £51.385m on capital investment in 2017/18, which is £3.979m less than the revised capital budget for the year. This slippage is spread across a number of areas, and is in part due project delays now being experienced as a result of the liquidation of Carillion who, through the Local Education Partnership (LEP) were delivering or managing a number of key projects.
- 3.2 The original budget for 2017/18 was in excess of £89m but significant re-profiling was requested in previous reports due to slippage on a number of schemes. Some further slippage has occurred in the last two months of the year and further re-profiling requests of £3.349m into future year(s) to match expected spending profiles has been requested. The proposed re-profiling into the next financial year is identified within the individual service area tables in **Appendices 2 to 7**.
- 3.3 Once re-profiling has been taken into account, the capital outturn position is £0.530m less than the capital budget for this year. This resource is therefore no longer required to be allocated to specific schemes and will be held to mitigate risks around being able to fully achieve the forecast capital receipts.
- 3.4 Section 4 of this report summarises the key messages from the capital outturn position. There are no significant variances where project spend is expected to significantly exceed budgeted resources, although there are some minor variations across a number of schemes. A number of variations have arisen where projected outturn is less than budget due to slippage in the delivery of the capital programme, resulting in a number of requests for re-profiling into the 2018/19 financial year.
- 3.5 Table 1 below provides a high level summary of capital expenditure by service area.

Table 1: Capital Outturn Statement 2017/18

CAPITAL OUTTURN STATEMENT 2017/18					
	Budget	Actual	Outturn Variation	Movement since P10	Reprofiling requests
	£000	£000	£000	£000	£000
Place					
AIPM	28,139	28,252	113	272	107
Development & Investment	2,517	2,245	(271)	(323)	(181)
Neighbourhoods and Operations					
Engineering Services	9,437	6,976	(2,462)	(1,763)	(2,462)
Transport	5,917	5,670	(247)	0	0
Environmental Health	737	396	(343)	(29)	(161)
Stronger Communities	454	418	(35)	(11)	(35)
Children's Services					
Education	5,932	5,070	(863)	(436)	(857)
Children	125	97	(28)	(28)	0
Finance & IT					
Digital Tameside	1,845	2,035	198	190	192
Population Health					
Active Tameside	257	226	(31)	(29)	(42)
Governance					
Exchequer	10	-	(10)	(10)	(10)
Total	55,370	51,385	(3,979)	(2,166)	(3,449)

3.6 Table 2 below shows the funding of the 2017/18 capital expenditure.

Table 2: Funding statement for 2017/18 capital expenditure

Resources	£000
Grants & Contributions	13,073
Revenue Contributions	1,326
Corporate:	
- Prudential Borrowing	0
- Capital Receipts	7,728
- Reserves	29,258
Total	51,385

4. CAPITAL OUTTURN 2017/18

4.1 This section of the report provides an update of capital expenditure in 2017/18, along with details of significant schemes and schemes with significant projected variations. A detailed breakdown of all schemes within each service area is included in **Appendices 2 to 7** of this report.

Place

4.2 The table below outlines the 2017/18 investment for Place. A detailed breakdown of all schemes within Place, including prior year spend on significant projects, future budgets and re-profiling is set out in **Appendix 2**.

Table 4: Detail of Place Capital Investment Programme

Capital Scheme	2017/18 Budget	2017/18 Outturn	2017/18 Outturn Variation
	£000s	£000s	£000s
Asset Investment Partnership Management (AIPM) Capital Programme			
Vision Tameside	20,442	20,708	266
Purchase of Guardsman Tony Downes House	7,000	7,000	0
Purchase of Plantation Industrial Estate	2	2	0
Other Schemes individually below £1m	695	542	-153
Total	28,139	28,252	113
Development and Investment Capital Programme			
Disabled Facilities Grants	2,002	1,720	-282
Other Schemes below £1m	515	525	11
Total	2,517	2,245	-271

4.3 The most significant capital project within the Place directorate is Vision Tameside. The liquidation of Carillion in January 2018 has resulted in an expected delay to this project of

around 4 to 5 months. Re-profiling was approved at period 10 and these delays have also impacted the Public Realm scheme.

- 4.4 Re-profiling was approved at period 10 for the purchase of Plantation Industrial Estate as the sale has been delayed by the landlord following a fire.
- 4.5 Projected outturn on Disabled Facilities Grants is £0.282m less than budget. Budgeted resources for Disabled Facilities Grants is based on the annual grant allocation, and as reported in the quarter 1 monitoring report, delivery of adaptations has been restricted by limited employee resources. An additional full time equivalent post has now commenced within the service and this is having a positive impact on the delivery of adaptations. Re-profiling of £0.400m of the Disabled Facilities Grants budget into 2018/19 was approved at period 10. This is an important scheme as it funds adaptations and equipment in people's homes to allow them to live at home independently for longer and reducing the revenue burdens on the health and social care economy.
- 4.6 Re-profiling of budget has been requested for each of the projected outturn variations identified in table 4 above. Further detail on all the schemes within Place, including prior year spend, future budgets and re-profiling is set out in **Appendix 2**.

Neighbourhoods and Operations

- 4.7 The table below outlines the 2017/18 investment for Neighbourhoods and Operations. A detailed breakdown of all schemes within Neighbourhoods and Operations, including prior year spend on significant projects, future budgets and re-profiling is set out in **Appendix 3**.

Table 5: Detail of Neighbourhoods and Operations Capital Investment Programme

Capital Scheme	2017/18 Budget £000s	2017/18 Outturn £000s	2017/18 Outturn Variation £000s
Engineers Capital Programme			
Roads	3,541	2,501	-1,040
Street Lighting	1,812	1,799	-13
Retaining Walls	1,509	871	-638
Other Schemes individually below £1m	2,575	1,805	-770
Total	9,437	6,976	-2,461
Transport Capital Programme			
Refuse Collection Fleet	3,060	3,396	336
Other Fleet	2,857	2,274	-583
Total	5,917	5,670	-247
Environmental Services Capital Programme			
Various Schemes all individually below £1m	737	396	-343
Total	737	396	-343
Community Services Capital Programme			
Various Schemes all individually below £1m	454	418	-35
Total	454	418	-35

- 4.8 The most significant element of the Neighbourhoods and Operations Capital Investment Programme is Engineers. Expenditure in 2017/18 is significantly less than budgeted resources due to delays on several key schemes due to weather conditions. Regular

detailed reports on progress with the Engineers Capital Programme are considered by the Strategic Planning and Capital Monitoring Panel.

- 4.9 Further detail on all the schemes within Neighbourhoods and Operations, including prior year spend on significant projects, future budgets and re-profiling is set out in **Appendix 3**.

Children's Services

- 4.10 The table below outlines the projected 2017/18 investment for Children's Services. A detailed breakdown of all schemes within Children's services, including prior year spend on significant projects, future budgets and re-profiling is set out in **Appendix 4**.

Table 6: Detail of Children's Services Capital Investment Programme

Capital Scheme	2017/18 Budget	2017/18 Outturn	2017/18 Outturn Variation
	£000s	£000s	£000s
Education Capital Programme			
Cromwell Enhancements	2,040	1,982	-58
Other Schemes individually below £1m	3,892	3,088	-804
Total	5,932	5,070	-862
Children's Capital Programme			
Purchase of two Children's Homes	125	97	-28
Total	125	97	-28

- 4.11 Regular detailed reports on progress with the Education Capital Programme are considered by the Strategic Planning and Capital Monitoring Panel agenda. The Education Capital Programme outturn is significantly less than the original budgeted resources. This is due to a combination of delay on a number of schemes and some unallocated funding.
- 4.12 The delay on the Education capital schemes has arisen due to restrictions on when some works can take place, usually during the holiday periods, and the complexity of some schemes. Additionally, several schemes were due to be delivered by Carillion through the Council's strategic procurement partner, the LEP. There also remains some unallocated grant funding which has not been allocated to specific projects. These grants have restrictions which mean only certain types of works are eligible for this funding.
- 4.13 Further detail on all the schemes within Children's Services, including prior year spend on significant projects, future budgets and re-profiling is set out in **Appendix 4**.

Finance and IT

- 4.14 The table below outlines the projected 2017/18 investment for Finance and IT. A detailed breakdown of all schemes within Finance and IT, including prior year spend on significant projects, future budgets and re-profiling is set out in **Appendix 5**.

Table 7: Detail of Finance and IT Capital Investment Programme

Capital Scheme	2017/18 Budget	2017/18 Outturn	2017/18 Outturn Variation
	£000s	£000s	£000s
Digital Tameside Capital Programme			
Tameside Digital Infrastructure	1,377	1,688	311
Schemes individually below £1m	468	347	-113
Total	1,845	2,035	198

Population Health

- 4.15 The table below outlines the projected 2017/18 investment for Population Health, under the banner 'Active Tameside'. A detailed breakdown of Active Tameside programme, including prior year spend, future budgets and re-profiling is set out in **Appendix 6**.

Table 8: Detail of Population Health Capital Investment Programme

Capital Scheme	2017/18 Budget	2017/18 Outturn	2017/18 Outturn variation
	£000s	£000s	£000s
Active Tameside Capital Programme			
New Denton Facility	170	145	-25
Extension to Hyde Leisure Pool	30	12	-18
Schemes individually below £1m	57	69	12
Total	257	226	-31

- 4.16 Regular detailed reports on progress with the Active Tameside Capital Programme are considered by the Strategic Planning and Capital Monitoring Panel. Actual expenditure in 2017/18 is significantly less than originally budgeted and significant re-profiling was requested in prior reports. Delays to these schemes are due to the Carillion liquidation, and also some amendments being made following a consultation ending November 2017.
- 4.17 A detailed breakdown of Active Tameside programme, including prior year spend, future budgets and re-profiling is set out in **Appendix 6**.

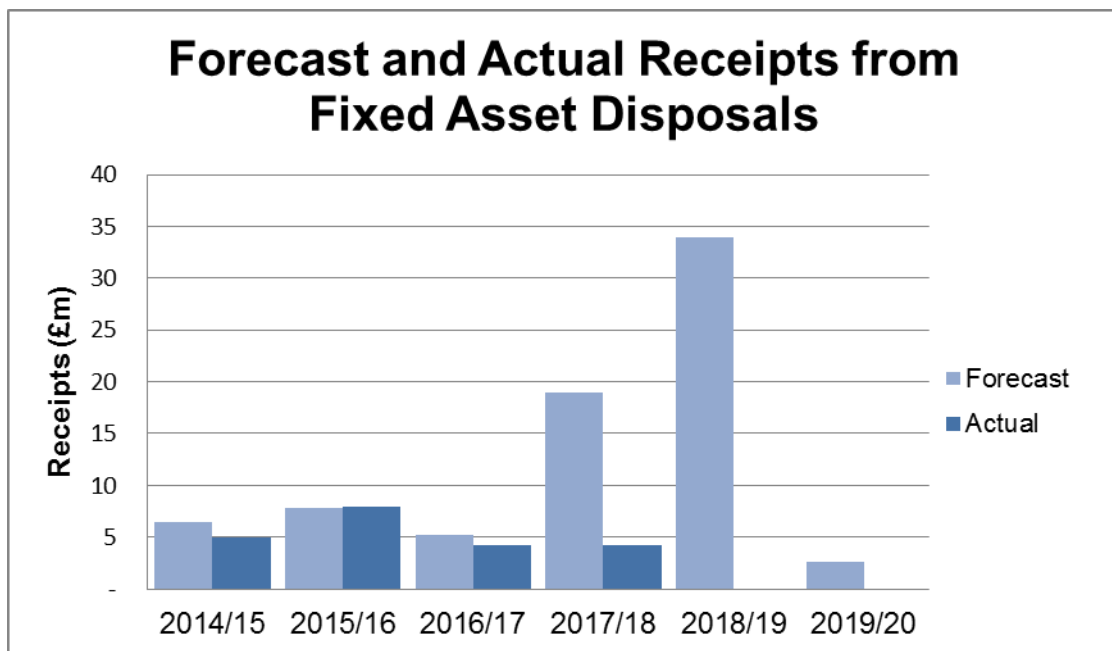
Governance

- 4.18 A breakdown of the Exchequer Capital Programme is provided in **Appendix 7**.

5. CAPITAL RECEIPTS

- 5.1 With the exception of capital receipts earmarked as specific scheme funding, all other capital receipts are retained in the Capital Receipts Reserve and utilised as funding for the Council's corporately funded capital expenditure, together with any other available resources identified in the medium term financial strategy.
- 5.2 Capital receipts achieved in 2017/18 are £4.177m, against an original forecast in excess of £19m. In addition to this a further £3.6m was available from receipts realised in 2016/17 that were not applied to fund that year's capital investment programme.

- 5.3 The Capital Programme is based upon capital receipts in excess of £55m being realised over the three years from 2017/18 to 2019/20. A further £33.930m of capital receipts has been forecast in 2018/19 and £2.635m in 2019/20. The planned review of the Capital Programme outlined in paragraph 2.5 will also include a review of assumptions in respect of capital receipts.
- 5.4 The land sales programme is ambitious and assumes capital receipts significantly in excess of those achieved in recent years. The level of receipts achieved in 2017/18 is significantly less than forecast. If the forecast level of receipts is not achieved, then the capital programme will need to be reassessed or financed from other sources which will have implications for revenue budgets. The below graph outlines what has been achieved to date compared to forecasts:



6. PRUDENTIAL INDICATORS

- 6.1 The CIPFA Prudential Code for Finance in Local Authorities was introduced as a result of the Local Government Act (2003) and was effective from 1 April 2004. The Code sets out indicators that must be monitored to demonstrate that the objectives of the Code are being fulfilled.
- 6.2 The initial Prudential Indicators for 2017/18 and the following two years were agreed by the Council in February 2017. The Capital Expenditure indicator has been updated to reflect the latest position.
- 6.3 The latest Prudential Indicators are shown in **Appendix 8**.

Changes to the Capital Programme

Table A1 – Changes to the 2017/18 Programme since Period 10:

Changes to the 2017/18 Capital Programme	
	£0
Period 10 Capital Programme	83,095
Re-profiling into 2018/19	-27,725
Quarter4 Capital Programme	55,370

Place Capital Programme

AIPM Capital Programme Statement								Proposed Budgets Following Reprofiling		
Capital Scheme	Spend in prior years £000	2017/18 Budget £000	2018/19 Budget £000	2019/20 Budget £000	2017/18 Actual £000	2017/18 Outturn Variation £000	Re-profiling to be approved £000	2017/18 £000	2018/19 £000	2019/20 £000
Vision Tameside	19,206	20,256	7,821	0	20,496	240	236	20,492	7,585	0
Purchase of Guardsman Tony Downes House		7,000	0	0	7,000	0	0	7,000	0	0
Purchase of Freehold, Whitelands Road Ashton		2	5,397	0	2	0	1	3	5,396	0
Public Realm		186	3,805	0	212	26	26	212	3,779	0
Refurbishment of Concord Suite		17	533	0	24	7	7	24	526	0
Ashton Town Hall		300	50	0	226	(74)	(74)	226	124	0
Building Fabric Works		150	0	0	71	(78)	(78)	72	78	0
Mottram Showground (OPF)		45	114	0	45	0	0	45	114	0
Prep of Outline Planning Applications/Review of Playing Field Provision		17	99	0	14	(3)	(3)	14	102	0
Dukinfield Crematoria Clock Tower		54	0	0	45	(8)	(8)	46	8	0
Document Scanning		0	158	0	0	0	0	0	158	0
Statutory Compliance		102	0	0	102	0	0	102	0	0
Tame Street Emergency Generators		9	0	0	13	3	0	9	0	0
Opportunity Purchase Fund		0	500	0	0	0	0	0	500	0
Total		28,139	18,477	0	28,252	113	107	28,246	18,370	0

A2b: AIPM Re-profiling requests		£000s
Vision Tameside	Significant re-profiling of this budget took place at period 10, this request reverses a small amount of budget back into 2017/18 to reflect actual expenditure.	236
Other Minor Variations	Minor slippage and changes to the profile of expenditure across a number of schemes.	(129)
		107

Development & Investment Capital Programme Statement

Proposed Budgets Following Re-profiling

Capital Scheme	Spend in prior years £000	2017/18 Budget £000	2018/19 Budget £000	2019/20 Budget £000	2017/18 Actual £000	2017/18 Outturn Variation £000	Re-profiling to be approved £000	2017/18 £000	2018/19 £000	2019/20 £000
Disabled Facilities Grant		2,002	1,151	0	1,720	(282)	(194)	1,808	1,345	0
Ashton Old Baths	3,671	362	17	0	361	0	0	362	17	0
Ashton Town Centre and Civic Square		61	1,499	0	42	(18)	(18)	43	1,517	0
Godley Garden Village		60	199	0	0	(60)	(60)	0	259	0
Hyde Town Centre		23	0	0	10	(12)	(12)	11	12	0
St Petersfield		6	187	0	110	104	103	109	84	0
Ashton Market Hall Incubator Units		3	0	0	0	(3)	0	3	0	0
Godley Hill Development and Access Road		0	110	0	0	0	0	0	110	0
Longlands Mill		0	21	0	0	0	0	0	21	0
Total		2,517	3,184	0	2,245	(271)	(181)	2,336	3,365	0

A2d: Development & Investment Re-profiling requests		£000s
Disabled Facilities Grants	This is a grant funded scheme and unspent monies can only be used on Disabled Facilities grants in future years.	(194)
Other Minor Variations	Minor slippage and changes to the profile of expenditure across a number of schemes.	(13)

APPENDIX 3**Neighbourhoods and Operations Capital Programme**

Engineers Capital Programme Statement							Proposed Budgets Following Reprofiting		
Capital Scheme	2017/18 Budget £000	2018/19 Budget £000	2019/20 Budget £000	2017/18 Actual to date £000	2017/18 Projected Outturn Variation £000	Re-profiling to be approved £000	2017/18 £000	2018/19 £000	2019/20 £000
Street Lighting	1,812	639	0	1,799	(13)	(13)	1,799	652	0
Retaining Walls/Mottram & Hollingworth	1,509	0	0	871	(638)	(638)	871	638	0
Bridges & Structures	854	99	0	652	(202)	(202)	652	301	0
Principal/Nonprincipal Roads- Ashton	750	343	0	619	(131)	(131)	619	474	0
Principal/Nonprincipal Roads- Droylsden	680	20	0	414	(266)	(266)	414	286	0
Principal/Nonprincipal Roads- Dukinfield	650	0	0	331	(319)	(319)	331	319	0
Car Parking	300	650	0	76	(224)	(224)	76	874	0
Principal/Nonprincipal Roads- Denton	275	195	0	245	(30)	(30)	245	225	0
Principal/Nonprincipal Roads- Stalybridge	250	195	0	99	(151)	(151)	99	346	0
Roads- Borough Wide	246	28	0	263	17	17	229	11	0
Principal/Nonprincipal Roads- Longendale	200	70	0	111	(89)	(89)	111	159	0
Principal/Nonprincipal Roads- Hyde	180	220	0	197	17	17	163	203	0
Principal/Nonprincipal Roads- Audenshaw	160	90	0	145	(15)	(15)	145	105	0
Principal/Nonprincipal Roads- Mossley	150	150	0	77	(73)	(73)	77	223	0
Other Schemes	1,421	3106	0	1076	(345)	(345)	1,076	3,451	0
Total	9,437	5,805	0	6,976	(2,462)	(2,462)	6,907	8,267	0

A3b: Engineers Re-profiling requests		£000s
Retaining Walls/ Mottram & Hollingworth	Pre and post-Christmas weather conditions have delayed the commencement and progress with these works.	(638)
Principal/Nonprincipal Roads Various areas	Pre and post-Christmas weather conditions have delayed the commencement and progress with these works.	(1,040)
Car Parking	Work was delayed by amendments required to planning application and need for re-consultation. Bad weather at start of calendar year resulted in further delays. Discovery of Japanese Knotweed required involvement of specialists for appropriate treatment.	(224)
Other Schemes	Minor slippage across a number of schemes.	(560)
		(2,462)

Transport Capital Programme Statement							Proposed Budgets Following Reprofiling		
Capital Scheme	2017/18 Budget £000	2018/19 Budget £000	2019/20 Budget £000	2017/18 Actual £000	2017/18 Outturn Variation £000	Re- profiling to be approved £000	2017/18 £000	2018/19 £000	2019/20 £000
Refuse Collection Fleet	3,060	0	0	3,396	336	0	3,060	0	0
Fleet Replacement 17/18	2,256	0	0	1,722	(534)	0	2,256	0	0
Procurement of 58 Fleet Vehicles	601	362	0	552	(49)	0	601	362	0
Total	5,917	362	0	5,670	(247)	0	5,917	362	0

Environmental Services Capital Programme Statement
Proposed Budgets Following Reprofiling

Capital Scheme	2017/18 Budget £000	2018/19 Budget £000	2019/20 Budget £000	2017/18 Actual £000	2017/18 Outturn Variation £000	Re-profiling to be approved £000	2017/18 £000	2018/19 £000	2019/20 £000
Guide Lane Former Landfill Site	441	0	0	264	(176)	6	447	6	0
Allotment Railings & Infrastructure Improvement	63	0	0	56	(7)	(7)	56	7	0
Infrastructure Improvements	0	60	0	0	0	0	0	60	0
Retrofit (Basic Measures)	50	272	0	7	(43)	(43)	7	315	0
Tree Planting Programme	30	0	0	23	(7)	(7)	23	7	0
Dukinfield Park Improvements	25	0	0	4	(22)	(22)	3	22	0
Children's Play	20	300	300	14	(6)	(6)	14	306	300
Egmont St Fencing	14	0	0	12	(2)	(2)	12	2	0
War Memorials	2	9	0	6	3	3	5	6	0
Rocher Vale & Hulmes and Harry Wood	0	10	0	4	4	4	4	6	0
Audenshaw Environmental Improvements	0	9	0	0	0	0	0	9	0
Highway Replacement Tree Planting Access Works	1	2	0	1	0	0	1	2	0
Sunnybank Park- Landscaping	2	0	0	2	0	0	2	0	0
Riding Track & Footpath	30	0	0	0	(30)	(30)	0	30	0
Sam Redfern Green	17	0	0	0	(17)	(17)	0	17	0
Oxford Park Play Area	40	0	0	0	(40)	(40)	0	40	0
Silver Springs Infrastructure Improvements	2	0	0	2	0	0	2	0	0
Total	737	662	300	396	(343)	(161)	576	835	300

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A3f: Environmental Services Re-profiling requests		£000s
Other Schemes	Minor slippage across a number of schemes.	(161)
		(161)

APPENDIX 4

Children's Services Capital Programme

Education Capital Programme Statement								Proposed Budgets Following Reprofiling		
Capital Scheme	Spend in prior years £000	2017/18 Budget £000	2018/19 Budget £000	2019/20 Budget £000	2017/18 Actual to date £000	2017/18 Projected Outturn Variation £000	Re-profiling to be approved £000	2017/18 £000	2018/19 £000	2019/20 £000
Unallocated Funding Streams		170	5353	0	38	(132)	91	261	5,262	0
Cromwell Enhancements	829	2,040	0	0	1982	(58)	0	2,040	0	0
Devolved Schools Capital		432	0	0	432	0	0	432	0	0
Primary Capital Programme		256	0	0	356	100	0	256	0	0
St Georges CE Primary School		197	0	0	124	(73)	(73)	124	73	0
Wildbank Primary School - Main Scheme		176	0	0	178	2	0	176	0	0
Minor Schemes (Under £150K)		2,661	4,535	0	1,959	(702)	(875)	1,786	5,410	0
		5,932	9,888	0	5,070	(863)	(857)	5,075	10,745	0

Children Capital Programme Statement								Proposed Budgets Following Reprofiling		
Capital Scheme	Spend in prior years £000	2017/18 Budget £000	2018/19 Budget £000	2019/20 Budget £000	2017/18 Actual to date £000	2017/18 Outturn Variation £000	Re-profiling to be approved £000	2017/18 £000	2018/19 £000	2019/20 £000
Purchase of Two Children's Homes	533	125	0	0	97	(28)	0	125	0	0
Total		125	0	0	97	(28)	0	125	0	0

A4b: Education Re-profiling requests		£000s
Unallocated Funding Streams	A number of funding streams have not yet been allocated to specific projects and are therefore unlikely to be spent in 2017/18.	(132)
Other minor variations	Minor slippage on a number of schemes.	(1,006)
		(1,138)

Digital Tameside Capital Programme Statement								Proposed Budgets Following Re-profiling		
Capital Scheme	Spend in prior years £000	2017/18 Budget £000	2018/19 Budget £000	2019/20 Budget £000	2017/18 Actual to date £000	2017/18 Projected Outturn Variation £000	Re-profiling to be approved £000	2017/18 £000	2018/19 £000	2019/20 £000
Tameside Digital Infrastructure		1,377	348	0	1,688	311	311	1688	37	0
Tameside Data Centre		37	803	0	21	(16)	(16)	21	819	0
ICT- Vision Tameside	202	122	1,140	0	47	(75)	(75)	47	1215	0
Working Differently- IT Hardware & Software		221	50	0	221	0	(4)	217	54	0
Digital by Design		20	40	0	23	3	5	25	35	
CCTV Fibre		60	118	0	31	(29)	(29)	31	147	
Disaster Recovery Site		8	0	0	4	4	0	8	0	0
Total		1,845	2,499	0	2,035	198	192	2,037	2,307	0

A5b: Digital Tameside Re-profiling requests		£000s
Tameside Digital Infrastructure	Significant re-profiling of this budget took place at period 10, this request reverses a small amount of budget back into 2017/18 to reflect actual expenditure.	311
Other minor variations	Minor slippage on a number of schemes.	(119)
		192

Population Health Capital Programme

Active Tameside Capital Programme Statement								Proposed Budgets Following Reprofiling		
Capital Scheme	Spend in prior years £000	2017/18 Budget £000	2018/19 Budget £000	2019/20 Budget £000	2017/18 Actual £000	2017/18 Outturn Variation £000	Re-profiling to be approved £000	2017/18 £000	2018/19 £000	2019/20 £000
Active Tameside Wellness Centre & Wider Investment	5,441	0	0	0	0	0	0	0	0	0
New Denton Facility		170	14,554	0	145	(25)	(25)	145	14,579	0
Extension to Hyde Leisure Pool		30	2,923	0	12	(17)	(17)	13	2,940	0
Hyde United Football Club		0	0	0	10	10	0	0	0	0
Wave Machine at Hyde Leisure		0	60	0	0	0	0	0	60	0
Roof Replacement at Medlock		32	0	0	32	0	0	32	0	0
Replacement Pitch at Copley		25	0	0	26	1	0	25	0	0
Total		257	17,537	0	226	(31)	(42)	215	17,579	0

Exchequer Capital Programme Statement							Proposed Budgets Following Reprofiling		
Capital Scheme	2017/18 Budget £000	2018/19 Budget £000	2019/20 Budget £000	2017/18 Actual £000	2017/18 Outturn Variation £000	Re- profiling to be approved £000	2017/18 £000	2018/19 £000	2019/20 £000
Online Forms	10	0	0	0	(10)	(10)	0	10	0
Total	10	0	0	0	(10)	(10)	0	10	0

APPENDIX 8

Prudential Indicators

Actuals v limits as at 4th October 2017

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Operational Boundary for External Debt	£212,528	£112,157	-£100,371
Authorised Limit for External Debt	£232,528	£112,157	-£120,371

- The Authorised Limit for External Debt sets the maximum level of external borrowing on a gross basis (i.e. excluding investments) for the Council.
- The operational boundary for External Debt comprises the Council's existing debt plus the most likely estimate of capital expenditure/financing for the year. It excludes any projections for cash flow movements. Unlike the authorised limit breaches of the operational boundary (due to cash flow movements) are allowed during the year as long as they are not sustained over a period of time.
- These limits include provision for borrowing in advance of the Council's requirement for future capital expenditure. This may be carried out if it is thought to be financially advantageous to the Council.

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Upper Limit for fixed	£185,355	-£16,749	-£202,104
Upper Limit for variable	£61,785	-£96,930	-£158,715

- These limits are in respect of the Council's exposure to the effects of changes in interest rates.
- The limits reflect the net amounts of fixed/variable rate debt (i.e. fixed/variable loans less fixed/variable investments). These indicators allow the Council to manage the extent to which it is exposed to changes in interest rates.

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Capital Financing Requirement	£185,355	£185,355	£0

- The Capital Financing Requirement (CFR) measures the Council's underlining need to borrow for capital purpose, i.e. its borrowing requirement. The CFR is the amount of capital expenditure that has not yet been financed by capital receipts, capital grants or contributions from revenue.
- The CFR increases by the value of capital expenditure not immediately financed, (i.e. borrowing) and is reduced by the annual Minimum Revenue Provision for the repayment of debt.

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Capital expenditure	£128,514	£51,385	-£77,129

This is the total capital expenditure incurred in 2017/18.

Gross borrowing and the capital financing requirement	CFR @ 31/03/17 + increase years 1,2,3	Gross borrowing	Amount within limit
	£000s	£000s	£000s
	£185,355	£112,157	-£73,198

- To ensure that medium term debt will only be for capital purposes, the Council will ensure that the gross external borrowing does not, except in the short term, exceed the total of the capital financing requirement (CFR).

Maturity structure for borrowing 2017/18		
Fixed rate		
Duration	Limit	Actual
Under 12 months	0% to 15%	0.29%
12 months and within 24 months	0% to 15%	0.30%
24 months and within 5 years	0% to 30%	1.73%
5 years and within 10 years	0% to 40%	6.20%
10 years and above	50% to 100%	91.49%

- These limits set out the amount of fixed rate borrowing maturing in each period expressed as a percentage of total fixed rate borrowing. Future borrowing will normally be for periods in excess of 10 years, although if longer term interest rates become excessive, shorter term borrowing may be used. Given the low current long term interest rates, it is felt it is acceptable to have a long maturity debt profile.

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Report To:	EXECUTIVE CABINET
Date:	20 June 2018
Executive Member/ Reporting Officer:	Cllr Bill Fairfoull – Executive Member (Performance and Finance) Tom Wilkinson – Assistant Director of Finance
Subject:	FUTURE PROVISION OF PROCUREMENT SUPPORT
Report Summary:	<p>This reports sets out a business case, based on the HM Treasury's 5 case model, to enter into a strategic shared procurement service with STAR procurement, as a fourth and equal member.</p> <p>The business case has been informed by the outcome and findings of the recent review of the Council's procurement arrangements by STAR procurement, who were commissioned by the Council in October 2017.</p> <p>The scope of the STAR commission was to review the operational arrangements and propose a long term strategic solution for the Council's procurement function.</p> <p>STAR procurement are a shared procurement service between Stockport, Trafford and Rochdale Councils, who each own an equal share in the operation, which is hosted by Trafford Council.</p> <p>The Council has for a number of years operated a decentralised procurement function coordinated through a hub and spoke arrangement. Over a period of time the impact of austerity has seen procurement roles being restructured and merged with other roles within directorates and at the same time the central team has diminished in size to the extent that there is currently only one member of staff from the original procurement team. Furthermore there are no Chartered Institute of Procurement and Supply (CIPS) qualified staff within the Council directly responsible for procurement, which represents a risk in relation to compliance with EU Legislation and the efficiency of its procurement activities.</p> <p>STAR procurement has a track record of delivering cashable procurement savings for its partner organisations. The business case points to on-going savings of £1m a year each year, which will form a key plank of the delivery of the Council's Medium Term Financial Plan.</p> <p>A more streamlined procurement service will reduce the need for procurement waivers as procurement will be conducted on a more strategic and proactive basis than currently meaning few waivers and greater value for money.</p>
Recommendations:	<p>That following consideration of the business case for the future provision of procurement services at Tameside MBC that Executive Cabinet RECOMMEND for APPROVAL by Council the preferred option of partnership approach to deliver the Council's procurement function, delivered via STAR procurement as a Shared Service on the following basis:</p> <ol style="list-style-type: none">1) SUBJECT to Full Council, and existing STAR Councils' ratification, Tameside join STAR procurement as a fourth and equal member in the shared service.

- 2) the carry forward of £150k of Financial Management underspend from the 2017/18 financial year into 2018/19 to provide sufficient budget to cover the costs of implementation of the shared service;
- 3) a £55k contribution to STAR's reserves to provide working capital as a fourth and equal member, to be funded from the Council's own reserves;
- 4) that the first £150k of savings achieved from the delivery of procurement savings are utilised to establish the necessary recurrent base budget to fund the Council's contribution to STAR membership in 2019/20;
- 5) NOTE the business case that prudently predicts the delivery of annual recurred savings of £1m per annum.
- 6) an extension to the existing arrangements to a maximum cost of £120k to August 2018 to be met from existing budgets.
- 7) That Cllr Fairfoull, the Executive Member (Finance and Performance) be appointed as the Council's representative on the STAR Joint Committee and Tom Wilkinson, the Assistant Director (Finance) be appointed to the STAR Board.

Links to Community Strategy:

A strategic and effective procurement approach, would support maximising the wellbeing of people in the borough, support economic growth, increase self-sufficiency of individuals and families and help protect the most vulnerable in the borough. This would facilitate direction of scarce resources being utilised effectively for the good of the Borough, assisting releasing budgetary savings being allocated in accordance with the Community Strategy.

Policy Implications:

Budget is allocated in accordance with Council Policy.

**Financial Implications:
(Authorised by the Section 151 Officer)**

Section 3 of the main body of the report sets out the financial case for entering into the shared service arrangement with STAR. However, the direct financial implications of the preferred option are summarised as:

	2018/19 £K	2019/20 £K
Base Budget	250	250
Carry Forward	150	0
Cost	374	435
Shortfall / (Surplus)	-26	185
Transfer from Reserves	55	0

As summarised in section 3 making the financial case, it is requested that the Council agree to increase the procurement budget by £185k per annum from 2019/20. It is proposed that this is funded from the first tranche of the estimated £1m of savings that the service is expected to deliver.

In addition there is the requirement that to ensure parity with the other members of STAR that the Council contribute £55k to be held in STAR's reserves to allow the flexible management of the shared service arrangement.

**Legal Implications:
(Authorised by the Borough
Solicitor)**

The Council has a statutory duty to deliver efficient and effective services and to achieve value for money. In order to help derive our VFM indicators for the Procurement function, there are some key questions that reflect a modern, value for money Procurement function:

- Is the Procurement function / model used by the organisation cost effective and appropriate?
- Does the Procurement effectively support the delivery of the organisation's strategic objectives?
- Are Procurement processes operated in an efficient, timely and effective manner? (which minimise risk and maximise impact)
- Does Procurement effectively understand the requirements of the demand and business requirements for goods and services?
- Does Procurement have a good understanding of markets and effectively manage suppliers?
- Is appropriate use made of technology to support the organisation's procurement activity to achieve efficient and effective delivery?
- Is Procurement effectively supporting the organisation in achieving cost reduction?
- Is corporate social responsibility a serious consideration in the procurement of goods and services including sustainability and ethical procurement?
- Are end users satisfied with the services provided by Procurement?

There is no prescription or government guidance as to how a procurement function is set up in terms of the structure or model the organisation uses just that an organisation adopts the right practices to secure the best possible outcomes. This report proposes an approach to procurement that would best place the Council to be in a position to respond to the question whether our procurement arrangements provide best value for money and how we should change to achieve this whether this is through increased centralisation, greater collaboration or other options such as shared services and outsourcing with a recommendation to an approach used by other GM authorities which is delivering results. If approved transparent, robust and regular performance monitoring should be put in place to enable the Council to hold the shared Council to account through the joint committee and for that to be fed back through the Council's Cabinet.

Risk Management:

Risk of Legal challenge if the Council procurement processes are not carried out correctly under Public Contract Regulations 2015, which apart from expose us to a Legal Breach it could also lead to costly retendering processes and potential service failure if adequate contracts are not in place. This has serious implication to our organisational reputation also.

Failure to properly manage and monitor the Council's budgets will lead to service failure and a loss of public confidence. Expenditure in excess of budgeted resources is likely to result in a call on reserves, which will reduce the resources available for future investment.

Access to Information

The background papers relating to this report can be inspected by contacting the report writer, Tom Wilkinson, Assistant Director (Finance) by:



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e-mail: tom.wilkinson@tameside.gov.uk

BUSINESS CASE FOR THE FUTURE PROVISION OF PROCUREMENT SUPPORT

1. STRATEGIC CASE

Introduction

- 1.1 The Council currently spends more than £500m a year in delivering services to its residents. Within this spend more than £300m is spent externally with over 4,000 third parties and suppliers, with more than 100,000 transactions. There has never been a more important time to ensure that this spend is spent efficiently maximising the benefits for Tameside residents.
- 1.2 Effective procurement is becoming increasingly important from all public sector bodies and brings significant benefits to the organisation, residents and local businesses, as well as ensuring regulatory compliance and financial efficiencies.
- 1.3 The Local Government Association (LGA) set out a National Procurement Strategy in 2014, which aimed to deliver outcomes in four main areas:
 - Making Savings
 - Supporting Local Businesses
 - Demonstrating Leadership
 - Delivering Modernisation

Current procurement arrangements at Tameside

- 1.4 The Council has traditionally operated a decentralised procurement services through a hub and spoke model that comprises a small corporate team, based within Financial Management, facilitating compliance, with much of the procurement activity being delivered by staff based within Directorates.
- 1.5 Over a period of time the impact of austerity has seen procurement roles being restructured and merged with other roles within directorates and at the same time the central team has diminished in size to the extent that there is currently only one member of staff from the original procurement team. Furthermore there are no professionally qualified (CIPS) procurement staff directly employed to manage procurement by the Council.
- 1.6 There are therefore concerns that the Council may not be obtaining the best possible outcomes from its procurement activities, or be at risk of non compliance with statutory procurement legislation. Following a review of the Financial Management service, provision was made to conduct a more in depth review of the corporate procurement resources and practices to establish a service that was modern, proactive and relevant to the challenges facing the Council.
- 1.7 An Executive Decision was made on 1 October 2017, to commission a review of the Council's procurement activities by external procurement experts. Expressions of interest were asked from a number of suppliers to conduct this review. In November 2017, STAR procurement was appointed to undertake this work. This report summarises the review and sets out the preferred option for the future direction of procurement delivery at Tameside.

Findings from the STAR review

- 1.8 The key headlines from the review are:
 - There was insufficient strategic overview of spend;
 - The contracts register was incomplete, therefore significant savings opportunities have been missed;
 - There is limited social value and local market spend;
 - There is little early market engagement and supplier support;
 - Non-experts are leading often complex procurements, resulting in risks and poor use of resources;
 - Spending is being incurred without procurement;

- The routes to market chosen may not be giving the best options to the Council;
- A number of expired contracts exist;
- Collaboration opportunities are not being maximised;
- There is a firefighting approach that is not strategic or proactive;
- Poor/weak contract management
- Risk of non-compliance with our own Corporate Procurement Rules (CPRs) as well as serious risk of breach of Public Contract Regulations 2015.

1.9 In addition the report highlights a number of areas where some quick wins can be made, specifically in relation to mobile phones, insurance, agency fees, street lighting and energy.

Options for the delivery of procurement at Tameside MBC

1.10 The work done by STAR has considered 5 main options which are summarised as:

- Do nothing
- Resource our own Procurement Team
- Centralise the Procurement function and resource.
- Outsource to the Private Sector
- Find a Public Sector Partner

1.11 The full options paper that has been produced by STAR is presented in **Appendix 1** and should be read in conjunction with this proposal. Fundamentally, it sets out that procurement plays a role when done effectively in terms of improvement of service delivery:

- cost effective outcomes in service delivery;
- can be used as a mechanism to challenge the status quo of current service delivery;
- releases savings;
- improves supply chains, including a focus on local spend/economic growth investment;
- proves best value and protects against financial loss.

1.12 The main risks faced by the Council are in relation to compliance around its current procurement approach. This could bring potential legal challenge to letting of contracts, non-compliance with EU legislation and potential costly retendering processes. These are real risks as the Council operate with ‘non-procurement’ officers being responsible for undertaking key procurements without the skill set required.

1.13 However, there are a number of opportunities being in our current situation, in that the Council could use this review to take a strategic leadership and whole organisational approach to procurement and from this deliver significant savings.

1.14 The advantages and disadvantages of each option are summarised below:

Table 1 - Option 1 - Do Nothing

Advantages	Disadvantages
No investment required	Not addressing any of the risks
No change required	Not taking advantage of the opportunities available
	Missed savings
	High risks still exist
	Limited collaboration
	Not supporting the GM devolution agenda
	No resilience or future proofing
	High risk of legal challenge

Table 2 - Option 2 - Resource the existing procurement arrangements

Advantages	Disadvantages
Relatively simple and quick to implement	Council isn't large enough to warrant a true category management approach
Can develop internal capabilities and some resilience	Recruitment would be required and it is a difficult market in which to recruit qualified and experienced professionals – may have to employ a number of temps or contractors
	Would still require strategic leadership and management, which comes at a cost
	Extensive training programme and continuous improvement programme required
	Long term investment required
	Would not resolve all the risks identified
	Change would be slow and difficult to change embedded cultures

Table 3 – Option – Centralise and Resource

Advantages	Disadvantages
Provide independence and challenge to service areas	Council isn't large enough to warrant a true category management approach
Provides greater control of spend and procurement activity	Would require a Council-wide re-structure which will take time and possibly Trade Union issues
Can develop internal capabilities	Recruitment would be required and it is a difficult market in which to recruit qualified and experienced professionals - may have to employ a number of temps or contractors
	Would require strategic leadership and management and capacity, which comes at a cost
	Extensive training programme and continuous improvement programme required
	Long term investment required
	Would not resolve all the risks identified

Table 4 - Option 4 – Outsource

Advantages	Disadvantages
Pass some of the operational risks to the private sector	Negative press and PR of an outsourcing contract
Initially can deliver cost savings	Trade Union may challenge this and lead HR issues
There are a number of potential suppliers in the market	A number of other Authorities have tested the approach and brought back in-house
Would suit operational procurement but unlikely to be able to provide strategic support and leadership	Public sector procurement expertise is often lacking in the private sector outsourcing companies
This would release non cashable savings in terms of releasing work capacity from existing staff members enabling them to focus more time on front line service	Land and expand – initial savings will often be eroded by additional activity and costs that have not been accounted for

delivery	
	Due to the risks in the current procurement activity and set up, the costs of outsourcing are likely to be high to account for the transfer of risk
	Highly skilled procurement professional would be required to run the procurement of the outsourcing contract
	Ongoing contract management role will be required and invested in
	May lead to a loss of control over the procurement function
	Need to develop a strategic vision and plan before outsourcing process can be started
	Collaboration and increased GM activity unlikely as private sector less willing to engage in collaborative approaches

Table 5 - Option 5 - Partner with Other Public Sector Organisation(s)

Advantages	Disadvantages
Increased commercial advantage and bargaining power through collaboration	Possible TUPE issues, although would be to another Local Authority with similar employment rights and pension arrangements
Shared leadership/management costs	This will take time and investment to implement e.g. set up costs will be required
Resilience and retention of staff and sharing of resources and expertise	Legal and HR advice required
Can manage peaks and troughs in workloads effectively	Need to ensure that all procurement activity is mapped so there are no gaps in provision i.e. clear roles and responsibilities
Implementation of a Category Manager approach.	Loss of full sovereignty over the procurement function
A strategic and proactive approach to procurement will be adopted	Technology requirements will need to be understood and implemented
This would release non cashable savings in terms of releasing work capacity from existing staff members enabling them to focus more time on front line service delivery	
Supports the GM Devolution agenda	
Robust governance and accountability can be implemented	
Performance managed and outcomes reported	
Standardised processes and procedures to ensure consistent approach for both internal and external stakeholders	
Value added activity can take place to deliver greater procurement worth and outcomes	
Existing shared service models for procurement have already been established in Greater Manchester and have proven to be highly successful	

Preferred Option

- 1.15 The preferred option is Option 5 to partner with another public sector organisation, which clearly has the most advantages and least disadvantages. There are two main options to consider in the delivery of this partnership:
- a) Seek to join STAR as a fourth and equal partner;
 - b) Seek an arrangement with another Council(s) and build a joint capacity.
- 1.16 Option 5 a) and joining STAR procurement is the most straightforward choice. STAR is a jointed owned shared service between Stockport, Trafford and Rochdale Councils, hosted by Trafford. Each member is an equal partner and commits the same budget each year for the delivery of procurement services. They have standardised and aligned their processes and have a well-established, experienced team who have already been on an integration journey which has been operating over four years.
- 1.17 STAR is also well respected within the GM arena and is commissioned by other GM authorities, including the GMCA, to lead complex and multi-partner procurements across local authorities and Clinical Commissioning Groups. STAR have a number of commissions with other public sector partners delivering to 11 SLAs and generate considerable income for such services which supports a sustainable business model.
- 1.18 Agreement would need to be sought from the 3 current STAR members for Tameside to join STAR. STAR have developed their business plan and a key work stream in Growth which allows them to seek expansion options to deliver further resilience, increase economies of scale and enable a more efficient service offer overall. As the anticipated timescale for approval for STAR partners as well as Tameside will bring a possible commencement towards the latter end of 2018, it is envisaged that STAR will be commissioned to undertake a 'mobilisation phase' where STAR will commence alignment of processes and practices, directly support procurement improvement and drive change and delivery improvement ahead of a formal Shared Service arrangement.
- 1.19 STAR already have a track record of delivery and have delivered over £19.8m of recurrent budget savings during the last 4 years across the three partners, or over £1m per annum on average each. Their additional target for 2018/19 for the three partners is £4.8m and this will be increased if Tameside join the Shared Service. In 2017/18 STAR had a cashable savings target of £4.2m which has been exceeded. These figures have been audited and represent savings that can be removed from budgets to contribute to the setting of a balanced budget in each of the member authorities.
- 1.20 Option 5 b) would face similar challenges to Options 3 and 4, in that it would take time and capacity to find a partner and build a service from scratch. The economies of scale would be unlikely to be achieved in the same way as becoming a fourth member of an already established organisation. It would also mean potentially being in competition with STAR for attracting the best procurement talent and skill sets, potentially destabilising both arrangements.

2 ECONOMIC CASE

Cost Benefit Analysis

- 2.1 The main purpose of the Economic Case is to demonstrate that the proposal optimises public value, by identifying and appraising a wide range of realistic and achievable options. The pros and cons of the options have been covered in the Strategic Case in section 1. The assessment of the relative cost benefit analysis is covered in this section.

- 2.2 The cost benefit analysis needs to look at the options over a number of years. The preferred option of a shared service arrangement with STAR as a fourth equal member is a permanent proposal, however, it would be sensible to consider the economic rationale over a 6 year time horizon, incorporating 5 full financial years, as the different options will require different mobilisation approaches.
- 2.3 The analysis is based on the information that STAR have provided about the level of savings that are likely to be achievable. The assumptions have then been adjusted to factor in a prudent assessment of likely benefits. The track record of STAR has been such that they have generated audited savings of £19.8m over the last 4 years across the 3 member authorities, or £1.6m per annum per member. The latest achieved savings for 2017/18 was £4.4m, or on average £1.5m per member, with a target of £1.6m on average per member for 2018/19.
- 2.4 The analysis for this business case factors in some prudence and assumes potential savings possible from an enhanced procurement function of £1.25m per annum. Each option then factors in a probability of achieving this amount under each scenario, in order to factor in more prudence and to allow for some of the savings identified not being fully cashable. It is important to acknowledge that procurement occurs when spend is required i.e. new contracts or renewal therefore savings will not be delivered precisely year on year to a set target but over a number of years. STAR can evidence that they have exceeded all targets and the total savings can be divided across the 3 partners to illustrate the 'art of the possible'.

Option 1 – Do nothing

- 2.5 This option will do little to improve the compliance of procurement or generate any additional benefits. This is illustrated in Table 6.

Table 6 - Option 1 - Do nothing

Financial Year	Costs	Additional Benefits	Probability of Benefits arising	Estimated Benefits Achieved	Net (Cost)/ Benefit	Cum (Cost)/ Benefit
	£000	£000	%	£000	£000	£000
2018/19	250	729	0%	0	-250	-250
2019/20	250	1,250	0%	0	-250	-500
2020/21	250	1,250	0%	0	-250	-750
2021/22	250	1,250	0%	0	-250	-1,000
2022/23	250	1,250	0%	0	-250	-1,250
2023/24	250	1,250	0%	0	-250	-1,500

- 2.6 The current budget allocated to procurement held within the Financial Management budget is £250k per annum. The do nothing option would not result in any additional benefits arising and would continue to cost the Council each year, resulting in a cumulative cost of £1.5m over the next 6 financial years.

Options 2 and 3 – Resource (and/or) Centralise

- 2.7 Options 2 and 3 would involve having to invest in a number of new adequately qualified and experienced posts to deliver the capacity required to ensure compliance and start to deliver the savings possible. Benchmarking with other authorities who of similar size who have well-functioning procurement functions would have at least 9 dedicated staff, including a manager, category managers and procurement officers. Table 7 illustrates the indicative resource requirements of these options.

Table 7 - Staffing / resource assumptions

	Grade	FTE	Annual Cost £
Manager	SUM3	1	77,500
Category Managers – 3 posts (£35K-40K)	J	3	162,500
Procurement Officers – 4 posts (£28-30K)	G	4	158,500
Trainees/Apprentice post – 1 post (£20K)	C	1	26,500
Sub-total		9	425,000
Training/Materials/Equipment			25,000
Total Cost			450,000

- 2.8 The mobilisation of this resource will take time with the majority of the first year or so being to review and refresh policies, train the rest of the organisation and embed a new model of procurement. Realistically staff would not be able to be recruited until the autumn 2018. It is therefore unlikely that the full potential savings and efficiencies will be realised immediately. Tables 8 and 9 summarises the expected return on the investment of these options.

Table 8 - Options 2 – Resource

Financial Year	Costs £000	Additional Benefits £000	Probability of Benefits arising %	Estimated Benefits Achieved £000	Net (Cost)/ Benefit £000	Cum (Cost)/ Benefit £000
2018/19*	263	729	35%	255	-7	-7
2019/20	450	1,250	40%	500	50	43
2020/21	450	1,250	45%	563	113	155
2021/22	450	1,250	50%	625	175	330
2022/23	450	1,250	55%	688	238	568
2023/24	450	1,250	60%	750	300	868

* 7/12ths of the assumed costs and savings due to a part year implementation.

- 2.9 It has been assessed that if the Council were to resource the current decentralised model of delivery, it would take longer to establish, as it will be harder to coordinate the approach and departmental priorities would result in a more silo approach. It has therefore been assessed that the probability of achieving the full savings therefore starts low at around 35%, but steadily increases as the systems and procedures become embedded. Overall it is anticipated that this option could generate the Council almost £900k by 2023/24. It is also more likely that the Council does not comply with regulations and standing orders as spend may exceed limits on aggregate with this not being picked up due to the silo working.
- 2.10 Table 9, shows the benefits of a resourced centralised model, where it is assumed that a centralised approach results in a higher early probability of delivery of savings, starting at about a 45% chance that the full savings will be met. Overall it is anticipated that the benefit of centralising the procurement service and resourcing it would create a net benefit to the Council of more than £1.5m by 2023/24.

Table 9 - Option 3 - Centralise and Resource

Financial Year	Costs	Additional Benefits	Probability of Benefits arising	Estimated Benefits Achieved	Net (Cost)/ Benefit	Cum (Cost)/ Benefit
	£000	£000	%	£000	£000	£000
2018/19*	263	729	45%	328	66	66
2019/20	450	1,250	50%	625	175	241
2020/21	450	1,250	55%	688	238	478
2021/22	450	1,250	60%	750	300	778
2022/23	450	1,250	65%	813	363	1,141
2023/24	450	1,250	70%	875	425	1,566

* 7/12ths of the assumed costs and savings due to a part year implementation.

Option 4 – Outsourced Procurement Service

- 2.11 The benefits of the right outsourced model would be the existing management capacity and expertise around running a procurement function and the capacity to share this with an organisation geared up to running a procurement function. Based on market information the running costs are likely to be higher than an in house delivery due to the operators profit and risk margins. Strong contract management would also mean that the likelihood of successful initial delivery would be higher. Table 10 illustrates the potential benefits of this model. Again, it is likely that any outsourced model would not be able to be implemented until 2019 due to the procurement process that would have to take place.

Table 10 - Option 4 – Outsource

Financial Year	Costs	Additional Benefits	Probability of Benefits arising	Estimated Benefits Achieved	Net (Cost)/ Benefit	Cum (Cost)/ Benefit
	£000	£000	%	£000	£000	£000
2018/19*	292	729	45%	328	36	36
2019/20	500	1,250	50%	625	125	161
2020/21	500	1,250	55%	688	188	349
2021/22	500	1,250	60%	750	250	599
2022/23	500	1,250	60%	750	250	849
2023/24	500	1,250	60%	750	250	1,099

* 7/12ths of the assumed costs and savings due to a part year implementation.

- 2.12 It is anticipated that this model will delivery around £1.1m of benefits to the Council by 2023/24. However, there are a number of drawbacks with such a model and risks that benefits become eroded by changing priorities and inflexible contracts. There is some evidence that outsourcing can over commit and under deliver on target savings. Contact has been made with a nearby authority that outsourced its procurement service unsuccessfully and resorted to bringing back in house with few of the promised savings having being delivered.

Option 5 – Enter into Public Sector Partnership with STAR

- 2.13 This is the preferred option and it has been assessed that the benefits will greatly outweigh the costs of investment. It has been assumed that the start-up costs of this model would be greater than the other options, as STAR seek to mobilise quickly. The advantages of a ready working model and standardised local authority rules and regulations that have been proved to work, mean that it is assessed that there is a much higher probability of achieving the

benefits identified sooner than under any other approach. Table 11, illustrates the likely benefits of choosing STAR of over £3m by 2023/24.

- 2.14 The STAR proposal is to pay an annual rate of £435k per annum for the first three years of the arrangement before committing to lower this fee to around £395k per annum thereafter. In order to maximise the number of quick wins, it is also deemed sensible to invest slightly more upfront to embed the STAR systems and training across the organisation.

Table 11 - Option 5 - Shared Partnership with STAR

Financial Year	Costs	Additional Benefits	Probability of Benefits arising	Estimated Benefits Achieved	Net (Cost)/ Benefit	Cum (Cost)/ Benefit
	£000	£000	%	£000	£000	£000
2018/19*	374	729	75%	547	173	173
2019/20	435	1,250	80%	1,000	565	738
2020/21	435	1,250	80%	1,000	565	1,303
2021/22**	412	1,250	80%	1,000	588	1,891
2022/23	395	1,250	80%	1,000	605	2,496
2023/24	395	1,250	80%	1,000	605	3,101

* 7/12ths of the assumed costs and savings due to a part year implementation. ** part year impact of reduced rate from 1 September 2021.

- 2.15 STAR have already done some deep dive work as part of their initial contract with the Council and have identified the areas of focus to enable a higher rate of success in delivering the savings required to contribute towards a balanced budget.

3 FINANCIAL CASE

Revenue Budget Implications

- 3.1 The recurrent budget held within Financial Management to support the delivery of procurement is £250k. The annual cost of being a full member of STAR is set at £435k per annum, meaning a shortfall of £185k per annum within existing budgets.
- 3.2 However, the purpose of a well-run and effective procurement service is to deliver on going savings and efficiencies that are greater than the initial investment. The track record of STAR has been to deliver savings for the three members of almost £19.8m over the last four years. Their target of £4.2m (£1.4m on average per member) for 2017/18 has been exceeded and the targeted savings for 2018/19 has been increased to £4.8m (£1.6m on average per member).
- 3.3 Given the history of procurement at Tameside MBC and the key headlines from the review, it is likely that there will be significant quick wins for Tameside which will result in savings in excess of the average being achieved by existing members.
- 3.4 The membership fee will become payable when the Council joins the partnership, in September 2018. This means that a part year charge will be due of around £254k (7/12ths of the £435k annual fee) for the 2018/19 financial year.
- 3.5 In order to join STAR and maintain equity it will be necessary to align the share of reserves held by STAR on behalf of the member organisations. This is likely to be £55k per member. Tameside will therefore have to contribute this amount on joining. The reserves will be held by STAR as a cushion and allow a degree of discretion around investments and act to smooth any year to year fluctuations in resources without recourse to partners.

- 3.6 In addition to this, it is acknowledged that significant mobilisation will be required if early successes will be delivered. These include a review of financial regulations and standing orders, procurement training for key staff and recruitment. This has been estimated at £120k and is backed up by a detailed implementation plan. It is therefore proposed that in order to establish the necessary recurrent revenue budget of £374k in 2018/19 and £435k in 2019/20, that the first tranche of savings identified (£185k) are used to establish this new base budget in 2019/20. The 2018/19 additional costs can be initially accommodated from the existing base budget plus £124k of budget carried forward from 2017/18 relating to the underspent procurement budget.
- 3.7 All future savings (estimated at £1m per annum) would be available for the Council to use to balance its budget or invest in front line services.
- 3.8 Table 12 illustrates the expected payments for the first 5 years to 2023/24 of the arrangement and a prudent assessment of the savings due. As the Council would be joining a partnership, which is relatively low risk now that it has been established, the existing partners have requested 3 years of fees at the existing rate, after 3 years Tameside will contribute the lower rate of £395k per annum and be fully aligned with the founder members. The actual financial year effect has been modelled in Table 12 and shows that cumulative savings of £5.1m can be expected over the 6 years to 2024.

Table 12 – Annual Revenue Budget Implications of Option 5 - STAR

	Annual Fee	TMBC Part Year	Cont'n to STAR Reserves	Implementation phase	Total in year cost	New Savings	Cum've Savings
	£000	£000	£000	£000	£000	£000	£000
2018/19	435	254	55	120	429	118	118
2019/20	435	435	0	0	435	1,000	1,118
2020/21	435	435	0	0	435	1,000	2,118
2021/22	395	412	0	0	412	1,000	3,118
2022/23	395	395	0	0	395	1,000	4,118
2023/24	395	395	0	0	395	1,000	5,118

- 3.9 Table 13 compares the options and impact on the annual revenue budget of each of the options. The partnership with STAR clearly illustrates the Financial Case for choosing this option.

Table 13 – Budget Impact of Options 1 to 5

	Full Year Benefits				
	Costs	Additional Benefits	Probability of Benefits arising	Est Benefits Achieved	Net (Cost)/Benefit
	£000	£000	%	£000	£000
Option 1 - do nothing	250	1,250	0%	-	-250
Option 2 – Resource	450	1,250	50%	625	175
Option 3 - Centralise and Resource	450	1,250	55%	688	238
Option 4 – Outsource	500	1,250	55%	688	188
Option 5 - Partner with STAR	435	1,250	80%	1,000	565

4 COMMERCIAL CASE

Delivery options and implications

- 4.1 The commercial case considered the deliverability of the options, which in this case vary due to the different approaches being considered, and are summarised in the next section.

Option 1 – Do nothing

- 4.2 This is clearly the most straightforward option, but as outlined in Section 1, this exposes the Council to the most risk and delivers the fewest rewards in terms of unlocking the financial benefits of a high quality procurement function. The risks around compliance are already significant and the Council is potentially exposed to challenge on its existing procurement activity. The current situation also creates a lot of “failure demand” with legal and financial management services becoming involved in dealing with routine procurement matters whilst not having the capacity to protect the organisation. The do nothing option is not an option the Council can or should take.

Options 2 and 3 – Resource (and/or) Centralise

- 4.3 Both these options would require a similar level of human resource. Job descriptions and the job evaluation of these would be required and a recruitment process be entered into. This would need to be led by the Assistant Director (Finance) who has overall responsibility for the provision of the procurement service.
- 4.4 There would therefore be a huge amount of senior management time taken up in the development of the new procurement team, detracting from other areas of business development and wider budgetary and regulatory challenges. The decentralised option would require a greater involvement from Directorate managers and the terms of reference of how a decentralised model of delivery would have to be developed.
- 4.5 A centralised model would require the appointment of the procurement manager in the first instance. Current market rates suggest that this would be in the region of a Service Unit Manager grade 3 (£60-65k per annum). Procurement managers in Greater Manchester are in short supply and the size of the task of recruiting, growing and embedding a new team to deliver a new procurement service would require a skill set that it unlikely to be readily available. Demand for such individuals is high and there would be retention risks as other Councils and public sector bodies also seek to recruit within this tight market.
- 4.6 The delivery of these options would therefore be challenging and the likelihood of achieving the full benefits of a good procurement service quickly would be greatly diminished by resourcing in house.

Option 4 – Outsource

- 4.7 Outsourcing would require a lengthy procurement process to be undertaken. The likely costs would be in the region of £500k per annum and would be above EU procurement thresholds. A detailed specification would be required to be produced and close contract management would be necessary.
- 4.8 Once appointed, the preferred bidder would have to mobilise and recruit a workforce and there would be no guarantee of instant success as the supplier familiarises themselves with the Tameside systems and processes.
- 4.9 The Council would also have to revise its own standing orders and financial regulations for the supplier to work within. There is also an underdeveloped market for third party suppliers of procurement services in the public sector and there is a risk that a suitable supplier may not be found. Research into a nearby authority which outsourced its procurement showed that few savings were delivered and larger and growing costs were incurred, cumulating in the service been brought back in house.

Option 5 – Enter into a Public Sector Partnership with STAR

- 4.10 The advantages of joining the STAR shared service is that STAR can bring their experience of delivering the service the Council requires within similar neighbouring councils. They have the experience of the pitfalls and barriers that would be faced by developing an in house service.
- 4.11 There is an off the shelf package that will allow the procurement activity of Tameside to be aligned with that of the other three STAR members. STAR have a track record of delivery and an established and experienced workforce that can be deployed immediately. A nominated manager has already been identified and has been working closely with Tameside as part of the review work that was commissioned.
- 4.12 STAR have their own business plan and available capacity to deliver the expansion of their service, providing them, and therefore Tameside as a fourth member, with the economies of scale to continue to deliver a proactive and high quality procurement service in the dynamic environment that Councils are facing.
- 4.13 The joining of an existing shared service removes the need to enter into a lengthy procurement process and can be agreed through the normal governance processes of the member Councils. As an equal member, the Council will have representation on the Board of STAR and an Executive Member will sit on the STAR Joint Committee to enable all four partners to be held to account collectively, with all four member Councils represented equally. All gains and risks are shared equally. The growth of STAR will improve sustainability and drive further effectiveness from efficiency.
- 4.14 There are standardised specifications and plans in place for the delivery of services and expectations are clearly set out in the partnership agreements, making performance management and reporting straightforward, transparent and accountable.
- 4.15 STAR have already established a number of measures that capture the outputs and outcomes beyond the cashable savings, and have an established measurement and verification process for cashable savings. This demonstrates the added value for STAR partners.
- 4.16 There would be no TUPE considerations as there are currently no procurement staff that would meet the requirements of STAR currently employed by the Council.

Implementation timescales

- 4.17 Should Executive Cabinet agree, discussions with STAR about implementation and the governance required mean that a launch date of September 2018 is possible. The outline implementation timetable is:
- 28 July 2018 – Final STAR Council to ratify Tameside joining as fourth member
 - July - August 2018 – implementation phase
 - September 2018 – become fourth member of STAR Procurement

5 MANAGEMENT CASE

Delivery of the shared service

- 5.1 The management case sets out the how the preferred option will be best delivered. The delivery of shared service, in partnership with STAR, is the most straightforward option because it has already been achieved by the founding members. There are existing implementation plans that the original members developed and these have been refined and developed for the additional of a fourth partner, with all the learning points and difficulties taken into account.

- 5.2 A project plan will be drawn up based on the work already delivered. Existing STAR expansion plans and recruitment is already taking place. STAR are prioritising the on boarding of Tameside as it is the next key stage of their own business plan and they have already created the capacity to enable this to be delivered.
- 5.3 Parallel work is taking place within the Council to refine the financial regulations and standing orders with a view to align them with the STAR Councils to ensure a common framework under which to conduct procurement activity. This will aid the resilience that will be created by joining STAR and allow all STAR employees to be able to advise all member Councils as they operate to the same rules and regulations, processes and practices.
- 5.4 The full project plan for implementation will be provided and reported to the Council's Executive Board and the STAR Joint Committee, with clear outputs and milestones being agreed by all partners at the outset.
- 5.5 The mobilisation phase preceding the formal start date will allow the alignment of processes and practices as well as direct hands-on support to instigate immediate improvement, and deliver quick wins. There will be a change management work stream as the expansion of STAR into a four partner shared service will require a whole organisational commitment to working differently for the benefits of all.
- 5.6 A risk register will be established for this on boarding of Tameside as a fourth partner and all risks will be reported by exception to STAR's Board and Joint Committee.
- 5.7 All staffing resources and new recruitment will be employed or contracted to Trafford MBC, the host council for STAR Shared Service. All staff engaged will operate under the leadership of the Director for STAR and a nominated senior officer will be allocated to lead the integration. All operations will align consistently and seamlessly to function as one service.
- 5.8 STAR will update the Inter-Authority Agreement to reflect this creation of a four partner entity, with all targets and measures being updated to reflect four partners. This will be provided to Board and Joint Committee for sign off and monitoring. The IAA will reflect this new arrangement and will describe both growth and exit of partners. All contractual arrangements will be vetted by both STAR Legal and the Tameside Legal Team
- 5.9 Cycles of reporting and monitoring will be agreed by Board and Joint Committee in advance of commencement. This integration of a fourth partner will be recorded as a standing agenda item for the duration of the first year.
- 5.10 There will be a contingency established on a reserve account that can be utilised to support additional resources to ensure the creation of the four partner entity forms and performs seamlessly. As the monitoring by exception will be formally managed via the Board and Joint Committee, a contingency plan isn't required at this stage.

Exit Arrangements

- 5.11 Whilst it is expected that the proposed shared service will be a success for the Council, over time priorities and circumstances change. Within the terms of the shared service agreement there will be provision to allow an orderly exit of the arrangement if desired with the necessary provisions to ensure that all parties are protected.

6 RECOMMENDATIONS

- 6.1 As set out on the front of the report.



TAMESIDE PROCUREMENT REVIEW

PHASE 2 REPORT OPTIONS APPRAISAL

FEBRUARY 2018

1. INTRODUCTION

1.1 Stage 1 Activity

STAR Procurement was commissioned by Tameside Council in November 2017 to provide strategic and operational support.

STAR Procurement undertook extensive stakeholder engagement and interviewed key personnel across Tameside. These sessions enabled very honest and open discussions, with consistency in key themes and concerns. This was an extensive piece of work to understand the position across all of Tameside Council and involved:

- ★ Interviews with 34 stakeholders
- ★ Visiting 11 different office locations within Tameside
- ★ Involvement of 9 STAR staff
- ★ Interviews have included Council service managers as well as representatives at the CCG and Pension Fund
- ★ A wide selection of stakeholders at different levels within Tameside and all Directorates

A copy of the Stage 1 Report is included at Appendix 1.

1.2 Stage 2 Activity

The outcomes of the stage 1 report have been discussed with Tameside Senior Leadership Team and key stakeholders. This stage 2 report provides a number of options for the future have been identified and assessed on how these could be delivered for Tameside and advantages and disadvantages of each option.

Other activity is being undertaken as part of the stage 2 activity, and this is set out in section 5.1 of this report, and will be reported on separately.

2. OPPORTUNITIES & RISK

2.1: Principles of an effective procurement function

We have reviewed the opportunities and risks using STAR Procurement’s five key objectives.

This has been done to ensure that the review is holistic in its approach and reflects all the aspects that make an effective procurement function in any organisation.

The objectives very much reflect and support the four principles of the LGA Procurement Strategy for Local Government.

The five STAR objectives are:



Commercial: Creating savings and reducing spending is key to an effective procurement service. Procurement should deliver value for money and maximise outcomes. There is no one way to deliver savings or reduce costs; so a wide range of approaches are needed along with the additional “procurement worth” that comes with a strategic approach to procurement.

Communities: Procurement can play a critical role in improving the lives of the people in Tameside and Greater Manchester. Your communities include residents, and businesses, as well as voluntary, community, and social enterprise (VCSEs) sectors. Key activity in this area should be about strengthening local and SME spend as well as embracing Social Value in all procurement, where relevant and proportionate, to ensure that all businesses we contract with are supporting your local communities and adding value beyond their contractual requirement.

Collaboration: In light of GM Devolution, collaboration is becoming increasingly important aspect of procurement activity. Collaboration can help to deliver efficiencies and value for money, but can also support local markets and suppliers. Collaborative approaches can help to shape the market and deliver better outcomes for communities in Tameside as well as Greater Manchester.

Compliance: Procurement operates in a regulatory environment and the implications of not complying with Regulations can be significant. The Law is

designed to support procurement to operate in a way which is fair, transparent, and proportionate. Robust data analysis can support procurement to ensure that procurement activity is managed, planned, monitored, and reported, as well as to informing the strategic procurement approach.

Champions: It is important that procurement is championed and supported within an organisation. By promoting the benefits of procurement, sharing good practice and ensuring that the successes are promoted, procurement can be viewed as a vehicle for change and an enabler for Council change programmes.

2.2 Key Opportunities and Risks for Tameside

The following table provides a summary of what we consider to be the significant one for each objective. This is supported by a more detail analysis included in the Stage 1 Report (Appendix 1).

Objective	Opportunities	Risks
Commercial	Savings opportunities can be identified through spend analysis including quick wins. Stage 2 will provide a deep dive into this analysis in order to produce more detailed areas identified for consideration/action	Spend data not readily available or used by services. Although the data is produced, it is not circulated to the service areas, and not used to inform procurement decisions either operationally or strategically as a tool across the whole organisation.
Communities	There are some examples where good Social Value responses have been received from suppliers, when the Council have proactively pushed social value in the market pre-tender	Social Value viewed as an 'add-on' or 'nice to have' without any understanding of the real benefits it can deliver. There is no real commitment from the organisation to maximise Social Value through procurement or a clear understanding by officers.
Collaboration	Some collaboration, as in partner to partner or across GM is happening but on an ad hoc basis not planned in a strategic way. Integration with CCG/Council feels progressive and the CCG officers seem to have a robust way of working.	No overarching awareness of what departments are procuring and from which suppliers meaning opportunities for collaboration between service areas and aggregation of requirements is not taking place, this is high risk and could also bring better value/savings. Only focusing on improvement internally, will mean that significant savings working collaboratively with wider partners will be missed.

Objective	Opportunities	Risks
Compliance	<p>Legal Services procurement support/advice is valued and utilised throughout the Council but this doesn't ensure compliance or hold a strategic view of the whole organisational procurement activity to safeguard against risk. Although strong, it feels too 'heavy-handed' and irregular and is fulfilling a role that professional procurement support would provide. There are limited pockets of procurement activity that seem to have some control and compliance, but we have not tested this. We have presented an assumed statement based on the knowledge gained in interviews. This will be tested in Stage 2.</p>	<p>Contracts Register is far from complete and therefore Data Transparency Code is not being met. The CR only contains 119 entries, where STAR CR has over 4000 across 3 Councils.</p>
Champions	<p>There have been some key advocates for change and improvement identified within the Council, who could be used to support innovation and improvement in procurement. There is a willingness to improve, almost desperation of wanting help to improve/be compliant.</p>	<p>Procurement is not strategic or proactive and instead provides a 'firefighting' role that is dispersed across the organisation. 'self-help' approach. No key officer at a senior level 'owns' procurement. It needs commitment from the top.</p>

3. RATIONALE FOR CHANGE

3.1: The Importance of Procurement

Procurement in Local Government has never been more important than it is today. An effective strategic procurement function is critical to ensuring that best value is being obtained and that the maximum possible outcomes for our communities are achieved.

- ★ Public procurement is about improving the delivery and cost effectiveness of quality public services to citizens
- ★ Procurement can be a mechanism to challenge current service arrangements and find new models for service delivery
- ★ Savings realised through better procurement can be channelled back into priority services
- ★ Procurement can achieve additional added value benefits to residents through effective use of supply chains
- ★ Ensures that we deliver best value
- ★ Procurement professionalism and planning can help prevent financial loss to the Council and support our services and reputation

3.2 National Context for Change

The LGA National Procurement Strategy for Local Government¹ was launched in 2014, and reviewed 2017. This strategy sets out a vision for Local Government procurement and encourages all councils in England to engage with the delivery of outcomes in four key areas.

- ★ **Making Savings** – including category management, partnership and collaboration, contract and supplier engagement, performance and transparency, risk and fraud management, and demand management
- ★ **Supporting Local Economies** – including economic, environmental and social value, improving access for small and medium enterprises (SMEs) and voluntary, community and social enterprises (VCSEs)
- ★ **Demonstrating Leadership** – including single cohesive voice, commitment from the top, commissioning, and procurement training.
- ★ **Modernisation** – including commercialisation, supplier innovation, using technology, and EU directives.

¹ <https://www.local.gov.uk/national-procurement-strategy>

3.3: Local Context for Change

The Opportunities and Risk Assessment undertaken at Stage 1, clearly demonstrates there is a need to change the way procurement is led, managed and implemented at Tameside Council. Change is required in order to reduce the risks to Tameside Council and also to maximise the opportunities and savings potential.

In order to deliver this strategic leadership and a Council-wide approach is required to drive forward improvements and secure 'buy-in' from the whole organisation. It also requires dedicated professional procurement support to ensure procurement is delivered compliantly, robustly and collaboratively across the organisation.



4. Options Appraisal

This options appraisal identifies a number of different delivery model options that can be explored and evaluated. This then provides the opportunity for Tameside Council to make an informed and evidence based decision on how to deliver their procurement service in the future.

For each delivery model option the relative advantages and disadvantages are set out. The options include the current way in which the service is delivered – the 'Do Nothing' option.



4.1 Option 1 – Current Operation/Do Nothing

In undertaking an options appraisal it is important to consider the advantages and disadvantages of the do nothing or the current operation. This option is therefore to continue with a devolved procurement function which delegates procurement activity to the individual service areas. The Corporate Procurement function would remain with minimal staff, providing systems support and signposting to documentation and advice.

Advantages	Disadvantages
No investment required	Not addressing any of the risks
No change required	Not taking advantage of the opportunities available

	Missed savings
	High risks still exist
	Limited collaboration
	Not supporting the GM devolution agenda
	No resilience or future proofing
	High risk of legal challenge

4.2 Option 2 - Resource

This option is to continue with a devolved procurement function with procurement activity delegated to the individual service areas. The Corporate Procurement function would continue to provide systems support and signposting to documentation, but further investment in resources would allow the team to provide more professional advice and support to services.

Advantages	Disadvantages
Relatively simple and quick to implement	Council isn't large enough to warrant a true category management approach
Can develop internal capabilities and some resilience	Recruitment would be required and it is a difficult market in which to recruit qualified and experienced professionals – may have to employ a number of temps or contractors
	Would still require strategic leadership and management, which comes at a cost
	Extensive training programme and continuous improvement programme required
	Long term investment required
	Would not resolve all the risks identified
	Change would be slow and difficult to change embedded cultures

4.3 Option 3 – Centralise & Resource

The 'centralise' option is the bringing together of all the Council's procurement activity into one centralised team. A Council-wide service re-design would need to be undertaken to centralise the procurement support. The centralised team would then have the responsibility for leading strategic procurement and delivering operational procurement functions to the entire Council. Additional resources would be required to deliver this option, both in the short term to deliver the service re-design and also in the long term to ensure future sustainability.

Advantages	Disadvantages
Provide independence and challenge to service areas	Council isn't large enough to warrant a true category management approach

Provides greater control of spend and procurement activity	Would require a Council-wide re-structure which will take time and possibly Trade Union issues
Can develop internal capabilities	Recruitment would be required and it is a difficult market in which to recruit qualified and experienced professionals - may have to employ a number of temps or contractors
	Would require strategic leadership and management, which comes at a cost
	Extensive training programme and continuous improvement programme required
	Long term investment required
	Would not resolve all the risks identified

Example of Required Resource and Grading:

Head of Procurement (£55-65K average range) total: £65,000

Category Managers – 3 posts (£35K-40K average range) total: £120,000

Procurement Officers – 4 posts (£28-30K average range) total: £120,000

Trainees/Apprentice post – 1 post (£20K average range) total: £20,000

Budget estimate based on average salary and structure recommendation: £325,000 plus on costs @ 25% (estimate) total: £404,250 staffing costs – running costs would need to be accounted for also. Leadership and management would be required from more senior officers. This model allows an appropriate resource to develop internal support central service.

Weaknesses: recruitment of appropriate qualified and experienced staff, retention, time to recruit and embed a central service. No 'off the shelf' model of operations. Leadership of change management across the whole organisation would be required. Time to develop would be 3-4 years. No collaboration with partner (limited). Only focussing on improvement internally, significant savings can be delivered by working collaboratively with wider partners.

4.4 Option 4 - Outsource

Local Authorities have the power to 'outsource' provision of services to private or third sector organisations under section 135 of the Local Government Act 1972. Due to the current devolved delivery model in Tameside, in order to deliver this and make it appealing to the market, a process of centralising the procurement function would first need to be undertaken before outsourcing options could be considered.

Pass some of the operational risks to the private sector	Negative press and PR of an outsourcing contract
Initially can deliver cost savings	Trade Union may challenge this and lead HR issues
There are a number of potential suppliers in the market	A number of other Authorities have tested the approach and brought back in-house
Would suit operational procurement but unlikely to be able to provide strategic support and leadership	Public sector procurement expertise is often lacking in the private sector outsourcing companies
	Land and expand – initial savings will often be eroded by additional activity and costs that have not been accounted for
	Due to the risks in the current procurement activity and set up, the costs of outsourcing are likely to be high to account for the transfer of risk
	Highly skilled procurement professional would be required to run the procurement of the outsourcing contract
	Ongoing contract management role will be required and invested in
	May lead to a loss of control over the procurement function
	Need to develop a strategic vision and plan before outsourcing process can be started
	Collaboration and increased GM activity unlikely as private sector less willing to engage in collaborative approaches

4.5 Option 5 - Partner with Other Public Sector Organisation(s)

This option would be for Tameside Council to partner with another public sector organisation(s) to deliver their procurement service together. This would involve partnership working between the organisation, including the sharing of staff and other resources, and working collaboratively on shared outcomes.

The option could be a partnership agreement between councils and/or the development of a 'shared service' with staff and service delivery responsibility transferred to the shared service. Tameside Council could consider joining an existing shared service or establishing a new shared service.

Advantages	Disadvantages
Increased commercial advantage and bargaining power through collaboration	Possible TUPE issues, although would be to another Local Authority with similar

	employment rights and pension arrangements
Shared leadership/management costs	This will take time and investment to implement e.g. set up costs will be required
Resilience and retention of staff and sharing of resources and expertise	Legal and HR advice required
Can manage peaks and troughs in workloads effectively	Need to ensure that all procurement activity is mapped so there are no gaps in provision i.e. clear roles and responsibilities
Implementation of a Category Manager approach	Loss of full sovereignty over the procurement function
A strategic and proactive approach to procurement will be adopted	Technology requirements will need to be understood and implemented
Supports the GM Devolution agenda	
Robust governance and accountability can be implemented	
Performance managed and outcomes reported	
Standardised processes and procedures to ensure consistent approach for both internal and external stakeholders	
Value added activity can take place to deliver greater procurement worth and outcomes	
Existing shared service models for procurement have already been established in Greater Manchester and have proven to be highly successful	

5. NEXT STEPS

5.1: Next Steps for STAR Procurement

As part of the delivery of the Stage 2 work for Tameside Council, additional work to complement this options appraisal has been agreed.

One of the key activities is a 'deep dive' into three key areas. For these areas, there will be robust spend analysis, risks assessment and compliance review, as well as identifying quick wins and options for the future.

These work areas were agreed with SLT to ensure each directorate could benefit. The 'deep dive areas' are:

- ★ Children's
- ★ IT
- ★ Waste (Supplies and Services) or Parking & Civil Enforcement

Alongside this, STAR Procurement has also provided advice to key services on urgent procurement matters and procurement options including:

Stage 1	Outcome:	Stage 2	Outcome:
Office removals	Compliant framework identified with direct award option to fit tight timescales	Further support on the Carillion BCP	
Oxygen early payment meetings	Provided support at meeting and experience from previous discussions with Oxygen	Café concession in new building	Supporting soft market testing and developed procurement plan for future stages. Provided examples of ones done previously.
Coffee shop concession in Council buildings	Provided rationale for concession contract and procurement options	Alcohol and beers contract	Provided details of AGMA contract and call off options.
Legal services framework for insurance claims	Provided details from existing AGMA contract and contact details	OJEU notices - guidance	Provided clarification on definitions regarding National identification

			Number
Bailiff services	Provided option to use Rotherham framework and the call off methods that can be used	Parking enforcement	Meeting is being arranged to discuss
Weed killer and associated products	Provided compliant framework option and explained call-off options available. Possible savings opportunity if review existing specification	Bus Lane enforcement	Meeting is being arranged to discuss
High level discussions on Children Services savings opportunities	Initial discussions taken place on the 'Art of the Possible' and what has been done with STAR Authorities	Food & catering Contracts	Meeting w/c 26 th February to discuss immediate and future options
Supported the development of a contingency plan for the Carillion contract	Discussions took place on future options	Exchequer services – business rates maximisation and single person discounts	Provided details of Manchester framework option and offered to support soft market testing
		Top –up Funding for LEAP	Provided details of what has been actioned for Rochdale Council

5.2: Next Steps for Tameside Council

The information contained in this report will support Tameside Council to establish their next steps in their procurement change programme. The options appraisal will help facilitate discussion and evaluation of the possible future delivery model options. These options could be assess under the following themes:

- ★ **Desirability** - the degree to which each option meets the strategic objectives and priorities
- ★ **Viability** - the degree to which each option is financially viable and sustainable
- ★ **Feasibility** - the degree to which each option can be implemented

This leads to a final recommendation about the preferred delivery model which can then be taken forward to the business case. Timescales then need to be developed to seek formal approval/resource planning in order to establish the chosen model.

Agenda Item 8

Report to:	EXECUTIVE CABINET
Date:	20 June 2018
Executive Member Reporting Officer:	/ Councillor Oliver Ryan – Executive Member for Children and Families James Thomas – Director of Children’s Services
Subject:	OFSTED MONITORING VISIT REPORT
Report Summary:	<p>Ofsted’s fifth monitoring visit was carried out on 18 and 19 April 2018 and the full letter with their findings is attached.</p> <p>This is a positive report for Tameside MBC and builds upon “<i>the early signs of success</i>” noted by Ofsted at their last monitoring visit in January. In summary Ofsted is reporting to the public and to the DfE that we have demonstrated evidence of improvement in the pace of change whilst there still remains a huge amount to do.</p> <p>The key specific findings in their overview summary are that:</p> <ul style="list-style-type: none">✓ There has been an accelerated pace of change.✓ The outcomes for children and families are improving.✓ The Council has made Early Help a priority.✓ Strategic leadership is driving positive progress.✓ Partners are showing increased engagement.✓ Our self-assessment and quality auditing are accurate.✓ Practitioners are clear about their work with children and families, but the quality of practice is inconsistent. <p>The next monitoring visit will be carried out on 22 and 23 August 2018 and will be focused upon our services to Looked After Children.</p>
Recommendations:	Members are asked to note the content of the report.
Links to the Corporate Plan:	The Corporate Plan outlines the priorities for improving the borough of Tameside including the quality of life for children and families, particularly those who are most vulnerable and in need of help. The Improvement Board provides specific governance over the effective delivery of the Improvement Plan by the DCS and the Children’s Social Care service.
Financial Implications:	There are no direct financial implications arising from Ofsted Monitoring Visit Report, however, it must be noted that the Council continues to face significant financial pressures within Children’s Services, with the number of children in care continuing to increase. The 2017/18 outturn showed a £8.6m overspend against available resources and the 2018/19 Children’s Services budget has been balanced by the application of £12.5m of one off reserves. The action plan and required improvements in quality will ensure that the right decisions are made at the right time and facilitate a reduction in spend to within the available resources, although, it is likely to take a significant period of time.

Legal Implications:

It is important that there is effective governance and oversight of service delivery in particular given the additional resources being provided to the service to ensure value for money being achieved.

All councillors and senior officers are corporate parents and the role brings with it significant responsibility.

The Children and Social Work Act 2017 says that when a child or young person comes into the care of the local authority, or is under 25 and was looked-after by the authority for at least 13 weeks after their 14th birthday, the authority becomes their corporate parent. This means that they should:

- ✓ act in the best interests, and promote the physical and mental health and wellbeing, of those children and young people
- ✓ encourage them to express their views, wishes and feelings, and take them into account, while promoting high aspirations and trying to secure the best outcomes for them
- ✓ make sure they have access to services
- ✓ make sure that they are safe, with stable home lives, relationships and education or work
- ✓ prepare them for adulthood and independent living.

As corporate parents, it's our responsibility to make sure that the council is meeting these duties towards children in care and care leavers. Children can be in care in a range of different settings, with the authority acting as corporate parent to all of them. This includes foster care, children's homes, secure children's homes and kinship care.

The LGIU have issued some useful guidance at


<https://www.local.gov.uk/corporate-parenting-resource-pack>

Risk Management:

A failure to have appropriate challenge and oversight of the improvement process creates a risk to the effectiveness and quality of safeguarding services provided to children in Tameside in need of help and protection.

Access to Information :

The background papers relating to this report can be inspected by contacting the report writer James Thomas:

 Telephone: 0161 342 3354

 e-mail: james.thomas@tameside.gov.uk

14 May 2018

James Thomas
Interim Director of Children's Services
Tameside Borough Council
Wellington Road
Ashton-under-Lyne
Tameside
OL6 6DL

Dear James

Monitoring visit of Tameside Borough Council children's services

This letter summarises the findings of the monitoring visit to Tameside children's services on the 18 and 19 April 2018. The visit was the fifth monitoring visit since the local authority was judged inadequate in December 2016. The inspectors were Shabana Abasi, HMI, Stella Elliot, HMI, and Majella Tallack, Ofsted Inspector.

The strategic direction and focus provided by the director of children's services (DCS) have accelerated the pace of change in the early help service in the last six months, showing improving outcomes for the children and families receiving early help services.

Areas covered by the visit

This visit reviewed the progress made with regards to arrangements for early help, work with early help partners and the quality of performance management.

A range of evidence was considered during this visit, including electronic case records, supervision files and notes, performance data, observation of the early help panel, and discussion with workers, managers, senior leaders and key partners delivering early help services.

Overview

The local authority's self-assessment accurately acknowledges that, during 2017, insufficient progress was made to develop Tameside local authority's early help services and how they interface with children's social care. Early help is a service priority for the council. The appointment of a dedicated lead for early help has increased capacity. This, coupled with the strategic direction and momentum provided by the new DCS and senior management team, is driving positive progress against the multi-agency early help delivery plan. The current pace of change,

combined with increased engagement by partners, is showing improving outcomes for children.

Early help workers who spoke with inspectors had a clear understanding of their work within a broader context of supporting and protecting children. They speak with authority about the children and families who they are working with. However, the quality of practice is inconsistent. The recent internal early help audit report accurately reflects the current quality of practice, and mirrors the findings of the inspectors. The early help performance data score card has recently been drafted and currently provides basic information for senior leaders.

Findings and evaluation of progress

Arrangements for the transfer of children's cases between children's social care and early help are working better than at the time of the inspection. Thresholds are appropriately applied, and the level of intervention meets the needs of children and families. The addition of an early help practice manager in the safeguarding hub has strengthened the triage process. Pathways to secure early help services are now clearer, and children and families are swiftly signposted to appropriate support services.

Decisions to step down cases are considered at the third child in need (CIN) review, where progress made by families is evaluated and informs multi-agency decision-making. The attendance of early help practice managers and workers at CIN meetings results in effective information sharing and coordination of ongoing work with children and families about risks and needs.

Decisions to step up cases from early help to children's social care evidence clear management oversight and rationale. The recording on referrals is specific about escalating concerns or risks, and contains detail and evaluation of the work already undertaken with families. This avoids children and families having to tell their stories repeatedly and reduces the potential for additional repetitive work for staff.

Recording in case notes is timely. However, the majority of chronologies are system generated and contain insufficient information or analysis to inform an understanding of historic risks, missed opportunities or the child's journey. This limits their usefulness to inform assessments and planning.

The quality of early help assessments and plans is not consistently good. Assessments often focus on the presenting issue and lack consideration of the wider context and history behind children's current circumstances. Analysis lacks precision and depth and there isn't a sufficiently strong sense of what life is like for the child. While each child has a plan, these plans are not always specific about what actions need to be undertaken or by whom. Neither are they specific about what needs to be achieved or needs to change to improve what happens for each child. Although early help workers can explain what is needed, this is not translated into robust written plans.

The voice of the child is not always recorded well within case work. While there is evidence of good-quality direct work with children, inspectors saw case recording which lacked analysis and evaluation of the work undertaken. Good-quality intensive work was seen with some families to effect rapid change, enabling them to improve their lives. Feedback is routinely sought from families about what difference the support has made to their lives. Family testimonies include more confidence in managing a child's behaviour, improved attendance at school and less conflict in the home. This is an improved picture to that seen at the time of the inspection.

Supervision of staff takes place regularly. Staff also value the regular informal support and supervision that managers provide alongside the peer support that workers receive from within the teams. However, the effectiveness of supervision is restricted because, while the actions decided are clear, they often lack timescales, and there is little evidence of reflection. This means that opportunities are being missed to improve practice and staff understanding of how they can make a difference.

Managers and early help workers demonstrate an energy and commitment that is reflected in the knowledge and understanding they have of the families they work with. Team stability ensures that children can build trusting relationships with their workers, resulting in strong engagement with interventions and improved outcomes. This is a much better position than has been evident in some teams on earlier monitoring visits.

Children and families in Tameside can access a broad range of early help services. However, early help is heavily led by the local authority and although there is evidence of increasing engagement by partners, the early help agenda is not yet fully owned by partners. Partners lack confidence in undertaking the role of lead professional. In recognition of this, the local authority has established a common assessment framework (CAF) adviser team, to support wider partnership engagement with the CAF, increase the number of early help assessments and to support partners when undertaking the lead professional role.

Initiatives such as CAF advisers, CAF champions in each agency, multi-agency membership on the early help panel, co-location of workers, joint working with families, and multi-agency CAF training are having a positive impact on partner agencies' understanding of and commitment to the early help offer. This puts services in a strong position for further collaboration, which would benefit children and families.

The Early Help Assessment and Quality Assurance Framework was implemented in February 2018 to strengthen quality assurance and performance management. It is too early to evaluate the contribution that auditing of casework makes to practice improvement. The early help score card is in its infancy and requires further development to ensure that it provides sufficient robust information, and gives elected members, senior leaders and managers a clear overview of the effectiveness



of the early help service. At this current time, the service lacks any overarching analysis of the impact of early help at a strategic or operational multi-agency level.

This visit has found evidence of improvement in the pace of change, which has led to positive progress being made in relation to early help services. Leaders and managers are acutely aware of the challenges that they face to embed these changes and develop the service further while simultaneously addressing the areas of weaker practice. They recognise that there is more work to be undertaken to ensure that practice is consistently good and that the best outcomes are achieved for all children.

I am copying this letter to the Department for Education. This letter will be published on the Ofsted website.

Yours sincerely

Shabana Abasi
Her Majesty's Inspector







Report To:	EXECUTIVE CABINET
Date:	20 June 2018
Executive Member/Reporting Officer:	Councillor Leanne Feeley – Executive Member (Lifelong Learning) James Thomas – Interim Director (Children’s Services)
Subject:	ADULT COMMUNITY EDUCATION OFSTED INSPECTION 2018 OUTCOME
Report Summary:	This report provides an update to Executive Board on the performance of Adult Community Education in the Ofsted Inspection which took place on 26 February to 1 March. The service has moved up a grade to ‘2’ or ‘Good’ from ‘3’ or ‘Requires Improvement’.
Recommendations:	Executive Cabinet is requested to: <ol style="list-style-type: none">1. Note and comment on this report.2. Approve this report to proceed to Executive Cabinet.
Links To Community Strategy:	Prosperous and Learning Tameside
Policy Implications:	Tameside is below the GM average for residents with qualifications at Levels 1 and 2. Addressing this gap will support economic growth, productivity and wages in the borough. The strength and effectiveness of our local provision will support improved outcomes.
Financial Implications: (Authorised By Section 151 Officer)	There are no direct financial implications as a result of this report.
Legal Implications: (Authorised By The Borough Solicitor)	This is a pleasing and important report in terms of setting out improved performance. The next steps will be to have a strategy and implementation plan to be in the top quartile and to understand how to achieve that within reducing budget and achieving value for money.
Risk Management:	Review and performance management of the Service is essential to ensuring high quality provision.
Access To Information:	Appendix 1 – Inspection Report The background papers relating to this report can be inspected by contacting the report writer, David Berry, Head of Employment and Skills by:  Telephone:0161 342 2246  e-mail: david.berry@tameside.gov.uk

1.0 INTRODUCTION

- 1.1 The Tameside Adult Community Education (ACE) service was inspected by Ofsted on the 26 February to 1 March 2018. Our provision has been judged as '2' or 'Good' moving up from our previous inspection grade of '3' or 'Requires Improvement' when last inspected in April 2016. This is an excellent outcome for the service, council, partner, learners and residents and is reflective of the hard work and improvements made by the service since the last inspection. The Ofsted Report is attached at **Appendix 1**.
- 1.2 Tameside ACE is a key service within the Council, responsible for delivering Adult and Community Education. Each year we educate and support over 700 learners, helping them to move into employment, volunteering opportunities and further study. In the academic year 16/17, enrolments totalled 1,342. The Service is financially strong.
- 1.3 It is important to acknowledge that 74% of all learners are from the top 30% of the most deprived areas in Tameside. Therefore, an area of strength is our ability to engage and support the hardest to reach learners, building their self-esteem and confidence to help them reach their potential.
- 1.4 As a service, our aims are set out in our Strategy and Outstanding Teaching and Learning documents:
- Reduce the proportion of adults who have poor English, maths and ICT skills.
 - Support residents in the borough in developing a range of skills for everyday life.
 - Improve the employment rate of the borough.
 - Provide parents and carers with the knowledge and skills to raise the attainment of children in their care.

2.0 INSPECTION OUTCOME

- 2.1 The table below sets out our current and previous inspection grades. Ofsted found that effective leadership and management since the last inspection had been a key driver for improvement of teaching, learning, assessment and outcomes.

	Current Grade 2018	Previous Grade 2016	Direction of Travel
Overall effectiveness	2 / Good	3 / Requires Improvement	
Effectiveness of leadership and management	2 / Good	3 / Requires Improvement	
Outcomes for learners	2 / Good	3 / Requires Improvement	
Quality of teaching, learning and assessment	2 / Good	3 / Requires Improvement	
Personal development, behaviour and welfare	2 / Good	3 / Requires Improvement	
Adult Learning Programmes	2/ Good	3 / Requires Improvement	

3.0 NEXT STEPS

- 3.1 ACE will pursue continual improvement and is aiming to be a Grade '1' or 'Outstanding' service within the next three years with the next formal inspection due in 2021.
- 3.2 We intend to use the improvement in grade to market the service to residents and partners to grow our provision.

4.0 RECOMMENDATIONS

4.1 See recommendations on the front of the report.

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Tameside Metropolitan Borough Council

Local authority

Inspection dates

26 February–1 March 2018

Overall effectiveness		Good	
Effectiveness of leadership and management	Good	Adult learning programmes	Good
Quality of teaching, learning and assessment	Good		
Personal development, behaviour and welfare	Good		
Outcomes for learners	Good		
Overall effectiveness at previous inspection		Requires improvement	

Summary of key findings

This is a good provider

- Since the previous inspection, senior leaders, managers and governors have worked hard to improve the quality of provision. As a result, teaching, learning, assessment and outcomes for adult learners are now good.
- Leaders and managers have developed good partnerships with a range of organisations that are of considerable benefit to learners. These include the National Careers Service, a housing association and Jobcentre Plus.
- Leaders and managers are responsive to the local residents' training needs and they provide courses for a wide range of adult learners, including the hardest to reach and those in the most deprived communities in Tameside.
- Successful relocation of the service to the centre of town benefits staff and learners. Staff create an inclusive and safe learning environment that supports learners well.
- Rigorous and accurate assessment of learners' starting points contributes to the good progress they make on their courses.
- Learners on English for speakers of other languages (ESOL) courses improve their English skills so they can become more involved in their communities.
- Learners benefit from good, impartial careers information, advice and guidance to help them plan their next steps and longer term career aspirations.
- Good learning and pastoral support help learners to stay on their courses, make good progress and achieve their goals.
- Learners on information and communication technology (ICT) courses develop good and useful practical skills and achieve well.
- Staff who observe teaching, learning and assessment give insufficient attention to learners' progress and what they have learned.
- Too few learners progress from their courses to further education, apprenticeships, volunteering or employment.
- Attendance, while improving, is not yet high enough.
- Learners make slow progress in developing their knowledge and skills in English because their spelling, punctuation and grammatical errors are not always checked or corrected.
- Learners' achievement rates on ICT courses are high, but require improvement on functional skills English and mathematics at levels 1 and 2.

Full report

Information about the provider

- Tameside Adult and Community Education (the service) is part of the Employment and Skills Directorate within Tameside Metropolitan Borough Council. The service currently delivers courses in English, mathematics, ICT, ESOL, retail, childcare, family learning, British Sign Language and employability. Approximately two thirds of learners are enrolled on courses that do not lead to formal qualifications. Courses range from pre-entry to level 2. The service works with learners who are hardest to reach, including those who have been away from education for extended periods of time. Many learners are from areas of high deprivation.
- Tameside is one of 10 metropolitan boroughs of Manchester. It has a population of approximately 223,200 residents. Tameside has the third highest proportion of residents with no qualifications in Greater Manchester. The unemployment rate in the borough is slightly higher than for the north-west region and the national rate.

What does the provider need to do to improve further?

- Analyse carefully the destinations of learners who leave Tameside Adult and Community Education to inform the planning of courses and increase the proportion of learners who progress to further education, apprenticeships, volunteering or employment.
- Develop strategies to improve learners' attendance further.
- Ensure that tutors help learners improve their English knowledge and skills by identifying and checking spelling, punctuation and grammatical errors in their work.
- Monitor and evaluate the effectiveness of the actions that have been implemented to improve English and mathematics qualification outcomes.
- Ensure that the observations of teaching, learning and assessment focus on what learners are learning and the progress they are making, so that feedback to tutors helps them to improve their techniques for managing learning.

Inspection judgements

Effectiveness of leadership and management

Good

- Since the previous inspection, senior leaders and managers have been unremitting in their attempts to improve the quality of teaching, learning and assessment, and outcomes for learners. As a result, the quality of provision and outcomes for learners have improved and are now good.
- When the service was inspected previously, training was delivered in two separate learning centres, one in Ashton-under-Lyne and the other in Hyde. Senior leaders and managers made a carefully considered, rational and strategic decision to bring the service together in one location. They acquired new premises and relocated the service very successfully in central Ashton-under-Lyne. Tutors now have many more opportunities for working collaboratively, including identifying and sharing good practice, and developing learning resources. Staff are enthusiastic and their morale is high.
- Senior leaders and managers have high expectations of staff and learners. They have promoted equality, inclusion and diversity very successfully and created a culture of mutual respect in which learners flourish and succeed in learning new skills and gaining confidence. Leaders and tutors have zero tolerance of harassment, discrimination, unfair treatment and bullying. Learners feel safe and are safe. They have a good understanding of fundamental British values. Their knowledge of radicalisation and extremism is underdeveloped.
- Performance management of staff is now good. Staff are much more accountable for the quality of learners' experiences, including retention, attendance, progress and achievements. Through the annual performance reviews and monthly one-to-one meetings with managers, the performance of staff is evaluated thoroughly. When leaders and managers identify unsatisfactory performance, swift action is taken to ensure that it improves. If it does not improve, capability procedures are implemented effectively.
- Managers and tutors recruit a wide range of learners successfully, many of whom are unemployed or from areas of high deprivation in Tameside. They have a good awareness of, and are very responsive to, the training needs of learners. They work hard to ensure that the courses meet learners' needs and enable them to develop the knowledge, skills and understanding that will enrich them personally and socially, and prepare them for employment.
- Leaders and managers have been particularly successful in obtaining specific funding to meet the increasing need for courses in ESOL, enabling them to support an additional 125 pre-entry ESOL learners in the current academic year. In response to learners' requests for higher level courses, they have also introduced successfully GCSE mathematics and the diploma in caring for children at level 1 in the current academic year.
- Leaders and managers have developed very good partnerships with a range of organisations, including several employment-related organisations. They work closely, for example, with the National Careers Service, Jobcentre Plus and the local authority supported employment team, which offers advice, support and practical assistance to local residents who have a disability or mental health condition or are substance misusers. These partnerships are of considerable benefit to learners.

- Leaders and managers collect and use a wide range of information for self-assessment purposes. The self-assessment report is detailed and evaluative. Although the key questions are graded accurately, leaders and managers did not identify all the strengths and weaknesses found by inspectors. The quality improvement plan is insufficiently focused on the key areas for improvement and the criteria for measuring progress over time are not specific enough.
- Senior leaders, managers and tutors have implemented a number of strategies to improve learners' attendance and punctuality. They ensure that learners understand the importance of attending regularly and on time. Although attendance has improved since the previous inspection, further improvements are required.
- Since the previous inspection, leaders and managers have strengthened the arrangements to evaluate and improve continuously the quality of teaching, learning and assessment. In addition to observing teaching, learning and assessment, they also carry out short, focused observations based on particular themes, such as health and safety and the use of individual learning plans. However, observers still do not give enough attention to evaluating what learners learn in sessions and the progress they make. The observation reports are too descriptive and insufficiently concise. Leaders and managers place too little importance on developing tutors so that they can reflect on their teaching and evaluate the effectiveness of the learning they facilitate.

The governance of the provider

- Since the service was inspected previously, governance has improved. The number of governors has increased and so has their diversity. In addition to elected councillors, senior service managers, tutor and learner representatives, an employer and a partnership manager from Jobcentre Plus have been appointed. Governors are aware that defined areas of responsibility have still to be allocated to them.
- Governors endorse fully the priorities of the council, which include supporting economic growth and opportunity, and helping to strengthen the local business community by upskilling Tameside residents and maximising their well-being. They challenge and support senior leaders and managers to assess the extent to which they provide a service that gives value for money and meets the needs of the local communities.
- Before the termly board meetings, governors receive a wide range of statistical information, for example about learners' retention, attendance and performance. However, they still do not have enough detailed information about the quality of teaching, learning and assessment to be able to challenge and support leaders and managers to improve continuously the quality of provision.

Safeguarding

- The arrangements for safeguarding are effective.
- Senior leaders and managers ensure that all staff are appropriately checked to ensure that they are suitable for working with adult learners, as they did when the provision was inspected previously. They also ensure that caretaking staff who are not directly employed by the council are checked appropriately. Managers maintain an up-to-date

record of the Disclosure and Barring Service (DBS) checks that are received and when they are due to be renewed.

- Since the previous inspection, senior leaders and managers have given particular attention to ensuring that the new premises provide a welcoming and safe learning environment. Managers follow the council's procedures very closely and take all reported safeguarding and safeguarding-related incidents very seriously. They take the appropriate action and keep detailed records of the actions taken and the outcomes.
- Although leaders and managers raise learners' awareness about keeping safe, including e-safety, staff and learners do not have sufficient periodic update training on radicalisation and extremism. The service has a trained designated safeguarding officer and has recently appointed a deputy designated safeguarding officer, and plans are in place for the selected officer to receive additional training.

Quality of teaching, learning and assessment

Good

- Most tutors assess learners thoroughly at the start of their course. They identify learners' starting levels and individual learning needs accurately. As a result, tutors are able to match learning very closely to learners' needs, taking into account their prior learning and their existing knowledge, skills and understanding. Learners with learning difficulties and/or disabilities are identified quickly and assessed appropriately to ensure that the required resources are provided to facilitate their learning.
- Most tutors use their expertise successfully to provide a range of learning activities that stimulate learners and enable them to make good progress. For example, the most able learners on mathematics courses are given additional higher level tasks to extend their understanding, while those who are less able are often encouraged to work together to solve problems.
- Learners who are on ESOL courses are enthusiastic, engaged fully and keen to learn more. Their motivation is high because they know that when they become proficient in speaking and writing English they can become more integrated into British society and will be in a stronger position to apply for, and obtain, employment. They enjoy conversing with other learners and with their tutor.
- Learners make good use of their newly acquired practical skills. For example, learners on short introductory ICT courses send emails, word process and edit documents and use basic publishing techniques. They develop self-confidence and are able to use technical terms to describe the skills they are using. Learners on practical parenting skills courses use the techniques they have developed for managing their children's behaviour, including challenging behaviours.
- Learners have good access to impartial careers information, advice and guidance. Those who want to move into employment or become self-employed enrol on courses that help them to develop the knowledge, skills and understanding that employers value.
- Tutors provide good learning support that makes a strong contribution to learners' progress. They provide good individual support in sessions that enables learners working at different levels to make at least the expected, and often better, progress. Learners on GCSE mathematics courses benefit considerably from additional online learning activities outside the classroom that supplement their in-session learning.

- Tutors assess learners regularly during their training to evaluate their progress. In learning reviews, tutors provide clear feedback to learners on the progress they have made and the extent to which they have achieved their personal learning goals. As a result, most learners have a good understanding of what they have achieved and what they need to do to improve further and to make rapid progress.
- Tutors successfully promote equality, inclusion and diversity in learning and teaching. Learners from different ethnic groups work together very successfully. In family learning sessions, learners develop a good understanding of their different family traditions and can explain what they have learned about specific celebration events, for example Eid, the Burmese New Year and the Christian calendar.
- Learners from diverse communities develop a good understanding of what fundamental British values mean to them. They enjoy sharing their opinions in safe and supportive learning environments through which they gain a deeper understanding of their communities and British society. Many learners become increasingly independent in their personal lives and more self-assured.
- In a small number of sessions, tutors do not plan effectively to meet the needs of all the learners. Where this happens, activities are not linked specifically to the learning outcomes and their purpose is not explained clearly. Often the activities are too easy or too difficult. In these sessions, learners are not challenged sufficiently and they do not make the progress of which they are capable.
- Tutors do not identify English errors in learners' work systematically. Too many learners make repeated spelling, punctuation and grammatical errors that remain unchecked. As a result, learners do not improve the quality of their written work as much and as quickly as they should do.
- Learners' starting points for the newly introduced GCSE mathematics course are not recorded fully by tutors. As a result, it is difficult for the tutors to measure learners' progress accurately towards achieving their qualification.

Personal development, behaviour and welfare

Good

- Learners are enthusiastic and enjoy their learning. They are punctual and fully prepared for their sessions. Learners who are returning to education after a period away from learning improve their self-confidence and self-esteem as a result of their training. They are proud of the new skills they are learning and the progress they are making. For example, in mathematics, learners become conversant with metric conversions, and in ICT they learn how to send and receive emails.
- Learners receive good information, advice and guidance. Tutors ensure that learners are placed on the correct course and signpost them, when appropriate, to additional or further courses that will help them achieve their aspirational goals.
- Staff have developed very effective partnerships with the National Careers Service. Learners receive good independent careers advice from qualified advisers that helps them make informed choices about their next steps and longer term career plans. Careers advisers support learners in improving their curricula vitae (CVs), completing job applications and developing their interview techniques.

- Learners, many of whom face significant barriers to learning, benefit from the very good support they receive. Staff work with a range of external agencies that provide support and advice on housing, finance and mental health issues. The support learners receive helps them to stay on their courses and achieve their learning goals.
- Tutors plan courses so that learners develop knowledge, skills and understanding that will help them in further learning and employment or in developing greater independence in their everyday lives. For example, learners on retail courses learn how to communicate with customers, use a till and manage money. Learners on 'Get Online Safely' courses learn how pay bills and compare products and services online, as well as how to keep themselves safe online.
- Learners develop good practical skills and produce work of a high standard. For example, on childcare courses, learners take care in creating activities such as jigsaws, story sacks and puzzles that will help develop language skills for young children.
- Tutors integrate diversity and fundamental British values into learning activities carefully. They promote British values very effectively through displays in classrooms and in corridors throughout the centre. Learners have a good understanding of, and demonstrate tolerance and respect. They work cooperatively with each other and their tutors. Learners' behaviour is very good.
- Staff have created an inclusive and welcoming environment in which learners feel safe. Learners have a good understanding of how to keep themselves safe. They know to whom they should report any concerns. However, learners do not have a sufficient understanding of the risks associated with radicalisation and extremism.
- While attendance has improved since the previous inspection, it is still not high enough.

Outcomes for learners

Good

- The majority of learners, many of whom have few or no prior qualifications, make good or better progress from their starting points.
- Since the previous inspection, leaders and managers have improved the processes for the recognition and recording of learners' progress and achievement. The processes are more rigorous and enable learners' progress to be monitored accurately.
- Learners develop new skills that help them into employment and in their everyday lives. For example, learners on ICT courses learn how to use social networking sites safely so that they can keep in touch with family and friends. Learners on ESOL courses improve their English and ICT skills so that they can apply for employment.
- In 2016/17, approximately three quarters of learners were on courses that did not lead to formal qualifications. Most learners achieved their personal learning goals. There is too much variation in achievement rates between courses. For example, learners on ICT courses have high achievement, while learners' achievements on courses in family learning and ESOL are lower.
- In the current year, the proportion of learners on courses that do not lead to formal qualifications who have achieved their personal learning goals is higher than at the same time in the previous year and is now high.

- In 2016/17, of the learners on courses that led to nationally recognised qualifications, just over half were on functional skills English and mathematics courses. Learners' achievement of functional skills qualifications at entry level for English and mathematics is high. However, learners' achievement of functional skills qualifications at levels 1 and 2 for English and mathematics is too low.
- Managers identified that in 2016/17, achievement for learners who have learning difficulties and/or disabilities in mathematics functional skills qualifications at levels 1 and 2 was low. Actions to improve outcomes for this group of learners have been implemented and managers are closely monitoring learners' progress.
- In 2016/17, the proportion of learners who left the service after completing their courses and progressed to employment, apprenticeships, volunteering or further education was too low. However, so far this year, two fifths of learners who started courses that did not lead to a qualification have progressed to courses that lead to nationally recognised qualifications.

Provider details

Unique reference number	54739
Type of provider	Local authority
Age range of learners	19+
Approximate number of all learners over the previous full contract year	754
Principal/CEO	Jean Quinn
Telephone number	0161 342 4063
Website	www.tameside.gov.uk/adultlearning

Provider information at the time of the inspection

Main course or learning programme level	Level 1 or below		Level 2		Level 3		Level 4 or above	
	16–18	19+	16–18	19+	16–18	19+	16–18	19+
Total number of learners (excluding apprenticeships)	0	248	0	81	0	0	0	0
Number of apprentices by apprenticeship level and age	Intermediate		Advanced		Higher			
	16–18	19+	16–18	19+	16–18	19+		
	0	0	0	0	0	0		
Number of traineeships	16–19		19+		Total			
	0		0		0			
Number of learners aged 14 to 16	0							
Number of learners for which the provider receives high-needs funding	0							
At the time of inspection, the provider contracts with the following main subcontractors:	None							

Information about this inspection

The inspection team was assisted by the head of service, as nominee. Inspectors took account of the provider's most recent self-assessment report and development plans, and the previous inspection report. Inspectors used group and individual interviews and online questionnaires to gather the views of learners and employers; these views are reflected within the report. They observed learning sessions, assessments and progress reviews. The inspection took into account all relevant provision at the provider.

Inspection team

Elaine Price, lead inspector	Her Majesty's Inspector
Ken Fisher	Ofsted Inspector
Tracey Baron	Ofsted Inspector

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Agenda Item 10

Report To:	EXECUTIVE CABINET
Date:	20 June 2018
Executive Member/ Reporting Officer:	Councillor Leanne Feeley, Executive Member – Lifelong Learning, Skills and Employment James Thomas, Interim Director of Children’s Services
Subject:	DEVOLUTION OF ADULT EDUCATION BUDGET TO GREATER MANCHESTER COMBINED AUTHORITY
Report Summary:	The Greater Manchester Combined Authority is working towards the devolution of the Adult Education Budget from Central Government for the year 2019/20 onwards. To achieve devolution the Department for Education has advised that each constituent Greater Manchester Local Authority gives consent in conjunction with the Combined Authority to a statutory Order giving effect to the same. The final Order is not available until mid-June 2018 however we must provide consent by the 30 June 2018. This report provides background and requests delegated authority to ensure Tameside Council can provide consent in line with timescales.
Recommendations:	That Executive Cabinet RECOMMEND to Council to CONSENT to the order attached herewith known as Greater Manchester CA (Adult Education Functions) Order 2018 marked Appendix 1 and APPROVE delegated authority to the Chief Executive in consultation with the Executive Leader to consent to the Order or any minor variations to give effect to the transfer of budget to the GMCA.
Links To Community Strategy:	Prosperous and Learning Tameside.
Policy Implications:	Tameside is below the GM average for residents with qualifications at Levels 1-4. Addressing this gap will support economic growth, productivity and wages in the borough. Devolution will enable local control and decision making to improve adult education outcomes.
Financial Implications: (Authorised By Section 151 Officer)	There are no direct financial implications.
Legal Implications: (Authorised By The Borough Solicitor)	The draft Order provides for the conferral of certain adult education functions of the Secretary of State under the Apprenticeships, Skills, Children and Learning Act 2009 on the Greater Manchester Combined Authority. Article 3 of the Order provides for the transfer to the Combined Authority of adult education functions under section 86 to 88 of the 2009 Act, with the exception of such functions relating to apprenticeships training, persons subject to adult detention or any power to make regulations or orders. The transferred functions will be exercisable by the Combined Authority instead of by the Secretary of State in relation to the area of the Combined Authority. Article 4 also provides for the functions of the Secretary of State under section 90 of the 2009 Act, which relate to the encouragement of

education and training for persons aged 19 or over, and under section 100(1) of that Act, which relate to the provision of financial resources, to be exercisable by the Combined Authority in relation to the area. The functions will be exercisable by the Combined Authority concurrently with the Secretary of State.

Article 5 sets conditions on the exercise of the functions mentioned in Articles 3 and 4. The Combined Authority must adopt rules of eligibility for awards by an institution to which it secures financial resources under section 100 of the 2009 Act in accordance with any direction given by the Secretary of State. In addition, in exercising the transferred functions, the Combined Authority must have regard to guidance issued by the Secretary of State (as amended from time to time or replaced by a subsequent document).

The GMCA and each of the 10 districts must give authority for the Order to be laid before Parliament. This needs to be completed by the 30 June 2018 in order to meet the parliamentary timetable. It may mean that minor amendments are required and therefore delegation is required to effect this.

Risk Management:

Failure to provide consent will delay the Devolution of the Adult Education Budget to Greater Manchester for the intended start date of 2019/20.

Access To Information:

The background papers relating to this report can be inspected by contacting the report writer, David Berry, Head of Employment and Skills by:

 Telephone: 0161 342 2246

 e-mail: david.berry@tameside.gov.uk

1.0 INTRODUCTION

- 1.1 The Adult Education Budget is a nationally delivered single budget stream bringing together adult further education (all 19yrs+ provision with the exception of apprenticeships/traineeships), community learning, and discretionary learner support. The Adult Education Budget is intended to fund provision which supports the local labour market and economic development. In particular, it focuses on ensuring that adults have the basic and core skills that they need for work, including guaranteeing a number of statutory entitlements relating to English, maths and (from 2020 onwards) digital skills, as well as first level 2/3 qualifications.
- 1.2 As such, the devolved Adult Education Budget will play a key role in Greater Manchester's reform agenda, linking with other activity aimed at supporting our residents into productive and sustained employment as part of an integrated education, skills, employment and health system. Tameside Council will continue to work with GMCA in the design and implementation of devolved Adult Education Budget to ensure maximum benefits for our residents to promote economic growth.
- 1.3 The Department for Education (DfE) has indicated a budget of £92.2 million for GM in 2019/20. Around 78,000 learners are funded each year across 312 institutions including Colleges, private providers and Local Authorities. The Adult Education Budget funds the Tameside Council Adult Community Education Service.

2.0 LEGISLATION: PARLIAMENTARY ORDERS

- 2.1 The legislation enabling devolution of the Adult Education Budget are set out in the Order attached at Appendix 1, which confirms the powers and duties transferring to the CA and make provision for the subsequent range of amendments required to existing legislation.
- 2.2 In due course we expect to follow:
 - a statutory guidance document setting out matters to which the CA should have regard but which are not mandatory;
 - an MoU formalising the strategic relationship and ways of working between DfE and CAs, building upon an MoU already in place for the transition year in 2018/19.
- 2.2 The high level content of the Orders and functions to be transferred as we currently understand them are set out in **Appendix 2**. The Order set out in **Appendix 1** is in line with GMCA's expectations with regards to powers to be transferred for direct responsibility of GMCA and to be concurrently exercised between Secretary of State and GMCA.
- 2.3 The DfE recognises the challenging timetable and has indicated that failure to meet the timetable will delay the process of devolution by one year.

3.0 RECOMMENDATIONS

- 3.1 As set out on the front of the report.

APPENDIX 2

Content of Orders/functions to transfer to MCAs

Implementing full devolution in 2019/2020 – Secondary Legislation

In order to deliver devolution there is a requirement for Parliament to legislate to enable the transfer of the current statutory duties on the SoS to the MCA in relation to the delivery of adult education provision. To do this secondary legislation is required, in the form of a Devolution Order made under the affirmative procedure, which requires consent of each House of Parliament.

The Orders

1. Section 105A of the Local Democracy, Economic Development and Construction Act 2009 gives the Secretary of State for Education (SoS) the power to, by Order, transfer functions to an MCA. An order may include provision for the function to be exercisable subject to conditions or limitations specified in the order; and provision as to joint working arrangements.

2. The intention is to put in place an Order for each MCA detailing functions that will be transferred or exercised concurrently with the Secretary of State. This Order will only pertain to functions necessary for the delivery of adult education provision and will not include:

- Anything related to apprenticeships;
- Anything related to adult offender learning;
- Anything related to training or education people aged 16-18;
- Any power to make regulations or orders;
- Anything related to SoS's spending authority.

Where specific duties have been transferred to the MCAs, there will also be a responsibility on the MCAs for having regard for people with learning difficulties when carrying out those duties under section 115 of the Apprenticeships, Skills, Children and Learning Act 2009.

Measure considered relevant for transfer

It is proposed to transfer the following measures in relation to the area of the MCA. These functions are contained in the Apprenticeships, Skills, Children and Learning Act 2009 and are subject to the exceptions specified above:

- i. S86 – MCAs will be responsible for exercising the function of securing provision of education and training for people aged 19+;
- ii. S87 – MCAs will be responsible for securing provision of facilities for relevant education or training for people to obtain qualifications in subjects defined under paragraph 1 of Schedule 5 (currently English, maths and specified vocational qualifications at Level 2 (or comparable)) when they meet the following conditions:

- a. Are aged 19 or over (other than people under 25 with learning difficulties);
- b. Do not have the qualifications in question or a comparable or higher qualification (including awards from outside of England);
- c. Satisfy such conditions as specified in relevant regulations.

iii. S88 – MCAs will be responsible for securing provision of free study for learners who meet certain conditions for study for specified qualifications provided as a result of s86 and s87. This relates to ‘Statutory Entitlements’ which currently apply to English, maths and specified vocational qualifications as defined in Schedule 5. It should be noted the Digital Economy Act 2017 amends s88 to extend the current statutory duties to create a new duty to ensure that specified qualifications in making use of information technology are free of charge to people aged 19 and over who do not already have a relevant qualification. The qualifications or descriptions of qualification to which the duty applies are to be set out in secondary legislation. The level of attainment demonstrated by the qualification to which the duty applies must be the level that the Secretary of State considers is the minimum required by a person aged 19 or over to be able to operate effectively in day-to-day life. MCAs will take on this duty.

It is proposed that the following functions of the Secretary of State should be exercised concurrently with the MCA in relation to their area (also subject to the restriction set out above):

iv. S90 – MCAs will assume the general duty to encourage participation by individuals and employers in education and training amongst people aged 19 or over. The SoS for Education will retain the duty for encouraging participation in training in respect of England as a whole so this duty will be exercised concurrently.

v. S122 – This section enables information sharing as between specified persons for the purpose of enabling or facilitating the exercise of a relevant function. This power will be extended to include the MCA in respect of the transferred functions, and will continue to be exercisable by the Secretary of State.

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STATUTORY INSTRUMENTS

2018 No. 000

LOCAL GOVERNMENT, ENGLAND

EDUCATION, ENGLAND

The Greater Manchester Combined Authority (Adult Education Functions) Order 2018

Made - - - -

Coming into force in accordance with article 1

The Secretary of State, in exercise of the powers conferred by sections 105A, 114 and 117 of the Local Democracy, Economic Development and Construction Act 2009(a)(“the Local Democracy Act”), makes the following Order:

In accordance with section 105B(1) of the Local Democracy Act(b), the Greater Manchester Combined Authority and each of the constituent councils(c) whose areas are within the area of the Combined Authority has consented to the making of this Order.

The Secretary of State considers that the making of this Order is likely to improve the exercise of statutory functions in the areas to which the Order relates.

In accordance with section 105B(9) of the Local Democracy Act, the Secretary of State has laid before Parliament a report explaining the effect of this Order and explaining why the Secretary of State considers it appropriate to make this Order.

A draft of this statutory instrument has been laid before, and approved by a resolution of, each House of Parliament pursuant to section 117 of the Local Democracy Act.

(a) 2009 c. 20. Section 105A was inserted by section 7 of the Cities and Local Government Devolution Act 2016 (c.1) (“the 2016 Act”). Section 114 was amended by Schedule 5 to the 2016 Act. Section 117 was amended by section 13 of the Localism Act 2011 (c. 20) and by section 23 of, and paragraphs 17 and 29(1) and (2) of Schedule 5 to the 2016 Act.
(b) Section 105B was inserted by section 7 of the Cities and Local Government Devolution Act 2016 (c. 1).
(c) The constituent councils of the Greater Manchester Combined Authority are the metropolitan district councils for the local government areas of Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan.

PART 1

General

Citation, commencement and application

1.—(1) This Order may be cited as the Greater Manchester Combined Authority (Adult Education Functions) Order 2018 and comes into force on the day after the day it is made.

(2) Part 2 of this Order does not apply in relation to any academic year before the year beginning with 1st August 2019.

(3) In paragraph (2), “academic year” means a period beginning with 1st August and ending with the next 31st July.

Interpretation

2. In this Order—

“the 2009 Act” means the Apprenticeships, Skills, Children and Learning Act 2009(a);

“adult detention” has the meaning given by section 121(4)(b) of the 2009 Act;

“apprenticeships training” has the meaning given by section 83(5)(c) of the 2009 Act;

“the Area” means the area of the Combined Authority; and

“the Combined Authority” means the Greater Manchester Combined Authority, a body corporate established under the Greater Manchester Combined Authority Order 2011(d).

PART 2

Adult education functions of the Secretary of State transferred to the Combined Authority or to be exercisable concurrently with the Combined Authority

Transfer of functions from the Secretary of State to the Combined Authority in relation to the Area

3.—(1) Subject to paragraph (2), the functions of the Secretary of State set out in the following provisions of the 2009 Act are exercisable by the Combined Authority in relation to the Area—

(a) section 86 (education and training for persons aged 19 or over and others subject to adult detention)(e);

(b) section 87 (learning aims for persons aged 19 or over: provision of facilities)(f); and

(c) section 88 (learning aims for persons aged 19 or over: payment of tuition fees)(g).

(2) The functions mentioned in paragraph (1) do not include —

(a) any functions relating to apprenticeship training;

(a) 2009 c. 22

(b) Section 121 was amended by paragraph 30 of Schedule 1 to the Technical and Further Education Act 2017 (c.19); paragraph 22 of Part 2 of Schedule 1, and paragraph 27 of Part 1 of Schedule 14, to the Deregulation Act 2015 (c.20); and by paragraph 8 of Schedule 18 to the Education Act 2011 (c.21).

(c) Section 83 was amended by paragraph 14 of Part 2 of Schedule 1, and paragraph 4 of Part 1 of Schedule 14 to the Deregulation Act 2015 (c. 20); by paragraph 89 of Part 2 of Schedule 3 to the Children and Families Act 2014 (c.6); and by paragraph 5 of Schedule 18 to the Education Act 2011 (c.21).

(d) S.I. 2011/908, as amended by S.I. 2015/960, S.I. 2016/1267, S.I. 2017/612 and S.I. 2018/444.

(e) Section 86 was amended by paragraphs 1, 2 and 9 of Part 1 of Schedule 14 to the Deregulation Act 2015 (c.20); by paragraphs 88 and 90 of Part 2 of Schedule 3 to the Children and Families Act 2014 (c. 6); and by section 30 of and paragraphs 1 and 7 of Schedule 18 to the Education Act 2011 (c.21).

(f) Section 87 was amended by paragraphs 1 and 10 of Part 1 of Schedule 14 to the Deregulation Act 2015 (c.20); and by paragraph 91 of Part 2 of Schedule 3 to the Children and Families Act 2014 (c.6).

(g) Subsection (1) is amended by section 114(2) of the Digital Economy Act 2017 (c.30), on a date to be appointed. Section 88 was amended by paragraph 11 of Part 1 of Schedule 14 to the Deregulation Act 2015 (c.20) and by section 73 of the Education Act 2011(c 21).

- (b) any functions relating to persons subject to adult detention; or
- (c) any power to make regulations or orders.

(3) The functions mentioned in paragraph (1) are exercisable by the Combined Authority instead of by the Secretary of State.

Functions of the Secretary of State to be exercisable concurrently with the Combined Authority in relation to the Area

4.—(1) Subject to paragraph (2), the functions of the Secretary of State set out in section 90 (encouragement of education and training for persons aged 19 or over and others subject to adult detention)(a) and section 100(1)(b) (provision of financial resources) of the 2009 Act are exercisable by the Combined Authority in relation to the Area.

(2) The functions mentioned in paragraph (1) do not include—

- (a) any function relating to apprenticeships training;
- (b) any function relating to persons subject to adult detention.

(3) The functions mentioned in paragraph (1) are exercisable concurrently with the Secretary of State in relation to the Area.

Conditions on the exercise of functions mentioned in Articles 3 and 4

5.—(1) The Combined Authority must adopt rules of eligibility for awards by an institution to which it makes grants, loans or other payments under section 100 of the 2009 Act in accordance with any direction given by the Secretary of State.

(2) In exercising the functions mentioned in articles 3 and 4, the Combined Authority must have regard to guidance issued by the Secretary of State for the purpose of this article (as amended from time to time or as replaced by a subsequent document).

Modification of provisions in the 2009 Act

6. For the purpose of the exercise by the Combined Authority of the functions mentioned in articles 3 and 4, sections 86 to 88, 90, 100, 101, 103, 115 and 121 of the 2009 Act in their application to the Combined Authority apply with the modifications set out in the Schedule.

PART 3

Amendments to Enactments

Amendment to the 2009 Act

7.—(1) Section 100 of the 2009 Act is amended as follows.

(2) After subsection (1A), insert—

“(1AA) The Secretary of State may secure the provision of financial resources under this subsection (whether or not the resources could be secured under subsection (1)) to any of the persons mentioned in subsection (1) in respect of functions under this Part that are exercisable by a Combined Authority by virtue of an order made under section 105A of the Local Democracy, Economic Development and Construction Act 2009.”

(3) In subsection (3), for the opening words, substitute—

-
- (a) Section 90 was amended by paragraphs 5 and 20 of Part 2 of Schedule 1, and paragraphs 1 and 12 of Part 1 of Schedule 14, to the Deregulation Act 2015 (c.20).
 - (b) Subsection (1B) is added, and in subsections (3) to (5) words are substituted, by paragraphs 1 and 29 of Schedule 1 to the Technical and Further Education Act 2017 (c. 19) on a date to be appointed. Section 100 was amended by section 27 of the Enterprise Act 2016 (c.12); by Schedules 1 and 14 to the Deregulation Act 2015 (c.20); and by paragraphs 1 and 9 of Schedule 18 to the Education Act 2011 (c.21).

“The Secretary of State may secure the provision of financial resources under this section—
”

(4) In subsection (4), for the opening words, substitute—

“The Secretary of State may secure the provision of financial resources under this section—
”

(5) In subsection (5), in the appropriate place, insert—

““Combined Authority” means a Combined Authority established under section 103 of the Local Democracy, Economic Development and Construction Act 2009;”

(6) In consequence of the amendments made by paragraphs (3) and (4), paragraph 29(3) of Schedule 1 to the Technical and Further Education Act 2017(a) is repealed.

8.—(1) Section 122 of the 2009 Act(b) is amended as follows.

(2) In subsection (3), after paragraph (f) insert—

“(fa) a Combined Authority established under section 103 of the Local Democracy, Economic Development and Construction Act 2009.

(fb) a person providing services to a Combined Authority.”

(3) In subsection (5)—

(i) in paragraph (ba) omit “or”;

(ii) in paragraph (c) after “in England,” insert “or”; and

(iii) after paragraph (c) insert—

“(d) any function of a Combined Authority under Part 4 that is exercisable by it by virtue of an order under section 105A of the Local Democracy, Economic Development and Construction Act 2009.”.

Amendment to the Education and Inspections Act 2006

9.—(1) The Education and Inspections Act 2006(c) is amended as follows.

(2) In section 123(d)—

(a) in subsection (1) after paragraph (e) insert—

“(ea) further education for persons aged 19 or over which is wholly or partly funded by a Combined Authority in England;”;

(b) after subsection (4) insert—

“(5) In this section “Combined authority” means a Combined Authority established under section 103 of the Local Democracy, Economic Development and Construction Act 2009.”

Amendment to the Education (Fees and Awards) (England) Regulations 2007

10.—(1) The Education (Fees and Awards) (England) Regulations 2007(e) are amended as follows.

(2) After regulation 9 insert—

(a) 2017 c.19.

(b) Subsection (3) is amended by section 1(3) of the Technical and Further Education Act 2017 (c. 19) on a date to be appointed. Section 122 was amended by paragraphs 1 and 7 of Schedule 4 to the Enterprise Act 2016 (c.12); by paragraph 28 of Part 1 of Schedule 14 to the Deregulation Act 2015 (c.20); by paragraph 48 of Schedule 16 to the Education Act 2011 (c.21); and by paragraph 16 of Part 1 of Schedule 2 to the Local Education Authorities and Children’s Services Authorities (Integration of Functions) Order 2010/1158.

(c) 2006 c. 40.

(d) Section 123 was amended by the paragraphs 50 and 51 of Part 2 of Schedule 14 to the Deregulation Act 2015 (c. 20); by paragraph 16 of Schedule 13 and by paragraphs 29 and 30 of Schedule 16 to the Education Act 2011 (c. 21); by paragraph 14 of Part 2 of Schedule 2 to the Local Education Authorities and Children’s Services Authorities (Integration of Functions) Order 2010/1158; and by paragraphs 56 and 61 of Part 1 of Schedule 1 to the Apprenticeships, Skills, Children and Learning Act 2009 (Consequential Amendments) (England and Wales) Order 2010/1080.

(e) S.I. 2007/779, as amended by S.I. 2007/2263, S.I. 2010/1172, S.I. 2010/1941, S.I. 2011/87, S.I. 2011/1043, S.I. 2011/1987, S.I. 2012/765, S.I. 2012/956, S.I. 2012/1653, S.I. 2015/971, S.I. 2016/584, S.I. 2017/114, and S.I. 2018/137.

“9A. Payments by a Combined Authority

(1) It shall be lawful for a Combined Authority to adopt rules of eligibility for awards by an institution to which the Combined Authority makes grants, loans or other payments under section 100 of the Apprenticeships, Skills, Children and Learning Act 2009 which confine eligibility to those persons who fall within Schedule 1.

(2) It shall be lawful for an institution to which a Combined Authority provides financial resources to adopt rules of eligibility for awards (however described) which confine eligibility to those persons who fall within Schedule 1.

(3) In this regulation, a “Combined Authority” means a Combined Authority established under section 103 of the Local Democracy, Economic Development and Construction Act 2009 (“the Local Democracy Act”) that exercises functions under Part 4 of the Apprenticeships, Skills, Children and Learning Act 2009 by virtue of an order under section 105A of the Local Democracy Act.”

Date

Name
Minister of State
Department for Education

SCHEDULE

Article 6

Modification of provisions of the 2009 Act in their application to the Combined Authority

1. Section 86 of the 2009 Act has effect as if—
 - (a) in subsection (1), for each reference to “Secretary of State” there were substituted a reference to “Combined Authority”;
 - (b) subsection (1)(b) were omitted but not “and” at the end;
 - (c) in subsection (1)(c), for “paragraphs (a) and (b)”, there were substituted “paragraph (a)”;
 - (d) in subsection (5), the words “(except so far as relating to facilities for persons subject to adult detention)” were omitted;
 - (e) in subsection (6), paragraph (c) in the definition of “training” were omitted; and
 - (f) in subsection (7), the words “or (b)” were omitted.
2. Section 87 has effect as if for every reference to “Secretary of State”, there were substituted a reference to “Combined Authority”.
3. Section 88 has effect as if in subsections (1), (2)(b), (2A), (3), (4)(b) and (6)(a) for each reference to “Secretary of State”, there were substituted a reference to “Combined Authority”.
4. Section 90 has effect as if—
 - (a) in subsection (1), for the first reference to “Secretary of State”, there were substituted a reference to “Combined Authority”;
 - (b) in subsection (1)(a), for “section 86(1)(a) and (b)”, there were substituted “section 86(1)(a)”;
 - (c) in subsections (1)(a), (b) and (c) for every reference to “Secretary of State’s remit” there were substituted the words “Combined Authority’s remit”.
5. Section 100 has effect as if—
 - (a) in subsection (1), for the reference to “Secretary of State” there were substituted “Combined Authority”;
 - (b) in subsection (1)(a), for the reference to “Secretary of State’s remit” there were substituted “Combined Authority’s remit”;
 - (c) in subsection (3), for each reference to “Secretary of State” there were substituted a reference to “Combined Authority”.
 - (d) in subsection (4), for the reference to “Secretary of State” there were substituted a reference to “Combined Authority”.
6. Section 101(a) has effect as if for every reference to “Secretary of State” there were substituted a reference to “Combined Authority”.
7. Section 103(b) has effect as if—

(a) Section 101 was amended by paragraphs 3 and 14 of Part 1 of Schedule 14 to the Deregulation Act 2015(c. 20).
(b) Section 103 was amended by paragraphs 4 and 16 of Part 1 of Schedule 14 to the Deregulation Act 2015 (c.20).

- (a) for the reference to “Secretary of State” there were substituted a reference to “Combined Authority”; and
- (b) the words “or (1A)” were omitted.

8. Section 115(a) has effect as if—

- (a) for the reference to “Secretary of State”, there were substituted “Combined Authority”;
- (b) in subsection (2)(a), the word “, and” were omitted; and
- (c) in subsection (2), paragraph (b) were omitted.

9. Section 121(b) has effect as if—

- (a) in subsection (2)—
 - (i) for the reference to “Secretary of State’s remit”, there were substituted the words “Combined Authority’s remit”; and
 - (ii) in paragraph (a), the words “or (b)” were omitted.
- (b) in subsection (3)—
 - (i) for the reference to “Secretary of State’s remit”, there were substituted the words “Combined Authority’s remit”; and
 - (ii) paragraphs (a) and (aa) were omitted.

EXPLANATORY NOTE

(This note is not part of the Order)

This Order provides for the conferral of certain adult education functions of the Secretary of State under the Apprenticeships, Skills, Children and Learning Act 2009 (“the 2009 Act”) on the Greater Manchester Combined Authority (‘the Combined Authority’).

Article 3 of the Order provides for the transfer to the Combined Authority of adult education functions under section 86 to 88 of the 2009 Act, with the exception of such functions relating to apprenticeships training, persons subject to adult detention or any power to make regulations or orders. The transferred functions will be exercisable by the Combined Authority instead of by the Secretary of State in relation to the area of the Combined Authority.

Article 4 also provides for the functions of the Secretary of State under section 90 of the 2009 Act, which relate to the encouragement of education and training for persons aged 19 or over, and under section 100(1) of that Act, which relate to the provision of financial resources, to be exercisable by the Combined Authority in relation to the area. The functions will be exercisable by the Combined Authority concurrently with the Secretary of State.



Article 5 sets conditions on the exercise of the functions mentioned in Articles 3 and 4. The Combined Authority must adopt rules of eligibility for awards by an institution to which it secures financial resources under section 100 of the 2009 Act in accordance with any direction given by the Secretary of State. In addition, in exercising the transferred functions, the Combined Authority must have regard to guidance issued by the Secretary of State (as amended from time to time or replaced by a subsequent document).

(a) Section 115 was amended by paragraph 23 of Part 1 of Schedule 14 to the Deregulation Act 2015(c. 20); and by paragraphs 88 and 93 of Part 2 of Schedule 3 to the Children and Families Act 2014 (c. 6).

(b) Subsection (1) is amended by paragraphs 1 and 30 of Schedule 1 to the Technical and Further Education Act 2017 (c.19) on a date to be appointed. Section 121 was amended by paragraph 22 of Part 1 of Schedule 1 and paragraph 27 of Part 1 of Schedule 14 to the Deregulation Act 2015 (c.20); and by paragraphs 1 and 12 of Schedule 18 to the Education Act 2011 (c.21).

Article 6 and the Schedule to the Order apply certain provisions of the 2009 Act with modifications to the Combined Authority for the purpose of the Combined Authority exercising the functions conferred on it by articles 3 and 4.

Part 3 makes various amendments to primary legislation. Article 7 amends section 100 of the 2009 Act (provision of financial resources) so as to provide that the Secretary of State may secure the provision of financial resources under that section in respect of functions under Part 4 of the 2009 Act that have been conferred on a Combined Authority. Article 8 amends section 122 of the 2009 Act (sharing of information for education or training purposes) so as to make provision for information sharing following the conferral of functions under Part 4 of the 2009 Act. Article 9 amends section 123 of the Education and Inspections Act 2006 so as to make provision for inspections in relation to further education for persons aged 19 or over which is wholly or partly funded by a Combined Authority. Article 10 amends the Education (Fees and Awards) (England) Regulations 2007 so as to make provision with respect to rules of eligibility adopted by a Combined Authority for awards by an institution to which it provides financial resources under section 100 of the 2009 Act.

Report to :	EXECUTIVE CABINET
Date :	20 June 2018
Reporting Officers:	Councillor Brenda Warrington – Executive Leader Sandra Stewart – Director of Governance & Pensions
Subject :	ONE EQUALITY SCHEME (2018-2022)
Report Summary :	<p>One Equality Scheme (2018-22) is the first joint Equality Scheme of the Tameside & Glossop Strategic Commission (Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group).</p> <p>This report provides an update on the development of the One Equality Scheme, including the final draft Scheme attached at Appendix 3, and its role in helping satisfy our obligations under the Specific Duties / Regulations of the Public Sector Equality Duty (Section 149 of the Equality Act 2010) which will now be undertaken jointly as a Strategic Commission.</p> <p>The report seeks formal adoption of One Equality Scheme by Executive Cabinet</p>
Recommendations :	It is recommended that Executive Cabinet formally adopt One Equality Scheme and the equality objectives set out within it for Tameside & Glossop Strategic Commission.
Links to Corporate Plan :	Equality and diversity work is relevant to all Corporate Plan priorities
Policy Implications :	The issues highlighted in the report directly relate to meeting the requirements set out in the Equality Act 2010, and aid compliance with legislative and performance management frameworks.
Financial Implications : (Authorised by the Section 151 Officer)	There are no direct financial implications arising from the report.
Legal Implications : (Authorised by the Borough Solicitor)	The scheme supports the Council and Clinical Commissioning Group in meeting the public sector equality duty and the obligations to publish information pursuant to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which replaced the 2011 regulations in 2017. The scheme should be reviewed in advance of formal adoption to ensure continued compliance.
Risk Management :	This report fulfils the commitment for equalities issues to be monitored on a regular basis by Executive Cabinet. It also ensures awareness of the agenda across the organisation.
Access to Information :	The background papers relating to this report can be inspected by contacting the report writer Jody Smith:
	 Telephone: 0161 342 3170
	 e-mail: jody.smith@tameside.gov.uk

1.0 PURPOSE OF REPORT

1.1 This report provides an update on the development of the One Equality Scheme (2018-22), and its role in helping satisfy our obligations under the Specific Duties / Regulations of the Public Sector Equality Duty (Section 149 of the Equality Act 2010).

1.2 The content of this report is as follows:

- One Equality Scheme (2018-22) update
- **Appendix 1** – Our equality objectives
- **Appendix 2** - Feedback from the February 2018 Partnership Engagement Network (PEN) Conference on One Equality Scheme
- **Appendix 3** - One Equality Scheme (2018-22)

2.0 ONE EQUALITY SCHEME (2018-22)

2.1 One Equality Scheme 2018-22 is the first joint Equality Scheme of Tameside & Glossop Strategic Commission (Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group). Previously Tameside Council had its own, well established Corporate Equality Scheme (2015 – 19) which set out our approach to equality and diversity, details of achievements to date, and outlined the authority's equality objectives. NHS Tameside & Glossop Clinical Commissioning Group summarised their approach through the publication of their Equality, Diversity and Human Rights Strategy (2014-17).

2.2 The public sector equality duty is laid out in section 149 of the Equality Act 2010. It came into force on 5 April 2011, and it states that a public authority must, in the exercise of its functions, have due regard to the need to:-

- a) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by or under the Act;
- b) Advance equality of opportunity between people who share a protected characteristic and those who do not share it;
- c) Foster good relations between people who share a protected characteristic and those who do not share it

2.3 The Equality Act (Specific Duties) Regulations 2011 stated that by January 2012, and annually thereafter, public bodies must publish information to demonstrate compliance with the general duty, including information about the protected characteristic status of employees, and other persons affected by our policies and practices. By April 2012, public bodies were also required to publish one or more specific and measurable equality objectives, and subsequently at intervals of no more than four years from the date of first publication. The 2011 Regulations were replaced by The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 in March 2017.

2.4 As outlined above, Tameside Council and NHS Tameside & Glossop Clinical Commissioning Group previously set out their equality objectives through their own organisational schemes. A set of joint equality objectives for the Strategic Commission have now been developed which are detailed in One Equality Scheme (2018-22). This ensures we continue to fulfil our obligation to publish our objectives at intervals of no more than four years from the date of first publication.

2.5 Under the Equality Act all public bodies must publish one or more equality objectives as set out at 2.3. The objectives focus on how organisations interact with communities and individuals based on their characteristics, not geographies. As such there may be other public bodies within the Tameside and Glossop locality that also have their own equality objectives. For example, Derbyshire County Council will be responsible for setting their own equality objectives which will also be relevant to residents of Glossop. Details of the Strategic Commission's joint equality objectives can be found at **Appendix 1**.

3.0 ENGAGEMENT

3.1 A draft One Equality Scheme was shared with key stakeholders and other interested parties as part of a period of informal engagement and feedback running to the end of April 2018.

3.2 The following groups and networks were part of the informal engagement and feedback work:

- Circulated to all members of the Equality Consultation & Engagement Champions of the Strategic Commission for feedback or comment and also discussed at the Equality, Consultation & Engagement Champions meetings in November 2017 and April 2018
- Circulated to all members of the Equality & Diversity Group of the Strategic Commission for feedback or comment. This group includes patient and public representatives.
- Three workshop sessions on One Equality Scheme were held at the Tameside & Glossop Partnership Engagement Network conference on 28 February 2018. These included representatives from the public and a number of partner organisations / stakeholders. The discussions and feedback captured during the workshop and details of those who participated can be found at **Appendix 2**.
- Circulated to voluntary and community sector umbrella organisations from across Tameside & Glossop for feedback or comment
- Circulated to Neighbourhood Teams for feedback or comment
- Presented at the Health and Care Advisory Group (HCAG) on 4 April 2018 to request feedback or comments
- Presented at the Quality and Performance Assurance Group (QPAG) on 28 March 2018 to request feedback or comments
- Circulated to all members of the Governing Body of NHS Tameside and Glossop Clinical Commissioning Group for feedback or comment
- Circulated to all Executive Members and Assistant Executive Members of Tameside Council (as at April 2018) for feedback or comment

4.0 RECOMMENDATIONS

4.1 The final version of the One Equality Scheme incorporating feedback from the informal engagement period is attached at **Appendix 3**.

4.2 It is recommended that Executive Cabinet formally adopt One Equality Scheme and the equality objectives set out within it for Tameside & Glossop Strategic Commission.

4.3 The Scheme was adopted by the Governing Body of NHS Tameside and Glossop Clinical Commissioning Group at their meeting on 23 May subject to the decision made by Executive Cabinet on 20 June.

4.4 Publication of One Equality Scheme will take place post approval by Executive Cabinet.

APPENDIX 1 - Our Objectives

Reduce Inequalities & Improve Outcomes	
1	Address key priority quality of life issues such as health inequalities, educational attainment, access to skills, training and employment opportunities, income levels, and health and wellbeing, across equality groups and the vulnerable and disadvantaged with a view to narrowing the gap
2	Help people to continue to live independent lives, and assist the most vulnerable in our communities to access support and services that exist around this aim, through targeted interventions and tailored service provision. Work closely with partner organisations to most effectively facilitate this.
3	Aim to increase the level at which people believe that Tameside and Glossop is a place where people get on well together, amongst the population as a whole and by protected characteristic group. A key focus of this aim is to raise awareness and support the prevention of hate crime across the locality.
Meeting our obligations under the Equality Act 2010	
4	Publish our equality objectives and ensure that they are published in a manner that is accessible
5	Publish our workforce monitoring information by equality group (where known)
6	Undertake to produce and publish Equality Impact Assessments (EIAs) to support service delivery and commissioning decisions to be published with papers. These will help us to understand the impact of our policies and practices on persons sharing a relevant protected characteristic.
Equality Training, Development and Awareness	
7	Ensure that employees are appropriately trained on equality legislation and their responsibilities under it - this includes Equality Act 2010, Equality Delivery System 2 (EDS2), Accessible Information Standard, Workforce Race Equality Scheme, Workforce Disability Equality Scheme and the requirements of the EDHR contract schedule. Staff are offered support and guidance through a range of methods and approaches such as briefing notes, training sessions and workshops
8	Raise awareness and understanding of equality and diversity by working with partners (such as voluntary organisations, community groups and service providers) to ensure that the views of those from protected characteristic groups are represented and supported
Consultation & Engagement	
9	Engage (as early as possible to enable co-design and co-production processes) and consult with our communities through a broad range of methods and forums, such as surveys, events and customer feedback to ensure comprehensive and meaningful coverage. Ensure feedback is provided to participants following the engagement or consultation process.

10	Disaggregate the results of monitoring, surveys, feedback and consultation exercises by equality group (where appropriate and practical) to inform our understanding of the needs of different groups and individuals. When collecting demographic data as part of the engagement or consultation process ensure that respondents understand the importance of collecting this data and how it will be used.
11	Develop specifically tailored engagement and consultation activity where appropriate and when required for specific equality groups and disadvantaged / vulnerable people across Tameside and Glossop
Information, Intelligence & Need - Understanding Service Use & Access	
12	<p>Use a range of intelligence gathering, customer monitoring and insight tools, together with specific pieces of analysis, to inform both our understanding of residents, service users, service delivery and design, and to develop services that provide a varied, flexible and accessible offer.</p> <p>Where possible, work with partner organisations to maximise the data available to provide deeper insight into understanding our local communities (whilst remaining mindful of data protection standards)</p>
13	To encourage and promote the use of customer monitoring and disaggregation of data by equality group (where practical)
14	Use a variety of tailored communication methods to increase the accessibility and understanding of council and CCG services, that allows our different customers, residents and service users to make informed choices

APPENDIX 2



One Equality Scheme

One Equality Scheme 2018-22 is the first joint Equality Scheme of Tameside & Glossop Strategic Commission (Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group). The creation of the Strategic Commission has allowed us the opportunity to jointly set out our approach to equality and diversity for residents, patients and service users across Tameside and Glossop for the first time.

The draft Scheme sets out our approach to equality and diversity guided by a joint set of equality objectives. We want to ensure that our objectives are the right ones for Tameside & Glossop.

The objective of the workshop was to obtain feedback from participants on the fourteen objectives and five themes of the draft Equality Scheme. The feedback from participants is listed in bullet-points under each objective or theme.

Workshop 1

Groups Represented: T&G ICFT, Anthony Seddon, Diversity Matters North West (formerly Hyde Community Action), Seven Day Access, Population Health, Sling Library, Healthwatch, PPG

- 14 objectives across five themes

Theme: Reduce Inequalities & Improve Outcomes (Objectives 1-3)

Objective 1:

Address key priority quality of life issues such as health inequalities, educational attainment, access to skills, training and employment opportunities, and health and wellbeing, across equality groups and the vulnerable and disadvantaged, with a view to narrowing the gap

- The fact that you might have a mental health issue can stop people from being able to make an informed choice
- Advocacy in Tameside could be improved, only feasible if someone has been sectioned
- People with post-natal depression and anxiety are struggling to keep their heads above water
- Engaging with the really hard to reach people in the community is becoming more difficult, as mainstream services are pulled then it is more difficult to reach people with language barriers, no formal interpreters so informal interpreters have to do this

Objective 2:

Help people to continue to live independent lives, and support the most vulnerable in our communities to access services that exist to support this aim, through targeted interventions and tailored service provision

- The people that the mental health professionals are dealing with are difficult to reach, but we do not have the capacity to knock on every door - but partnership working between Council, NHS, third sector needs to be better to help the most people
- We need to be sharing information, resources better between the public sector services
- When people approach the DWP with mental health issues, but cannot provide a sick note, they may not necessarily get the financial help they need and might end up on the street, but better joined up working could avoid this
- Vulnerable people getting more at risk as austerity bites, i.e. universal credit, access to NHS to get right medication, but joining up services can help combat this
- There are logistical issues between geographical boundaries of organisations
- Public transport not good enough to connect people to the services that they need
- Choice at the moment for NHS patients is a word, an ideal, not a practicality yet

Objective 3:

Aim to increase the level to which people believe that Tameside and Glossop is a place where people get on well together, amongst the population as a whole and by protected characteristic group. A key focus of this aim is to raise awareness and support the prevention of hate crime across the locality.

- Agreed is a good objective
- A current foster carer notes that vulnerable ethnic minority children that have come through the foster system have not been supported enough by the Council whilst children; the onus is too much on care leavers
- A care leaver notes that there is not enough support for care leavers either, that there is PR focus on a few individuals, but not enough wide-scale support across the many hundreds of care leavers

Theme: Meeting our obligations under the Equality Act 2010 (Objectives 4-6)

Objective 4:

Publish our equality objectives and ensure that they are published in a manner that is accessible and

Objective 5:

Publish our workforce monitoring information by equality group (where known)

- The main place the One Equality scheme will be published is TMBC website and NHS T&G CCG website, although it is conceded this is not accessible to everyone
- In the Asian communities, there is not enough information given out to let people know about which boxes to tick in the demographic aspects of the survey, i.e. if somebody is British but of Pakistani origin.
- Clearer information on the surveys themselves, about how to fill out the ethnicity questions and the disability questions
- People who are diabetic may not tick the disabled box, but they could be considered disabled, but then again some people who are diabetic may choose not to
- Perhaps a better explanation of demographic forms could help more people participate

- Other ways of collecting data rather than Census being collected by individual on the doorstep
- Issues between the overlap of outsourcing for health and other services between Tameside and Glossop
- Overlap of Derbyshire and Tameside/SCF's equality scheme?
- Put the One Equality scheme or objectives on posters in children's centres, GPs, libraries, in the free press
- It feels as if some of the objectives are process based/complying with legal obligations, rather than being aspirational, inspiring
- Legally we have to have a set of objective
- Remind colleagues of their legal objectives regarding equality
- Have legal requirements at the top but not as part of the objectives themselves

Objective 6:

Undertake to produce and publish Equality Impact Assessments (EIAs) to support service delivery and commissioning decisions to be published with papers. These will help us to understand the impact of our policies and practices on persons sharing a relevant protected characteristic

- If we fulfil legal obligations we may be ahead of some organisations,
- We need to follow the same best practice standards as public sector organisations, a shared best practice where we learn from one another
- Something like Healthwatch allows you to go outside of the regular system of the public sector, need independent aspects to public services

Theme: Equality Training, Development and Awareness (Objectives 7-8)

Objective 7:

Ensure that employees are appropriately trained on equality legislation and their responsibilities under it - this includes Equality Act 2010, Equality Delivery System 2 (EDS2), Accessible Information Standard, Workforce Race Equality Scheme, Workforce Disability Equality Scheme and the requirements of the EDHR contract schedule. Staff are offered support and guidance through a range of methods and approaches such as briefing notes, training sessions and workshops

and

Objective 8:

Raise awareness and understanding of equality and diversity by working with partners (such as voluntary organisations, community groups and service providers) to ensure that those from protected characteristic groups are represented and supported

- If services are working towards this they should take into account whether some services need interpreters
- Qualifications in TMBC are not recognised, not official, whereas the qualifications that NHS employees work towards and attain are recognised and official
- We rely on volunteers and the third sector more than ever due to cuts, but is there adequate training for volunteer staff?

Workshop 2

Groups Represented: NHS T&G CCG, Tameside Youth Service, Organisation Development from Care Together, Derbyshire CC Public Health, People First Tameside, Housing TMBC

Theme: Consultation and Engagement (Objectives 9 to 11)

Objective 9: Consult and engage with our communities through a broad range of methods and forums, such as surveys, consultation events and customer feedback to ensure comprehensive and meaningful coverage

Objective 10: Disaggregate the results of monitoring, surveys, feedback and consultation exercises by equality group (where appropriate and practical) to inform our understanding of the needs of different groups and individuals

Objective 11: Develop specifically tailored consultation and engagement activity where appropriate and when required for certain equality groups and disadvantaged / vulnerable people across Tameside and Glossop

- Communities refers to people of all 9 protected characteristics
- Targeting specific and harder to reach groups so it's not always the same old people turning up to events or filling in surveys
- A range of approaches, going to shopping centres, interviews etc.
- Working with groups that are already in the community to reach harder to reach people
- Consultation and engagement can be perceived by communities as a tick-box exercise
- Communities perceive the council or NHS T&G CCG as making their decisions regardless of what people say, so what's the point of consultation?
- Engagement and consultation are very different things
- To work well with the community and voluntary sector, consultation and engagement needs to be done with their help so it is structured in the right way to reach the groups
- One barrier against consultation and engagement can be money, however money can be used more efficiently and effectively if consultation and engagement is channelled through voluntary and third sector groups that are in the community
- Need to think outside the box in terms of how we consult and engage
- E.g. 1 day a month all council officers could do something outside their office and their work-role, i.e. volunteering, this would help build relationships with the voluntary and third sector organisations. The benefits outweigh the cost
- Third sector or voluntary sector regularly have one or two day placements from students, where it can be perceived as the students doing this and taking away from the experience, but not there long enough to benefit the organisations in terms of time it takes to train them etc.
- Whereas if people with expertise volunteer with voluntary or third sector they can help the organisation, so this could perhaps be done with a database of skills that people are volunteering, i.e. web developers, coders, excel etc.
- In Derbyshire communities are consulted with a lot, but not enough feedback to people about how the information is used and why it is done
- Hard to reach people can be reached
- It's about organisations making the extra effort for hard to reach groups
- Most people don't feedback to the people who are consulted with
- Add to objective 9 about actually feedback to people
- Person centred approach to consultation, tailor the method of consultation to the people you are trying to consult with
- 'Consult and engage truthfully'
- Do the public know the extent of the cuts, are they fully informed, are issues explained enough to them prior to consultation so as to boost participation
- User led meetings
- On, for example, a commercial housing development, could there be links between the public, the council, and the housing developers
- It is always pertinent to involve the people being consulted with the process of designing the consultation

Workshop 3

Groups represented: T&G ICFT, Macmillan, Tameside Arts, Self-Care Alliance, Greater Manchester Fire & Rescue Service

Theme: Information, Intelligence and Need: Understanding Service Use and Access (Objectives 12 to 14)

Objective 12: Use a range of intelligence gathering, customer monitoring and insight tools, together with specific pieces of analysis, to inform both our understanding of residents, service users, service delivery and design, and to develop services that provide a varied, flexible and accessible offer

Objective 13: To encourage and promote the use of customer monitoring and disaggregation of data by equality group (where practical)

Objective 14: Use a variety of tailored communication methods to increase the accessibility and understanding of council and CCG services, that allows our different customers, residents and service users to make informed choices

- Need to make sure it's a deeper understanding of the communities arising from service users
- Lots of public sector organisations collecting data, but combining data from different organisations, i.e. ICFT and fire, creates a richer portrait of areas
- If we can share data to improve health or outcomes it makes sense
- ICFT and GMFRS interconnecting fire incident data with health and social care aspects of users, a number of areas in Tameside have been identified and targeted as part of this process
- Crime, drugs and alcohol, empty buildings, social isolation, cigarette smoking, all of these aspects are closely linked to fire for example
- Reinforcing messages could be done through a shared platform, i.e. if a person is getting 10 different messages from 10 different organisations, it can be difficult to process, but if this is all delivered through a single platform with a combined message, this can be easier to process
- Tameside Insight might fit in with the work that ICFT are doing with GMFRS
- Being too focused on targets may result in losing quality
- We have the data, but we need to make sure we use this data in a positive way
- It's about making data meaningful
- Although you may know the demographics of a person via their responses to an equalities form, perhaps it would be useful if there was an option for the person to provide information they think organisations need to be aware of in order to talk to work with them properly
- To make people aware of why the data is being collected
- Sometimes if things haven't been clarified there can be confusion if one organisation has referred somebody to another organisation
- Demographic forms may be filled out by an advocate or a carer if the person is unable to complete the form
- With self-reporting you have to rely on the information provided
- Engagement depends on the individual, some people may not have a laptop, just a smartphone
- People tend to do things that are quick and easy in terms of consultation and engagement, so this will boost participation
- People who have learning difficulties could be engaged with on a bi-annual basis with a multi-skilled team present, i.e. social worker, interpreter if necessary, and easy read system etc.
- Housing association are getting more easy read documents
- Public sector isn't good in general with communicating to the public, whether its interpreters, easy read, jargon etc.

- Complexities within the language where different words in the equality scheme mean different things to different people, need to use plain language

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ONE EQUALITY SCHEME

2018 - 2022

One Equality Scheme 2018-22 is the first joint Equality Scheme of Tameside & Glossop Strategic Commission (Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group). In April 2016, employees from Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group joined together to form a Strategic Commission. The creation of the Strategic Commission is but one milestone in the wider Care Together project; a collaborative joint venture approach to delivering health and social care in Tameside and Glossop.

The creation of the Strategic Commission has allowed us the opportunity to jointly set out our approach to equality and diversity for residents, patients and service users across Tameside and Glossop for the first time. Previously Tameside Council had its own, well established Corporate Equality Scheme which set out their approach to equality and diversity, details of achievements to date, and outlined the authority's equality objectives. Likewise, NHS Tameside & Glossop Clinical Commissioning Group summarised their approach through the publication of their Equality, Diversity and Human Rights Strategy.

The single joint Scheme sets out how the Council and CCG strive to reduce the impact of inequality and to improve the lives of the most vulnerable members of our community. The Scheme will ensure that our ethos towards equality and diversity is embedded in everything that we do and every service that we provide, an objective that is particularly important in this period of great structural change and financial challenge. In addition, we aim wherever possible to challenge discrimination and ensure that provision of services is not carried out in a way that is discriminatory. This can only be achieved through strong corporate ownership, effective partnership working and, above all, listening to what our residents and communities are telling us and responding accordingly and appropriately.

The Scheme is divided into several complementary sections, which together provide a complete picture of the Strategic Commission's holistic approach to equality and diversity.

Part 1 details our equality objectives that we will be working towards across the lifetime of the scheme.

Part 2 gives an overview of Tameside and Glossop providing statistics relating to the demographic make-up of the area. These will place the case studies and work described later on in the One Equality Scheme into context, and presents the inequalities and challenges we need to address in a clear and effective manner.

Part 3 provides a list of case studies where our stated objectives have been turned, or are due to be turned, into reality. These case studies draw from a wide variety of council and CCG services, from Commissioning to Arts and Culture, showing how principles of equality and diversity are being embedded in all areas of the local public sector. It should be noted that this is not an exhaustive list, but a flavour of how we are working towards our objectives.

Part 4 lays out how the Strategic Commission intends to fulfil its legal obligations towards equality and diversity, as embodied in the Public Sector Equality Duty of the Equality Act 2010. It goes into further detail about the protected characteristics covered under the Act, and requirements such as the Equality Delivery System 2 and the Workforce Disability Equality Standard.

Our One Equality Scheme sets out what this means in practice for the policies and projects of the Council, Clinical Commissioning Group and Strategic Commission. It takes a holistic approach, recognising that true commitment to equality and diversity goes beyond the nine protected characteristics and the strict legal definitions of the terms. It beholds us to taking this approach and using it to identify and tackle the inequalities that exist within Tameside and Glossop, making a real and valuable difference to the quality of people's lives. It describes and sets out our equality objectives. Most importantly of all it recognises that all this is the beginning of our equality journey as a Strategic Commission.



PART 1

OUR

OBJECTIVES

The Equality Act 2010 (Specific Duties) Regulations 2011 - replaced by The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 in March 2017 - state that we must publish one or more specific and measurable equality objectives, and subsequently at intervals of no more than four years. Tameside & Glossop Strategic Commission's equality objectives cover five key themes.

a. Reducing inequality and improving outcomes

- This theme lies at the heart of not just the One Equality Scheme, but at the heart of all our strategies and initiatives.
- The objectives under this focus on key areas of inequality where our work in developing this scheme highlighted as being in need of increased attention and focus.
- We know that in certain areas such as people's health, employment status and educational level, there are gaps that we need to address and attempt to narrow.

b. Meeting our obligations under the Equality Act 2010

- Our objectives for this theme are a combination of what the law requires us to do, and what we have decided needs to be done to meet the general Public Sector Equality Duty.
- The Equality Act 2010 is both very broad in its expectations of what public bodies must achieve, and also very specific regarding the information we must publish on equalities.
- Given how broad the requirements are, many actions in other area will nevertheless be connected to us fulfilling our obligations under this theme.

c. Equality training, development and awareness

- If we are to ensure that we meet our legal obligations, and deliver services that are fair and equitable, we need ensure that staff are aware of their responsibilities and that service users are aware of their rights.
- Fulfilling our objectives in this theme requires both internal measures such as staff training, and external ones, such as raising awareness of the support available for different groups and individuals to access services.

d. Consultation and engagement

- Without effective and meaningful consultation and engagement, we are unable to shape our services to meet customer need in the most efficient and service user friendly way.
- The objectives contained in this theme relate to how we maintain effective dialogue with our residents, patients, communities and businesses to make best use of our resources. There is a particular focus on ensuring that the needs of the most vulnerable and disadvantaged are heard.

e. Understanding Service Use and Access

- Once we know what our customers and service users need, and we are aware of any inequalities that exist, we need to make sure that those most in need and at a disadvantage can access services to improve their situations.
- Access to services is about, amongst other things, service availability, service location (both physical and virtual), and potential barriers. This theme requires us to think about how best to utilise our resources to ensure the maximum benefit for those most in need.

Reduce Inequalities & Improve Outcomes

- 1 Address key priority quality of life issues such as health inequalities, educational attainment, access to skills, training and employment opportunities, income levels, and health and wellbeing, across equality groups and the vulnerable and disadvantaged with a view to narrowing the gap.
- 2 Help people to continue to live independent lives, and assist the most vulnerable in our communities to access support and services that exist around this aim, through targeted interventions and tailored service provision. Work closely with partner organisations to most effectively facilitate this.
- 3 Aim to increase the level at which people believe that Tameside and Glossop is a place where people get on well together, amongst the population as a whole and by protected characteristic group. A key focus of this aim is to raise awareness and support the prevention of hate crime across the locality.

Meeting our obligations under the Equality Act 2010

- 4 Publish our equality objectives and ensure that they are published in a manner that is accessible.
- 5 Publish our workforce monitoring information by equality group (where known).
- 6 Undertake to produce and publish Equality Impact Assessments (EIAs) to support service delivery and commissioning decisions to be published with papers. These will help us to understand the impact of our policies and practices on persons sharing a relevant protected characteristic.

Equality Training, Development and Awareness

- 7 Ensure that employees are appropriately trained on equality legislation and their responsibilities under it - this includes Equality Act 2010, Equality Delivery System 2 (EDS2), Accessible Information Standard, Workforce Race Equality Scheme, Workforce Disability Equality Scheme and the requirements of the EDHR contract schedule. Staff are offered support and guidance through a range of methods and approaches such as briefing notes, training sessions and workshops
- 8 Raise awareness and understanding of equality and diversity by working with partners (such as voluntary organisations, community groups and service providers) to ensure that the views of those from protected characteristic groups are represented and supported.

Consultation & Engagement

- 9 Engage (as early as possible to enable co-design and co-production processes) and consult with our communities through a broad range of methods and forums, such as surveys, events and customer feedback to ensure comprehensive and meaningful coverage. Ensure feedback is provided to participants following the engagement or consultation process.
- 10 Disaggregate the results of monitoring, surveys, feedback and consultation exercises by equality group (where appropriate and practical) to inform our understanding of the needs of different groups and individuals. When collecting demographic data as part of the engagement or consultation process ensure that respondents understand the importance of collecting this data and how it will be used.
- 11 Develop specifically tailored engagement and consultation activity where appropriate and when required for specific equality groups and disadvantaged / vulnerable people across Tameside and Glossop.

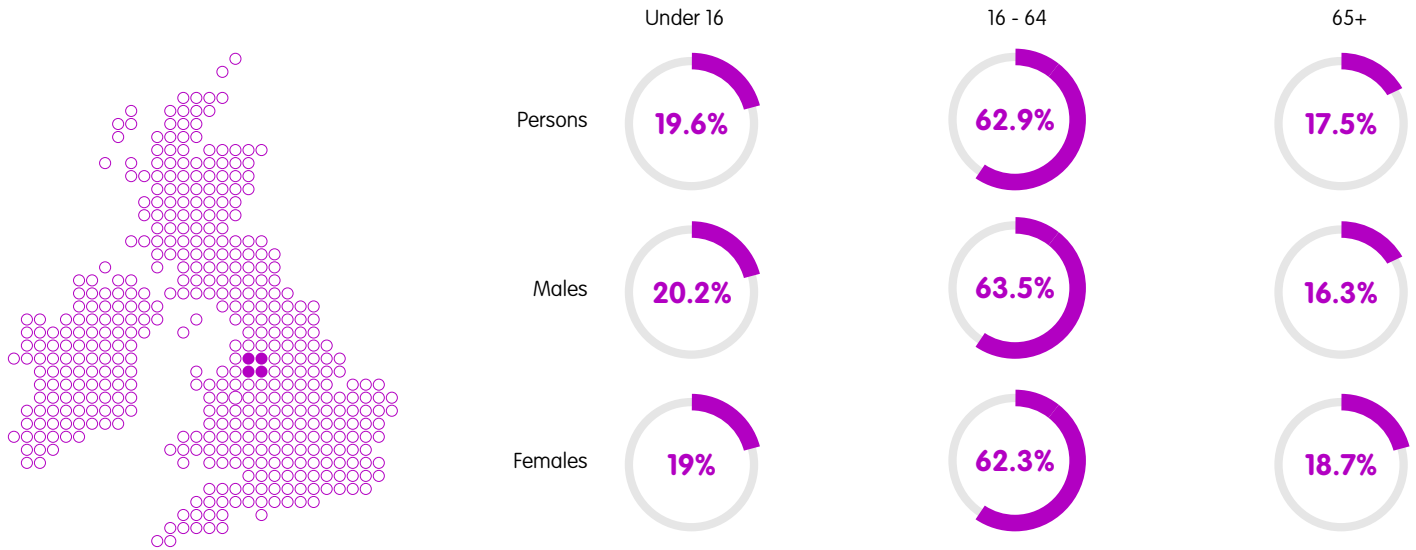
Information, Intelligence & Need - Understanding Service Use & Access

- 12 Use a range of intelligence gathering, customer monitoring and insight tools, together with specific pieces of analysis, to inform both our understanding of residents, service users, service delivery and design, and to develop services that provide a varied, flexible and accessible offer.
Where possible, work with partner organisations to maximise the data available to provide deeper insight into understanding our local communities (whilst remaining mindful of data protection standards)
- 13 To encourage and promote the use of customer monitoring and disaggregation of data by equality group (where practical).
- 14 Use a variety of tailored communication methods to increase the accessibility and understanding of council and CCG services, that allows our different customers, residents and service users to make informed choices

PART 2
A PICTURE OF
TAMESIDE &
GLOSSOP

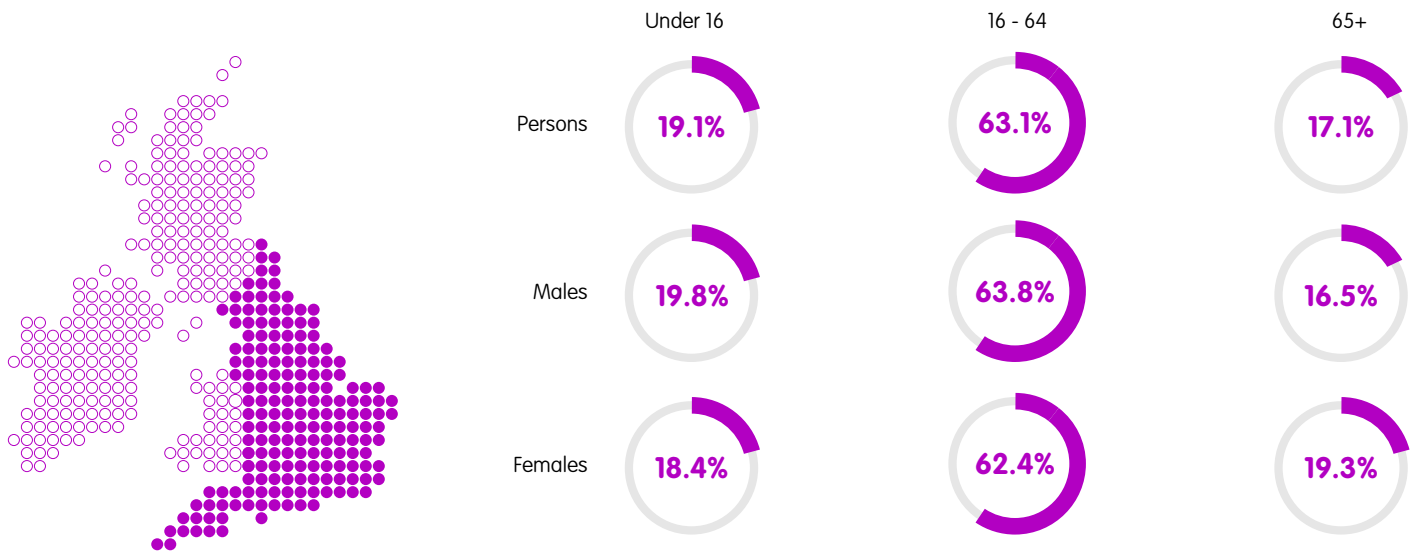
Sex & Age

Tameside and Glossop Population by Age Group



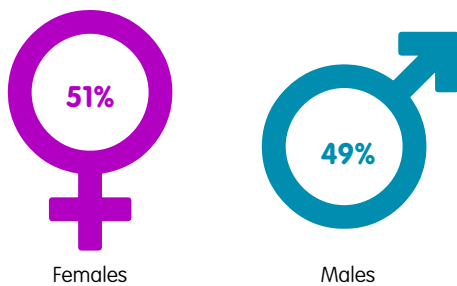
England Population by Age Group

Source: 2016 Mid-Year Population Estimates (ONS)



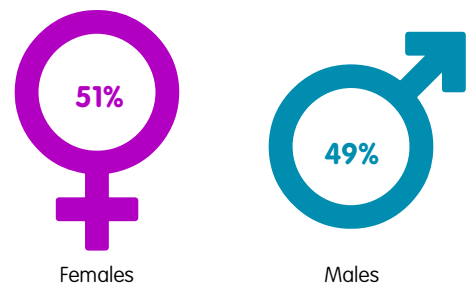
Tameside and Glossop Population by Sex

Source: 2016 Mid-Year Population Estimates (ONS)



England Population by Sex

Source: 2016 Mid-Year Population Estimates (ONS)

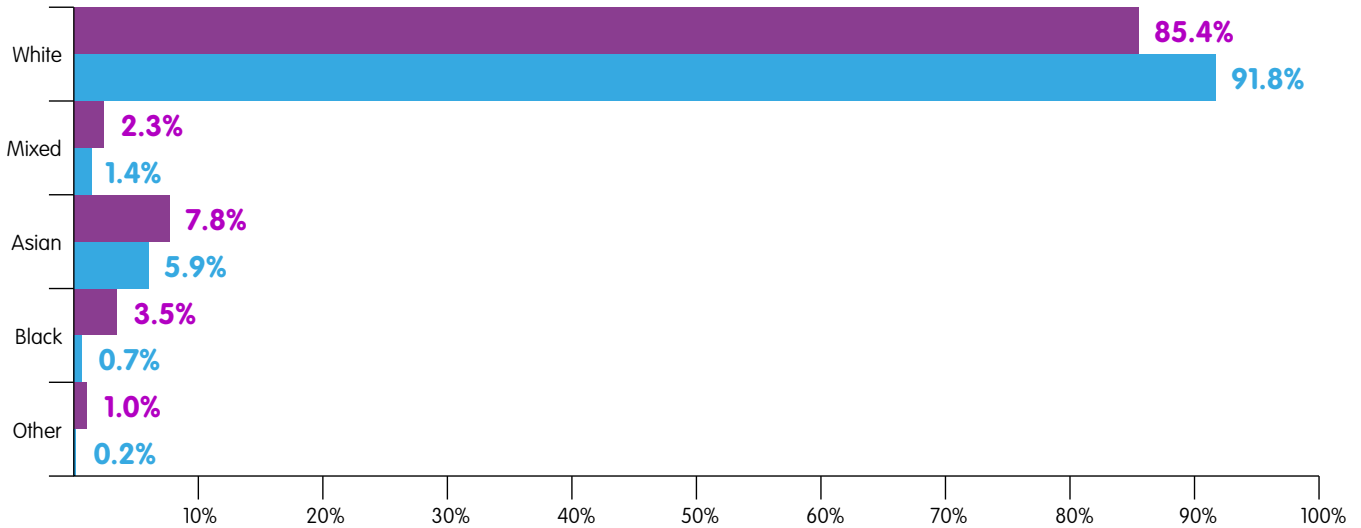


Ethnic Groups

Ethnic Population in Tameside and Glossop and England

England Tameside and Glossop

Source: Census 2011

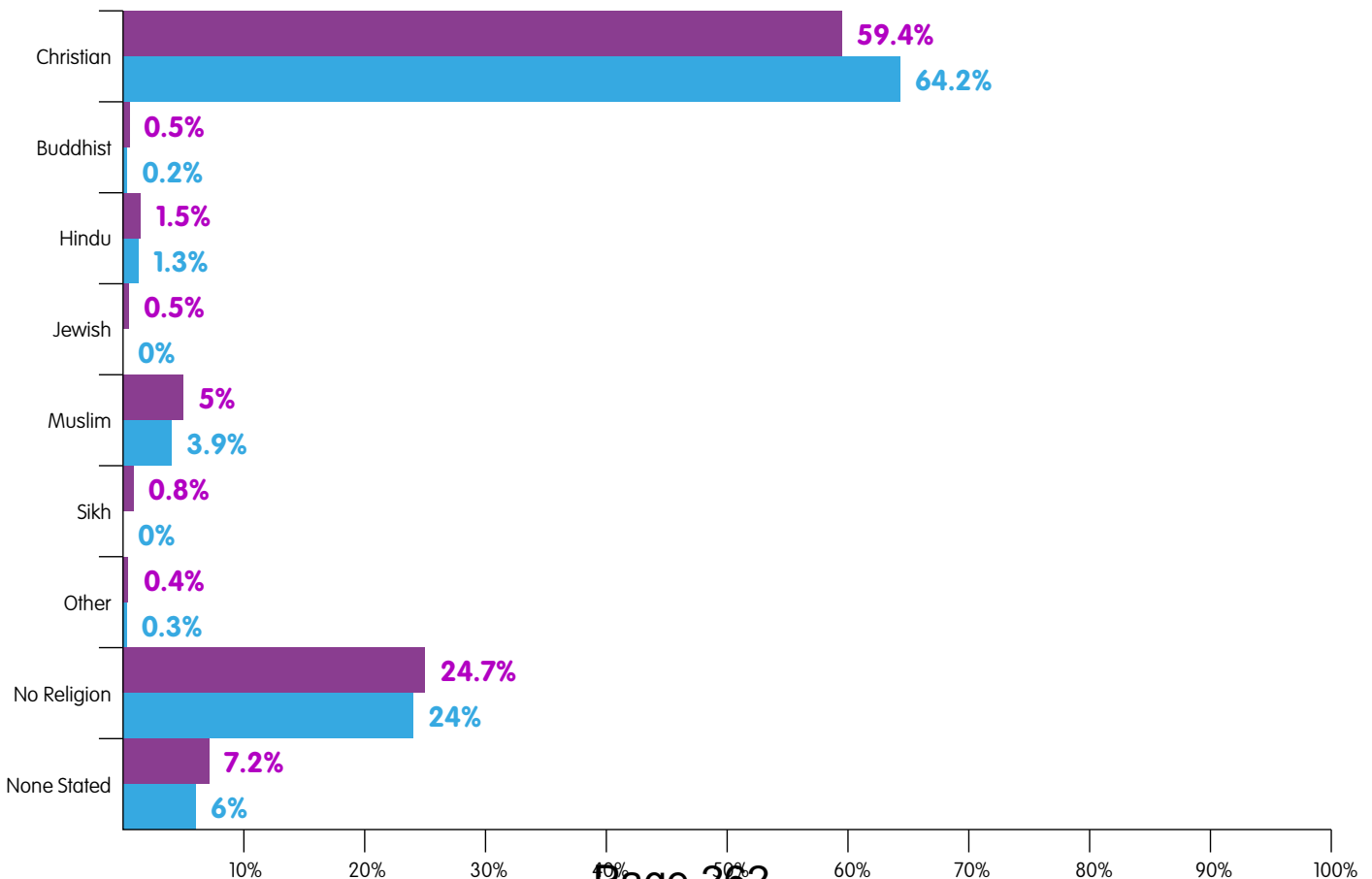


Religion

Religious Denominations in Tameside and Glossop and England

England Tameside and Glossop

Source: Census 2011



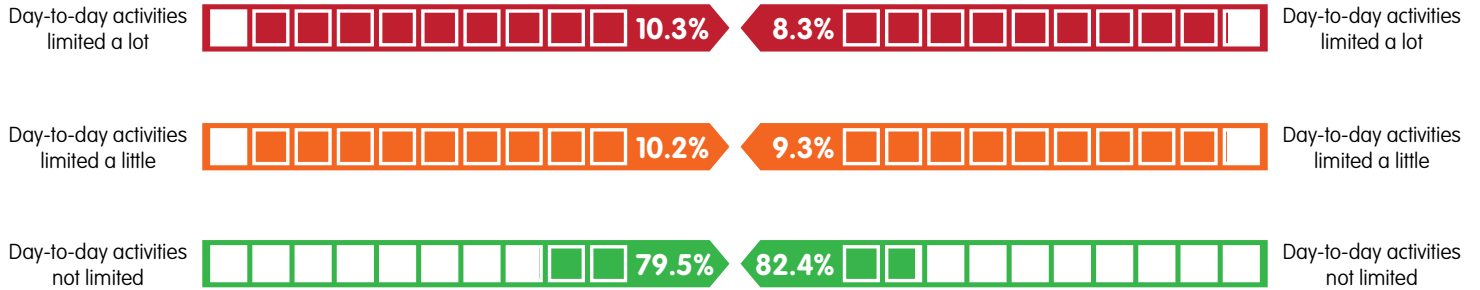
Disability

Tameside and Glossop

Source: Census 2011

England

Source: Census 2011



Carers

Provision of Unpaid Care in Tameside and Glossop

Source: Census 2011

Provision of Unpaid Care in England

Source: Census 2011



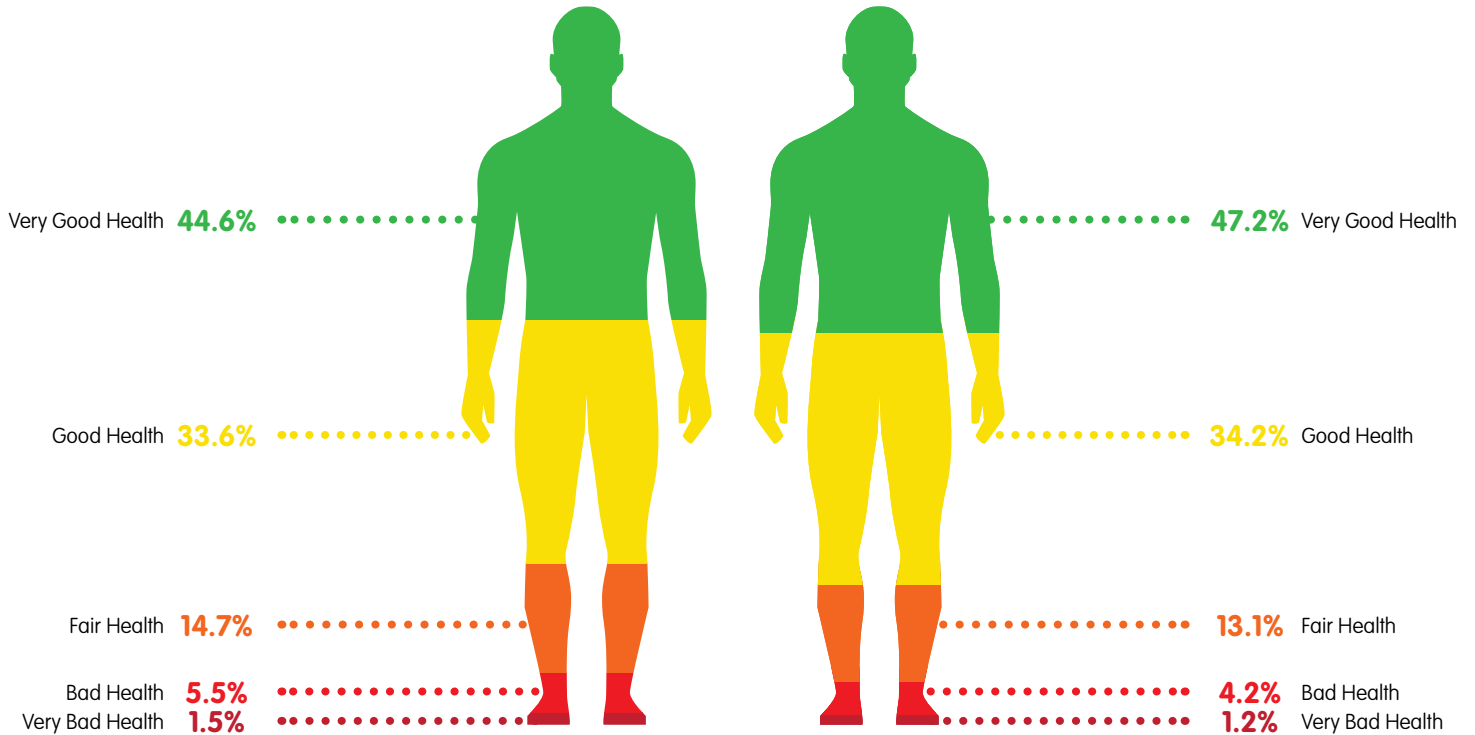
General Health

Tameside and Glossop

Source: Census 2011

England

Source: Census 2011



Tameside and Glossop Healthy Life Expectancy

(2014/2016)

England Healthy Life Expectancy

(2014/2016)



Tameside and Glossop Under 75 Mortality Rates

(2013/2015)

England Under 75 Mortality Rates

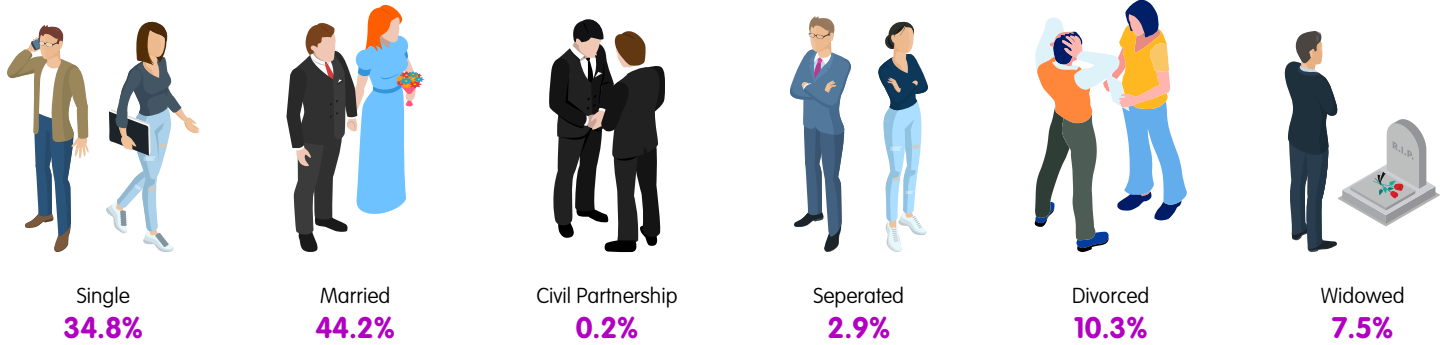
(2013/2015)



Marital Status

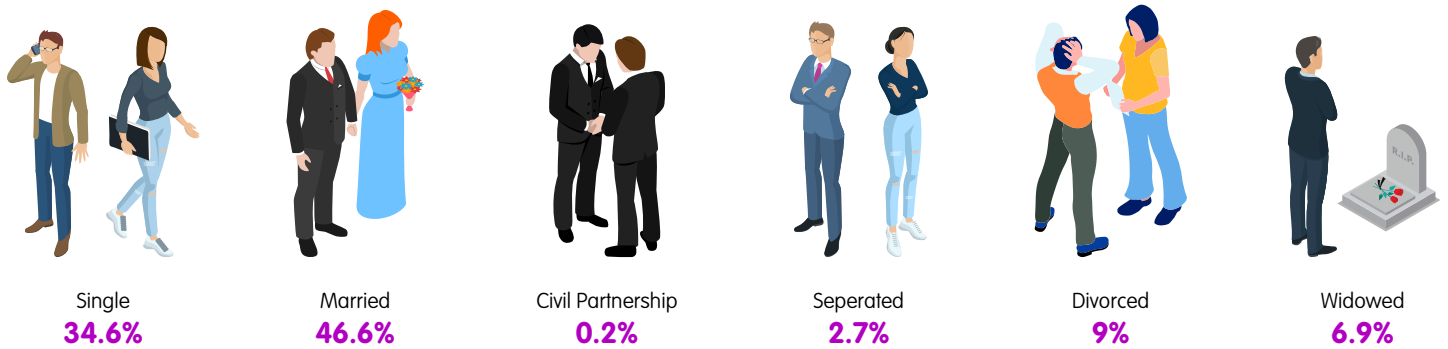
Marital Status of Tameside and Glossop Residents

Source: Census 2011



Marital Status of England Residents

Source: Census 2011



Information on the demographic breakdown of both Tameside Council and Tameside & Glossop Clinical Commissioning Group's workforces can be found at www.tameside.gov.uk/workforceequalitydata and www.tamesideandglossopccg.org/corporate/equality-and-diversity/publishing-equality-information.

PART 3

CASE

STUDIES

Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group are committed to ensuring all our residents lead long, fulfilling and healthy lives. These are set out in 'Thrive and Prosper – One Corporate Plan 2018-25' which brings together for the first time the priorities and ambitions of both Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group. Our priorities and ambitions cover five themes:

- **Excellent Health & Care**
- **Successful Lives**
- **Vibrant Economy**
- **Stronger Communities**
- **Digital Future**

Together the five themes in our vision will enable residents to lead healthy, long and fulfilling lives. They can access jobs and learning opportunities which in turn drives economic growth. By building stronger communities, developing digital and supporting our residents to access the services they need enables everyone to lead successful lives.

The following are examples of projects delivered by Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group which highlight some of the good work we are already doing across a range of service areas and equality groups. These are set out by the themes of Thrive and Prosper – One Corporate Plan. Although our achievements demonstrate the depth and breadth of the work we undertake to reduce inequality and disadvantage, this document is not intended as an exhaustive list of case studies or performance measures.



Tameside and Glossop
Clinical Commissioning Group

We want all our residents to have access to high quality joined up health and care services that help our residents to live longer and healthier lives.

Care Together

Care Together is a collaboration between Tameside Council, Tameside & Glossop Clinical Commissioning Group and Tameside Hospital to reform and improve services, and help make it easier for residents lead healthier and more independent lives. Care Together is guided by a Strategic Commission to deliver services from health professionals such as doctors, community nurses and home care workers. The aim is to ensure that patients get the right care, in the right place and at the right time.

Care Together aims to provide support to those who need it in a more coordinated way and as close to their home as possible. In particular, it focuses on the benefits of early support to prevent hospital admissions.

TAMESIDE AND GLOSSOP
Caretogether

Bringing health and social care

together

in Tameside & Glossop





Digital Health Centre

The digital health service is a team of nurse specialists who provide advice and guidance to Care Homes via tablet devices. The service is based at the Tameside Hospital site and operates 7 days per week. This enables staff to access a hospital specialist via SKYPE, for advice, guidance and (where appropriate) a care intervention for people under their care, before considering an Ambulance or GP call-out.

The service was launched in March 2017, and initially piloted in four care homes before being rolled out across all care homes in Tameside and Glossop.

Patient and staff feedback of the service has been positive and indicative financial benefits have been significant. In the six months following the pilot of the project and during the roll in April to September 2017 service avoided 494 A&E attendances and 265 admissions, saving in the region of 795 Hospital bed days, the equivalent of 269 beds, saving the Hospital £117, 818.

Community Response Service Digital Scheme

Following the success of the Digital Health Centre service in care homes, mobile wardens for the council's Community Response Service, who support frail and older people or people with disabilities who need support in their own homes, have been issued with iPads that allow them to use Skype to get one-to-one advice from Tameside Hospital's digital health care centre.

As with the care home scheme, the results have been extremely positive. Of 220 calls received by the Digital Healthcare, 130 prevented an unnecessary A&E visit. A further 50 residents did not require a GP appointment. Of the 42 referrals made by the Community Response Team, only 13 resulted in hospital attendance. Of the 1,200 falls occurring in the last six months, only 93 led to ambulance call-outs, equating to a saving of around £500,000.



Extensive Care Service

Across Tameside and Glossop an Extensive Care Service is being developed as part of the Integrated Neighbourhood offer and will be led by two neighbourhood-based doctors, 'Extensivists', supported by a multi-disciplinary team of health and social care professionals. This is a wrap-around service that will include all aspects of need, including medical, social, psychological, functional, pharmaceutical and self-care.

The Extensive Care Service will work closely with people with long-term conditions, complex needs and those who are intensive users of the health and social care system. It aims to reduce the need for hospital admissions by predicting exacerbations of underlying conditions, and helping people improve the management of their overall general health and wellbeing. The service will provide targeted support to individuals in the top one or two percent of the population defined by risk stratification.

Community Intravenous (IV) Therapy

Following the success of the Digital Health Centre service in care homes, mobile wardens for the council's Community Response Service, who support frail and older people or people with disabilities who need support in their own homes, have been issued with iPads that allow them to use Skype to get one-to-one advice from Tameside Hospital's digital health care centre.

As with the care home scheme, the results have been extremely positive. Of 220 calls received by the Digital Healthcare, 130 prevented an unnecessary A&E visit. A further 50 residents did not require a GP appointment. Of the 42 referrals made by the Community Response Team, only 13 resulted in hospital attendance. Of the 1,200 falls occurring in the last six months, only 93 led to ambulance call-outs, equating to a saving of around £500,000.



Glossop

Glossop neighbourhood has piloted the use of a community specialist paramedic as a member of the primary care work force. This is now being developed across all neighbourhoods as part of the integrated neighbourhood. This role supports practices with home visits and advice, improving ease of access for older and disabled residents.



Denton

Denton neighbourhood is piloting a Mental Health Project at two practices with a Community Mental Health Nurse/Non-Medical Prescriber. All the neighbourhood practices can refer any patient who is anxious or depressed. The evaluation of this pilot will inform the next steps.

A physiotherapy project is also being piloted in Denton neighbourhood. This pilot aims to reduce the number of GP appointments/referrals for diagnostic scans and similar services. It is being delivered at two sites in the neighbourhood for all patients aged 16+ registered in the Denton neighbourhood who meet the criteria of the service.

The Denton neighbourhood is recognised as a 'hotspot' for falls. Joint working with Live Active has established a network to support the early management of frail patients. This involves the organisation of a series of low level exercises/walks/adapted cycling sessions to get them exercising in the community to prevent falls.

Stalybridge

In February 2017 the first free Stalybridge Family Fun Day was held, partnering with Live Active and Live Well Tameside. The day aimed to encourage residents to be proactive in looking after their health and wellbeing. Activities included football, netball and face painting for children, NHS checks (for anyone aged 40-74) and health advice information.

In March 2017 Stalybridge neighbourhood held its first coffee morning for isolated/lonely patients. This was supported by Action Together (formerly CVAT) who arranged transportation, Live Active, who promoted their walks/armchair exercises/fitness classes, and Beatrix House (Adult Social Care), who made cakes for the event. These coffee mornings will be held once a month for the next six months.

In conjunction with Fit Over Fifty, armchair exercise sessions were also piloted for six weeks at St Andrews Medical, and a further short pilot is being arranged before evaluation. The neighbourhood has also established two Healthy Walks which begin at neighbourhood GP practices.

Intermediate Care

Intermediate Care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. It is designed to help people avoid going to hospital unnecessarily, help people to be independent and prevent people moving into residential care unless they need to.

One of the key principles within the Tameside & Glossop Care Together approach to integrated care is that wherever it is possible for a person to have their care requirements met within their own place of residence, the system will be responsive to meeting this need in a timely manner. In order to be responsive to people's needs and deliver against this principle we have implemented the "Home First" service model.

This model is comprised of two key elements:

Admission Avoidance

People are supported to safely remain at home therefore avoiding admission to bed-based care

- Where additional support is required that goes beyond that which can be safely provided at home then a period of 'step up' care may be required in a community bed-based service.
- Where additional support is required which goes beyond that which can be safely provided within a community bed-based service then a period of 'step-up' care may be required within an acute hospital bed.

Discharge to Assess

Where acute hospital care is no longer required then a period of 'step-down' support may be required which can be safely provided in either a person's home or community bed-based service

- Where additional support and assessment is required which cannot be safely provided at home then a period of 'step-down' support may be required within a community bed-based service
- People are supported to return home and the assessments required to maintain them at home occur within this environment

The Home First offer will ensure that people are supported through the most appropriate pathway with "home" always being the default position. However, it is recognised that not all individuals' intermediate care needs can be managed safely in their own home. In some cases there is a need for an alternative community based bed, for a short period of time, to enable the appropriate interventions to be undertaken with the individual to enable them to return home, whether this be following an admission to the Hospital or to avoid the need for an admission in the first place.

Tameside & Glossop CCG have recently undertaken a large scale consultation with the public and patients to look at how Intermediate Care services are delivered in the future.

Urgent Care Review

Tameside & Glossop CCG have also recently consulted on how Urgent Care is delivered across the locality, to ensure that those most in need of emergency care receive the quickest treatment. We have recently been mandated to provide an Urgent Treatment Centre (UTC) which is GP-led, open 12 hours a day, every day. The UTC needs to be equipped to deal with the most common ailments which people attend A&E with, that are not a life-threatening emergency.

There is therefore a need to look at the way we deliver the range of Urgent Care services so that we can deliver it in an affordable way. Any changes will be designed to enhance services – making more services available in one place; making services simpler by bringing multiple services into one place and to making services more accessible by bringing care closer to home.

However with the potential to impact different groups within the community, the consultation was launched to ensure that any proposals consider the views of residents, particularly as proposals focus on relocating Urgent Care services from Ashton Primary Care Centre to a new site at Tameside Hospital. This requires an assessment of the potential impact on different protected characteristic groups.

Have YOUR say



Patient Experience and Continuing Healthcare (PEACH)

Tameside and Glossop CCG were successful in their “expression of interest” to NHS England to develop patient experience measures for Continuing Healthcare (CHC). The focus of the project was to develop a way to measure people’s experience across the Continuing Healthcare Pathway, using methods that were easy to implement and use by CHC teams. The data from this would then be used to inform and improve quality.

Engagement work was undertaken throughout 2016. Patient Voice was central to the project and feedback from the qualitative interviews was themed and used to inform the development of the patient experience questions. The measures were also developed in easy read, online/ electronic versions in order to support accessibility. Support with completion was also offered to people needing additional help in providing their feedback. The measures were piloted across three localities in Greater Manchester between May and August 2017 and the learning from the pilot was used to further develop the patient experience measures and the PEACH Implementation Toolkit for staff.

The final PEACH Toolkit and Patient Experience Measures were presented to the NHSE National Leads in December 2017, the PEACH Team have been advised by NHS England that national roll-out of PEACH is anticipated by the end of 2018. Locally, the PEACH Measures have already been implemented and results are being used to inform quality across the CHC pathway.

Healthy Hattersley Pilot

A partnership between local GPs and the Council’s Employment and Skills team, the Healthy Hattersley Pilot is an example of Care Together’s joint work. GPs were encouraged to refer patients who met the criteria to a service which delivered support on employability.



End of Life Care

Tameside & Glossop have a Palliative & End of Life Care Programme Board in place. The membership includes representatives from the Integrated Care Foundation Trust (hospital and community staff including Doctors, Nurses, and managers), GPs, Willow Wood Hospice, the GP Out of Hours service and Commissioners. The Programme Board focus on the delivery of high quality persons centred palliative and end of life care to the population of Tameside & Glossop, providing leadership, direction and commitment to improving care for people across Tameside & Glossop.

Tameside & Glossop Strategic Commission are committed to making improvements which will increase the number of people who can be supported to die in their usual place of residence.

Palliative & End of Life Care in Tameside & Glossop is provided in hospital and community settings, including in patients' own homes. The care in the community and patients' homes is delivered predominantly by GPs, District Nurses, and Specialist Palliative Care MacMillan Nurses, supported by a range of neighbourhood based services delivered by the ICFT, social care and the voluntary sector . A range of services are also provided by Willow Wood Hospice. Patients in hospital are supported with their palliative and end of life care by hospital staff and the hospital based Specialist Palliative Care team.

The chaplaincy department at the ICFT provide patients with the opportunity to access pastoral, spiritual or religious support when they need it. The department are currently researching the potential of extending its Hospital based services to include work in the community, particularly (but not limited to) end of care life plans for people wishing to spend their last days in their own home.

Mental Health – Dementia Friends

Tameside has a longstanding commitment to support the mental health of older adults by being a dementia-friendly borough. As part of this, we have supported the Alzheimer's Society Dementia campaign, which aims to make life easier for people living with dementia. This is done by encouraging as many people as possible to become 'Dementia Friends'. These volunteers receive specialised training around dementia to spread awareness and make Tameside more dementia-friendly.



For Dementia Awareness Week 2017, 122 Dementia Friends attended one of these sessions and pledged their personal actions. In Tameside there are now 4,266 Dementia Friends and 29 Dementia Champions. TMBC, the CCG and partners will continue to work towards increasing the number of friends to make the borough dementia-friendly.

Social Prescribing/Self-Care Programme

Care Together has been developing an approach to 'Self-Care'. This means supporting people and communities to be better able to manage their health and wellbeing, ultimately reducing the impact on traditional health and care services.

The programme supports people with a long-term condition to access non-medical support to improve their wellbeing so they are better able to support themselves.

For some, medical support alone is not making the impact to improve people's daily lives, so by providing access to non-traditional services provided by VCFS groups we hope to help people develop their confidence, build social connections and take part in activities to improve their overall wellbeing.

The system-wide self-care approach will work across the whole model of care and be embedded within neighbourhoods, primary, planned, urgent and acute care.

Patients will receive clinically-led, person-centred and goal-orientated health and social care support. Care is more suited to their needs and is easier to access.

Shared Lives Programme



Shared Lives is a programme where vulnerable adults have the opportunity to live with or share daily life with a carer. Service-users, ranging from older people to adults with mental health illness or physical or learning disabilities, are matched based on requirements and compatibility. Support can then be arranged, covering anything from respite care, day support, and short or long-term accommodation.

Carers must be in Tameside, over 17, able to work with vulnerable people and, for long-term or interim placements, have a spare bedroom. No formal qualifications are needed, and the primary requirement for carers is to be flexible, sensitive, tolerant and patient. Carers receive an allowance as well as full training and support.

Currently, Tameside supports over 130 service users. A recent [publicity campaign](#) raised awareness of one example of Tameside residents using the Shared Lives Scheme:



“Lesley Smith initially offered day support and respite care to service users including Ros Harding, a lady with Down’s Syndrome. The two got on so well that when Ros was looking for a long-term placement, Lesley took up the opportunity to help. It shows how the scheme boosts massively the quality of life for vulnerable adults and allows the greatest degree of independence possible”.

The publicity campaign highlighted how the scheme was making an extraordinary difference in supporting older people and adults with physical and learning disabilities. The recruitment drive prompted enquiries from a flood of potential new carers, opening the scheme to more service users as well as saving the local economy up to £500,000 in more traditional forms of care.

The campaign, developed and delivered in house by Tameside Council’s communications team in close consultation with the Shared Lives team, was named Local Government Communications Campaign of the Year in the [2017 UK Public Affairs Awards](#)

Pride in Practice Gold Award

Over half of all GP practices in Tameside & Glossop have now received training from Pride in Practice - a quality assurance support service which ensures that primary care providers strengthen and develop relationships with their local LGBT community.

Market Street Practice in Droylsden, Bedford House Medical Practice in Ashton under Lyne, Pike Practice in Mossley and Awburn House Medical Practice in Mottram are just four practices in Tameside & Glossop that have received the prestigious Gold Award for Pride in Practice, with many more currently undergoing assessment for the award.

LGBT Foundation (a national charity delivering advice, support and information services to lesbian, gay, bisexual and trans communities) has been commissioned by Greater Manchester Health & Social Care Partnership (GMHSC) and NHS England to roll out the scheme, which provides free training to all Primary Care Services, including GP Practices, Dentists, Pharmacies and Optometrists across Greater Manchester, and ensures that practices effectively meet the needs of their LGBT patients.

Members of staff embrace small but significant changes to services provided, for example introducing sexual orientation monitoring on new patient registration forms and asking inclusive questions during consultations.

Participating practices are more equipped to meet the needs of their LGBT patients, for example by understanding the importance of asking questions about gender identity, trans status and sexual orientation to get a more holistic view of patients' needs and to determine care. Furthermore, practices with the award signal themselves as places where LGBT people feel they can talk about their issues without fear of reprisal or misunderstanding.



Denton Diabetic Diverters (DDD) turning lives around

Over 75 patients from across Denton stepped into a diabetes awareness raising event in autumn 2017 and left having committed to making lifestyle changes to reduce their risk of developing the disease.

Following the launch of the 100-day challenge in Tameside and Glossop, exploring ways to improve care and outcomes for people living across our neighbourhoods – the DDD team have been working with patients from three practices (Millgate Healthcare Partnership; Denton Medical; Market Street Medical, Droylsden) who have been screened as 'pre-diabetic'. All of these patients were invited to the event, which supported them to develop their own personal actions to improve their health with assistance from local services and community groups.

Community services/providers available on the day included Be Well Tameside providing Health Checks; Live Active offering exercise sessions; Ambition 4 Ageing / Action Together advising of their local services; Self-Management UK signing up patients to courses and Public Health Collaboration advising patients regarding healthy eating.

Follow up sessions are being planned in order for patients to monitor their goals and continue with their healthy lifestyles. Full support will be provided for them throughout this process. The 100 day challenge will end in early 2018, but the DDD intend to continue working with these patients in order to ensure their healthy life changes continue well into the future.

Manchester Resilience Hub

Ashton Old Baths is home to the Manchester Resilience Hub, a central point where local mental health support services meet to provide support. It is hosted by Pennine Care NHS Foundation Trust and staffed by recovery workers and clinical leads with expertise in helping people who have experienced severe trauma.

It was established in response to the Manchester Arena attack in May 2017 to coordinate the care and support for children, young people and adults whose mental health and/or emotional wellbeing had been affected.

The Hub supports people involved in the incident in May, but you do not have to be a resident in Greater Manchester to receive support. The attack was a traumatic event which can cause severe emotional shock. In response the Hub offers phone-based advice, support and information and can make calls on behalf of people suffering if they are struggling to receive additional help.

£20 million Tameside leisure offer



Tameside has the most diverse leisure and fitness offer in Greater Manchester. A total of £20 million was allocated by the Council to help transform the health of the borough. Evidence suggests that regular exercise, such as swimming or visits to the gym, can reduce the risk of major illnesses such as heart disease, stroke, type-2 diabetes and cancer by up to a half, and can lower the risk of early death by almost a third. In Tameside, it is estimated that a 1 per cent increase in physical activity among the population would generate annual savings of around £650,000.

The new leisure offer was developed based on an eight week consultation in 2015/16 on a number of issues, including the closure of former Active Dukinfield, Denton and Ashton facilities to make way for the new facilities.



Sky High Adventure Centre – An indoor climbing facility for all ages. Activities include a caving feature, indoor high ropes, a soft play area and large multi-use activity room. Sky High Climbing is only the fifth of its kind to be built in England and the only one in the region.



Total Adrenaline – Activity centre made up of three zones; Trampoline, Laser and iPlay. It also has a café on site run by an artisan company involved with nutrition for the Team GB swimming team for the 2016 Rio Olympics.



iTrain – 150 piece gym and fitness suite in Dukinfield, also incorporating exercise rooms, a crèche, soft-play zone, members area and café. Within two months of opening, iTrain attracted 1,300 new members.

We want our young people to live in a safe and supportive environment where they have the opportunity to reach their full potential

Tameside YES Offer – Youth Employment Scheme



Tameside’s Youth Employment Scheme is open to any Tameside resident aged 16-24 who is not currently in education, training or employment. The Council offers to find a minimum of 6 months paid employment, giving young people the opportunity to gain valuable skills and experience.

The Scheme also incorporates the Council’s further commitment to youth employment.

Breastfeeding – Homestart

Encouraging breastfeeding is a health priority in Tameside & Glossop. Any amount of breastfeeding has a positive effect– the longer that mothers breastfeed, the longer the protection lasts and the greater the benefits for both mother and baby.

To this end, Tameside Council (jointly with Oldham Council) commissioned the ‘Homestart’ contract. Homestart is a family support charity based in Audenshaw that works with families with children under the age of 5 to ensure that their health and social needs are met.

They do this by recruiting, training and supporting volunteers who go into family homes for a few hours to offer practical help and emotional support. Delivering support in homes means that families are more relaxed and more likely to engage in any support, which is always tailored to the individual needs of each family.

In 2016 / 17 Homestart supported 2,112 families with infant feeding. Tameside Council also supported a Homestart campaign seeking more volunteers on top of the 30 existing ones to work in the community offering breastfeeding support. Between April 2017 and January 2018, 81 families in Tameside had been supported by a Home Visiting volunteer and there are currently 57 Home Visiting volunteers in the borough.

Story Makers



Story Makers are free interactive story sessions for all families in Tameside with children aged 0-4 years. It is a 35-week project aimed at getting families from Tameside's deprived areas to embrace reading and develop literacy skills.

Story Makers been set up with £60,000 in funding from Arts Council England's Libraries Opportunities for Everyone Innovation Fund and in collaboration with Stone Soup, a local leading creative industries organisation. Art bodies like the Lowry and Halle Orchestra have also provided input into the planning and delivery of the scheme. Writers and illustrators will work with parents and children to create a series of stories. The books will then be published for family audiences. Each family that participated will receive a copy.



Tameside Menu of Choice

Tameside Menu of Choice is a partnership set up by the council's Employment and Skills team, which aims to help businesses keen to work with schools to provide mentoring, careers advice and experiences to inform the education and career pathways of young people.

When a business signs up to the Menu of Choice, they join a pool of local businesses that are willing to commit to supporting local careers activities and events for young people. These include hosting a school visit for a small group of students, offering a work placement, holding mock interviews for students, providing taster sessions, job shadowing opportunities or mentoring.

Research shows that just four interactions with a business can reduce the possibility of a young person becoming NEET (Not in Education, Employment or Training). The Menu of Choice allows Tameside's Young People to begin thinking about options for their future through exposing them to life beyond school or college. On the other side, businesses are also being provided with an opportunity to invest locally in its workforce.

Since its creation 36 businesses in Tameside have signed up to the Menu of Choice, supported 7 schools in 11 different requests, reaching a total of over 2,000 individual pupils.

Fun Palaces

Fun Palaces are events celebrating international arts, culture and science, provided for free to give local families a fun day out and increase community cohesion by bringing Tameside's residents together and exposing them to different cultural activities and exhibitions.

The event has brought much success. Over the last two years there were more than 3,800 attendances at the Fun Palace events. Activities included archery, a climbing wall, face-painting, brass band, circus activities, balloon modelling, kite-making, Bollywood dance, and model vehicles. People stayed longer and toured more of the events that spread across the Armoury and the library.

The event was led by Tameside Libraries and Cultural Services as well as the Tameside Armed Services Community.



Tameside Youth Council



A Full Council meeting at the close of 2015 approved the creation of Tameside Youth Council, the purpose of which being to bring young people from all walks of life into the council's decision-making process on an ongoing basis.

Tameside Youth Council provides opportunity for young people from across Tameside to influence local decision-makers on the issues they consider to be important. They are made up of elected youth councillors from across the borough.

The TYC sets out what issues young people want to be prioritised in the borough, one of which was encouraging personal financial responsibility. After consultation with the Youth Council on how to achieve this goal, and in conjunction with local credit union Cashbox, the Smart Savers scheme was created. This scheme aims to help every child in Tameside set up a savings account and provides £10 to help them start off.

TYC made their views known in a nationwide Youth Council campaign that consulted on what issues matter most to 11-18 year olds. The results were fed into regional and national findings which were then discussed by the Youth Parliament at the House of Commons with Speaker John Bercow.



Investing in Children Award

A Tameside Children's Home has been recognised with a national 'Investing in Children' Award for its innovative use of social media.

Young people used the social media group to communicate with staff informally. The Children's Home staff use the page to prompt discussion, post information, signpost services and to praise and recognise young people's achievements. Not only has this

allowed direct communication with vulnerable, hard-to-reach young people, the group has also enabled the Children's Home to make progress in getting kids involved in their care planning and shaping the service they receive.

It had been proven so successful that it has been rolled out across other homes in the borough.

Tameside Council Tax Discount for Young People Leaving Care

In August 2017, it was decided by the Council that Tameside would exempt young people leaving care from paying council tax. This came after consultation with the local Children in Care Council, 2BeUs, which provides platform for children and young people in the care of Children's Services to speak up about their wishes and feelings.

It is believed that the move will result in more favourable treatment of one of the most vulnerable groups in the area. Removing this financial barrier is actively promoted by the Children's Society, who now endorses Tameside as committed to supporting young people leaving care.



Family Group Conferencing & Edge of Care, Care to Success

Tameside Council has approved the launch of a number of projects aimed at helping struggling families stay and thrive together. These 'Invest to Save' initiatives come from the need to resolve family issues earlier to give better lives to families and young people in the long term.

Family Group Conferencing: a more intensive form of intervention for vulnerable families that helps them to identify their own solutions to support any children. (For example: By reaching out to extended family members).

Edge of Care: an intensive, whole family response to children at the edge of care through outreach, family sessions and short residential breaks.

From Care to Success: transitional support for young people leaving care through a bedsit transition scheme. Up to 7 young people at any one time have been supported from care into their own independent living environment with the help of New Charter Housing.

As well as investing in young people to be more stable through support to independence, the authority has estimated that the overall savings of £900,000 could be realised through successful deliver of these schemes.



Tameside Young Carers Project

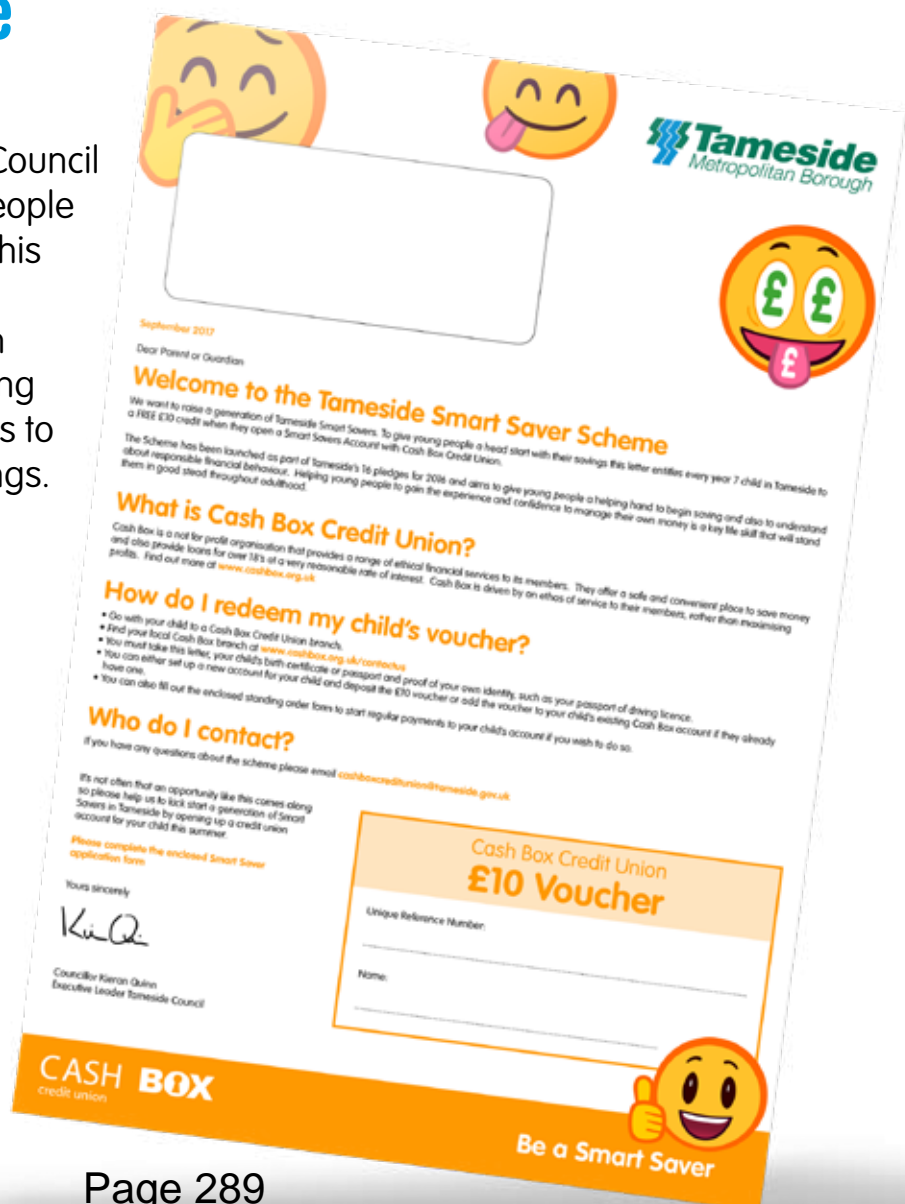
There are 469 young people registered with the Tameside Young Carers Project, run by the Council and CCG. However, in line with the situation nationally, it is believed that this is only a small proportion of the number of children and young people caring for a parent.

Tameside Council and Tameside & Glossop CCG used Young Carers Awareness Day to spread the message of one Tameside young carer and the support he receives from the Young Carers' Project. This is somewhere that young carers can go to for advice and support, a chance to meet other carers, regular trips and activities. Participants are also provided with a newsletter, a Young Carers Pack and advice such as information on assessments, help with money, what to do in an emergency and information about disability and illness.

Smart Savers Scheme

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Special Educational Needs and Disabilities

Local Offer

Sensory Garden: A new sensory garden for the Tameside Council Learning Disabilities service has been opened at Copley Resource Centre, Stalybridge. Plants were selected for smell, colour, shape & touch. Completion of the garden is testament to the goodwill of service-users & staff from Copley, Engineers & Grounds Maintenance.

Local Offer: Tameside Council has launched a campaign to raise awareness of the Local Offer, the first port of call for anyone who has concerns with their child's development. The Local Offer signposts to all services available for children & young people aged 0-25 with any additional needs or disabilities. As part of the campaign, we highlighted case studies to show how individual families can and have been supported.



Tameside Early Help Strategy



Tameside has refreshed its strategy for Early Help services, which ensure that children and families get the best start in life possible, and that where family problems arise, they are able to get the right support at the right time from the right person.

The new approach is targeting a 'Smarter, Stronger, Sooner and Safer' response from Tameside Council and its partners.

There is national evidence that helping families early and providing support at the right time at the right place can reduce the likelihood of problems escalating and improve long term outcomes for children, young people and their families. The outcome of this Strategy will be that children have the best start in life, families will know how and be able to access services and information, manage their health and prevent illness, and be confident and self-reliant.

The strategy aims to build a culture of Early Help that is child and family-centred, and that focuses on reducing risk to children early, improving outcomes and reducing the demand for high-cost and stressful social care interventions wherever appropriate.

The ultimate goal is to ensure that services promote a good quality of life for all families in Tameside, regardless of where they struggle. Part of this means minimal need for additional support. Where families do need help, it will be from a range of services suitable to families' needs: universal (GP, School, Health visiting), targeted, or specialist. It is essential that families are supported to thrive and be happy independently and not to depend upon social care intervention where it can be avoided in the first instance.

The Sapphire Room

The Sapphire Room is a safe space for youngsters who have been affected by CSE.

Attending a Police Station can be a traumatic experience for any young person but the Sapphire Room in Ashton Police Station allows children to feel comfortable and at ease with officers and support workers if disclosing information about CSE.

Young people played a key role in the design of the space, making sure that it is welcoming and comfortable, with a range of books, games and crafts to help children relax.



Child Sexual Exploitation (CSE)



A robust response to children who are at risk of or are thought to be victim of child sexual exploitation is one of the most important responsibilities we are charged with. The council has therefore dedicated significant resources and support to protecting vulnerable children.



It's Not Okay Week of Action 2017

The theme of this year's "It's Not Okay Week of Action" was sport. In support of this, a free 'Safeguarding and CSE in Sport' event was held at Curzon Ashton FC where coaches, parents and volunteers were able to get guidance on safeguarding procedures, DBS checks and where to go if they have concerns about a child's welfare. A 5-a-side football tournament was held immediately before the event to raise awareness of joint work to tackle CSE. Other, smaller-scale awareness raising exercises were also held throughout the borough.

Jobs Fairs

Every person in Tameside deserves access to skills, training and employment opportunities, and the council and its partners understand the key role they play in making this a reality. The following are some of the employment and skills-related events held in the borough over the past 12 months:

September Jobs Fair – Open to anybody who wished to attend, over 1,000 people who attended the September Jobs Fair were given information about vacancies in Tameside. Jobseekers were given the opportunity to speak to employers and discuss career prospects, and information about training, skills and adult learning and Tameside ACE's CV-building course was also made available.

Careers & Apprenticeships Exhibition: Organised by the Employment and Skills Team, this "have-a-go" event at Stalybridge Civic Hall provided over 1,000 Year 9 and 10 pupils from 13 local schools with effective careers information, advice and guidance. Exhibitions were put on by 39 different organisations, including TMBC Engineers, Greater Manchester Police, NHS, Purple Wi-Fi, Juice Academy and local training providers such as Tameside College, Clarendon Sixth Form and Ashton Sixth Form Colleges.

"New Year, New You" Jobs Fair – Jobs Fair held at the offices of New Charter Housing in Ashton in January 2017. 350 people attended the event, which included exhibitions by 26 organisations offering employment, skills and training opportunities. Participating organisations included Tameside ACE, the Fire Service, Prince's Trust, Tameside College and Manchester Airport.



Building Business Skills for Parents



Tameside Council and Care Together conducted research that found many parents using children's centres wanted to work for themselves so that they could spend more time with their families. As a result of this research, a six-week course called Building Business Skills for Parents (BBSP) was set up, which took the approach of integrating health with employment and skills activity.

Free sessions were held at Hyde Children's Centre, with trainers invited from a wide range of backgrounds, including council agencies, partners and local businesses. Many of the parents attended had no enterprise experience or had been out of work for a number of years.

The sessions were accessible and delivered in a familiar and relaxed setting. Free childcare was also provided while parents attended. Many of the participants are looking to set up their own businesses, including holistic therapy and self-defence training.



Vision Tameside is a partnership between Tameside Council and Tameside College designed to transform learning and skills and generate greater economic prosperity in the borough.

The end result will be a number of new learning and public service buildings in Ashton town centre and other parts of the borough, including a new Learning Centres & the Joint Public Service Centre, an Advanced Skills Centre for Tameside College, and an Advanced Technologies Centre. These buildings, which are being constructed in three 'phases', will provide a huge boost in local facilities for young people.

As well as providing learning space and facilities for hundreds of students, the new Learning Centres and Advanced Skills Centre will bring thousands of staff and students into Ashton town centre, boosting local businesses and the wider retail economy.



The Joint Public Service Centre will be also be significantly more convenient to service users, who will be able to access the library, Citizen's Advice Bureau and the Credit Union into one space, improving general accessibility to services and ease of access to older and disabled residents. It is also a cost-effective solution to running Council offices, saving £1.5 million a year.

Finally, the redevelopment of Tameside College Beaufort Road will bring access to engineering workshops, construction, sport and public services for young people. There will also continue to be provision for learners with complex and moderate learning difficulties and/or disabilities based within Aspirations.

Aspirations Dovestones Building is a state of the art department with a wide range of specialist facilities to meet the needs of learners. The building incorporates an accessible IT suite, accessible life skills room, accessible independent living skills room, multi-sensory room, specialist teaching areas and a sensory garden.

At Aspirations, learners work towards the skills they need to participate in the wider community and where appropriate, the world of work. Aspirations offer yearly personalised and flexible programmes of study, supporting learners with a wide range of abilities.

Integrated Neighbourhoods

The vision of Integrated Neighbourhoods is to support local areas to deliver high quality and connected services, looking after the whole neighbourhood population by supporting self-care and improving outcomes, prosperity and wellbeing.

The team is a multi-agency unit, made up of police staff, local authority staff, mental health nurses, drug and alcohol workers, adult social workers, housing representatives and more. They have been brought together to work and support all public and voluntary sector providers who deal with vulnerable people in the community.

The scheme is delivered through two hubs in Ashton & Hyde where vulnerable people can access any service or services they need behind one front door. This allows as many people as possible to get the help they need in one place.

The team primarily work on cases of crisis or abuse, problems where a situation can deteriorate if help is not accessed or is not easily accessible. Integrated Neighbourhoods have seen a huge increase in the uptake of people supported, access to treatment or rehabilitation. This multi-agency approach has helped resolved complex cases that may have been unresolvable under previous working practices.



Manchester Day 2016/17



Tameside's communities come together through their annual appearance in the Manchester Day Parade. In 2016 participating groups designed and paraded a giant spaceman. Funding for this was provided by the MoD Covenant Fund, which aims to support projects which bring together civilian and military communities to increase understanding between them.

Local services and armed services veterans, Scouts and Guides worked with the cultural services team to design, build and carry the Tameside Spaceman for the parade. It proved such as a success that in 2017, Tameside Stronger Communities, Scouts and the Armed Forces Veterans were brought back together to make a magical-themed float for that year's parade.



Armed Forces



Tameside Armed Forces Community (TASC) was created to serve the 4,000 former members of the armed forces residing in Tameside. Its objective is to support members of the armed forces and their families under the guidance of the Armed Forces Covenant, which is a promise to treat those who serve or have served in the armed forces fairly.

The transition from military to civilian life can be a difficult one for many veterans and their families. TASC seeks to provide a support network through initiatives such as participation in school activities, community projects and awareness-raising.



Armed Forces Covenant Pledge: Tameside Council, in partnership with GM Mayor Andy Burnham and the other nine local authorities has reaffirmed its commitment to the Armed Forces Covenant. As a result, the MoD Covenant Fund has awarded £232,000 so that the authorities can refresh their work in support of the updated covenant. The money will be used to improve access to services and online learning resources for forces personnel, their families and veterans.

Veterans Breakfast Club: Tameside Council hosts a breakfast club on the second Saturday of every month where ex-members of the armed services can meet up with other veterans. There are 57 clubs around the world, in places such as Germany, Bosnia, Cyprus and Spain, as well as across the UK.

TASC Renovation of the Sensory Garden: Using funding secured from the Greater Manchester High Sheriff's Police Trust, the TASC worked with young people to renovate a rundown garden at a resource centre for children with additional needs and their families. Improvements to the garden include a small petting area, outdoor planting beds, bird boxes and signage. The project was hailed as a strong show of mutual support between the groups.

Additionally, TASC takes on a range of projects and mentoring for young people involved in anti-social behaviour.



Winter Culture/ Lantern Parades

Another parading tradition that brings local communities together is the Tameside Winter Carnival. Funding from the Arts Council means that every year, families and community groups are invited to take part in the lantern parade to represent all nine towns.

The parade also includes music, dance and art, allowing local performers and artists to showcase their talent. Local organisations who worked with us to make the event in 2017 happen include Tameside Young Carers, Age UK, the Anthony Seddon Fund and the Smallshaw Tenants and Residents Association. Several scout groups and schools were also involved and representatives from a number of faith groups were also invited to participate.

Each year the lantern parade celebrates a theme that shines a light on Tameside cultural and historical heritage and diversity. Lantern workshops take place in the months before, giving participants the opportunity to work with professional artists to create large scale illuminated lantern sculpture and traditional hand-carried lanterns.

The event is free and marks the Christmas lights switch-on. Last year, the theme was 'We Shine Brighter Together', aimed at showcasing Tameside's diverse communities.

Partnership Engagement Network

As the public sector continues to address challenges around service provision and funding, it is necessary to establish new ways of engaging with the public, stakeholders and partners, as well as the voluntary, community and faith sectors.

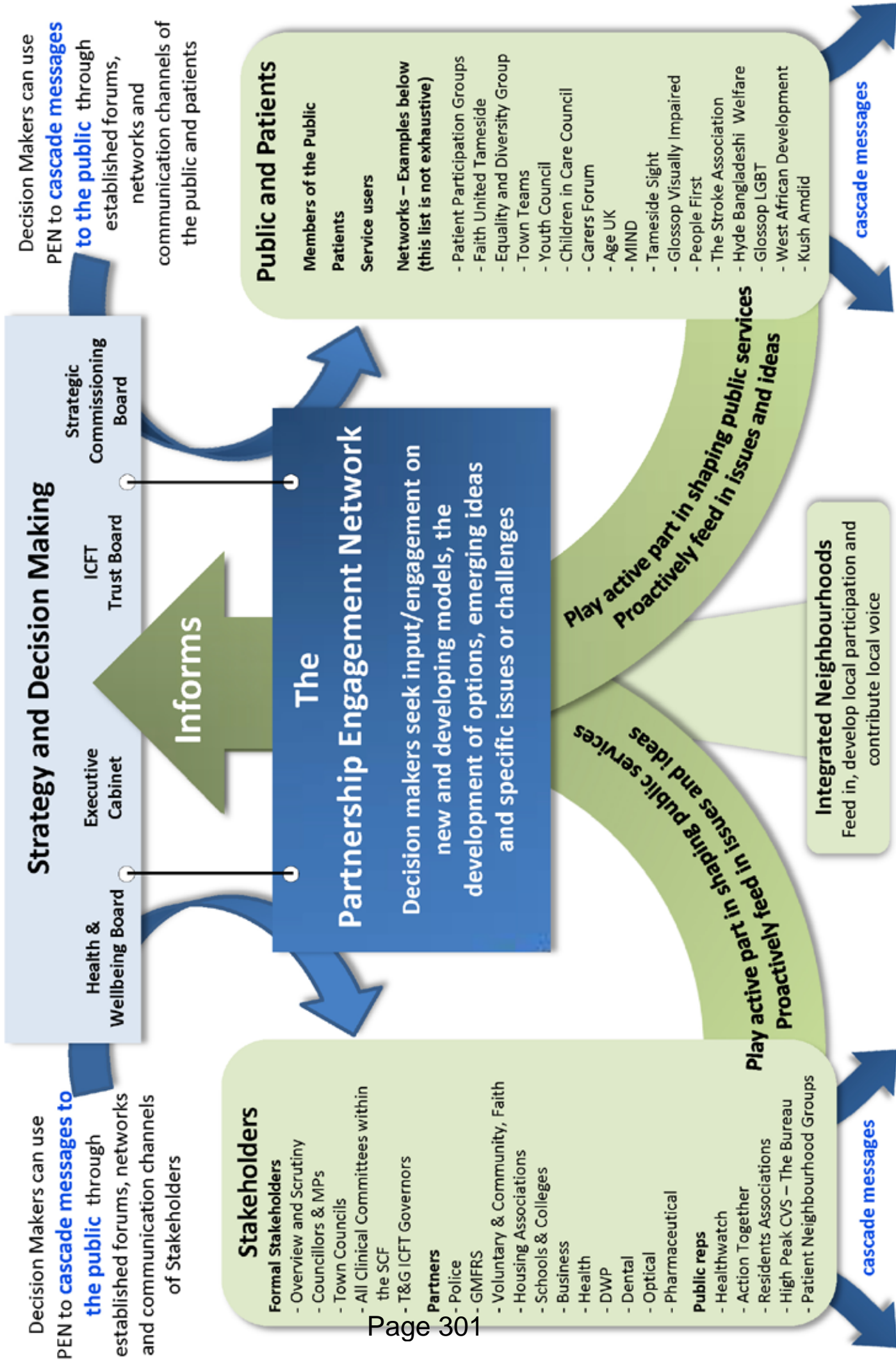
The Partnership Engagement Network (PEN) is a key part of supporting the delivery of public service reform and transformation. The PEN will involve a wide range of stakeholders who will play an active part in developing new and different public services.

While the PEN will have no formal decision making powers, it will provide a number of useful and complimentary services, including a route for engagement with the public, stakeholders and partners; this includes the large number of voluntary, community and faith organisations which exist across Tameside & Glossop, for example, Patient Participation Groups, Faiths United Tameside, Age UK and MIND. A network to develop stronger links with other services/sectors; a way to spread communications throughout Tameside and Glossop, an identified and structured approach to influence the work of public services and to proactively feedback on issues and ideas; and a strategic framework for engagement and feedback loop.

The Network will become a key part of the overall network structure of Tameside Council, Tameside & Glossop CCG, and Tameside and Glossop Integrated Care NHS Foundation Trust.



TAMESIDE AND GLOSSOP PARTNERSHIP ENGAGEMENT NETWORK



Decision Makers can use PEN to **cascade messages to the public** through established forums, networks and communication channels of Stakeholders

Decision Makers can use PEN to **cascade messages to the public** through established forums, networks and communication channels of the public and patients

Strategy and Decision Making

Health & Wellbeing Board Executive Cabinet ICFT Trust Board Strategic Commissioning Board

Stakeholders

Formal Stakeholders

- Overview and Scrutiny
- Councillors & MPs
- Town Councils
- All Clinical Committees within the SCF
- T&G ICFT Governors

Partners

- Police
- GMFRS
- Voluntary & Community, Faith Housing Associations
- Schools & Colleges
- Business
- Health
- DWP
- Dental
- Optical
- Pharmaceutical

Public reps

- Healthwatch
- Action Together
- Residents Associations
- High Peak CVS – The Bureau
- Patient Neighbourhood Groups

Public and Patients

Members of the Public

Patients
Service users

Networks – Examples below (this list is not exhaustive)

- Patient Participation Groups
- Faith United Tameside
- Equality and Diversity Group
- Town Teams
- Youth Council
- Children in Care Council
- Carers Forum
- Age UK
- MIND
- Tameside Sight
- Glossop Visually Impaired
- People First
- The Stroke Association
- Hyde Bangladeshi Welfare
- Glossop LGBT
- West African Development
- Kush Amdid

The Partnership Engagement Network

Decision makers seek input/engagement on new and developing models, the development of options, emerging ideas and specific issues or challenges

Play active part in shaping public services
Proactively feed in issues and ideas

Integrated Neighbourhoods
Feed in, develop local participation and contribute local voice

Decision Makers can use PEN to **cascade messages to the public** through established forums, networks and communication channels of Stakeholders

Decision Makers can use PEN to **cascade messages to the public** through established forums, networks and communication channels of the public and patients

The Local Energy Advice Programme (LEAP)



The Local Energy Advice Programme provides residents with vital information about their house, and how they can save energy. The service is free and designed to empower residents to make the right energy choices that will save them money and keep on top of their energy bills without resorting to more drastic measures.

It is funded by energy companies and brings training to frontline staff to help tackle fuel poverty to support Tameside's most vulnerable households.

Home energy advisers will visit residents who have been referred by Tameside Council and partners and carry out thorough assessments of their homes. They can make immediate improvements such as fitting LED light bulbs, draught proofing and pipe lagging. They also offer guidance on maximising income and available benefits and identify any other vulnerability in the home while making referrals to the appropriate agencies.

Tameside Council have held training sessions for frontline staff across the borough to identify residents who might need the service and how to refer them.

There have been 212 referrals into the scheme since it began in around August 2017. Of these referrals, 51 own their own home and 107 rent. Of the 107 households who rent, 49 do so privately and 58 are rented from a social landlord.



GM Energy Heroes Scheme

Tameside is also part of another GM-wide scheme designed to help residents keep their energy prices low and be more energy-efficient.

GMCA has teamed up with E.ON to help boost the energy efficiency of homes in the region. Eligible residents can have energy-saving improvements made in their homes. The application process is free of charge and there is no need to be an E.ON customer. The company carry out a survey of the house and will discuss options for replacing a boiler.

It is estimated that those eligible could save up to £215 each year.

Investing in energy efficient housing has benefits on an individual level through cheaper bills and greater comfort, and on a national level through investing in reducing our energy consumption and emissions.

The scheme bridges the gap for those who want to be more energy and cost-efficient, but do not have the financial means to take the necessary steps. At this early stage, 500 people requested help through the scheme. If fully realised this could result in a total saving of £107,500 for Tameside.

Outdoor Theatre in the Park

Tameside Council Cultural Services arranged a programme of outdoor theatre performances to be staged in Tameside parks. With the aim of increasing community cohesion, families from across Tameside were encouraged to come along to the free events.

The programme includes a number of children's favourites, such as Alice Through the Looking Glass, The Water Babies and Treasure Island performed by a number of theatre groups, supported by Greater Manchester Arts.

The events, supported by Public Health and social Enterprise Tobacco Free Futures and Tameside's Tobacco Alliance, are also smoke-free. The shows made theatre accessible in school holiday time to families across Tameside, particularly those who may not otherwise access such events.

Hate Crime



Tameside offers 'Safe Spaces'. Safe Spaces are hate incident reporting centres, occupied by local organisations independent of police. This gives consideration to people's concerns or lack confidence about reporting hate crime, and a designated member of staff there will complete the necessary paperwork with the victim and forward to local police.

Many of the centres are organisations that work with people who are more likely to find themselves on the receiving end of a hate incident, for example People First (for adults with learning disabilities), the Indian Community Centre, the Tameside African Families Welfare Association; and the Topaz Centre (Tameside & Glossop Mind).

Tameside takes part in the GM-wide Hate Crime Awareness Week. For Hate Crime Awareness Week 2018 community organisations and local schools will be delivering activities across Tameside around celebrating difference, culture and diversity. Facilitated by the Council's Youth Service and Greater Manchester Police, Interactive Drama Sessions will be held in local high schools, covering the six strands of hate crime and anti-social behaviour. Hate Crime Awareness Stands will also be set up in local supermarkets, Tameside Hospital, the Primary Care Trust and Tameside College – allowing neighbourhood service officers and PCSOs to engage with residents directly.

Further information about the upcoming and previous Hate Crime Awareness Weeks can be found on the council's [website](#). A Greater Manchester Hate Crime Awareness page will also be set up and linked in with Tameside's Communications service.



Sitting Right With You (Domestic Abuse Awareness in Tameside)

'Sitting Right With You' is a campaign run by the Greater Manchester Police and Crime Commissioner to raise awareness of domestic abuse (both overt and "hidden") and encourage those affected to start talking about their experiences.

The Council played a significant role in creating the campaign, sitting on the selection panel that chose the creative elements and how they would be used. The Council receive praised from the PCC's office for "comprehensive use" of communications materials including putting up posters in all pub toilets and GP surgeries.

1 in 3 women and 1 in 6 men will experience some form of domestic abuse in their life, over 60% of which will also involve children. To help young people understand what domestic abuse is and how they can seek help, a Respectful Relationships programme was piloted with over 3,000 children aged between 5 and 18 in 13 Tameside schools. This innovative approach received praise from both the then-Police and Crime Commissioner and the Ofsted North West Director.





HE'S KEEPING A SECRET

1 in 6 men experience **domestic abuse** but they are 3 times less likely than women to tell anyone.

Open up. There's help available.

Contact: 0800 328 0967
 In an emergency you should always call 999
tameside.gov.uk/domesticabuse

#openup

Open Up Campaign

The “He’s Keeping A Secret” campaign aims to highlight how one in six men experience domestic abuse but they are three times less likely than women to tell anybody. It is hoped that this will help reassure male victims that they are not alone and encourage them to tell someone and get support.

Domestic abuse isn’t just violence; it can also involve controlling and coercive behaviour such as controlling someone’s money or preventing them from seeing family and friends.

The campaign was launched by Tameside male waste and recycling staff on Monday 8 January at Tame Street Depot in Stalybridge. It will also be supported by Tameside men from all walks of life – from Hyde United footballers to office workers – who will reinforce the #openup message to how important it is to talk to someone and seek help.

As part of the campaign posters have been put in place across the borough, including male toilets in pubs and gyms, to reach men who may otherwise be difficult to reach with the message. The campaign will also target men online and on social media.

We want to provide everyone with the opportunity to get on-line to access services, learning and information.

Life in Tameside and Glossop

The Life in Tameside & Glossop website is the Tameside Health & Wellbeing Board's Joint Strategic Needs Assessment (JSNA). It has replaced the static report that is usually produced and refreshed on an annual basis. The website supports commissioning decision making across Tameside and Glossop through the data observatory function and library which holds information such as needs assessment reports, ward profiles and health and wellbeing briefings. It also supports the prevention and early intervention agenda by supporting social prescribing and self-care for both health and social care professionals and residents alike. The 'Find Support' function, allows residents and professionals to find information on community services and groups to help and support our residents to stay healthy and well. Life in Tameside & Glossop can be found at www.lifeintamesideandglossop.org.

Open+ Libraries LIBRARY+

Developed after an extension period of consultation, Open+ is a self-service function that widens the use of Tameside's libraries by increasing opening times and flexibility of access.

While libraries will be unstaffed during Open+ hours, security is maintained through CCTV monitoring and an emergency phone when no staff are available. Those wish to sign up to the Open+ system need to be aged 16 or over and must undergo an induction process.

The Open+ project means that weekly library opening hours will almost double, increasing from 276 to 495.



Tameside and Glossop Insight

Our bespoke customer segmentation tool has been refreshed and updated to take account of new data available and to extend the dataset to include Glossop, demonstrating our commitment to the continued use of customer monitoring, information and intelligence. Our insight tool was first developed in 2009 to create a semi-bespoke customer segmentation tool for Tameside. The reason for creating our own segmentation tool was because 50% of the population fell into three categories of the national Mosaic segments and in order to better understand our residents we needed to differentiate them more effectively.

Tameside & Glossop Insight apportions all households within Tameside and Glossop into one of twelve segments based on their needs and behaviours. This was built by combining Experian Mosaic data with an extensive range of Tameside Council's and the Fire Service's customer focused data.

Examples of recent projects that have used the segmentation model include:

- Identification of those households who are likely to be suffering from loneliness and isolation.
- Identification of households to be targeted for the flu vaccination to increase uptake amongst pregnant women.

In addition to the creation of Tameside & Glossop segmentation, two bespoke models have been built to determine propensities for:

- High cost households – identification of those households that are in receipt of a large number of public services and therefore likely to cost the council and partners the most money. It also helps to identify those households likely to become high users enabling us to intervene early with appropriate services and avoid higher costs later.
- Health risk stratification – to identify households who are at the highest risk of developing health issues or requiring adult social care. This enables us to target these households and promote healthier lifestyles to them saving costs and dependency on services later in life.



Every Child a Coder



Every Child a Coder, one of the Tameside Pledges, promises to provide coding clubs for children of primary school-age children and above. Since the pledge was made, a range of coding opportunities for young people in Tameside have been set up, including:

Coder Dojo: Free monthly coding sessions are held at Active Medlock for anyone aged 7-17, giving young people the chance to learn skills such as website-building and creating apps. In hosting these events we hope to better equip our young people with the digital skills they need for the future.

Tameside Hack: This two-day competition at Tameside College brought in over 50 young people aged 12-18 from schools and colleges across the borough to take part. Local companies such as Purple, Brother UK, Avecto and Arcadis, sponsored the event and were able to witness first-hand the talent that Tameside has to offer. Young people worked in teams to produce original websites, apps, games, computer programmes and innovative solutions to real-world digital problems.

Online Safety

Being online is a valuable and important tool for everyday life, and this is no different for children accessing computers through schools, libraries and at home. Aligning with campaigns to raise awareness of issues such as CSE, sessions to promote children's online safety have been taking place.

SSNAP – Secondary school pupils in Tameside were given the task of running sessions for their younger peers using the SSNAP (Safer Social Networking Activity Pack) – a card game and fun way to raise awareness and prompt serious discussion about the consequences of sharing personal information on the internet. Initially delivered to by Year 7 and 10 pupils in New Charter Academy; the scheme has now been rolled out on a borough-wide scale.

Keeping children safe online – Tameside libraries have been running online safety sessions to help parents and carers keep their children safe online. Parents could take in children's phones, laptops, tablets etc. for hands-on help in updating security and privacy settings. The sessions, delivered by MadLab, also focused on cyber-bullying, online shopping, radicalisation, eating disorders and protecting personal information and images. Initially run as a one-off event, demand and positive feedback resulted in numerous additional sessions being scheduled in 2017.



In order to aid entrepreneurs and small businesses the Digital Dozen scheme has been created which provides free office space in Ashton Old baths for 6 months along with sector specialist mentors to assist them in developing their businesses.

Datawell DataWell

The Greater Manchester Academic Health Science Network (GM AHSN) DataWell Programme is building an innovative platform that enables health and care data to be shared between providers across Greater Manchester. Six organisations across Greater Manchester are already in the process of being connected to DataWell.

The Tameside and Glossop DataWell Project is a localised pilot of the DataWell platform. It will allow the medical records of service users of signatory organisations to be shared between practitioners of these organisations, upon the condition that the service user gives explicit consent. Currently the project is limited to connecting the Council's Adult Social Care service and two GP practices within the area. The end goal is to demonstrate that through DataWell partners can effectively and securely share patient/client information, allowing practitioners to make better, more informed decisions about their care and wellbeing.



PART 4

LEGISLATION

One Equality Scheme 2018-22 details how both Tameside Council and NHS Tameside & Glossop Clinical Commissioning Group fulfil our legal obligations under the Equality Act 2010 and Public Sector Equality Duty (PSED). It builds on the achievements and developments made since the introduction of Tameside Council's first Corporate Equality Scheme 2011-15, its current Corporate Equality Scheme 2015-19 and NHS T&G CCG's Equality, Diversity and Human Rights Strategy 2014-17.

This part of the scheme provides details of how One Equality Scheme 2018-22 fulfils our legal obligations under the Public Sector Equality Duty of the Equality Act 2010. It also explains in more detail the meaning of the 'protected characteristics' that fall under the remit of the Act, and the Act's coverage.

At the end of the document, there are details on where further information can be accessed.

The public sector equality duty is laid out in section 149 of the Equality Act 2010. It came into force on 5th April 2011, and it states that a public authority must, in the exercise of its functions, have due regard to the need to:-

- a) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by or under the Act;**
- b) Advance equality of opportunity between people who share a protected characteristic and those who do not share it;**
- c) Foster good relations between people who share a protected characteristic and those who do not share it.**

These are often referred to as the three 'arms' of the duty.

In short, this means that both Tameside Council and NHS T&G CCG must consider the impact our actions have on equality, and whether when delivering a particular service or function, or in our roles as employers, we are furthering the aims set out in law. The specific duties, detailed below, show the minimum amount of information we must publish in order to show that we are complying with the general duty.

This duty replaced the previous Public Sector Equality Duties that were in force covering race, sex and disability and expanded the scope of the previous duties to cover all 'protected characteristics' (although only the first 'arm' of the duty applies to marriage or civil partnership).

The Duty also applies to bodies that deliver services on our behalf, as in doing so they are exercising a public function. So for example, a private sector provider that is contracted to deliver a service in relation to adult social care would be required to consider the general duty and would be subject to its provisions. However, only the part of the organisation that is delivering the public service is subject to the duty; the organisation as a whole is not.

Having 'due regard' for advancing equality involves:

- a) Removing or minimising disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic;**
- b) Taking steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of persons who do not share it;**
- c) Encouraging people who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.**

This means that when we are considering how our practices, policies and procedures impact upon equality we need to also be considering the ways in which we can mitigate any potentially negative impacts, and ensure that access to our services remains fair and equitable.

For example, the law requires us to make reasonable adjustments to the way in which services and public functions are delivered where a disabled service user may be placed at a substantial disadvantage. In considering how a service is delivered or offered, we need to consider the potential barriers that a person with a disability may have to overcome in order to access it, and put in place reasonable adjustments to lessen these. Such adjustments may be physical, or they may involve providing an auxiliary aid, or altering the way in which the service is delivered

The Specific Duties

The specific duties are contained within the Equality Act 2010 (Specific Duties) Regulations 2011. They came into force from July 2011, and confirm the minimum steps that public bodies must take in relation to publishing information on equalities, such as workforce monitoring data and equality objectives. The 2011 Regulations were replaced by The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 in March 2017.

The regulations state annually, public authorities (with 150 or more employees) must publish information to demonstrate compliance with the general duty, including information about the protected characteristic status of employees, and other persons affected by our policies and practices.

The regulations also state that public authorities (with 150 or more employees) must publish one or more specific and measurable equality objectives, and subsequently at intervals of no more than four years from the date of first publication.

The information we publish must be in a manner that is accessible to the public, and may be contained within another published document. This in effect removes the requirement on public bodies to publish separate and specific equality schemes, as noted earlier.

However, in order to build on existing good practice and for ease of reference, we have decided to continue with publishing a joint Corporate Equality Scheme.

Previously NHS T&G CCG's equality objectives were published in their Equality, Diversity and Human Rights Strategy 2014-19. The equality objectives for the Strategic Commission, NHS T&G CCG and Tameside Council are published in the joint One Equality Scheme 2018-22.

Compliance with the duty

Publication of the One Equality Scheme 2018-22 ensures that we are adhering to the regulation stating that we must publish one or more specific and measurable equality objectives, and subsequently at intervals of no more than four years from the date of first publication.

The One Equality Scheme 2018-22 contains our equality objectives and we have ensured that these are outcome focussed and are in alignment with other key strategic documents. As Tameside Council and NHS T&G CCG have come together to form the Strategic Commission, the equality objectives are applicable to both organisations.

These sections also detail the processes and structures we have in place to ensure that appropriate consideration of equality issues is embedded in our decision making and day to day work.

Furthermore, it builds upon the work done as part of previous schemes and strategies of each of the organisations by including details of how we have engaged with our communities and ensured that those protected under legislation have been involved as part of influencing, developing and shaping the commissioning and delivery of services.

In providing the framework of how we approach equality in the area; it confirms a number of actions and processes that our services undertake in order to meet the general and specific duties. For example, the Equality Impact Assessment (EIA) process helps us ensure that the decisions we take have been properly considered for their impact on relevant protected characteristic groups, and are based on solid evidence, including feedback from consultation and engagement. We use the EIA process, and the principles embedded within it, to ensure that we are complying with the general public sector equality duty. Similarly, the EIA process is just one of the ways in which we satisfy the requirement of the specific duties by publishing information relating to individuals sharing a relevant protected characteristic who are affected by our policies and practices.

The EIAs produced to support individual policy changes and practices by both Tameside Council and NHS T&G CCG are available within the individual decision reports produced by the services. Equalities information relating to the Council's workforce is published online at: www.tameside.gov.uk/workforceequalitydata; and T&G CCG workforce equalities information is published at www.tamesideandglossopccg.org/corporate/equality-and-diversity/publishing-equality-information.

Protected Characteristics

The main provisions of the Equality Act 2010 came into force on 1st October 2010.

These provide the basic framework of protection against discrimination, harassment and victimisation, for the nine recognised 'protected characteristics' in employment, public functions and services, transport, premises, education, and associations.

The Act replaces all existing anti-discrimination laws¹ with a single piece of legislation. The aim is to streamline previous laws and 'level up' protection across the protected characteristic groups.

The nine protected characteristics, and what is meant by them, are detailed below, as are details of the protection given by the Act.

The nine protected characteristics are:

- **Age**
- **Disability**
- **Race**
- **Sex**
- **Religion or Belief**
- **Sexual Orientation**
- **Gender Reassignment**
- **Pregnancy & Maternity**
- **Marriage & Civil Partnership**

¹ Equal Pay Act 1970; Sex Discrimination Act 1975; Race Relations Act 1976; Disability Discrimination Act 1995; Equality Act 2006; Employment Equality (Religion or Belief) Regulations 2003; Employment Equality (Age) Regulations 2006; Equality Act (Sexual Orientation) Regulations 2007

NHS T&G CCG also include a further four locally determined characteristics which have now also been adopted by Tameside Council jointly as part of the Strategic Commission arrangement, they are:

- **Carers**
- **Military Veterans**
- **Breastfeeding**
- **Mental Health**

Please note that this is intended as a general overview and introduction only, and does not constitute legal advice.

The Equality Act 2010 is a wide-ranging piece of legislation and will apply differently in certain situations and circumstances. There are, for example, areas where discrimination is lawful, such as where the provisions of another law demand it, or where an action can be justified as a proportionate means of achieving a legitimate aim. The level of protection afforded by the Act will depend on individual circumstances.

Age

This is defined as a reference to a person's age group. This can mean people of the same age, or a range of ages, for example 'under 18s' or 'over 50s', or a specific age group e.g. '25-34 year olds'. People who share the protected characteristic of age are therefore in the same age group, although this can be broad as well as very specific. Age groups do not have to be defined numerically, they can be relative e.g. 'older than you/me'.

Disability

The Equality Act 2010 defines a disability as a physical or mental impairment which has a long-term and substantial adverse effect on a person's ability to carry out normal day to day activities. This includes sensory impairments such as those affecting sight or hearing, and also any impairment which consists of a severe disfigurement. Long term means that the impairment has lasted, or is likely to last, for at least 12 months or the rest of the affected person's life.

The Act has changed previous disability law, in that a person now no longer has to demonstrate that their disability affects a particular function such as mobility or speech. This used to be known as the 'list of capacities'.

Some illnesses, such as cancer, multiple sclerosis and HIV infection, are covered by the Act, from the point of diagnosis, under the protected characteristic of disability. Progressive conditions, and those with fluctuating or recurring conditions, will also be considered as disabilities in certain circumstances.

The Act strengthens the support given to people associated with someone with a disability, such as carers, by expanding the coverage of discrimination by association to cover disability.

It also introduces the concept of discrimination arising from a disability, where someone suffers unfavourable treatment as a consequence of something arising from their disability.

The Act also seeks to ensure that disabled people are given fair treatment when applying for positions of employment, in that it now bans the asking of pre-employment health questions, including sickness absence (other than in certain, specific circumstances).

For information as to what constitutes a disability under the Act, and where the Act applies, please consult the Statutory Codes of Practice or the information held on the Office for Disability Issues website.

Race

A person who is from a particular racial group will have the protected characteristic of race. A racial group is defined as a group of people who have, or share, a colour, nationality or ethnic or national origins. All racial groups are protected from unlawful discrimination under the Act, and an individual may fall into more than one racial group.

Sex

Sex refers to a man or woman of any age, or groups of men and/or boys, and women and/or girls. The protected characteristic of sex does not include gender reassignment or sexual orientation. These are covered separately.

Religion or Belief

Religion or belief includes any religion and any religious or philosophical belief. This protected characteristic therefore includes the commonly recognised religions such as Christianity, Islam, Judaism, Sikhism and Buddhism for example. However, in order to be protected, a religion does not necessarily need to be mainstream or particularly well known, but it must have a clear structure and belief system. It also includes a lack of any religion or belief, for example philosophical beliefs such as Humanism and Atheism.

Sexual Orientation

Sexual orientation refers to a person's sexual orientation towards persons of the same sex (i.e. a gay man or a lesbian), persons of the opposite sex (i.e. heterosexual), and persons of either sex (i.e. bisexual). It also relates to how people feel, as well as their actions. Discrimination under this protected characteristic covers discrimination as a result of how someone's sexual orientation manifests itself i.e. in how that person presents themselves, or the places they choose to visit.

Gender Reassignment

Gender reassignment is the act of moving away from one's birth sex to the preferred gender i.e. from male to female, or vice-versa. It covers anyone who is proposing to undergo, is undergoing, or has undergone the process (or part of the process) to reassign their sex.

The Act removes the requirement for the person proposing to undergo this change to be under medical supervision in order to be protected, recognising that it is a personal process and not necessarily a medical one.

Pregnancy and Maternity

Where a woman is pregnant or on maternity leave she is covered by this protected characteristic, as well as being covered by protection and rights afforded to her by other statutory rights such as time off for antenatal care and health and safety protection. In cases where an employer has to treat a pregnant employee more favourably than other workers, men cannot make a claim for sex discrimination based on this more favourable treatment.

Marriage and Civil Partnership

When the Equality Act 2010 was first introduced marriage referred to any formal union of a man and a woman which is legally recognised in the UK as a marriage.

Civil Partnership refers to a registered civil partnership under the Civil Partnership Act 2004, including those registered outside of the UK. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

However following legal changes in 2014, same sex couples can now marry in civil ceremonies or religious ones where the religious organisation allows it throughout England, Scotland and Wales. Civil partners who wish to convert their civil partnership into marriage are also able to do so. Additionally, married transgender men and women are now able to change their legal gender without having to end their marriage.

The status of being unmarried or single is not protected. Similarly, people who intend to marry or form a civil partnership but have not yet done so, or who are divorced or have had their civil partnership dissolved, are not protected by this characteristic.

Additional Locally Determined Characteristics

The additional local determined characteristics are defined as:

Carers – anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. This includes young carers who may be providing support to a parent.

Military Veterans – those who have served in the British Armed Forces and since left them.

Breastfeeding – those mothers who are feeding their infants.

Mental Health – those with a condition related to their psychological and emotional well-being.

The Equality Act provides the basic framework of protection for people in relation to employment, public functions and services, transport, premises, education, and associations. Most protected characteristic groups are covered by the Act in relation to the areas below, although there are some differences as to when and where this protection applies.

The information given below is intended as a brief overview of the main principles and coverage of the Act. It is not definitive and it does not constitute legal advice.

Direct Discrimination

Direct discrimination occurs when a person is treated less favourably than someone else because of a protected characteristic. This definition is broad enough to cover cases where the less favourable treatment is because of the victim's association with someone else who has that characteristic (discrimination by association), or because the victim is wrongly thought to have that characteristic (discrimination by perception).

The Equality Act extends the coverage of discrimination by association and discrimination by perception to disability, sex, and gender reassignment. Previously, discrimination by association and discrimination by perception only applied to race, religion or belief, and sexual orientation.

Indirect Discrimination

Indirect discrimination occurs when a rule or policy which applies in the same way for everybody has an effect which particularly disadvantages people with a protected characteristic. Where a group of people are disadvantaged in this way, a person in that group is indirectly discriminated against if he or she is put at that disadvantage, unless the person applying the rule or policy can justify it. Where this rule or policy can be justified it is said to be a proportionate means of achieving a legitimate aim. Indirect discrimination is therefore not always unlawful.

The Equality Act extends the coverage of indirect discrimination to disability and gender reassignment.

Victimisation

Victimisation occurs when someone is treated badly because they have done something in relation to the Equality Act, such as making or supporting a complaint or raising a grievance about discrimination, or because it is suspected that they have done or may do these things.

Similarly, a victim of harassment need only demonstrate that they have been treated badly; they do not have to show that they have been treated less favourably than someone who has not made or supported a claim under the Act by way of comparison.

A person is not protected from victimisation if they have maliciously made or supported an untrue complaint.

Outlined below are the NHS equality requirements that the CCG has to comply with, also referred to as the Equality Delivery System 2 (EDS2).

NHS England introduced the Equality Delivery System 2 (EDS2) to help NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

The main purpose of EDS2 is to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with protected characteristics. From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. EDS2 implementation is outlined within the CCG Assurance Framework and continues to be a key requirement for all NHS CCGs.

The latest EDS2 summary report is available on NHS T&G CCG's website: www.tamesideandglossopccg.org/corporate/equality-and-diversity/equality-delivery-system-2

More information about EDS2 in general can be found at: www.england.nhs.uk/about/equality/equality-hub/eds/

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) was introduced by NHS England in April 2015. This sets out the requirement to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME board representation. Implementation of the WRES is a requirement on both NHS commissioners and NHS provider organisations.

Clinical Commissioning Groups have two roles in relation to the WRES – as commissioners of NHS services and as employers. The provisions of the NHS standard contract require CCGs to give assurance to NHS England that their providers are implementing and using the WRES. Implementing the WRES and working on its results and subsequent action plans should be a part of contract monitoring and negotiation between CCGs and their respective providers.

CCGs are not required by the NHS standard contract to fully apply the WRES to themselves as some CCG workforces may be too small (i.e. under 150 employees) for the WRES indicators to either work properly or to comply with the Data Protection Act. However, CCGs should commit to the principles of the WRES and apply as much of it as possible to their own workforce. In doing so CCGs can demonstrate good leadership, identify concerns within their workforces, and set an example for their providers

In practice, to aid due regard to the implementation of WRES, CCGs should:

- Collect data on their workforce
- Carry out data analyses
- Produce an annual report
- Report and action plan publication

The WRES Reporting Template is available for CCGs to use in this regard. From 1 July 2016 onwards, CCGs have been expected to produce an annual WRES report, accompanied by an action plan where appropriate.

Although T&G CCG falls below the threshold for the requirement to complete WRES we have committed to completing as many of the WRES indicators as possible. This ensures we show regard to the principles of WRES and are following good practice. Demographic data relating to T&G CCG's workforce data is also published on the CCG website in accordance with the Equality Act (Specific Duties) Regulations.

NHS T&G CCG's WRES data for 2016/17 can be accessed here: www.tamesideandglossopccg.org/corporate/equality-and-diversity/workforce-race-equality-standards

More information about WRES in general can be viewed here: www.england.nhs.uk/about/equality/equality-hub/equality-standard/

Workforce Disability Equality Standard (WDES)

NHS England has agreed to a recommendation put forward by the NHS Equality and Diversity Council (EDC) to mandate a Workforce Disability Equality Standard (WDES) via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18.

The proposed standard will use data from the NHS annual staff survey and look at areas such as workforce representation, reasonable adjustments, employment experience and opportunities.

More information about WDES can be found at: www.england.nhs.uk/about/equality/equality-hub/wdes/

Accessible Information Standard (AIS)

The Accessible Information Standard was introduced by NHS England in 2016. The standard tells organisations providing NHS or publicly funded adult social care how they should make sure that patients with disabilities receive information in formats that they can understand and receive appropriate support to help them to communicate.

Effective implementation required health and social care organisations to make changes to policy, procedure, human behaviour and, where applicable, electronic systems. Full implementation of the Standard was required by 31 July 2016. The WDES will need to be included as a requirement for all providers in the T&G CCG contract.

More information about AIS can be found here: www.england.nhs.uk/ourwork/accessibleinfo/

Equality, Diversity and Human Rights (EDHR) Contract Schedule

The Equality, Diversity & Human Rights (EDHR) Contract Schedule should be included in all T&G CCG contracts. The schedule sets out what is expected of providers with regards to demonstrating compliance with equality standards.

NHS T&G CCG have adopted the EDHR Schedule devised by Greater Manchester Shared Services in December 2016. The Schedule outlines all of the required equality standards including obligations under the Equality Act 2010, Workforce Reporting, EDS2, WRES and Accessible Information Standard.

If you wish to access further, more detailed information, about the Equality Act 2010 or equalities in general, a number of sources are listed below.

The Equality & Human Rights Commission (EHRC), which was established under the Equality Act 2006 and brought together the Equal Opportunities Commission (EOC), the Commission for Race Equality (CRE) and the Disability Rights Commission (DRC), has a statutory remit to promote and monitor human rights, and to protect, enforce and promote equality across the nine 'protected characteristics'.

They have published a number of guidance notes on the public sector equality duty, which are available on their website here:

www.equalityhumanrights.com/en/equality-act/equality-act-2010

For those wanting more detail, the Statutory Codes of Practice are also available. These are intended as the authoritative, comprehensive and technical guide to the detail of law. There are three Codes of Practice – 'Services, public functions, and associations'; 'Employment'; and, 'Equal pay' – with each providing specific details of the circumstances in which the Act is applicable. These can be accessed on the EHRC website here:

www.equalityhumanrights.com/en/advice-and-guidance/equality-act-codes-practice

The Equality Advisory Support Service (EASS) is an advice service aimed at individuals who need expert information, advice and support on discrimination and human rights issues and the applicable law, particularly when this is more than advice agencies and other local organisations can provide.

The EASS can:

- **Give bespoke advice to individuals across the whole of Great Britain on discrimination issues**
- **Explain legal rights and remedies within discrimination legislation, across the three nations**
- **Explain options for informal resolution and help people to pursue them**
- **Refer people who cannot or do not wish to go down this road to conciliation or mediation services**
- **Help people who need or want to seek a legal solution by helping to establish eligibility for legal aid and, if they are not eligible, to find an accessible legal service or to prepare and lodge a claim themselves**

But it cannot:

- **Provide legal advice**
- **Provide representation in any legal proceedings**
- **Provide advice on court or tribunal procedures once a claim has been issued**
- **Advise on the strength of a case or the evidence needed to prove a case**
- **Provide advice to employers**
- **Provide advice to solicitors and other professional advisors**

EASS can be contacted on 0808 800 0082 or by text phone on 0808 800 0084.

www.equalityadvisoryservice.com

The Government Equalities Office (GEO) is the department responsible for the Government's overall strategy and priorities on equality issues. It aims to improve equality and reduce discrimination and disadvantage for all, at work, in public and political life, and in people's life chances.

The GEO has also produced guidance material on the Equality Act, which is available online here:

www.equalities.gov.uk/equality_bill.aspx

The Office for Disability Issues (ODI) leads on the government's vision of achieving equality for disabled people, and through its work aims to ensure that disabled people have the same choices and opportunities as non-disabled people. Information on their work, together with further guidance on how the Equality Act 2010 affects the laws protecting disabled people can be found online at:

www.gov.uk/government/organisations/office-for-disability-issues

NHS England produces guidance to support Clinical Commissioning Groups (CCGs) and NHS England in meeting their legal duties in respect of equality and health inequalities. CCGs and NHS England play key roles in addressing equality and health inequalities; as commissioners, as employers and as local and national system leaders, in creating high quality care for all.

www.england.nhs.uk/about/equality/equality-hub/legal-duties/

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Report To:	EXECUTIVE CABINET
Date:	20 June 2018
Executive Member/Reporting Officer:	Councillor Allison Gwynne – Executive Member (Neighbourhood Services) Emma Varnam - Assistant Director (Operations & Neighbourhoods)
Subject:	MAKING WALKING AND CYCLING SAFER – AN INVESTMENT STRATEGY
Report Summary:	<p>This report outlines the proposals from Transport for Greater Manchester (TfGM) to develop a “Streets for All” Strategy across Greater Manchester. The report also provides details of the ‘Made to Move’ report, describing its aim and how this provides the foundation for the ‘Streets for All’ Strategy and the development of the Local Cycling and Walking Infrastructure Plan (LCWIP) The report explores how all these thematic strands are brought together to support the development of a delivery pipeline of schemes, detailing Tameside’s ambition to develop strategic active travel and cycling schemes for the future.</p> <p>In addition, the report explores all the current initiatives, strategies and proposals around active travel, walking and cycling, and how these interrelate with other GM strategies for tackling congestion, reducing air pollution, and improving health and outlines details of pipeline schemes that the Council has identified to support these initiatives, with a recommendation that should funding be made available, the Council supports future schemes from those proposed.</p>
Recommendations:	That the report is noted and that support is given to the proposed outline schemes identified in Appendix 6 as the basis for a pipeline of schemes to be used as a basis for the Council to bid for funding, as and when such funding becomes available.
Links to Community Strategy:	<p>Active travel, cycling and walking, transport schemes are linked to promoting a prosperous society and safe environment.</p> <p>In addition, the proposed schemes in this report support the Greater Manchester Combined Authority (GMCA) - Greater Manchester plan, Our People, Our Place, with particular reference to healthier lives, Air Quality Action Plan and the Congestion Plan</p>
Policy Implications:	The report and proposed scheme details are in accordance
Financial Implications: (Authorised by the Section 151 Officer)	As discussed in the report, the proposed outline schemes identified in Appendix 6 will be used as a basis to bid for funding as and when it becomes available. It will be necessary to ensure that any bids for funding will cover the amount of expenditure required for each scheme. For any funding where it is required that the Council match the funding levels, budget will have to be identified to support this within the Highways Capital Programme. In these instances it will also be essential to ensure that the element to be funded by Tameside MBC does not exceed the capital monies available in that given year.
Legal Implications:	The Council has a number of statutory duties in relation to

(Authorised by the Borough Solicitor)

highway users a duty of care to ensure safety and one of traffic management to ensure flow of movement – at times these can appear to conflict. Additionally it has public health responsibilities. However, what we do know if pedestrians and cyclists felt safer they would be more inclined not to use cars for short journeys particularly given increasing fuel prices – this in turn would reduce congestion and increase safety. Accordingly a targeted investment strategy with clear measurable outcomes should deliver value for money in a number of those statutory duties.

Risk Management:

There is a risk that objections will be received to the proposals

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer, Emma Varnam by:



Telephone:0161 342 3337



e-mail: emma.varnam@tameside.gov.uk

1. INTRODUCTION

- 1.1 This report outlines the proposals from Transport for Greater Manchester (TfGM) to develop a “Streets for All” Strategy across Greater Manchester and a supporting delivery pipeline of schemes, detailing Tameside’s ambition to develop strategic active travel and cycling schemes for the future.
- 1.2 The report also details the ‘Made to Move’ report, describing its aim and how this provides the foundation for the ‘Streets for All’ Strategy.
- 1.3 Details are also provided on the Local Cycling and Walking Infrastructure Plan (LCWIP) and how this uses supporting data to identify and quantify prospective improvement schemes and the benefits of a modal transport shift from the use of cars to walking and cycling for shorter journeys.
- 1.4 Similarly, the report explores all the current initiatives, strategies and proposals around active travel, walking and cycling, and how these interrelate with other GM strategies for tackling congestion, reducing air pollution and health.
- 1.5 In the appendices are outline details of pipeline schemes that the Council has identified to support these initiatives, with a recommendation that should funding be made available, the Council supports future schemes from those proposed.

2. MADE TO MOVE

- 2.1 Andy Burnham, the Greater Manchester Combine Authority (GMCA) Mayor, appointed a Cycling and Walking Commissioner in 2017.
- 2.2 One of the Commissioner’s, Chris Boardman’s, first reports ‘Made to Move’, sets out a 15-point plan which includes proposals to publish a detailed 2018 Greater Manchester-wide walking and cycling infrastructure plan.
- 2.3 A key part of the plan is to establish a ring-fenced, 10-year, £1.5 billion infrastructure fund for walking and cycling.
- 2.4 The goal of this plan is ;

*To double and then double again cycling in Greater Manchester and make walking the natural choice for as many short trips as possible.
We must do this by putting people first, creating world class streets for walking, building one of the world’s best cycle networks, and create a genuine culture of cycling and walking.*
- 2.5 With the test of success being;

‘A joined-up network that spans the city region, it must be something a 12-year-old would choose to use. That ‘12-year-old’ represents a pensioner, a mother, someone with mobility issues, all the people we want to travel by bike instead of car but currently don’t.’
- 2.6 Details can we accessed at;
https://www.greatermanchester-ca.gov.uk/downloads/file/463/made_to_move
- 2.7 This investment would be implemented over the next decade and build on research that suggests a significant majority of Greater Manchester’s residents (77%) are in favour of more protected cycle lanes even if it impacts on other forms of road traffic.

- 2.8 In addition, 'Bike Life Greater Manchester 2017', published in October 2017 by sustainable transport charity Sustrans and Transport for Greater Manchester (TfGM), identified that almost seven in 10 people say Greater Manchester would be a better place to live and work if more people cycled.
- 2.9 *Made to Move* identified the need for substantial investment in cycling infrastructure and in response, the Mayor's office is aiming to create a challenge fund of around £50 million a year from 2019 to 2021, which will be able to be accessed by the 10 Greater Manchester districts when adding infrastructure to the required standard and also meeting part of the costs.
- 2.10 Investing in cycling and walking will not only improve air quality, help to tackle congestion but also improve health, wellbeing and environment.
- 2.11 The delivery of *Made to Move* relies upon substantial partnership working between a number of key players; the local highway authorities and GMCA. Also TfGM, Greater Manchester Health and Social Care Partnership (GMHSCP), Sport England and Greater Manchester sport and physical activity charity Greater Sport.

3. GM LOCAL CYCLING AND WALKING INFRASTRUCTURE PLAN (LCWIP)

- 3.1 The key outputs of LCWIPs are
- A network plan for walking and cycling which identifies preferred routes and core zones for further development
 - A prioritised programme of infrastructure improvements for future investment
 - A report which sets out the underlying analysis carried out and provides a narrative which supports the identified programme and network.
- 3.2 The purpose of the LCWIP is to provide a 10 year plan for cycling & walking; which will bring to an end the reactive planning of schemes, led by funding.
- 3.3 The plan will form the basis of a pipeline of considered schemes, avoiding pitfalls during scheme delivery.
- 3.4 The aim is to plan for what is needed, not what is quickly or easily delivered and to be in a better position to secure funding, using actual data of journeys and required outcomes.
- 3.5 The plan will also treat cycling and walking as "grown-up" modes of transport, as a positive alternative to the motorised movement of people, with a target date for completion of December 2018.
- 3.6 A presentation produced by TfGM on the LCWIP process is included in **Appendix 1**, together with overview plans of travel modes across GM.

4. STREETS FOR ALL

- 4.1 "Streets for All" is a new way of thinking about the role of streets in creating sustainable, healthy and resilient places. It begins with a focus on the needs of people and place, rather than considering the movement of vehicles alone.
- 4.2 TfGM and the ten GM Local Authorities have been developing thinking around the concept of "Streets for All" over recent months, drawing on experience from other cities (including London's "Healthy Streets" initiative) and reflecting the recommendations set out in the Cycling and Walking Commissioner's report "Made to Move". Officers have been working

collaboratively on the preparation of a “Streets for All” Strategy. This is now well developed and is intended to be published as a sub-strategy to the GM 2040 Transport Strategy later in 2018.

- 4.3 The major benefit of the “Streets for All” approach is that it enables a much more integrated approach to addressing a range of priority issues associated with our streets, such as: revitalising and regenerating local town centres, tackling congestion and air pollution, increasing levels of walking and cycling, improving local bus services and enabling housing growth. It provides a better framework for balancing the “movement” function of streets with their “place” function and making more informed decisions about the necessary trade-offs between these different roles.
- 4.4 The core principles, benefits of a GM wide approach and the development and delivery of a “Streets for All” programme via the development of pipeline schemes are detailed in **Appendix 2 – Streets for All: Overview**.

5. TAMESIDE – NETWORK PLANNING SESSIONS

- 5.1 Tameside utilised the different strategies to develop its own pipeline scheme proposals.
- 5.2 The LCWIP approach is to explore cycle routes regardless of local authority boundaries and to target areas where collected data supports the development of cycling schemes.
- 5.3 Made to Move and Streets for All looks at ‘cells’ (areas where cycling is unobstructed) and any barriers from these cells to access other cycling routes (e.g. motorways rivers railways etc.)
- 5.4 Tameside has held a series of network planning sessions, both internally and with other stakeholders (the Mayor’s staff, TfGM and external cycling groups,) to identify proposed schemes which meet the complementary objectives for these strategies.
- 5.5 **Appendix 3** provides copies of the maps from the Network Planning Session with the GM Mayor’s Cycling and Walking Commissioning team.
- 5.6 These four maps (north east, north west, south east and south west of the borough) identify the following;
- severance/barriers to cycling and walking,
 - crossing point, existing and proposed
 - crossing routes, existing and proposed
 - “Big Ticket Items”, where a major / prestigious scheme has been proposed.
- 5.7 Tameside Engineers are currently reviewing this information to ensure that all identified details are correct and that they correspond with the Council’s ambitions.

6. TAMESIDE SCHEMES TO DATE

- 6.1 In Tameside, the positive benefits of active travel choices have long been recognised.
- 6.2 A number of projects have been delivered that produce positive outcomes for non-motorised travellers; e.g., Pinch Point junction improvements at the Asda and BT junctions on Park Parade, Ashton-under-Lyne, and schemes under the City Cycle Ambition Grant 1 and 2 (CCAG1 & 2) e.g., links Ashton-under-Lyne to Audenshaw via Guide Bridge Rail

Station, ongoing with improved links to Ashton Canal and through Droylsden to Manchester/Velodrome.

- 6.3 Also, as part of the Transport Asset Management Plan (TAMP) capital highways investment, multiple outcomes are being identified and delivered, e.g. extending cycling facilities on Stockport Road, Denton and Roe Cross Road, Stalybridge / Longdendale.
- 6.4 Tameside's Strategic Cycling Group meets monthly to ensure focus remains on providing an improving network. This group includes Senior Council Officers; Engineers; Sustrans; TfGM; Public Health; Leisure, etc.
- 6.5 In response to the Streets for All Strategy and to support the development of the LCWIP, Tameside's Engineers are developing a range of improvements that build on existing commitment and knowledge.
- 6.6 For example, detailed options are being reviewed for the following locations;

A57, Manchester to Derbyshire.

- Manchester boundary to and including the M67 roundabout,
- East from M67 roundabout.

A560, Stockport Road, Hattersley. Stockport Road Viaduct to M67 roundabout.

A6017, Stockport Road, Ashton-under-Lyne. Chester Square to Guide Lane.

- 6.7 For each of these improvements, design options, outcomes and impacts are being assessed. Estimated costs for options, linkages (e.g. Highways England, adjoining councils, etc.) deliverability, etc., are being scoped in order to determine funding requirements (local / regional) and timescales.
- 6.8 It is proposed that engineers and transport officers continue to develop these schemes and ensure that Tameside MBC is positioned at the forefront of authorities to be able to bid for and deliver major improvements to deliver a range of positive outcomes for the borough and the wider region.
- 6.9 Accordingly, commitment is needed to be able to jointly fund the delivery of these improvements. For Tameside MBC this could equate to circa £2.5m pa being required based on a funding model of 1:1.

7. TAMESIDE'S AMBITION

- 7.1 Included in **Appendix 4** is an outline of current strategic and local cycling initiatives and the opportunities that they provide, whilst **Appendix 5** provides a similar outline of walking and Public Rights of Way initiatives.
- 7.2 The GM wide approach has involved a series of Network Planning sessions with all local authorities to develop pipeline schemes.
- 7.3 Tameside needs to be in a position to profile its ambition and to develop its own initiatives to take advantage of any available funding, whilst supporting the GM agenda.
- 7.4 Included in **Appendix 6** is an outline proposal for a series of schemes under the Active Travel banner.
- 7.5 These schemes are part of a wider exercise which looks at the potential for future schemes that support the Council's objectives of economic growth and active travel and GM wide strategies for planning, the Greater Manchester Spatial Framework (GMSF) and transport,

the GM Transport Strategy 2040, which includes Streets for All, Made to Move, LCWIP, and plans to tackle congestion and improve air quality,

- 7.6 By identifying Tameside's pipeline schemes, with Council support for these identified schemes, subject to securing the necessary funding, the Council will be in an excellent position to secure this funding.

8. FUNDING

GM Wide Funding and Approach

- 8.1 This work is predicated on securing funding from GMCA and, potentially, DfT in the new financial year to enable the procurement consultancy support to undertake the corridor and area-based scheme development activity, working alongside TfGM and local authority officers. If local authorities have match-funding or staff resources available to support the work then there may be opportunity to expand the programme or to fast-track some elements.
- 8.2 Additionally, it is envisaged that there may be opportunities for development and delivery of schemes through the Transforming Cities Fund, particularly where it can be shown significant support for cycling and walking. This requires further discussion with the Cycling and Walking Commissioner, the Greater Manchester Mayor, and District Leaders.
- 8.3 The approach set out in this note is scalable and can be adapted and scheduled according to the level of resource secured, although the ambition is to develop a delivery pipeline for the entire KRN and its parallel routes by March 2021; plus key local centres and streets as priorities are identified through other work programmes such as the town centre challenge initiative, the Local Cycling and Walking Infrastructure Plan, and TfGM KRN Traffic Control (SCOOT and MOVA) Upgrade and Bus Passenger Access Enhancement Growth Deal 3 Projects. Parallel work on the City Centre Transport Strategy and North West Quadrant Multi-Modal Transport Strategy will also support the development of "Streets for All" schemes.
- 8.4 Further detail on the GM pipeline development programme will be provided at a future GMCA WLT meeting.

Tameside Funding and Approach

- 8.5 As outlined in Section 6.9 above, commitment is needed to be able to jointly fund the delivery of these improvements. For Tameside MBC this could equate to circa £2.5m pa being required based on a funding model of 1:1.
- 8.6 Whilst GM are looking at securing consultancy to support the wider scheme development and implementation, Tameside has recognised the need to have pipeline schemes ready to go with outline proposals already prepared.
- 8.7 These proposals, as already described are included in **Appendix 6**, whilst some of the more detailed design proposals, as described in Section 7.6 are included in **Appendix 7**.

9. RECOMMENDATIONS

- 9.1 As set out on the front of this report.

GM LOCAL CYCLING & WALKING INFRASTRUCTURE PLAN



GM Local Cycling & Walking Infrastructure Plan

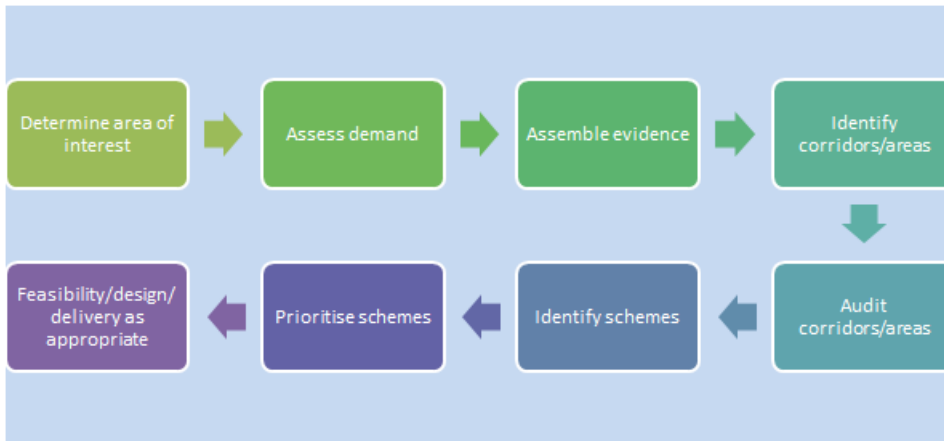


How do we put an LCWIP together?

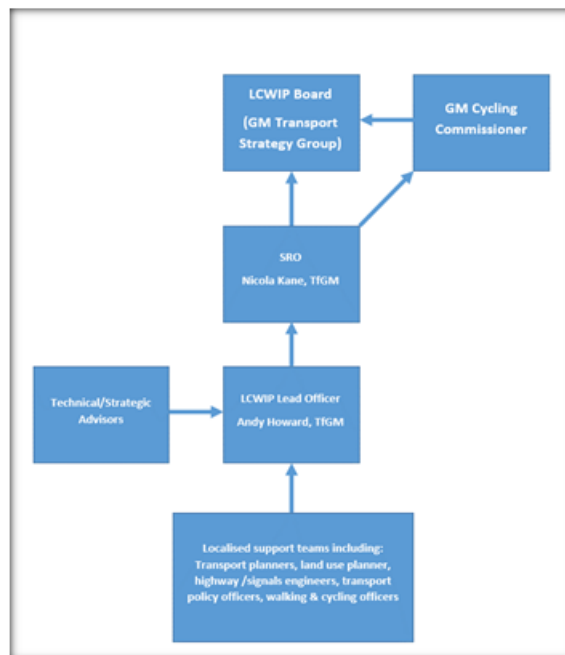
Figure 1: LCWIP Process

Stage	Name	Description
1	Determining Scope	Establish the geographical extent of the LCWIP, and arrangements for governing and preparing the plan.
2	Gathering Information	Identify existing patterns of walking and cycling and potential new journeys. Review existing conditions and identify barriers to cycling and walking. Review related transport and land use policies and programmes.
3	Network Planning for Cycling	Identify origin and destination points and cycle flows. Convert flows into a network of routes and determine the type of improvements required.
4	Network Planning for Walking	Identify key trip generators, core walking zones and routes, audit existing provision and determine the type of improvements required.
5	Prioritising Improvements	Prioritise improvements to develop a phased programme for future investment.
6	Integration and Application	Integrate outputs into local planning and transport policies, strategies, and delivery plans.

How do we put an LCWIP together?



Governance

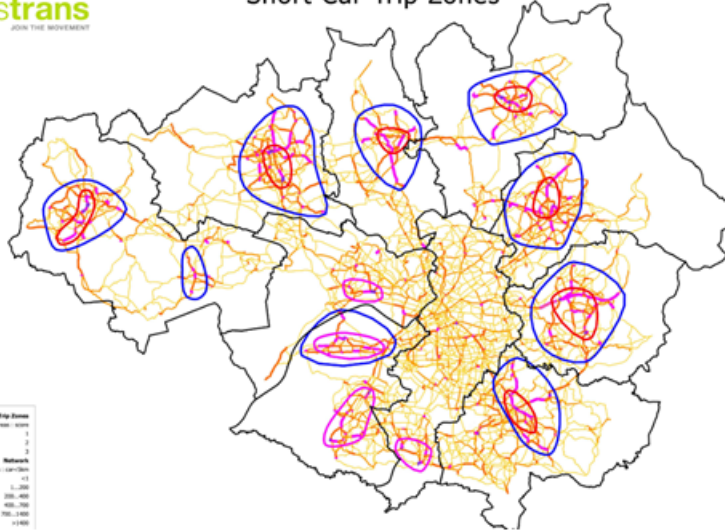


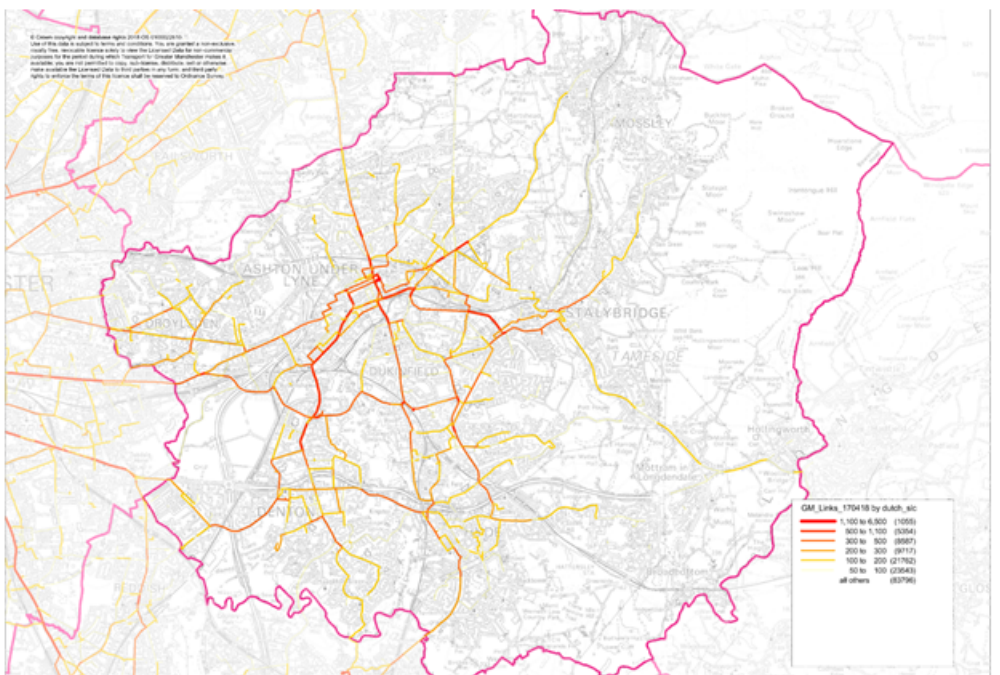
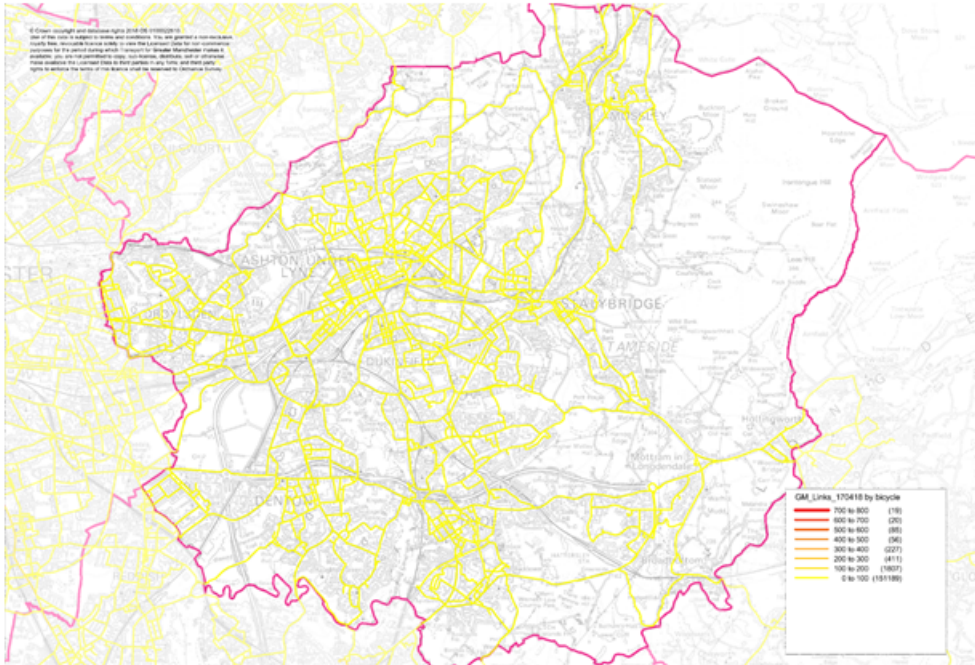


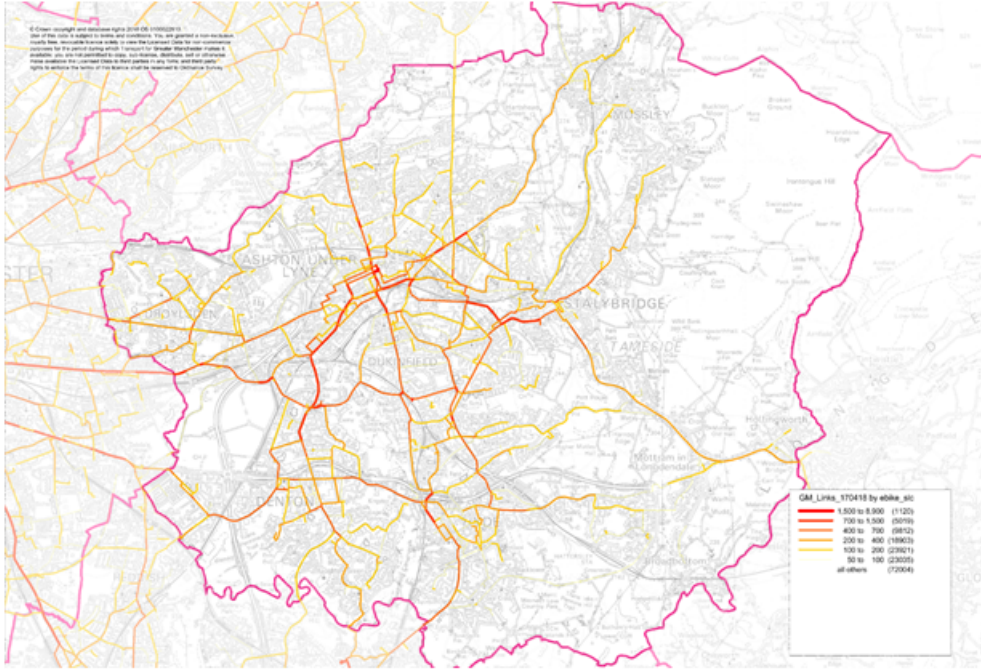
Greater Manchester Travel by All Modes between 5 and 10 km



Greater Manchester Travel Patterns Short Car Trip Zones







The key outputs of LCWIPs are:

- a network plan for walking and cycling which identifies preferred routes and core zones for further development
- a prioritised programme of infrastructure improvements for future investment
- a report which sets out the underlying analysis carried out and provides a narrative which supports the identified improvements and network

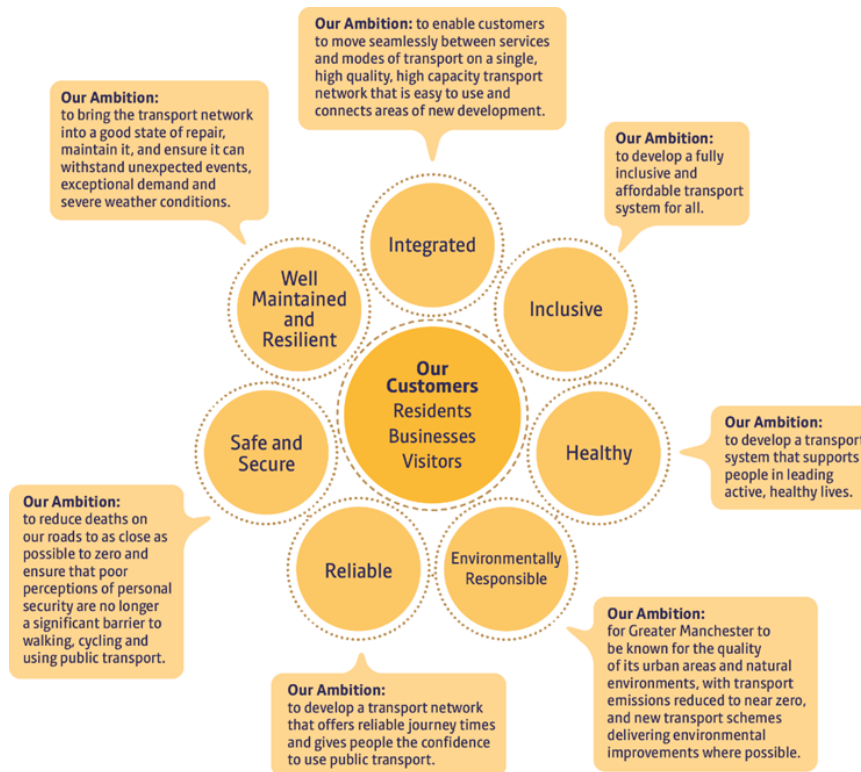
Final step: ensure LCWIP is turned into schemes on the ground!

- Formal adoption
- Use to bid for funding
- Incorporate cycle schemes into other infrastructure projects
 - planning policy/developments

STREETS FOR ALL: OVERVIEW

1. CORE PRINCIPLES UNDERPINNING THE “STREETS FOR ALL” AMBITION

1.1 Under the “Streets for All” Strategy, street design will seek to maximise the delivery of GM’s 2040 Transport Strategy Network Principles:



1.2 These principles received strong support from stakeholders and the public during consultation on the 2040 transport strategy, and place a strong emphasis on providing the right quality of provision for walking and cycling to ensure that these modes become the natural choice for local trips. Hence, walking and cycling would be given a high priority within a “Streets for All” framework, alongside public transport.

1.3 The principles can be applied at a very **local neighbourhood level**, for example, to identify improvements to local pedestrian and cycling links through a local neighbourhood to a primary school or transport hub. They can also be applied at a **street level** e.g. developing proposals for improving the quality of environment along a high street (e.g. Prestwich, Levenshulme or Stretford), where the environment is currently dominated by traffic but could be significantly improved for pedestrians, cyclists and/or public transport users. The principles can also be used across a whole **town centre**, such as the street and public realm enhancements that have been delivered in Altrincham town centre to provide a much less traffic-dominated environment.

1.4 Finally, a “Streets for All” approach can be applied through an **entire corridor**, where specific radial or orbital roads are reviewed together with any relevant parallel routes, to consider what capacity is required for general traffic, buses and cyclists, and how these movements are best provided for; balancing this with the need to provide safer walking and cycling facilities, and a more attractive and less polluted environment, particularly through

residential areas or local centres. This corridor approach has already been adopted to good effect on some approaches to the city centre, such as on Oxford Road and Chapel Street (A6).

- 1.5 In both cases, general traffic has been wholly or partially re-assigned to different parallel routes to allow more radical improvements to the environment on the streets with greatest “place” value. Such corridor treatments could potentially be applied along much more significant lengths of route to provide a more strategic approach to dealing with movement and place in different corridors across GM. In some locations, a “lighter touch” approach may be more appropriate, involving measures such light segregation for cyclists, more minor junction improvements, better pedestrian crossing facilities, localised public realm improvements, and so on.

2. KEY BENEFITS OF A “STREETS FOR ALL” APPROACH IN GM

- 2.1 As GM develops its strategic land use and transport plans for the coming decades, we have an ideal opportunity to re-think how we design and manage our roads, to dramatically improve the urban environment and to support GM’s regeneration ambitions.
- 2.2 The “Streets for All” approach enables a more strategic and integrated view of GM’s transport networks (including walking and cycling networks; bus networks; and networks for moving freight and general traffic) and what quality and capacity of provision is needed to support sustainable and inclusive growth across GM.
- 2.3 Other key benefits of GM adopting a “Streets for All” approach are as follows:
 - It allows a range of critical issues to be tackled through a single strategic approach rather than dealing with these through different plans, e.g. congestion, air quality, walking and cycling, improving bus provision, highways maintenance, regenerating local centres, street trees, future proofing highways technology, and so on.
 - It provides a framework for better dialogue with communities and different stakeholders and to build greater consensus of the role of different streets, based on what people want from streets rather than simply what is best for moving vehicles from A to B.
 - It does not rely on ring-fenced funding pots for different modes, e.g. within a single scheme, we can design the right facilities for walking and cycling, buses and general traffic as appropriate.
 - It also avoids polarising debates which arise when schemes just focus on single issues or user groups, instead starting with a consideration of the holistic role(s) of a particular corridor or network of streets and how they can be best designed to meet that role, taking into account the sort of places we are trying to create and the need to balance the “movement” and “place” function of a street.

3. GM APPROACH TO DEVELOPING AND DELIVERING A “STREETS FOR ALL” PROGRAMME

- 3.1 As referenced above, this is not completely uncharted territory in GM. In recent years, there have been a few examples of a ‘Streets for All’ approach, such as Chapel Street in Salford; the recent Oxford Road corridor upgrade; and the redesign of Stamford New Road in Altrincham town centre. To date, however, there has been no GM-wide adoption of this more people-focused approach to street design across our road network.

- 3.2 To do this will require a collaborative approach across Greater Manchester, involving TfGM, local authorities, Highways England, transport operators, and local communities and stakeholders. It will require new skills and the right capacity to roll out a carefully targeted streets upgrade programme. In most circumstances this will not be about delivering significant new capacity, but about making the best use of existing road space and working more collaboratively across GM to share best practice and skills to develop a more sustainable and inclusive agenda for our streets.
- 3.3 As a first step, we propose to publish a GM **“Streets for All” Strategy** (a sub-strategy to the 2040 Transport Strategy) in summer 2018. This will also be supported by a **Local Cycling and Walking Infrastructure Plan**, which will be published in late 2018, and will set out clear aspirations for the future cycling and walking network in GM.
- 3.4 TfGM, in close collaboration with the ten GM local authorities, will also prepare and publish a **“Streets for All” design guide**, which will set clear and consistent GM design standards for our streets, and ensure that we are creating coherent and attractive networks of streets for different purposes, including for walking, cycling, buses and freight movement. The strategy and design guide will both be agreed with the “Streets for All” Board and with the GMCA before publication.
- 3.5 We propose to develop a comprehensive **pipeline of “Streets for All” schemes**, working collaboratively across TfGM, all ten local authorities, the Cycling and Walking Commissioner and other key stakeholders. This would need to be a rolling programme of scheme development over the next 3-4 years (subject to funding), incorporating key radial and orbital corridors, and local centre and neighbourhood schemes.

4. DEVELOPING A “STREETS FOR ALL” PIPELINE OF SCHEMES ACROSS GM

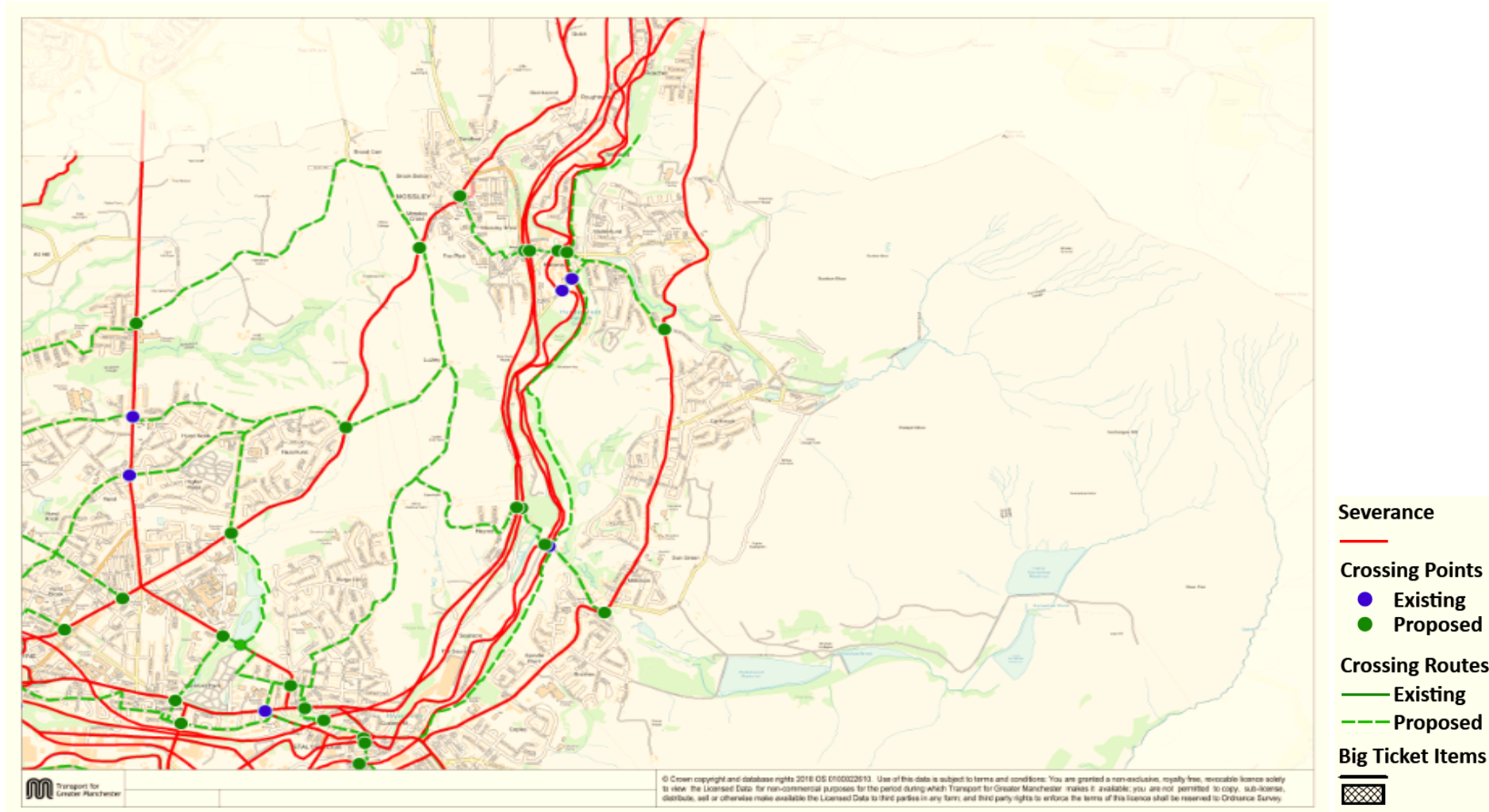
- 4.1 The establishment of a comprehensive pipeline of highways upgrade schemes will form an important component of GM’s long-term infrastructure delivery plan (in support of GMSF), ensuring that our 20-year delivery pipeline for Greater Manchester Transport Fund 2 (GMTF2) includes the right programme of integrated highways schemes that are fully aligned with strategic priorities.
- 4.2 As set out in paragraph 2.3 above, it will be important to embed the streets for all approach to all street design work, from local neighbourhood improvements to whole corridor treatments. Most of this work should be led entirely by local District authorities, with support from TfGM as appropriate. TfGM would play a more significant co-ordinating role in developing corridor schemes, given the strategic and cross-boundary nature of these proposals.
- 4.3 In future, the proposed establishment of a Major Road Network (MRN) will place even greater emphasis on GM and TfN having a clear vision and delivery programme for major highways networks. There are also potential opportunities through RIS2 and opportunities for funding through Highways England designated funds.
- 4.4 The development of a “Streets for All” pipeline will also allow a more effective response to nearer-term funding opportunities and it is anticipated that some early “Streets for All” schemes could be delivered from GM’s allocation from the DfT’s “Transforming Cities Fund” where significant benefits for walking and cycling can be demonstrated.
- 4.5 The ambition is to develop a multi-modal pipeline of short and medium-term highways-based interventions for delivery in the period up to 2030. The pipeline will take into account existing and future patterns of travel demand across all modes of transport, based on a vision-led approach to strategic planning and focusing on the specific needs of people and places.

- 4.6 The pipeline will comprise whole corridor packages, with an initial focus on the KRN corridor packages. Whilst it is anticipated that the focus will be on improvements to the KRN, parallel (and, potentially, off-road) routes will also be considered to identify opportunities to prioritise different users on different roads/streets within a corridor, e.g. identifying quiet cycleways ('quietways') on roads adjacent to major arterial routes where appropriate segregated cycle provision is difficult to deliver or unattractive in terms of noise and air quality.
- 4.7 Corridor or area-specific objectives will be agreed to ensure that schemes fully reflect the local context. Interventions will be developed based on the principles set out in the emerging 2040 sub-strategies, including the "Streets for All" Strategy, City Centre Transport Strategy and Bus Strategy, and will take into account a wide range of emerging priorities including the Congestion Plan, Clean Air Plan, Made to Move, and the Local Cycling and Walking Infrastructure Plan (LCWIP). Additionally, the scheme development work will draw on findings from a number of studies that have been undertaken to date, including the 2016 KRN baseline studies.
- 4.8 The pipeline development will also need to consider how new technology or disruptors, e.g. Mobility as a Service (MaaS), Electric Vehicles (EVs) and Connected and Autonomous Vehicles (CAVs), might affect demand or infrastructure requirements.
- 4.9 A key aspect of developing a "Streets for All" pipeline will be to involve local communities and stakeholders effectively so that they help to shape the vision, objectives and emerging proposals and can ultimately become ambassadors for the final schemes. It is therefore suggested that we trial new ways of engaging stakeholders and communities in developing these corridor or local centre improvement schemes, potentially using more agile and participative techniques to enable scheme ideas to be developed more quickly and effectively.
- 4.10 The approach to developing a "Streets for All" pipeline set out in this paper has been discussed with representatives from the ten GM local authorities and Highways England at Transport Strategy Group (TSG) and GM Highways Group, including at workshops in January 2018, and there is clear consensus that this work is required in order to place GM in a better position to exploit future funding opportunities, and to deliver highways-based schemes which align more closely with strategic priorities.
- 4.11 In terms of the corridors work, we intend to test the approach on a small number of pilot schemes during 2018/19, which will be followed by a rolling programme of scheme development work across the GM highways network in the period up to 2021/22.

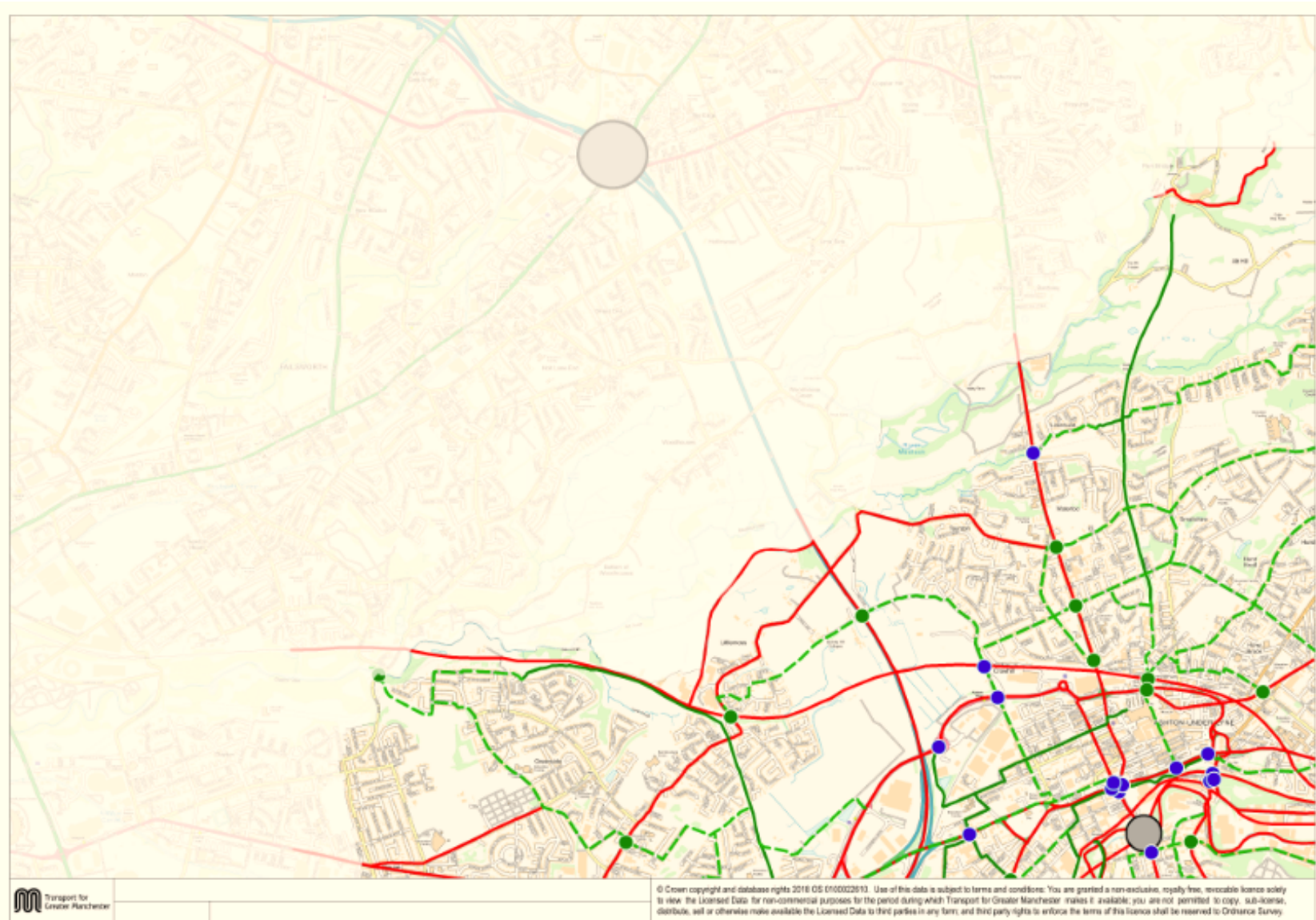
NETWORK PLANNING SESSIONS – OUTPUT

Tameside NE

Page 353



Tameside NW



Severance



Crossing Points

- Existing
- Proposed

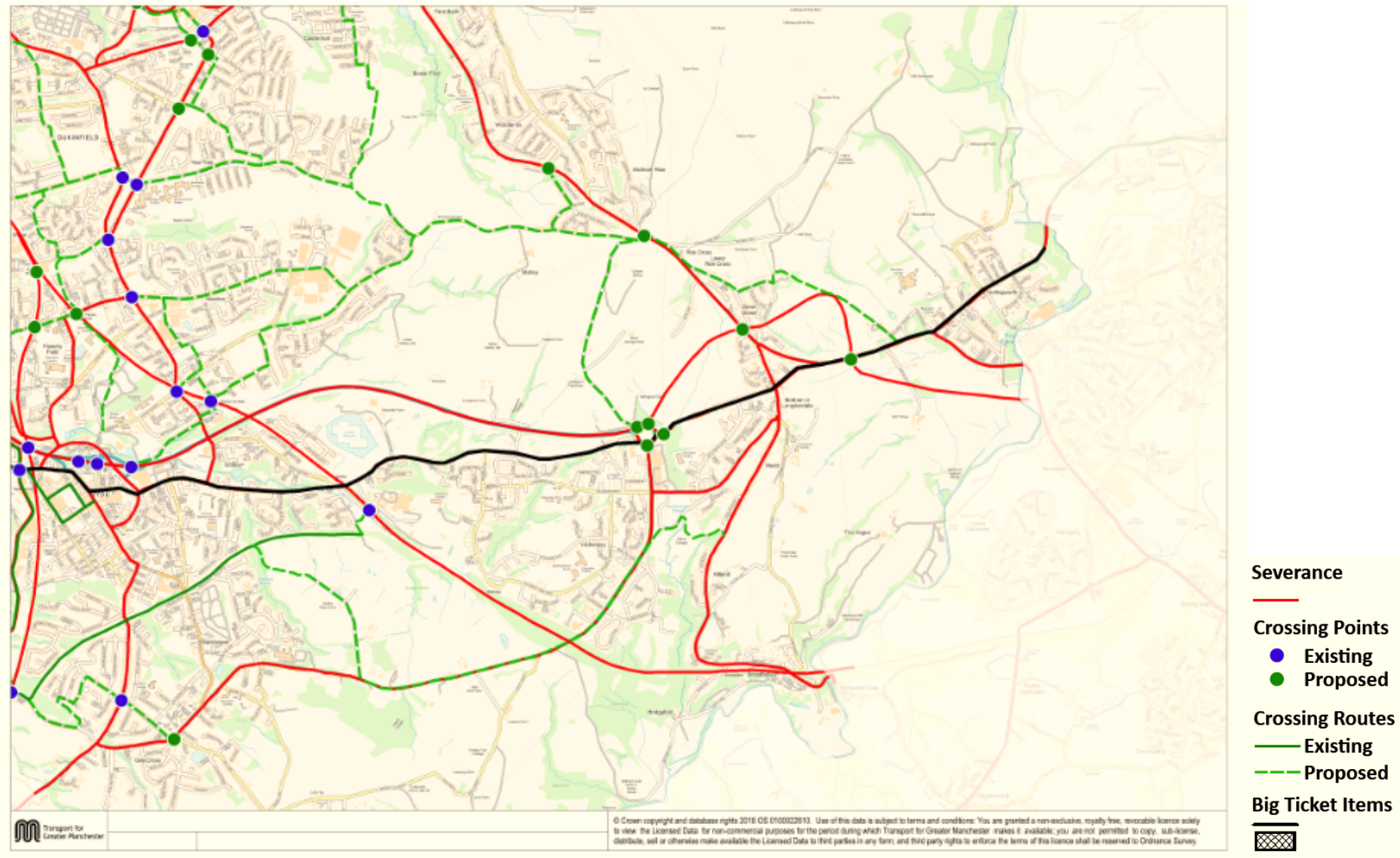
Crossing Routes

- Existing
- - - Proposed

Big Ticket Items

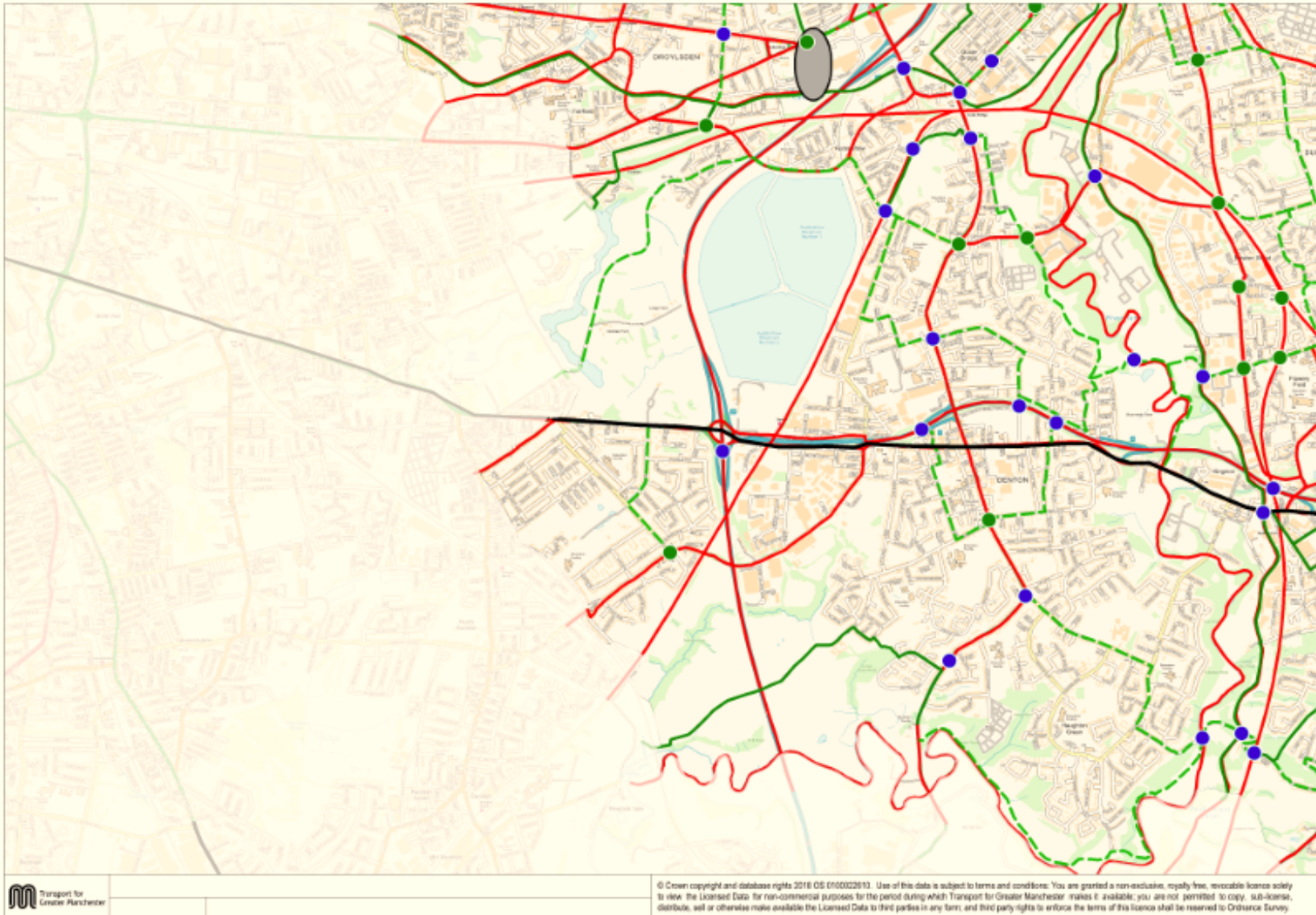


Tameside SE



Tameside SW

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Severance



Crossing Points

● Existing

● Proposed

Crossing Routes

— Existing

- - - Proposed

Big Ticket Items



APPENDIX 4

TAMESIDE : CURRENT STRATEGIC AND LOCAL CYCLING INITIATIVES

Strategic	Local	Safety & Education	Comms	Events
Ambition	Tameside Plans	'Close Pass'	Twitter	Tour de Manc
Clean Air	Cycling Strategy			
Congestion	Cycling Audit	Training	Infographic	Cycle to Work Week
Cycle Master Plan	Strategic Cycle Group			
Sustrans –	Cycle Parking	Schools / Events	Publicity	Cycling Tour of Tameside?
Engagement	TMBC			
Design Criteria '12YO'	Health			
Economic Returns	Others	Guidance and advice	Profile	Others
GM Cycle guidance				
Health	TAMP Programme			
Active Travel	Opportunities,			
Obesity etc.	Segregation			
	Lanes etc.			
Links – Groups	Highways England			
Users Walkers /	Designated Funds			
Horse Riders	M67 Crossing points			
	Mottram Bypass			
Links – Organisations				
TfGM	TfGM / Mayor's Office			
HE	CCAG 2 ...			
Neighbours	Cycle mapping			
'Streets for All'	Segregation			
	Stockport Road, AuL-			
2040 Strategy	-			
	Planning / Developments			
'Made to Move'				
	Cycle 2 Work			

LCWIP	Tame Valley Loop			
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Strategic	
Ambition	Tameside MBC has expressed an ambition at a GM level to be the leading authority for cycling across the region.
Clean Air Congestion	There is a potential £2bn investment to tap into over the next 10 years for walking and cycling projects across Greater Manchester. This funding is coming out from various Central Government initiatives as well as Combined Authority strategies such as 'Made to Move' and work on Local Cycling and Walking Infrastructure Plan.
Cycle Master Plan Sustrans – Engagement Design Criteria '12YO' Economic Returns GM Cycle guidance	Our first step in bidding for this funding is to ensure that Tameside has a 'Cycling Masterplan' which is ambitious and meets the requirements of all of these funding opportunities. The plan must be able to evolve and take note of advice from external organisations in order to make best advantage of the funding available. Maintaining strategic links with external bodies, both professional and public, is important to ensure that our plans meet the needs of the users as well as those who allocate the funding.
Health Active Travel Obesity etc.	Cycling has a vital part to play in improving public health and other agendas across GM e.g. congestion and air pollution. This supports the Chief Executive in his role as the Combined Authority lead on Health and Wellbeing.
Links – Groups Users Walkers / Horse Riders	
Links – Organisations TfGM HE Neighbours	
'Streets for All'	
2040 Strategy	
'Made to Move'	

LCWIP	
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Local	
Strategic Cycle Group	Tameside MBC has a clear ambition to be the leading authority for cycling in Greater Manchester. This ambition has been signed up to by the Chief Executive. The Council's Executive Officers have also signed up to this ambition through the Tameside Strategic Cycling Group (TSCG).
Tameside Plans Cycling Strategy Cycling Audit	The TSCG means for TMBC to achieve the above ambition through the use of strategic documents which will allow us to have 'shovel ready' plans in place that once achieved will create an exceptional cycling network in the borough.
Cycle Parking TMBC Health Others	The existence of the strategic documents and the shovel ready plans will put us in prime position for tapping into any available funding opportunities that present themselves.
TAMP Programme Opportunities, Segregation Lanes etc.	This approach has already achieved a great deal of success with investment of over £4m secured for the borough in the last 5 years for new cycle routes and infrastructure in the borough. By following the latest design guidance and objectives (e.g. segregated cycle lanes that are safe for a 12 year old) we aim to secure increased funding for the borough going forward.
Highways England Designated Funds M67 Crossing points Mottram Bypass	A better coordinated approach to route planning and working with other Council departments has enabled us to utilise funding allocated to the Road Resurfacing Programme to not only achieve their goals but also to improve the cycling network without detriment to anyone.
TfGM / Mayor's Office CCAG 1, 2 ... Cycle mapping	Much of the current funding and work is aimed at cycling for commuting purposes although we must remember that leisure cyclists will also use the same network and that provision should be made for mountain bike riders. The Council is committed to providing a nationally recognised route for mountain biker use in the Tame Valley Trail.
Segregation Stockport Road, AuL	Major planning applications are now scrutinised when submitted so as to require better provision for cycling for new and existing residents to the borough.
Planning / Developments	We aim to continually improve the profile and numbers of cycle parking places in public locations / town centres as well as at TMBC offices.

Cycle 2 Work Tame Valley Loop	TMBC employees are encouraged to take up cycling through provision of the Cycle 2 Work scheme. Promotion of the scheme and advice given to staff.
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Safety & Education	
'Close Pass'	Cycling can play a key part in promoting road safety through partner enforcement schemes such as 'Close Pass' or through training of both drivers and cyclists themselves.
Training Schools / Events	Training is carried out from a young age with Bikeability taught in primary schools and consultation meetings over proposed schemes held with nearby schools. Training for adults is available through TfGM with the Council being an essential partner to the programme.
Guidance and advice	Guidance and advice on routes, good practice, cycle parking locations etc. is provided to members of the public

Comms	
Twitter	The promotion of cycling will be vital if we are to achieve the Council's vision for cycling. It will not just be sufficient to install new infrastructure if the public do not know about what is available.
Infographic Publicity Profile	In order to increase the number of cyclists a great deal of publicity will be needed to make people aware of existing and new routes, inform them of what training is available, reassure the public that cycling is a safe form of transport and to clearly set out the benefits gained from cycling. Increasing the profile of cycling will, over time lead to safer road conditions for cyclists even where physical infrastructure is not possible.

Events	
Tour de Manc Cycle to Work Week	As cycling becomes more popular, there will be a desire for more events such as the Tour de Manc. New events may have different aims or audiences (e.g. mountain bikers) and we must be flexible to support these events in the best possible way.

Cycling Tour of Tameside?	Events do not have to be restricted to existing cyclists but can also be aimed at beginners where safe venues are available e.g. Tameside Cycle Circuit.
Others	Cycling events can also be a good way in which to increase the number of cyclists commuting to Council offices for work which will bring all of the associated health benefits, etc. Cycle to Work Week is a good example of this.

APPENDIX 5 - TAMESIDE : CURRENT WALKING AND PUBLIC RIGHTS OF WAY INITIATIVES

Strategic	Local	Safety & Education	Comms	Events
Ambition	Protecting Public Rights	Guidance	Twitter	Tour de Manc
Clean Air Congestion	Definitive Map & Statement Keep up to date Additions	Advice General Enquiries	Publicity – online maps	Tour of Tameside
Health Active Travel Obesity etc.	Extinguishments Diversions Anomaly's Public Inquiries		Profile – promoted routes	Organised Walks User groups Countryside Service
Links – Groups Users Walkers / Horse Riders / Cyclists	Tameside Policy on: Local aspirations Enforcement Risk inspections Legal orders Maintenance Structures and barriers		Online registers DMMO's PPO's Deposited Plans	Tameside XL Triathlon?
Links – Organisations TfGM HE GM Police Neighbours GMADE	TTRO's			
'Streets for All'	Waymarking routes			
2040 Strategy	Ancient Highways?			
'Made to Move'	Tameside Groups Rights of Way Forum Local Access Forum			

LCWIP	Highways England Designated Funds			
ROWIP	Mottram Bypass			
	Planning / Developments			
	Tame Valley Loop			

Strategic	
Ambition	Tameside MBC has an ambition to continually improve the offer that it can make to all users of the public rights of way (PROW) network. These include walkers, equestrians, cyclists and carriage drivers.
Clean Air Congestion	There is a potential to tap into funding over the next 10 years for walking and cycling projects across Greater Manchester. This funding is coming out from various Central Government initiatives as well as Combined Authority strategies such as 'Made to Move', Streets for All and work on the Local Cycling and Walking Infrastructure Plan.
Health Active Travel Obesity etc.	
Links – Groups Users Walkers / Horse Riders / Cyclists	The Council has a draft Rights of Way Improvement Plan (ROWIP), which sets out these ambitions and how the Council means to achieve them. The aspirations from this plan can evolve and take note of advice from external organisations in order to make best advantage of the funding available. The ROWIP also sets out how the current network of routes should link to those in neighbouring boroughs for a strategic approach across Greater Manchester and beyond.
Links – Organisations TfGM HE GM Police Neighbour authorities GMADE	Maintaining strategic links with external bodies, both professional and public, is important to ensure that our plans meet the needs of the users as well as those who allocate the funding.
'Streets for All'	
2040 Strategy	
'Made to Move'	
LCWIP	

ROWIP	
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Local	
Protecting Public Rights	Tameside MBC means to achieve its Strategic ambition by ensuring that it meets its statutory duties to protect PROW's whilst working towards improving the network beyond these duties for the benefit of walkers, equestrians, cyclists and carriage drivers.
Definitive Map & Statement	The definitive map and statement for Tameside is the legal record of PROW's in the borough. This network forms the basis of an excellent resource for the people of the borough and if utilised correctly can have great benefit to the health of residents and the local environment.
Keep up to date	
Additions	
Extinguishments	
Diversions	
Anomaly's	
Public Inquiries	
Tameside Policy on:	Due to the nature of PROW's and the rural setting of many of them, a robust means of dealing with common problems (eg. deliberate obstruction, surface condition, dangerous structures) needs to be established. The Council has produced an updated (and soon to be published) Public Rights of Way Policy document with specific sections dedicated to these common problems. This document has been produced in collaboration with local user groups in order to ensure that it will be effective and will best meets the needs of local people.
Local aspirations	
Enforcement	
Risk inspections	
Legal orders	
Maintenance	
Structures and barriers	Much of the current funding and work for sustainable travel is aimed at cycling, but we must remember that walkers and horse riders can also use much of the same network and that consideration should be given to these users under all schemes. The Council is committed to constructing multi-user routes where possible under cycling monies and conversely to improve the offer for cyclists on existing bridleway routes (and footpaths where appropriate).
TTRO's	
Waymarking routes	The existence of the strategic documents and the shovel ready plans for cycling has put us in prime position for tapping into any available funding opportunities that present themselves. In some instances, these funding opportunities are also of benefit to the PROW network (eg. Highways England Designated Funds scheme). It is this symbiotic approach towards schemes and funding that needs to be encouraged in the future.
Ancient Highways	
Tameside Groups	
Rights of Way Forum	Major planning applications and developments (eg. Mottram Bypass and Glossop Spur) are now scrutinised when submitted so as to require better provision for walking and cycling for new and existing residents to the borough.
Local Access Forum	

Highways England Designated Funds Mottram Bypass	
Planning / Developments	
Tame Valley Loop	
Safety & Education	
Guidance	It is essential that clear and easy to understand information is made available in a number of formats for members of the public to allow them to make full use of the PROW network.
Advice	This information will enable the public to report any problems in a helpful way
General Enquiries	Guidance and advice on routes, legal requirements, good practice etc. is provided to members of the public and landowners.
Comms	
Twitter	The promotion of PROW's will be vital if we are to achieve the Council's ambitions. It will not just be sufficient to maintain the network and install new infrastructure if the public do not know about what is available.
Publicity – online maps	In order to increase the number of people using the PROW network, publicity will be needed to make people aware of existing and new routes, inform them of when problems are resolved, and to clearly set out the benefits to be gained from walking, horse riding and cycling.
Profile – promoted routes	Promotion of the promoted routes in the borough will lead to increased tourism and an economic boost from users doing long-distance walks and rides that pass through the borough.
Online registers DMMO's PPO's Deposited Plans	Making information available (both statutory and promotional) on the Council's website will help to increase the number of users and will bring about the benefits associated with active travel.
Events	
Tour de Manc	As cycling becomes more popular, there will be a desire for more events such as the Tour de Manc. New events may have different aims or audiences (eg. mountain bikers or runners) and we must be flexible to support these events in the best possible way.

Tour of Tameside	Events do not have to be restricted to existing walkers, horse riders or cyclist but can also be aimed at beginners where safe venues are available eg. Tameside Cycle Circuit, horse arenas or organised walks.
Organised Walks User groups Countryside Service	Getting people involved as a beginner and then hosting local events (eg. Tameside XL Triathlon) can be a good way in which to get our residents active and to give them the opportunity to develop their abilities and fitness.
Tameside XL Triathlon	These events can also be a good way in which to increase the number of staff commuting to Council offices by active travel which will bring all of the associated health benefits etc. Cycle to Work Week is a good example of this.

APPENDIX 6

TAMESIDE : PIPELINE SCHEME PROPOSALS – ACTIVE TRAVEL

Scheme Name - Proposal	Estimated Cost £'000s
Route 1 - Ashton to Oldham links (Sustrans Proposal)	£90
Route 2 - Hyde to Dukinfield and Ashton (Sustrans Proposal)	£800
Route 3 - Ashton Stalybridge Circular (Sustrans Proposal)	£800
Route 4 - Hyde to Stalybridge via the Huddersfield Canal (Sustrans Proposal)	£300
Route 5 - Gee Cross Link (Sustrans Proposal)	£750
Route 6 - Kingston Network (Sustrans Proposal)	£740
Route 7 - Denton - Manchester Rd Links (Sustrans Proposal)	£750
Route 8 - Mottram Rise Links (Sustrans Proposal)	£500
Route 9 - Broadbottom TOT link (Sustrans Proposal)	£1,000
Route 10 - Mossley links (Sustrans Proposal)	£300
Sustrans Route 9 – Hattersley Viaduct major barrier to this route. Parallel cycle bridge for cyclists and walkers over the railway	£25,000
Provision cycle route along the old railway line north of Waggon Rd/Staley Rd to the Oldham boundary (extension of Route 10 Sustrans proposal to Oldham boundary)	£250
Programme of pedestrian and cycle access route improvements to rail stations <ul style="list-style-type: none"> - Ashton-under-Lyne - Stalybridge - Mossley - Guide Bridge - Flowery Field - Newton for Hyde - Godley - Hattersley - Broadbottom - Hyde North - Hyde Central - Fairfield 	£2,000
Programme of pedestrian and cycle access route improvements to Metrolink stops <ul style="list-style-type: none"> - Edge Lane - Cemetery Road - Droylsden - Audenshaw - Ashton Moss - Ashton West - Ashton-under-Lyne 	
Programme of pedestrian and cycle access route improvements to Public Transport Interchanges <ul style="list-style-type: none"> - Ashton-under-Lyne - Hyde - Stalybridge 	
Ashton Town Centre Streetscape Integrated Cycling Initiatives – The provision of cycle facilities within the Streetscape scheme along Wellington Road and Albion Way between Oldham Road and Penny Meadow.	£2,000

Scheme Name - Proposal	Estimated Cost £'000s
Stalybridge Town Centre Challenge Integrated Cycling Initiatives – Cycling schemes to form part of the Stalybridge Town Centre Challenge Bid.	£1,500
Provision of improved Cycle route at Fairfield Station (Fairfield station to Kings Road)	£35
Improve/provide cross Ashton town centre cycle routes. Improve access to the cycle hub from the existing proposed cycle routes approaching the town centre.	£150
Provide Ashton town centre cycle hire scheme	£75
Improved pedestrian route between the Hyde town centre and Hyde Central station required.	£100
Improve the footbridge between Denton town centre and Crown Point North over the M67 (Highways England scheme proposals)	£250
Cycle connections and cycle parking at rail stations, Metrolink and BRT stops	£150
Improved walking and cycling connections to town centres and public transport hubs	£100
Safe and secure cycle storage	£75
Borough wide package of minor cycle priority interventions	£250
Develop a cross boundary cycle network	£250
Borough wide programme of local walking and cycling network improvements, including consideration of cycle superhighways	£20,000
Programme of improved walking and cycling links across the M60, M62 and M67	£5,000
A57 Cycle Corridor - Manchester boundary to Derbyshire boundary	£15,000
Cycle Bridge across M60 on northern side of Denton Roundabout	£5,000
Cycle Bridge across River Tame at Alma bridge (A627 Cavendish Street/King Street), Ashton/Dukinfield	£1,500
Cycle Bridge across River Tame and Huddersfield Canal on Scotland Street/Crescent Road, Ashton/Dukinfield	£1,500
Cycle Bridge over A635 Manchester Road and Metrolink at the Snipe	£2,500
Provision of Cycle Counters on cycling routes and new cycle schemes	£50
Estimated Total Cost	£82,735

APPENDIX 7 – EXAMPLES OF DETAILED SCHEME DESIGN

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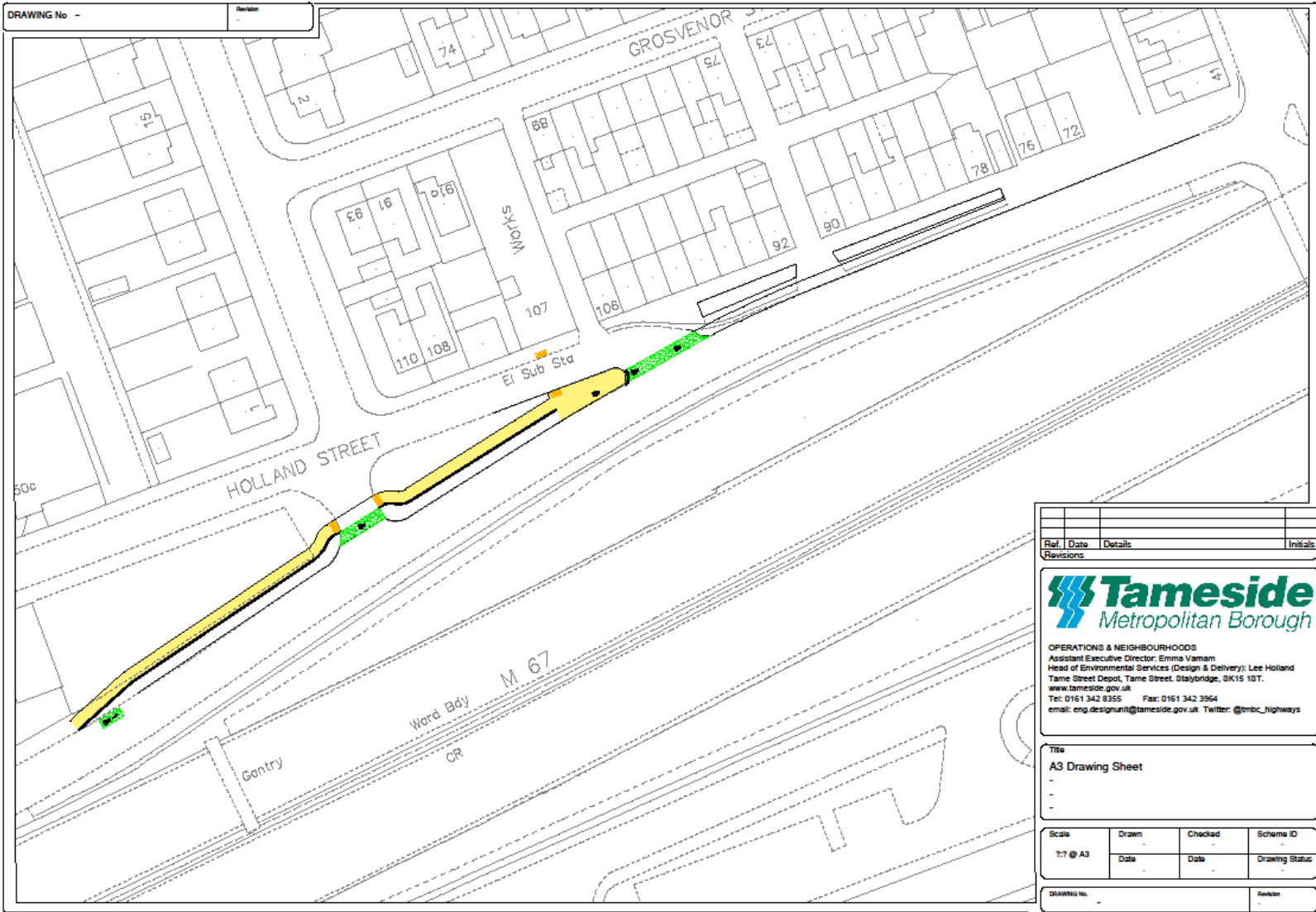
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Revisions			

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Title			
A3 Drawing Sheet			
-			

Scale	Drawn	Checked	Scheme ID
1:7 @ A3	-	-	-
	Date	Date	Drawing Status

DRAWING No -	Revision -
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Ref	Date	Details	Initials
Revisions			

Tameside
Metropolitan Borough

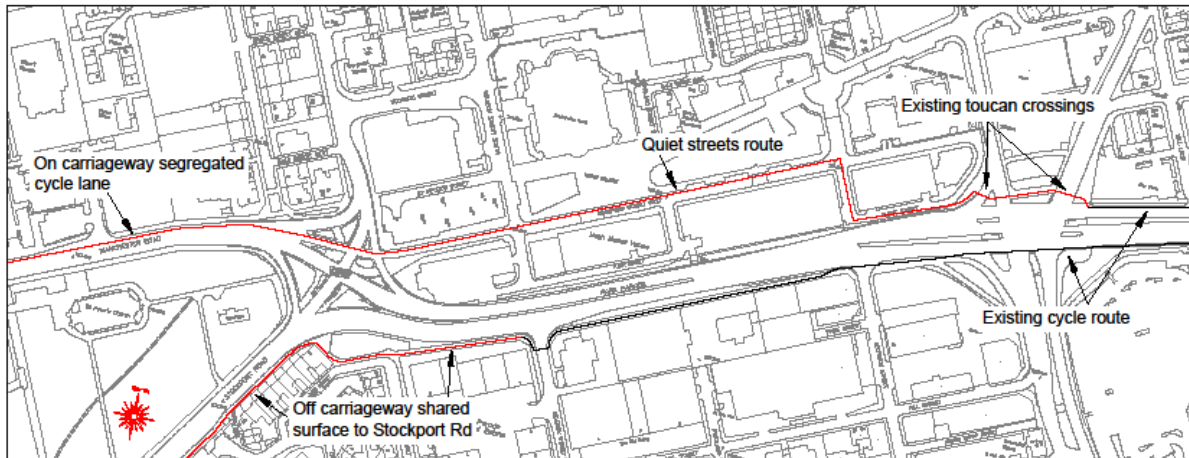
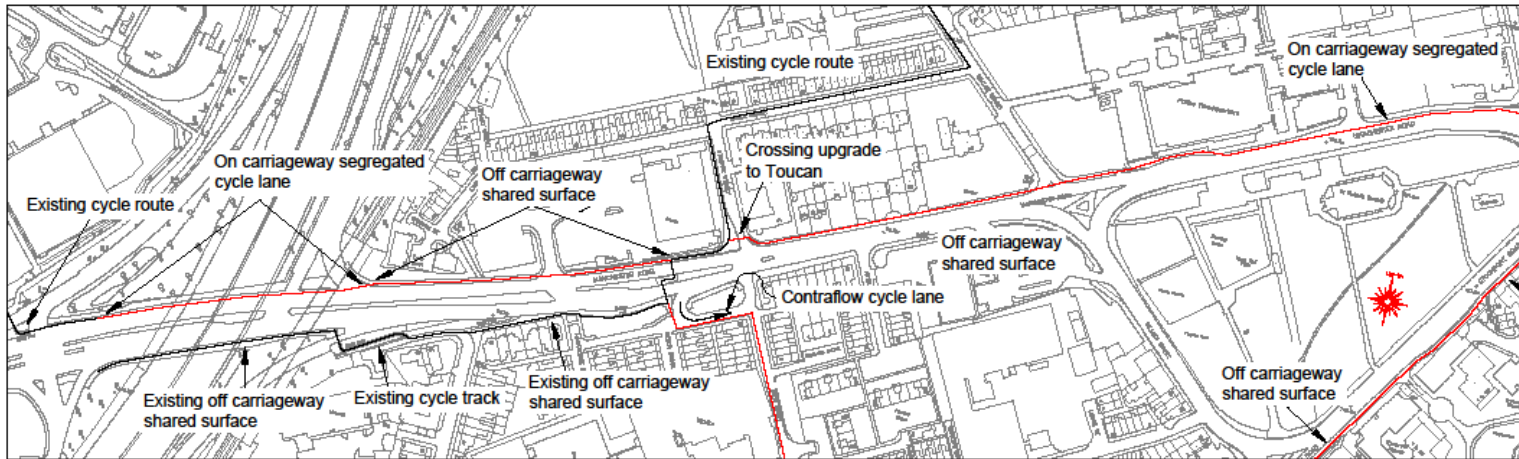
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Title
A3 Drawing Sheet

Scale	Drawn	Checked	Scheme ID
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DRAWING No - Revision



Ref.	Date	Details	Initials
Revisions			



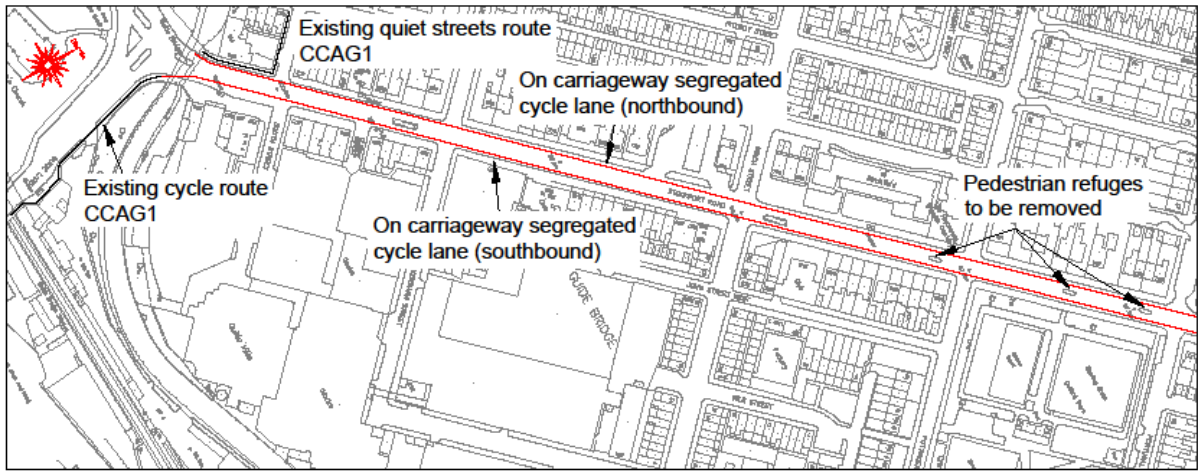
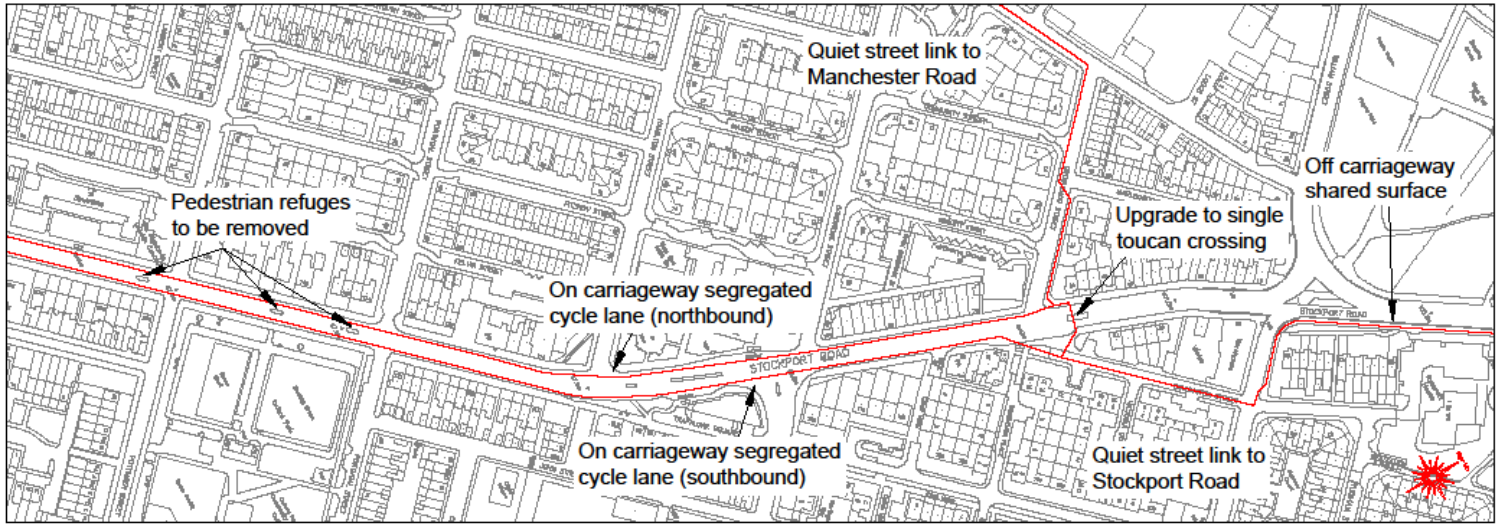
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Title
 Tameside Cycling Infrastructure
 M60 J23 to Cavendish St (eastbound)
 Cavendish St towards Stockport Rd (westbound)

Scale	Drawn	Checked	Scheme ID
NTS	JT	-	-
	Date	Date	Drawing Status
	Jan 2018	-	-

DRAWING No - Revision

DRAWING No - Revision



Ref.	Date	Details	Initials
Revisions			

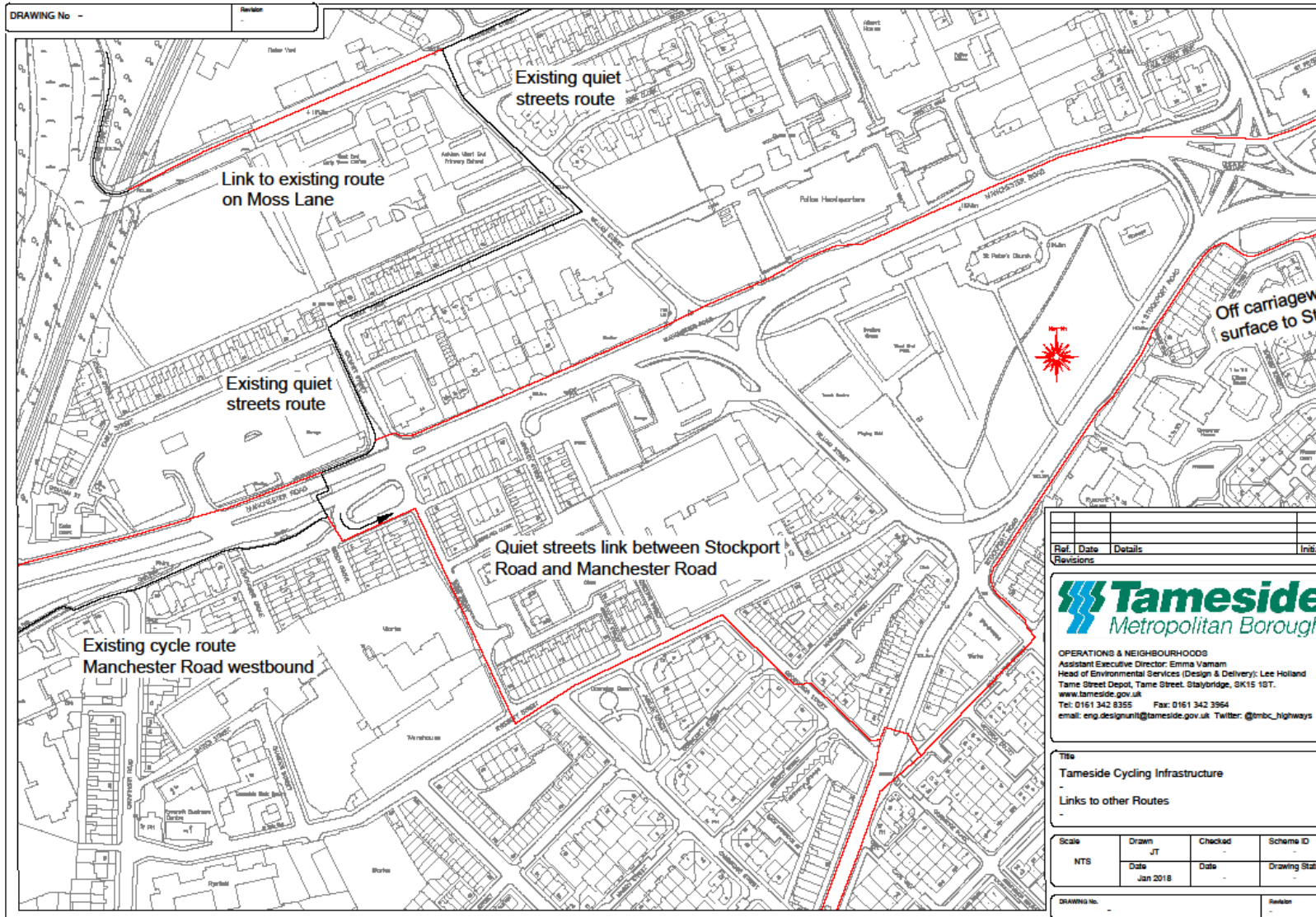


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Title
 Tameside Cycling Infrastructure
 Stockport Road Ashton

Scale	Drawn	Checked	Scheme ID
NTS	JT		
	Date	Date	Drawing Status
	Jan 2018		

DRAWING No - Revision



Ref.	Date	Details	Initials
Revisions			



Tameside
Metropolitan Borough

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Title
Tameside Cycling Infrastructure
Links to other Routes
-

Scale	Drawn	Checked	Scheme ID
NTS	JT	-	-
	Date	Date	Drawing Status
	Jan 2018	-	-

DRAWING No.	Revision
-	-

Report To:	EXECUTIVE CABINET
Date:	20 June 2018
Executive Member/Reporting Officer:	Councillor Allison Gwynne – Executive Member (Neighbourhood Services) Emma Varnam- Assistant Executive Director (Operations and Neighbourhoods)
Subject:	FOOD SAFETY AND FOOD STANDARDS SERVICE PLAN 2018/19
Report Summary:	This report provides information on the Food Safety and Food Standards Service Plan for 2018/19. The plan sets out the standard of performance that must be achieved by the Operations and Neighbourhoods Directorate in order to maintain high quality health protection. The work of the Service is to successfully balance service delivery between education, encouragement and enforcement.
Recommendations:	The Executive Cabinet RECOMMEND to Council for APPROVAL the Food Safety and Food Standards Service Plan 2018/19.
Links to Community Strategy:	<ul style="list-style-type: none">• Supporting economic growth and opportunity• Increasing self-sufficiency and resilience of individuals and families• Protect the most vulnerable
Policy Implications:	None
Financial Implications: (Authorised by the Section 151 Officer)	There are no direct financial implications as a result of this report.
Legal Implications: (Authorised by the Borough Solicitor)	The Council as Food Authority under the Food Safety Act 1990 (as amended) is required to have an up-to-date Food Safety and Food Standards Service Plan, which satisfies the Food Standard Agency set up under the Food Standards Act 1999. Failure to do so, and implement accordingly, could create reputational damage, lead to action taken against it by the Food Standards Agency and ultimately challenge through the ombudsman and judicial review processes.
Risk Management:	None
Access to Information:	The background papers relating to this report can be inspected by contacting the report author, Sharon Smith, Head of Environmental Services (Public Protection):  Telephone:0161 342 2277  e-mail: Sharon.smith@tameside.gov.uk

1.0 BACKGROUND

- 1.1 The FSA's Strategy to 2020 is to ensure foods imported into, and produced or sold in the UK are safe to eat, that priority is given to consumer interests so that they can make informed choices about where and what they eat, that regulation is effective, risk based and proportionate, and is focused on improving public health.
- 1.2 We aim to deliver on the FSA's Strategy through the implementation of a Food Service Plan as required the FSA's Framework Agreement on Local Authority Food Law Enforcement. The proposed 'Food Safety and Food Standards Service Plan 2018/2019' follows this guidance, and it consists of six sections as detailed below.
- 1.3 Section 1 details the service aims and objectives and how these link to corporate objectives and plans.
- 1.4 Section 2 details background information, including the profile of the authority, the organisational structure, the scope of the food service, the demands on the food service, and a reference to the enforcement policy.
- 1.5 Section 3 covers the nine key areas of service delivery, which are premises Profile, Interventions, Enforcement Action, Feed and Food Complaints, advice to business, sampling, control and investigation of infectious diseases, food safety incidents, liaison with other organisations and promotional work for Healthy Eating and Lifestyles.
- 1.6 Section 4 details the resources involved in providing the service.
- 1.7 Section 5 specifies the measures to be taken to assess the quality of the service.
- 1.8 It is also a requirement of the Framework Agreement that the food service plan should be submitted to the relevant Member forum for approval to ensure local transparency and accountability.

2.0 KEY POINTS

2.1 Performance highlights for 2017 – 2018

- Completing 100% of planned food hygiene interventions for 2017-2018 – 1012 food businesses inspected ;
- Response times to service requests - 96% received a response within 3 working days;
- The 'Tameside Healthy Catering Award' has been developed to encourage food businesses in the area to provide and promote healthier options to their customers;
- Tameside is a partner of the Better Business for All – Centre of Excellence and will offer Primary Authority Partnership to all businesses in the Borough.
- Ten accredited food hygiene training courses provided for over 150 food handlers from wide range of Greater Manchester Businesses.

2.2 Planned improvements for 2018 – 2019

- In response to the FSA's proposals under Regulating Our Future and in line with other authorities in Greater Manchester the service will seek agreement to introduce charging for food safety advice and for re-rating visits under the Food Hygiene Rating Scheme.

- With a high turnover within non complaint risk food businesses despite rising compliance levels elsewhere the Service will use intelligence from our partners organisations to progress and to improve compliance.
- The Service will continue to publish individual hygiene standards of all of Tameside's food premises by publishing details of their food safety rating at their last inspection on the Food Standards Agency website and to target opportunities to maximise compliance within Tameside's premises.

3.0 RECOMMENDATIONS

- 3.1 As set out on the front of the report.



TAMESIDE METROPOLITAN BOROUGH COUNCIL

Food Safety and Food Standards Service Plan

2018-2019

Sharon Smith

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Khush Ahmed

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Operations and Neighbourhoods Food Service Plan 2018/2019

Foreword

Tameside Metropolitan Borough Council is committed to the importance that the provision of an effective Environmental Health service plays in ensuring the safety and wellbeing of those who live and visit the Borough.

This Business Service Plan continues to provide a clear strategy and ensures that resources are targeted towards front line services and high risk activities. It provides the basis for a robust regime to monitor the performance of service in the long term as well as short term.

The plan sets out the standard of performance that must be achieved by the Operations and Neighbourhoods Directorate in order to maintain high quality health protection. The work of the Service is to successfully balance service delivery between education, encouragement and enforcement.

The council's corporate plan links in to the above focusing on the following priorities:

- Strengthen the local business community and our town centres
- Improve transport infrastructure and digital connectivity
- Grow levels of inward investment
- Promote cleaner, greener and safer neighbourhoods
- Improve housing choice
- Reduce our carbon footprint, both in energy and waste
- Support a cultural offer that attracts people to the borough.

Assisting business to comply with food safety standards is as important as detecting non-compliance. The Council works in partnership with the food industry and service providers in this crucial area of public health protection as in the past, this approach has been a success.

However, we are committed to use all our available powers to secure the standards of food safety expected by our communities and have provided up to date information on all of Tameside's food premises which have been inspected by the service via our [food hygiene ratings web pages](#).

It is also pleasing that stakeholders value the Council's Environmental Health service so highly and I am keen that both members and officers continue to respond by providing a service that delivers best value. Food Safety is a key service priority in Tameside. The Borough will work to deliver the high standard expected by our community.

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Allison Gwynne – Executive Member

Introduction

Food safety is a topic of vital importance for the Borough of Tameside. The right of access to safe and wholesome food is essential to all our residents and those who work and visit the Borough.

Against this background, the council continues to provide sufficient staff resources of the right type and quality. This has ensured that not only has the statutory duty of the council been met, but that the objectives of a safe food supply for the population we serve are, as far as is practical for the council, achieved.

The Food Standards Agency's strategy for 2015/2020 is aimed at finding new ways of effectively putting the consumer first and being even more effective in applying evidence to work out what is in consumers' best interests. This strategy is welcomed by the Council as means to ensure our services are reviewed to effectively regulate risk, provide information to consumers to support their rights to make safe food choices and to support competent businesses to thrive.

Sharon Smith
Head of Public Protection

1. SERVICE AIMS AND OBJECTIVES

1.1 Aims and Objectives

To ensure that all food produced, sold and consumed within the Borough, is safe and compliant with Food Hygiene and Food Standards Legislation.

To ensure that all food meets appropriate quality standards is correctly labelled and free from contaminants.

To develop management confidence in those who operate food businesses through education, programmed inspections, investigation of complaints and sampling.

We will aim to deliver on the Food Standards Agency Strategy 2015-20 “**Food we can Trust**” of ensuring foods imported into, and produced or sold in the UK are safe to eat, that priority is given to consumer interests so that they can make informed choices about where and what they eat, that regulation is effective, risk based and proportionate, and is focused on improving public health.

1.2 Links to Corporate Objectives and Plans

The Corporate Plan sets out the Council's vision, our top priorities, and our aim to deliver excellence to the people and businesses of Tameside.

The Council's Corporate Plan supports the delivery of the Council's vision:

Our Vision

The Council as a representative body exists to maximize the wellbeing of the people of the borough:

- Supporting economic growth and opportunity
- Increasing self-sufficiency and resilience of individuals and families
- Protect the most vulnerable.

Our Priorities

- Work with families to ensure children are ready for school
- Support families to care for their children safely
- Strengthen the local business community and our town centres
- Improve transport infrastructure and digital connectivity

Our Plans

- Align our resources to deliver our priorities on people and place
- Improve value for money in the organisation by driving out waste

- Vision Tameside (latest transport infrastructure, fastest broadband connection in the UK and outstanding learning facilities)
- School investment & improvement

2. BACKGROUND

2.1 Profile of the Local Authority

Tameside is part of Greater Manchester and is located on the eastern side of the conurbation. It covers an area of 40 square miles and has a population of 221,692. It has a mixed urban and rural environment and employment has moved from a traditional manufacturing base to a more diverse blend, where service industries now make up the largest employment sector. The area is enjoying a period of investment and regeneration. The Authority is one of the major employers in the Borough, employing approximately 2,200 people across a range of services.

2.2 Organisational Structure

Environmental Health and Food Standards functions are an integral part of the Directorate's Regulatory Services. Enforcement of Food Hygiene legislation and Food Standards is undertaken by Business Compliance Officers in each team. Each team is headed by a Service Manager who is directly responsible to the head of Public Protection (see Appendix 1).

Officers are assisted in their tasks by the Public Health England Laboratory at York which provides the Food Examiner Service. Public Analyst, Agricultural Analyst and Scientific Adviser services are provided by Lancashire County Council.

The team works closely with the other nine Greater Manchester Authorities through the Greater Manchester Public Protection Partnership's Food Liaison Group to benchmark our services, share intelligence and act consistently.

2.3 Scope of the Food and Feed Service

The Operations and Neighbourhoods Directorate provides a Single Regulatory Service for Public Protection which includes Food Safety, Food Standards, Environmental Control and Licensing.

Officers in the Single Regulatory Services Team carry out all statutory functions for Planned Inspections work, investigating complaints which can include Noise complaints, Fly Tipping, Breach of Licensing Conditions and investigate notifications of infectious disease including food poisoning and community outbreaks.

2.4 Demands on the Food and Feed Service

The six outcomes the FSA aims to deliver are:

- foods produced or sold in the UK are safe to eat
- imported food is safe to eat
- food producers and caterers give priority to consumer interests in relation to food
- consumers have the information and understanding they need to make informed choices about where and what they eat

- regulation is effective, risk-based and proportionate, is clear about the responsibilities of food business operators, and protects consumers and their interests from fraud and other risks
- enforcement is effective, consistent, risk-based and proportionate and is focused on improving public health

In Tameside, there are 1725 food premises on the property database, including 8 Approved Premises in accordance with Regulation (EC) No 853/2004. The Borough has one on-farm pasteuriser and a further seven premises approved to manufacture meat products, meat preparations or fish products, or a mixture of these. Officers from the service are trained in accordance with the FSA Code of Practice to inspect all at frequent intervals. Advice and guidance in relation to the plant and processes are sought as required from external agencies such as Agriculture Development Advisory Services (ADSA), Public Health England (PHE) York Microbiology Services – Food and Environmental Microbiology Services North West (FEMSNW) and the Food Standards Agency (FSA). Approved premises are re-approved every year with one initial visit and two secondary visits.

2.5 Food Standards

For Food Standards purposes, there is currently an estimated 1526 Food premises registered on the Trading Standards database.

Premises are risk rated on the basis of guidance from the Food Standards Agency, LACORS, Primary Authority and local knowledge of the premises such as previous history. For example, a Food Manufacturer will be classed as high risk and will receive a visit every 12 months. A takeaway selling fish and chips will normally be classed as low risk, but it may be higher if there is a history of non-compliance or complaints.

High Risk premises are inspected every 12 months

Medium Risk premises are inspected every 24 months

Low Risk premises are inspected every 60 months.

The total number of food premises inspected for the year is 241 and are categorized as shown in the table.

Premises Rating	Number
High	29
Medium	106
Low	106
Total	241

2.6 Regulation Policy

Tameside has adopted the Cabinet Office Enforcement Concordat. This is incorporated within the Regulatory Services Enforcement Policy. A summary of the findings of the inspection is provided to the business after every visit and a copy of the full enforcement and prosecution policy is available on the Council's website <http://www.tameside.gov.uk/enforcement/envhealth>.

3. SERVICE DELIVERY

3.1 Interventions at Food Establishments

There are currently 1725 food premises on the property database; the tables below show the classification by type and risk.

PREMISES PROFILE 31.03.2018

	Primary Producers	Manufacture Processors	Importers/ Exporters	Distributors/ Transporters	Retailers	Restaurant and Other Caterers	Total
	A	B	C	D	E	F	G

Premises Rating – A

0	0	0	0	1	1	2
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Premises Rating - B

0	3	0	1	11	49	64
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Premises Rating – C

0	10	0	0	134	278	422
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Premises Rating – D

0	5	0	1	281	353	640
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Premises Rating – E

3	10	1	10	388	104	516
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Premises Rating -
Unrated

7	0	0	0	45	29	81
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Outside Programme

0	0	0	0	0	0	0
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TOTALS

10	28	1	12	860	814	1725
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Approximately 8-10% of food owners of ethnic origin operate businesses in the Borough. The takeaway and restaurant trade has a high proportion of proprietors from an ethnic background. Not all the proprietors or staff, employed in these establishments, speak English as their first language. This can create a language barrier and cause difficulty with the inspection process, namely explaining legislation and assessing food hygiene awareness. Officers are sensitive to this and the Authority offers support to traders in these situations. An interpreter service is available to all enforcement officers through North West Interpreters Service or 'Language Line', an instant interpreter service via telephone. A range of leaflets in ethnic languages is also available.

In relation to the inspection of other product specific premises, Officers receive appropriate training to enable them to carry out competent inspections in relation to Meat Products, Minced and Meat Preparations, on farm Dairy and Dairy Products and Fishery Products. Advice and guidance on consistency issues is sought through local groups such as the Greater Manchester Food Liaison Group, and at a national level through the Food Standards Agency.

Inspection Driven

1725 premises are currently risk rated on our premises database. The revised Code of Practice issued by the FSA states that premises scoring less than 31 points need not be subject to primary inspection. We will contact these premises using other methods primarily by sending out self-assessment questionnaires and carrying out Business Compliance Audits to assess Food Safety requirements. The number of premises that have been inspected during 2017-2018 is shown below. N.B. This does not include those premises inspected during the first half of the year allocated a Category 'A' risk rating.

INTERVENTIONS

	Primary Producers	Manufacture Processors	Importers/ Exporters	Distributors/ Transporters	Retailers	Restaurant and Other Caterers	Total
	A	B	C	D	E	F	G
Total Premises as at 31.3.18	10	28	1	12	860	814	1725
Inspections and Audits	1	18	0	10	415	568	1012
Verification and Surveillance	0	3	0	1	21	45	70
Sampling Visits	0	11	0	0	0	23	34
Advice and Education	0	1	0	4	146	199	350
Information/ Intelligence Gathering	0	0	0	0	26	33	59
Subject to official control once in year	1	14	0	7	394	534	950

ENFORCEMENT ACTION 2018

	Primary Producers	Manufacture Processors	Importers/ Exporters	Distributors/ Transporters	Retailers	Restaurant and Other Caterers	Total
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**No. of establishments
subject to:**

A	B	C	D	E	F	G
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Voluntary Closures	0	0	0	0	1	0	1
Seizure of Food	0	0	0	0	0	0	0
Suspension/ Revocation	0	0	0	0	0	0	0
Emergency Prohibition	0	0	0	0	0	0	0
Prohibition Orders	0	0	0	0	1	0	1
Simple Cautions	0	0	0	0	0	0	0
Improvement Notices	0	0	0	0	3	2	5
Remedial Action/ Detention Notices	0	0	0	0	0	0	0
Written Warnings	1	6	0	1	226	324	558
Prosecutions Concluded	0	0	0	0	0	0	0
Totals	1	6	0	1	231	326	565

3.2 Feed and Food Complaints

The table below shows the number of food-related complaints per category that was received and investigated according to protocol and service standards during 2017-18. Trend analysis does not identify any patterns relating to premises or issues that would require a change to how resources are directed.

Food Complaint Type 2017	Number
Chemical	0
Foreign Body	11
Feeding stuffs	0
Hygiene	51
Labelling	2
Microbiological	0
Total	64

3.3 Better Business for All – Centre of Excellence

Economic growth is both a Local and National priority, but regulators have sometimes been criticised for creating barriers to growth and imposing unnecessary burdens on businesses.

Better Business for All (BBfA) is a Government backed programme designed to help regulators from across a region develop a co-ordinated approach to deliver greater consistency of advice, make it simpler for businesses to understand regulatory support available, improve communication with business, and demonstrate how good regulation is good business.

BBfA was initially developed in 2011-2012 by the Better Regulation Delivery Office (BRDO) – working with two pathfinder Local Enterprise Partnerships (LEPs) – and is backed by the British Chambers of Commerce and the Federation of Small Businesses.

Greater Manchester has been identified by Central Government as a priority area which they are keen to offer support in the development of BBfA

Regulatory Services in Greater Manchester are known as innovative in development of good regulation, improved compliance and business support. The Public Protection Partnership in Greater Manchester is an established foundation for BBfA.

Tameside is a partner of the Better Business for All – Centre of Excellence and will offer Primary Authority Partnership to all businesses in the Borough.

BRDO will assist the Regulators in the development of links with the business community to strengthen the links between good compliance and business growth.

3.4 Advice to Businesses

The Government produces an array of guidance to help businesses understand what they must do to comply with the law. Few businesses will read the complex language of a piece of legislation, so guidance is often the most logical route to compliance for most businesses. However, many small and medium sized enterprises (SMEs) either do not use government guidance or do not feel confident about relying upon it.

In response to that the Anderson Review 2009 was commissioned which made the following recommendations:

- Increasing certainty over outcome, by providing access for SMEs to a tailored, insured advice helpline and taking responsibility for the quality of its guidance.
- Making guidance more accessible, by expanding the content of Business Open Advice Days and reviewing the brand of its single guidance website.
- Making guidance clearer, by introducing 'quick-start' guides and moving to ensure that all guidance complies with the Code of Practice on Guidance.
- Achieving consistent guidance across government.
- Culture change and increasing communication of improvements.

The Environmental Health team routinely discusses guidance from the Food Standards Agency to assist catering businesses achieve a hazard analysis and critical control point (HACCP) food safety management system. This 'Safer Food Better Business' (SFBB) guidance (DVD and manual), is provided during the routine programmed work of the team.

3.5 **Charging for advice / re-rating revisits**

In response to the FSA's proposals under Regulating Our Future and in line with other authorities in Greater Manchester the service will seek agreement to introduce charging for food safety advice and for re-rating visits under the Food Hygiene Rating Scheme.

3.6 **Feed and Food Sampling**

The Council's Food Safety sampling programme includes the following:

- ◆ Samples submitted following a complaint;
- ◆ Samples taken as part of an investigation of a suspected food poisoning outbreak;
- ◆ Routine sampling, to assess the safety of particular foods etc. as detailed below:

Routine Sampling:

- a) Sampling of products produced locally from premises approved under EC Regulation 853/2004, (Dairies, Meat Products premises, etc.). Sampling of water from local businesses with private water supplies (well or spring water).
- b) Regional: carried out within a structured programme devised by the Greater Manchester Food Liaison Group in conjunction with Public Health England (PHE), York Food, Water and Environmental Laboratory. Detailed protocols are developed to ensure consistency of sampling and results.

Arrangements for analysis and examination of samples

Samples for analysis are submitted to Lancashire County Council Scientific Services who act as the authority's Public Analyst.

Samples for microbiological examination are submitted to the Health Protection Agency: Food, Water and Environmental Microbiology Network (York Laboratory).

3.7 Control and Investigation of Outbreaks and Food Related Infectious

The Council liaises with Consultants from Public Health England (PHE) North West in all matters relating to the control and investigation of food related infectious disease. A CCDC heads the Outbreak Control Team, which is convened in accordance with criteria laid down in the Infectious Disease Outbreak and Control Plan, and includes representatives from Environmental Services.

All outbreaks are managed and investigated according to the Division's Major Outbreak Plan which has been recently revised and there is a current Greater Manchester Joint Plan for the Investigation and Control of Legionella Infection. Both the GMHPU Team and Environmental Services operate an out-of-hours stand-by system and incidents for infectious disease can be investigated by the Environmental Health team.

3.8 Liaison with Other Organisations

Tameside is committed to being involved in liaison with other local authorities, and associated organisations, to achieve consistency and to maintain our level of knowledge and understanding in a rapidly changing area of work. This is done by being actively involved in a number of groups, including:

- Association of Greater Manchester Authorities (AGMA)
- Greater Manchester Public Protection Partnership
- Greater Manchester Food Hygiene Liaison Group – See Appendix 2, Business Plan
- AGMA Food Standards Group
- Greater Manchester Health Protection Unit
- Tameside NHS Primary Care Trust
- TS North West Food Standards Group
- TS North West Agriculture Sub Group
- NW Food & Health Task Force
- FSA Regional Co-ordinator (GONW)

We also have formal consultation arrangements with other service providers within the Council in respect of:

- Applications for planning approval, building regulation approval and applications under the Licensing Act 2003.
- Land Charges enquiries.

3.9 Feed and Food Safety and Standards promotional work, and other non-official controls interventions

Healthy Eating & Lifestyles

This work is being developed using a number of key work strands. These will focus on work developed with partners within AGMA and also those within Tameside. This will include working with caterers to assist them to reduce salt and portion size through the continuing salt shaker project, Healthier Catering Award, improve nutritional awareness and support businesses in complying with the Food Standards Agency 'Safer Food Better Business' requirements.

4.0 Resources

4.1 Staffing Allocation

With regard to the Service the borough is divided into districts and shared out between eight Specialist Business Compliance Officers with a dedicated team for Admin support. 5.5 Business Compliance Officers are responsible for all Food Hygiene programmed inspections and complaint investigations. Officers participate in promotional events and delivery of training courses.

Food Standards issues are dealt with by 2.5 full time Business Compliance Officer's. The amount of time spent on Food Standards issues including complaints equate to approximately one quarter of each officer time. All are appropriately qualified to the standards required by the Food Standards Agency that includes the requirement to carry out continuous professional development. A record of training is kept in each individuals training file which is regularly audited.

4.2 Authorisation of Officers

The enforcement actions that officers are authorised to carry out are based upon qualification and post qualification experience and are reviewed on an annual basis as part of the Employee Development Review.

The Food Safety Act 1990 allows for the authorisation of officers, in writing, either generally or specially to act in matters arising under the Act or Regulations made under the Act. However, officers performing duties under the Food Hygiene (England) Regulations 2013 and the Official Feed and Food Controls (England) Regulations 2007, need to be separately authorised in writing to deal with matters arising under these implementing Regulations, e.g. issues under the 'specified Community provisions'. With regard to other specific food Regulations made under the European Communities Act 1972, where appropriate, relevant officers are specially authorised for each of those Regulations.

4.3 Staff Competence and Development

Food Authorities should set up and implement a documented procedure for the authorisation of officers.

The Authority operates an Annual Development Review (ADR) scheme whereby a series of meetings are held between officers and their line manager to discuss, amongst other issues, training needs on a yearly basis.

The aim of the Councils ADR is to support staff in their performance at work by ensuring they have clearly defined work objectives and the necessary development to meet these work objectives.

The Authority shall ensure that all authorized officers and appropriate support staff receive the training needed to be competent to deliver the technical and administrative aspects of work in which they will be involved, in accordance with the Code of Practice.

Records of relevant academic and other qualifications, training and experience of each authorised officer and appropriate support staff is maintained by the Authority in accordance with the relevant Code of Practice.

Officers are provided with the opportunity to attend training courses on a regular basis in accordance with individual training needs and available resources. It is fortunate that we are able to secure low cost training through the GMPPMG subgroups by jointly organising

courses. Officers attending training events are required to complete a training evaluation form to rate the quality and content of the training received as part of the quality system, and they are also expected to share their learning experience with the rest of their team by providing feedback at team meetings.

4.4 **Qualifications**

Authorised Officer

These are officers who undertake assessment of compliance with food law and enforcement action as appropriate. An authorised officer must:

- have a level of knowledge, skills, experience and understanding that allows them to deliver official control interventions
- have an understanding of the hazards and risks within the premises they are required to inspect
- recognise when formal measures are not appropriate and be able to give advice appropriately.

This role should be performed by an officer that has the relevant competencies detailed in Food Law Code of Practice. The level of authorisation should reflect the level of competence assessed by the Lead Food Officer. Before Competent Authorities authorise officers to deliver official controls (hygiene and standards), the Lead Food Officer must ensure that the officer:

- holds the baseline qualification listed in the Code of Practice **OR** one of the equivalent qualifications listed in the Practice Guidance;
- meets the relevant competencies listed in Food Law Code of Practice;
- demonstrates they have maintained their Continuing Professional Development (CPD) in accordance with Food Law Code of Practice.

CPD hours

Competent Authorities must review the training needs and CPD requirements of their officers on an annual basis.

Lead Food Officers and authorised officers must obtain a minimum of 20 hours' CPD per year, split into:

- A minimum of 10 CPD hours on relevant core food matters directly related to the delivery of official controls for which the Officer is authorised;
- 10 hours on other professional matters. This could include training needs identified by the Lead Food Officer during competency assessments/appraisals.

Food Standards Officers working within Trading Standards are generally qualified Trading Standards Officer and have the Diploma in Trading Standards which gives them the authorisation to enforce Food Standards Issues. One officer has passed the Food and Agricultural Standards paper as part of the Diploma in Consumer Affairs that allows that person to carry out particular aspects of Food Standards.

All Food Standards Officers must carry out 10 hours of CPD per annum to maintain the qualification.

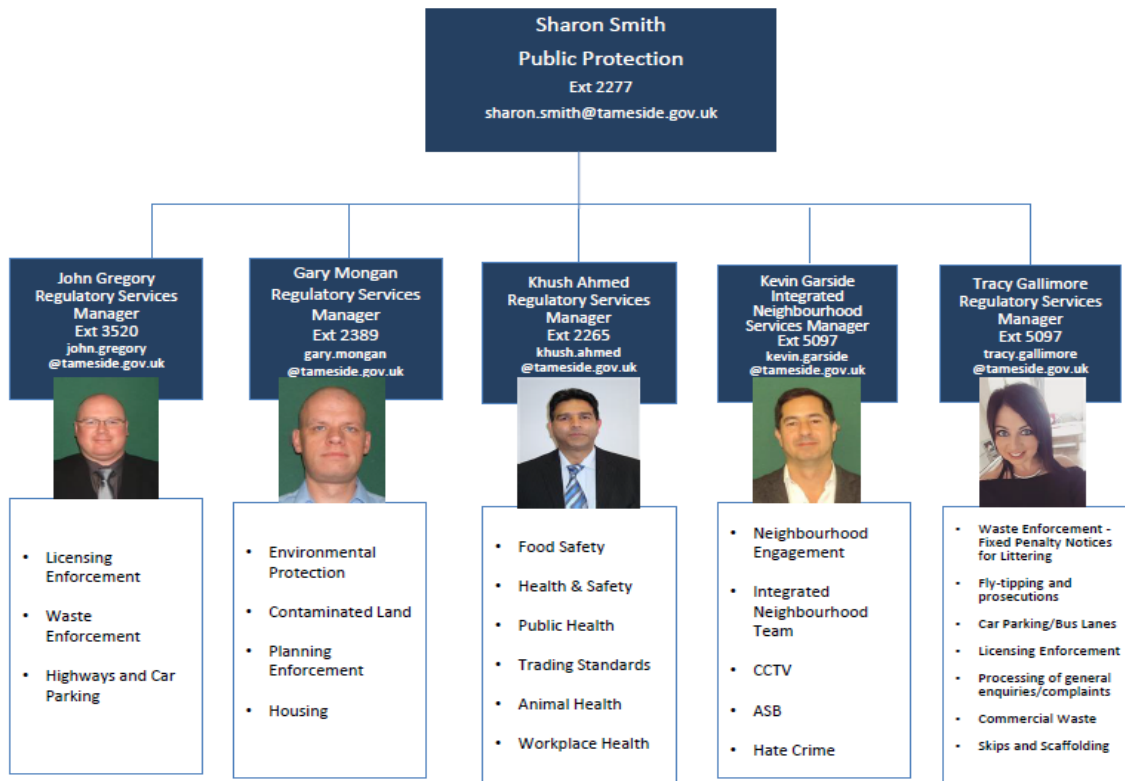
5 QUALITY ASSESSMENT

5.1 Quality Assessment and Internal Monitoring

Documented procedures have been developed to verify conformance with the FSA Framework Agreement, relevant legislation, codes of practice, documented policies and procedures. These include:

- ◆ Monitoring of officers work by the Environmental Services Manager
- ◆ Performance Indicators;
- ◆ Team meetings;
- ◆ Accompanied inspections;
- ◆ One to one meetings with officers;
- ◆ Prior approval of legal proceedings ;
- ◆ Consistency exercises;
- ◆ Identification of training needs;
- ◆ Review of documents;
- ◆ Internal audits;
- ◆ Customer Surveys;
- ◆ Review of complaints against the service;
- ◆ Inter-authority audits;
- ◆ Reality Checks.

Appendix 1 - Regulatory Services – Public Protection



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Report To:	EXECUTIVE CABINET
Date:	20 June 2018
Executive Member/Reporting Officer:	Councillor Gerald Cooney – Executive Member (Economic Growth and Housing) Emma Varnam – Assistant Director (Operations and Neighbourhoods)
Subject:	PREVENTING HOMELESSNESS STRATEGY 2018-21
Report Summary:	<p>This draft strategy aims to bring about a borough wide cultural change in our approach to tackling and preventing homelessness in Tameside Borough. It advocates a holistic and integrated approach to Preventing Homelessness which tackles the complexity of issues which can result in homelessness. It aims to broaden and deepen constructive collaboration between services, partner organisations, the Faith sector, and members of the community. It seeks to foster capacity to cultivate creative solutions to the ever-increasing problem of homelessness and focuses effort and resources to address the specific needs of the Borough. It complies with new statutory requirements which have been introduced through the Homelessness Reduction Act 2017.</p> <p>An inclusive and participatory approach was taken to develop this strategy. At the outset, key stakeholders were given the opportunity to shape the development of this strategy. The Preventing Homelessness multi-agency forum and the Registered Providers Forum were at the centre of its development and a project team with representatives from key services, led by the Senior Housing Strategy Officer, was set up.</p> <p>This strategy supports the Council and its partners to deliver Tameside Borough priorities and the GM pledges to prevent homelessness. This strategy will have an action plan with resources allocated to it and officers assigned to each action. This is currently under development.</p>
Recommendations:	That Executive Cabinet agrees the Preventing Homelessness Strategy for 2018/2021
Links to Community Strategy:	The strategy supports the corporate priority to support the most vulnerable
Policy Implications:	Preventing homelessness is a cross cutting policy area and this strategy will inform related strategies, policies and plans
Financial Implications: (Authorised by the Section 151 Officer)	There are no direct financial implications as a result of this report. Any actions taken must be contained within current resources.
Legal Implications: (Authorised by the Borough Solicitor)	Under the Homelessness Act 2002, all housing authorities must have in place a homelessness strategy based on a review of all forms of homelessness in their district. The strategy must be renewed at least every 5 years. The social services authority must provide reasonable assistance.

The strategy must set out the authority's plans for the prevention of homelessness and for securing that sufficient accommodation and support are or will be available for people who become homeless or who are at risk of becoming so.

Statutory guidance requires that the homelessness strategy is taken into account by Housing Services and Social Services when exercising their function

Risk Management:

A risk log and mitigation measures have been developed. Risk is considered in section 7 of this report

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer, Emma Varnam by:



Telephone:0161 342 3337



e-mail: emma.varnam@tameside.gov.uk

1. INTRODUCTION

- 1.1 Tameside Borough's draft Preventing Homelessness Strategy for 2018-2021 advocates a holistic and integrated response to preventing homelessness. It reinforces our commitment to work together to identify at an early stage potential risks and to intervene at an earlier stage to prevent homelessness before households reach the point of crisis. A one page summary of the draft strategy is provided in **Appendix 1** of this report. The strategy is supported by detailed appendices that are available on request.
- 1.2 This strategy has the support of local authority services and partners. Corporate and partnership involvement was secured in identifying the strategic priorities and this has helped to ensure that all relevant services and agencies are committed to supporting their delivery.
- 1.3 This strategy:
- Outlines the key achievements of the Preventing Homelessness Strategy 2013-2018 and provides examples of new evidence-based initiatives which have recently been implemented.
 - Presents the national context of the new strategy in terms of legislation and policy and also the local policy and demographic context.
 - Explains how the strategy was developed and identifies its links with other key strategies and programmes that encompass aspects of local health and wellbeing, justice, economic policy, poverty and domestic abuse amongst other things
 - Describes homelessness in Tameside, the causes and those who may be at risk of homelessness.
 - Presents our approach to preventing homelessness and our strategic priorities.
 - States how we will identify homelessness issues and collect information to measure and monitor progress.
- 1.4 A detailed strategic action plan is currently under development and will set out the actions we will take to help prevent even more people from becoming homeless and provide tailored support to those who are homeless or at risk of homelessness.

2. BACKGROUND

- 2.1 At a national level homelessness is increasing and projections indicate that it is set to continue to rise in the coming years. There is an increased likelihood of becoming homeless due to the lack of availability and affordability of housing, changes to the benefit system through the Welfare Reform, and a range of risk factors. The National Audit Office (2017) in their recent report on homelessness have shown that homelessness has increased across all measures since 2010, with many local authorities now seeing it as a risk to their financial stability. The report states that the ending of private sector tenancies has overtaken all other causes to become the biggest single driver of statutory homelessness in England.
- 2.2 The Homelessness Monitor annual report (Crisis 2017) has predicted that there will be a surge in homeless families. This report shows that 70% of local authorities in England are struggling to find any stable housing for homeless people in their area, while 89% reported difficulties in finding private rented accommodation. The private rented sector is the largest rented sector in England but its ability to house those on low incomes or who are homeless is largely dependent on housing benefit and, consequently, on the Government's programme of welfare reform (Fitzpatrick et al., 2015).

- 2.3 In response to this many councils have had to place even more homeless people in emergency housing. If current homelessness trends continue it is predicted that more than 100,000 households will be living in B&Bs, hostels and other forms of temporary housing by 2020 (Crisis 2017).
- 2.4 The National Audit Report (2017) highlighted the limited options which local authorities have to respond to increased homelessness. In Housing in England: overview, the National Audit Office set out its assessment of the housing market and showed that there has been a significant reduction in social housing over the past few decades. While spending by local authorities on homelessness services such as temporary accommodation has steadily increased since 2010, spending on overall housing services has fallen by 2.1% in real terms over the same period. The proportion of homeless households in temporary accommodation outside their home borough increased from 13% in March 2011 to 28% in March 2017. Almost 90% of these households are from London boroughs.
- 2.5 In response to this increase in homelessness, the government has introduced fundamental change to homelessness legislation and has pledged to end rough sleeping by 2027 and to establish the Homelessness and Rough Sleeping Implementation Taskforce.
- 2.6 The Homelessness Reduction Act 2017 which took effect on 3 April 2018 has introduced fundamental change. It aims to give local authorities more responsibility for preventing homelessness. It places duties on local authorities to intervene at earlier stages to prevent homelessness in their areas and requires authorities to provide homelessness services to every household who is homeless or threatened with homelessness not just those considered to be in priority need. The Department expects that these responsibilities will lead to an increase in prevention cases and a fall in the number of households and a fall in the number of households that qualify for temporary accommodation.
- 2.7 The Homelessness Reduction Act 2017 requires local authorities to take reasonable steps to help prevent any eligible person who is at risk of homelessness from becoming homeless. This means either helping them to stay in their current accommodation or helping them to find a new place to live. The legislation has extended the period for which people are considered threatened with homelessness from 28 days to 56 days before they are likely to become homeless. This is to ensure that local housing authorities can intervene earlier to avert a crisis.

3. TAMESIDE BOROUGH'S HOMELESSNESS REVIEW

- 3.1 A detailed review of homelessness in Tameside was undertaken to provide an evidence-based Preventing Homelessness Strategy for 2018-2021. This review has provided a clear picture of homelessness within the Borough. The review involved gathering and analysing both Qualitative and Quantitative data. The Quantitative data used included:
- The national statutory homelessness data returns
 - Contract monitoring data of the homelessness services commissioned by Tameside Council
 - National research data
 - Service activity data
 - Census data
 - The Joint Strategic Needs Analysis for 2016/17
 - Tameside's Housing Needs Assessment 2017
- 3.2 At the outset, key stakeholders were given the opportunity to participate in the Homelessness Review and to shape the development of this strategy. The Preventing Homelessness multi-agency forum and the Registered Providers Forum were at the centre

of the development of the strategy and a project team with representatives from key services, led by the Senior Housing Strategy Officer, was set up

3.3 Extensive consultation was undertaken. This included:

- Face to face interviews with senior managers from partner organisations which took place from September 2017 to March 2018
- Two break out groups focusing on the Preventing Homelessness Strategy attended by members of the public and representatives of partner organisations. This took place at the Tameside Partnership Engagement Network (PEN) workshop held on 13 October 2017
- The Preventing Homelessness Workshop held on 16 November 2017
- A focus group with commissioned and non-commissioned service providers in November 2017
- A focus group with staff at Tameside Housing Advice Service, Ashton under Lyne held on 15 December 2017
- An interview with representatives of the Church of the Nazarene Ashton under Lyne held on 12 December 2017
- A group interview with the manager and staff at the Women's Centre, Cavendish Mill on 6 March 2018
- A group interview with homeless men living in temporary accommodation at Greystones on 7 March 2018
- An interview with the Commissioning Officer for Supported Accommodation
- A focus group with the Working Well Board
- Face to face interviews with people with offending histories

3.4 Key messages from the Homelessness Review are:

- It is difficult to calculate how many people are homeless since many homeless people are the "hidden homeless" and do not appear in the official statistics.
- Many people perceive homelessness to be sleeping rough on the streets and are not aware that homelessness can include people:
 - Staying with friends or family
 - Staying in a hostel or bed and breakfast accommodation
 - Squatting
 - At risk of violence or abuse in their home
 - Living in poor conditions that affect their health
 - Living apart from their family because they don't have a place to live together
- Demand for assistance from the Tameside Housing Advice Service has increased by 47% during the year 2017/18 compared to the level of demand in 2016/17. (This statistic does not include telephone contact.)
- The top reason for homelessness in Tameside during 2017-18 identified in the statutory homelessness returns is that other relatives or friends are no longer willing or able to accommodate. The consultation undertaken in Tameside has revealed a wide range of factors which cause homelessness.
- During the year 2017/18 there was an increase of 11% in the number of placements into all types of temporary accommodation used by Tameside Housing Advice in comparison with the number of placements made in 2016/17.
- There is a high level of demand for supported housing in Tameside. In the year 2017/18, 151 referrals were received for supported housing commissioned by Tameside Council however only 57 placements were made.
- There are a wide range of services for homeless people within the borough but not everyone is aware of the services provided. There is a need to raise awareness of these.

- There are examples of numerous initiatives from the Faith Sector in Tameside to help the homeless and a desire to prevent homelessness.
- There are untapped resources in the community which need to be nurtured and empowered to prevent homelessness.
- The Housing Needs Assessment has shown a projected increase in the 15-29 years age cohort of (3.5%) and most notably an increase of 96.9% in the 80+ years age cohort
- There is a significant increase in the number of households active on Tameside's housing register. As at 31st March 2018, there were 434 households active on the housing register in comparison to 301 for the same period in 2016/17. In quarter 4 of 2017/18, 421 new applications were received compared with 325 in the same quarter the previous year 2016/17
- The current housing offer in Tameside is focused around 2 and 3-bed properties with very few smaller and larger properties
- There is increasing demand for affordable housing, a very high demand for one bed accommodation and also a demand for housing for large families.
- Access to a wider range of affordable permanent accommodation options is needed. For example, an increase in the range of affordable options for:
 - Large families
 - Single people
 - Young people
 - Care leavers
- There are continuing financial pressures and uncertain circumstances.
- There is a dramatic increase in levels of rough sleeping in Tameside and data collected during the implementation of cold weather arrangements suggests that the number of those sleeping rough is greater than the estimate undertaken on 2 November 2017. (It should be noted that the data collected for the estimate complied with strict national criteria and was verified, whereas the number of those presenting for shelter during cold weather was a count of those who presented.)
- During the period 29 November 2017 to 31 March 2018 cold weather provision was triggered on 37 nights and there were 414 placements made available.

4. TAMESIDE BOROUGH'S DRAFT PREVENTING HOMELESSNESS STRATEGY

- 4.1 Our vision is of a borough wide approach where those living, working and visiting Tameside understand the catastrophic effects of homelessness on the lives of people and its causes, and work together to tackle and prevent homelessness.
- 4.2 Our approach is a proactive approach to work together to identify those at risk of homelessness at the earliest stage and to prevent people from losing their homes.
- 4.3 7 strategic priorities emerged from the consultation. These include:
1. A holistic and integrated response to preventing homelessness
 2. Proactive information management
 3. Raised awareness of the causes of homelessness and services, and a shared understanding that preventing homelessness is everyone's business
 4. Early intervention before a crisis
 5. Increased resilience and targeted support
 6. Access to a wide range of affordable, permanent accommodation options
 7. Identifying, cultivating and empowering untapped resources in the community
- 4.4 The following briefly describes each strategic priority.

A Holistic and Integrated Response to Preventing Homelessness

- 4.5 The consultation undertaken clearly identified the need for more integrated holistic responses to homelessness issues. Key to this is effective cross service and multi-agency working in partnership at the outset of the issue. Working in partnership to prevent homelessness is vital in order to address the complexity of issues which may result in homelessness such as: poor mental health, debt, domestic violence, disability, an offending history, leaving care, leaving the armed forces, being discharged from hospital etc. A combination of factors may lead to a person being homeless for example, a young person leaving care, may have substance misuse problems, have poor mental health and is unemployed. Each factor needs to be addressed. A multi-disciplinary and multi-agency approach to arriving at solutions is needed to provide a holistic response. A range of skills, knowledge and resources need to be deployed to address the factors giving rise to homelessness.

Proactive Information Management

- 4.6 The consultation revealed the need to have a proactive approach to giving and receiving information to ensure that prompt action can be taken to prevent homelessness and timely decisions can be made about homelessness. It also demonstrated the importance of having an effective approach to obtaining a client's consent at the earliest opportunity to prevent homelessness and ensuring that this consent covered all the partners who are engaged in this.

- 4.7 Raised Awareness of the Causes of Homelessness and Services and a Shared Understanding that Preventing Homelessness is Everyone's Business.

- 4.8 The consultation revealed the need to raise awareness of all forms of homelessness, the causes of homelessness and the preventing homelessness services which are available to them. The consultation showed that there was a lack of knowledge about some of the homelessness services available in Tameside and a need to raise awareness about the new homelessness legislation.

- 4.9 The consultation indicated the need to work with schools and colleges to target those aged 16, 17 and 18 to provide information about housing, preventing homelessness, and to enable them to develop realistic expectations about the accommodation options which may be available.

Early Intervention before a Crisis

- 4.10 The main theme emerging from the consultation was that homeless people are not considered a priority until they reach crisis point. This could make people misrepresent their circumstances or put themselves at greater risk to get help. This strategy aims to promote intervention at the earliest opportunity and put in place triggers for the early identification of those at risk of becoming homeless.

Increased Resilience and Targeted Support

- 4.11 The consultation suggested that there were gaps in support. This strategy advocates a targeted approach to support to those who need it and the importance of promoting the resilience.

- 4.12 In 2016/17, the Council reduced the financial resources allocated to supported housing for single homeless people by 60%, reducing the number of available spaces from 111 to 47. This has severely hampered the Council's ability to prevent homelessness via a placement in supported housing.

Access to a Wider Range of Affordable Accommodation Options

- 4.13 The data revealed that the housing labelled "affordable" was not in fact affordable. It showed the lack of affordable housing, the lack of large houses for families, and the need for more longer-term accommodation options for single people.

Identifying, Cultivating and Empowering Untapped Resources in the Community

- 4.14 The consultation demonstrated a commitment within the community to prevent homelessness and a desire to provide help but in some instances, they lacked the technical skills, contacts and knowledge to take forward initiatives. This strategy aims to identify, cultivate and empower untapped resources and remove barriers which could prevent them from playing a full part in working together to prevent homelessness.

5. IMPLEMENTATION

- 5.1 The success of this strategy relies on partnership working and requires the full engagement of all partners and services.

6.0 EQUALITY AND DIVERSITY

- 6.1 An Equality Impact Assessment (EIA) is currently under development. This complies with the requirements of the public sector duty under s149 of the Equality Act 2010.
- 6.2 There is strong evidence that homeless people suffer from multiple disadvantages. Homelessness is not just one of the most extreme forms of physical deprivation; it also defines a group that is subject to extreme forms of discrimination and violence. It is anticipated that the Preventing Homelessness Strategy will have a positive impact upon the protected groups.

7.0 RISKS

- 7.1 Under the Homelessness Act 2002 Section 1(4), we are required to publish a new Preventing Homelessness Strategy in 2018, based on the results of a homelessness review. Our former Preventing Homelessness Strategy covers the period 2013/2018. A failure to agree and implement an effective Preventing Homelessness strategy in 2018 could increase the risk that the local authority will fail to comply with its statutory obligations.

8. RECOMMENDATIONS

- 8.1 As detailed at the front of this report.

OUR STRATEGIC PRIORITIES	A Holistic & Integrated Response to Preventing Homelessness	Proactive Information Management	Raised Awareness of the Causes of Homelessness, & Services & a Shared Understanding that Preventing Homelessness is Everyone's Business	Early Intervention Before a Crisis	Increased Resilience & Targeted Support	Access to a Wider Range of Affordable Permanent Accommodation Options	Identifying, Cultivating & Empowering Untapped resources in the community
EXAMPLE ACTION	<p>A signed Tameside Preventing Homelessness Charter & engagement of all key stakeholders.</p> <p>Multi-agency protocols & procedures followed by all key services for reaching joint solutions to preventing homelessness.</p> <p>Early resettlement planning, & clear accommodation pathways for those at risk of homelessness & contact details for those who need to be engaged.</p> <p>Designated Preventing Homelessness Champions for each key service in the Council & Partner organisations.</p>	<p>Information sharing protocols to promote the timely sharing of information between services & partners to prevent homelessness.</p> <p>A new joint approach to obtaining client consent for sharing data to prevent homelessness.</p> <p>Named contacts & direct lines to key services.</p> <p>Effective targeting of tailored information to those at risk of homelessness</p> <p>Preventing Homelessness Surgeries co-located with Health Cluster Teams.</p>	<p>The development of a Preventing Homelessness Communication Strategy & targeted training.</p> <p>Preventing homelessness session integrated into the curriculum of schools & colleges.</p> <p>Preventing Homelessness Training for GPs & practice staff, & Community Mental Health Team.</p> <p>Public Health Campaign runs alongside the launch & implementation of the Preventing Homelessness Strategy.</p> <p>Directory of services.</p>	<p>Triggers in place to identify earlier those at risk of homelessness.</p> <p>Early referrals & clear referral pathways.</p> <p>Forward planning & accommodation pathways.</p> <p>Investment in Prevention Tools:</p> <ul style="list-style-type: none"> -Mediation -Pre-Eviction Protocol & Early Intervention of Debt Team -Schemes to enable people to remain in their existing home (e.g. handy person scheme, & sanctuary measures). 	<p>Effective move on & 4 weeks tailored support to those that need it. On-going floating support where required.</p> <p>Training on promoting wellbeing, managing a tenancy.</p> <p>Training & volunteering opportunities to support people into employment.</p> <p>Relevant external contracts amended to include employment opportunities for homeless people.</p>	<p>Increase the range of affordable options:</p> <ul style="list-style-type: none"> -large families. -single people. -young people. -care leavers. <p>Extension of Housing First Model with Public Health Investment for single people with additional needs.</p> <p>Clear accommodation pathways for those at risk of homelessness.</p> <p>Evaluation & roll out of shared tenancies.</p>	<p>Audit of formal & informal support provided to homeless people in the community.</p> <p>Identify any training or advice required by those providing support in the community.</p> <p>Develop a Tameside Preventing Homelessness Network to provide support, training & disseminate best practice to those helping to prevent homelessness.</p>

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DRAFT

Tameside Borough's

Preventing Homelessness Strategy

2018-2021

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FOREWORD

I am delighted to introduce our new Preventing Homelessness Strategy for 2018-2021. This strategy advocates a holistic and integrated response to preventing homelessness.

Homelessness has catastrophic effects on the lives of people, and yet homelessness is increasing nationally, sub regionally and locally. There is strong evidence that homeless people suffer from multiple disadvantages. Homelessness is not just one of the most extreme forms of physical deprivation; it also defines a group that is subject to extreme forms of discrimination and violence.

This strategy reinforces our commitment to prevent homelessness and to intervene at the earliest stage before households reach the point of crisis. It sets out the actions we will take to help prevent even more people from becoming homeless and provide tailored support to those who are homeless or at risk of homelessness.

This strategy has been developed following extensive consultation with our partners. Homeless people have been involved in the development of this strategy and their experiences have shaped the priorities identified. The current challenges are to manage current and increasing demand for accommodation while implementing the new Homelessness legislation, which brings with it, increased duties and powers

This Preventing Homelessness strategy promotes working together to identify at an early stage potential risks and intervening at an earlier stage to prevent homelessness. This strategy has the support of all relevant local authority departments and partners. Corporate and partnership involvement was secured in identifying the strategic priorities and this has helped to ensure that all relevant departments and agencies are committed to supporting their delivery.

This strategy also links with other strategies and programmes that aim to address the wide range of factors that could contribute to homelessness in Tameside Borough. These strategies and programmes encompass aspects of local health, justice and economic policy, poverty and Domestic Abuse amongst other things and are listed in the Appendix.

This strategy has included consideration of the benefits of cross-boundary co-operation and forms part of a coherent approach to tackling homelessness with neighbouring authorities.

This strategy is co-ordinated with the Health and Wellbeing Strategy and our review of homelessness informs and is informed by the Joint Strategic Needs Assessment.

This strategy is based on realistic assumptions and has been developed and is owned jointly with partners who are responsible for its delivery. This strategy will be taken into account by housing and social services authorities when exercising its functions.

This strategy is based on extensive consultation with local authorities, elected members, voluntary organisations, statutory partners, people with lived experience of homelessness and members of the public.

Councillor Cooney

Appendix 2

Photograph of Councillor Cooney to be inserted here.

INTRODUCTION

“Housing is essential to well-being, even life. It is so much more than a physical space or structure. It’s where we develop our first social relationships, it ties us to our communities, and it’s connected to our livelihoods. Just as housing goes beyond four walls and a roof, homelessness is not about just the lack of a house.” Leilani Farha (2016)

When thinking about homelessness many think about the most visible form of homelessness which is of people who are sleeping rough on the streets. However Homelessness can include people who are:

- Staying with friends or family
- Staying in a hostel or bed and breakfast accommodation
- Squatting
- At risk of violence or abuse in their home
- Living in poor conditions that affect their health
- Living apart from their family because they don’t have a place to live together

There is no single reason why someone can end up without a home. Personal circumstances and wider economic and social factors play a part in giving rise to this situation.

In preparing this strategy the Council has undertaken a detailed review of homelessness in Tameside to identify a clear picture of homelessness within the Borough, including a profile of people experiencing homelessness and to understand the impact of homelessness. The findings of this review have shaped the development of this strategy. As part of the review, extensive consultation was undertaken with services and organisations providing homelessness services and with people with lived experience of homelessness. This strategy:

- Outlines the key achievements of our previous strategy and provides examples of new evidence-based initiatives which have recently been implemented
- Presents the context of this strategy in terms of national policy and the local context
- Explains how the strategy was developed and its links with other key strategies
- Describes homelessness in Tameside, the causes and those who may be at risk of homelessness
- Presents our approach to preventing homelessness and our strategic priorities
- States how we will identify of homelessness issues and collect and information to measure and monitor progress

This strategy aims to bring about a borough wide cultural change in our approach to tackling and preventing homelessness in Tameside Borough. It advocates a holistic and integrated approach to Preventing Homelessness which tackles the complexity of issues which can result in homelessness. It aims to broaden and deepen constructive collaboration between services, partner organisations, the Faith sector, and members of the community. It seeks to

foster capacity to cultivate creative solutions to the ever-increasing problem of homelessness and focuses effort and resources to address the specific needs of the Borough. It complies with new statutory requirements which have been introduced through the Homelessness Reduction Act 2017. This strategy supports the Council and its partners to deliver Tameside Borough priorities and the GM pledges to prevent homelessness. This strategy has an action plan which has resources allocated to it and officers assigned to each action.

OUR VISION

Our vision is of a borough wide approach where those living, working and visiting Tameside understand the catastrophic effects of homelessness on the lives of people and its causes, and work together to tackle and prevent homelessness.

At a sub-regional level, Tameside is supporting the GM Homelessness Pledges and working collaboratively to combat homelessness across the sub region.

THE EXPECTED BENEFITS OF THIS STRATEGY

This strategy will raise awareness of homelessness and enable a proactive and co-ordinated approach to preventing homelessness. Those who live, work and visit the borough will have a better understanding of homelessness, its causes, those at risk of homelessness and how to support the Preventing Homelessness Strategy.

Those at risk of potential homelessness will be identified earlier and there will be a significant increase in the number of early interventions taken to prevent homelessness from occurring.

Broader and deeper collaboration between services, partners and communities will be developed to achieve creative and effective solutions to preventing homelessness.

Untapped resources in the community will be identified, cultivated and empowered to prevent homelessness.

Existing prevention tools will be reviewed and developed to ensure greater effectiveness and new additional tools and methods will be employed.

Gaps in our intelligence about the causes of homelessness and the effectiveness of prevention interventions will be filled to increase learning and promote greater effectiveness.

ACHIEVEMENTS RESULTING FROM OUR FORMER STRATEGY

A range of achievements have been gained from our former Preventing Homelessness Strategy 2015-2018. Examples are listed below. These achievements include:

The successful Housing First initiatives for Female Offenders and also for Victims of Domestic Abuse. The Housing First Initiative for Female Offenders was evaluated by York University. Tameside Council then bid for funding from the Department of Communities and Local Government (now known as the Ministry for Housing, Communities and Local Government) for a Domestic Abuse Service to provide supported accommodation. This is based on the findings of the York evaluation. It follows the Housing First model to meet the needs of victims of domestic abuse and other complexities.

The Hospital Discharge Project which reduces the risk of people being discharged from hospital into homelessness

Investment in the Sanctuary Scheme. The purpose of the scheme is to assist victims of domestic abuse whether they are male or female who were or were likely to become homeless through suffering from domestic violence to remain safely in their own home by adding security measures.

- The amount invested by the council in services for people who are homeless or threatened with homelessness
- The number of households provided with support to help them to maintain their current home
- Innovative new solutions to provide accommodation for those sleeping rough in cold weather
- Dedicated support staff
- The Tameside Resettlement Scheme

Examples of Recent Initiatives Which We Have Implemented to Help Prevent Homelessness

Recent evidence-based initiatives which we have put in place to help prevent homelessness in Tameside include:

Putting in place a number of developments to increase access to and improve the standards of private sector accommodation. These include an increase in the funding available for bonds to secure private rented accommodation, the appointment of an additional housing standards officer to promote improved standards in the private rented sector, and the appointment of a dedicated support worker to support people rehoused into the private rented sector.

Appointing a housing resettlement support worker to work with Asylum Seekers who have been given leave to remain in the United Kingdom to assist them to make the best use of the housing options that are available to them.

The provision of Sanctuary measures (security measures to enable the victim to remain living at home)

Reviewing the staffing structure of the Tameside Housing Advice Service and developing new generic job descriptions to meet the new requirements of the Homelessness Reduction Act 2017. There are 10 full time equivalent Prevention Officers and 3 new full time equivalent support officers.

Funding Ashton Pioneer Homes to pilot an initiative to encourage single people to share in 2 bedroom tenancies. This will improve the affordability of such homes for single people, reduce pressure on low supply 1 bed accommodation and improve the use of available stock.

Appointing a Preventing Homelessness Project Officer

Appendix 2

Evaluating cold weather arrangements and developing partnerships with Greater Manchester Fire and Rescue Service, Faith and other voluntary and community organisations to support cold weather provision

Working on Support the evaluation of current cold weather arrangements by end of April 2018

Working with Action Together and other organisations to develop and launch a local version of the Big Change by end of September, to provide alternatives to giving to people begging that will still directly support homeless people.

The Summary Strategy

OUR STRATEGIC PRIORITIES	A Holistic and Integrated Response to Preventing Homelessness	Proactive Information Management	Raised Awareness of the Causes of Homelessness, and Services and a Shared Understanding that Preventing Homelessness is Everyone's Business	Early Intervention Before a Crisis	Increased Resilience and Targeted Support	Access to a Wider Range of Affordable Permanent Accommodation Options	Identifying, Cultivating and Empowering Untapped resources in the community
EX	<p>A signed Tameside Preventing Homelessness Charter and engagement of all key stakeholders. Multi-agency protocols and procedures followed by all key services for reaching joint solutions to preventing homelessness. Early resettlement planning, and clear accommodation pathways for those at risk of homelessness and contact details for those who need to be engaged. Designated Preventing Homelessness Champions for each</p>	<p>Information sharing protocols to promote the timely sharing of information between services and partners to prevent homelessness. A new joint approach to obtaining client consent for sharing data to prevent homelessness. Named contacts and direct lines to key services. Effective targeting of tailored information to those at risk of homelessness</p>	<p>The development of a Preventing Homelessness Communication Strategy and targeted training. Preventing homelessness session integrated into the curriculum of schools and colleges. Preventing Homelessness Training for GPs and practice staff, and Community Mental Health Team. Public Health Campaign runs alongside the launch and</p>	<p>Triggers in place to identify earlier those at risk of homelessness. Early referrals and clear referral pathways. Forward planning and accommodation pathways. Investment in Prevention Tools: -Mediation -Pre-Eviction Protocol and Early Intervention of Debt Team -Schemes to</p>	<p>Effective move on and 4 weeks tailored support to those that need it. On-going floating support where required. Training on promoting wellbeing, managing a tenancy. Training and volunteering opportunities to support people into employment.</p>	<p>Increase the range of affordable options: -large families. -single people. -young people. -care leavers. Extension of Housing First Model with Public Health Investment for single people with additional needs. Clear accommodation pathways for those at risk of homelessness. Evaluation and</p>	<p>Audit of formal and informal support provided to homeless people in the community. Identify any training or advice required by those providing support in the community. Develop a Tameside Preventing Homelessness Network to provide support, training and</p>

<p>key service in the Council and Partner organisations.</p>	<p>Preventing Homelessness Surgeries co-located with Health Cluster Teams.</p>	<p>implementation of the Preventing Homelessness Strategy. Directory of services.</p>	<p>enable people to remain in their existing home (e.g. handy person scheme, and sanctuary measures).</p>	<p>Relevant external contracts amended to include employment opportunities for homeless people.</p>	<p>roll out of shared tenancies. disseminate best practice to those helping to prevent homelessness.</p>
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THE CONTEXT

THE NATIONAL CONTEXT

At a national level homelessness is increasing and projections indicate that it is set to continue to rise of the coming years. There is an increased likelihood of becoming homeless due to the lack of availability and affordability of housing, changes to the benefit system through the Welfare Reform, and a range of risk factors. The National Audit Office (NAO) (2017) in their recent report on homelessness have shown that Homelessness has increased across all measures since 2010, with many local authorities now seeing it as a risk to their financial sustainability. The report states that the ending of private sector tenancies has overtaken all other causes to become the biggest single driver of statutory homelessness in England.

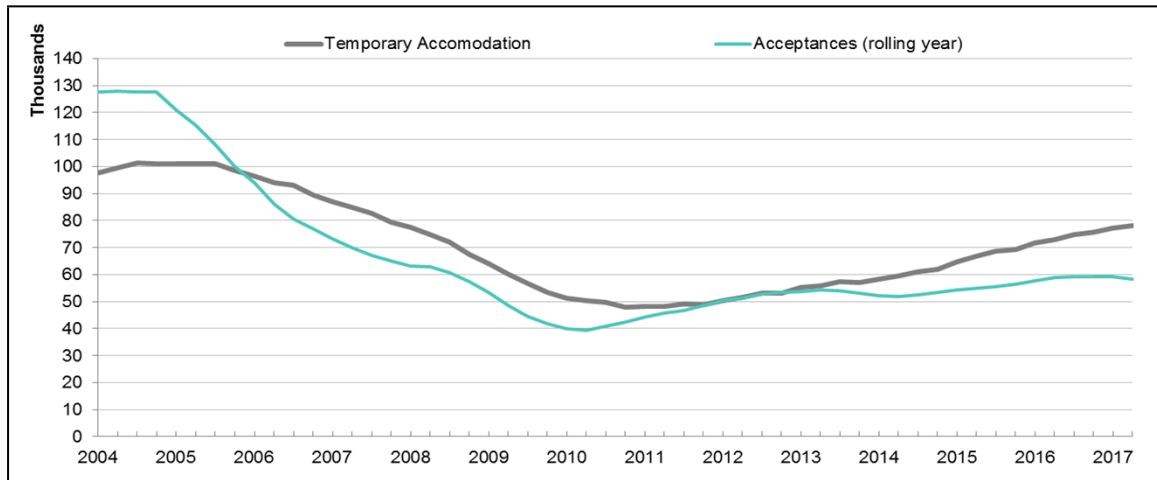
The recent Homelessness Monitor annual report (Crisis 2017) has predicted that there will be a surge in homelessness families. This report shows that 70% of local authorities in England are struggling to find any stable housing for homeless people in their area, while 89% reported difficulties in finding private rented accommodation. The private rented sector is the largest rented sector in England, but its ability to house those on low incomes or who are homeless is largely dependent on housing benefit and, consequently, on the Government's programme of welfare reform (Fitzpatrick et al., 2015).

In response to this many councils have had to place even more homeless people in emergency housing. If current homelessness trends continue it is predicted that more than 100,000 households will be living in B&BS, hostels and other forms of temporary housing by 2020 (Crisis 2017).

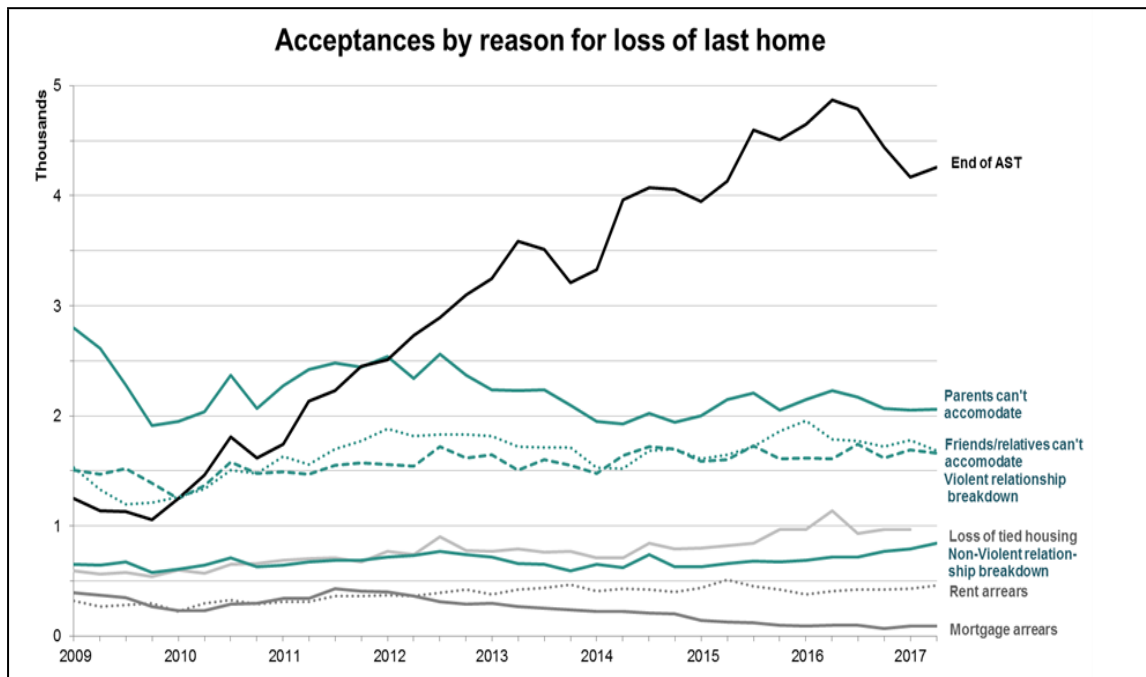
The National Audit Report 2017 highlighted the limited options which local authorities have to response to increased homelessness. In Housing in England: overview, the NAO set out in its assessment of the housing market and showed that there has been a significant reduction in social housing over the past few decades. While spending by local authorities on homelessness services such as temporary accommodation has steadily increased since 2010, spending on overall housing services has fallen by 21% in real terms over the same period. The proportion of homeless households in temporary accommodation outside their home borough increased from 13% in March 2011 to 28% in March 2017. Almost 90% of these households are from London boroughs.

In response to this increase in homelessness, the government has introduced fundamental change to homelessness legislation and has pledged to end rough sleeping by 2027 and to establish the Homelessness and Rough Sleeping implementation Taskforce.

Homelessness –national trends
Acceptances and households in temporary accommodation

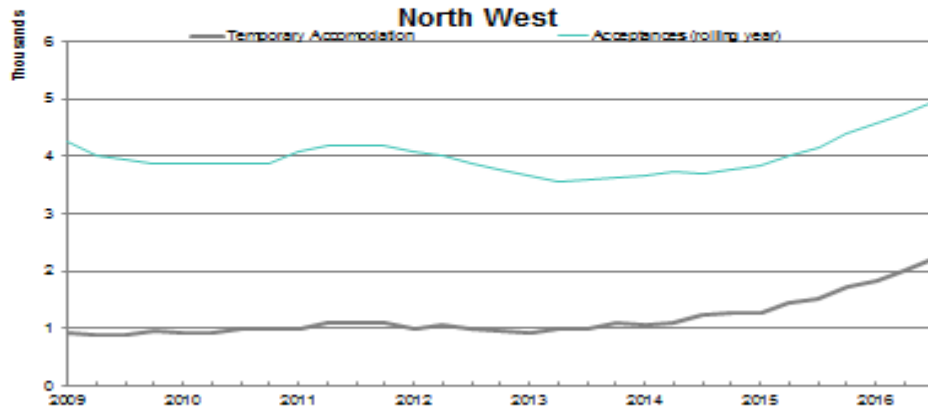


Homelessness - the national position:
Acceptances by reason for loss of last settled home



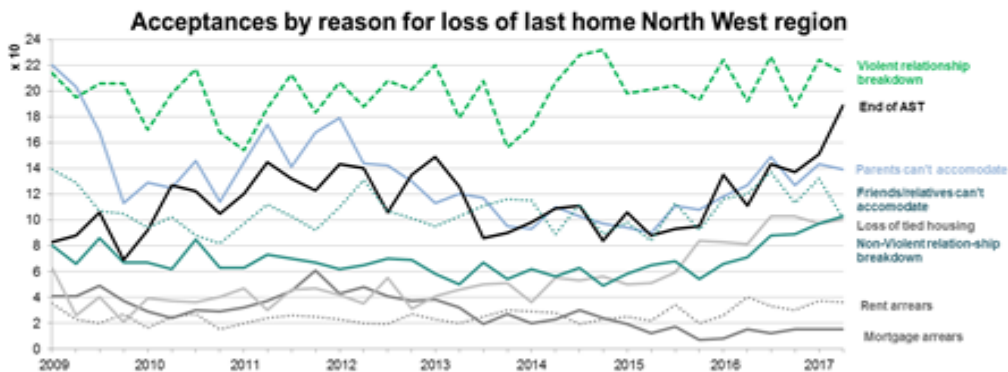
Ending of an assured short hold tenancy continues to be the most common reason for loss of a settled home: 30% of acceptances (34% in London).

Homelessness – North West Acceptances and households in temporary accommodation



3

Homelessness – North West: Acceptances by reason for loss of last settled home



5

THE HOMELESSNESS REDUCTION ACT 2017

The Homelessness Reduction Act 2017 took effect on 3 April 2018 and has introduced fundamental change. It aims to give local authorities more responsibility for preventing homelessness. It places duties on local authorities to intervene at earlier stages to prevent homelessness in their areas and requires authorities to provide homelessness services to every household who is homeless or threatened with homelessness not just those considered to be in priority need. The Department expects that these responsibilities will lead to an increase in prevention cases and a fall in the number of households that qualify for temporary accommodation.

The focus is on helping those at risk of homelessness to avoid their situation becoming a homelessness crisis. The Homelessness Reduction Act requires local authorities to take reasonable steps to help prevent any eligible person who is at risk of homelessness from becoming homeless. This means either helping them to stay in their current accommodation or helping them to find a new place to live. The legislation has:

Extended the period for which people are considered threatened with homelessness from 28 days to 56 days before they are likely to become homeless, ensuring that local housing authorities can intervene earlier to avert a crisis.

Extended homelessness prevention so that help is provided at an earlier stage to all eligible households, regardless of priority need status, intentionality and whether they have a local connection.

However the Local Government Association [LGA] (2018) states that the legislation will on its own do little to reduce the root causes of increasing homelessness.

National Research

Brief details about research findings of national research in relation to care leavers, young people, and single people are given below:

Care Leavers

Care leavers are particularly vulnerable to homelessness. Around a quarter of those living on the streets had a background in care, and rising demands on social housing have made it increasingly difficult for young people to find suitable accommodation (HM Government, 2013). Although local authorities have a duty to provide 'sufficient accommodation', Barnado's (2014) found that if a care leaver faces problems with their housing, they may become homeless.

Young People and Homelessness

Research undertaken in England has shown that around half of young homeless people are not in education, employment or training (NEET) at the point of becoming homeless and many also lack independent living skills. This may be due to a disrupted education or difficult childhood experiences that also contributed to them becoming homeless. 21% of young people supported by homelessness agencies and 15% of those seen by local authorities had poor literacy or numeracy skills (HomelessLink, 2014).

Young homeless people are finding it difficult to find work due to poor qualifications and high support needs. Due to welfare benefit rules, young people can be no better off in work than on benefits (Centrepoin, 2016).

Single People

Single people and couples without dependent children are also at risk as local authorities do not have a statutory duty to find accommodation

A report for Crisis UK focused on the experiences of single homeless people in Britain, finding that those who become homeless at a young age may become homeless several times and be trapped in a vicious cycle that leaves them vulnerable to violence and poor health (Mackie with Thomas, 2014). In a 2012 survey of transgender people, 19% of the 542 participants who answered questions on their housing reported they had been homeless at some point, while 11% had been homeless more than once (McNeil et al., 2012).

Homelessness and Health

The health problems of homeless peoples are considerable and their life expectancy is well below the national average (Crisis, 2011). For homeless men, the average age of death in 2001–09 was 48 years, compared with 74 years in the general population (a reduction of 26 years in life expectancy), and 43 for homeless women, compared with 80 in the general population (a reduction of 37 years) (Crisis, 2011).

Examples of health problems which have been identified include physical trauma, skin problems, respiratory illness, mental ill-health, infections and drug/alcohol dependence (DH, 2010). There are higher numbers of reported incidents of physical ill-health, depression and substance misuse among those who are sleeping rough or living in precarious accommodation such as squats, than among other homeless people. In 2010, a national audit of over 2,500 homeless people found that 41% had long-term physical health problems, compared with 28% of the general population; 45% had a diagnosed mental health problem compared with 25%; and 36% had taken drugs in the past month compared with 5% in the general population (Homeless Link, 2014).

Access to Healthcare

Homeless Link (2014) has stated that homeless people use hospital services, including Accident and Emergency, between three and six times that of the general population (DH, 2010). Although, they access GPs between 1.5 and 2.5 times more than the general public, nevertheless, 7% of homeless people said they had been refused access to a GP or dentist within the past 12 months. Furthermore, although 40% said they had sufficient help with their health problems, 42% wanted some, or more, help

Evidence has shown that homeless people do experience barriers to accessing healthcare. These include poor staff attitudes and the fear of being judged or experience of being passed between agencies and receiving help from none, for example for people with dual diagnosis (substance misuse and mental health problems) (RCGP, 2013).

THE SUB REGIONAL CONTEXT

The GM Pledges, the GM 10 Year Preventing Homelessness Strategy and the GM Ending Rough Sleepers Strategy

Tackling homelessness is one of the GM Mayor's key priorities. A major focus to date has been on rough sleeping. This is the most extreme and visible form of homelessness. The GM Mayor has pledged that there is no need for anyone to sleep rough by 2020 within GM by 2020 and developing a GM 10 year Homelessness Strategy.

The GM Homelessness Prevention Trailblazer

At a GM level there is a Homelessness Prevention Trailblazer Programme which has received funding from the Ministry of Housing, Communities and Local Government's (MHCLG) and focuses on the following themes:

- Deliver a consistent approach to data and systems
- Create a network of Hub provision across GM
- Develop a GM-wide Social Lettings Agency
- Create a GM Homelessness Action Network to support and build capacity in the stakeholder sector
- Deliver a Housing First system across GM
- Develop meaningful and consistent customer pathways
- Develop an integrated health and homelessness offer

Tameside Metropolitan Council are fully engaged in combatting homelessness at a Greater Manchester level and are represented on and contributing to Greater Manchester strategic groups such as the Greater Manchester Housing Providers' Group, the Greater Manchester Housing Needs Group and the Greater Manchester Health and Social Care Network. We have also signed up to the Greater Manchester pledges relating to homelessness which are:

- To identify options that will increase rehousing opportunities to people who are currently in temporary and supported accommodation.
- To develop models of support for those who have experienced homelessness and are moving into a secure tenancy. Additional consideration to be given to women who tend to be unrepresented within current 'on the streets services.
- Increase affordable rehousing opportunities to homeless applicants through a shared model of living that works within LHA cost limitations.
- To identify eligible people, including those experiencing homelessness by referring them into the Motiv8 programme. The programme is aimed at helping those people who experience multiple barriers move closer to employment, and improve their life chances.
- To ensure all people working in rehousing and homelessness services have up to date knowledge and skills.
- To support the Manchester Housing First Programme with rehousing provision.

TAMESIDE BOROUGH: ITS DEMOGRAPHY AND HOMELESSNESS

Demographic Information

Tameside Borough comprises nine towns which include: Ashton-under-Lyne, Audenshaw, Denton, Droylsden, Dukinfield, Hyde, Longdendale, Mossley and Stalybridge. The total population is approximately 220,800¹ and the landscape combines a mix of urban and rural areas.

The population breakdown shows that just over a half of the population of Tameside Borough (50.8%) are women. Almost a fifth (19.6%) of the population are under 16 years old, with slightly less (17.1%) being of pensionable age. The remaining 63.2% of the population are of working age (16 to 64 years old). Forecasts predict that over the next 20 years, the age profile of the population is expected to change significantly. The number of older people; residents aged 65 years and above are projected to increase by 64.9% by 2037 (from 37,000 to 61,000 residents in this age group).

The borough is becoming increasingly diverse, with 9.1% of residents from black or minority ethnic groups, of which people of Asian and Asian British heritage make up the largest number.

The Appendix provides details of the health and wellbeing of people in Tameside.

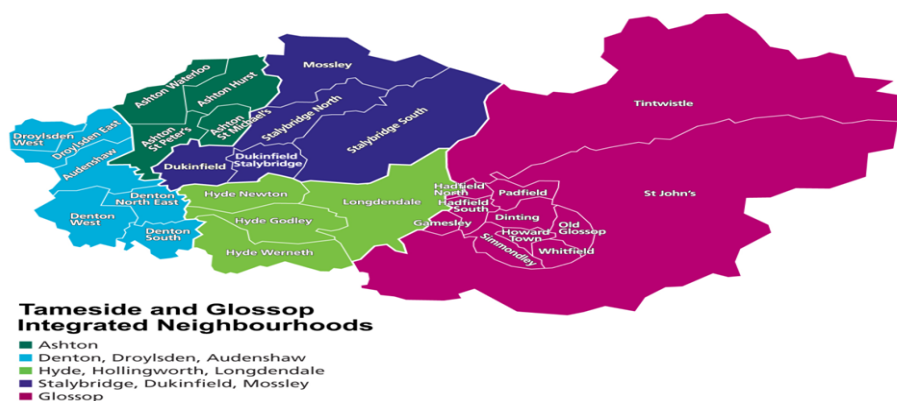
The Joint Needs Assessment has shown that the health and well-being of people in Tameside is generally worse than the England average, with the exception of a few wards.

The data shows that deprivation is higher in Tameside with over 10,560 children under 16 years living in low income families. This is a decrease from previous years.

Statistics show that life expectancy at birth for both males and females is lower than the England average (approx. 77.3 years males, 80.7 years females). Life expectancy locally is 10.4 years lower for men and 8 years lower for women in the most deprived areas of Tameside compared to the least deprived areas.

Homelessness in Tameside

A review of homelessness in Tameside was undertaken. Details of this review are provided in the Appendices of the Preventing Homelessness Strategy 2018-21. Both quantitative and qualitative data informed this review. Qualitative data was gathered through undertaking extensive consultation with homeless people and with organisations working with the homeless in Tameside. The validity of the data was promoted by ensuring that the individuals interviewed had direct experience of homelessness or working with homeless people in Tameside, and by triangulating the data gathered to ensure its robustness. Respondent validation of the data was achieved by holding a strategic workshop in March 2018 and involving over 30 stakeholder organisations and services in discussing, assessing and evaluating the consultation findings. Details of the consultation findings are provided in the appendix of the Preventing Homelessness Strategy.



The following quantitative data was used to inform the review:

- The national statutory homelessness P1E data returns.¹
- National research findings for example research reports published by the National Audit Office, HM Government, Crisis, HomelessLink, Barnardos and Centrepont.
- Contract monitoring data of the homelessness services commissioned by Tameside Council
- Tameside service activity data
- Census data
- The Joint Strategic Needs Analysis for 2016/17
- Tameside’s Housing Needs Assessment 2017

Key messages from the Homelessness Review are:

- It is difficult to calculate how many people are homeless since many homeless people are the “hidden homeless” and do not appear in the official statistics.
- Many people perceive homelessness to be sleeping rough on the streets and are not aware that homelessness can include people:
 - Staying with friends or family
 - Staying in a hostel or bed and breakfast accommodation
 - Squatting
 - At risk of violence or abuse in their home
 - Living in poor conditions that affect their health
 - Living apart from their family because they don’t have a place to live together

There are increasing numbers of households seeking assistance. Demand for assistance from the Tameside Housing Advice Service has increased by 47% during the year 2017/18 compared to the level of demand in 2016/17.²

¹ Each local housing authority is required to consider housing needs within its area, including the needs of homeless households, to whom local authorities have a statutory duty to provide assistance. The purpose of the quarterly P1E form is to collect data from English local housing authorities on their responsibilities under homelessness legislation.

² Telephone contacts are not included in this statistic.

The top reason for homelessness in Tameside during 2017-18 identified in the P1E statutory returns is that other relatives or friends are no longer willing or able to accommodate. However the consultation undertaken in Tameside has revealed a wide range of factors which cause homelessness.

During the year 2017/18 there was an increase of 11% in the number of placements into all types of temporary accommodation used by Tameside Housing Advice in comparison with the number of placements made in 2016/17.

The high level of demand for supported housing in Tameside. In the year 2017/18, 151 referrals were received for supported housing commissioned by Tameside Council however only 57 placements were made.

There are a wide range of services for homeless people within the borough but not everyone is aware of the services provided. There is a need to raise awareness of these.

There are examples of numerous initiatives from the Faith Sector in Tameside to help the homeless and a desire to prevent homelessness. And a large number of foodbanks in Tameside.

There are untapped resources in the community which need to be nurtured and empowered to prevent homelessness.

The Housing Needs Assessment has shown a projected increase in the 15-29 years age cohort of (3.5%) and most notably an increase of 96.9% in the 80+ years age cohort

There is a significant increase in the number of households active on the Tameside's housing register. As at 31st March 2018, there were 434 households active on the housing register in comparison to 301 for the same period in 2016/17. In quarter 4 of 2017/18, 421 new applications were received compared with 325 in the same quarter the previous year 2016/17

The current housing offer in Tameside is focused around 2 and 3-bed properties with very few smaller and larger properties

There is increasing demand for affordable housing, a very high demand for one bed accommodation and also a demand for housing for large families.

Access to a wider range of affordable permanent accommodation options is needed. For example an increase in the range of affordable options for:

- Large families
- Single people
- Young people
- Care leavers

There are continuing financial pressures and uncertain circumstances.

There is a dramatic increase in levels of rough sleeping in Tameside and data collected during the implementation of cold weather arrangements suggests that the number of those sleeping rough is greater than the estimate undertaken on 2 November 2017. (It should be

noted that the data collected for the estimate complied with strict national criteria and was verified, whereas the number of those presenting for shelter during cold weather was a count of those who presented.)

During the period 29 November 2017 to 31 March 2018 cold weather provision was triggered on 37 nights and there were 414 placements made available.

The Causes of Homelessness in Tameside

Statutory data which is collected every quarter through the P1E return has shown that the top 5 reasons for homelessness during 2017/18 were:

- Other relatives or friends no longer willing or able to accommodate
- Parents no longer willing or able to accommodate
- Required to leave accommodation provided by Home Office as asylum support
- Violent breakdown of relationship involving partner/non –violent breakdown of relationship
- Termination of assured shorthold tenancy

Tameside Council's Homelessness Team has responded proactively to these findings and has already put in place a range of initiatives and investment in response. These include amongst other things: investing resources in developing a Mediation Scheme; developing an accommodation pathway for young people at risk of homelessness; appointing a housing resettlement support worker to work with Asylum Seekers who have been given leave to remain in the United Kingdom to assist them to make the best use of the housing options available to them; and putting in place a number of developments to increase access to private sector accommodation etc. Further details are provided in the introduction to the strategy.

The consultation undertaken in Tameside Borough revealed a wide range of factors which organisations and services identified as causes for homelessness in Tameside. Please see the table in the appendix 3. The causes identified include: national policies such as the Welfare Reform, lack of finances leading to accrual of debt, the issuing of a section 21 notice³ and eviction, low or no wages and lack of affordable housing, lack of housing options available, the breakdown in family relationships and family and friends no longer able to accommodate the person, substance misuse, poor mental health, people who become disabled and their current house is no longer accessible, a combination of factors, changes in circumstances, anti-social behaviour leading to eviction, people with offending

³ A Section 21 Notice to quit is a legal tool, which the landlord can use to regain possession from a property which is let under an Assured Shorthold Tenancy. It gives the landlord the right to request you to leave the property, giving you two months of time under the rules of Section 21. This is the first step of the eviction process, but it itself is not considered an eviction.

histories, and operational issues experienced by agencies leading to delays in making homelessness decisions.

National policy, i.e. the impacts of Welfare Reform was identified as a key factor which has led to a significant increase in homelessness. This introduced changes such as the introduction of the bedroom tax, the benefits cap, the Housing Benefit limitations on those aged under 25 years and the introduction of Universal Credit.

The lack of finance was identified by agencies as a key reason why people became homeless. It was noted that people have higher expectations and are used to a certain standard of living that they are unable to sustain. The accrual of debts, low wages, the loss of employment, and changes to benefits arising through the welfare reform were identified as key financial factors causing homelessness.

The lack of housing options. The shortage of “affordable” housing. It was noted that even “affordable” housing is not affordable for some people and there are long waiting lists for social housing. The bedroom tax has stopped people from moving into available 2 bedroom properties.

The breakdown in family relationships and negative lifestyle choices leading to substance misuse, mental health issues

A combination of factors which may be interrelated such as mental health problems, drugs, finances etc.

The Groups Most At Risk of Homelessness in Tameside

The groups most at risk of homelessness in Tameside include:

- people released from prison or youth detention accommodation;
- care leavers;
- former members of the regular armed forces;
- victims of domestic abuse;
- people leaving hospital;
- people suffering from a mental illness or impairment; and,
- people with substance misuse issues
- Asylum Seekers Who Have Been Issued With Refugee Status
- young people on low/no wages
- older people who become disabled and their current home is no longer accessible
- Large families on a low income
- Single people who do not meet priority need

People Released from Prison or Youth Detention Accommodation

Tameside Housing Advice staff identified people with an offending history as being a group which are potentially at risk of having recurring homelessness. They noted that repeat offenders may lead to recurring homelessness.

The consultation undertaken has raised a number of issues in Tameside relating to people with an offending history:

1. Lack of Communication when being taken into custody can cause a person to lose their accommodation and become homeless.

The consultation revealed the importance of ensuring that communication is maintained with the individual's landlord and the DWP if they are taken into custody suddenly. Increasingly those with an offending history may be given short custodial sentences when they are in and out of custody and as a result their landlord and the DWP may be unaware of the current status of the individual. The lack of communication with the DWP has led to the cessation of benefit payments which in turn has led to the accrual of rent arrears. This has resulted in the loss of the person's tenancy through eviction.

The consultation findings show that in the event of a short custodial sentence it is important that the court picks up housing issues and a nominated person is identified to raise these issues with the offender's next of kin/contact person so that the landlord is informed that the tenant has been taken into custody, and given the keys of the accommodation and arrangements are made to collect the offender's main whilst he/she is in custody. Also DWP needs to be informed of a change in circumstances.

2. There is a shortage of support for those with an offending history and no accommodation in place for their release

The consultation findings revealed the need for improved communication between the Prisons, Shelter who run the Through the Gate Programme in some prisons, Probation Services, GM and Cheshire CRC and Tameside Housing Advice Service.

Staff at the Tameside Housing Advice Service stated that usually individuals who are released from prison present as homeless to Tameside Housing Advice on the day of their release. They suggested that a more effective service can be provided to those being released if Shelter provide sufficient notice in advance (i.e. more than one week's notice) and send ID to Tameside Housing Services before the person presents. Appropriate advance notice would enable effective triaging to be undertaken.

The consultation findings showed that there are cases where someone is released from prison but does not present at Tameside Housing Advice straight away. They may stay with family and friends and then present some time later. In this instance they are not seen as a release from prison case. However their background history later reveals this.

3. Barriers to Obtaining Housing Due to Committing Specific Offences

The consultation indicated that there are different types of offenders who experience barriers to obtaining accommodation.

The commission of specific offences appears to exclude some individuals from housing. For example a senior manager from the Probation Service highlighted that sex offenders appear to experience all the barriers to obtaining accommodation and the additional barriers of stigma and risk.

Tameside Council commissions Roots service provision for high risk offenders including sex offenders. The service is provided within the Supporting People framework of services. The Roots service provides an intensive tenancy support and compliance service for a minimum of 10 offenders (at any 1 time) who are subject to Multi-Agency Public Protection

Arrangements (MAPPA) and Prolific and Priority Offender (PPO) arrangements. It provides housing related support to enable service users to successfully manage their tenancy. It facilitates access to appropriate housing for a client group that is typically excluded from housing but for whom appropriate housing is key to successful outcomes and an essential component to avoid reoffending.

Other offenders who have a history of violence, and those who have committed arson also experience exclusion from accommodation. The consultation revealed that the offence of arson may encompass a wide range of crimes which vary in level of severity and the risk they pose. Some arson convictions could be setting a wheelie bin alight and this could be a one off event whereas others may be more serious arson convictions. The recording of the offence, its severity and frequency is important. The level of severity of the crime and its frequency should be taken into account when planning the resettlement of those with an offending history.

4. The Impact of a History of Accruing Rent Arrears on Being Able to Secure Accommodation

The consultation findings showed that, when a person with an offending history also has a history of accruing rent arrears, they have found it very difficult to obtain accommodation. This strategy recommends that offenders are given information about the Tameside resettlement scheme and other support available to help.

5. Unwillingness to Accept Certain Types of Accommodation Such as Supported Accommodation

The consultation revealed that some people who have an offending history are unwilling to accept supported accommodation. This issue requires further investigation. It may be that those with an offending history are unaware of the type of supported accommodation which is provided in Tameside. This strategy recommends that action is taken to identify from offenders why they are unwilling to accept supported accommodation. Do they know what supported accommodation is?

The data collected appears to suggest that they may perceive supported accommodation is a hostel. Some offenders do not want to go to hostel accommodation on their release from prison due to problems which may be encountered there such as disputes and drug abuse.

6. Poor Mental Health Resulting in the Inability to Hold Down a Tenancy

The consultation findings have shown that it can be very difficult for a person to sustain a tenancy if they are a repeat offender, in and out of prison, and have poor mental health. A consultee explained “The person may have full housing duty but is unable to hold a tenancy and has ‘burnt all his bridges’... and Mental Health Services don’t know about him.” This shows the importance of further developing joint working between Probation Services, Adult Mental Health Services and Tameside Housing Advice Services to develop creative accommodation pathways to enable those with an offending history and poor mental health to obtain and sustain their tenancy.

7. Young Offenders aged between 18-25 finding it Difficult to Manage a Tenancy

The Probation Services in Tameside have observed that young offenders aged 18 to 25 year old may have more chaotic lifestyles and find it very difficult to manage and sustain a tenancy.

Care Leavers

The Consultation raised the following issues relating to young people leaving care in Tameside which include the need for:

More Integrated working between the Leaving Care Team and Homelessness Services (e.g. Tameside Housing Advice, Tameside Council's Homelessness Team etc.).

To further develop joint working with the Leaving Care Service has recently set up a new Accommodation Panel to discuss the accommodation needs of Care Leavers with representatives of Tameside Housing Advice, Tameside Council's Homelessness Team and other key services. Through closer working arrangements the Leaving Care Service are developing their understanding of Homelessness Services in Tameside and the housing options available.

The Leaving Care Service to undertake earlier resettlement planning with Care Leavers involving the keys services and agencies

Consultees suggested that information about housing issues should be given to care leavers at an earlier stage.

Clear accommodation pathways for young people leaving care

A new Homelessness Project Officer has now been appointed by Tameside Council's Homelessness Team to work with the Leaving Care Service to develop a clear accommodation pathway for young people leaving care.

A holistic response to helping young care leavers to sustain tenancies and prevent the accrual of rent arrears.

The evidence shows that some care leavers have a pattern of losing their tenancies due to rent arrears and therefore becoming "intentionally homeless".

A planned approach to transition from children's services to adult services

Emerging issues identified through the consultation undertaken in Tameside has identified that there are problems encountered during the transition from children's services to adults' services. A successful transition requires advance planning before the person reaches the age of 18 years. Without this a person may find that they lose all services once they reach the age of 18 years.

Affordable supported housing

Former Members of the Armed Forces

The 2011 Census identified that 522 residents in Tameside Metropolitan Borough are employed in the Armed Forces. Of these, 66.7% live in owner occupation and 33.3% live in a property rented from a Housing Association.

National evidence suggests that significant numbers of ex-armed forces personnel face difficulties after returning to civilian life, including financial hardship, poor physical and mental health, and low self-esteem. Housing is a key area where the armed forces community require support; SSAFA –the Armed Forces charity (formerly known as Soldiers, Sailors, Airmen and Families Association) has found that many working age veterans believe their housing situation has been disadvantaged by military service.

Tameside Council commissioned Salford University to undertake a review of the level of demand for housing and housing related supported among the armed forces community in Tameside in 2017. A report was produced in 2017 by Wilding entitled “Meeting the housing needs of the armed forces community in Tameside.” The Wilding (2017) review made the following recommendations:

There needs to be better identification of armed forces applicants, along with more accurate recording and storing of data by all organisations working with the armed forces community on housing related issues;

Given that ex-armed forces personnel do not always disclose their status and that this can be a sensitive issue, there is some scope for armed forces charities to provide guidance on ways of eliciting this information; All housing providers and community organisations providing housing related support should sign up to the Armed Forces Covenant and pledge to ensure that the armed forces community is not disadvantaged when using their services;

Housing associations could work more closely with armed forces charities to tap into available support and expertise. One potential way of doing this is through participation in TASC; In order to ensure that ex-armed forces personnel are offered the full range of support available to them, housing providers should include a question on registration forms requesting permission to discuss their case with armed forces charities;

Ex-armed forces personnel may also be more willing to disclose their status if they are aware of how this affects their housing rights. One way of increasing awareness is by distributing promotional materials through Tameside Housing Advice and the armed forces charities;

Armed forces charities should look at producing guidance for housing providers in Tameside on the particular housing requirements of the armed forces community;

There is a case for removing the time limit for prioritising the armed forces community, as many of the issues experienced by ex-armed forces personnel, including mental health problems can reoccur or be on-going for longer periods of time; Supported living networks should be further explored as a means of enabling the armed forces community to support each other whilst living among the wider community.

People with Substance Misuse

The consultation data showed that this group may have very chaotic lifestyles and find it very difficult to hold down a tenancy. There are instances where those with a substance misuse issue have left a tenancy and entered a rehabilitation programme but failed to complete the programme. As a result they became homeless.

Victims of Domestic Abuse

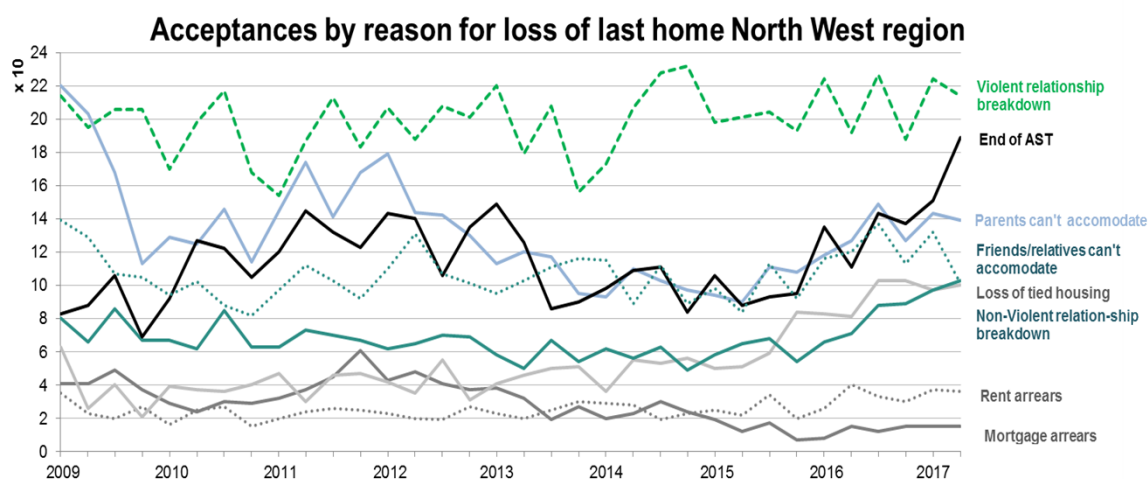
In 2017 domestic abuse resulting in the breakdown of a relationship was the top reason in Greater Manchester for being accepted as statutory homeless.

From 1 April to 31 December 2017, in Tameside borough there were a total of 4,265 incidences of domestic abuse, at all risk levels.

The consultation findings in Tameside indicated that victims of domestic abuse may also be victims of repeat homelessness.

There is a range of information targeted to this group. E.g. by Police and Tameside Hospital. Tameside Council has recently run a campaign on male victims of domestic abuse.

Supporting victims of domestic abuse is identified as a priority in Tameside. Tameside Council has commissioned a range of services which are specifically targeted to victims of domestic abuse. These services include a 24 hour staffed women’s refuge, dispersed tenancies in the community, Housing First provision, and a sanctuary scheme.



People leaving hospital

The consultation indicated that people with mental illness who are sectioned in hospital may lose their tenancy due to the accrual of rent arrears. This can occur due to the patient being unable to contact the landlord and DWP to confirm that they were in hospital. This may occur, in particular, to young men with a dual diagnosis.

The consultation undertaken revealed that there is difficulty in finding permanent placements for homeless people who are leaving hospital. Family and friends are relied upon as a temporary placement but more permanent accommodation is needed.

People suffering from a mental illness or impairment

The consultation demonstrated the need for a holistic, multi-agency approach to tackling the needs of tenants with poor mental health to prevent them from becoming homeless. It was suggested that we should have a multi-agency meeting about tenants who are at risk of homelessness and work together to prevent homelessness.

It was suggested that posters and leaflets about preventing homelessness and the services available are placed in Primary Care Centres and waiting areas and that doctors are asked to give them out to patients. Consultees stated that post cards or business cards are easy to give someone and they could carry them around if needed.

Asylum Seekers Who Have Been Issued With Refugee Status

Asylum Seekers are given support and accommodation from SERCO in Tameside but once they have been issued with refugee status they are given only 28 days' notice before they have to leave the SERCO accommodation. As a result the person lacks accommodation and support and income. They are unable to secure employment or benefits due to the lack of a national insurance number. The consultation revealed that it can take a while for the national insurance number to be issued

Tameside Council has recruited a support worker to assist asylum seekers/refugees to help them to secure accommodation.

Young People

The consultation revealed that young people are at risk of homelessness. It should be noted that young people are particularly affected by the Welfare Reform. Young people who are on low wages may not be able to afford housing which is designated as "affordable." Tameside Council is currently developing accommodation pathways for young people and are piloting a shared tenancy initiative with Ashton Pioneer Homes aimed at providing young people with lower cost accommodation.

Families

The Housing Needs Assessment (2017) has shown that over the last 12 months, there has been an increase in the number of families requiring large accommodation. This appears to be due to changes to national welfare policy and the implementation of a cap on benefits.

Families (that is couples and lone parents with children including adult children living at home) account for around 46.0% of households across Tameside. Of this number, 32.1%

are couples and lone parents with dependent children and 13.9% are parents with adult children (2017 Household Survey data).

The Housing Needs Assessment (2017) has shown that the main property type occupied by families was semi-detached properties (around 42.0%). Around half of all family households would like a detached property but only 17.7% expect a detached a property. In comparison only 3.2% would like a flat / apartment but 11.9% would expect to move to this type of property.

The evidence shows that families are more likely to live in unsuitable housing or experience homelessness. 60.8% of all families are in some form of housing need, compared with 9.1% across all households in Tameside.

Single People

The Housing Needs Assessment (2017) In Tameside has shown that there is a lack of one bedroom accommodation available but increasing numbers of single people seeking this accommodation. The research has shown that young people on low wages are finding it increasing difficult to obtain accommodation. To help address this problem Tameside Council has commissioned an innovative pilot project from one of our registered providers, Ashton Pioneer Homes, to provide single people with shared accommodation. This enables them to have access to more affordable accommodation. Two bedroom accommodation has been converted to provide two bedrooms which can be locked and a shared kitchen and bathroom.

The homelessness data has shown the single people presenting as homeless at the Tameside Housing Advice Service appear to have more complex needs and lead chaotic lifestyles. They may have received many chances to obtain accommodation but failed to sustain their tenancy. They are at a place where their options are now very limited.

Rough Sleeping

The proportion of English rough sleepers from GM has nearly trebled since 2010 and the rates of increase in GM consistently and significantly outstrips the increase in England as a whole. In GM overall, 78% of identified rough sleepers are from 4 boroughs -Manchester, Salford, Tameside and Wigan.

Eliminating rough sleeping is a priority for the Greater Manchester mayor and extensive activity has been undertaken to tackle this issue. Access to emergency bedspaces has been increased across Greater Manchester and the response to Cold Weather Provision has been developed to provide a more coordinated approach. During the winter of 2018 there has been an unprecedented number of referrals into accommodation during cold weather. In April 2018, an evaluation is being undertaken of the response to winter/cold weather provision and the learning from this will be used to form recommendations for further improvements.

In response to the significant increase of the number of rough sleepers in Tameside we have submitted a bid to the MCHLG for resources to increase service provision for rough sleeping. This will include multi agency assertive outreach, the appointment of a Rough Sleepers Co-ordinator Post and more accommodation options.

Who is Sleeping Rough in Tameside?

A profile of rough sleepers in Tameside; numbers, support needs and demographics;

Category	Detail	Numbers/description			
Street Count 2017	Estimate/ Count	43			
	Previous count/estimate	19			
Person Specific – at the street count	Gender	Male 39	Female 4		
	Ethnicity				
	Age	16 – 25 - 4	25 – 59 - 30	60+ 0	
	Nationality/Immigration status	UK 34	EU 4	Other 1	
	Entrenched/revolving door	Over 40 referred to GM entrenched rough sleepers project			
	Short term/intermittent	5			
	Misc. couples, pets etc.	2 couples			
	Not known (with reasons why)	Age not known of 9 people			
Category	Detail	Numbers/Description			
Primary Support Needs of above (as far as is known)	Drugs/Alcohol	7 linked to services			
	Mental Health	10 known to secondary mental health services			
	Other Health				
Area Connections of above	Institutional history (care, prison, armed forces)	7 (offenders)			
	Local Connection to your LA	39			
	England				
	UK (other than England)				
Service plans for above	NON- UK	4			
	Not known				
Service plans for above	How many have a Single Service Plan/Multi Agency Plan in place	Most have been referred to Entrenched Rough Sleepers Project			

In addition to the people identified above, how many additional people slept rough or were prevented from sleeping rough in your local area during September to December 2017?

Cold weather numbers indicate higher numbers of rough sleepers than those captured in estimate.

We have collated the data on cold weather placements, referrals to the entrenched rough sleepers' project and all persons identified for the estimate (including those that weren't submitted as we couldn't meet the verification standards per the guidance).

This provides a figure of 131 individuals.

<p>Includes 2 couples 13 women 59 unknown date of birth 8 aged 21- 25 23 aged 23 – 40 33 aged 40-50 8 aged 50-58 No over 60s</p> <p>43 referred to GM Entrenched rough sleepers project (SIB)</p> <p>7 have had applications for assistance under local welfare provision approved – this includes 5 who were supported via the SIB</p>
<p>Any other relevant information on rough sleeping in your area (e.g. particular local challenges, causes or concerns)</p> <p>Cold weather arrangements in place between 29 November and end of March 2018 414 placements made of 84 individuals.</p> <p>Lack of supported accommodation – funding was cut in 2016 by 60%</p> <p>No local assertive outreach</p> <p>Limited targeted resources</p> <p>Limited accommodation dedicated to rough sleepers</p>

Emergency Cold Weather Arrangements (SWEP)

Tameside Council also have emergency arrangements in place to provide shelter for rough sleepers during cold weather. In the winter of 2017-2018 the Council piloted a new approach in conjunction with Greater Manchester Fire and Rescue Service in which rough sleepers were provided shelter in the Fire Service’s community room overnight when the cold weather arrangements are triggered. Greystones provides a security and cleaning service to support this. Tameside Council will be evaluating this pilot and are seeking other options for responding to cold weather.

To obtain a clear understanding of Tameside Borough’s full housing needs the Council has prepared a Strategic Housing Market Assessment. The draft SHMA was produced in September 2017.

The evidence presented in this draft HNA 2017 suggests that there are three main policy areas that require special attention from both a planning policy and social policy perspective:

- The challenge of enabling the quantity and mix of housing that needs to be delivered;
- The challenge of ensuring that the housing and support needs of older people are met going forward; and
- The challenge of driving up the quality of the private rented sector and increasing the sustainability of tenancies.

- Securing sufficient accommodation which is available for people in the district who are or may become homeless

Tameside Council undertook a 2017 Household Survey and collected a range of secondary data to provide a robust evidence base to assess housing need across Tameside Borough. One way of promote access to accommodation is by increasing the level of affordable housing and by improving access to good quality private sector accommodation.

The evidence presented in the Council's Draft Housing Needs Assessment 2017 shows an annual imbalance of 421 affordable dwellings across Tameside each year. Tameside's Draft Housing Needs Assessment recommends that the Council should seek to reduce this through, for instance, newbuild stock. The data shows variations by ward, designation (general needs and older person) and property size.

Table 5.5 Net annual affordable housing imbalance by ward, property size and designation 2017/18 to 2027/28

Ward	General Needs		Older Person	Total
	1/2 Bed	3+ Bed	1/2 Bed	
Ashton Hurst	20	19	2	42
Ashton St Michael's	69	16	6	91
Ashton Waterloo	86	29	12	127
Audenshaw	30	51	17	98
Denton North East	21	46	12	80
Denton South	46	10	4	59
Denton West	-1	20	7	26
Droylsden East	33	16	10	59
Droylsden West	10	52	11	73
Dukinfield	21	35	2	58
Dukinfield Stalybridge	4	5	2	10
Hyde Godley	30	-86	-6	-62
Hyde Newton	17	-44	-57	-84
Hyde Werneth	-5	38	3	36
Longdendale	0	-12	-3	-15
Mossley	-11	-12	-5	-28
St Peter's	0	-6	-19	-25
Stalybridge North	0	-81	-32	-112
Stalybridge South	-7	-4	-2	-13
Tameside Total	365	93	-37	421

There is a significant increasing demand for assistance to prevent or relieve homelessness in Tameside Borough and to meet the needs of those who are owed the main housing duty. The Homelessness presentation figures show the following trends:

The Strategic Housing Needs Assessment has identified that there are 9,589 existing households in need which represents 9.1% of all households. The reasons for this housing need are provided in the table overleaf.

Table 5.1 Summary of current housing need across Tameside		
Category	Factor	Tameside Metropolitan Borough
Homeless households or with insecure tenure	N1 Under notice, real threat of notice or lease coming to an end	284
	N2 Too expensive, and in receipt of housing benefit or in arrears due to expense	1,146
Mismatch of housing need and dwellings	N3 Overcrowded according to the 'bedroom standard' model	4,343
	N4 Too difficult to maintain	1,037
	N5 Couples, people with children and single adults over 25 sharing a kitchen, bathroom or WC with another household	1,916
	N6 Household containing people with mobility impairment or other special needs living in unsuitable accommodation	1,457
Dwelling amenities and condition	N7 Lacks a bathroom, kitchen or inside WC and household does not have resource to make fit	158
	N8 Subject to major disrepair or unfitness and household does not have resource to make fit	644
Social needs	N9 Harassment or threats of harassment from neighbours or others living in the vicinity which cannot be resolved except through a move	827
Total no. households in need (with one or more housing need)		9,589
Total Households		104,840
% households in need		9.1%

The SHNA shows that the proportion of households in need varies across all the wards. The proportion is highest in ward of Ashton Waterloo (16.6%) and Denton North East (15.9%) and lowest in the ward of Stalybridge South (3.8%) and Mossley (3.9%).

Tameside Borough's Preventing Homelessness Strategy

Tameside Borough's Preventing Homelessness Strategy advocates a holistic and integrated response to preventing homelessness. It reinforces our commitment to prevent homelessness and to intervene at the earliest stage before households reach the point of crisis. This strategy sets out the actions we will take to help prevent even more people from becoming homeless and provide tailored support to those who are homeless or at risk of homelessness.

This strategy has been developed following extensive consultation with our partners and homeless people. These include our statutory partner organisations such as the NHS, Probation Services, the GM and Cheshire Community Rehabilitation Company (CRC), GMP, and the GM Fire and Rescue Service etc.; it also includes commissioned services, and a wide range of third sector organisations and members of the Faith Sector. Homeless people have been involved in the development of this strategy and their experiences have shaped the priorities identified. The current challenges are to manage current and increasing demand for accommodation while implementing the new Homelessness legislation, which brings with it, increased duties and powers

This Preventing Homelessness strategy promotes working together to identify at an early stage potential risks and intervening at an earlier stage to prevent homelessness. This strategy has the support of all relevant local authority departments and partners. Corporate and partnership involvement was secured in identifying the strategic priorities and this has helped to ensure that all relevant departments and agencies are committed to supporting their delivery.

This strategy has included consideration of the benefits of cross-boundary co-operation and forms part of a coherent approach to tackling homelessness with neighbouring authorities. This strategy is aligned with the Greater Manchester Homelessness Action Network strategy. A strategy to end rough sleeping by 2020, and develop a 10-year plan to tackle the issues of wider homelessness.

This strategy also links with other strategies and programmes that aim to address the wide range of factors that could contribute to homelessness in Tameside Borough. These strategies are listed in the Appendix.

These strategies and programmes encompass aspects of local health, justice and economic policy, poverty and Domestic Abuse amongst other things.

This strategy is co-ordinated with the Health and Wellbeing Strategy and our review of homelessness informs and is informed by the Joint Strategic Needs Assessment.

Tameside's Preventing Homelessness strategy promotes working together to identify at an early stage potential risks and intervening at an earlier stage to prevent homelessness. This strategy has the support of all relevant local authority departments and partners. Corporate and partnership involvement was secured in identifying the strategic priorities and this has

helped to ensure that all relevant departments and agencies are committed to supporting their delivery.

This strategy is based on realistic assumptions and has been developed and is owned jointly with partners who are responsible for its delivery. This strategy will be taken into account by housing and social services authorities when exercising its functions.

How This Strategy Was Developed

An inclusive and participatory approach was taken to develop this strategy. At the outset, key stakeholders were given the opportunity to shape the development of this strategy. The Preventing Homelessness multi-agency forum and the Registered Providers Forum were at the centre of its development and a project team with representatives from key services, led by the Senior Housing Strategy Officer, was set up.

Extensive consultation has been undertaken and this has included:

Face to face interviews with senior managers from partner organisations which took place from September 2017 to March 2018

Two break out groups focusing on the Preventing Homelessness Strategy attended by members of the public and representatives of partner organisations. This took place at the Tameside Partnership Engagement Network (PEN) workshop held on 13 October 2017

- The Preventing Homelessness Workshop held on 16 November 2017
- A Focus group with commissioned and non-commissioned service providers in November 2017
- A focus group with staff at Tameside Housing Advice Service, Ashton under Lyne held on 15 December 2017
- An interview with representatives of the Church of the Nazarene Ashton under Lyne held on 12 December 2017
- A group interview with the manager and staff at the Women's Centre, Cavendish Mill on 6 March 2018
- A group interview with homeless men living in temporary accommodation at Greystones on 7 March 2018
- An interview with the Commissioning Officer for Supported Accommodation
- Face to face interviews with people with offending histories held on 22 February 2018
- A strategic workshop held on 14 March 2018 representing over 30 organisations and services (these are listed in the Appendix).
- A focus group with the Working Well Board on 23 March 2017
- Focus groups held with service users to inform the commissioning of services during the year 2017-18.

Our Approach to Preventing Homelessness

Our approach is a proactive approach to work together to identify those at risk of homelessness at the earliest stage and to prevent people losing their homes.

Our Strategic Priorities

Seven strategic priorities emerged from the extensive consultation undertaken. These include:

- A holistic and integrated response to preventing homelessness
- Proactive information management
- Raised awareness of the causes of homelessness and services , and a shared understanding that preventing homelessness is everyone's business
- Early intervention before a crisis
- Increased resilience and targeted support
- Access to a wide range of affordable, permanent accommodation options
- Identifying, cultivating and empowering untapped resources in the community

Each strategic priority will be discussed in turn.

A Holistic and Integrated Response to Preventing Homelessness

The consultation undertaken clearly identified the need for more integrated holistic responses to homelessness issues and key to this is effective cross service and multi-agency working in partnership at the outset of the issue. Working in partnership to prevent homelessness is vital in order to address the complexity of issues which may result in homelessness such as: poor mental health, debt, domestic violence, disability, an offending history, leaving care, leaving the armed forces, being discharged from hospital etc. A combination of factors may lead to a person being homeless for example, a young person leaving care, may have substance misuse problems, have poor mental health and is unemployed.

Each factor needs to be addressed. A multi-disciplinary and multi-agency approach to arriving at solutions is needed to provide a holistic response. A range of skills, knowledge and resources need to be deployed to address the factors giving rise to homelessness.

In Tameside, services and organisations identified barriers which are hindering effective partnership working and examples of some of these barriers are:

- Some key services are not fully engaged in the preventing homelessness agenda
- The lack of a named contact for key services
- The difficulty of forging links with key services to obtain referrals. It is vital that the links established are kept in place.

Some services, which have a significant impact on homelessness, were not fully engaged in this agenda. Is staff turnover and restructures a factor?

Proactive Information Management

The consultation revealed the need to have a proactive approach to giving and receiving information to ensure that prompt action can be taken to prevent homelessness and timely decisions can be made about homelessness. It also demonstrated the importance of having an effective approach to obtaining a client's consent at the earliest opportunity to prevent homelessness and ensuring that this consent covered all the partners who are engaged in this. Barriers to the sharing of information included:

Data protection issues. This includes the need to ensure that all partners understand the legislative requirements and the need to develop effective data sharing arrangements and safeguards which comply with the law.

There are issues around differences in the information sharing protocols e.g. of DWP and Housing Benefit which caused barriers to the sharing of information

The difficulty of contacting the client to obtain their consent which caused delays

Long waiting times on the telephone trying to make contact with a key service

The lack of communication with key services such as the Prisons due to the lack of a named contact. This impacted upon the ability to prevent homelessness and to support homeless people being discharged from prison.

The lack of clear referral pathways for those being released from prison so that these referrals can be supported in the community

Raised Awareness of the Causes of Homelessness and Services and a Shared Understanding that Preventing Homelessness is Everyone's Business.

The consultation revealed the need to raise the awareness of the general public, key decision makers, and strategic stakeholders of who homeless people are, the causes of homelessness and the preventing homelessness services which are available to homeless people. There was a perception held by some that homeless people are people who live rough on the street. There was a lack of awareness of the other forms of homelessness. There was also a lack of knowledge about some of the homelessness services available and a need to raise awareness about the new homelessness legislation.

The consultation indicated the need to work with schools and colleges to target those aged 16, 17 and 18 to provide information about housing, preventing homelessness, and to enable them to develop realistic expectations about the accommodation options which may be available.

Early Intervention before a Crisis

The main theme emerging from the consultation was that homeless people are not a priority until they reach crisis point. This could make people lie or put themselves at greater risk to get help. This strategy aims to promote intervention at the earliest opportunity and put in place triggers for the early identification of those at risk of becoming homeless.

Increased Resilience and Targeted Support

The consultation suggested that there were gaps in support.

For example:

There were occasions where support was being withdrawn too early and that this can impact upon a tenant's ability to maintain their tenancy.

This strategy advocates a targeted approach to support to those who need it and the importance of promoting the resilience.

In 2016/17, the Council reduced the financial resources allocated to supported housing for single homeless people by 60%, reducing the number of available spaces from 111 to 47. This has severely hampered the Council's ability to prevent homelessness via a placement in supported housing.

Access to a Wider Range of Affordable Accommodation Options

The data revealed that the housing labelled "affordable" was not in fact affordable. It showed the lack of affordable housing, the lack of large houses for families, and the need for more longer term accommodation options for single people.

Tameside Council does not have its own housing stock. It was the first council to undertake a total stock transfer around 2000. The New Charter Housing Trust holds the majority of the housing stock which is around 15000 properties comprising a mixture of stock. Tameside Council has a very small housing register which is managed by the New Charter Housing Trust under a contract. This housing register is targeted to those in extreme need.

Tameside Council is seeking to secure more housing nominations from Registered Providers for its housing register. Innovations have also been undertaken to modify existing housing stock to meet the need of more affordable housing for single young people e.g. the Sharing Pilot which is being run by Ashton Pioneer Homes. In addition to increasing access to social housing, we are seeking to increase the number of homes available for rent in the private sector and Tameside Council has appointed an officer within Tameside Housing Advice to promote close partnership working with local landlords.

Identifying, Cultivating and Empowering Untapped Resources in the Community

The consultation demonstrated a commitment within the community to prevent homelessness and a desire to provide help but in some instances they lacked the technical skills, contacts and knowledge to take forward initiatives. This strategy aims to identify, cultivate and empower untapped resources and remove barriers which could prevent them from playing a full part in working together to prevent homelessness.

Identifying Homelessness Issues and Collecting Monitoring Information

Monitoring information is collected each quarter to assess the performance of Homelessness Services against their service specifications. Monitoring information on Homelessness and the prevention of homelessness is collected through a national statutory framework. A new

system called HCLIC has been implemented from April 2018 to collect a wider range of information relating to homelessness and its prevention.

Homelessness issues will also be identified through:

- the Monitoring of Commissioned Homelessness Services
- conducting Focus Groups on specific themes
- the Partnership Engagement Network (PEN)
- the Youth Parliament
- the statutory monitoring of homelessness
- the monitoring of complaints and the review of homelessness decisions
- the Preventing Homelessness Forum and the Registered Providers Forum

We will continue to build on and improve data collection and the sharing of intelligence on homelessness and its prevention between key agencies. We hope to identify any data gaps around the profile of homeless people in Tameside and take action to fill these gaps in order to tackle homelessness more effectively. The information collected will be used to monitor the effectiveness of the Strategy and Action Plan.

The Council has a Homelessness Team which will ensure that any homelessness issue is dealt with appropriately.

Tameside Council has a Preventing Homelessness Forum which meets every two months. The Forum’s membership includes a wide range of statutory and third sector organisations engaged in activities aimed at preventing homelessness. Homelessness issues are identified and discussed at this Forum.

Measuring Progress

We have a range of national and local performance indicators to measure our preventing homelessness activity. (These will be included in table below – to be populated)

Indicator Reference	Description
LPI 1	Total number of cases where positive action was successful in preventing homelessness
LPI 2	Number of households able to remain in existing home as a result of: <ol style="list-style-type: none"> i. Mediation using external or internal trained family mediators ii. Conciliation including home visit for family/friend threatened exclusions iii. Financial payments from a homeless prevention fund iv. Debt advice v. Resolving Housing Benefit problems vi. Resolving rent or service charge arrears in social or private rented sector vii. Sanctuary scheme measures for domestic violence viii. Crisis intervention – providing emergency support ix. Negotiation or legal advocacy to ensure that someone can remain in accommodation in the private rented sector x. Providing other assistance that will enable someone to remain in accommodation in the private rented sector. xi. Mortgage arrears interventions or mortgage rescue xii. Other xiii. Total number of cases able to remain in existing home

The Homelessness Forum will be measuring progress against this strategy and the annual action plan at their meetings which take place every two months.

A bi-annual report on progress will be presented to the Single Executive Leadership Team and the Cabinet.

Arrangement for Implementing the Strategy and Monitoring and Reporting on Progress

The Preventing Homelessness Forum will oversee the implementation of the strategy and quarterly monitoring reports will be presented to the Forum.

Reviewing the Effectiveness of the Strategy and the Action plan

The Strategy and Action Plan will be kept under review and amended as required to ensure that it is effective and meets the set targets.

Appendix 2

References (to be inserted)

The Appendices

Appendix 1: The Consultation Findings

Appendix 2: The Joint Strategic Needs Assessment for Tameside

Appendix 3: Tameside Homelessness Review

Appendix 4: Case Studies of People with Lived Experience of Homelessness (under development)

Appendix 5: Linkages with Key Strategies

Appendix 6: Housing Needs Assessment

(These detailed appendices are available on request)

Report To: EXECUTIVE CABINET

Date: 13 June 2018

Executive Member/Reporting Officer: Councillor Bill Fairfoull Deputy Leader
David Moore, Interim Director of Growth

Subject: VISION TAMESIDE PHASE 2 (TAMESIDE ONE) COMPLETION PLAN

Report Summary: Vision Tameside is a flagship development for Tameside aiming to provide much need economic growth and investment in the Borough's young people.

The pioneering project comprises of a new 7,000 m2 Advanced Skills Centre for Tameside College, a new Joint Public Service Centre for Tameside Council and its partners and retail space for Wilko's.

Based on Wellington Road, Ashton-under-Lyne, on the former site of the Tameside Council administration building, the new Joint Public Service Centre will also provide residents with more cost effective and customer friendly facilities under one roof.

Vision Tameside will bring thousands of new staff and students to the town centre, boosting the retail economy. At the inception of the project an independent economic analysis identified that it will bring £300million of economic growth to the area through the creation of jobs, increased apprenticeships and increased footfall to shops and retailers.

Replacing the ageing Council administrative building, which was too large, no longer fit for purpose and too expensive to run, with a smaller building incorporating the latest energy-saving technology and shared with partners, is expected to save taxpayers £1.5million a year.

Work has been ongoing to ensure that our original vision of additional employment and investment in the young people in the Borough is realised despite the unfortunate collapse of Carillion. In doing so we would secure work for the local supply chain and deliver on our pledge for apprentices working on the development to be able to complete their apprenticeships.

Following the liquidation of original building contractor Carillion, the Council moved swiftly to agree that Robertson's replace Carillion and the LEP entered into an early works agreement to undertake necessary due diligence and to secure the employment of key construction staff and bring subcontractors back on site.

By moving the project forward Vision Tameside will be one of the first public sector projects of its scale affected by Carillion's liquidation to have agreed arrangements to completion, with similar projects reporting delays of up to two years.

This report outlines proposals for completing the Vision Tameside Phase 2 (VTP2) project, following the appointment of the Official Receiver as liquidator to Carillion plc, who were

contracted by the LEP to deliver the VTP2 project. The LEP and Robertson Construction Group, and have worked with original sub-contractors to review the remaining work required to complete the Vision Tameside Phase 2 project, with a view to remobilising the site to enable the completion of the construction project. This report seeks Executive Cabinet approval of the approach set out therein and a recommendation to Council to vary the Capital Programme to provide additional funds to complete the project, some as a consequence of the Carillion liquidation and the remainder which would have been required at this stage to complete the project.

Previous reports to Executive Cabinet have explained the strategic importance of the Vision Tameside Phase 2 project, emphasising that the move is part of a wider strategic asset management plan to invest in retained civic buildings across the Borough whilst most importantly noting the strength of the strategic, economic and commercial business case for the development in the interests of creating a thriving borough and opportunities in particular for our young people.

The Strategic Business Case was reviewed independently by Genecon (a nationally recognised company specialising in economic development and place making) and confirmed that the project could generate net additional Gross Value Added benefits with a net present value of over £140 million, over a 30 year project lifetime.

The programme includes the demolition of the previous Council administration building (which was 70% larger than required for staff and partners), and had a maintenance backlog of £4million, with a further £8million expected cost for refurbishment. The site is being redeveloped to include the proposed Advanced Skills Centre for Tameside College as well as a Shared Service Centre for the Council and its partners and new retail premises (proposed to be leased to Wilkinson's).

The development is expected to bring additional footfall and vitality into Ashton Town Centre and will secure the future of Tameside College as well as improving the provision of skills and supporting growth and regeneration across Tameside.

The LEP has worked with Robertson and their sub-contractors to review the remaining packages of work, and to determine the additional costs of re-mobilising the site and completing the programme. The costs have been independently verified by Cushman and Wakefield, construction management specialists to check that the costs provide "value for money" and the costs outlined in this report are believed by the LEP and its advisers to be as complete a representation of the costs to be incurred to complete the project as is possible in the circumstances presented by the collapse of Carillion.

This report is asking Council to agree proposals set out in the report and to allocate additional budget to complete the Vision Tameside Phase 2 project, particularly given the strategic importance and expected benefits that the project is expected to bring to the Borough.

Recommendations:

That Executive Cabinet approves the approach outlined in the report and :

1. Notes that the LEP entered into an early works Agreement with Robertson Construction Group to enable due diligence to be undertaken and has remobilised the site to enable the completion of the Vision Tameside Phase 2 construction project and the LEP has submitted a proposal to the Council (dated 1 June 2018) outlining its plans to complete the Vision Tameside Phase 2 construction project.
2. Recommends to Council that an additional budget allocation of £8.289m from the Capital Programme for the Vision Tameside Phase 2 project from resources available to the Council, pending the outcome of a bid for additional Skills Capital funding to GMCA.
3. Recommends to Council a provisional risk and insurance budget up to £1.100m to manage any residual contract risk such expenditure to be approved by the Director of Finance subject to final due diligence; and
4. Authorises the Director of Growth in consultation with the Borough Solicitor, to negotiate and approve the final terms of all associated agreements and oversee the delivery of the project to completion within the approved funding and to submit bids for external funding towards the additional costs of the project as appropriate.

Links to Community Strategy:

Prosperous Tameside

Policy Implications:

In line with approved policy

Financial Implications:

(Authorised by the Borough Treasurer)

The Vision Tameside Phase 2 project to build the new Tameside One building in the centre of Ashton is expected to require a further £9.4m additional as a result of the Carillion collapse and need to engage with a new contractor to complete the works. Within this amount there are a number of provisional sums, contingencies, risks and insurance allowances to mitigate the risk of further cost requirements. Section 4 details the financial position.

Total risk allowances and contingencies within the project are:

- £75k unspecified provisional sums within the contract
- Robertson contingency of between 2-5% (c£250k)
- A contingency, risk mitigation and insurance fund of £1,687k

In addition to the cost to complete the building, the delay to the completion of the construction phase and the prioritisation of effort to restart the programme has resulted in the delay of the recant phase of the project to move staff in to their long term accommodation. A recant plan is being developed, but as this is not yet finalised, there are risks that the buildings due to be vacated once the Tameside One building opens may still be required for further occupation. This would result in revenue costs being incurred in the form of running costs and extended

leases.

The savings made from the exit of such buildings were intended to be used to fund the running costs of the new building. It currently costs £526K per annum to operate Two Trees, Margaret Street, Shirley House and Clarence Arcade. These costs were due to be released once Tameside One was operational. If progress is not made on these there will be a recurrent revenue shortfall of £322K per annum that will have to be found from making savings in other areas. The sale of the Two Trees site is budgeted to release a significant capital receipt, which is required to fund the capital programme.

In addition, it is unclear as to the exact recant costs and the extent of work required on the buildings which staff from Two Trees, Clarence Arcade and Shirley House in particular are going to be placed.

Legal Implications:
(Authorised by the Borough Solicitor)

Clarity will need to be provided going forward in respect of Public Realm and Recant costs, accepting that the Public Realm costs were always outside this project's financial envelope. Once the contract is resolved and the building programme back on track, it will be necessary to address the recant plan expediently to ensure service delivery, and estate costs for service delivery going forward. Contract changes are expected to only reflect minor changes of revised costs and programme delivery using insurance to manage any contingent risks.

The early works agreement between the LEP and Robertson's enabled due diligence to be carried out and remobilisation on site to continue works. The early works analysis is fundamental to the insurance contingency of £1.1m and how this will be used to ensure any contingent building risks are managed into the future as Carillion's demise affects the latent building defect warranties provided by them, which will now have little or no value. Clearly, the effect of not agreeing additional capital and a way forward would be to create additional cost and risk to the Council as well as failing to achieve the economic outcomes this project seeks to achieve for taxpayers. That said the revised capital requirement for this project requires the whole capital programme to be reviewed to ensure it remains affordable and the legal obligation to achieve a balanced budget. Once the construction phase has been approved and funding agreed. A further report on the operation of the whole administrative estate will need to be presented to Executive Cabinet outlining the recant strategy

Risk Management:

The primary risks associated with scheme are set out in the report.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer: Ade Alao, Head of Investment and Development.



Telephone: 0161 342 2795



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1. INTRODUCTION

- 1.1 In previous reports in October 2013 and February 2014, the Council agreed to the development of the second phase of the Vision Tameside project, which was to include the demolition of the TAC building in Ashton and the redevelopment of the site to accommodate the proposed Advanced Skills Centre, office development and permit the relocation of Clarendon College from Hyde into Ashton and support the development of Ashton Market Square as well as the new Transport interchange and extension of the Metrolink to Ashton.
- 1.2 The project was part of the Council's wider strategic asset management plans (agreed in 2012) to reduce the amount of surplus buildings and invest in the retained Civic buildings in Audenshaw, Denton, Hyde, Dukinfield, Mossley, Stalybridge, including plans for the new £7.5 million Greater Manchester Pension Fund building in Droylsden as well as plans for the redevelopments in Ashton Town Centre.
- 1.3 In February 2014, the Council noted that the strategic business case was reviewed by Genecon, a nationally recognised company specialising in economic development and place making, who confirmed that the Vision Tameside programme had a sound Strategic, Economic and Commercial business Case. The business case pointed out the need to invest further in Further Education, to improve the skills and learning facilities in the Borough. The programme will bring state of the art college facilities into Ashton Town Centre and increase the number of learners staying in Tameside.
- 1.4 The report also pointed out that the previous TAC building in Ashton under Lyne cost circa £2million per year to run, including day to day repairs. The building was 70% larger than required for staff and partners, and was facing a cost of £4million repairs to maintain health and safety requirements as well as a further £8 million cost of refurbishing toilets, kitchens flooring, decoration, roofing repairs and costs to improve Disability Discrimination Act access requirements.
- 1.5 The economic business case in the report highlighted that the programme was expected to generate net additional GVA benefits of over £140million over a 30 year project lifetime, including additional employment from the construction and additional staff employed in the College and in retail, as well increased expenditure in local businesses and the town centre.
- 1.6 Vision Tameside Phase 2 incorporates the creation of a new Shared Service Centre for the Council and its partners, a new Advanced Skills Centre for Tameside College as well as additional retail space. Executive Cabinet authorised the award of a construction contract for the VTP2 project on 29 June 2016.
- 1.7 In November 2016, the Council entered into a Design and Build contract with Inspired Spaces Tameside Limited (known as "the LEP") and the LEP simultaneously entered into a subcontract with Carillion Construction Limited to act as main contractors to deliver the Vision Tameside Phase 2 project.
- 1.8 However, on 15 January 2018, without warning and with much surprise to the financial markets, the High Court appointed the Official Receiver as liquidator of Carillion Plc and some associated companies on the petition of the company's directors. The Court also appointed PwC as special managers to support the Official Receiver in managing the affairs, business and property of the companies.
- 1.9 Carillion was a major supplier to the public sector in addition to its work in Tameside and was delivering over 450 contracts at the time of its liquidation. In total, the company owed around £2 billion to its 30,000 suppliers, sub-contractors and short-term creditors who risk getting nothing back from the liquidation.

1.10 On 7 February 2018, Executive Cabinet acknowledged that the LEP had terminated the subcontract with Carillion Construction Limited, and intended to enter into an Early Works Agreement with Robertson Construction Group Limited to allow for due diligence works and remobilisation of the site to complete the building works agreed under the main contract between the LEP and the Council and to approve the replacement of the Building Contractor in the Main Contract. Executive Cabinet agreed to receive a further report once the due diligence work is completed under the early Works Contract to advise on the cost position and the terms being sought by the LEP under the new subcontract with Robertson to secure the completion of the Vision Tameside Phase 2 construction project and understand the cost and programme implications for the Council.

1.11 This report therefore presents a progress update since the Executive Cabinet decision in February 2018 and attempts to provide a more holistic financial position for the whole project and provides the financial summary based on the LEP Proposal and other known costs.

2. PROGRESS UPDATE

2.1 All construction work on the site of the VTP2 project stopped following the announcement of the liquidation of Carillion on 15 January 2018. The immediate uncertainty meant that all the sub-contractors chose to suspend work, pending further clarification of the situation.

2.2 The LEP signed an Early Works Agreement with Robertson Construction Group Limited on 13 February 2018, initially for an 8-week period and the LEP subsequently advised the Council that it had signed further variations to extend the Early Works Agreement until 2 July 2018.

2.3 The LEP has worked with Robertson and their sub-contractors to review the remaining packages of work, and to determine the additional costs of re-mobilising the site and completing the programme.

2.4 Cushman & Wakefield were appointed as the Council's Independent Client Advisers to undertake Value for Money Assessments and Project Monitoring. A process has been established whereby Cushman & Wakefield carry out an independent review of each individual sub-contractor package submitted by the LEP and make recommendations to the Council before approval. 24 sub-contractor packages have been approved to date.

2.5 The costs have been independently verified by Cushman & Wakefield, to check that the costs provide "value for money" and the costs outlined in this report are believed by the LEP and its advisers to be as complete a representation of the costs to be incurred to complete the project as is possible in the circumstances presented by the collapse of Carillion.

2.6 The site has now been remobilised with the full complement of the site team in place and all health and safety arrangements, including plans, signage and audits completed. A number of sub-contractor work packages have recommenced including roofing, cladding and M&E. Other work packages are due to commence over the coming weeks.

2.7 Three payment applications have been submitted by the LEP to date. One application has been certified and paid, the second application has been certified and the third application is currently being reviewed by Cushman & Wakefield before a recommendation is made to the Council.

2.8 The additional budget allocations requested in this report are based on the work undertaken by the LEP, Robertson and its sub-contractors, with contingencies built in, as is normal for major projects of this size, to allow for unforeseen cost over-runs. The budget

allocations are explained below, in paragraph 4.1 The Council, the LEP and Robertson will work closely together through various project-related governance meetings to ensure that any cost over-runs are minimised and any un-used contingencies will be retained within the Council's budgets.

- 2.9 It should also be noted that the Council is currently expecting to contain the costs of moving back into the new Tameside One building ("recant" costs) within other specific identified capital and revenue codes.

3. LEP PROPOSAL

- 3.1 The LEP Proposal for completing the construction works was submitted to the Council on 1 June 2018.
- 3.2 The LEP Proposal has been considered by the Council and its Independent Client Advisers, Cushman and Wakefield and it is following their assessment (para 7 refers) and recommendation that the recommendations for a final sum to complete the project are being made in this report.

4. FINANCIAL IMPLICATIONS

Table 1 below summarises the budget position for the whole VTP2 programme, showing a requirement of £9.389m to complete the project. The key headlines are summarised as:

- a. At the time of Carillion's liquidation the total construction budget was £38.925m, following a number of change orders that had taken place since the start of the project.
- b. Costs in relation to the project of £32.247m have been incurred to date.
- c. The Robertson cost to complete is £13.52m, and includes a number of contingencies of between 2% and 5% depending on the risk of the sub-contract package.
- d. On review of the contract, and due to the change of contractor, there are some elements that require change for which a provisional sum of £0.5m in relation to the Robertson contract and £0.140m of extra costs incurred with the LEP.
- e. This results in a shortfall against the construction element of £7.741m.
- f. Demolition costs have mostly been incurred but a provisional sum of £0.075m has been included for the final tidy up.
- g. There are additional costs outside the LEP contract that will result in further cost pressures of £0.522m. These include:
 - i. Cushman and Wakefield cost consultancy - £0.128m
 - ii. Public realm works that have been excluded from the LEP contract to be completed by the Council - £0.329m
 - iii. Works for the café facilities - £0.015m
 - iv. This is offset by releasing a £0.05m contingency for Dark Ground.
- h. Project contingencies, risk management reserve and insurance to limit risks and further financial liability

Budget Heading	Approved Budget	Latest Invoiced Cost Position 20/4/18	Remaining budget	Additional Cost to Complete plus Other Programme Costs	Total Projected Costs	Variance under spend/ over spend
	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)
Construction Contract	38,425	32,006	6,419	-	32,006	-6,419
Construction Agreed Change Orders	500	230	270	270	500	-
Robertson Cost to Complete	-	11	-11	13,509	(c) 13,520	13,520
Additional LEP Costs to Complete	-	-	-	640	(d) 640	640
Total Construction Cost	(a) 38,925	(b) 32,247	6,678	14,419	46,666	(e) 7,741
Demolition	3,298	3,249	49	(f) 75	3,324	26
Total Construction and Demolition Costs	42,223	35,496	6,727	14,494	49,990	7,767
Project Costs Outside of LEP Contract	10,581	5,424	5,157	5,679	11,104	(g) 522
Project Costs Before TMBC Contingency	52,804	40,920	11,884	20,173	61,094	8,289
Contingency Risk Management and Insurance	587	-	587	1,687	1,687	(i) 1,100
Total Project Costs	53,392	40,921	12,471	21,860	62,781	9,389

- 4.1 The Council's currently approved £185m capital investment programme in the borough is fully funded and is currently supported by the sale of surplus assets. Capital receipts of over £55m are required to be realised to allow the programme to be fully funded. Clearly a revised budget required for this project as a consequence of the Carillion collapse will leave a funding shortfall on the programme. This can only realistically be closed by either realising more capital receipts or reducing other elements of the programme. The current capital programme has around £65m earmarked to schemes, which are having full business cases developed and have yet to be approved and therefore requires reviewing.
- 4.2 It is imperative that the VTP2 programme is completed and that funding for up to a maximum of £9.4m will be required. It is proposed that a review of the whole capital programme is brought back to the next Executive Cabinet on 25 July 2018 to consider a revised capital programme that allows the VTP2 programme to be completed within the resources available.

- 4.3 Once the construction phase has been approved and funding agreed. A further report on the operation of the whole administrative estate will need to be presented to Executive Cabinet outlining the recant strategy.

5. EXTERNAL FUNDING IMPLICATIONS

- 5.1 The Council received a formal funding agreement from the Greater Manchester Combined Authority (GMCA), dated 13 September 2016, for £4.06m Skills Capital funding.
- 5.2 The Council has now claimed £4.0m towards the construction costs and will continue to submit quarterly claims to the GMCA until the project is complete. These quarterly claims will seek to recover the fees of the GMCA's independent Project Monitor.
- 5.3 GMCA has already been notified that the Council will be seeking additional Skills Capital funding once final costs are established. It is recommended that the Director of Growth is authorised to submit a bid for additional Skills Capital funding to GMCA for the additional costs of the College element of the project.

6. PROGRAMME

- 6.1 A detailed construction programme has been provided by the LEP and some key points to note in relation to the programme are:
- a) The programme remains provisional until the completion of formal contracts.
 - b) There is an overall delay of at least 6 months to the practical completion of the construction contract.
 - c) A two or three week demobilisation period will be required following practical completion of the building, to allow for dismantling the site compound, making good of the external areas and completing works to provide safe temporary access and servicing to the building.
 - d) A phased recant period will commence following demobilisation for a period of up to 12 weeks and will be coordinated with the Council, the College, Wilkinson's and other occupiers within the Council's demise.
 - e) Work to commence the phased delivery of permanent public realm works around the building will start once the phased recant has been completed.
- 6.2 An updated programme will be reported to the next meeting of Executive Cabinet on 25 July 2018.

7. VALUE FOR MONEY ASSESSMENT

- 7.1 Cushman & Wakefield have been appointed as Independent Client Advisers to provide independent assurance for the Council, Value for Money advice and have been retained to act as project monitor until project completion.
- 7.2 Cushman & Wakefield have provided an opinion on the overall value for money of the LEP proposal to the Council and in conclusion state:

"In the circumstances, we consider that the proposal to engage RCG [Robertson Construction Group] will provide a reasonable level of value for the completion of this project. The margin added to sub-contractor packages is around the average and so represents good value for money, providing of course that the base costs to which the percentage is applied are proactively managed by the LEP and RCG. so

far we consider that the LEP and RCG have worked hard to minimise the impact of Carillion's demise on the project cost. Most of the sub-contractors employed by Carillion have been re-engaged, which has a significant benefit in terms of project knowledge, and warranties where these are applicable.

An alternative procurement method would have been to re-tender the outstanding works to complete the building. Whilst this would have enabled a definitive test of current market pricing, there would have been significant delays before the project could have re-started due to the time required for:

- re-evaluation of designs and co-ordination between packages;
- tender documents to be prepared;
- assessment of the returned tenders;
- lead-in periods.

Because an alternative approach would have extended the programme to that currently being followed, there would be no guarantee that seeking competitive tenders would have resulted in a reduced cost to complete, due to:

- costs in preparing tender documents;
- inflation over the period of the tender and acceptance process;
- an industry wide shortage of skilled labour;
- the strong likelihood that main contractors would still want to retain most of the previously engaged sub-contractors, who in turn would potentially be taking on alternative work in the meantime and thus charge a premium or even turn down the opportunity to tender

9. RISK ASSESSMENT

9.1 The primary high-level risks, impacts, and mitigation to the project are set out in the table below:

Risk	Impact	Mitigation
Financial	Inability to fund the additional costs required to complete the project.	<ul style="list-style-type: none"> • Approval of additional funding including prudent allowance for contingency • Bid for additional Skills Capital funding to GMCA
Community and Stakeholder	Reputational damage with the local community and stakeholders.	<ul style="list-style-type: none"> • Approval and implementation of revised project communication plan
Economic	Non-realisation of the anticipated economic benefits from the project.	<ul style="list-style-type: none"> • Completion of the project will safeguard that the benefits are realised
Education	Major disruption to Tameside College's operations for the 2018/19 academic year.	<ul style="list-style-type: none"> • Contingency planning with Tameside College to minimise disruption

10. COMMUNICATIONS

10.1 A revised Project Communication Plan is currently being developed to ensure that there is clear, consistent and transparent messaging for all internal and external partners.

11. CONCLUSIONS

- 11.1 The liquidation of Carillion on 15 January 2018 has had major cost and time implications on the delivery of the VTP2 construction project. Carillion owed around £2 billion to its 30,000 suppliers, sub-contractors and short-term creditors who risk getting nothing back from the liquidation
- 11.2 The Council has moved swiftly to request proposals for the remobilisation and completion of the project and VTP2 will be among the first public sector projects of this scale affected by Carillion's liquidation to have an agreed route to completion. Other similar projects are reporting projected delays of 1 to 2 years.
- 11.3 The overall delivery has been delayed by at least 6 months with additional costs currently assessed as £8.289m. A risk and insurance provision of up to £1.1m may also be required subject to final due diligence.
- 11.4 The approach outlined in this report represents the most satisfactory course of action for the Council to pursue to achieve the earliest possible completion of the VTP2 project.

12. RECOMMENDATIONS

- 12.1 As set out at the front of this report.

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