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EXECUTIVE CABINET

Day: Wednesday
Date: 19 September 2018
Time: 2.00 pm (or on the rise of Strategic Commissioning Board whichever is the later)
Place: Lesser Hall 2 - Dukinfield Town Hall

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE To receive any apologies for absence.	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest.	
3.	MINUTES	
a)	EXECUTIVE CABINET To consider the minutes of the meeting of Executive Cabinet held on 29 August 2018.	1 - 4
b)	STRATEGIC COMMISSIONING BOARD To receive the minutes of the meeting of the Strategic Commissioning Board held on 29 August 2018.	5 - 10
c)	CARBON AND WASTE REDUCTION PANEL To receive the minutes of the meeting of the Carbon and Waste Reduction Panel held on 6 September 2018	11 - 14
d)	STRATEGIC PLANNING AND CAPITAL MONITORING PANEL To receive the minutes of the Meeting of the Strategic Planning and Capital Monitoring Panel held on 3 September 2018 and to consider the following recommendations: Minute 11 Capital Monitoring That the Strategic Planning and Capital Monitoring Panel recommend Executive Cabinet be requested to approve: a. The reprofiling as detailed within Appendix 3 of the submitted report to reflect up to date investment profiles. b. The changes to the Capital Programme as detailed in Appendix 1 of the submitted report. c. The updated Prudential Indicator position as detailed within Appendix 5 of the submitted report.	15 - 20

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.

[Link to the Capital Monitoring report for the Strategic Planning and Capital Monitoring Panel.](#)

Minute 13 Local Full Fibre Network funding

That the Strategic Planning and Capital Monitoring Panel recommend Executive Cabinet approve:

- I. The development of a wave 3 bid to DCMS LFFN, which will seek to join together similar open fibre infrastructures across the North of England.

[Link to the Local Full Fibre Network funding report for the Strategic Planning and Capital Monitoring Panel.](#)

Minutes 15 Asset Management

That the Strategic Planning and Capital Monitoring Panel recommend that Executive Cabinet approve:

- I. The spend of £9718.70, associated with statutory compliance capital repairs for the period June 2018.

[Link to the Asset Management report for the Strategic Planning and Capital Monitoring Panel.](#)

Minute 16 Education Capital Investment

That the Strategic Planning and Capital Monitoring Panel recommend Executive Cabinet approves the proposed changes to the Education Capital Programme as outlined in Appendix 1 (Basic Need Funding Schemes) and Appendix 2 (School Condition Allocation Funding Schemes) of the submitted report.

[Link to the Engineering Capital Programme report to the Strategic Planning and Capital Monitoring Panel](#)

4. FINANCE REPORTS

a) REVENUE MONITORING REPORT

21 - 40

To consider the attached report of the Deputy Executive Leader/Director of Finance.

5. COUNCIL TAX SUPPORT SCHEME

41 - 56

To consider the attached report of the Deputy Executive Leader/Assistant Director – Exchequer Services.

6. BANDING PAYMENT SYSTEM AND AGE POLICY CHANGE FOR SHARED LIVES PLACEMENTS

57 - 98

To consider the attached report of the Executive Leader/Assistant Director (Adult’s Services).

7. OFSTED INSPECTION UPDATE

To consider a report of the Executive Member (Children and Families)/Director

of Children's Services.

8. URGENT ITEMS

To determine whether there are any additional items of business which, by reason of special circumstances, the Chair decides should be considered at the meeting as a matter of urgency.

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

29 August 2018

Present: Councillors Fairfoull (in the Chair),
Councillors Cooney, Gwynne, Fairfoull (Vice-Chair, in the Chair), Bray and Feeley.

In Attendance:

Steven Pleasant	Chief Executive
Sandra Stewart	Director of Governance & Pensions
Kathy Roe	Director of Finance
Steph Butterworth	Director of Adult's Services
David Moore	Director of Growth
Jeanelle De Gruchy	Director of Population Health
Ian Saxon	Director of Operations & Neighbourhoods
Sandra Whitehead	Assistant Director (Adult Services)
Emma Varnam	Assistant Director (Operations and Neighbourhoods)

Apologies for Absence: Councillor Warrington and Kitchen

16. DECLARATIONS OF INTEREST

There were no declarations of interest.

17. MINUTES

a) Meeting of Executive Cabinet

Consideration was given to the Minutes of the Meeting of Executive Cabinet held on 20 June 2018.

RESOLVED

That the Minutes of the Meeting of Executive Cabinet held on 20 June 2018 be approved and signed by the Chair as a correct record.

b) Strategic Commissioning Board

Consideration was given to the Minutes of the Strategic Commissioning Board held on 25 July 2018.

RESOLVED

That the Minutes of the Strategic Commissioning Board held on 25 July 2018 be received.

c) Enforcement Co-Ordination Panel

Consideration was given to the minutes of the meeting of the Strategic Planning and Capital Monitoring Panel held on 9 July 2018.

RESOLVED

That the Minutes of the Strategic Planning and Capital Monitoring Panel held on 9 July 2018 be received.

d) Association of Greater Manchester Authorities/Greater Manchester Combined Authority

Consideration was given to the minutes of the GM Combined Authority held on 29 June 2018.

RESOLVED

That the Minutes of the meeting of the GM Combined Authority held on 29 June 2018 be received.

18. REVENUE MONITORING REPORT

Consideration was given to a report of the Executive Member (Performance and Finance) / Director Finance providing a consolidated forecast for the Strategic Commission and NHS Tameside and Glossop Integrated Care Foundation Trust (ICFT) for the current financial year.

It was reported that the Strategic Commission is currently forecasting that expenditure for the Integrated Commissioning Fund will exceed budget by £5,848k by the end of 2018/19 due to a combination of non-delivery savings and cost pressures.

It was reported that there is a clear urgency to implement associated strategies to ensure the projected funding gap in the current financial year is addressed and closed on a recurrent basis across the whole economy. The Medium Term Financial Plan for the period 2019/20 to 2023/24 identifies significant savings requirements for future years. If budget pressures in service areas in 2018/19 are sustained, this will inevitably lead to an increase in the level of savings required in future years to balance the budget.

Following the liquidation of Carillion the appointed liquidator Price Waterhouse Cooper (PwC) has been managing the contracts to enable the smooth transfer to other providers. The costs of this service were not budgeted for, and will continue to be incurred until everything is finalised. PwC are charging a weekly management fee which, has increased significantly since period 2, and this was reflected in the deterioration of the forecast to a cost pressure of £0.9m.

Executive Cabinet were informed that the Strategic Commissioning Board had previously considered the report and supported the recommendations.

No alternatives were considered as not reporting on financial performance could put at risk the achievement of the Council's Medium Term Financial Plan. Effective budget management was critical to ensuring that financial resources were spent in line with the agreed budgets.

RESOLVED

- (i) That the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with the related risks which, are contributing to the overall adverse forecast, be noted.**
- (ii) That the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children's Social Care and Growth, be noted.**
- (iii) That officers work to identify and action offsetting savings and efficiencies to bring the budget back into balance.**
- (iv) That local Members of Parliament be requested to raise the issue in Parliament of the extortionate and opaque liquidation charges that Price Waterhouse Coopers are charging the local taxpayer following the collapse of Carillion.**

19. CUSTOMER SERVICES EXCELLENCE

Consideration was given to a report of the Deputy Leader, Executive Member (Performance and Finance) / Chief Executive / Executive Director (Governance & Pensions), advising Executive

Cabinet of the recent Customer Service Excellence Assessment and subsequent award of the Customer Service Excellence standard, which had been achieved for the whole of the Council.

Executive Cabinet were informed the aim of the Customer Service Excellence standard is to encourage, enable and reward organisations that are delivering services based on a genuine understanding of the needs and preferences of their customers and communities. Following the recent assessment, the Council had been awarded 100% compliance with ten areas being awarded the highest mark of compliance plus.

The report was submitted for information and no alternatives were therefore considered.

RESOLVED

That the report be welcomed and thanks be expressed to all involved with achieving the Customer Service Excellence standard.

20. HOUSING NEEDS ASSESSMENT

Consideration was given to a report of the Executive Member (Economic Growth, Employment and Housing) / Head of Planning informing Executive Cabinet of the completion of the recent Housing Needs Assessment for Tameside and highlighting issues to be addressed arising from the assessment.

The Tameside Housing Needs Assessment (HNA) was carried out independently by Arc4 Consultants to provide the latest available evidence to help shape the future planning and housing policies of the Borough.

Based on current and future demand, the HNA made recommendations in relation to the diversification of the local housing offer, creating a higher value residential offer, delivering new affordable housing, the role of the local Private Rented Sector (PRS) and delivering homes for an ageing society.

Executive Cabinet were requested to consider the need to seek a level of affordable housing, Furthermore, to request that future development focus on delivering to address identified mismatches, to reflect household aspirations and to take account of density and making the best use of land.

No alternatives were considered as the National Planning Policy Framework states that local planning authorities should 'use their evidence base to ensure that their Local Plan meets the full objectively assessed needs for market and affordable housing'.

RESOLVED

- (i) That the outcomes of the Tameside Housing Needs Assessment be noted.**
- (ii) That the Council expects all new development to meet the Council's aspirations of 20% affordable housing but will not accept anything less than 15% except in exceptional circumstances.**
- (iii) That the identified need for older person's accommodation is taken in to account as part of any new development proposal.**
- (iv) That sustainable construction and energy efficiency opportunities are a material consideration in any future planning applications for housing**

21. SCHOOL STRATEGY

Consideration was given to a report of the Executive Member (Lifelong Learning) / Deputy Executive Leader / Director (Children's Services) / Assistant Director (Finance), setting out the role of local authority leadership in a system of school-led improvement and the strategic aims in relation to

academisation and seeking approval for obtaining external legal advice in relation to in relation to academisation of PFI schools.

Executive Cabinet were advised that on the 24 May 2018, representatives from the Council's legal, finance and education services had met with the DfE, Academies Regional Delivery Group, and the Chief Executive, Victorious Academies Trust, and Headteacher of Arundale Primary School to discuss the potential conversion of Pinfold and Arundale PFI Schools to academy status and to join the Trust. The Council had sought clarification on a number of residual risks remaining with the Council in light of the risks previously highlighted by the Council's external auditor.

Alternatively Executive Cabinet could approve an academisation strategy without due consideration to the risks raised by the external auditor in relation to on-going contract payments.

RESOLVED

- (i) That the overall strategic approach and the specific objective of working towards having a smaller number of larger, more sustainable locally led Multi-Academy Trusts, be noted and referred to a future meeting of the Executive Cabinet subject to further legal advice on academisation of PFI schools.**
- (ii) That legal advice be sought on the risks that would be retained by the Council on academisation of PFI schools in light of the external auditors concerns, with the cost of such legal advice being met by the Victorious Academies Trust.**

CHAIR

TAMESIDE AND GLOSSOP STRATEGIC COMMISSIONING BOARD

29 August 2018

Commenced: 1.00 pm

Terminated: 2.20 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 Bill Fairfoull – Tameside MBC
 Councillor Warren Bray – Tameside MBC
 Councillor Gerald Cooney – Tameside MBC
 Councillor Leanne Feeley – Tameside MBC
 Councillor Allison Gwynne – Tameside MBC
 Councillor Oliver Ryan – 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
 Dr Ashwin Ramachandra – NHS Tameside and Glossop CCG

In Attendance: Sandra Stewart – Director of Governance and Pensions
 Kathy Roe – Director of Finance
 Stephanie Butterworth – Director of Adult Services
 Jeanelle De Gruchy – Director of Population Health
 Michelle Walsh – Deputy Director of Quality and Safeguarding
 Sandra Whitehead – Assistant Director (Adult Services)
 Sarah Dobson – Assistant Director (Policy, Performance and Communications)
 Janna Rigby – Head of Primary Care

Apologies: Councillor Brenda Warrington – Tameside MBC
 Carol Prowse – NHS Tameside and Glossop CCG
 Councillor Jean Wharmby – Derbyshire CC

37. DECLARATIONS OF INTEREST

Declarations of interest were submitted as follows:

Members	Subject Matter	Type of Interest	Nature of Interest
Dr Alan Dow	Item 9(a) – Primary Care Access Service: Procurement	Personal	Potential perceived conflict of interest therefore did not take part to avoid challenge to process.
Dr Alison Lea	Item 9(a) – Primary Care Access Service: Procurement	Prejudicial	Assistant Medical Director (primary care) at Tameside and Glossop Integrated Care NHS Foundation Trust and GP Practice Partner Director of Orbit.
Dr Vinny Khunger	Item 9(a) – Primary Care Access Service: Procurement	Prejudicial	Salaried GP for Go-to-Doc Ltd and also clinical lead for primary care for Go-to-Doc Ltd.

* Drs Dow, Lea and Khunger left the room during consideration of this item and took no part in the decision thereon.

38. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 25 July 2018 were approved as a correct record.

39. TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST

The Chair welcomed Jane McCall, Chair of the Tameside and Glossop Integrated Care NHS Foundation Trust, who outlined who explained that she had joined the Trust in January 2018. The Trust's Corporate Objectives for 2018/19 were circulated and outlined which underpinned the key priority of ensuring that patients and service users received harm-free care by improving the quality and safety of services through the delivery of the organisation's Quality and Safety Programme.

A key challenge facing the Trust was recruitment and retention of staff across the workforce and particularly in specialist areas where there were national shortages and devising local strategies to achieve workforce sustainability would improve the experience of staff and patients. Work continued with the Trust's key partners to enable the five primary care neighbourhood hubs to deliver new integrated service models to improve the health and wellbeing outcomes for local communities.

The Members of the Board then viewed a short video of the Trust's successes and highlights over the past year.

In conclusion, Jane McCall stated that Tameside and Glossop Integrated Care NHS Foundation Trust had a clear plan to radically change and improve the healthcare provision for local people and she was delighted to play a part in reaching that goal.

RESOLVED

That thanks be extended to Jane McCall, Chair of the Tameside and Glossop Integrated Care NHS Foundation Trust for her attendance and presentation outlining the Trust's priorities for 218/19 and reflecting on progress and successes for the previous year.

40. FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND

Consideration was given to a report of the Director of Finance providing an overview on the financial position of the Tameside and Glossop economy in 2018/19 at the 30 June 2018 with a forecast projection to 31 March 2019 including the details of the Integrated Commissioning Fund for all Council services and the Clinical Commissioning Group with a total net revenue budget value for 2018/19 of £581 million. The report also included details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust.

The Strategic Commission was currently forecasting that expenditure for the Integrated Commissioning Fund would exceed budget by £5.848 million by the end of 2018/19 due to a combination of non-delivery savings and cost pressures in some areas, particularly in respect of Continuing Healthcare, Children's Social Care and Growth, and supporting details of the projected variances were explained in Appendix 1 to the report. Further detailed analysis for service areas was provided in Appendix 2. The Strategic Commission risk share arrangements remained in place for 2018/19 as outlined in the report.

In particular, the Director of Finance made reference to the economy wide savings target for 2018/19 of £35.721 million. Against this target, £10.906 million of savings had been realised in the first quarter, 30% of the required savings. Expected savings by the end of the year were £30.292 million, a shortfall of £5.429 million against target. It was noted that there was a risk of under achievement of this efficiency sum across the economy at this reporting period. It was therefore

essential that additional proposals were considered and implemented urgently to address this gap on a recurrent basis thereafter.

RESOLVED

- (i) **That the content of the report be noted.**
- (ii) **That the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with the related risks which were contributing to the overall adverse forecast be acknowledged.**
- (iii) **That the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children's Social Care and Growth be acknowledged.**

41. QUALITY ASSURANCE

Consideration was given to a report of the Director of Quality and Safeguarding providing the Strategic Commissioning Board with assurance that robust quality assurance mechanisms were in place to monitor the quality of the services commissioned and covered data and issues of concern / remedy, good practice including patient stories and surveys and horizon scanning.

Reference was made to commissioners working on issues relating to high prescribing costs and high admissions for people with diabetes, chronic obstructive pulmonary disease and asthma. Frequent attenders had been identified and work was ongoing with the appropriate practices and would also be progressed through the Diabetes Improvement Group and Respiratory Programme Board.

There were currently four residential homes rated inadequate within the Tameside and Glossop locality and a short summary of key issues and the support being provided by the Quality Improvement Team.

RESOLVED

That the content of the update report be noted.

42. 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 August 2018 covering:

Health and Care Dashboard

Exceptions (areas of concern):

- A&E 24 hour waits total time with 4 hours at Tameside and Glossop Integrated Care Foundation Trust;
- Referral to treatment – 18 weeks;
- Cancer 62 day wait from referral to treatment;
- Proportion of people using social care who receive self-directed support and those receiving Direct Payments;
- Learning Disability service users in paid employment

On watch (monitoring):

- Cancer 31 day wait;
- 65+ at home 91 days.

Other Intelligence / Horizon Scanning

- NHS 111;
- 52 week waiters;
- GP referrals trend.

In addition, it was reported that NHS England had recently published assessments for cancer and maternity for each Clinical Commissioning Group in the country. Tameside and Glossop Clinical Commissioning Group had been assessed as 'Good' for concern and 'Requires Improvement' for maternity.

It was explained that in relation to cancer, Tameside and Glossop Clinical Commissioning Group was one of six areas in Greater Manchester to get a rating of 'Good' or better for cancer. Although the Clinical Commissioning Group had received a 'Good' rating, more recent data – since the end of 2017/18 – indicated a slight dip in performance. While not significant nor a major cause for concern, it was important to keep a close eye on ongoing changes in performance detailed in section 2.5 and Appendix 2 of the report.

The Chief Executive and Accountable Officer was pleased to advise that the Clinical Commissioning Group had been presented with a certificate by the All Party Parliamentary Group for being one of the most improved Clinical Commissioning Groups as measured by annual one-year cancer survival rates. Thanks to medical advances and the hard work of health staff, survival rates continued to improve which was great news.

For maternity, Tameside and Glossop Clinical Commissioning Group was one of eight areas in Greater Manchester to get a rating of 'Requires Improvement'. A key measure of the effectiveness and quality of maternity services was performance regarding neonatal mortality and stillbirths. Tameside and Glossop Clinical Commissioning Group had the second lowest rate (best) in Greater Manchester and the third lowest (best) amongst peer areas. Improving the quality and effectiveness of maternity services in Tameside and Glossop remained a priority for the Clinical Commissioning Group, the Integrated Care Foundation Trust and other partners. A summary of the key actions relating to the following were outlined:

- Stillbirth and neonatal mortality rate;
- Women's experience of maternity services;
- Choices in maternity services;
- Rate of maternal smoking at time of delivery.

In Focus – Adult Social Care

The Director of Adult Services gave a presentation focusing on the overall performance in adult social care services in Tameside including customer satisfaction and experience with services. It also provided details on initiatives and interventions to enable people to remain in their homes and reduce admission to residential care including:

- Community Response Service – providing different types of alarms depending on customer needs and health;
- Re-ablement Service – supporting people to maximise their level of independence, improve their health and enhance their quality of life.

Data on the quality of care homes in Tameside was also provided and discussed and although there had been improved performance since November 2017 it was recognised that there was a need for further improvement, particularly in two key areas – the safety and well led elements. It was noted that it was the medium sized care homes where the most help was required.

The Chair commented that there had been extensive developments over the last 24 months in moving forward with the integration agenda and was pleased to see that the Quality and Performance reporting now looked at Tameside and Glossop, Primary and Secondary care and health and social care which was a tremendous achievement.

RESOLVED

That the content of the performance report and Adult Social Care In Focus progress report be noted.

43. RISK REGISTER

Consideration was given to a report of the Director of Finance which explained that the Clinical Commissioning Group's Audit Committee had requested that Risk 32 be reviewed which specifically related to the Strategic Commissioning Board to ensure it did not negatively impact on the Clinical Commissioning Group.

RESOLVED

That having reviewed Risk 32 it was agreed that the risk of negative impact of the Strategic Commission on the Clinical Commissioning Group remained very low.

(At this juncture Drs Dow, Lea and Khunger left the room for consideration of the following item of business.)

(Councillor Bill Fairfoull in the Chair)

44. 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.

45. PRIMARY CARE ACCESS SERVICE PROCUREMENT: EVALUATION OUTCOME

RESOLVED

- (i) That the item be deferred to a future meeting of the Strategic Commissioning Board to provide Members of the Board with assurances that the procurement process had been carried out with due process and how it delivered the outcomes in the Procurement and Evaluation Strategy approved by the Board on 20 June 2018 as there was insufficient information in the report to form a view.**
- (ii) That the existing contract for Primary Access Services be extended with the current providers to ensure continuous service provision until the procurement process had been completed.**

46. URGENT ITEMS

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

47. DATE OF NEXT MEETING

It was noted that the next meeting of the Strategic Commissioning Board would take place on Wednesday 19 September 2018.

CHAIR

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CARBON AND WASTE REDUCTION PANEL

Thursday, 6 September 2018

Commenced: 10.00 am

Terminated: 11.55 am

Present: Councillors Fowler (Chair), Buglass, Pearce, Peet, Taylor and Patrick

In Attendance:

Alison Lloyd-Walsh	Head of Environmental Development
Garry Parker	Head of Waste Management
Liz Harris	Programme Manager (Population Health)
Gary Mongan	Environmental Services Manager
Danielle Bamford	Project Support Officer
Christina Morton	Environmental Development Officer

Apologies for Absence: Councillors Cooper and Mills

9. DECLARATIONS OF INTEREST

There were no declarations of interest.

10. MINUTES

The Minutes of the proceedings of the Carbon and Waste Reduction Panel held on 28 June 2018 were agreed and signed by the Chair as a correct record.

11. LOCAL GREEN SUMMIT

The Head of Environmental Development provided an update on the Local Green Summit.

She advised the Panel that a Tameside Green Summit was planned for 6 November 2018 commencing at 10am to be held at Dukinfield Town Hall. An invitation would be sent to interested parties and Members of the Panel were encouraged to make suggestions to officers on possible attendees. It was hoped that up to 150 people would attend the event from the Council, CCG, local businesses and partner organisations.

The Summit would be a call for action in order to make Tameside a greener borough and to also support the objectives of the Greater Manchester Green Summit that was held in March 2018. A number of guest speakers had been invited to speak at the event including Kevin Anderson, a Climate Scientist from The University of Manchester, Councillor Ganotis, Leader of Stockport Council and Green City Region Portfolio Lead, Chris Boardman, Cycling and Walking Commissioner, and Phil Korbelt, Carbon Literacy.

It was confirmed that all Tameside Councillors would be invited to attend the event and a save the date notification would be sent imminently.

RESOLVED:

That the information provided be noted.

12. CLEAN SWITCH

The Project Support Officer gave an update on the Greater Manchester Big Clean Switch, which was an initiative that the Greater Manchester Combined Authority had been working on since October 2017 to encourage residents and businesses in Greater Manchester to switch to clean energy.

It was reported that there had been 20 switches in Tameside and residents had saved on average £255 per year. The average saving across Greater Manchester was £289 per year and a total of 283 homes had switched energy tariffs. All Greater Manchester residents were eligible and could access the scheme via a self-service website. The scheme had been promoted in a variety of ways including leaflets and posters distributed at schools and events in addition to an electronic image to be displayed on TV screens in GP surgeries.

The next steps for the scheme were outlined and included promotion at the Greater Manchester Green Summit in March 2019, plans to launch a collective switch campaign for households and a switching platform for small and medium-sized enterprises.

Panel Members suggested that social housing providers should promote the scheme and a Member gave their views and experience of using the service to switch energy suppliers.

RESOLVED:

That the information provided be noted.

13. FOOD POVERTY

The Programme Manager (Population Health) gave a presentation on a Healthy and Sustainable Food Strategy for Tameside.

She began by outlining the importance of a balanced diet, which was essential for an individual's health and wellbeing and met nutritional and social needs. The biggest risk factor for ill health was the food that people ate. Eating patterns had changed over the years with an increase in eating out and the use of fast food outlets where the food was high in fat, sugar and salt and was of low nutritional value.

There had been a large emphasis on tackling obesity and offering advice on healthy diets, which unfortunately had little impact. A broader approach was needed to create a healthier and more sustainable food culture with education on how food impacted people's health and also the environment with an aim of reducing diet related disease and the carbon footprint of food.

The main way to reduce the carbon footprint was to eat less meat, tackle food waste, procure local food, reduce food packaging, reduce single use plastics and increase sustainable and healthy food. This could be supported by raising awareness via a communications plan.

The Tameside Food Strategy Group had adopted the Sustainable Food Cities model, which involved the establishment of a local cross-sector food partnership based on six key areas, as follows:-

1. Promoting healthy and sustainable food to the public
2. Tackling food poverty and access to affordable healthy food
3. Building community food knowledge, skills and projects
4. Promoting a vibrant and diverse sustainable food economy
5. Transforming catering and food procurement
6. Reducing waste and the ecological footprint of the food system

The aim was to work with partners to support food culture and food system transformation and to build a multi-stakeholder 'good food' movement at a local level. The next steps were outlined and, following consultation, a Healthy and Sustainable Food Strategy for Tameside would be developed with an associated action plan. It was proposed that the Tameside Food Strategy Group would report to the Health and Wellbeing Board.

A wide ranging discussion ensued and Members of the Panel commented that there was conflicting advice in the media on healthy foods, which could be confusing. Fast food outlets should not be located near to educational establishments and there needed to be greater emphasis on this during the planning process in addition to licensing. A vibrant food economy needed to be developed that offered healthy food and the Council should lead by example by offering healthy food options at events and in Council establishments. Education and awareness were crucial to changing food culture, which should begin at school.

RESOLVED:-

- (i) **That the content of the presentation be noted; and**
- (ii) **That the Panel supports the development of a Healthy and Sustainable Food Strategy for Tameside.**

14. AIR QUALITY UPDATE

The Environmental Services Manager provided an update on the government's Air Quality Plan.

It was reported that poor air quality was the largest environmental risk to public health in the UK and accounted for 40,000 deaths each year. Emissions from vehicles were the main contributing factor with fine particulates and nitrogen dioxide the main pollutants. There were a number of existing Greater Manchester strategies to tackle the problem of air pollution including:-

- GM Strategy
- GM Spatial Framework
- GM 2040 Transport Strategy
- The GM Congestion Deal
- Streets for All & Cycling and Walking Commissioner
- GM Low-Emissions Strategy
- GM Air Quality Action Plan
- GM Climate Change Strategy
- GM Highways Strategy
- GM Freight and Logistics Strategy
- GM Common Taxi Licensing Standards

The Government had identified 11 roads across Greater Manchester where air quality needed to be improved by 2020, including a section of the A635 in Ashton-under-Lyne, which exceeded health based limit values for nitrogen dioxide. Tameside was one of 22 local authorities across England that had been instructed by the government to take further action on air quality.

A Clean Air Plan needed to be developed and approved by the Joint Air Quality Unit by December 2018. Transport for Greater Manchester had led a detailed feasibility study that set out proposals to tackle air quality exceedances in the shortest possible time and a Greater Manchester Clean Air Steering Group had been created. The Plan was a 3 stage process and consisted of a Strategic Outline Case that had been submitted and approved, an Outline Business Case and a Full Business Case. Public consultation would be undertaken in spring 2019 and measures would be implemented by 2021.

A discussion ensued on traffic congestion and air pollution throughout the borough. It was confirmed that although only one road had been identified by government there was a local plan that

looked at issues and other problematic areas across the wider conurbation. Council staff had worked with schools on a successful anti-idling vehicle campaign that saw pupils encourage people to switch off their engines when dropping off / picking up children at school.

RESOLVED:

That the information provided be noted.

15. WASTE UPDATE

The Head of Waste Management provided an update on waste services.

The Panel were informed that the recycling rate for August 2018 was 60%, which was an increase of 2% on the figure for July 2018. The rates fluctuated on a monthly basis and an annual recycling rate of 58-59% was anticipated. The monthly average of fly-tipped waste was 10 tonnes and up to 30 Fixed Penalty Notices were issued each month for littering offences.

It was reported that the biggest issue for the team was the contamination of co-mingled waste and paper and cardboard, which was very costly to the service. Education and enforcement were key to achieving compliance and the amount of waste needed to be significantly reduced with an emphasis on reusing plastics. Up to 10,000 tonnes of food were thrown away in Tameside per year, at a cost of £690,000, which was avoidable and demonstrated that a change was needed in people's habits.

The Government had launched a 25 year Environment Plan on January 2018 based on six goals:-

1. Using land more sustainably
2. Recovering nature and enhancing the beauty of landscapes
3. Connecting people with the environment to improve health and wellbeing
4. Increasing resource efficiency and reducing pollution and waste
5. Securing clean, healthy, productive and biologically diverse seas and oceans
6. Protecting and improving our global environment

Waste needed to be minimised, materials reused as much as possible and materials that had reached the end of their life needed to be carefully managed in order to minimise their impact on the environment. This could be achieved by eliminating all avoidable plastic waste and promoting a circular economy.

With regard to the Waste PFI, companies had been invited to submit an Interim Tender, which had been evaluated by officers and then separated into three lots. The contract would be awarded in December 2018 and implemented by April 2019.

Members enquired about the current recycling process. It was explained that recyclable material was sent to one of the greenest processing plants in Europe with less than 1% of by-product ending up in landfill. The plant crated steam which was re-used on site and bottom ash, which was used by a neighbouring company to create products.

RESOLVED:

That the information provided be noted.

16. URGENT ITEMS

There were no urgent items.

CHAIR

STRATEGIC PLANNING AND CAPITAL MONITORING PANEL

3 September 2018

Present: Councillors Warrington (in the Chair),
Councillors Cooney, Dickinson, Fairfoul, Gwynne, B. Holland, McNally, Newton
and Robinson

Kathy Roe	Director of Finance
David Moore	Director of Growth
Ian Saxon	Director of Operations & Neighbourhoods
Tim Rainey	Assistant Director (Digital Tameside, Finance)
Emma Varnam	Assistant Director (Operations and Neighbourhoods)

Apologies: There were no apologies for absence.

9. DECLARATIONS OF INTEREST

There were no declarations of interest.

10. MINUTES

Consideration was given to the minutes of the meeting of the Strategic Planning and Capital Monitoring Panel held on 9 July 2018.

RESOLVED

That the minutes of the meeting of the Strategic Planning and Capital Monitoring Panel held on 9 July 2018, be approved as a correct record and signed by the Chair.

11. CAPITAL MONITORING

Consideration was given to a report of the Assistant Director of Finance, summarising the 2018/19 capital expenditure monitoring position at 31 July 2018. The report shows projected capital investment in 2018/19 of £74.798m by March 2019. This is significantly less than the original budgeted capital investment for 2018/19, and is in part due to project delays that are being experienced following the liquidation of Carillion.

In introducing the report the Director of Finance advised of a revising to table 1 at paragraph 3.5 of the submitted report had been updated and circulated following publication.

The Strategic Planning and Capital Monitoring Panel were informed that there have been changes to the 2018/19 Capital Programme to the value of £11.271m since the start of the year. This included slippage from 2017/18 of £3.449m. Additional changes were largely due to the cost pressures identified in the Capital Programme Review considered by Executive Cabinet on 25 July 2018, for example an increase to the Vision Tameside scheme of £9.400m.

Several options were identified to close the gap and meet the Budget pressures, such as the purchase of the Plantation Industrial Estate for £5.396m, which had now been removed from the Programme as it would appear the vendor was not intended to proceed. As such the Capital Programme Review outlined how the proposed programme, along with additional emerging pressures, needs to be reprioritised in line with current available resources.

A reprioritisation exercise was ongoing in order to determine which schemes that have been earmarked but not fully approved should proceed and which should be temporarily placed on hold. The proposals to reprofile the Capital Investment Programme would lead to a re-profiling of £16.753m into the next financial year, once re-profiling has been taken into account, capital investment is forecast to be £0.297m less than the capital budget for this year.

The Strategic Planning and Capital Monitoring Panel were able to identify alternative schemes within the Capital Programme to reprofile. However, these were discounted on the grounds that the Council was legally obliged to set a balanced Capital budget. The budget setting process is complex and must be undertaken in a planned way. Whilst budgets were prepared in accordance with the approved guidelines a number of alternative options relating to savings proposals and budget pressures were considered as part of the report.

RESOLVED

- (i) That the Strategic Planning and Capital Monitoring Panel recommend Executive Cabinet be requested to approve:**
 - a. The reprofiling as detailed within Appendix 3 of the submitted report to reflect up to date investment profiles.**
 - b. The changes to the Capital Programme as detailed in Appendix 1 of the submitted report.**
 - c. The updated Prudential Indicator position as detailed within Appendix 5 of the submitted report.**
- (ii) The current Capital Budget monitoring position be noted.**
- (iii) The resources currently available to fund the Capital Programme be noted.**
- (iv) The updated Capital receipts position be noted.**
- (v) The timescales for review of the Council's three year Capital Programme be noted.**

12. LOCAL FULL FIBRE NETWORK FUNDING

Consideration was given to a report of the Assistant Director for Digital Services detailing work being undertaken in Tameside to install a public sector dark fibre network to improve connectivity between key partners and reduce operating costs across the sector, updated Members on the £4.5m of funding received from the Department of Digital, Culture, Media and Sports (DCMS) as part of their Local Full Fibre Programme (LFFN) to help accelerate the work in Tameside and make it more commercially attractive to Internet Service providers, and sought a recommendation to Executive Cabinet for the development of a wave three bid to the DCMS as part of which will seek to join together open fibre infrastructures across the North of England.

Funding received from the Wave 1 LFFN programme was to accelerate the deployment of fibre across Tameside and support its commercialisation, complementing elements of work funded through the Council's Capital Scheme.

In January 2018 the DCMS announced a second round of LFFN funding. Greater Manchester Combined Authority coordinated a pan-Manchester £23.8m bid involving 10 local authorities, Police, Transport for Greater Manchester and Greater Manchester Health & Social Care Partnership with aim of increasing fibre to the premise coverage across Greater Manchester from 2% to 25% by 2020. The Tameside element of the successful bid was £2,120k and was based on expanding the existing re-use of public assets model, with the further commercialisation through the Digital Cooperative. Working with Network Rail and using their track side troughs, the submission involved expanding the fibre infrastructure to an additional 23 CCTV sites and public sector buildings in Mossley, Hattersely, Broadbottom, Hadfield and Glossop.

The Strategic Planning and Capital Monitoring Panel were informed the third wave of funding which will build on the principles and investment made in waves 1 and 2. Key partners in this would be LINX (The London Internet Exchange who also own and operate the LINX Manchester), Network Rail plus various cities, including Greater Manchester, Liverpool City Region, Blackpool, Sheffield,

York and Kirklees. Ultimately this would have the potential to create a northern, distributed peering network that would fuel digital sector growth across the North and which would have Tameside and the Ashton Digital Exchange at the core.

The alternative option of not bidding for Wave 3 LFFN funding would fail to seek funding to enable significant financial investment in digital infrastructure across Tameside.

RESOLVED

That the Strategic Planning and Capital Monitoring Panel recommend Executive Cabinet approve:

- (i) The development of a wave 3 bid to DCMS LFFN, which will seek to join together similar open fibre infrastructures across the North of England.**
- (ii) That the progress made on the fibre infrastructure scheme approved by Cabinet in December 2017, be noted.**
- (iii) That the objectives and deliverables in the Wave 1 and Wave 2 DCMS LFFN projects be noted and approve that funds are included within Council's Capital programme.**

13. VISION TAMESIDE

Consideration was given to a report of the Director of Growth updating Strategic Planning and Capital Monitoring Panel of progress for the delivery of the Vision Tameside Phase 2 development.

The site had been remobilised with the full complement of the site team in place and all health and safety arrangements, including plans, signage and audits completed.

The final approved budget for this project was now £62.731m. However, there are several costs as that still needed to be finalised to ensure that they can be contained within budget including the final cost to complete from Robertson's need to be received; the cost of recant and associated building works (ensuring that all staff are accommodated in suitable accommodation);and, any insurance provision that is required.

RESOLVED:

That the report be noted.

14. ASSET MANAGEMENT

Consideration was given to a report of the Director of Operations and Neighbourhoods updating the Strategic Planning and Capital Monitoring Panel regarding capital repair spend on the Council's property and recommending spend associated with statutory compliance capital repairs for the period June 2018 of £9,718.70.

Works to date had been reported to the Strategic Planning and Capital Panel retrospectively as completed where urgent or sought approval in advance where not urgent.

Alternatively not to undertake the required repairs and replacements could lead to a failure of Statutory Compliance.

RESOLVED:

That the Strategic Planning and Capital Monitoring Panel recommend that Executive Cabinet approve the spending of £9718.70, associated with statutory compliance capital repairs for the period June 2018 as follows:

Hyde Depot Replacement of collapsed flooring	£573.02
Loxley House Replacement fire door	£1,999.40
Ashton Town Hall Enhancement of fire doors	£448.72

Guardsman Tony Downes House Replacement electrical circuit	£1,046.46
Ryecroft Early Years Centre Emergency lighting system upgrade	£382.29
Denton Town Hall Fire protection upgrade to basement area	£3,877.81

15. EDUCATION CAPITAL INVESTMENT

Consideration was given to a report of the Director of Growth advising the Strategic Planning and Capital Monitoring Panel on the latest position with the delivery of the Council's Education Capital Programme and seeking the recommendation to Executive Cabinet of proposed changes to the Education Capital Programme.

The Strategic Planning and Capital Monitoring Panel were informed that work is currently on-going to ensure that sufficient places are available in both Primary and High Schools for September 2018 and September 2019 and whilst delays were experienced as a result of the liquidation of Carillion, contingency plans had been developed in partnership with schools to ensure there is minimal disruption to learning where it is evident that schemes cannot be delivered within the timescales now available.

In relation to the School Condition Allocation funded projects over £100k, it was reported the amounts earmarked against available funding currently exceed the funding available by £164,291, although it is anticipated that some of these schemes will need to slip into 2019/20 and will be funded from next year's allocation.

Alternative options were discounted as the proposals were put forward in line with priorities and commitments previously approved.

RESOLVED

That the Strategic Planning and Capital Monitoring Panel recommend Executive Cabinet approves the proposed changes to the Education Capital Programme as outlined in Appendix 1 (Basic Need Funding Schemes) and Appendix 2 (School Condition Allocation Funding Schemes) of the submitted report, as follows:

(i)

BASIC NEED SCHEMES	Existing Budget £	Changes proposed £	Revised Budget £
Aldwyn Primary Additional Accommodation	2,363,692	0	2,363,692
Alder Community High School	1,301,577	505,000	1,806,577
Hyde Community College	1,746,000	0	1,746,000
Mossley Hollins	1,581,000	0	1,581,000
St John's CE Dukinfield	789,604	0	789,604
Alder Buy Out Fitness Centre	1,000,000	-505,000	495,000
Rayner Stephens Community High School	475,000	0	475,000
Other Schemes Individually below £100k	145,205	41,000	186,205
Total	9,402,078	41,000	9,443,078

(ii)

SCHOOL SCHEMES	CONDITION	Existing Budget £	Changes proposed £	Revised Budget £
St Anne's Primary School Denton Roof Replacement Phase 1		546,981	0	546,981
Russell Scott Primary Capital Programme		10,075	245,000	255,075
St Thomas Moore Roper Block Extension		200,000	0	200,000
Gorse Hall Heat Emitters		6,000	172,000	178,000
18/19 Contingency		0	150,000	150,000
Greenside Heat emitter		0	117,000	117,000
Millbrook heating system failure		0	116,000	116,000
18/19 Condition Surveys		0	100,000	100,000
Other Schemes Individually below £100k		526,085	534,000	1,060,085
Total		1,289,140	1,434,000	2,723,140

15. SECTION 106 AGREEMENTS AND DEVELOPER CONTRIBUTIONS

Consideration was given to a report of the Director of Growth summarising the current position with regard to receipts received from section 106 (s106) Agreements and Developer Contributions, new s106 Agreements made and any requests to draw down funding.

The position for Developer Contributions as at 31 July 2018 was £229,000 in credit, less £7,000 as a write off (11/00826/FUL), less approved allocations of £112,000, leaving a balance of £110,000.

There were no alternatives considered as the report was submitted for information.

RESOLVED

That the position in relation to S1056 funds be noted.

16. ENGINEERING CAPITAL PROGRAMME 2018/19 UPDATE

Consideration was given to a report of the Director of Operations and Neighbourhoods providing an update on schemes contained within the 2018/19 Engineering Capital Programme. In addition, the report provided an update on the Council's bid to the GM Mayor's Challenge Fund for Walking and Cycling and on the arrangements for the Vision Tameside Ashton Town Centre Streetscape Project.

In response to Members questions the Director of Operations and Neighbourhoods advised Members that the details of bids to the Mayor's Cycling and Walking Challenge Fund would be brought to future meetings of the Strategic Neighbourhood Forum.

No alternatives were considered as the report was considered for information.

RESOLVED

That the report be noted.

17. LEISURE ASSETS CAPITAL INVESTMENT PROGRAMME

Consideration was given to a report of the Director of Growth summarising progress in the delivery of the Council's capital investment programme to improve sports and leisure facilities.

The Strategic Planning and Capital Monitoring Panel were informed the Council's Capital Programme was currently under review in order to facilitate reprioritisation following pressures on the level of capital funding available. In addition, the Council was reviewing its leisure management options to ensure sustainability and improved health outcomes for residents. Consequently, the Hyde Pool Extension scheme was temporarily on hold pending the outcome of these reviews.

In relation to the new Tameside Wellness Centre in Denton, Members were informed that work to facilitate an early delivery of the scheme continues to be progressed with the developer and the preferred contractor.

No alternatives were considered as the report was submitted for information.

RESOLVED

That the report be noted.

CHAIR

Report to:	EXECUTIVE CABINET
Date:	19 September 2018
Executive Member/ Reporting Officer	Cllr Fairfoull – Deputy Executive Leader Kathy Roe – Director of Finance Tom Wilkinson – Assistant Director of Finance
Subject:	STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST – CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 31 JULY 2018 AND FORECAST TO 31 MARCH 2019
Report Summary:	<p>This report has been prepared jointly by officers of Tameside Council, NHS Tameside and Glossop Clinical Commissioning Group and NHS Tameside and Glossop Integrated Care Foundation Trust (ICFT).</p> <p>The report provides a consolidated forecast for the Strategic Commission and ICFT for the current financial year. Supporting details for the whole economy are provided in Appendix 1.</p> <p>The Strategic Commission is currently forecasting that expenditure for the Integrated Commissioning Fund will exceed budget by £4.061 million by the end of 2018/19 due to a combination of non-delivery savings and cost pressures in some areas.</p>
Recommendations:	<p>Members are recommended:</p> <ol style="list-style-type: none">1. Acknowledge the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with the related risks which are contributing to the overall adverse forecast.2. Acknowledge the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children’s Social Care and Growth.3. Note that the Strategic Commissioning Board (SCB) has been asked to authorise the use of headroom in the ICF risk share to increase the CCG surplus in 2018/19. This will enable drawdown of cumulative surplus in 2019/20 and improve the future financial position.
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 statutory Section 151 Officer & Chief Finance Officer)	<p>This report provides the 2018/19 consolidated financial position statement at 31 July 2018 for the Strategic Commission and ICFT partner organisations. For the year to 31 March 2019 the report forecasts that service expenditure will exceed the approved budget in a number of areas, due to a combination of cost pressures and non-delivery of savings. These pressures are being partially offset by additional income in corporate and contingency which may not be available in future years.</p> <p>The report emphasises that there is a clear urgency to implement</p>

associated strategies to ensure the projected funding gap in the current financial year is addressed and closed on a recurrent basis across the whole economy. The Medium Term Financial Plan for the period 2019/20 to 2023/24 identifies significant savings requirements for future years. If budget pressures in service areas in 2018/19 are sustained, this will inevitably lead to an increase in the level of savings required in future years to balance the budget.

It should be noted that the Integrated Commissioning Fund (ICF) for the Strategic Commission is bound by the terms within the Section 75 and associated Financial Framework agreements.

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

The Council and CCG want to work together in a collective and integrated way to maximise vfm and create the most efficient and effective service delivery and best outcomes for residents. This is important to avoid a saving achieved by one organisation becoming a cost for the other. However, it is constrained by the separate legal and financial frameworks in which it works. Whilst this should not be a reason or justification for not delivering or working jointly in order to ensure it meets its legal and regulatory compliance requirements and avoid expensive legal /reputational challenge/risk we must be very clear on what basis we are spending any budget and on whose authority and there must be clear governance to demonstrate this. Accordingly, we need to ensure we have aligned and agreed accountancy rules and principles and we clearly show where the accountability and governance for such spend. This is particularly important given the joint/shared Chief Executives/accountable officer role and the finance/s151 officer to ensure any conflicts are addressed transparently. I would strongly recommend that in light of the conflicts of two of the statutory officers that any payments to the ICFT are approved by the external auditors and there is a clear record and we are able to demonstrate vfm.

Risk Management:


Associated details are specified within the presentation.

Failure to properly manage and monitor the Strategic Commission'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 Council 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.

Access to Information :

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


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1. INTRODUCTION

- 1.1 This report aims to provide an overview on the financial position of the Tameside and Glossop economy in 2018/19 at the 31 July 2018 with a forecast projection to 31 March 2019. Supporting details for the whole economy are provided in **Appendix 1**.
- 1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The total net revenue budget value of the ICF for 2018/19 is currently £581.888 million.
- 1.3 It should be noted that the report also includes details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust. This is to ensure members have an awareness of the overall Tameside and Glossop economy position. Reference to Glossop solely relates to health service expenditure as Council services for Glossop are the responsibility of Derbyshire County Council.
- 1.4 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:
- Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT)
 - NHS Tameside and Glossop CCG (CCG)
 - Tameside Metropolitan Borough Council (TMBC)

2. FINANCIAL SUMMARY

- 2.1 Table 1 provides details of the summary 2018/19 budgets and net expenditure for the ICF and Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) projected to 31 March 2019. The Strategic Commission is currently forecasting that expenditure for the Integrated Commissioning Fund will exceed budget by £4.061m by the end of 2018/19 due to a combination of non-delivery savings and cost pressures in some areas. Supporting details of the projected variances are explained in **Appendix 1**.

Table 1: Summary of the ICF and ICFT – 2018/19

Organisation	Net Budget £000s	Forecast £000s	Variance £000s
Strategic Commission (ICF)	581,888	585,949	(4,061)
ICFT	(19,149)	(19,149)	0
Total	562,739	566,800	(4,061)

- 2.2 The Strategic Commission risk share arrangements remain in place for 2018/19. Under this arrangement the Council has agreed to increase its contribution to the ICF by up to £5.0m in 2018/19 in support of the CCG's QIPP savings target. There is a reciprocal arrangement where the CCG will increase its contribution to the ICF in 2020/21.
- 2.3 Any variation beyond is shared in the ratio 68 : 32 for CCG : Council. A cap is placed on the shared financial exposure for each organisation (after the use of £5.0m) in 2018/19 which is a maximum £0.5m contribution from the CCG towards the Council year end position and a maximum of £2.0m contribution from the Council towards the CCG year end position. The CCG year end position is adjusted prior to this contribution for costs relating to the residents of Glossop (13% of the total CCG variance) as the Council has no legal powers to contribute to such expenditure.

- 2.4 A summary of the financial position of the ICF analysed by service is provided in Table 2. The projected variances arise due to both savings that are projected not to be realised and emerging cost pressures in 2018/19. Further narrative on key variances is summarised in sections 3 and 4 below with further detail in **Appendix 1**.

Table 2: 2018/19 ICF Financial Position

Service	Net Budget £000s	Forecast £000s	Variance £000s
Acute	205,071	205,308	(238)
Mental Health	32,758	32,861	(103)
Primary Care	84,487	84,412	75
Continuing Care	14,504	17,441	(2,937)
Community	30,040	30,045	(4)
Other CCG	23,338	20,131	3,207
CCG TEP Shortfall (QIPP)	0	1,546	(1,546)
CCG Running Costs	5,175	5,175	(0)
Adults	40,492	40,507	(15)
Children's Services	49,100	52,174	(3,074)
Population Health	16,232	16,197	35
Operations and Neighbourhoods	50,379	50,924	(545)
Growth	7,858	10,106	(2,247)
Governance	9,049	9,049	0
Finance & IT	4,488	4,602	(113)
Quality and Safeguarding	67	73	(6)
Capital and Financing	9,638	8,236	1,402
Contingency	(2,660)	(3,388)	728
Corporate Costs	1,870	550	1,320
Integrated Commissioning Fund	581,888	585,949	(4,061)
CCG Expenditure	395,374	396,920	(1,546)
TMBC Expenditure	186,514	189,029	(2,515)
Integrated Commissioning Fund	581,888	585,949	(4,061)
A: Section 75 Services	266,713	269,235	(2,522)
B: Aligned Services	241,487	242,468	(981)
C: In Collaboration Services	73,687	74,246	(558)
Integrated Commissioning Fund	581,888	585,949	(4,061)

3. BUDGET VARIATIONS

- 3.1 The forecast variances set out in Table 2 includes a number of variances driven by cost pressures arising in the year and risks or non-delivery of savings. The key variances by service area are summarised below.

Continuing Care (£2.937m)

- 3.2 Growth in the cost and volume of individualised packages of care is amongst the biggest financial risks facing the Strategic Commission. Expenditure growth in this area was 14%

in 2017/18, with similar double digit growth rates seen over the previous two years. When benchmarked against other CCGs in GM on a per capita basis spend in Tameside & Glossop spends significantly more than average in this area. A continuation of historic growth rates is not financially sustainable and should not be inevitable that the CCG is an outlier against our peers across GM in the cost of individualised commissioning. Therefore budgets which are reflective of this and assume efficiency savings have been set for 2018/19.

- 3.3 A financial recovery plan is now in place and progress against this is reported to the Finance and QIPP Assurance Group on a regular basis. A summary of progress against this recovery plan is included in **Appendix 1**.
- 3.4 Further work is required to develop and realise the savings associated with these schemes. However there is clear evidence that progress is being made on fast track placements where marked reductions in both the number of active packages and the duration of each package can be seen.

CCG Other £3.207m

- 3.5 Services within this directorate such as BCF, estates, safeguarding and patient transport are spending broadly in line with budget and do not present a risk to the CCG position. We have received £1.6m of the approved £6.3m transformation funding so far this year. Allocations for the remainder will be transacted later in the year and we have plans in place to spend.
- 3.6 The significant favourable variance has been calculated in order to balance the CCG position and can only be delivered if the CCG is able to fully achieve the £19.8m Targeted Efficiency Plan (TEP) target. As reported in **Appendix 1**, there is a £1.5m risk attached to fully closing this gap.

CCG TEP Shortfall (£1.546m)

- 3.7 The CCG has a TEP target (also known as the QIPP), of £19.8m for 2018/19. Against this target, £8.682m (44%) of the required savings have been achieved in the first four months of the year. A further £6.853m is rated green and will be realised in future months. After the application of optimism bias, anticipated further savings of £2.719m from schemes currently rated as amber or red, reducing the net gap to £1.546m.

Children's Services (£3.074m)

- 3.8 Position has improved slightly due to staff vacancies but this remains a significant pressure. The Council continues to experience extraordinary increases in demand for Children's Social Care Services, placing significant pressures on staff and resources. The number of Looked after Children has gradually increased from 612 at 31 March 2018 to 636 at 31 July 2018. Despite the additional financial investment in the service in 2017/18 and 2018/19, the service is projecting to exceed the approved budget by £3m; due to the additional placement costs. It should be noted that the 2018/19 placements budget was based on the level of Looked After Children at December 2017 (585); the current level at 31 July 2018 is 636; a resulting increase of 51 (8.7%). This should also be considered alongside the current average weekly cost of placements in the independent sector with residential at £3,681 and foster care £761.

Operations and Neighbourhoods (£0.545m)

- 3.9 The service continues to face pressures due to non-delivery of savings and additional cost pressures. The new Car parking provision around the hospital on Darnton Road was expected to generate additional income of £500k per annum. Delays in the construction of the spaces has resulted in the non-delivery of the saving in 2018/19 of £275k. There have been additional pressures of £207k due to waste disposal levy and construction costs. There are also growing budget pressures in this area due to more proactive gully cleansing

(to prevent flooding) and increased maintenance costs associated with Children's playgrounds as a result of capital investment being delayed.

Growth (£2.247m)

- 3.10 The service continues to face pressures due to non-delivery of savings and additional cost pressures.
- 3.11 Following the liquidation of Carillion the appointed liquidator PwC has been managing the contracts to enable the smooth transfer to other providers. This transfer took place on 31 July 2017 but significant costs were incurred up to this date, which were not included in the budget.
- 3.12 Significant pressures are also being experienced in relation to loss of income due to the sale of assets and utilisation of assets for Council purposes, income from advertising and income from Building Control and Development Control is currently forecast to be less than budget.
- 3.13 Non delivery of savings is also creating further pressures. The additional Services contract with the Local Education Partnership (LEP) was due to end at the end of October 2018, it was anticipated that savings as a result of a new provision would be achievable. As a result of the collapse of Carillion the existing contract with the LEP has been extended until July 2019 to enable a full review of the Service. Savings anticipated will therefore not materialise in 2018/19. In addition, the purchase of the Plantation Industrial Estate is no longer proceeding and the anticipated additional income will not be realised.
- 3.14 The movement from the prior period is due to the forecast surplus on the Ecology Unit being included in the period 3 forecast. This is a hosted service and any surplus or deficit on the service is not held within the Council budget.

4. TARGETED EFFICIENT PLAN (TEP)

- 4.1 The economy wide savings target for 2018/19 is £35.720m. This consists of:

- CCG £19.800m
- TMBC £3.119m
- ICFT £12.801m

Table 3 : 2018/19 Targeted Efficiency Plan (TEP)

Savings	Opening Target £'000	RED £'000	AMBER £'000	GREEN £'000	Savings Posted £'000	Forecast £'000	Variance £'000
CCG	19,800	1,456	5,147	6,853	8,682	18,254	(1,546)
TMBC	3,119	313	552	990	456	1,753	(1,366)
Strategic Commission	22,919	1,769	5,699	7,843	9,138	20,007	(2,912)
ICFT	12,801	1,793	1,559	5,962	3,586	11,107	(1,695)
Total	35,720	3,562	7,258	13,804	12,724	31,114	(4,606)

- 4.2 Against this target, £12.724m of savings have been realised in the four months, 36% of the required savings. Expected savings by the end of the year are £31.114m, a shortfall of £4.606m against target. Slides 8 and 9 of **Appendix 1** provide a summary of the associated risks relating to the delivery of these savings for the Strategic Commission. It is worth noting that there is a risk of under achievement against this efficiency target across the economy at this reporting period.

- 4.3 More work is required to identify new schemes and turn red and amber schemes green. As things stand we would need to fully deliver all of the amber rated schemes and half of the red rated schemes to fully close the gap. It is therefore essential that additional proposals are considered and implemented urgently to address this gap on a recurrent basis thereafter.
- 4.4 There are high risk savings proposals of £3.562m which are currently at risk of non-delivery in 2018/19. **Appendix 1** summarises risks by service area, which for the Strategic Commission includes:
- £1.026m CCG Emerging Pipeline Schemes have not yet been sufficiently developed. More work is required to develop these schemes and assess viability.
 - Growth Savings of £0.533m will not be delivered in 2018/19. These included forecast savings from the re-provision of the Additional Services contract with the Local Education Partnership (LEP) which has been extended as a result of the collapse of Carillion, and additional income from the purchase of the Plantation Industrial Estate which is no longer proceeding.
 - Operations and Neighbourhoods £0.275m - Most of this savings target relates to the new Car parking provision at Darnton Road which was expected to generate additional income of £0.500m per annum. A delay in the construction of the spaces has resulted in the forecast additional income for this financial year being reduced to £0.225m.

5 CCG SURPLUS

- 5.1 In 2018/19 the CCG is planning to deliver a surplus of £9,347k. This overall surplus is broken down into two parts:
- **£3,668k** Mandated 1% surplus
 - **£5,679k** Cumulative surplus brought forward from previous years
- 5.2 The 1% in year surplus is a requirement of the business rules. It is calculated on the basis of 1% of opening allocations, excluding the allocation for delegated co-commissioned primary care.
- 5.3 The cumulative surplus brought forward was built up in 2016/17 and 2017/18, when CCGs had to contribute into a national risk reserve offsetting overspend in the provider sector. While the cumulative surplus brought forward remains on the CCG balance sheet, there is currently no mechanism through which T&G are able to drawdown or use any of this resource.
- 5.4 There is no national risk reserve in 2018/19. However there is still a significant financial gap nationally, which needs to be addressed.
- 5.5 GMHSCP are involved in ongoing discussions with national bodies to address this gap. Nothing has been formally agreed at this stage. However there are emerging proposals which would potentially allow CCGs who are able to increase their 2018/19 surplus, to drawdown some of their cumulative surplus in 2019/20. The following draft proposal has been circulated to CCG's across Greater Manchester:

For CCGs with a cumulative surplus

Where the CCG agrees to underspend its allocation this year, the CCG will receive guaranteed surplus drawdown next year, on a 2 for 1 basis, subject to the cumulative surplus being available. For example a CCG that underspends by £5m this year will be allowed to drawdown £10m next year. The drawdown could be spread over the next two years if preferable

- 5.6 An additional benefit from this proposal would be an improvement in the aggregate GM financial position in 2018/19. Any underspend against the GM system control total would attract 48p of additional Provider Sustainability Funding for every £1 of underspend.
- 5.7 There was a detailed discussion about a potential T&G response to this proposal at Finance and QIPP Assurance Group in August.
- 5.8 In 2017/18 the CCG entered into a risk share with the local authority. Under the terms of our arrangement, the Council was able to increase its contribution to the Section 75 pooled budget by up to £5m per year in both 2017/18 and 2018/19. In return the CCG will need to increase its contribution to the Section 75 pool in 2019/20 and 2020/21.
- 5.9 Approval is already in place for the Council to increase 2018/19 contribution to the ICF by up to £5m, but the requirement to balance the CCG position will be less than this. Finance and QIPP Assurance Group discussed the potential of using headroom in the ICF risk share to increase the CCGs 2018/19 surplus by up to £3m.
- 5.10 Under the terms of the GM proposal, increasing the 18/19 surplus by £3m would enable drawdown of £6m in 2019/20, reducing the cumulative surplus to £6.3m. The money drawn down would be paid back into the ICF through increased CCG contributions to the pool.
- 5.11 5 year financial plans have been built on the assumption that there will be no mechanism to access the CCGs cumulative surplus. If we are able to drawdown some of our surplus in 2019/20 through the GM proposal, the financial position of the integrated commissioner will improve on a recurrent basis and the reported gap will reduce.

6 RECOMMENDATIONS

- 6.1 As stated on the report cover.

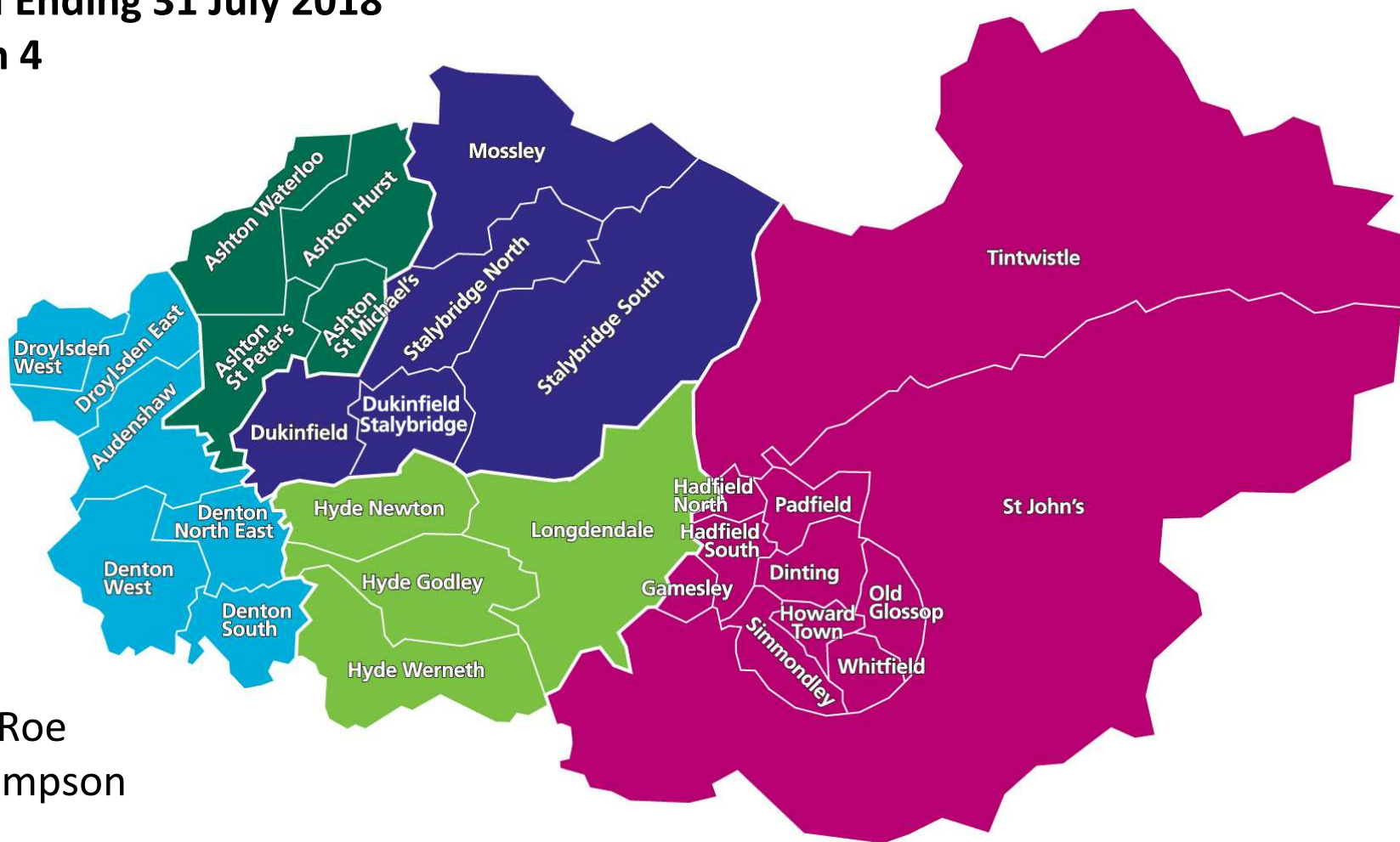
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Tameside and Glossop Integrated Financial Position

financial monitoring statements

Period Ending 31 July 2018
Month 4

Page 31

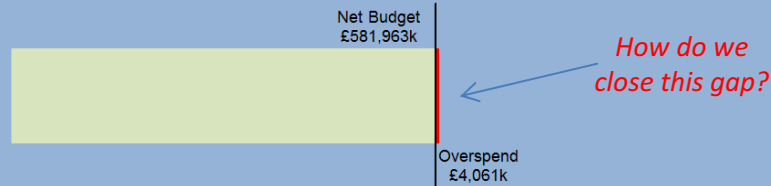


Kathy Roe
Sam Simpson

Appendix 1

Tameside & Glossop Integrated Economy Wide Financial Position

In 2018/19 the Tameside & Glossop economy still has a £4m financial gap to close



Message from the DOF

In this July report we would like to expand on our message last month regarding the relaunch of the Targeted Efficiency Programme across the strategic commissioner as one of our key priorities to complement the programme in the ICFT.

Across the strategic commissioner we are facing a 'do nothing' financial gap of £29m next year, which is set to grow to £62m by 2022/23. Plans are in place which will deliver expected savings of £20m, but even in this 'do something' scenario there is still a financial gap of £42m to close.

We already have a focus on TEP delivery across the economy, including financial recovery plans for CHC and children's services. But it is important that measures are introduced to increase the pace and scale of planned savings in order to balance budgets for 2019/20 and beyond. The challenge is to think big, think transformationally and remember that nothing is off the table when looking at new savings initiatives:

- What should we start/stop doing?
- What can we do more/less of?
- What can we do differently or cheaper?
- What can we outsource or do in partnership with others?
- Can we revisit old ideas or best practice from elsewhere?

Over the Autumn all new and emerging savings schemes (76 at time of writing) will be presented at a 'Star Chamber'. These will be intense scrutiny panels made up of executive directors, clinicians and council members to review and challenge schemes. Savings, outcomes, quality and value for money will be the focus.

The Star Chamber process will result in a list of prioritised schemes which our organisation will pursue and use as the basis for setting a robust balanced budget for 2019/20 and beyond.

£3.0m

Children's Social Care

Expected in year pressure on Children's Social Care

£4.6m

Healthier Together

Significant emerging risk from 2020 onwards relating to the cost of implementing Healthier Together

£1.5m

CCG Net Risk

Reported control total will be met and £9.3m surplus will be delivered. But risk of £1.5m against delivery of target

£1.9m

ICFT TEP

The Trust is forecasting an underachievement of TEP. Failure to achieve TEP will result in the Trust not achieving its plan

Tameside & Glossop Integrated Commissioning Fund - Forecast

- At the start of the year the opening ICF was £911m.
- Budget movements since this (including transformation funding and PFI budget adjustments) have seen the gross value of the ICF increase to £941m.
- This is £9m lower than the Gross budgets reported last month as a result of Housing Benefit claimants moving onto Universal Credit (which is not administered by the Council). As both expenditure and subsidy income are reduced, this change is nil effect on the net budget.
- After council income is taken into account the net value of the ICF is £582m.
- Detailed monitoring is done against this net position.
- At present a £4m overspend is currently forecast against this net budget.

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
Acute	205,388	0	205,071	205,308	-238	-48	-189
Mental Health	32,827	0	32,758	32,861	-103	-1	-103
Primary Care	84,534	0	84,487	84,412	75	173	-97
Continuing Care	14,569	0	14,504	17,441	-2,937	-2,982	45
Community	30,040	0	30,040	30,045	-4	-0	-4
Other CCG	22,915	0	23,338	20,131	3,207	2,859	349
CCG TEP Shortfall (QIPP)	0	0	0	1,546	-1,546	-2,537	991
CCG Running Costs	5,175	0	5,175	5,175	-0	0	-0
Adults	82,590	-42,098	40,492	40,507	-15	-56	41
Children's Services	78,326	-29,225	49,100	52,174	-3,074	-3,242	168
Individual Schools Budgets	127,944	-127,944	0	0	0	0	0
Population Health	16,353	-121	16,232	16,197	35	35	0
Operations and Neighbourhoods	76,386	-26,007	50,379	50,924	-545	-482	-63
Growth	45,146	-37,287	7,858	10,106	-2,247	-2,103	-145
Governance	88,931	-79,882	9,049	9,049	0	0	0
Finance & IT	5,839	-1,351	4,488	4,602	-113	-101	-12
Quality and Safeguarding	355	-288	67	73	-6	-6	0
Capital and Financing	10,998	-1,360	9,638	8,236	1,402	413	989
Contingency	4,163	-6,823	-2,660	-3,388	728	728	0
Corporate Costs	8,726	-6,857	1,870	550	1,320	1,502	-182
Integrated Commissioning Fund	941,206	-359,244	581,888	585,949	-4,061	-5,848	1,787
CCG Expenditure	395,449	0	395,374	396,920	-1,546	-2,537	991
TMBC Expenditure	545,757	-359,244	186,514	189,029	-2,515	-3,311	796
Integrated Commissioning Fund	941,206	-359,244	581,888	585,949	-4,061	-5,848	1,787
A: Section 75 Services	307,329	-41,144	266,713	269,235	-2,522	-3,354	832
B: Aligned Services	337,686	-96,822	241,487	242,468	-981	-1,708	727
C: In Collaboration Services	296,117	-221,278	73,687	74,246	-558	-786	228
Integrated Commissioning Fund	941,131	-359,244	581,888	585,949	-4,061	-5,848	1,787

Note that while this report talks about the integrated economy wide position, it does not capture any Local Authority spend for residents of Glossop. All spend at Tameside & Glossop Clinical Commissioning Group, Tameside Metropolitan Borough Council and Tameside & Glossop Integrated Care Foundation Trust is captured. But no spend from Derbyshire County Council is included.

Tameside & Glossop Integrated Economy Financial Position

- Using the net ICF, the strategic commissioner is £389k overspent at M4.
- This is a £13,509k improvement on the YTD overspend at M3. It relates to changes in the reported council position due to re-profiling of budgets to reflect the advanced payments of the community contract
- By year end we are forecasting an overspend of £4,061k, an improvement of £1,787k linked to CCG TEP and Council Capital & Financing.
- In order to meet financial control totals, this needs to be reduced to zero. More work is required to progress schemes to deliver savings.
- The ICFT have an agreed a control total with NHSI. This means that an authorised deficit is in place. Current forecasts show this will be achieved.
- Further savings of £4,061k are required to meet the economy wide target.

Forecast Position £000's	YTD Position			Forecast Position			Variance	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
Acute	67,321	67,702	-381	205,071	205,308	-238	-48	-189
Mental Health	10,697	10,746	-49	32,758	32,861	-103	-1	-103
Primary Care	25,982	25,853	129	84,487	84,412	75	173	-97
Continuing Care	4,465	5,456	-991	14,504	17,441	-2,937	-2,982	45
Community	10,013	9,950	63	30,040	30,045	-4	-0	-4
Other CCG	10,917	9,694	1,223	23,338	20,131	3,207	2,859	349
CCG TEP Shortfall (QIPP)	0	0	0	0	1,546	-1,546	-2,537	991
CCG Running Costs	1,331	1,325	6	5,175	5,175	-0	0	-0
Adults	13,497	13,714	-216	40,492	40,507	-15	-56	41
Children's Services	18,570	19,595	-1,025	49,100	52,174	-3,074	-3,242	168
Population Health	10,496	10,496	0	16,232	16,197	35	35	0
Operations and Neighbourhoods	16,793	16,822	-29	50,379	50,924	-545	-482	-63
Growth	2,619	3,608	-989	7,858	10,106	-2,247	-2,103	-145
Governance	1,971	1,045	926	9,049	9,049	0	0	0
Finance & IT	1,496	1,291	205	4,488	4,602	-113	-101	-12
Quality and Safeguarding	22	81	-59	67	73	-6	-6	0
Capital and Financing	0	0	0	9,638	8,236	1,402	413	989
Contingency	-887	1,027	-1,914	-2,660	-3,388	728	728	0
Corporate Costs	623	-2,088	2,712	1,870	550	1,320	1,502	-182
Integrated Commissioning Fund	195,928	196,317	-389	581,888	585,949	-4,061	-5,848	1,787
CCG Expenditure	130,726	130,726	-0	395,374	396,920	-1,546	-2,537	991
TMBC Expenditure	65,202	65,591	-389	186,514	189,029	-2,515	-3,311	796
Integrated Commissioning Fund	195,928	196,317	-389	581,888	585,949	-4,061	-5,848	1,787
A: Section 75 Services	94,380	90,625	3,755	266,713	269,235	-2,522	-3,354	832
B: Aligned Services	80,956	81,238	-282	241,487	242,468	-981	-1,708	727
C: In Collaboration Services	20,592	24,454	-3,862	73,687	74,246	-558	-786	228
Integrated Commissioning Fund	195,928	196,317	-389	581,888	585,949	-4,061	-5,848	1,787
ICFT - post PSF Agreed Deficit	-9,079	-9,044	35	-19,149	-19,149	0		
Economy Wide In Year Deficit	-9,079	-9,433	-354	-19,149	-23,210	-4,061		

Tameside & Glossop ICFT Financial Position

Summary

- For the financial period to the **31st July 2018**, the Trust has reported a net deficit of c.£2.0m (Post Provider Sustainability Funding [PSF])
- Cumulatively the Trust has reported a net deficit of c.£9.0m (post PSF), which is c.£34k better than plan.
- The Trust delivered c.£954k of savings in month, this is an overachievement against target by c.£0.1m in month and c.£0.8m cumulatively.
- To date the Trust has spent c.£2.9m on Agency spend, against a plan of £3.1m; based on this run rate, spend should be within the agency cap of £9.5m.


Financial performance metric	Month 4			YTD			Annual
	Plan (£000)	Actual (£000)	Variance (£000)	Plan (£000)	Actual (£000)	Variance (£000)	Plan (£000)
Normalised Surplus/(Deficit) before PSF	(£2,334)	(£2,322)	£12	(£9,993)	(£9,958)	£34	(£23,370)
PSF	£281	£281	£0	£914	£914	£0	£4,221
Surplus/(Deficit) post PSF	(£2,053)	(£2,041)	£12	(£9,079)	(£9,044)	£34	(£19,149)
Capital Expenditure	£347	£73	(£274)	£1,071	£503	(£568)	£5,600
Cash and Equivalents	£1,220	£1,683	£463				
Trust Efficiency Savings	£830	£954	£124	£2,742	£3,550	£808	£13,000
Use of Resources Metric	3	3		3	3		3


Key risks

- **Control Total** – The Trust now has an agreed control for 2018/19 of c£19.2m, this assumes the Trust will be in receipt of the full Provider Sustainability fund and deliver the performance and financial requirements set by NHSI.
- **Provider Sustainability Fund** - The Trust must achieve its financial plan at the end of each quarter to achieve 70% of the PSF, the remainder is predicated on achievement of the A&E target for each quarter based on the improvement trajectories stated by NHSI.
- **TEP** – The Trust is currently forecasting an underachievement against its in year TEP delivery of **c£1.9m** and recurrently of **c£2.2m**. **Failure to achieve TEP will result in the Trust not achieving its plan.** Work is on-going with Theme groups to develop high risk schemes and generate hopper ideas to improve this forecast position.
- **Loan Liability** - The Trust currently has a loan of **£75.4m** at the end of 2017/18. The Trust may be required to repay part of this liability in 2018. To do this the Trust would require a new loan, now the Trust has agreed a control total this now would be at the standard borrowing rate of 1.5%.

Strategic Commissioner Financial Position

 **£275K**
Car Park Pressure
 Delay in construction of Darnton Road car park (which will have fewer spaces than originally envisaged) creating pressure to the position.

 **£1,000k**
Manchester FT
 Forecast overspend, based on £366k over YTD. £254k of YTD pressure relates to emergency pathway (8.5% increase in A&E attendances). £148k overspend outpatient related.

 **£220k**
MH Beds
 Contribution to additional mental health capacity in Pennine Care. While this is a pressure, the costs is funded from the wider FYFV investment and included in a risk share arrangement.

 **£1,400k**
Capital & Financing
 Continued financing of capital expenditure from receipts and reserves resulting in significant savings on borrowing costs. Additional investment income also being achieved.

Acute

- The overall position for acute services includes underspend against independent sector contracts and a TEP adjustment which masks significant risk on associate contracts. Underspend at Stockport is offset by pressures at The Christie and Pennine Acute, but Manchester University FT is currently forecast to overspend by £1m.
- In the first 4 months of the year there is an actual overspend of £366k
- £254k of this relates to pressures in the emergency pathway, driven by
 - 8.4% increase in A&E attendances in Q1 18/19 vs Q1 17/18
 - 18.5% increase in emergency admissions
 - Small number of high cost long length of stay emergency patients
- £148k pressure in outpatients, driven by 11% increase in first attendances and a £130k pressure in treatment for Macular Degeneration
- Offsetting this is a significant underspend on Elective/Daycase. While activity is slightly higher than in the corresponding period last year, the plan expected activity to increase by 10% to meet RTT targets.
- However considerable future risk around Elective/Daycase position:
 - People on waiting list (3,212) increased by 6.7% since March
 - 29 T&G patients breached 52 week target - plan to treat by September
- These issues require further investigation in order to fully understand and will form basis of deep dive at M5.

Children's Services

- The financial position has improved slightly due to staff vacancies but this remains a significant pressure. The Council continues to experience extraordinary increases in demand for Children's Social Care Services, placing significant pressures on staff and resources.
- The number of Looked after Children has gradually increased from 612 at 31 March 2018 to 636 at 31 July 2018. Despite the additional financial investment in the service in 2017/18 and 2018/19, the service is projecting to exceed the approved budget by £3,002k; due to the additional placement costs. It should be noted that the 2018/19 placements budget was based on the level of Looked After Children at December 2017 (585); the current level at 31 July 2018 is 636; a resulting increase of 51 (8.7%). This should also be considered alongside the current average weekly cost of placements in the independent sector with residential at £3,681 and foster care £761.

Individualised Commissioning

- Growth in the cost and volume of individualised packages of care is the amongst the biggest financial risks facing the Strategic Commissioner.
- Deep dive into Individualised Commissioning Recovery plan included later in this report.

Strategic Commissioner Financial Position

Growth Directorate

R

- The service continues to face pressures due to non-delivery of savings and additional cost pressures. Following the liquidation of Carillion the appointed liquidator PwC has been managing the contracts to enable the smooth transfer to other providers. This transfer took place on 31 July 2017 but significant costs were incurred up to this date which were not included in the budget.
- Significant pressures are also being experienced in relation to loss of income due to the sale of assets and utilisation of assets for Council purposes, income from advertising and income from Building Control and Development Control is currently forecast to be less than budget.
- Non delivery of savings is also creating further pressures. The additional Services contract with the Local Education Partnership (LEP) was due to end at the end of October 2018, it was anticipated that savings as a result of a new provision would be achievable. As a result of the collapse of Carillion the existing contract with the LEP has been extended until July 2019 to enable a full review of the Service. Savings anticipated will therefore not materialise in 2018/19. In addition, the purchase of the Plantation Industrial Estate is no longer proceeding and the anticipated additional income will not be realised.
- The movement from the prior period is due to the forecast surplus on the Ecology Unit being included in the period 3 forecast. This is a hosted service and any surplus or deficit on the service is not held within the Council budget.

Operations and Neighbourhoods

A

- The service continues to face pressures due to non-delivery of savings and additional cost pressures. The new Car parking provision around the hospital on Darnton Road was expected to generate additional income of £500k per annum. Delays in the construction of the spaces has resulted in the non-delivery of the saving in 2018/19 of £275k. There have been additional pressures of £207k due to waste disposal levy and construction costs. There are also growing budget pressures in this area due to more proactive gully cleansing (to prevent flooding) and increased maintenance for Children's playgrounds as a result of delayed capital investment.

Capital Financing, Contingency and Corporate Costs

G

- The 2018/19 budget assumed some of the prior year capital expenditure would be financed from borrowing and that additional borrowing would be required. Continued use of reserves and capital receipts to finance capital expenditure has meant that this borrowing is not yet required and interest charges in 2018/19 will be lower than budget.
- Interest earned to date on cash investments is higher than budget due to an increase in the average rate of interest being achieved. This is due to a combination of increase rates overall and a more proactive investment strategy, together with the new investment in Manchester Airport.

Primary Care

G

- Cat M price increases of £15m per month have been agreed at a national level from August. Prices expected to change again from October, but unclear what the impact of this will be. Estimated price increase will cost the CCG around £100k per month for as long as the prices remain at new rates. Current position assumes pressure will persist until March.
- Significant progress against TEP, particularly for repeat ordering protocols means the Cat M pressure has been contained and we have actually increased expected achievement at M4.

Mental Health

G

- An additional £2.5m of recurrent investment was agreed in 2018/19 in order to meet requirements of the Five Year Forward View. While this recurrent commitment remains in place, there is likely to be some non recurrent slippage against this which can count towards TEP this year.
- Budgets included an expectation that 5 specialist MH placements would be required. There have been 2 new admissions this month, which based on average lengths of stay has created a £100k pressure.
- The position this month also includes £220k for Mental Health beds at Pennine Care. This creates additional capacity and has been agreed across all Pennine commissioners. Both the specialist placements and MH beds are contained within the additional £2.5m investment and do not impact upon expected slippage forecast within TEP.

TEP – Targeted/Trust Efficiency Plan



£212k

GP Prescribing

Despite pressures on Category M drugs, significant savings realised by meds mgt team in Q1. Most notably around repeat ordering protocols, where value of forecast has improved by £212k.



£533k

Growth

Savings previously rated as high risk have now been removed from the TEP as they will not be achieved. Removal of these savings is contributing to the forecast overspend in this area.



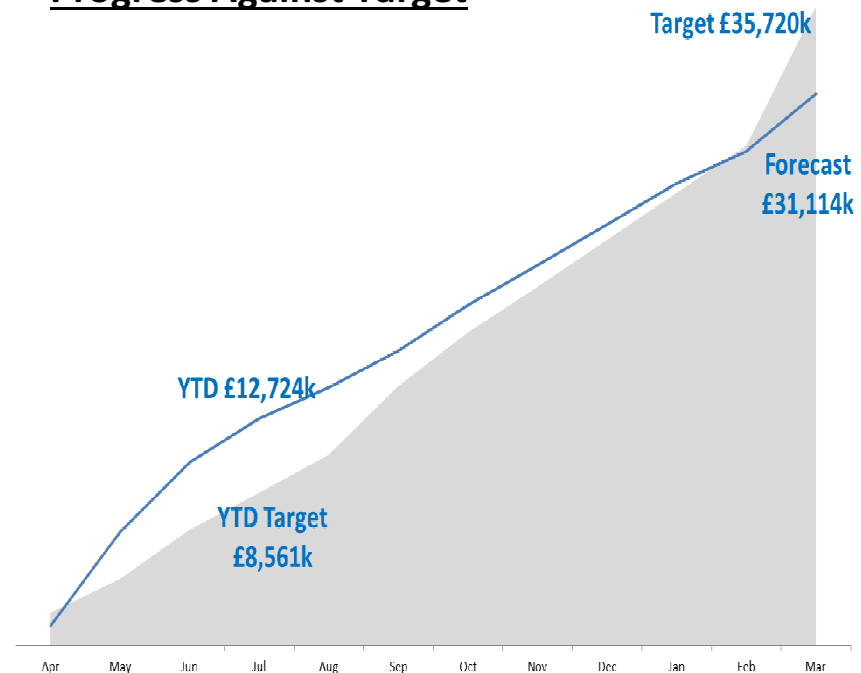
£1,124k

CCG Emerging Pipeline

Not yet realised any savings in relation to emerging schemes which would change policy or limit activity. Therefore forecast savings reduced. High risk schemes, therefore post optimism bias impact limited.

- The economy wide savings target for 2018/19 is £35,720k:
 - Commissioner £22,919k (£19,800k CCG & £3,119k TMBC)
 - Provider £12,801k
- Against this target, £12,724k of savings have been realised in the first four months, 36% of the required savings.
- Expected savings by the end of the year are £31,114k, a shortfall of £4,606k against target. It is an improvement of £1,092k against the position reported last month. The key driver of the improvement is a re-assessment of the risk against a CCG scheme to release risk reserve .
- A sample of some of the most significant changes over the last month are highlighted in the boxes above. Because of early realisation of non recurrent schemes, we are significantly ahead of the planned savings trajectory at M4, but unless new schemes are identified we still struggle to maintain this performance in the months to come.
- More work is required to identify new schemes and turn red and amber schemes green.
- £17,005 (55%) of forecast savings expected to be delivered recurrently.

Progress Against Target



TEP – Targeted/Trust Efficiency Plan

Economy Wide TEP Summary - 18/19 - Month 4

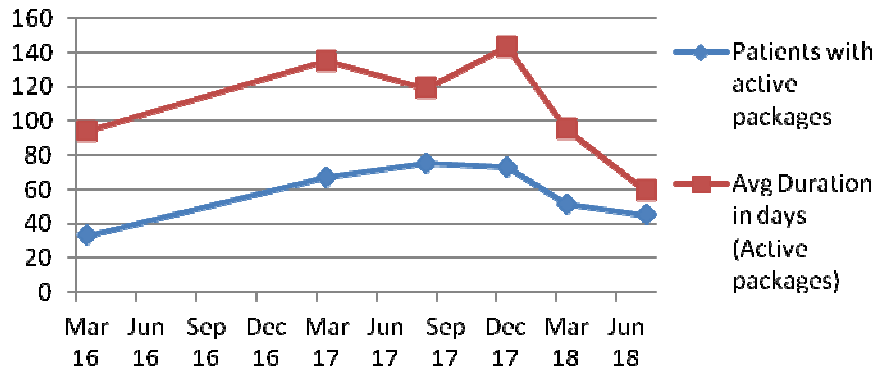
Organisation	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Opening Target	Post Bias Expected Saving	Post Bias Variance
CCG	1,456	5,147	6,853	8,682	22,138	19,800	18,254	(1,546)
TMBC	313	552	990	456	2,311	3,119	1,753	(1,366)
Strategic Commissioner	1,769	5,699	7,843	9,138	24,449	22,919	20,007	(2,912)
ICFT	1,793	1,559	5,962	3,586	12,900	12,801	11,107	(1,695)
Economy Total	3,562	7,258	13,804	12,724	37,349	35,720	31,114	(4,606)

Org	Theme	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Opening Target	Post Bias Expected Saving	Post Bias Variance
CCG	Emerging Pipeline Schemes	1,026	0	0	0	1,026	3,239	103	(3,136)
	GP Prescribing	180	1,640	180	802	2,802	2,000	1,820	(180)
	Individualised Commissioning Recovery Plan	250	255	305	144	954	1,326	601	(725)
	Other Established Schemes	0	2,253	351	1,561	4,165	4,283	3,039	(1,244)
	Tameside ICFT	0	0	1,653	827	2,480	2,480	2,480	0
	Technical Financial Adjustments	0	1,000	4,363	5,348	10,711	6,472	10,211	3,739
CCG Total		1,456	5,147	6,853	8,682	22,138	19,800	18,254	(1,546)
TMBC	Adults	213	272	212	0	697	697	369	(328)
	Growth	0	25	340	0	365	898	353	(546)
	Finance & IT	50	0	0	122	172	172	127	(45)
	Governance	0	0	129	25	154	154	154	0
	Childrens (Learning)	0	0	90	0	90	90	90	0
	Operations & Neighbourhoods	50	255	0	0	305	580	133	(448)
	Pop. Health	0	0	219	309	528	528	528	0
TMBC Total		313	552	990	456	2,311	3,119	1,753	(1,366)
Strategic Commissioner Total		1,769	5,699	7,843	9,138	24,449	22,919	20,007	(2,912)
ICFT	Corporate	0	0	435	508	943	1,300	943	(357)
	Demand Management	662	71	601	293	1,626	1,631	964	(666)
	Estates	89	50	186	87	412	450	323	(127)
	Finance Improvement Team	72	340	641	415	1,468	1,067	1,396	329
	Medical Staffing	394	148	3	24	569	1,103	176	(927)
	Nursing	238	63	540	406	1,247	1,250	1,010	(240)
	Paperlite	117	64	32	28	240	250	123	(127)
	Pharmacy	0	221	176	34	431	450	431	(19)
	Procurement	223	402	83	28	736	752	513	(238)
	Transformation Schemes	0	0	2,200	1,000	3,200	3,200	3,200	0
	Technical Target	0	200	117	58	375	0	375	375
	Vacancy Factor	0	0	947	705	1,653	1,350	1,653	303
ICFT Total	1,793	1,559	5,962	3,586	12,900	12,801	11,107	(1,695)	
Economy Total	3,562	7,258	13,804	12,724	37,349	35,720	31,114	(4,606)	

Individualised Commissioning – Deep Dive

Fast Track Packages

- 45 active packages are in place at July 2018. This is a net reduction of 6 patients since March 2018, and represents a 40% reduction from the August peak when we were funding 75 active packages.
- The average duration in days is currently 59 days, a reduction of 50% over the past 12 months and a reduction of 38% since March 2018.
- The team are closely monitoring length of stay in fast track packages (37% of packages in April were over 90 days). There is now a tracker in place to make this process more robust and ensure only valid reasons if 3 month breaches occur.



Neuro Rehabilitation

- Neuro network have now completed individual assessments on all 'out of borough' placements.
- The review found that all T&G CCG specialist Neuro rehab placements were made appropriately.
- However the review has highlighted that current local provision has not developed sufficiently to meet the complex needs of these individuals. The next Individualised Commissioning recovery plan will update on progress against this issue.

Carson House Risk

- CQC has issued a notice of decision to remove the registration of Carson house. The provider has 28 days to request a tier 1 tribunal appeal.
- There are currently 35 residents that would be affected by a possible removal of registration.
- Provision has been made in the current forecast for potential additional costs which may arise as consideration may need to be made for alternative accommodation.

Chairing of MDT's

- Chairing of MDT's has been in place since 1st May 2018. The teams have played a crucial role thus far in supporting a 2018-19 YTD reduction in CHC expenditure of £144k.
- Work is ongoing with the hospital discharge to ensure that criteria is applied robustly and that the number of assessments using the Decision Support Tool in the acute trust is reduced in order to meet the Quality Premium.


Funded Nursing Care

- There has been an increase in FNC placement numbers from 209 at April 2018 to 229 as at July, work is ongoing to establish the reason for the upward trend and whether there is a link to the reduction in CHC spend. Further updates will be provided periodically throughout the year.

Liaison Review of Payments

- Lack of confidence in Liaison findings thus far due to misinterpretation of data that the CCG have provided.
- Figures provided on 10th August by Liaison indicate a potential clawback of £9k for 2017-18 packages (reduction of £500k from their initial estimates)
- Further meeting scheduled with Liaison, Finance and the Individualised Commissioning team to agree next steps.

Report To:	EXECUTIVE CABINET
Date:	19 September 2018
Executive Member/Reporting Officer:	Councillor Bill Fairfoull – Deputy Executive Leader Ilys Cookson – Assistant Director – Exchequer Services
Subject:	COUNCIL TAX SUPPORT SCHEME
Report Summary:	This report details the procedural requirement in deciding if changes are required to the Council Tax Support scheme (CTS). If any changes are required then consultation must take place for the scheme to become effective from April 2019. The scheme cost and claimant numbers continue to decline and support for claimants remains in place. There appears to be no adverse equality impact assessment arising from the quarterly reviews that take place and further guidance, which may have a bearing on the scheme, from the DCLG is not expected.
Recommendations:	It is recommended that <ul style="list-style-type: none">(i) consideration is given to amending the scheme on the basis set out in the report.(ii) Any recommended proposed scheme changes are consulted upon as outlined in Section 4 of this report from 19 September 2018 to 22 November 2018, and(iii) An Executive Cabinet decision will be taken in December 2018 to set the CTS scheme for 2019/20.
Links to Community Strategy:	The Council Tax Support (CTS) scheme assists the most financially vulnerable in the Borough by providing means tested financial support towards Council Tax costs.
Policy Implications:	In line with Council policy and guidance from DCLG.
Financial Implications: (Authorised by the Section 151 Officer)	The Council Tax Support Scheme is a cost to the Council in the sense that it reduces the amount of Council Tax that can be collected. In 2018/19 the estimated value of the Council Tax revenue that will be foregone under the current scheme rules is £14.4m. The proposed changes set out in this report are estimated to increase the cost of the scheme by less than £50k per year. This additional cost is expected to be offset by a general increase in the level of Council Tax revenues collected due to an increased collection rate.
Legal Implications: (Authorised by the Borough Solicitor)	The Report recommends changing the Scheme; a process for public consultation on the proposals; a report to be made to the Executive Cabinet in December for approval of final proposals to set a CTS scheme for year 19/20. A process for Consultation is statutorily required and the proposals made are in line with the law and good practice.
Risk Management:	The scheme is legally compliant in the way it has been set and the decision to consider if the scheme needs to change, and any proposed changes are consulted upon, is part of the process to set the scheme for the future year.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Ilys Cookson:

 Telephone: 0161 342 4056

 e-mail: ilyc.cookson@tameside.gov.uk

1 BACKGROUND

- 1.1 The Welfare Reform Act 2012 contained provision to abolish Council Tax Benefit. The Government replaced it with a power for each local authority to have its own locally set council tax reduction scheme. The necessary primary legislation is included in the Local Government Finance Act, passed on 31 October 2012 which contained provision that Councils wishing to implement a local scheme must have the scheme approved by 31 January each year, which was later revised in 2016 to have the scheme approved by 11 March each year.
- 1.2 The local scheme was funded in the first year by way of a fixed grant which the Department of Communities and Local Government (DCLG) determined as being 90% of the 2011/12 outturn for Council Tax Benefit expenditure. In real terms this reduction in funding equated to 17.3% for Tameside for 2013/14 and a local Council Tax Support (CTS) scheme was set taking into account the costing envelope available.
- 1.3 Tameside's own local CTS scheme was set at the Council meeting on 21 December 2012. The scheme was adopted to a challenging timescale additionally, the Universal Credit Regulations 2013, on which the principals of the CTS scheme were based, was not passed through parliament until 25 February 2013.
- 1.4 The 2013/14 CTS scheme, which had been in place since 1 April 2013, was revised after consultation had been carried out with the public between 14 September 2015 and 30 November 2015. The following elements were introduced to the scheme from 01 April 2016:
- Capping support to a Band A property.
 - Reduce the maximum CTS award to 75%.
 - Align deductions for non-dependents of working age to the same level as those in the prescribed scheme for claimants of pensionable age.
 - Non-dependent deductions are disregarded for CTS claimants in receipt of a Staying Put payment.
- 1.5 In consideration of setting the local CTS scheme for 2019/20 this reports sets out:
- What the Council is required to do
 - The CTS scheme in operation
 - Proposals to consult on scheme changes

2 INTRODUCTION

- 2.1 In considering setting a CTS scheme the Council must adhere to a number of procedural requirements which are detailed as follows:
- Set a CTS scheme no later than 11 March before the start of the financial year to which the scheme applies.
 - Adopt the prescribed requirements which must apply to all schemes, which includes local schemes, the prescribed scheme for persons of state pension credit age and default schemes (the same as the previous council tax benefit scheme).
 - Ensure that claimants of state pension credit age continue to receive the same support under the scheme as they receive in council tax benefit.
 - Consider the statutory public sector equality duty in adopting a scheme and the child poverty strategy.
 - Consult all major precepting authorities.
 - Consult generally on changes to the scheme.
- 2.2 The procedural requirements are contained in the Local Government Finance Act 2012.

- 2.3 Paragraph 5(1) of Schedule 1A to the 1992 Act states that;
'For each financial year, each billing authority must consider whether to revise its scheme or to replace it with another scheme.'
- 2.4 The purpose of this report is therefore to consider the following:
a) That the current CTS scheme remains in place in 2019/20 or;
b) That the current CTS scheme is revised for 2019/20.
- 2.5 Where a CTS scheme is to be revised then legislation is clear on the requirements to consult the public and precepting bodies prior to any changes to the scheme. Full consultation has taken place prior to previous revisions to the scheme. Any changes to the CTS scheme for any future years are subject to a decision by Full Council.
- 2.6 In considering whether there should be revisions to the current scheme, the current operation and costs of the scheme should be considered, in addition to any guidance released by central government or by direction of the Valuation Tribunal Service, which consider appeals for local CTS schemes.

3 CURRENT OPERATION AND COSTS

- 3.1 The number of claimants and cost of the scheme has reduced steadily over the years as detailed below:

Table 1: Claimant numbers by year from April 2013

Total claimants April 2013	Total claimants April 2014	Total claimants April 2015	Total claimants April 2016	Total claimants April 2017	Total claimants April 2018
23,716	23,231	22,029	20,889	20,087	19,636

- 3.2 Claimant caseload fluctuates on a daily basis and overall there has been a downward trend on claimant numbers from 01 April 2013. The caseload has continued to fall even though the scheme changed from April 2016 and residents had more to pay in Council Tax, due to the Council Tax rises in April 2016, 2017 and 2018. This decline appears to follow the pattern from previous years. The fall is unlikely to be attributed to the changes introduced to the scheme which became effective from 1 April 2016 because, while the changes affected the majority of existing claimants by way of a reduced amount of CTS awarded, it did not change the eligibility criteria.

3.3 **Table 2 Costs of CTS scheme by year**

April 2013	April 2014	April 2015	April 2016	April 2017	April 2018
£16.6m	£15.94m	£14.9m	£14.3m	£13.7m	£13.7m

- 3.4 The actual scheme costs have reduced year on year although Council Tax increased in 2016/17, 2017/18 and 2018/19 and included an adult social care precept, and mayoral precept in 2018/19. The reduction in costs could be partly be a consequence of the CTS scheme change requiring that all claimants pay at least 25% of their Council Tax liability. Although claimant numbers continued to fall in 2017/18 the costs of the scheme appear to have stabilised in 2018 which may be attributed to the 5.56% increase in Council Tax bills including the new mayoral precept and the adult social care precept. The higher the Council Tax charge, the more the CTS scheme will cost, unless claimant numbers fall significantly.

- 3.5 Scheme costs, claimant numbers and equalities data is monitored every quarter. This regular monitoring has not highlighted any real impacts from the changes as detailed above and the scheme is currently operating as expected.
- 3.6 Hardship relief continues to be available to any person who is experiencing financial hardship as a result of the CTS scheme. The purpose of the Hardship Fund is to mitigate the potential risk that some claimants may, in exceptional circumstances, suffer severe financial hardship as a result of the introduction of the scheme or changes to the scheme and may apply for additional monies to help pay their Council Tax. The Hardship Fund totals £50k in 2018/19. Hardship funding is identified from existing budgets and is currently administered via the Tameside Resettlement Scheme. However, this amount does not exclude approved applications being granted should the maximum allocated funding being exceeded.
- 3.7 Residents may also obtain advice and assistance on the Hardship Fund and CTS scheme from the Council's Benefits Service, Citizens Advice Bureau, Tameside Welfare Rights Service and other local advice services such as MiNT.
- 3.8 Eleven applications for Hardship Relief were received in the 2017/18 financial year; three of which was successful and a total of £1,683.93 was paid.
- 3.9 Tameside Council is committed to maximising the wellbeing of the people of Tameside and it is clear that the Governments welfare reform agenda is having an impact on financially vulnerable people.
- 3.10 All claimants have to pay at least 25% of their Council Tax liability. The Council continues to face significant financial challenges in how much the Council has to spend on services. Cuts in funding from Government have a significant impact on how much the Council has to spend as Government funding provides the greater proportion of the Council's finance and the money raised from Council Tax paid by local residents makes up only one third of the Council's funding.
- 3.11 It is clear given the financial challenges we face that a local CTS scheme must be set taking into account the finances that are available as any increase in costs of the CTS scheme is borne by Council Tax payers.

4.0 PROPOSALS CONSIDERED

- 4.1 In considering whether any revisions to the CTS scheme are appropriate it is important to take into account current costs, caseload, external influences such as changes in legislation, changes directed by a Tribunal, funding and scheme wording.
- 4.2 The Council is committed to maximising the wellbeing of the people of Tameside in providing support to them as much as possible as welfare reform is rolled out nationally. The full effects of Universal Credit are not yet known and support takes different forms such as financial advice and support as detailed in Section 3.7 and consideration has been given to the current cost of the scheme which is £13.7m and the maximum support available to CTS claimants. The current maximum award was set at being 75% of a claimants Council Tax liability subject to income and circumstances such as the Council Tax band of the property. Should this award be increased from 75% then this would affect 11,084 working-age claimants and award more CTS than at present. However, the estimated cost to the scheme would be £113k for every 1% extra awarded based on current Council Tax levels and caseload or £565k for 5% increase. Should Council Tax levels increase or the caseload increase in future years then the cost of this proposal would increase.

- 4.3 Cuts in funding from Government continue to have a significant impact on how much the Council has to spend on vital services. Government funding provides the greater proportion of the Council's finance and the money raised from Council Tax paid by local residents makes up only one third of the Council's funding. It is clear given the financial challenges the Council continues to face that a local Council Tax Support scheme must be set taking into account the finances that are available and so increasing the maximum support available is unaffordable in the current and future years.
- 4.4 Consideration has also been given to the effects of Universal Credit as the Council Tax Support scheme is based on Universal Credit guidelines therefore it is important that the scheme aligns where possible. Awarding a 2 week run on for claimants moving from Housing Benefit to Universal Credit has been introduced into the Universal Credit scheme from 11 April 2018. Awarding an additional 2 weeks CTS to any working age claimant that starts work after being in receipt of what is known as a 'passported' benefit such as Job Seekers Allowance or Income Support adheres to CTS scheme guidance to provide a work incentive. If implemented this is estimated to affect no more than 25 working age claimants per week and cost £41k based on current Council Tax levels.
- 4.5 The current scheme contains anomalous wording which is ambiguous resulting in an employed claimant and self-employed claimant earning the same amount being awarded slightly different levels of Council Tax Support. It is not the scheme intention to contain ambiguous wording and a manual calculation takes place to ensure that all affected receive the correct amount of CTS. The change in wording to apply an earnings disregard for self-employed claimants who are not currently in receipt of maximum CTS affects an estimated 15 cases and estimated costs to the CTS scheme of £6k based on current Council Tax levels and caseload.
- 4.6 In considering the above the following proposals may be consulted upon in accordance with the scheme setting procedural requirements and subject to approval:
- **PROPOSAL A** - Award a 2 week run on for claimants moving from benefit into work
 - **PROPOSAL B** - Apply an earnings disregard to self-employed claimants
- 4.7 There are a number of caveats to be considered in consulting on both proposals above such as the cost of the scheme and those affected. Working age people only are affected by all of the above as pensioners are protected as detailed in the prescribed scheme set in law. The caseload changes daily as claimants move on and off benefit depending on their circumstances and changes in income.
- 4.8 The following table details proposals to be consulted upon, number of claimants affected as at June 2018 and current estimated costs to the scheme.

Table 3 Proposed consultation options

Proposed change to scheme	Scheme now	Rationale	Estimated costs	Impact	Numbers of claimants affected
<p>PROPOSAL A</p> <p>Award a 2 week run on for working age claimants moving from benefit into work</p>	<p>CTS is awarded using earnings from employment</p>	<p>Adheres to scheme guidance to reward claimants who start work and aligns to Universal Credit guidance. Affects claimants who move from passported benefits into work.</p>	<p>41.2k</p>	<p>Financially beneficial as all claimants affected would receive CTS for a further 2 weeks when starting work before salary or wage used to reassess entitlement.</p>	<p>25 per week maximum estimated</p>
<p>PROPOSAL B</p> <p>Apply an earnings disregard to self-employed working age claimants</p>	<p>Currently the earning disregard is applied to all workers of working age unless they are Self-Employed</p>	<p>Affects in work working age claimants equally whether self-employed or not</p>	<p>6k</p>	<p>Financially beneficial to self-employed working age claimants not currently in receipt of maximum CTS</p>	<p>15 cases</p>

5 METHOD OF CONSULTATION

- 5.1 The method of consultation will be via questions placed on the proposals, the draft questions as detailed in Appendix A on the Councils Big Conversation web-site. The consultation will be advertised in local press. Paper copies of the questionnaire will be available upon request. Stakeholders and local voluntary organisations will also be contacted to inform them of the consultation. Appendix B details target audiences and timescales.
- 5.2 Guidance on setting a local scheme and legislation make it clear that Councils must also consult with precepting bodies and the public on setting a new CTS scheme. Therefore the office of the Greater Manchester Mayor will be consulted by Financial Management outlining the implications of the three proposed proposals for the precepting bodies.
- 5.3 The timetable for consultation, analysis and setting the scheme is as detailed below in Table 4

Table 4 Consultation timetable and CTS scheme setting

Item	Timeframe	Deadline
Executive Board	5 September 2018	05 September 2018
Executive Cabinet	19 September 2018	19 September 2018
Consultation	20 September to 22 November 2018	22 November 2018
Publicity Campaign	20 September to 22 November 2018	22 November 2018
Analysis of Feedback	22 November 2018 to 29 November 2018	29 November 2018
Executive Board	05 December 2018	05 December 2018
Executive Cabinet	12 December 2018	12 December 2018
Full Council	26 February 2019	26 February 2019

6 OTHER FACTORS TO BE CONSIDERED

- 6.1 The Valuation Tribunal Service considers appeals by any resident with regard to Council Tax Support schemes. The Tribunal Service is independent of the Council. On occasion the Valuation Tribunal may advise a Local Authority to reconsider elements of the scheme which can be for a number of reasons and, bearing in mind that each Local Authority will set its own scheme, so any decision of the Tribunal can only be directed to the Local Authority scheme being considered at appeal. Tameside has not received any direction from the Valuation Tribunal Service in 2017/18.

6.2 The Department of Communities and Local Government (DCLG) have not issued any guidance on what Local Authorities should consider including in their local scheme for the forthcoming financial year. Should DCLG release guidance at a future date then this would be included in a revision to the scheme to be set in February 2019.

7.0 EQUALITIES REVIEW

7.1 The Equality Act 2010 makes certain types of discrimination unlawful on the grounds of:

Age	Gender	Race	Gender reassignment
Disability	Maternity	Sexual orientation	Religion or belief

7.2 Section 149 of the Equality Act 2010 places the Council and all public bodies under a duty to promote equality. All public bodies, are required to have regard to the need to

- Eliminate unlawful discrimination.
- Promote equal opportunities between members of different equality groups.
- Foster good relations between members of different equality groups including by tackling prejudice and promoting understanding.
- Eliminate harassment on the grounds of membership of an equality group.
- Remove or minimise disadvantages suffered by members of a particular equality group.
- Take steps to meet needs of people who are members of a particular equality group.
- Encourage people who are members of an equality group to participate in public life, or in any other area where participation is low.
- This specifically includes having regard to the need to take account of disabled people's disabilities.

7.3 The Act therefore imposes a duty on the Council which is separate from the general duty not to discriminate. When a local authority carries out any of its functions, including deciding what CTS scheme to adopt, the local authority must have due regard to the matters within the section of the Act outlined above. The Courts have made it clear that the local authority is expected to rigorously exercise that duty.

7.4 The final decision with regard to which proposal/s will become part of the CTS scheme will require a full equality impact assessment (EIA) referenced to the original EIA completed when the scheme was set in 2013. An early analysis has been undertaken to understand the potential impact of the three proposals and this will be expanded upon through the consultation period. The additional work and findings from the consultation will be included in the EIA which will be part of the Council decision to set the scheme for 2019/20.

7.5 A review of equalities information takes place every quarter to ensure that the CTS scheme is operating as expected and to ensure that no one equalities group is adversely affected. The equalities groups considered are by age, gender, disability and maternity. The categories of gender reassignment, sexual orientation and religion or belief are not considered as this information is not required to be held when processing Council Tax Support which is a means tested benefit.

- 7.6 The last quarterly review in March 2018 revealed that there continues to be no adverse impact on any specific equalities group. Detailed equalities analysis will be included in the annual CTS reporting document which is to be considered by the Executive Cabinet when setting the scheme.

8 RISKS

- 8.1 The decision as to whether to change the CTS scheme for the forthcoming year carries the risk of DCLG issuing guidance which Local Authorities must take into account in implementing any future scheme. DCLG are aware of the legislative timescale within which a local scheme must be set. Therefore should DCLG wish to issue guidance to be included in a future year's scheme then every Local Authority would be in the same position of a tight timescale within which to consult and redraft the scheme. The same applies with an outcome arising from a Tribunal decision however such matters cannot be foreseen.
- 8.2 In making a decision as to whether or not the scheme as set from April 2017 should continue in April 2019 is complying with the procedural matter as set in Paragraph 5(1) of Schedule 1A to the 1992 Local Government Finance Act.
- 8.3 There is a risk that any changes to the scheme will not be set in accordance with procedural requirements however consultation on the two proposals as detailed in Section 4 of this report addresses that risk.
- 8.4 An equality impact assessment on the proposals will take place prior to the scheme being set for 2019/20 to address the legislative requirement, and equality reviews on the scheme currently takes place every quarter.

9.0 CONCLUSIONS

- 9.1 Should both of the proposals be considered then a full consultation would take place on the scheme change with members of the public and precepting bodies in accordance with guidance issued from DCLG. The Councils Executive Cabinet would be requested to consider the findings prior to the scheme for 2019/20 being set in February 2019.
- 9.2 The Council continues to face significant financial challenges and a local Council Tax Support scheme must be set taking into account the finances that are available in the current and future years. Hardship relief and other support methods continue to be available to the public. The Valuation Tribunal has not recommended a revision to Tameside's CTS scheme.
- 9.3 DCLG have not issued further guidance to Local Authorities in respect of designing local Council Tax Support schemes, and, at the present time, further instructions on setting a local scheme are not expected.

10 RECOMMENDATIONS

- 10.1 As set out on the front of this report.

APPENDIX A

Big Conversation Web Page & Questions

The Welfare Reform Act 2012 abolished Council Tax Benefit from 31 March 2013 and all Local Authorities, including Tameside Council, were required to design and run their own scheme with less money available due to cuts by national government.

The Government stipulated however that certain claimants, such as those of pensionable age, must remain protected from any cuts. This means that the reductions cannot impact on pensioners so the full impact falls entirely upon claimants of working age.

Tameside's Council Tax Support Scheme was introduced from 1 April 2013. The scheme still provides financial assistance to some Council Tax Charge payers on a low income whether they rent or own their home, or live rent-free. The effect of receiving Council Tax Support is a reduction in the amount of Council Tax they have to pay.

The Council must consider the effects of welfare reforms on financially vulnerable residents within the Borough, in addition to cuts in funding from Government which have a significant impact on how much the Council has to spend on services as Government funding provides the greater proportion of the Council's finance. Any increase in costs of the Council Tax Support scheme is borne by Council Tax payers.

A range of proposals are currently being considered on whether the Council Tax Support Scheme should change for 2019 / 2020.

Tameside Council are considering the following proposed changes to the Council Tax Support Scheme;

- | | |
|-------------------|---|
| PROPOSAL A | Award a 2 week run on for claimants moving from benefit into work |
| PROPOSAL B | Apply an earnings disregard to self-employed claimants |

We are committed to ensuring all our residents have the opportunity to have their say on these changes to the scheme. Tameside Council have devised 2 proposals and we want your views on those proposals. Therefore, we will consult with you from 20th September 2018 to 22nd November 2018 to get your views on what the changed Council Tax Support Scheme may look like.

The documents below provide further information that you may find useful.

The Council Tax Support Scheme 2018 / 2019 (INSERT LINK)

The Executive Cabinet Decision to consult on the Council Tax Support Scheme for 2018 / 2019 (INSERT LINK)

Detailed below is a brief description of both proposals.

There will be no change in the amount of help pensioners currently receive in any of the proposals.

After the period of consultation, the Council will consider all the proposals and more than one of the proposals may be implemented.

To mitigate the impact on the most vulnerable, funding will be set aside to continue to support a local discretionary scheme. This money could be available to award discretionary payments to support people who are suffering severe financial hardship as a result of the changes to the Council Tax Support Scheme. The Tameside Resettlement Scheme is administered by Tameside Housing Advice, 119-125 Old Street, Ashton-under-Lyne, Tameside. OL6 7RL

People would be required to apply for additional support and each case would be considered by the Council on its own merits. The application is an online claim form and can be found at <http://www.tameside.gov.uk/support/independentliving>

Completing the Survey

We want to hear your views. Please help us by providing your personal details so that we can verify that the responses are valid and so that we can give the due weight and consideration to your views. This information will only be used as part of the public consultation and will not be used or processed for any other purpose

Thank you for joining in our Big Conversation.

Name
Address 1
Address 2
Town
Postcode
Email address

Proposal A – Award a 2 week run on for claimants moving from benefit into work

This proposal rewards claimants who start work after receiving a passported benefit (such as Job Seekers Allowance or Income Support) with an extra 2 weeks Council Tax Support paid at the rate when they did receive benefits. This proposal aligns to Universal Credit guidance and to national guidance on setting a Council Tax Support Scheme.

Who would be affected?

All working age claimants moving from a passported benefit into work would receive 2 weeks Council Tax Support paid at the rate they received when in receipt of benefit. Based on the current Council Tax Support caseload, the potential cost would be £41k.

Proposal B - Apply an earnings disregard to self-employed claimants

The current wording in the Council Tax Support scheme means that self-employed claimants and employed claimants are calculated differently. The wording in the scheme would make clear that self-employed claimants should be calculated in the same way as other working age claimants in employment.

Who would be affected?

Self-employed working age claimants which are estimated to be 15 cases. Based on the current Council Tax Support caseload, the potential cost would be £6k.

Please answer the following questions.

Please indicate how far you agree or disagree with the following principles set out in each proposal.

PLEASE TICK ONE BOX ON EACH ROW

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
1	Proposal A Working age claimants moving from a passported benefit into work should receive an extra 2 weeks Council Tax Support before their pay from employment is taken into account	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2	Proposal B Assess self-employed working age claimants in the same way as working age claimants that are in work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

4. If you have any other comments about the proposals, please write them in the box below:

ABOUT YOU

Please tick the box that best describes your interest in this issue? (Please tick one box only)

- A member of the public
- A community or voluntary group (please specify below)
- A partner organisation (please specify below)
- A business /private organisation (please specify below)
- Other (please specify below)

Are you.....?

- Male
- Female

What is your Age? (Please state)

Which ethnic group do you consider yourself to belong to? (Please tick one box only)

- White - English / Welsh / Scottish / Northern Irish / British
- White - Irish
- White - Gypsy or Irish Traveler
- Other White background
(please specify in the box below)

- White & Black Caribbean
- White & Black African
- White & Asian
- Other Mixed background
(please specify in the box below)

- Black/Black British – African
- Black/Black British – Caribbean
- Other Black / African / Caribbean background
(please specify in the box below)

- Asian/Asian British - Indian
- Asian/Asian British - Pakistani
- Asian/Asian British - Bangladeshi
- Asian/Asian British - Chinese
- Other Asian background
(please specify in the box below)
- Arab
- Any other ethnic group
(please specify in the box below)

Are your day-to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. (Please tick one box only)

- Yes, limited a lot
- Yes, limited a little
- No

Do you look after, or give any help or support to family members, friends, neighbours or others because of either: (Please tick one box only)

- Long term physical or mental ill-health / disability?
- Problems due to old age?
- No
- Yes, 1-19 hours a week
- Yes, 20-49 hours a week
- Yes, 50 or more a week

Thank you for completing this survey. Please submit by 22 November 2018.

Paper copies of this survey should be returned by 22 November 2018 to:

**Tameside Benefits Section
PO Box 304
Ashton-under-Lyne**

APPENDIX B

Consultation Periods

Consultation on proposed proposals will take place between 30 August 2018 to 22 November 2018 (12 weeks)

Item	Timeframe	Deadline
Executive Board	05 September 2018	05 September 2018
Executive Cabinet	19 September 2018	19 September 2018
Consultation	20 September to 22 November 2018	20 September 2018
Publicity Campaign	20 September to 22 November 2018	20 September 2018
Analysis of Feedback	22 November to 29 November 2018	29 November 2018
Executive Board	05 December 2018	05 December 2018
Executive Cabinet	12 December 2018	12 December 2018
Full Council	26 February 2019	26 February 2019

Timeline for Consultation & Target Audience

Target Audience	Method of Consultation	Start Date	End Date
Elected Members	Executive Cabinet Board	19 September 2018	20 September 2018
Precepting Body GM Mayor	Email	20 September 2018	20 September 2018
Working Age Claimants	On line Survey	20 September 2018	22 November 2018
Welfare Rights, Customer Services, Citizens Advice Bureau, Homeless Shelter, Housing Proposals, MINT, CVAT, Social Landlords	On line Survey	20 September 2018	22 November 2018

Agenda Item 6

Report to:	EXECUTIVE CABINET
Date:	19 September 2018
Executive Member/ Reporting Officer	Councillor Brenda Warrington – Executive Leader Stephanie Butterworth Director of Adult Services
Subject:	BANDING PAYMENT SYSTEM AND AGE POLICY CHANGE FOR SHARED LIVES PLACEMENTS
Report Summary:	<p>This report seeks permission to introduce a banding payment system for Shared Lives carers to reflect the complexity of need of those cared for, and also change the age of entry into Shared Lives from 18 years of age to 16 years of age to improve transition and continuity of care for young people.</p> <p>This is part of a wider transformation plan focused on improving access to Shared Lives for people with more complex needs and young people coming through transition.</p>
Recommendations:	<p>Executive Cabinet is recommended to agree:</p> <ol style="list-style-type: none">1. Introduce a new banding payment system for Shared Lives carers.2. That the age of entry to Shared Lives is changed from 18 to 16 years in the Shared Lives Policy.3. Existing Shared Lives arrangements will be protected if the banding for an existing service user is assessed as being Band 1.4. That the implementation of a banding system will be by 1 April 2019.5. Where an emergency placement is made this will initially be paid at the higher rate until an assessment is completed
Links to Community Strategy:	Health Tameside Supportive Tameside
Policy Implications:	This report recommends the change in Shared Lives policy in terms of age of access to the service. The recommendation is for age of access to change from 18+ to 16+.
Financial Implications:	Integrated Commissioning Fund Section Section 75
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)	Decision Required By Strategic Commissioning Board Organisation and Directorate Tameside MBC – Adult Services
	Additional Comments <p>The proposed banded payment system outlined in this report acknowledges the different complexities of care provided. It also looks to future proof the service by attracting new carers through a more incentivised payment approach.</p> <p>The average gross cost of a long term Shared Lives placement is</p>

£405 per week, which is partially offset by housing benefit income for working age adults.

The proposed policy change outlined in this report will enable the Shared Lives placements to be made from the age of 16. Whilst it may not be possible to charge service user contributions under the age of 18, a Shared Lives placement is a considerably lower cost alternative than a Children's independent sector residential care placement, which currently averages £3,680 per week depending on the needs of the young person.

It is estimated that there will be a low cost additional impact on the service budget via this proposed banding system. The additional cost is estimated at £11,000 per annum for existing service users.

It should be noted that there are wider cost and qualitative benefits that are realised by the Shared Lives service being in place as the service provides improved outcomes and is a more cost effective option when compared to the cost of these placements in the independent sector.

In addition recent work undertaken alongside the Social Care Institute of Excellence (SCIE) also highlighted wider benefits to the health and social care economy in terms of reduced attendances in both primary and secondary healthcare

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

The Shared Lives Scheme is regulated under Health and Social Care Act 2008 and The Care Act 2014, which now provides a single legal framework for charging for care and support under sections 14 and 17 supplemented by The Care and Support (Charging and Assessment of Resources) Regulations 2014.

The framework is based on the following principles that local authorities should take into account when making decisions on charging:

- Ensure that people are not charged more than is reasonably practicable for them to pay;
- Be comprehensive, to reduce variation in the way people are assessed and charged;
- Be clear and transparent, so people know what they will be charged;
- Promote wellbeing, social inclusion and support the vision of personalisation, independence, choice and control;
- Support carers to look after their own health and wellbeing and to care effectively and safely;
- Be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs;
- Apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings;
- Encourage and enable those who wish to stay in or take

up employment, education or training or plan for the future costs of meeting their needs to do so; and

- Be sustainable for local authorities in the long-term.

The new framework is intended to make charging fairer and more clearly understood by everyone. There is however no single prescribed national charging policy for care services provided in a setting other than a care home (e.g. own home, extra care housing, supported living or shared lives accommodation). The same principles should be applied when therefore looking at a payments scheme for carers. When charging or setting up payments scheme Local Authorities must enter into consultation when deciding how to exercise this discretion. The consultation must be full and meaningful. A consultation should ensure that all relevant parties receive sufficient information to enable them to provide informed feedback which should be taken into account prior to any final decision being made. The consultation process and timing should be sufficient to enable consultees to be informed of the proposals, raise queries, consider alternatives and respond to the issues and complexities of the proposals whilst remaining coherent, focussed and proportionate. A public body is not bound to act upon the preferred option of consultees but must take full account of any preferred view, expressed opinion and overall feedback. The requirement is for consultation to be meaningful. Clear reasons must be given for not taking a preferred course of action expressed by consultees. Members must ensure fully considered equality impact assessment and the feedback from consultees.

Risk Management:

The key risks are:

- The banding payment system cost could exceed the current cost of service placing significant financial risk to implementation. Initial work indicates that the current banding system when applied will not have a significant impact on cost.
- Failure to recruit carers to meet diverse range of services being planned. A recent recruitment drive has been successful and if these recommendations are accepted a more targeted recruitment campaign will be undertaken for carers with specific interests and skill sets.

Access to Information :

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



Telephone:0161 342 3719

e-mail: mark.whitehead@tameside.gov.uk

INTRODUCTION

- 1.1 This report follows the previous two reports submitted in 23 May 2018 that sought permission to enter into consultation with Shared Lives carers, service users and key stakeholders of the Shared Lives Service regarding the implementation of a banded payment system for carers and the introduction of a lower age limit of access to the service from 18 years of age to 16 years of age.
- 1.2 Shared Lives currently offers a fixed payment to carers for their services. The service users who are referred to the service vary in complexity of needs and levels of support required. The demographic projections for the locality indicate that people are living for longer whilst managing multiple long term conditions. This indicates that people do have more complex needs and this is forecast to continue. Shared Lives offers a more affordable alternative service for people with complex needs, and is an area we want to expand to improve outcomes and efficiency of service going forward.
- 1.3 There is a commitment through our Care Together programme to ensure people live healthier lives for longer, and are supported to be as independent as possible with care delivered closer to home. Shared Lives offers a further service option that expands individual choice about how their needs are met and in so doing offers greater control to individuals where Shared Lives may be a viable option.
- 1.4 In order to maximise the opportunities to offer Shared Lives as an option for the widest range of people, there is a need to review the fixed payments that are currently offered to carers, and consider a payment mechanism that is more reflective of the complexity of service users that carers currently support, and could support in the future as we expand our services.
- 1.5 Benchmarking across Greater Manchester and the national Shared Lived Plus scheme has also been undertaken to ensure a best model practice is reflected in the proposal in terms of the banding and payment structures (see **Appendix 1** for GM benchmarking information).
- 1.6 The change to the Shared Lives age of access from 18+ to 16+ is focused on working with young people as part of a wider piece of work with Shared Lives Plus, which is the national Shared Lives umbrella body and the Department of Education (DoE) to expand the offer of shared lives services to younger people. We are currently trying to secure a grant from DoE to support this work.
- 1.7 This policy change is 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 through early engagement with services and families.
- 1.8 Working with young people leaving care is one element of the transformation plan, which is 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 will better support the wider health and social care system as we continue to integrate health and social care services.

SHARED LIVES SERVICE – CURRENT SERVICE / POLICY CONTEXT

- 1.9 Shared Lives is a regulated social care service delivered by Shared Lives carers. The service is registered with the Care Quality Commission (CQC). Shared Lives (formerly Adult Placement) has been providing support to individuals in Tameside since 1992. The service is managed and delivered by the Council.
- 1.10 The aim of Shared Lives is to offer people aged 18 years and older, an alternative and highly flexible form of accommodation and support. Individuals who need support are matched with compatible Shared Lives carers who support and include the person in their family and community life.
- 1.11 Shared Lives primarily works with adults with learning disabilities but more recently have started to diversify and promote services to other vulnerable adult groups such as older people. Shared Lives carers are approved to provide a range of community support services to individuals who meet the criteria for Adult Services.
- 1.12 There are currently 132 service users being supported by 88 carers (June 2018). Any person aged 18 or over who meet eligibility criteria for services may use Shared Lives.
- 1.13 Shared Lives carers provide a range of services dependent upon the needs and health of the individuals. The scheme currently provides:

Long Term Support	This service enables people to live with approved Shared Lives carers on a long-term basis, sharing in the ordinary lifestyles of the carers and their families.
Interim Placements	A service user can live with a Shared Lives carer for up to 12 months. These placements will focus on promoting skills and independence, with a view to moving towards more independent living. There is the potential for interim placements to become long term placements after 12 months based on assessed needs.
Respite	A service enabling users to take either regular short breaks or one off periods e.g. to allow for convalescence after a hospital stay or for family members to go on holiday or have a break from their caring role.
Day Support	This is a flexible service enabling people to do activities of their choice, to use community facilities or to visit approved Shared Lives carers in the carer's home.
Emergency placements	We are also able to provide emergency respite placements, dependent on carers available and the needs of the service user.

- 1.14 All individuals using Shared Lives have been assessed by Adult Services and are then referred to Shared Lives as part of their commissioned support plan to meet eligible unmet needs.
- 1.15 Shared Lives carers are self-employed. To become approved individuals are DBS checked and complete an in-depth assessment and approval process, and are required to undertake regular mandatory training. They are paid expenses for the care and support provided and qualify for a Carers tax relief.
- 1.16 Current payments to Shared Lives carers are as follows:

Long Term Support	£395.65 per week
Respite Support	£44.45 per night
Day Support (typically commissioned in five hour blocks)	£6.89 per hour

- 1.17 Emergencies and interim payments are determined at the time, and are dependent on the potential length of time required and the type of service (made up from the above).
- 1.18 The Shared Lives sector nationally has seen a 31% growth over the past three years. The positive outcomes experienced by people using Shared Lives are reflected in a 92% good or outstanding CQC rating across the country. Tameside Shared Lives scheme was inspected in June 2018 and has received a Good rating across all areas. The Greater Manchester Combined Authority (GMCA) have recently set targets for Shared Lives with an ultimate target of 15% of all learning disability provision being provided through Shared Lives Schemes.
- 1.19 The service model promotes independence and supports building relationships with friends and family which promotes wellbeing. Appropriately supporting Shared Lives carers through placements supports community resilience and empowers service users to utilise the support networks within their local communities. This builds on the local health and social care economy and Greater Manchester's priorities to improve our asset / strength based community offer.
- 1.20 Key national policy drivers in health and social care have placed well-being and independence at the centre of support which sets an ambition for a strategic shift in how services are delivered. The Care Act 2014 places a duty on local authorities to promote individuals well-being by preventing and reducing the need for care and support.
- 1.21 Evidence shows that service users who are living in a high cost inappropriate setting often feel isolated. Enabling increased choice for them to move into family-based Shared Lives placements will promote independence, reduce isolation and act as an early intervention approach to prevent admission to acute settings.
- 1.22 This report also supports the Council's corporate priorities of caring and supporting adults and older people by working with health services to ensure efficiency and equity in the delivery of excellent services to meet the needs of the community.
- 1.23 Shared Lives can play a supporting role in the new Integrated Care Organisation particularly if the current service offer is expanded through the wider review. As an example, only 4.5% of users of Shared Lives have mental health issues and we want to ensure through better joint working across the ICFT, Pennine NHS Mental Health Trust that some of the system and process barriers are addressed to allow more people with mental health issues to access the service.
- 1.24 The introduction of a banding payment system is one element of transformation plans aimed to improve the service and expand its provision, creating better outcomes for service users while also working with partners to improve the efficiency and effectiveness of community based services. This will better support the wider health and social care system as we continue to integrate health and social care services.
- 1.25 Banding systems of payment are currently utilised by eight of the eleven Greater Manchester schemes and it has been highlighted as a priority recommendation by the Greater Manchester Delivery Group to create an equitable and unified regional approach. Banding will also support the diversification and expansion of the Shared Lives scheme to meet the services transformation objectives.
- 1.26 Consultation has taken place with Children's Services relating to the legislative requirements of working with young people below the age of 18 and have only identified specific training and screening requirements of carers and staff in terms of working with young people 16-18 years of age. Our intentions are to run a specific targeted recruitment campaign for carers interested in working with young people and will link with Children's

Services training and development programme in terms of providing necessary training and development requirements.

- 1.27 This report also supports the Council's corporate priorities of caring and supporting adults and young people by working with health services to ensure efficiency and equity in the delivery of excellent services to meet the needs of the community.

2. AGE OF ENTRY CHANGE FROM 18+ TO 16+

- 2.1 Shared Lives Plus were awarded a £365,000 grant to embark on a new project to develop and raise the profile of Shared Lives to young care leavers. This project is funded by the Department of Education (DoE) as part of the Children Social Innovation Programme, which funds innovative and different approaches in care which are currently limited in this area. Tameside Shared Lives scheme is being considered as a pilot area for this project and if successful will receive a small bursary to achieve its aims.
- 2.2 The project aims to offer Shared Lives to young people leaving care who have learning or physical disabilities and/or additional needs which have not been met by traditional service provision. These are likely to be young people who have not entered into further education, training or started work and would benefit from experiencing a home-based care environment. They would receive support in developing life skills as well as help to manage risk and make informed choices about their future direction, including education and career pathways. This support will help them move successfully into independent living where appropriate. The Council would also like to extend this support to young people leaving care who may not have additional needs and meet Adults national eligibility criteria. The service proposes to offer Shared Lives arrangements as an alternative to other accommodation options such as supported lodgings and stay put arrangements.
- 2.3 Adult Services are experiencing a significant increase in young people with very complex needs coming through transition (30+ over the next three years). This is placing significant strain on existing services and is resulting in an increase in people being placed out of area in placements that can meet the young person's needs. This is disruptive for the young person and their family and is at a significant cost to the Council. Shared Lives provides an option for young people to access care and support with a family locally at a significantly reduced cost.
- 2.4 There are also a number of young people with complex needs that reside with foster carers and as they transition into Adult Services they may require placement in residential care which can be out of area because there may not be Shared Lives carers who can meet their needs. Part of the Shared Lives transformation programme is to work with foster carers to transition with the young person to become Shared Lives carers to offer continuity and stability for the young person. The Shared Lives banding report, presented at 23 May 2018 SCB, proposes financial recompense to carers providing complex support. This policy change would assist with smoothing the transition process with foster carers at a much earlier point in the transition process.

3 BANDING PAYMENT SYSTEM AND PAYMENT OPTIONS

- 1.1 In the vast majority of cases the Shared Lives Scheme pays approved carers one payment irrespective of the level of needs or complexity of the individual/s they support (see 2.8 above for current payment system). This can be viewed as inequitable as it does not recognise the differing levels of complexity of those cared for, and does not recognise the different levels of care provided by carers.

1.2 There are a very small number of exceptional cases where a higher weekly fee is paid. This particularly applies for some younger adults transitioning from Children’s to Adult Services who have previously been cared for by a foster placement and the foster carer wishes to continue to care for the young adult and become an approved Shared Lives carer. Foster carers receive a higher payment than Shared Lives carers. In order to maintain continuity for the service user, who often has complex needs, a higher weekly payment rate in line with that previously received by the carer has been agreed. Without this, it is likely that the young adults would be placed in specialist out of borough placements, or supported accommodation, both of which would not deliver the best outcomes for that individual and would cost significantly more when compared to the Shared Lives offer. An example of a highly complex case is an indicative cost avoidance of £100,000 per annum per individual.

1.3 Payments to carers are made up from various funding streams including:

- Housing Benefit
- Tameside Council Adult Services contribution
- Service user contribution (financial assessment)

Increased costs accrued by the introduction of banding particularly in the context of more complex provision is justified in terms of potential costs avoided when considering other alternative means of provision to meet complex needs such as out of area specialist provision.

1.4 An element of care and support is an integral part of the role of a Shared Lives carer. The support provided can range from a little or almost none in a traditional ‘supported lodging arrangement’ to a high degree of support for someone with complex needs in a ‘family placement’. The degree of skill and assistance required by the carer needs to be reflected in the payment system. The proposed banding system addresses this issue.

1.5 In terms of providing choice to new carers in how much assistance they want to provide or are able to take on, it also makes sense to move to a banding system. Some kind of differential pay system segments the market and should have the effect of attracting a larger number of carers to the role of approved Shared Lives Carers, and support the recruitment of carers with the skills and interest in providing support to individuals with more complex needs.

1.6 Following a benchmarking exercise against Greater Manchester and other North West schemes, the following payment bands are proposed:

Day Support

Band 1	Band 2	Complex Needs
£7.06 per hour	£8.47 per hour	£12.71 per hour
In line with current proposed rate for 2018-19.	20% premium on Band 1.	80% premium on Band 1.

Respite

Band 1	Band 2	Complex Needs
£45.56 per night	£80 per night	£110 per night
In line with current proposed rate for 2018-19.		

Long Term Support & Interim

	Per week £	Per Annum £
Band 1	300	15,600
Band 2 (In line with current proposed rate for 2018-19.)	405.54	21,088
Complex Needs - Rate subject to assessment.	Subject to assessment	Subject to assessment

- 1.7 There are currently two carers who are supported on an enhanced rate of pay due to the service users level of complexity. These rates are paid at a rate of £600 and £800 per week. This is based on the individuals assessment of need.
- 1.8 It is assumed that for all long term placements there will be a respite provision of 21 nights per annum which will usually be provided within the scheme. Carers will not be charged for these respite nights, but may choose to purchase additional respite if required.
- 1.9 Because interim arrangements are dependent on the potential length of time required, and the type of service, it is proposed that the weekly payments are as above, but will be calculated on a case by case basis.

Emergencies

- 1.10 In an emergency it is proposed that carers will receive the higher banding rate until the banding assessment is completed. If the person's banding is lowered, carers will not be expected to refund the difference. This recognises the flexibility and responsiveness of the carer and nature of emergency placements and the increased pressure placed on the carer.
- 1.11 The decision of which band the service user would fit into would be agreed between the Shared Lives Social Worker and the Care Coordinator who has assessed the needs of the service user, using a Banding Toolkit. The proposed implementation date for the banding system is the 1 April 2019, this will allow sufficient time to undertake reassessments of individuals, apply the banding criteria and make arrangements in terms of payment system changes.

2. CONSULTATION

- 2.1 On 23 May 2018, two reports were submitted seeking permission to enter into consultation with Shared Lives carers and key stakeholders on implementing a banding arrangement and reduced age of access to Shared Lives. Consultation was undertaken by Shared Lives staff and managers, supported by Policy and Communications Team and included:
- Focus groups.
 - Drop in sessions.
 - Letter and questionnaires.
 - Telephone contact.
 - 1:1 consultation with Shared Lives Team and Managers.
 - The Big Conversation to establish wider population views.
- 2.2 Consultation results are contained in **Appendix 2** of this report. More detailed analysis of the consultation results are available from the report's author should the reader wish to access them. 30 people responded to the consultation with 20 of these respondents only responding to the banding element.

- 2.3 The proposed introduction of a banding system was welcomed by respondents with 15 people (75%) of respondents stating they felt that the system will create a fairer and more equitable system for carers.
- 2.4 3 people, (15%) of respondents stated that they would have liked to have explored the banding model further as part of the consultation. A number of methods of consultation were employed within this process including the Carers Forum and specific briefing sessions as well as contact details for any questions should respondents wish to discuss the model further. Use of these consultation options were poor with very few respondents choosing to access and ask this question. The service is confident that adequate opportunities were offered to explore the model with interested parties.
- 2.5 There were positive comments and feedback regarding the change of age of access to Shared Lives. The only issue raised was that some carers were concerned that they did not want to support young people and/or were concerned about the legal requirements associated with working with under 18's. Assurances were provided that no carers would be forced to provide these services and we would only train individuals who showed an interest in supporting young people in this age group.

3. FINANCE

- 3.1 The Council's Shared Lives Scheme currently costs £1.096 million per annum to operate and generates £0.319 million through charging. The Council currently provides core funding of £0.777 million per annum to fund the service. It is essential that the service reviews its current payment to carers to ensure there is sufficient incentive to sustain, develop and grow the service. It is also essential that as we move into an Integrated Care Organisation we continue to demonstrate the financial benefits and sustainability of the service, particularly the significant costs that can be avoided.
- 3.2 All service users will be reviewed against the proposed banding payment scheme. Existing Shared Lives carers payments will be protected if the banding (payment) for an existing service user is assessed at a lower rate than their existing payment, for the duration that they are caring for that service user. It is estimated that a reduction will impact on four carers in Long Term Support.
- 3.3 All new service users to the scheme will be paid at the banding rate they are assessed at.
- 3.4 From a preliminary desktop exercise, it is anticipated that the majority of current service users would remain on comparable payments to the current position. It is anticipated (based on financial modelling) that this will result in an additional £11,000 cost per annum to the Council.
- 3.5 Service users will continue to be assessed for their eligible unmet needs, and their contributions will be determined by a financial assessment (based on Charging Guidelines).
- 5.6 The benefits of increased carer recruitment will mean increased availability as an alternative to other more costly services, e.g. Shared Lives respite at £55 per night in comparison to £150 per night for Learning Disability based respite care.
- 5.7 The key concern to implementing a banding payment system is that it could lead established long term placements to be ended if the carer payment is reduced to a level the carer deems to be unacceptable. It is anticipated that the number of carers whose payment will reduce will be low in terms of potential reduced payment based on the table top exercise. As described in paragraph 6.2, existing service user placements will be protected against a reduction in payment, for the duration of the placement with that Shared Lives carer.

- 5.8 There is also the concern that the cost of service to the Council may increase if the individual is placed on a higher band. It is anticipated that the majority of placements will remain on the band which is comparable to the current payment which is band 2. The potential cost avoidance however could be significant in comparison to using other methods of provision.
- 5.9 The service is attempting to secure a small grant (£10k) from the Department for Education, paid each year for a two year period, to provide support to this piece of work and take part in a pilot nationally. This is dependent on the decision to amend the policy to 16+. Initial work has also commenced in anticipation of the decision with Children's Services to help facilitate a pathway for access to Shared Lives by young people.
- 5.10 There is potential for significant cost avoidance through this project in terms of reducing out of area placements of young people with complex needs and also in addressing increasing demand from looked after children and young people leaving care.

6 RISK MANAGEMENT

6.1 There are a number of risks identified as a result of undertaking this review:

Risk	Consequence	Impact	Likelihood	Action to Mitigate Risk
Financial impact of banding costing more than existing budget available	Increased cost of service. Potential impact on financial viability of service.	High	Low	Banding structure should closely reflect current payment system. Increases in complex people (higher cost) accessing Shared Lives will be offset by potential cost avoidance to services
Inability to recruit sufficient numbers of carers to support younger people and people with complex needs	Potential unmet need.	High	Low	A full recruitment programme targeting potential carers. Joint work with Children's Services looking at young people and young people who have complex needs accessing Shared Lives.

7 EQUALITIES

- 7.1 An Equalities Impact (EIA) has been undertaken and is available in **Appendix 3**.
- 7.2 The EIA has identified a differential positive impact on protected characteristic groups of age, disability, mental health and carers.
- 7.3 If approved, the service would expand to accept people aged 16+ allowing the service to improve transition and work with young people leaving care.
- 7.4 The banding system will potentially open the Shared Lives Scheme to people with more complex disabilities, and people with mental health issues who might not previously had the opportunity to be supported in this service.
- 7.5 The banding system proposes an increase in carer's payment for respite and day services, and also reflects the degree of assistance provided in the payment system. In terms of attracting carers, an individual's decision to provide differing levels of support is fair and

equitable on the basis that payment is commensurate with the support provided. Some kind of differential pay system segments the market and should have the effect of attracting a larger number of carers to the role of approved Shared Lives Carers.

8 CONCLUSION

- 8.1 The Council faces significant budgetary challenges over the foreseeable future which means it must diversify service delivery by looking at new and innovative approaches to deliver better outcomes whilst also reducing the cost of provision. This may also include a cost benefit analysis across the health and social care system identifying where efficiencies can be made.
- 8.2 Shared Lives supports 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 can support service users to maintain independence in the community and as a support to family carers to maintain their roles. As people progress into long term placements Shared Lives carers offer an asset based approach as a less costly alternative to traditional services. The Shared Lives Scheme is 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 is pivotal to these aims.
- 8.3 The proposed banding payment system for Shared Lives carers, ensures the payment made to carers is 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 can, provide at a certain cost.
- 8.4 A banding payment system will also support the attraction of a larger number of prospective carers to meet the varying degrees of need. There is a need to review the fixed payments that are currently offered to carers, and consider a payment mechanism that is more reflective of the complexity of service users that carers currently support, and could support in the future as we expand our services. It will also support us in recruiting more carers to the service.
- 8.5 Some individuals may be willing to provide accommodation but not much support while others may be willing and want to provide a substantial amount of support on the basis that the level of support and commitment is 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.
- 8.6 By changing the age of access to 16 years this allows a wider range of young people to consider Shared Lives as a viable alternative to other support approaches. This would include Looked After Children and also young people with complex needs who are currently in placements or with Foster carers.
- 8.7 Foster carers who care for young people with complex needs would in the interests of continuity be encouraged to become Shared Lives carers as the young person becomes an adult and the banding system would offer a more comparable payment system reflecting the complexity of need that a fixed rate system does not recognise.
- 8.8 The aim is to expand the Shared Lives offer to provide more person centred care as an alternative to other high cost alternatives such as placements in supported housing or out of area placements.

9 RECOMMENDATION

9.1 As stated on the report cover

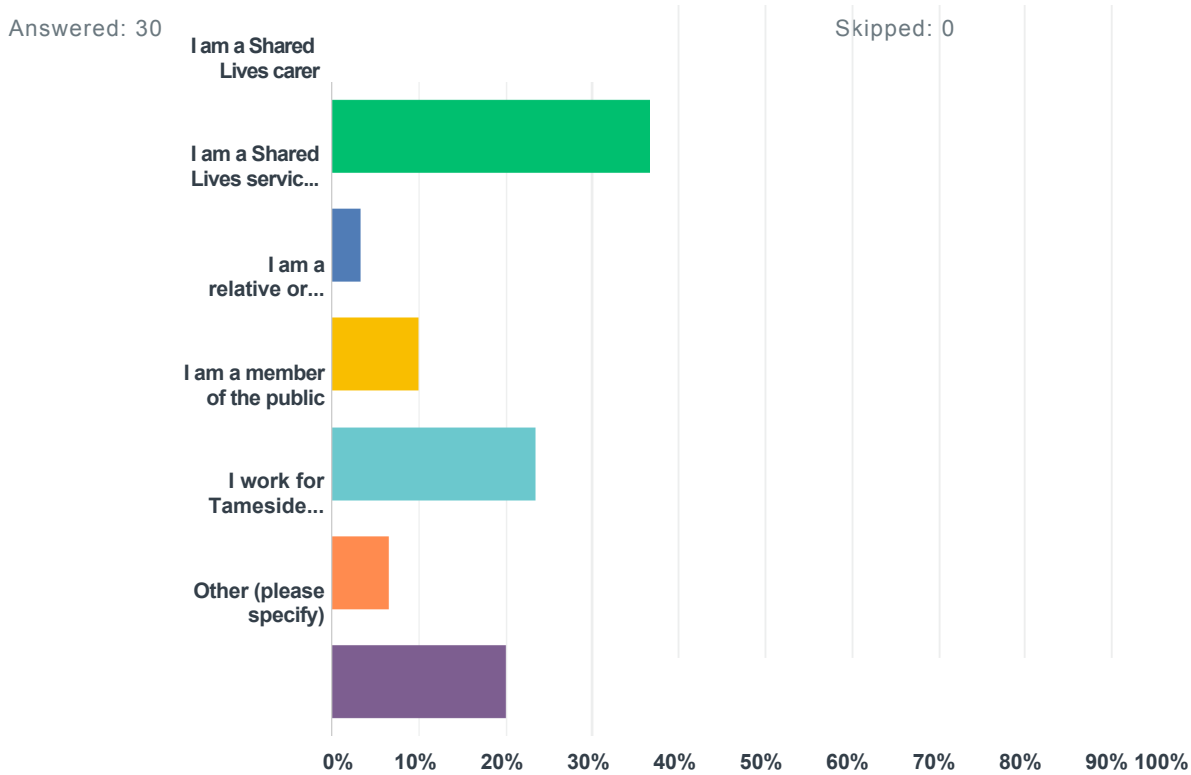
Greater Manchester Benchmarking exercise

Long Term	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Trafford	Wigan
Level 1	£288.50	£365.87	(provider 1) £203.70 (provider 2) £310.00	£225.00	£207.20	£328.30	£220.00	£322.40	£279.09
Level 2	£346.50	£365.87	£377.00	£277.00	£207.20	£401.90	£242.00	£364.30	£279.09
Level 3	£394.50	£365.87	£416.00	£330.00	£207.20		£295.00	£389.00	£279.09
Level 4	£450.00	£365.87	£507.00	£416.00	£207.20		£372.00		£279.09
Level 5							£238.00 (block)		

Respite	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Trafford	Wigan
Level 1	£30.62 pn	£52.67 pn		£277.20		£44.90 pn	£81.00 pn	£46.06 pn	£39.87 pn (plus mileage at £0.25)
Level 2	£39.75 pn	£52.67 pn		£277.20		£51.03 pn		£52.04 pn	
Level 3	£47.05 pn	£52.67 pn		£277.20				£55.63 pn	
Level 4	£56.17 pn	£52.67 pn							
Level 5									

Day support	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Trafford	Wigan
Level 1		£20 per 4 hour session				£8.49 ph		£6.89 ph	£15.75 per session
Level 2		£20 per 4 hour session				£8.49 ph			£21.00 per session
Level 3		£20 per 4 hour session							£26.25 per session
Level 4		£20 per 4 hour session							

Q1 Please indicate which of the following best describes your main interest in the Shared Lives consultation

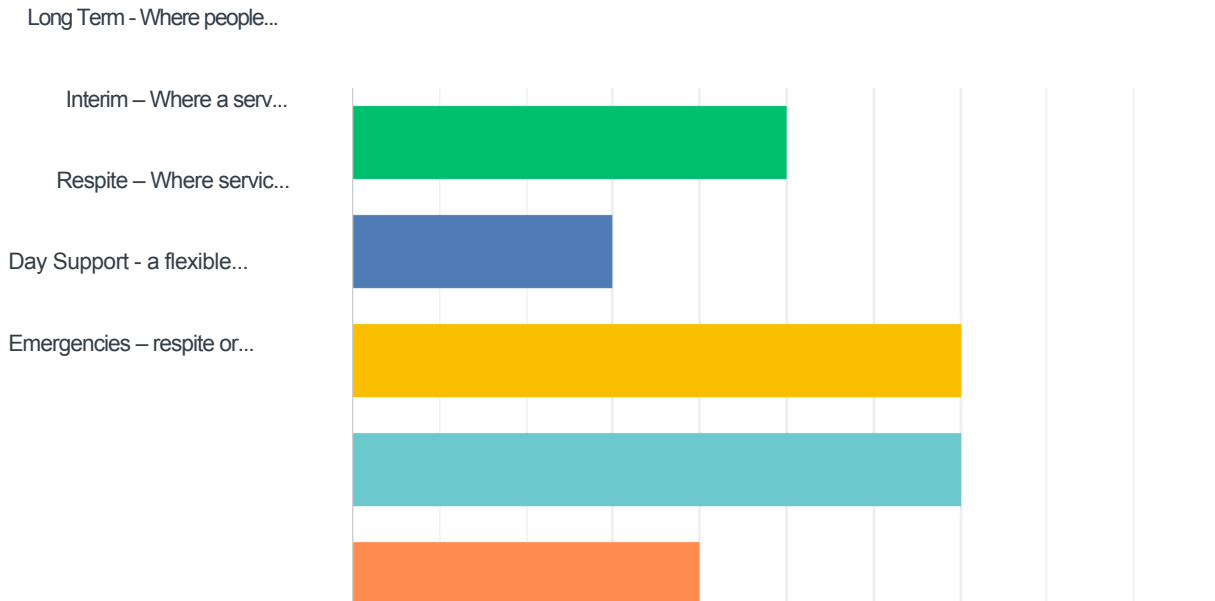


ANSWER CHOICES	RESPONSES
I am a Shared Lives carer	36.67% 11
I am a Shared Lives service user	3.33% 1
I am a relative or friend of a Shared Lives service user	10.00% 3
I am a member of the public	23.33% 7
I work for Tameside Metropolitan Borough Council/NHS Tameside and Glossop Clinical Commissioning Group	6.67% 2
Other (please specify)	20.00% 6
TOTAL	30

#	OTHER (PLEASE SPECIFY)	DATE
1	prospective carers	7/19/2018 8:56 PM
2	prospective carer	7/17/2018 7:09 PM
3	Parent/carer of special needs adult	7/12/2018 5:13 PM
4	looking to become a shared lives carer	7/12/2018 4:12 PM
5	I am a shared lives carer and also a parent of a shared lives user	7/8/2018 11:51 AM
6	I am a retired foster carer	6/20/2018 9:10 PM

Q2 Which Shared Lives services do you currently provide? (Please tick all that apply)

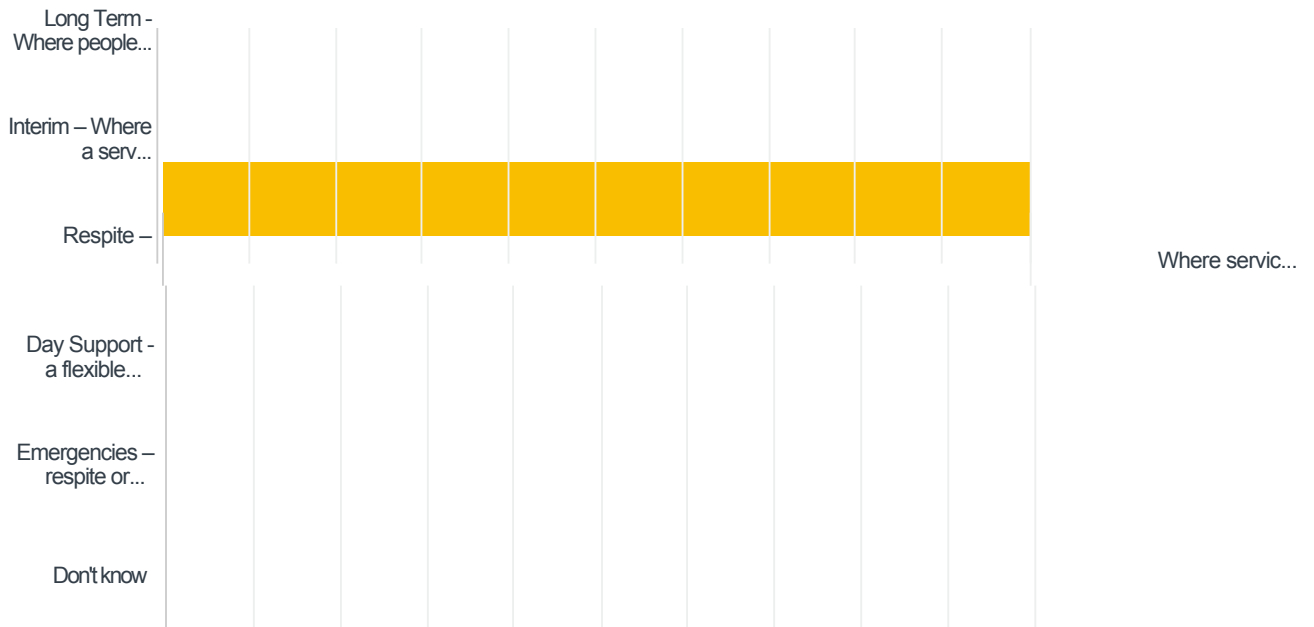
Answered: 10 Skipped: 20



ANSWER CHOICES	RESPONSES	
Long Term - Where people live with approved Shared Lives Carers on a long-term basis, sharing in the ordinary lifestyles of the carers and their families		
Interim – Where a service user can live with a Shared Lives Carer for up to 12 months with a view to moving towards more independent living	50.00%	5
Respite – Where service users are enabled to take either regular short breaks or breaks of one off periods based on an allocated number of respite nights	30.00%	3
Day Support - a flexible service enabling service users to do activities of their choice, to use community facilities or to visit approved Shared Lives Carers in the carer's home	70.00%	7
Emergencies – respite or interim provision due to emergency circumstances	70.00%	7
Total Respondents: 10	40.00%	4

Q3 Which of the following services provided by Shared Lives do you, your relative or friend use? (Please tick all that apply)

Answered: 4 Skipped: 26



ANSWER CHOICES	RESPONSES	
Long Term - Where people live with approved Shared Lives Carers on a long-term basis, sharing in the ordinary lifestyles of the carers and their families		
Interim - Where a service user can live with a Shared Lives Carer for up to 12 months with a view to moving towards more independent living		
Respite - Where service users are enabled to take either regular short breaks or breaks of one off periods based on an allocated number of respite nights	0.00%	0
Day Support - a flexible service enabling service users to do activities of their choice, to use community facilities or to visit approved Shared Lives Carers in the carer's home	0.00%	0
Emergencies - respite or interim provision due to emergency circumstances	100.00%	4
Don't know	0.00%	0
Total Respondents: 4		
	0.00%	0
	0.00%	0

Q4 We would like to know your thoughts on the proposed changes to the Shared Lives payment system (i.e. change from a fixed payment to a banded system). If you, a friend or relative uses the Shared Lives Service please explain how this will impact you. Further information on the proposed changes to the payment system for Shared Lives can be found at (<https://www.tameside.gov.uk/TamesideSharedLives>) or with the letter which accompanied this questionnaire if you received a copy by post. (Please state in the box below)

Answered: 20 Skipped: 10

#	RESPONSES	DATE
1	At present it is one rate for all no matter what the persons needs are. this has created a pick and choose situation which is a bad thing for the more disabled. In our situation we tried shared lives twice, once our son didn't take kind to it, then at another house they didn't take to him, but deep down we feel that he was rejected because of his needs The new proposals are long over due.	7/20/2018 2:48 PM

2

Proposals to the changes in payments for carers and the extended provision for 16+ Firstly, I would think that the banding system, would go some way to incentivise carers into caring for service users that have complex need... but only partly. I also think they would need greater support, on a day to day or throughout the week and greater lengths of respite themselves. It is not only about the money...but the support that carers who choose to work with service users with complex needs. In fife shared lives, they have regular carer meetings and regular training. Also, it is not clearly defined, what will be level 1,2 and complex needs – this needs to be clarified. Secondly, I agree with the banding system as a general principle. However, done like this, it will have a major impact on the quality and breadth of opportunities open to service users and their carers in band 1. The proposed cuts will invariably mean a loss to the carers income by £105 per week... which is about £5,460 a year. This is a massive cut to their income and will invariably affect people on lower wages hardest. A major consideration for my partner and I is: “will we have enough money to support the service user, in an economy where all the basics day to day necessities have gone up disproportionately to wage increases”, plus do all the life enhancing activities that make up a happy and fulfilled life, such as hobbies, interests, socialising and volunteering. There are very few volunteering opportunities now that will give volunteers even out of pocket expenses! For example, we recently went to the beach with a friend who is a carer in shared lives and two of her service users she is caring. We required: • Two reliable cars • Beach gazebo – for shade • Deck chairs • Sun cream and hats • Sandwiches and food, which we made and bought ourselves • A trip to costa coffe, for drinks and cakes for 6 to round the day off All this had to be paid for and is an example of a social activity which enables service users to build confidence with a wider range of people, enjoy socialising and all the health benefits being outdoors in the sun. I dont think any of these are excessive, but when you add up the costs.... It isn't “cheap” doing activities that most people would consider modest. It also concerns me that this somewhat arbitrary cuts, could be the start of more...what is the financial bottom line that would never be crossed? Although we are looking forward to being carers with shared lives, we could not financially do it voluntary, if the service was cut in this way. In researching shared lives, I came across this from the PSS site: What are the benefits over other forms of care? Shared Lives or Adult Placement is truly unique because it allows individuals who may not be fully able to live on their own the chance to experience independence. These individuals can live in a safe environment, which PSS has approved and with carers who are trained to deal with their individual needs. Because each carer family is different and each user of our services is too, we can truly ensure we plan for each individual. No one size fits all and no two families are the same. Aside from the personal advantages of this service, in terms of providing a family environment, safety, support and independence, Shared Lives or Adult Placement has significant cost savings for each individual. It is estimated that being part of the service can save at least £13,000 per annum per person in comparison to residential care and supported living and in some areas this figure is much higher. This leads me to the question.... Why start cutting carers allowances, when they are already saving thousands per person in comparison to residential care and supported living? It seems to me that there are other area's that should be looked at, rather than services that are actually saving money and are in many cases transforming services users lives for the better. I also think to do this job justice, I would only consider working part time in another job... at the very outside and it would have to fit around their needs, certainly at the start. Which full time job, isn't demanding, time consuming and tiring? ... Then to try and support a service user with a wide variety of needs....? Our personal opinion is that carers end up exhausted... maybe leaving the scheme and not being able to give service users proper time and attention. By the very ethos of the scheme... they need quality time with you...! Of course, they may be going to college, volunteering or working.... But we understand that we may be called upon... incidents of bullying are very common, learning to get to places independently may require support as is potential difficulties making friends and adjusting to new environments.... Having time and being able to support service users more intensely, particularly at the beginning of their “shared lives” with us In researching carers allowance from other schemes, manchester city council and rochdale have carers allowance at around £400 per week. I am unaware that any other shared lives schemes are considering such proposals Lastly, I would think having a 16+ option would be great for young people who maybe transitioning from young peoples services to have continuation of support...

7/19/2018 8:58 PM

3

We feel that is a fair system.

7/18/2018 6:52 PM

4

1. What criteria has used to base the separate banding? I believe the Carer's should have had access and more consultation

7/17/2018 7:16 PM

5

If the changes mean that more Carers will be joining the scheme then it is a good idea. My daughter has for the last two years been unable to use her 21 days respite awarded to her due to the lack of Carers available. My only concern is that due to her needs (she has Autism) may now be overlooked in favour of children who are far more independent and do not need as much support as she requires.

7/15/2018 11:54 AM

6	Banding system will hopefully support recruitment and retention of shared lives carers who can accommodate more complex needs. These are often the service users most difficult to place, whether respite, emergency or permanent and most likely to break down when needs increase. Increased payment, reflecting the intensity of support may attract people with the skills and commitment needed.	7/13/2018 3:29 PM
7	At present I understand that the payment at present is standard regardless of the cared for's needs. This system has been open to abuse by carers by the fact that they can pick and choose who they care for. In our own instance when trying to place our son into shared lives one of the families parents gave us the impression that his needs were too complex. They gave another reason as to why but that didn't fit well with us as we know our son better than them. The banding system that you intend to implement goes a long way to righting it. Having 2/3 users to care for is too many, I feel that the carer should be restricted to one, I know that it isn't possible at the moment but could be something to be looked at in the future.	7/12/2018 5:28 PM
8	As a carer I agree with the banded payment system that ensures my son gets the best and appropriate care, for his needs. This was also ensure that the carer receives the right payment for the amount of care he/she provides.	7/8/2018 11:54 AM
9	much needed differentiation for different types of work, no change to minimum payment and increments for harder work. I agree.	7/2/2018 7:14 PM
10	I agree with the proposal, no carer will lose out as the minimum remains the same, but carers with the most demanding clients should get more money.	7/2/2018 7:09 PM
11	I think it is a positive thing to change to a banded system. Unsure how we will be affected by the changes who decides what band a person is to be placed	7/2/2018 5:05 PM
12	I agree with the banded payments	7/2/2018 4:17 PM
13	I think the changes are fair and there should be a banded system	7/2/2018 3:18 PM
14	Letter came in post. I am 77yrs old and a full time Carer for my daughter, who has Learning difficulties, plus other physical needs. We use respite care 30 nights per year, without which I know that I could not continue being her Carer. I am concerned that with the new banding system, just what banding she would come into and about the problem with Shared Lives Carers being more likely to opt for caring for those in Band 2, at almost twice the amount of payment as for those in Band 1. So we could see less take up of Service Users in Band 1, which my daughter could possibly be classed in.	7/2/2018 11:56 AM
15	Some service users can be more difficult than others in terms of their needs and their emotional needs	7/2/2018 10:05 AM
16	I fully support this change	6/21/2018 7:29 PM
17	The proposed change would seem to be an improvement to incentivise families to consider sharing lives with people with more complex needs.	6/21/2018 3:58 PM
18	All current long term placements should continue with current payment level. Only new placements should be paid via the banded levels.	6/20/2018 9:13 PM
19	Good idea but I don't think the payment for a session is enough as the hourly rate is a lot lower than the minimum wage. I work as a carer and know how much work is involved.	6/20/2018 6:28 PM
20	cap everything to £25 per night.	6/20/2018 2:26 PM

Q5 We would like to know your thoughts on the proposed changes to the Shared Lives age of access (i.e. change from working with people aged 16 rather than 18 years of age) If you, a friend or relative uses the Shared Lives Service please explain how this will impact you. (Please state in the box below)

Answered: 18 Skipped: 12

#	RESPONSES	DATE
1	At present there isn't enough shared lives properties to satisfy the demand as it is. If the age is reduced it will put more pressures on the carers who use the system now. As a user of the system for our son we know how difficult it is to try and get some respite when we need it. At present we have 30 days and it is difficult trying to marry up a holiday with respite, sometimes having to use as much as 10 days for a 7 day holiday.	7/20/2018 2:56 PM
2	I would think having a 16+ option would be great for young people who maybe transitioning from young peoples services to have continuation of support...	7/19/2018 8:59 PM
3	We again feel that this is a necessary change as there was a need for a change to accommodate a younger age group into the scheme. Yes we feel this is an important change and one one which benefit a lot of younger people.	7/18/2018 6:58 PM
4	My concerns are that the needs of the service users can not be met already so lowering the age of access will only add pressure on the existing Carers	7/15/2018 11:56 AM
5	Adult Services are already overstretched, so although I feel Shared Lives could be considered as part of the long term transition process, it needs to be resources. Maybe better use of the Transitions Worker, could support this role.	7/13/2018 3:31 PM
6	I can see lots of problems, there is more legislation regarding children needing care for whatever problem they have, support for children has to be more closely supervised, as an ex foster carer I received visits from a social worker every 6 weeks to check on placement, I can't see this happening in shared lives. I also don't know where you will find the carers, my son has not been able to have his full allocation of respite due to the lack of carers. I have also been informed that most new carers only want to do day care. Extending the age range will only put more strain on present carers and shared lives staff.	7/8/2018 11:58 AM
7	I agree with this, children should not be expected to be adults at 16. More support is needed.	7/2/2018 7:15 PM
8	I agree with this proposal, much needed support to children who are NOT adults at 16!	7/2/2018 7:10 PM
9	It don't think the age difference wilol impact at all	7/2/2018 5:06 PM
10	I personally would not feel able or knowledgable to work with people under 16	7/2/2018 4:18 PM
11	I personally would not like to work with a 16 year old...	7/2/2018 3:19 PM
12	As my daughter is 50yrs old, this hopefully should not affect us	7/2/2018 11:58 AM
13	Will bring a much fairer system. Having to work really hard with someone when another carer has a much easier job can be very frustrating when we all get the same hourly rate	7/2/2018 10:06 AM
14	I agree with changing the age	6/21/2018 7:29 PM
15	I am not sure why this age change would be proposed - I thought other services were available to people between the ages of 16 & 18. However, if there is a need that is not being met then I would support the change.	6/21/2018 3:59 PM
16	I think it is a good idea to give additional flexibility for young people aged 16 to 18	6/20/2018 9:15 PM
17	I think this is a good idea as this will offer young people more much needed support.	6/20/2018 6:30 PM
18	Money can be spent better elsewhere like potholes	6/20/2018 2:26 PM

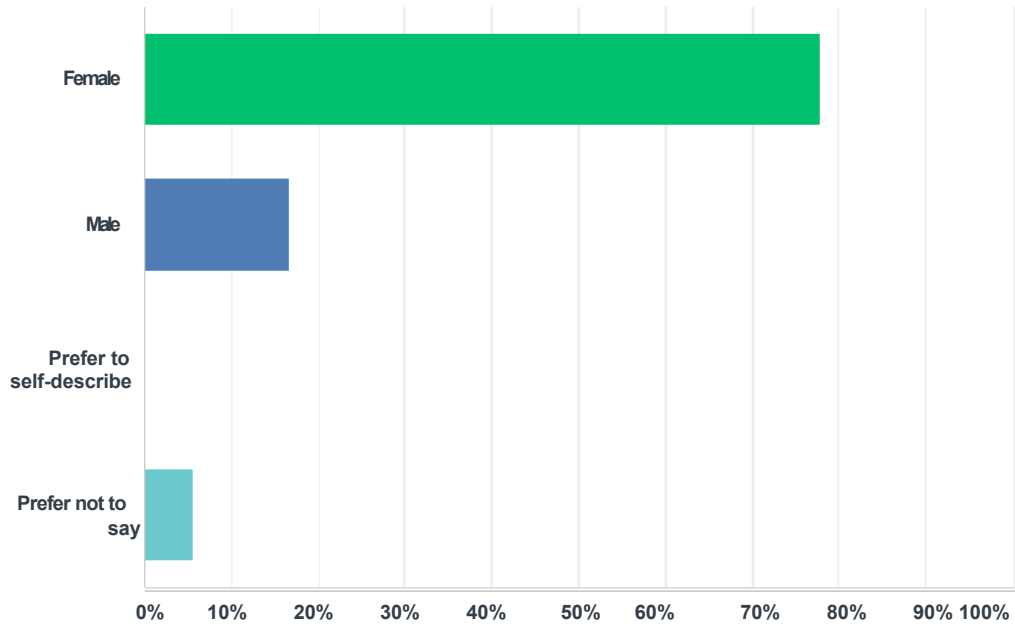
Q6 Do you have any other comments you wish to make about the Shared Lives Service in general? (Please state in the box below)

Answered: 16 Skipped: 14

#	RESPONSES	DATE
1	We like working for Shared lives. They give us valuable support and in turn we feel we give the necessary support to the people we look after.	7/18/2018 7:01 PM
2	The right families need to be approved so they are doing it because they genuinely care about the people they are looking after and not just for the money.	7/15/2018 12:01 PM
3	When it works well Shared Lives is a fantastic option and I have seen brilliant outcomes. However it is becoming increasingly difficult to access as so few carers seem to be recruited. The process is long and due to the lack of numbers of carers the matching process is limited.	7/13/2018 3:33 PM
4	Until more carers are recruited to support the service in all areas I can't see expanding the scheme will be beneficial, as a carer in contact with others in my position I know that they do not get the care support they would like	7/8/2018 12:05 PM
5	all good thanks	7/2/2018 7:15 PM
6	al great thanks	7/2/2018 7:10 PM
7	I think to mix adults with disabilities in with adults leaving care is wrong they are totally separate departments and totally different needs need to be met. Requiring different skills	7/2/2018 5:08 PM
8	I think the service is excellent and a very rewarding job... I do however feel more exposure is needed to promote the service and the pathway more accessible for Parents/Guardians to apply ...	7/2/2018 3:31 PM
9	My daughter loves spending time with her current respite Carer and her family. I do worry though that, although I have asked Shared Lives some time ago for a back up Carer, they as yet haven't come up with anyone. Obviously with the age access being lowered, which will create more demand for placements, it could prove to be even more difficult, to find her a back up Carer.	7/2/2018 12:06 PM
10	Respite care needs looking at. I have just completed a 2 night respite for a service user but in effect I had that person for 2 whole days. There should be some form of day support rate added in somehow, especially when the service user does not access other day services so it's a full day care service we provide aswell	7/2/2018 10:08 AM
11	No	6/21/2018 7:29 PM
12	This service offers an approach that is family oriented with the prospects of a more sensitive and humane option.	6/21/2018 4:00 PM
13	Each band should have a minimum of £9 per hour as they are specialist trained jobs & to get the right person for the job they need incentive & a right to afford to live without benefits to top up their wages.	6/21/2018 1:26 PM
14	All I have heard is that it is a very good scheme	6/20/2018 9:15 PM
15	I support the scheme as it aids people to maintain a good level of independence but with support.	6/20/2018 6:31 PM
16	Should just be abolished.	6/20/2018 2:27 PM

Q7 What best describes your gender?

Answered: 18 Skipped: 12



ANSWER CHOICES	RESPONSES	
Female	77.78%	14
Male	16.67%	3
Prefer to self-describe	0.00%	0
Prefer not to say	5.56%	1
TOTAL		18

Q8 What is your age? (Please state)

Answered: 18

Skipped: 12

#	RESPONSES	DATE
1	72	7/20/2018 2:59 PM
2	57	7/19/2018 9:01 PM
3	50	7/18/2018 7:01 PM
4	63	7/15/2018 12:03 PM
5	56	7/13/2018 3:34 PM
6	64yrs	7/8/2018 12:06 PM
7	55	7/2/2018 7:18 PM
8	54	7/2/2018 5:10 PM
9	57	7/2/2018 4:18 PM
10	55	7/2/2018 3:32 PM
11	77	7/2/2018 12:08 PM
12	53	7/2/2018 10:09 AM
13	44	6/21/2018 7:30 PM
14	70	6/21/2018 4:01 PM
15	41	6/21/2018 1:27 PM
16	64	6/20/2018 9:16 PM
17	61	6/20/2018 6:32 PM
18	45	6/20/2018 2:27 PM

Q9 What is your postcode? (Please state)

Answered: 18 Skipped: 12

#	RESPONSES	DATE
1	M34 5SD	7/20/2018 2:59 PM
2	ST4 1NY	7/19/2018 9:01 PM
3	sk153df	7/18/2018 7:01 PM
4	M34 6LG	7/15/2018 12:03 PM
5	M34 7RT	7/13/2018 3:34 PM
6	M34 6NP	7/8/2018 12:06 PM
7	sk151bp	7/2/2018 7:18 PM
8	M43 6hb	7/2/2018 5:10 PM
9	Sk144tz	7/2/2018 4:18 PM
10	M34	7/2/2018 3:32 PM
11	M34 5QB	7/2/2018 12:08 PM
12	Sk15 2hf	7/2/2018 10:09 AM
13	SK15 1JG	6/21/2018 7:30 PM
14	SK14 1PR	6/21/2018 4:01 PM
15	OL7	6/21/2018 1:27 PM
16	SK16 5DS	6/20/2018 9:16 PM
17	SK142JX	6/20/2018 6:32 PM
18	ol6	6/20/2018 2:27 PM

Q10 What is your ethnic group? (Please tick one box only)

Answered: 18 Skipped: 12

White: English /
Welsh /...

White: Irish

White: Gypsy or
Irish...

Any other
White...

Mixed/multiple
ethnic group...

Mixed/multiple
ethnic group...

Mixed/multiple
ethnic group...

Any other
Mixed/multip...

Asian/Asian
British: Indian

Asian/Asian
British:...

Asian/Asian
British:...

Asian/Asian
British:...

Any other
Asian...

Black/African/C
aribbean/Bla...

Black/African/C
aribbean/Bla...

Any other Black /
Afri...

A r a b

Any other nic
group...

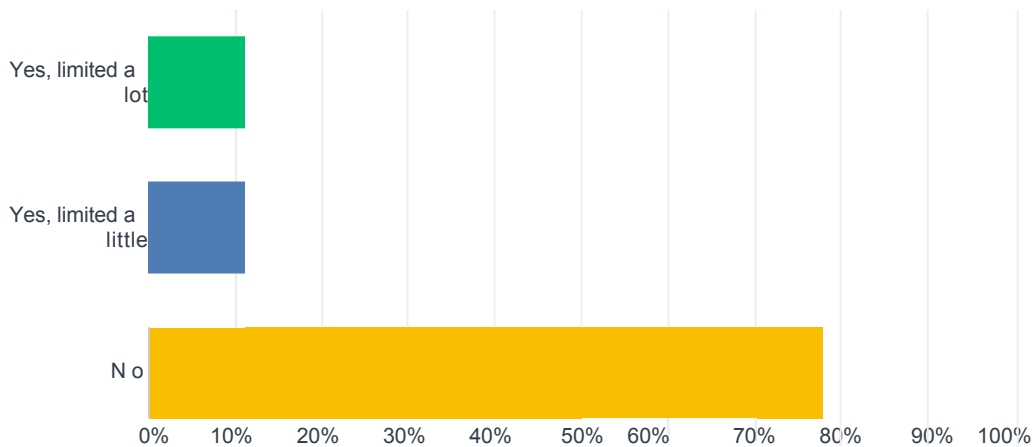


ANSWER CHOICES	RESPONSES	
White: English / Welsh / Scottish / Northern Irish / British	94.44%	17
White: Irish	0.00%	0
White: Gypsy or Irish Traveller	0.00%	0
Any other White background (please specify in the box below)	0.00%	0
Mixed/multiple ethnic groups: White & Black Caribbean	0.00%	0
Mixed/multiple ethnic groups: White & Black African	0.00%	0
Mixed/multiple ethnic groups: White & Asian	0.00%	0
Any other Mixed/multiple ethnic background (please specify in the box below)	0.00%	0
Asian/Asian British: Indian	0.00%	0
Asian/Asian British: Pakistani	0.00%	0
Asian/Asian British: Bangladeshi	0.00%	0
Asian/Asian British: Chinese	0.00%	0
Any other Asian background (please specify in the box below)	0.00%	0
Black/African/Caribbean/Black British: African	0.00%	0
Black/African/Caribbean/Black British: Caribbean	0.00%	0
Any other Black / African / Caribbean background (please specify in the box below)	0.00%	0
Arab	0.00%	0
Any other Ethnic group (please specify in the box below)	5.56%	1
TOTAL		18

#	PLEASE SPECIFY BELOW	DATE
	There are no responses.	

Q11 Are your day-to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. (Please tick one box only)

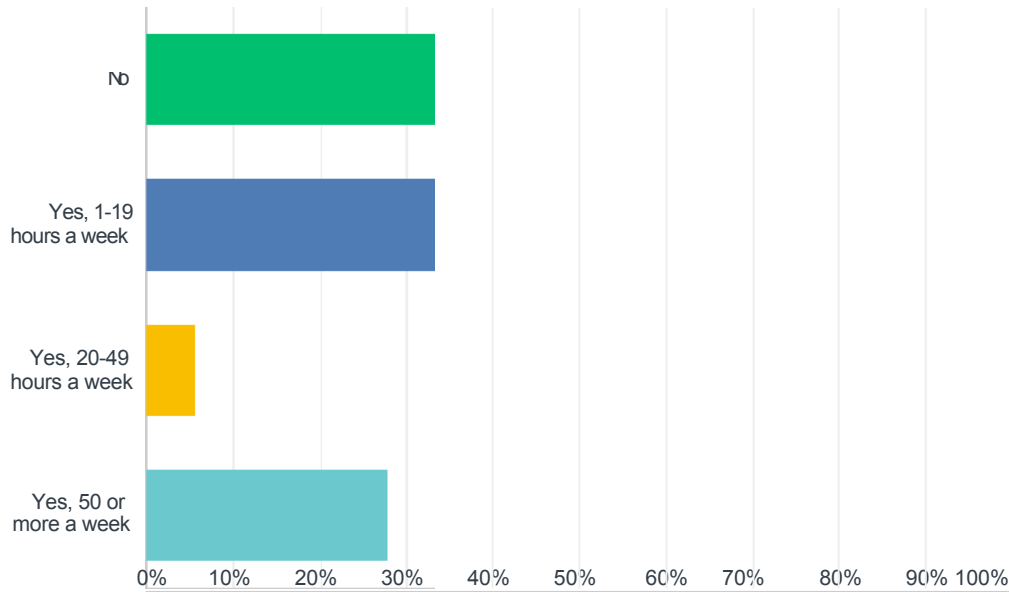
Answered: 18 Skipped: 12



ANSWER CHOICES	RESPONSES	
Yes, limited a lot	11.11%	2
Yes, limited a little	11.11%	2
No	77.78%	14
TOTAL		18

Q12 Do you look after, or give any help or support to family members, friends, neighbours or others because of either long term physical or mental ill-health /disability or problems related to old age? (Please tick one box only)

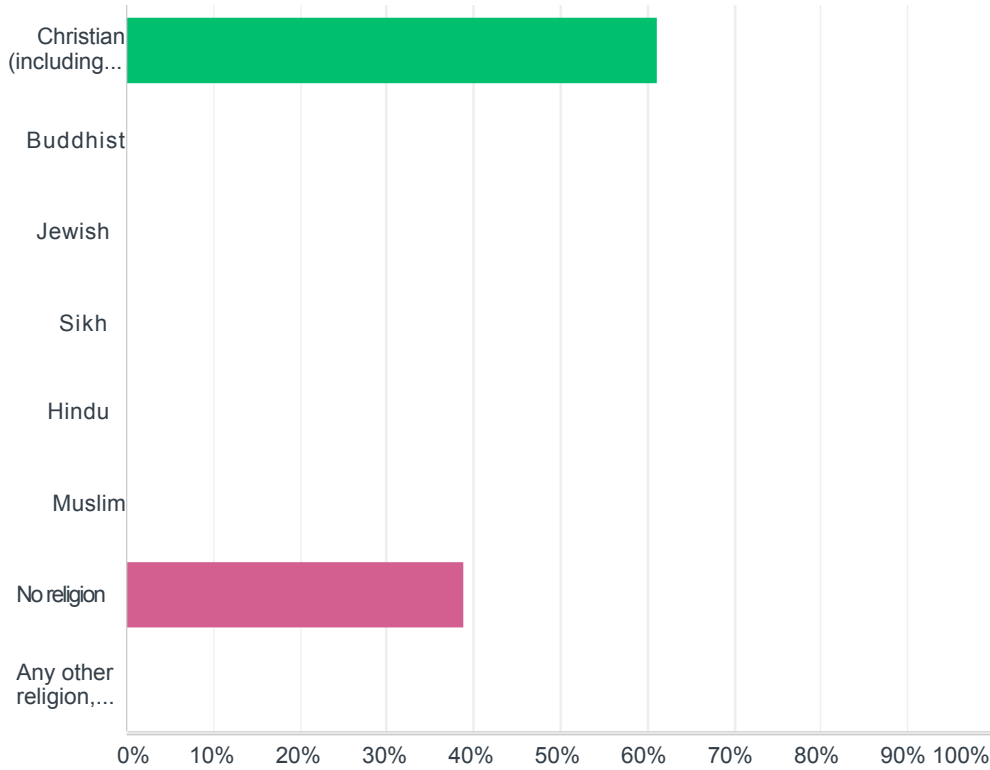
Answered: 18 Skipped: 12



ANSWER CHOICES	RESPONSES	
No	33.33%	6
Yes, 1-19 hours a week	33.33%	6
Yes, 20-49 hours a week	5.56%	1
Yes, 50 or more a week	27.78%	5
TOTAL		18

Q13 What is your religion?

Answered: 18 Skipped: 12

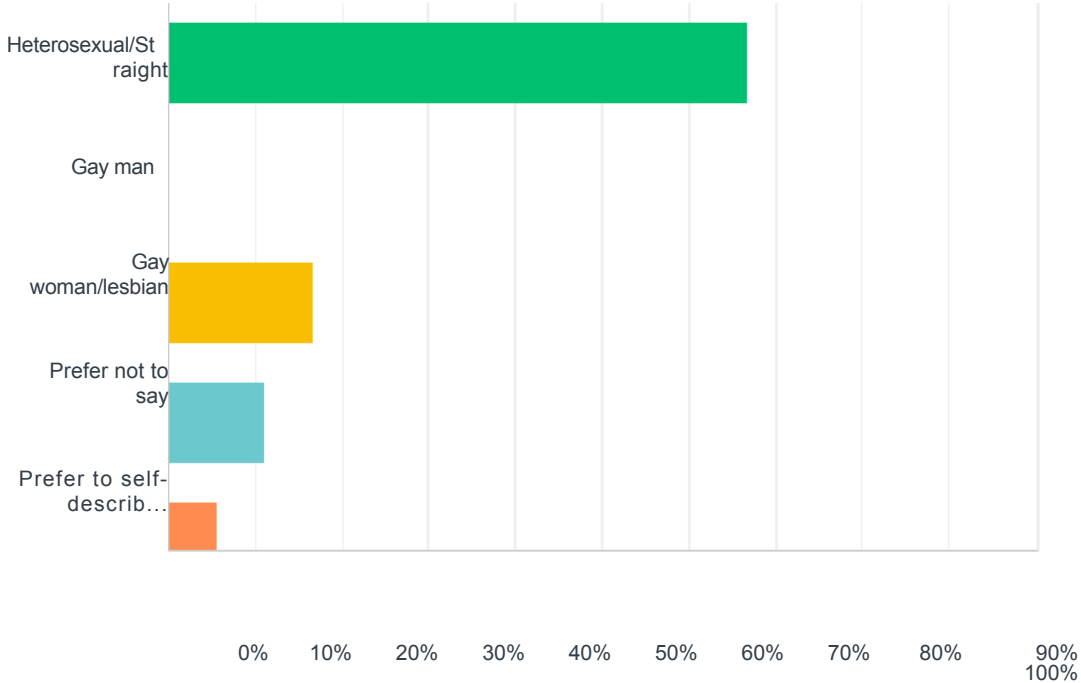


ANSWER CHOICES	RESPONSES	
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	61.11%	11
Buddhist	0.00%	0
Jewish	0.00%	0
Sikh	0.00%	0
Hindu	0.00%	0
Muslim	0.00%	0
No religion	38.89%	7
Any other religion, please state	0.00%	0
TOTAL		18

#	ANY OTHER RELIGION, PLEASE STATE	DATE
	There are no responses.	

Q14 What is your sexual orientation?

Answered: 18 Skipped: 12



ANSWER CHOICES	RESPONSES	
Heterosexual/Straight	66.67%	12
Gay man	0.00%	0
Gay woman/lesbian	16.67%	3
Prefer not to say	11.11%	2
Prefer to self-describe (Please self-describe below)	5.56%	1
TOTAL		18

APPENDIX 3

TAMESIDE & GLOSSOP STRATEGIC COMMISSIONING FUNCTION

EQUALITY IMPACT ASSESSMENT FORM (EIA)

Subject / Title	Shared Lives Scheme Banded Carer Payment and Change of Age.
------------------------	---

Team	Department	Directorate
Shared Lives	Adult Services	People

Start Date	Completion Date
05/02/18	

Project Lead Officer	Mark Whitehead
Contract / Commissioning Manager	Mark Whitehead
Assistant Director/ Director	Sandra Whitehead / Stephanie Butterworth

EIA Group (lead contact first)	Job title	Service
Mark Whitehead	Head of Service	Adults
Alison White	CQC Registered Manager	Shared Lives, Long Term Support and Reablement
Giovanna Surico- Hassall	Team Manager	Shared Lives
Adam Lomas	Assistant Team Manager	Shared Lives
Reyhana Khan	Programme Manager	Transformation Adults

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.

The Initial screening is a quick and easy process which aims to identify:

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon people with a protected characteristic. This should be undertaken irrespective of whether the impact is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

<p>1a.</p>	<p>What is the project, proposal or service / contract change?</p>	<p>Tameside MBC Shared Lives scheme would like to introduce a banded payment system for carers. The use of banded payment systems has been implemented by six of the Greater Manchester boroughs and is seen as national best practice. The banded payment system allows carer payments to be reflective of the level of complexity of care being given.</p> <p>Tameside MBC Shared Lives would also like to lower the age that individuals can access the service from 18+ to 16+ allowing us to improve transition and work with young people leaving care.</p>
<p>1b.</p>	<p>What are the main aims of the project, proposal or service / contract change?</p>	<p>The introduction of a banded payment system will enable the Shared Lives Scheme to develop and expand in the knowledge that service users have different needs. The service users who are referred to the Shared Lives service vary in complexity of needs and levels of support required. These levels of support are currently not reflected in a fixed payment. In order to maximise the opportunities to offer Shared Lives as an option for the widest range of people, there was a need to review the fixed payments that are currently offered to carers, and consider a payment mechanism that is more reflective of the complexity of service users that carers currently support, and could support in the future as we expand our services.</p> <p>The banding system will potentially open the Shared Lives Scheme to people with more complex disabilities, and people with mental health issues who might not previously had the opportunity to be supported in this service.</p> <p>The banding system proposes an increase in carer's payment for respite and day services, and also reflects the degree of assistance provided in the payment system. In terms of attracting carers, an individual's decision to provide differing levels of support is fair and equitable on the basis that payment commensurate to the support provided. Some kind of differential pay system segments the market and should have the effect of attracting a larger number of carers to the role of approved Shared Lives Carers.</p> <p>Tameside MBC Shared Lives would also like to lower the age that individuals can access the service from 18+ to 16+ allowing us to improve transition and work with young people leaving care.</p>

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on any groups of people with protected equality characteristics? Where a direct or indirect impact will occur as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.

Protected Characteristic	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Age	X			Shared Lives Services are targeted at the adults age group (18+)
Disability	X			Service Users for Shared Lives have services commissioned due to qualifying needs, using national eligibility criteria.
Ethnicity			x	Shared Lives Service users come from a range of ethnic backgrounds.
Sex / Gender			X	Shared Lives is not a gender specific service.
Religion or Belief			X	
Sexual Orientation			X	
Gender Reassignment			X	
Pregnancy & Maternity			X	
Marriage & Civil Partnership			X	

Other protected groups determined locally by Tameside and Glossop Single Commissioning Function?

Group (please state)	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Mental Health	X			Shared Lives supports service users with mental health needs
Carers	X			Shared Lives services provide respite for carers.
Military Veterans			X	There are some Shared Lives Carers who are Military Veterans
Breast Feeding			X	

Are there any other groups who you feel may be impacted, directly or indirectly, by this project, proposal or service / contract change? (e.g. vulnerable residents, isolated residents, low income households)

Group (please state)	Direct Impact	Indirect Impact	Little / No Impact	Explanation

Wherever a direct or indirect impact has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
		X	

1e.	What are your reasons for the decision made at 1d?	Proposed service changes have a direct impact on Service users with the protected characteristics of age, disability, mental health and carers.
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If a full EIA is required please progress to Part 2.

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary																											
<p>Tameside MBC Shared Lives aims to create a fair and transparent banded system to align with the best practice. The introduction of a three band system would enable the Shared Lives Scheme to pay carers according to the level of need the service users they support have.</p> <p>The bands will be;</p> <ul style="list-style-type: none"> • Low needs (Band one). • Medium needs (Band two). • Discretionary complex banding for exceptional circumstances (Complex band). <p>It is proposed that banding will be introduced for long term, respite and day support provision. A banding toolkit has been produced, based on national best practice guidelines from Shared Lives Plus, which will support workers and refers to understand which band service users would be allocated to. Following a benchmarking exercise against Greater Manchester and other North West schemes, and consultation with Tameside Finance Team, the following payment bands are being proposed:</p> <p><u>Day Support</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Band One</th> <th style="width: 33%;">Band Two</th> <th style="width: 33%;">Complex Needs</th> </tr> </thead> <tbody> <tr> <td>£7.06 per hour</td> <td>£8.47 per hour</td> <td>£12.71 per hour</td> </tr> <tr> <td>In line with current proposed rate for 18/19.</td> <td>20% premium on band one.</td> <td>50% premium on band 3.</td> </tr> </tbody> </table> <p><u>Respite</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Band One</th> <th style="width: 33%;">Band Two</th> <th style="width: 33%;">Complex Needs</th> </tr> </thead> <tbody> <tr> <td>£45.56 per night</td> <td>£80 per night</td> <td>£110 per night</td> </tr> <tr> <td>In line with current proposed rate for 18/19.</td> <td></td> <td></td> </tr> </tbody> </table> <p><u>Long Term and Interim</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Per week</th> <th style="width: 20%;">Per Annum</th> </tr> </thead> <tbody> <tr> <td>Band One</td> <td>£300</td> <td>£15,600</td> </tr> <tr> <td>Band Two (In line with</td> <td>£405.54</td> <td>£21,088.08</td> </tr> </tbody> </table>	Band One	Band Two	Complex Needs	£7.06 per hour	£8.47 per hour	£12.71 per hour	In line with current proposed rate for 18/19.	20% premium on band one.	50% premium on band 3.	Band One	Band Two	Complex Needs	£45.56 per night	£80 per night	£110 per night	In line with current proposed rate for 18/19.				Per week	Per Annum	Band One	£300	£15,600	Band Two (In line with	£405.54	£21,088.08
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current proposed rate for 18/19.)		
Complex Needs - Rate subject to assessment	£800	£41,600

Shared Lives would also like to lower the age of access to the service from 18+ to 16+. Shared Lives schemes can provide transition arrangements from as early as 16 years old and can start to look at potential matches from 15 years old. CQC and Ofsted have developed guidance to help Shared Lives Schemes to register with CQC for anyone under 18 but not lower than 16. Currently Tameside MBC Shared Lives are unable to accept referrals for service users under the age of 18, however will assess and prepare carers prior to the 18th birthday. Changing the age of service would allow children's services to refer those young people who meet the criteria for adult services at an earlier age easing the transition for both carers and service users. It would also allow for these young people to be introduced to respite carers who may be able to continue their support post 18 or become possible long term carers minimising disruptions.

Changing the service age will allow the service to meet the needs of vulnerable young people leaving care, who would not meet the criteria for adult services, transitioning into adulthood through an alternative model that can provide a period of stability in what is a very turbulent and stressful time. The transition to a Shared Lives placement may allow young people to maintain support in CQC regulated service. Shared Lives plus have made agreements with Ofsted to ensure the regulations are upheld, for those young people who transition to Shared Lives at 16+ will be regulated under the CQC guidelines, allowing them greater independence to develop their skills while still being monitored by a regulated service.

A change in service may also support the attraction of a larger number of prospective carers to meet the varying needs. Some individuals may be attracted to providing support for young people leaving care who may not have previously considered Shared Lives a potential option for them and their family. The expansion of the service to support young people will allow the scheme to develop a targeted recruitment campaign with a focus on supporting young people in their transition to independent adulthood.

There are currently 132 service users accessing the service (as of 20/8/18) and their primary needs are as follows: The Service users access the following services;

<i>Long Term Placements</i>	34
<i>Short term/ Respite Placements</i>	29
<i>Day Support Placements</i>	58
<i>Receive Short Stay & Day Support</i>	11

The Scheme currently has :

<i>Approved Carers</i>	93
<i>Prospective Carers Undergoing assessment</i>	5

2b. Issues to Consider

The Tameside MBC Shared Lives service considered the appropriate legislation relevant to the decision. The service explored the partnership working which would be required with children's services when working with those who are 16+. A Path day was held with relevant stakeholders from Children's and Adults services to explore the key issues. We also consulted with Shared lives Plus and received advice and guidance from their Development Officer for Young People Leaving Care. Tameside are provisionally accepted onto a Department of Education pilot project and have attended seminars with partner schemes from across the country. There has also been agreement

between CQC and OSTED that young people accessing Shared Lives services from the age of 16 will come under CQC regulations so Shared Lives will not need to undergo assessment via OFSTED.

Agreement has been made via Tameside MBC training and development for Shared Lives Carers who wish to work with young people to access specialist training available to foster carer. A mandatory training list has been completed. It has also been agreed that all carers who wish to complete this work will have additional DBS clearance for working with Children as part of their approval. Shared Lives has taken inspiration from other services nationally who are have implemented this policy and have been successfully supporting the young people of their locality, e.g Telford. These schemes have shared information and resources to support the implementation in Tameside.

Consideration has also been given to the financial impacts of implementing changes to the Scheme. These are highlighted within the report, however the key financial consideration is towards future cost avoidance by offering early service intervention and supporting service users to maintain positive supportive relationships in transition from Children's Services to Adult Services.

- Increased demand for the service, increase cost to deliver...?
- Banding will only attract people wanting to work with complex service users for higher payment.
- Attracting more carers for complex needs, and for younger service users aged 16-18

2c. Impact

Positive impacts on the following characteristics of Age, disability, mental health and carers have been identified.

- There are direct impacts on these areas but from evidence shown the proposed policy changes will be positive.
- Fairer payment system for carers, and in line with national Shared Lives Service recommendation.
- Increasing support for borough to care for people in a family environment, supporting people to stay as independent as possible closer to home.
- Improved outcomes for service users, including those young people going through transition.

The proposed changes to the Shared Lives service will also support the Greater Manchester transformation for Shared Lives. The proposed changes to the service align with the expansion plan for Shared Lives as a regional approach. The action plan completed in partnership with all GM regions proposes expanding the usage of Shared Lives for people with complex needs and proposing a banded system to support the recruitment of Carers. Within GM six boroughs have already implemented a banded payment system and it is proposed that all areas move to banded payments for carers.

2d. Mitigations (Where you have identified an impact, what can be done to reduce or mitigate the impact?)

<p><i>Impact 1</i></p> <p><i>General positive impact</i></p>	<p>Proposed changes to the service will increase the ability for residents of the borough from all service user areas. It allows Shared Lives carers to have increased flexibility and control over the level of support they provide and creates a fairer system of reimbursement for the support they provide.</p> <p>The changes will also propose an alternative accommodation and support option for young people with disabilities and those leaving care.</p> <p>The proposed changes are in line with the council, and services aims and objectives, as well as the wider health and social care integration programme that we are working alongside to deliver. It is aligned to Greater Manchester's Health and Social Care and GM Adult Social Care Transformation Programmes.</p>
<p><i>Impact 2</i></p> <p><i>Shift towards more complex rather than low needs</i></p>	<p>There is potential that Shared Lives Carers will only take on more complex cases for more payment. Meaning that established placements will not be accessible due to carers looking for more complex work.</p> <p>Shared Lives carers come from a diverse range of backgrounds, and possess a differing range of skills. When completing recruitment drives The Shared Lives service has an open recruitment policy to attract the most diverse range of carers possible.</p> <p>The role of a Shared Lives carer is flexible so potential carers are able to provide support which fits around their family and personal circumstances. This leads to a diverse carer team who meet the differing needs of the individuals of the borough. The introduction of a banded system will support the recruitment of carers from all of these ranges, combined with targeted recruitment cycles when appropriate.</p> <p>Throughout the process of exploring a banded system, carers have been consulted and the responses from the consultations are that carers who have established relationships want these to continue, and do not plan to break their arrangements.</p>

<p><i>Impact 3</i></p> <p><i>Increased demand on the services.</i></p>	<p>Increased demand due to banding system and expansion of service to people aged 16+.</p> <p>More engagement and communication, further recruitment drives, and more targeted recruitment to attract more carers to the service – whether that is to for carers to support people with more complex needs or for carers to support people aged 16+. Close monitoring of demand for the service will be continued, and campaigns can be planned around predicted demand.</p> <p>When completing recruitment drives The Shared Lives service has an open recruitment policy to attract the most diverse range of carers possible.</p> <p>Furthermore, the service will continue to monitor staffing levels and caseloads to ensure that if demand for the service increases, the benefits are captured, and a full business case process is followed to be able to request increased resources to expand the service in line with demand. As interim measures, the Shared Lives team can recruit temporary workers to increase team capacity to meet the expansion needs as a short term solution.</p>
<p><i>Impact 4</i></p> <p><i>Carers may need additional skills and training to take on caring for younger people</i></p>	<p>Shared Lives has liaised with the training and development team within Tameside MBC. There has been agreement that Shared Lives carers who wish to work with young people from 16+ have access to the specialist training and support that is provided to foster carers. This can be added to the mandatory training for Shared Lives carers who wish to undertake this role.</p> <p>Any further training needs will be considered per carer and service user requirements and needs.</p>
<p><i>Impact 5</i></p> <p><i>Additional legislation and expectations from children's services.</i></p>	<p>Shared Lives Plus has worked with CQC and OFSTED that states that young people leaving care who enter into Shared Lives agreements will fall under the regulation of CQC. This allows for young people to be in a transitional placement moving them towards Adulthood.</p> <p>Shared Lives has also began working with children's services to explore the provision for young people and create joint working agreements to allow Children's social workers to maintain their responsibilities under the Children Act.</p>

<p>2e. Evidence Sources</p>
<ul style="list-style-type: none"> • Shared Lives Consultation report re the proposed changes. • Monthly reporting records. • Path Day. • Shared Lives Plus Young Persons Project Seminars. • Greater Manchester Action Plan. • Greater Manchester costing benchmarking.

2f. Monitoring progress		
Issue / Action	Lead officer	Timescale
<i>Monthly reporting returns</i>	<i>Alison White</i>	<i>monthly</i>
<i>Training Schedule</i>	<i>Adam Lomas</i>	<i>Completed</i>

Signature of Contract / Commissioning Manager	Date
Signature of Assistant Director / Director	Date

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