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STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 27 March 2019
Time: 1.00 pm
Place: Lesser Hall 2 - Dukinfield Town Hall

Item No.	AGENDA	Page No
1.	WELCOME AND APOLOGIES FOR ABSENCE	
2.	URGENT ITEMS OF BUSINESS 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.	
3.	ITEM FOR EXCLUSION OF PUBLIC AND PRESS To determine any items on the agenda, if any, where the public are to be excluded for the meeting.	
4.	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Strategic Commissioning Board.	
5.	MINUTES To receive the Minutes of the previous meeting held on 13 February 2019.	1 - 8
6.	FINANCIAL CONTEXT	
a)	INTEGRATED COMMISSION FUND CONSOLIDATED REVENUE POSITION M10 To consider the attached report of the Director of Finance.	9 - 60
7.	COMMISSIONING FOR REFORM	
a)	YOUNG PEOPLES EMOTIONAL WELLBEING SERVICE To consider the attached report of the Director of Population Health.	61 - 84
b)	CHILDREN'S EMOTIONAL HEALTH AND WELL-BEING LOCAL TRANSFORMATION PLAN To consider the attached report of the Interim Director of Commissioning.	85 - 112
c)	CHILDREN'S ENURESIS SERVICES PROVISION IN GLOSSOPDALE To consider the attached report of the Interim Director of Commissioning.	113 - 118

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Linda Walker, Senior Democratic Services Officer, to whom any apologies for absence should be notified.

Item No.	AGENDA	Page No
d)	STARTING POINT SERVICE - GLOSSOP CONTRIBUTION To consider the attached report of the Interim Director of Commissioning.	119 - 126
e)	HOUSING FINANCIAL ASSISTANCE POLICY 2018-2023 To consider the attached report of the Executive Leader and the Director of Growth.	127 - 196
f)	DEVELOPING PLACE-BASED PRIMARY CARE NETWORKS IN TAMESIDE AND GLOSSOP To consider the attached report of the Interim Director of Commissioning.	197 - 208
g)	ASSISTED CONCEPTION PROCUREMENT To consider the attached report of the Interim Director of Commissioning.	209 - 216
8.	DATE OF NEXT MEETING To note that the next meeting of the Strategic Commissioning Board will take place on Wednesday 24 April 2019.	

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Linda Walker, Senior Democratic Services Officer, to whom any apologies for absence should be notified.

STRATEGIC COMMISSIONING BOARD

13 February 2019

Commenced: 1.00 pm

Terminated: 2.20 pm

Present:

Dr Alan Dow (Chair) – NHS Tameside and Glossop CCG
Councillor Brenda Warrington – Tameside MBC
Councillor Bill Fairfoull – Tameside MBC
Councillor Warren Bray – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Councillor Oliver Ryan – Tameside MBC
Steven Pleasant – Tameside MBC Chief Executive and Accountable
Officer for NHS Tameside and Glossop CCG
Dr Christine Ahmed – NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Dr Ashwin Ramachandra – NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG

In Attendance:

Richard Hancock – Director of Children’s Services
Kathy Roe – Director of Finance
Sandra Stewart – Director of Governance
Jeanelle De Gruchy – Director of Population Health
Jessica Williams – Interim Director of Commissioning
Maggie Murdoch – Lay Advisor for Public and Patient Involvement
Simon Brunet – Head of Policy, Performance and Intelligence
Trevor Tench – Service Unit Manager, Joint Commissioning
Ali Rehman – Integrated Performance and Intelligence Manager
Lynne Jackson – Quality Lead Manager

Apologies for Absence:

Councillor Allison Gwynne – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Dr Jamie Douglas – NHS Tameside and Glossop CCG

92. DECLARATIONS OF INTEREST

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

93. MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 23 January 2019 were approved as a correct record.

94. CORPORATE PLAN

Consideration was given to a report of the Executive Leader / Assistant Director (Policy, Performance and Communications) providing an update on the development of the Tameside and Glossop Corporate Plan, the high level objectives contained within and the framework and system architecture proposed to enable and assess effective delivery.

Set out across the life course, the Plan covered a seven year time frame (2019-2026) and reflected the importance of a vibrant place and economy in delivering aspirations for Tameside and Glossop. The document also set out a series of principles underpinning the delivery of the strategy which would be subject to further refinement through implementation groups and Boards.

It was proposed that this high level vision would be supported by a detailed implementation plan grouped into:

- Starting Well;
- Living Well;
- Vibrant Economy;
- Great Place;
- Ageing Well.

Each of these strands would be directed and supported by a Board and a separate implementation group and an example of how this would work through for the Starting Well strand of the Corporate Plan was highlighted.

An initial populated draft of a high level scorecard, attached to the report at Appendix 3, would be further refined and developed as each of the implementation groups and Boards were established. The scorecard would be reported to the Strategic Commissioning Board on a quarterly basis.

It was proposed that this high level document would form the basis of a conversation with the partners, key stakeholders and public, primarily through the Partnership Engagement Network, about how the plan would be delivered.

RESOLVED

That the Tameside and Glossop 'Our People, Our Place, Our Plan', be approved for formal adoption by the Strategic Commissioning Board.

95. BUDGET CONVERSATION 2019/20

Consideration was given to a report of the Executive Leader and Director of Governance and Pensions, providing the findings from the conversation on the 2019/20 budget for the Tameside and Glossop Strategic Commission (Tameside MBC and NHS Tameside and Glossop Clinical Commissioning Group). The Strategic Commission continued to face major financial challenges with savings of £70 million required over the next five years.

The Budget Conversation approach supported the public (local residents, businesses, patients and service user) in understanding the tough choices and decisions required when shaping the Strategic Commission budget and also to understand the public's priorities. The engagement took the form of a conversation with the public on providing sustainable public services for the future, and encouraging residents to see themselves as citizens, not just consumers of services. The public were encouraged to leave comment and feedback through the Big Conversation including ideas and suggestions for saving money and improving services. The conversation had also been undertaken via attendance at existing meetings / forums supported by an extensive communications campaign.

The key headlines from the Budget Conversation 2019/20 were:

- Undertaken between 5 December 2018 and 29 January 2019.
- Information on the Budget Conversation was directly e-mailed to over 15,500 individual contracts.
- Information was shared directly with over 115 groups / networks.
- Over 100 Budget Conversation social media posts reached followers almost 90,000 times.
- A total of 731 engagements based on:
 - 501 survey responses;
 - 211 contacts at dedicated engagement, drop-in sessions and other meetings;
 - 17 e-mails;
 - 2 letters in The Reporter.

- The full list of key themes emerging from the survey in response to the following two questions were detailed in Appendix A to the report:
 - What do you think should be the spending priorities for the Tameside and Glossop Strategic Commission in 2019/20 and future years?
 - Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?

The findings from the budget conversation exercise would be used, in conjunction with other considerations, to inform the Council's budget setting process. Feedback on the results would also be provided to the public, staff, partners and engaged groups and a summary infographic report produced and shared on Tameside Council's and the Clinical Commissioning Group's website.

RESOLVED

That the content of the report be noted.

96. STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST - CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 31 DECEMBER 2018 AND FORECAST TO 31 MARCH 2019

The Director of Finance presented a report providing an overview on the financial position of the Tameside and Glossop economy in 2018/19. For the year to 31 March 2019, the report forecast that service expenditure would exceed the approved budget in a number of areas due to a combination of cost pressures and non-delivery of savings. These pressures were being partially offset by additional income and contingency which might not be available in future years.

The Strategic Commission was currently forecasting that expenditure for the Integrated Commissioning Fund would exceed budget by £0.4m by the end of 2018/19 due to a combination of non-delivery of savings and cost pressures in some areas. This forecast represented a further improvement on the position reported in prior periods but masked a number of significant cost pressures including a forecast overspend in excess of £7m in Children's Services. This increase in the projected variation since the previous reporting period was primarily related to third party placements expenditure.

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

RESOLVED

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

97. QUALITY ASSURANCE REPORT

The Director of Quality and Safeguarding presented a report providing the Strategic Commissioning Board with assurance that robust quality assurance mechanisms were in place monitoring the quality of the services commissioned. It also highlighted any quality concerns and provided assurance as to the action being taken to address such concerns.

In particular, it was noted that there had been significant improvement in the percentage of care homes as good and outstanding for the Tameside and Glossop locality and this progress had been acknowledged by the GM Partnership in a recent Quarter 3 meeting. Currently there was only one operational home within the Tameside and Glossop locality with an inadequate rating.

The Tameside and Glossop Integrated Care Foundation Trust continued to investigate the reasons for the increase in both the Summary Hospital-level Mortality Indicator and the Hospital Standardised Mortality Rate and were working in partnership with a peer Trust. No concerns had been identified regarding the quality of care provided. Hypotheses that the increase potentially related to coding of sepsis but also some early concerns that the number of patients opting out of their GP data being shared could also be impacting on the position. These issues were being explored further.

RESOLVED

That the content of the Quality and Assurance update report be noted.

98. PERFORMANCE UPDATE

The Assistant Director (Policy, Performance and Communications) presented a report providing the Strategic Commissioning Board with a Health and Care performance update at February 2019. The Health and Social Care dashboard was attached at Appendix 1 to the report and the measures for exception reporting and those on watch were highlighted as follows:

EXCEPTIONS (areas of concern)	1	A&E- 4 hour Standard
	3	Referral To Treatment-18 Weeks
	11	Cancer 62 day referral to treatment
	40	Direct Payments
	45	65+ at home 91days
ON WATCH (monitored)	7	Cancer 31 day wait
	11	Cancer 62 day wait from referral to treatment
	41	Learning Disability service users in paid employment

Reference was made to updates on issues raised by Members of the Board which were outside the Health and Care Dashboard and other data or performance issues that the Strategic Commissioning Board needed to be aware of relating to:

- NHS 111;
- 52 Week Waiters;
- A&E at Manchester University Hospital NHS Trust;
- Elective Waiting Lists.

RESOLVED

That the content of the performance update report be noted.

99. ENGAGEMENT UPDATE

Consideration was given to a report of the Executive Leader, the Lay Advisory for Public and Patient Involvement and Assistant Director (Policy, Performance and Communications) providing an assurance update on the delivery of engagement and consultation activity in 2018. The work was undertaken jointly by both Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group as the Strategic Commission and supported by a single integrated team. Engagement was relevant to all aspects of service delivery, all communities and wider multi-agency partnership working. The approach was founded on a multi-agency conversation about 'place shaping' for the future prosperity of the area and communities.

The key headlines were reported as follows:

- Facilitated over 30 thematic Tameside and / or Glossop engagement projects.
- Received over 5,000 engagement contacts (excluding attendance at events / drop-ins).
- Delivered four Partnership Engagement Network conferences attended by nearly 300 delegates.
- Supported 19 engagement projects at the Greater Manchester level.
- Promoted 31 national consultations where the topic was of relevance to and / or could have an impact on Tameside and Glossop.
- Agreed and implemented a Tameside and Glossop Engagement Strategy (which was co-designed with the Partnership Engagement Network).
- Achieved Green Star (including four out of five domains as outstanding) in the public and patient participation Improvement and Assessment Framework.
- Undertook the first joint budget consultation exercise for Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group.
- Established the Partnership Engagement Network family, a database of residents, patients and stakeholders who received a monthly digest of all live engagement and consultation for them to access from one place.

The Lay Advisor for Public and Patient Involvement made reference to a recent successful event where 50 plus delegates were in attendance including members of the public, patients and representative from the voluntary and community sector.

In conclusion, it was reported that NHS North West and NHS England had asked Tameside and Glossop to showcase its approach at a number of Improvement and Assessment Framework workshops and webinars to help areas prepare for this year's assessment.

The Board commented favourably on the approach outlined in the report and the significant amount of work that had been undertaken effectively and efficiently.

RESOLVED

That the content of the report be noted and the ongoing delivery of engagement activity across the Strategic Commission be supported.

100. INVESTMENT IN A NEW EARLY HELP IT SOLUTION

The Executive Member (Children's Services) and Director of Children's Services presented a report advising that the Early Help service did not currently benefit from a dedicated Early Help IT system and consequently operated on an IT Social Care system, which did not support the objectives of Early Help.

It was explained that the current system was not designed specifically around the Early Help operating model, and although adjustments had been made to accommodate the requirements of Early Help, there were significant limitations centred around the system's inability to support multi-agency access, an approach that the Council had a clear commitment to. Whilst it was possible to maintain the status quo, this would directly and detrimentally impact on the ability of the service to deliver a number of strategic objectives in their improvement plan.

Reference was made to the benefits of the proposed investment in a new Early Help IT solution were outlined including the following:

- Invest to save to reduce demand on social care;
- Effective case management;
- Multiple agency access;
- Increased capacity in service;
- Improved management information;

- Early Help Assessments (CAFs) in a single database.

A summary of the proposed investment for Years 1 to 5 of the system implementation, funded via additional base budget that would be allocated to the Governance and Pensions directorate from year one 2019/20, was detailed in Appendix A to the report.

RESOLVED

- (i) **That approval be given to a £0.204 million (year one) investment in the procurement of an Early Help IT system and the financing arrangements for the licensing and support of this IT solution.**
- (ii) **That approval be given to the additional staffing resource and costs required to ensure that the system was implemented and maintained appropriately from year two onwards at a cost of £0.101 million, increasing by inflation each year thereafter.**

101. PROPOSAL TO CONSULT WITH KEY STAKEHOLDERS AND INDIVIDUALS ON CHANGING MANUAL HANDLING ASSESSMENT

Consideration was given to a report of the Executive Leader and Director of Adult Services seeking permission to consult with key stakeholders and individuals on changing the manual handling policy with a view to subsequently seeking authorisation to proceed with the establishment of a single handed care team for an initial two year period.

A number of local authorities had used and championed single handed care over recent years and the approach and real-life evidence had demonstrated that individuals were able to manage well with lone carers and preferred the flexibility this provided. Many people wished to participate in their care and preferred the one-to-one relationship that single carer packages afforded them.

Providers had been consistent in highlighting the difficulties they routinely faced providing staff to undertake transfer risk assessed as requiring two staff. One of the most significant impacts of this was delayed hospital discharge.

In addition, there were clearly financial benefits across the health and social care economy by embracing a comprehensive switch to single handed care, principally in the number of home care hours commissioned.

It was intended to establish a community based single handed care team, initially of a two year fixed term basis, with close links to the Hospital and other services that would have the sole function of embedding safe, single handed care, as normal practice across all sectors within the Tameside MBC footprint.

It was proposed that consultation would take place for a six week period from mid-February 2018 with those people currently affected by the proposal and potential service users who could be affected in the future. The consultation would be undertaken in two ways:

- On-line, utilising the Big Conversation;
- A questionnaire by all six support at home providers with people they supported currently requiring double handed care.

In conclusion, it was stated that the proposal was consistent with the overall aims of the Council, the wider Care Together programme and the GM Transformation programme. The proposal would deliver savings whilst also building capacity in home care and assisting with the planned reduction in residential and nursing placement. Additionally, it would help providers co-produce and deliver more person centred / outcomes focused care and support.

In response to assurances sought by the Board, the process for providers accessing the new equipment was outlined and current service users would have their support reviewed on a case by case basis.

RESOLVED

That approval be given to a consultation exercise being undertaken from mid-February to mid-April 2019 with current service users directly affected by the proposed change of policy and practice, potential service users, and the general public to seek their views.

102. DATE OF NEXT MEETING

To note that the next meeting of the Strategic Commissioning Board will take place on Wednesday 27 March 2019.

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Report to: STRATEGIC COMMISSIONING BOARD

Date: 27 March 2019

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

Subject: STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST – CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 31 JANUARY 2019 AND FORECAST TO 31 MARCH 2019

Report Summary: As at 31 January 2019 the Integrated Commissioning Fund is forecasting to spend £583.270m against an approved budget of £583.258m, an over spend of £0.012m. Further detail on the economy wide position is included at **Appendix 1**. This forecast is an improved position from the previous month but masks significant and increased pressures in a number of areas, including Children’s Services which is now forecasting expenditure to be £8m in excess of budget. Further detail is included at **Appendix 2**.

The improved position is due mainly to the release of corporate contingency and improvements in the forecast position for Governance, Growth and Operations & Neighbourhoods. Further detailed analysis of budget performance and progress against savings is included in **Appendix 2**.

The Council’s Collection Fund update for month 10 is detailed in **Appendix 3**. The forecast position at month 10 is a £0.6m deficit on Council Tax and £1.0m deficit on Non-Domestic Rates (NDR). This is better than the budgeted assumptions, which assumed deficit positions of £1.8m and £5m respectively. The level of provisions required for non-collection and appeals are also forecast to be better than expected but will continue to be monitored.

Appendix 4 details the Council’s irrecoverable debts over £3,000 that have been written off in the period October to December 2018.

Recommendations: Strategic Commissioning Board Members are recommended to:

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.

Financial Implications: This report provides the 2018/19 consolidated financial position statement at 31 January 2019 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.

The report emphasises 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.

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)	Given the implications for each of the constituent organisations this report will be required to be presented to the decision making body of each one to ensure good governance.
How do proposals align with Health & Wellbeing Strategy?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Health and Wellbeing Strategy
How do proposals align with Locality Plan?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Locality Plan
How do proposals align with the Commissioning Strategy?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Strategic Commissioning Strategy
Recommendations / views of the Health and Care Advisory Group:	A summary of this report is presented to the Health and Care Advisory Group for reference.
Public and Patient Implications:	Service reconfiguration and transformation has the patient at the forefront of any service re-design. The overarching objective of Care Together is to improve outcomes for all of our citizens whilst creating a high quality, clinically safe and financially sustainable health and social care system. The comments and views of our public and patients are incorporated into all services provided.
Quality Implications:	As above.
How do the proposals help to reduce health inequalities?	The reconfiguration and reform of services within Health and Social Care of the Tameside and Glossop economy will be delivered within the available resource allocations. Improved outcomes for the public and patients should reduce health inequalities across the economy.
What are the Equality and Diversity implications?	Equality and Diversity considerations are included in the re-design and transformation of all services
What are the safeguarding implications?	Safeguarding considerations are included in the re-design and transformation of all services
What are the Information Governance implications? Has a privacy impact	There are no information governance implications within this report and therefore a privacy impact assessment has not been carried out.

assessment been conducted?

Risk Management: Associated details are specified within the presentation


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

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 e-mail: David.Warhurst@tgh.nhs.uk

1. BACKGROUND

- 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 January 2019 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 £583.258 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 As at 31 January 2019 the Integrated Commissioning Fund is forecasting to spend £583.270m against an approved budget of £583.258m, **an over spend of £0.012m**. This forecast is a significantly improved position from the previous month but masks significant and increased pressures in a number of areas, including **Children's Services which is now forecasting expenditure to be £8m in excess of budget**.
- 2.2 The improved position is due mainly to the release of corporate contingency and improvements in the forecast position for Governance, Growth and Operations & Neighbourhoods. Further detailed analysis of budget performance and progress against savings is included in **Appendix 2**.
- 2.3 The attached Month 10 Integrated Finance report provides an overview of the financial position across the economy as a whole. **Appendix 2** provides detailed analysis for all service areas in the Strategic Commission.

3. COLLECTION FUND MONITORING AND IRRECOVERABLE DEBTS

- 3.1 The Collection Fund is a statement that reflects the statutory obligation of the Council as the billing authority to maintain a separate Collection Fund. The Collection Fund statement shows the Council's transactions in relation to the collection from taxpayers of Council Tax and Non-Domestic Rates (NDR) and its distribution to the relevant preceptors and Central Government
- 3.2 **Appendix 3** to this report provides a summary of the Council's month 10 Collection Fund monitoring. The forecast position at month 10 is a £0.6m deficit on Council Tax and £1.0m deficit on NDR. The level of provision required for non-collection and appeals will have a significant impact on the outturn position and will continue to be monitored
- 3.3 **Appendix 4** details the Council's irrecoverable debts over £3,000 that have been written off in the period October to December 2018.

4. RECOMMENDATIONS

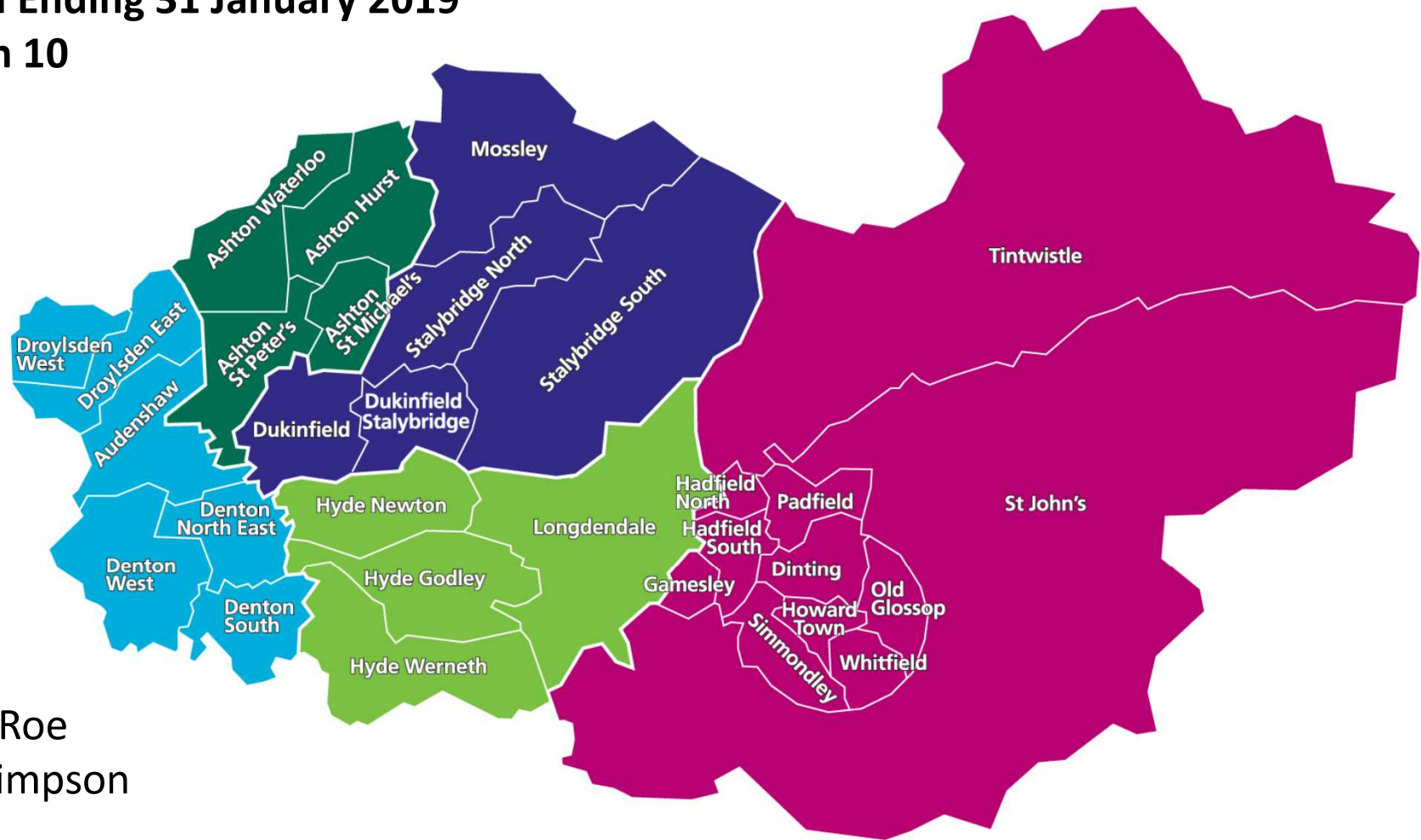
5.1 As stated on the front cover of the report.

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Tameside and Glossop Integrated Financial Position

financial monitoring statements

Period Ending 31 January 2019
Month 10



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Kathy Roe
Sam Simpson

Period Ending 31 January 2019

Appendix 1 Contents:

Integrated Financial Position Summary Report

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Appendix 2 – Detailed Service Budget Analysis

Appendix 3 – Collection Fund Update

Appendix 4 – Irrecoverable debt write offs

Tameside & Glossop Integrated Economy Wide Financial Position

£8m

Children's Services

Unprecedented levels of demand in Children's Social Care continue and place significant pressures on staff and resources.

Placement costs are the main driver of the forecast £8m in excess of approved budget.

Message from the DOFs

As we move into the final 2 months of the financial year, the economy wide financial position has improved but the overall picture remains mixed with significant challenges in some areas.

Delivery of further savings and the release of contingencies has resulted in an improvement in the forecast outturn position. However, this improved overall position masks continuing pressures due to the non delivery of savings in some areas, and a further significant deterioration in Children's Services where the forecast overspend has increased from £7.2m to £8m in excess of approved budget. Further details of the key drivers behind this are included at Appendix 2.

Alongside delivery of in year savings, the focus continues to be on the identification of savings to deliver a balanced position for 2019/20 and beyond. Proposed savings will continue to be subject to scrutiny through the 'Star Chamber' process and regular updates will be provided on a periodic basis.

£0.4m

Strategic Commission Forecast

Overall forecast outturn for the Strategic Commission has improved by £0.4m. This is due predominantly to delivery of savings and release of contingencies.

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This report covers all spend at Tameside & Glossop Clinical Commissioning Group (CCG), Tameside Metropolitan Borough Council (TMBC) and Tameside & Glossop Integrated Care Foundation Trust (ICFT). It does not capture any Local Authority spend from Derbyshire County Council or High Peak Borough Council for the residents of Glossop.

	Forecast Position			Variance	
	Budget	Forecast	Variance	Previous Month	Movement in Month
CCG Expenditure	396,744	396,744	0	0	0
TMBC Expenditure	186,514	186,526	(12)	(449)	437
Integrated Commissioning Fund	583,258	583,270	(12)	(449)	437
ICFT - post PSF Agreed Deficit	(19,148)	(19,148)	0	0	0
Economy Wide In Year Deficit	(19,148)	(19,160)	(12)	(449)	437

Tameside & Glossop Integrated Commissioning Fund

As at 31 January 2019 the Integrated Commissioning Fund is forecasting net spend £583.270m against an approved net budget of £583.258m, with a slight **overspend of £12k**. This forecast is a significantly improved position from the previous month but masks significant and increased pressures in a number of areas, including **Children's Services** which is **now forecasting expenditure to be £8m in excess of budget**. The improved position is due mainly to improvements in the forecast position for the majority of TMBC areas with the exception of Childrens Services.

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
Acute	202,819	0	202,819	203,559	(740)	(867)	127
Mental Health	32,618	0	32,618	33,236	(618)	(657)	39
Primary Care	82,840	0	82,840	82,252	588	504	85
Continuing Care	14,118	0	14,118	16,286	(2,168)	(2,419)	251
Community	29,976	0	29,976	30,189	(213)	(185)	(28)
Other CCG	29,159	0	29,159	26,007	3,151	3,624	(473)
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0
CCG Running Costs	5,214	0	5,214	5,214	0	0	0
Adults	82,653	(42,172)	40,480	40,252	228	204	24
Children's Services	46,814	(3,051)	43,763	51,761	(7,998)	(7,189)	(809)
Education	31,212	(25,644)	5,567	5,623	(56)	(273)	217
Individual Schools Budgets	114,919	(114,919)	0	0	0	0	0
Population Health	16,912	(680)	16,232	15,853	379	72	307
Operations and Neighbourhoods	76,782	(26,448)	50,333	50,746	(412)	(932)	520
Growth	42,705	(34,860)	7,846	9,804	(1,958)	(2,410)	452
Governance	88,704	(79,887)	8,818	7,128	1,690	1,101	589
Finance & IT	6,103	(1,550)	4,553	4,147	406	290	116
Quality and Safeguarding	367	(288)	79	71	8	(15)	23
Capital and Financing	10,998	(1,360)	9,638	7,852	1,786	1,580	206
Contingency	4,163	(6,823)	(2,660)	(6,246)	3,586	5,052	(1,466)
Corporate Costs	8,721	(6,857)	1,865	(464)	2,328	2,071	257
Integrated Commissioning Fund	927,797	(344,539)	583,258	583,270	(12)	(449)	437
CCG Expenditure	396,744	0	396,744	396,744	0	0	0
TMBC Expenditure	531,053	(344,539)	186,514	186,526	(12)	(449)	437
Integrated Commissioning Fund	927,797	(344,539)	583,258	583,270	(12)	(449)	437

Tameside & Glossop Integrated Commissioning Fund

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
CCG Expenditure	396,744	0	396,744	396,744	0	0	0
TMBC Expenditure	531,053	(344,539)	186,514	186,526	(12)	(449)	437
Integrated Commissioning Fund	927,797	(344,539)	583,258	583,270	(12)	(449)	437
A: Section 75 Services	310,643	(41,823)	268,820	269,355	(535)	(592)	57
B: Aligned Services	411,473	(170,213)	241,260	242,565	(1,305)	(1,429)	123
C: In Collaboration Services	205,680	(132,502)	73,178	71,350	1,828	1,572	256
Integrated Commissioning Fund	927,797	(344,539)	583,258	583,270	(12)	(449)	437

Continuing Care

This remains a significant financial risk but a financial recovery plan is in place, with detailed updates presented at Finance & QIPP Assurance Group on a quarterly basis.

Whilst still forecasting an **overspend of £2.167m**, the historic growth rates have slowed and we are starting to make inroads into the pressures, including marked reduction in the number of fast track patients.

Contingency

The forecast outturn on Contingency includes additional income in year relating to business rates reliefs, and the release of contingency provisions to support service pressures across the council.

The adverse movement in the forecast outturn since period 9 relates to an expected increase in the provision for non-recovery of debtors. A review of debtor balances is in progress and the level of provision will be reviewed in before year end.

Governance

The forecast outturn for Governance is now showing an **underspend against budget of £1.6m**. This is due to a number of factors including budget savings which have already been identified as savings for 2019/20, and underspends on staffing costs across the service.

A service review/redesign currently in progress is likely to result in some cost pressures for future years.

Children's Services

Children's Social Care continues to present the single greatest financial risk for 2018/19, and is the most significant risk area for the medium term financial sustainability of the Council.

The forecast outturn position of **£8m in excess of budget** has significantly deteriorated since the last period as forecast reductions in placements numbers and costs are not yet being achieved. **Further detail is included at Appendix 2.**

Tameside & Glossop Integrated Commissioning Fund

Forecast Position £000's	YTD Position			Forecast Position			Variance	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
Acute	168,198	169,308	(1,109)	202,819	203,559	(740)	(867)	127
Mental Health	27,318	27,899	(581)	32,618	33,236	(618)	(657)	39
Primary Care	68,700	68,235	465	82,840	82,252	588	504	85
Continuing Care	11,694	13,158	(1,464)	14,118	16,286	(2,168)	(2,419)	251
Community	24,979	25,104	(125)	29,976	30,189	(213)	(185)	(28)
Other CCG	26,040	23,255	2,785	29,159	26,007	3,151	3,624	(473)
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0
CCG Running Costs	3,251	3,221	30	5,214	5,214	0	0	0
Adults	33,733	42,730	(8,996)	40,480	40,252	228	204	24
Children's Services	36,469	42,282	(5,813)	43,763	51,761	(7,998)	(7,189)	(809)
Education	31,212	17,563	13,649	5,567	5,623	(56)	(273)	217
Individual Schools Budget	0	0	0	0	0	0	0	0
Population Health	13,527	14,042	(515)	16,232	15,853	379	72	307
Operations and Neighbourhoods	41,944	45,799	(3,855)	50,333	50,746	(412)	(932)	520
Growth	6,538	11,062	(4,524)	7,846	9,804	(1,958)	(2,410)	452
Governance	7,348	7,823	(474)	8,818	7,128	1,690	1,101	589
Finance & IT	3,794	3,813	(19)	4,553	4,147	406	290	116
Quality and Safeguarding	66	(49)	114	79	71	8	(15)	23
Capital and Financing	8,032	1	8,031	9,638	7,852	1,786	1,580	206
Contingency	(2,216)	(871)	(1,345)	(2,660)	(6,246)	3,586	5,052	(1,466)
Corporate Costs	1,554	(2,029)	3,583	1,865	(464)	2,328	2,071	257
Integrated Commissioning Fund	512,181	512,343	(163)	583,258	583,270	(12)	(449)	437
	Forecast Position			Forecast Position			Variance	
	Budget	Forecast	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
CCG Expenditure	330,180	330,180	0	396,744	396,744	0	0	0
TMBC Expenditure	182,000	182,164	(163)	186,514	186,526	(12)	(449)	437
Integrated Commissioning Fund	512,181	512,343	(163)	583,258	583,270	(12)	(449)	437

Tameside Integrated Care Foundation Trust Financial Position

SUMMARY

- **Revenue** - For the financial period to the 31st January 2019 the Trust has reported a net deficit of c.£20.117m, pre-Provider Sustainability Funding (PSF), which is £277k better than plan. The in month position for January reported a £1.485m deficit, £101k better than plan.
- **Trust Efficiency programme (TEP)** - The Trust delivered £1.038m of savings in month, this is an underachievement against target by £319k in month, cumulatively the Trust is reporting an overachievement against plan of £343k.
- **Agency cap** - To date the Trust has spent £5.693m on Agency, against a plan of £8.069m; based on this run rate, spend should be within the agency cap of £9.5m

KEY RISKS

- **Control Total** – The Trust now has an agreed control for 2018/19 of £19.149m, this assumes the Trust will be in receipt of the full PSF. NHSI monitor financial delivery from a revenue perspective against post PSF targets, for the Trust this plan is £23.369m
- **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. If the Trust fail to deliver the financial and/or performance targets it will need to borrow additional cash at 1.5%. Quarter 4 target for Performance will be predicated on March only.
- **TEP** – The Trust is currently forecasting an underachievement against its in year TEP delivery of £0.502m and recurrently of £1.811m. **Failure of delivering the TEP target will challenge the Trust's ability to deliver its control total.** Work is on-going with Theme groups to develop high risk schemes and generate proposals to improve this forecast position.

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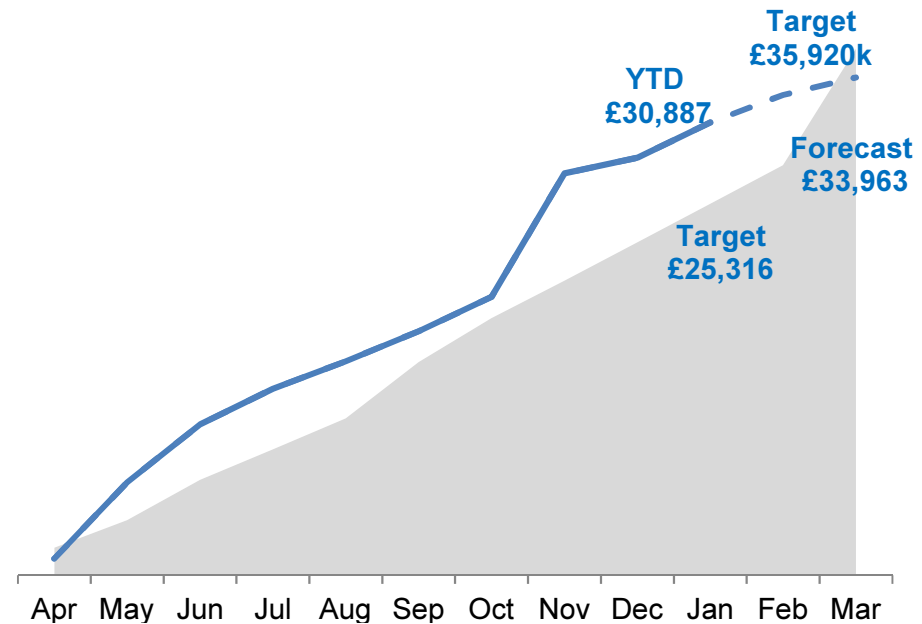
Financial Performance Metric	Month 10			YTD			Outturn
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000s
Normalised Surplus / (Deficit) Before PSF	(1,584)	(1,483)	101	(20,393)	(20,116)	277	(23,369)
Provider Sustainability Fund (PSF)	492	492	0	3,235	3,235	0	4,221
Surplus / (Deficit)	(1,092)	(991)	101	(17,158)	(16,881)	277	(19,148)
Trust Efficiency Savings	1,356	1,038	-318	10,001	10,343	342	13,001
Use of Resources Metric	3	3		3	3		3

TEP – Targeted/Trust Efficiency Plan

Organisation	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Target	Post Bias Expected Saving	Post Bias Variance
CCG	0	0	740	19,060	19,800	19,800	19,800	0
TMBC	259	305	0	1,484	2,048	3,119	1,664	(1,455)
Strategic Commissioner	259	305	740	20,544	21,848	22,919	21,464	(1,455)
ICFT	374	44	2,112	10,343	12,873	13,001	12,499	(502)
Economy Total	633	349	2,852	30,887	34,721	35,920	33,963	(1,957)

- The economy wide savings target for 2018/19 is £35.920m:
 Commissioner £22.919m (£19.8m CCG & £3.119m TMBC)
 Provider £13.001m
- Against this target, £30.887m of savings have been realised, 86% of the required savings.
- Expected savings by the end of the year are £33.963m, a shortfall of £1.957m against target
- The Trust is currently forecasting an underachievement against its in year TEP delivery of £0.502m and recurrently of £1.811m. Work is on-going with Theme groups to develop high risk schemes and generate proposals to improve this forecast position.
- TMBC savings have been identified by underspends in other areas and a balanced position will be delivered.
- The scale of the financial gap in future years mean there must be a continued focus on identifying schemes for 2019/20 and beyond.

Progress Against Target



TEP – Targeted/Trust Efficiency Plan



CCG

The CCG has posted year to date savings of £19.060m and expects to fully achieve the £19.8m TEP target in year, £7.920m recurrently. Work is ongoing to identify recurrent TEP schemes as part of the Star Chamber process.



TMBC

£35k

The overall expected saving has reduced slightly since the previous month. Savings previously rated as medium risk in Growth are now considered high risk. Red rated savings in Adults and Governance are being offset by budget underspends in other areas within the service.

Org	Theme	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Target	Post Bias Expected Saving	Post Bias Variance
CCG	Emerging Pipeline Schemes	0	0	0	0	0	3,239	0	(3,239)
	GP Prescribing	0	0	482	2,518	3,000	2,000	3,000	1,000
	Individualised Commissioning Recovery Plan	0	0	94	532	626	1,326	626	(700)
	Other Established Schemes	0	0	164	3,694	3,858	4,283	3,858	(425)
	Tameside ICFT	0	0	0	2,480	2,480	2,480	2,480	0
	Technical Financial Adjustments	0	0	0	9,836	9,836	6,472	9,836	3,364
CCG Total		0	0	740	19,060	19,800	19,800	19,800	0
TMBC	Adults	105	0	0	379	484	697	390	(307)
	Growth	25	0	0	340	365	898	343	(555)
	Finance & IT	0	0	0	122	122	172	122	(50)
	Governance	129	0	0	25	154	154	38	(116)
	Childrens (Learning)	0	0	0	90	90	90	90	0
	Operations & Neighbourhoods	0	305	0	5	305	580	153	(427)
	Pop. Health	0	0	0	528	528	528	528	0
TMBC Total		259	305	0	1,489	2,048	3,119	1,664	(1,455)
Strategic Commissioner Total		259	305	740	20,549	21,848	22,919	21,464	(1,455)

TEP – Targeted/Trust Efficiency Plan



£30k

ICFT

The overall level of expected savings has improved from the previous month with the Trust now forecasting an underachievement against its in year TEP delivery of £0.502m and recurrently of £1.811m. 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.

Org	Theme	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Target	Post Bias Expected Saving	Post Bias Variance
ICFT	Community	3	0	43	268	313	363	311	(53)
	Corporate	12	0	103	1,006	1,121	805	1,110	305
	Demand Management	160	0	152	962	1,273	1,474	1,113	(361)
	Estates	18	4	124	288	434	569	416	(154)
	Finance Improvement Team	53	0	187	1,360	1,600	1,067	1,546	480
	Medical Staffing	0	0	37	207	244	1,103	244	(859)
	Nursing	47	0	129	974	1,150	1,243	1,103	(140)
	Paperlite	14	0	13	84	111	250	97	(153)
	Pharmacy	21	40	219	398	678	450	657	207
	Procurement	46	0	264	164	474	752	428	(324)
	Transformation Schemes	0	0	612	2,823	3,436	3,000	3,436	436
	Technical Target	0	0	29	459	488	375	488	113
	Vacancy Factor	0	0	200	1,350	1,550	1,550	1,550	0
ICFT Total		374	44	2,112	10,343	12,873	13,001	12,499	(502)

APPENDIX 2 – Strategic Commissioner Detailed Analysis

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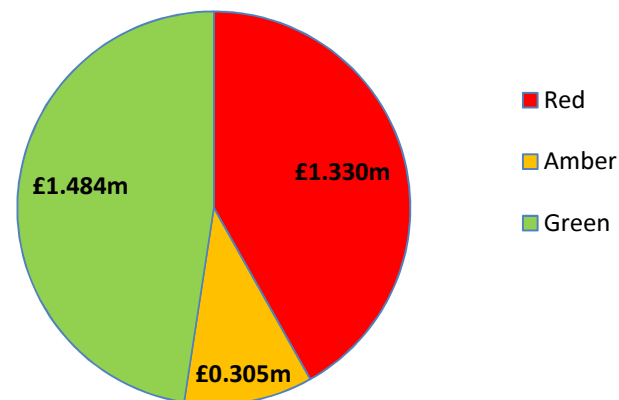
Local Authority Savings Progress

SAVINGS PROGRESS - HEADLINES

The 2018/19 budget included £3,119m of savings to be delivered by management during the financial year. As at the end of period 10 a significant number of risks to the delivery of savings have been identified, resulting in a number of budget pressures.

- **£1.484m** (48%) of the savings target is rated '**green**' and has been delivered or is on track for delivery in the year.
- **£0.305m** (10%) of the savings target is rated '**amber**' with some risks or delays to delivery identified.
- **£1.330m** (42%) of the savings target is rated '**red**' due to significant risks or delays which means some or all of the savings amount is not expected to be delivered in year. This is resulting in budget pressures in a number of service areas.
- Adults savings are at risk of delay or non-delivery in a number of areas, although other savings are being identified elsewhere in the service to offset these pressures.
- Within Operations and Neighbourhoods the new Car parking provision at Darnton Road was expected to generate additional income of £0.500m per annum. Delays in the construction of the spaces has resulted in the forecast income being reduced to £0.005m.
- Growth 'red' rated savings are 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. Other 'red' savings mainly relates to additional income from the purchase of the Plantation Industrial Estate which is no longer proceeding.

Savings 18/19



SAVINGS	RED	AMBER	GREEN	TOTAL
Adults	318	0	379	697
Childrens (Learning)	0	0	90	90
Population Health	0	0	528	528
Operations and Neighbourhoods	275	305		580
Growth	558	0	340	898
Governance	129	0	25	154
Finance & IT	50	0	0	50
Corporate	0	0	122	122
Total	1,330	305	1,484	3,119

CCG Recovery Plan & TEP Update: January 2019 (M10)

- The CCG has a Targeted Efficiency Plan (TEP, also known as QIPP) target for 18/19 of £19,800k.
- Because of the size of the TEP target and the reported risk against our overall financial position, an improvement plan has been requested by GMHSCP. These slides update on our progress against this plan.
- Against an annual CCG target of £19.800m, £19.060m (96%) of the required savings have been banked to M10. In addition to this there is a further £0.740m, which we are completely confident of realising in the final two months of the financial year. This will result in full achievement of the £19.800m TEP target.
- Savings realised since M09 include;
 - +£273k Prescribing.** Largely achieved through continued reviews of repeat ordering protocols, it should be noted however that there is a key risk in this area linked to Brexit. Contingency is included within the current forecast and the impact on supplies and price of drugs will continue to be closely monitored.
- £7.920m (40%) of the expected savings will be delivered on a recurrent basis, contributing toward closing the recurrent economy wide gap.
- In the M10 position, a net risk of zero has again been reported. The chart on slide 4 shows the historically reported risk and a trajectory which demonstrates how the level of risk has been successfully addressed in year.
- Through our wider Integrated Commissioning Fund (ICF), the CCG has entered into a risk share agreement with TMBC for 18/19. While there is scope to use this to balance the CCG position on a non recurrent basis, any increase in council contribution in 18/19 would result in an increase in the CCG contribution in future years.

- The table below summarises expected achievement at M10, together with a comparison to the position reported last month:

Planned Savings (before application of optimism bias)

	Recurrent	Non Recurrent	Total	Prior Month	Movement
High Risk	0	0	0	0	0
Medium Risk	0	0	0	0	0
Low Risk	576,068	163,939	740,007	1,043,396	(303,389)
Saving Posted	7,344,014	11,715,979	19,059,993	18,756,604	(303,389)
Total	7,920,082	11,879,918	19,800,000	19,800,000	0

Expected Savings (after application of optimism bias)

	Recurrent	Non Recurrent	Total	Total	Movement
High Risk	0	0	0	0	0
Medium Risk	0	0	0	0	0
Low Risk	576,068	163,939	740,007	1,043,396	(303,389)
Saving Posted	7,344,014	11,715,979	19,059,993	18,756,604	(303,389)
Total	7,920,082	11,879,918	19,800,000	19,800,000	0

QIPP Target

19,800,000	19,800,000	0
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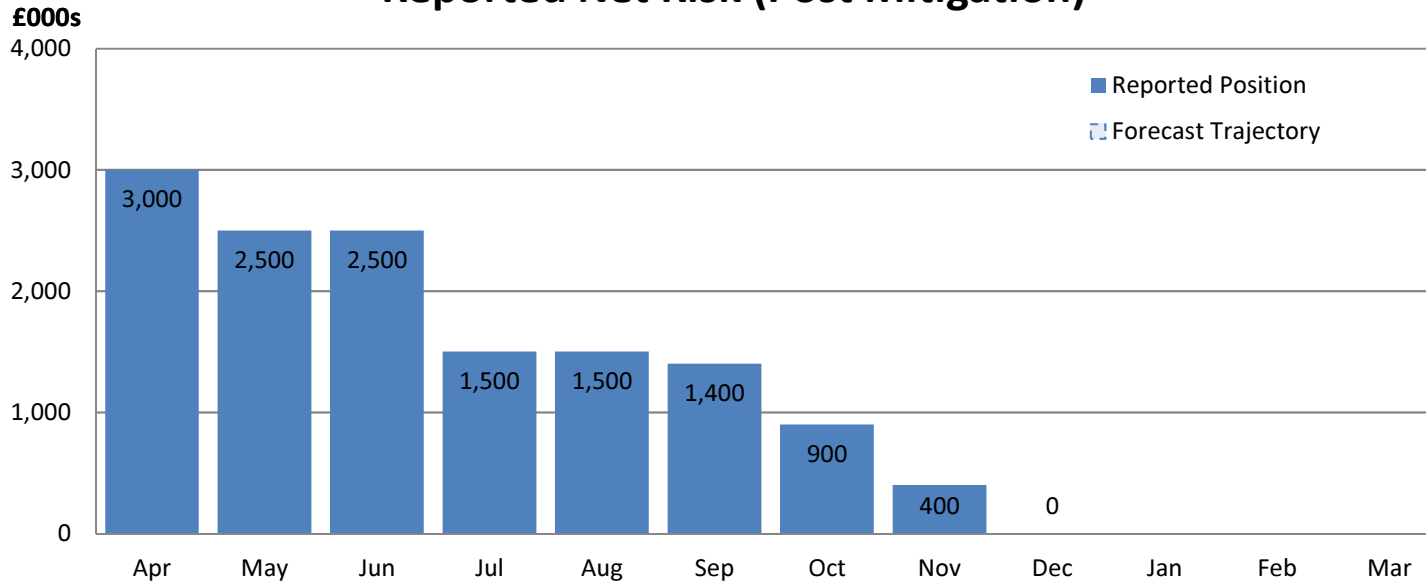
Savings Still to Find

0	0	0
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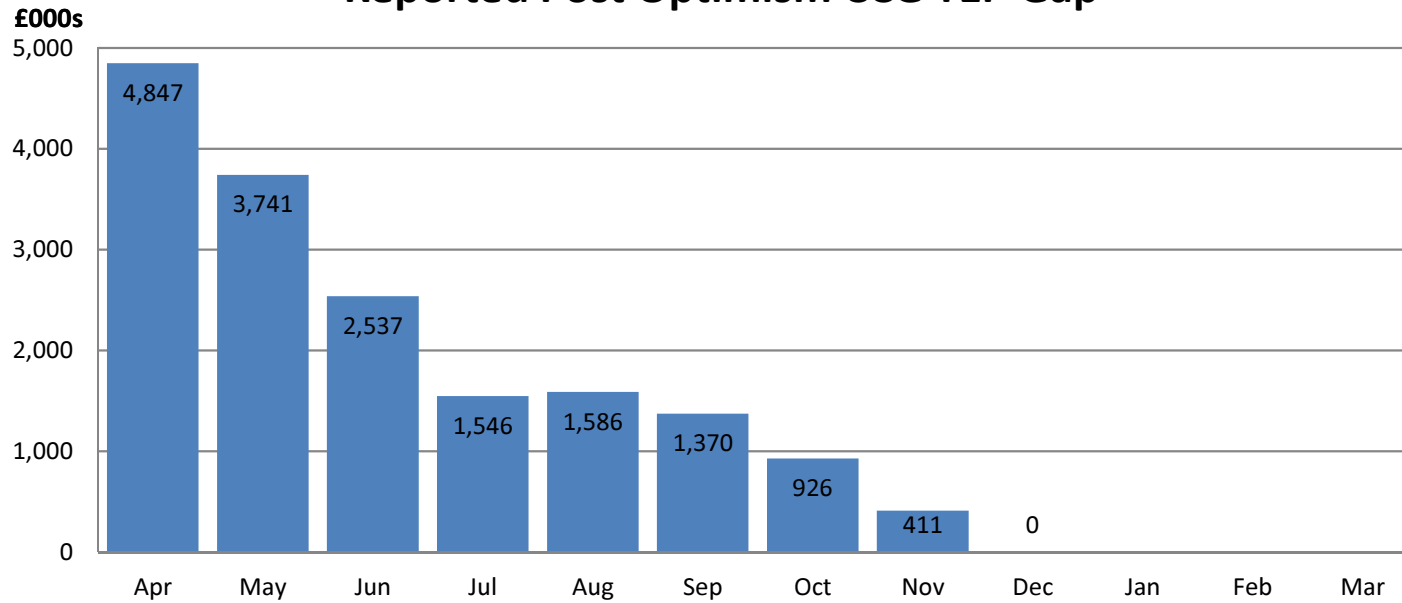
Value of savings about which we are certain (i.e. blue & green schemes)

19,800,000

Reported Net Risk (Post Mitigation)



Reported Post Optimism CCG TEP Gap



Adults Services

A

Adults	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
Adults Senior Management	544	0	544	462	601	(57)
Joint Commissioning & Performance Management	939	(132)	807	662	771	36
Improved Better Care Fund	3,299	(3,299)	0	3,635	0	0
Long Term Support	70,599	(37,585)	33,014	32,378	32,617	397
Mental Health	3,259	(288)	2,971	2,729	3,415	(444)
Urgent Integrated Care	4,013	(869)	3,144	2,864	2,848	296
TOTAL	82,653	(42,172)	40,480	42,730	40,252	228

BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

Underspends - £2.922m

£0.559m - Net impact of vacant posts, some of which have been covered via agency employees within Occupational Therapy and across Long Term support teams.

£1.134m - Residential and Nursing care home placements - Income in excess of budget allocation - partly offset by related additional expenditure

£0.149m - Additional deferred income projection due to revised assessments of service user capital assets

£0.796m - Income in excess of budget allocation for : Housing Benefit and Non residential / nursing care placements

£0.169m - Net impact of vacant posts, some of which have been covered via agency employees within Integrated Urgent Care Teams

£0.115m - Reduced commitments on community equipment

BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

Pressures - £2.694m

£0.738m - Residential and Nursing care home placements - expenditure in excess of budget allocation - offset by related additional income

£0.736m - Reduction to budgeted levels of income for Continuing Healthcare in Residential and Nursing care placements, Homecare, Homemaker service and Supported Accommodation placements

£0.204m - Additional out of borough day service placements

£0.400m - Additional direct payments and Shared Lives placements

£0.220m - Specialised homecare - off framework contract

£0.326m - Increased mental health alternative accommodation placements

£0.070m - DOLS Mental health medical assessments

SAVINGS

The 2018/19 budget included £0.697m of savings to be delivered by management during the financial year.

- **£0.379m** is rated '**green**' and has been delivered
- The remaining £0.318m of the savings target is rated 'red' as these initiatives will not be delivered in this financial year
- The directorate has managed the non delivery of these savings via additional levels of income compared to the budget allocation together with reduced levels of budgeted expenditure - supporting details are provided in the month 10 narrative

	RED	AMBER	GREEN	TOTAL
Savings	318	0	379	697

Children's Services – Children's Social Care R

Children's Services	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
Assistant Executive Director - Children's Specialist Services	1,106	(41)	1,066	1,216	1,334	(269)
Childrens Safeguarding	27,647	(755)	26,892	26,405	33,869	(6,977)
Early Intervention & Youth Justice	1,724	0	1,724	1,406	1,873	(149)
Looked After Children	4,343	(2,017)	2,326	2,733	2,176	150
Child Protection & Children In Need	4,344	(238)	4,106	3,985	4,716	(610)
	7,649	0	7,649	6,537	7,792	(143)
TOTAL	46,814	(3,051)	43,763	42,282	51,761	(7,998)

BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

Pressures:

Placement Costs – Increase of £ 0.400 million

Primarily due to the following :

- Volume of new placements which are exceeding placements that are ending.
- Placements expected to end within previous monitoring reports that have continued.
- Changes in existing placements - there are a few placements that have moved providers which has resulted in an increased cost.

External Legal Fees and related expenditure – Increase of £ 0.200 million

- Currently projected total expenditure of £ 0.758 million in 2018/19 compared to £ 0.552 million in 2017/18

Skylakes Key Decision - £ 0.100 million

- Proportion of contract value related to current financial year

Adoption - £ 0.100 million

- Inter agency fees projection increase

Children's Services – Children's Social Care

BUDGET VARIATIONS

- 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 659 at 15 February 2019. Despite the additional financial investment in the service in 2017/18 and 2018/19, the service is projecting to exceed the approved budget for Third Party Payments by £7.051m; 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 15 February 2019 is 659; a resulting increase of 74 (12.6%). This should also be considered alongside the current average weekly cost of placements in the independent sector with residential at £3,981 and foster care £778.

Children's Services – Education

A

Education	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
Access & Inclusion	11,562	(9,490)	2,072	11,383	2,492	(419)
Assistant Executive Director - Education	239	(66)	173	131	75	98
Schools Centrally Managed	2,177	(217)	1,960	1,156	1,741	219
Schools Centrally Managed - DSG	9,237	(9,020)	217	(36)	5	212
School Performance and Standards	417	(181)	237	22	237	0
Pupil Support Services	7,578	(6,671)	908	4,908	1,073	(165)
TOTAL	31,212	(25,644)	5,567	17,563	5,623	(56)

BUDGET VARIATIONS

The variance is a net position and reflects a number of underspends and pressures including:

Underspends:

- £0.572m - Vacant posts across the whole service.
- £0.287m - Budgetary saving to be utilised to offset overspending in other areas of Education

Pressures:

- (£0.646m) - Special Educational Needs Transport due to increase in children eligible for statutory support.
- (0.225m) - Increase in statutory work regarding Education Healthcare Plans (EHCP) Assessments

SAVINGS

The 2018/19 budget included £0.090m of savings to be delivered by management during the financial year.

SAVINGS	RED	AMBER	GREEN	TOTAL
Savings	0	0	90	90

- £0.090m is rated 'green' and has been delivered or is on track for delivery in the year.

Population Health G

Population Health	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
Public Health	16,912	(680)	16,232	14,042	15,853	379
TOTAL	16,912	(680)	16,232	14,042	15,853	379

BUDGET VARIATIONS

The net variation reflects a number of underspends and pressures across the service, including:

Underspends:

- £ 0.266m due to vacant posts across the directorate during the year together with a £ 0.034m saving in quarter four relating to the vacant consultant of Population Health post
- In addition there has been a £ 0.100m contract saving due to the renegotiation of rent at Cavedish Mill, together with reduced projected prescribing expenditure of £ 0.021m

SAVINGS

The 2018/19 budget included £0.528m of savings to be delivered by management during the financial year.

- **£0.528m** is rated 'green' and has been delivered or is on track for delivery in the year.

SAVINGS	RED	AMBER	GREEN	TOTAL
Savings	0	0	528	528

Quality and Safeguarding G

Quality and Safeguarding	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
Quality & Safeguarding	367	(288)	79	(49)	71	8
TOTAL	367	(288)	79	(49)	71	8

Operations and Neighbourhoods

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Operations & Neighbourhoods	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
Operations and Emergency Planning	1,269	(2,461)	(1,192)	(960)	(1,189)	(3)
Community Safety & Homelessness	4,979	(1,405)	3,574	2,059	3,114	460
Cultural and Customer Services	3,471	(287)	3,184	2,103	2,741	442
Design and Delivery	11,364	(9,376)	1,988	4,665	2,042	(54)
Environmental Services Management	30,332	(55)	30,277	29,625	30,705	(428)
Highways & Transport	8,517	(8,746)	(229)	(1,735)	551	(780)
Markets	1,110	(1,533)	(423)	(581)	(198)	(225)
Operations and Greenspace	5,935	(473)	5,462	4,528	5,473	(11)
Public Protection	3,641	(914)	2,728	2,170	2,544	183
Waste Management	5,712	(1,156)	4,556	3,698	4,595	(39)
Youth	451	(43)	408	226	367	41
TOTAL	76,782	(26,448)	50,333	45,799	50,746	(412)

BUDGET VARIATIONS

The net variation reflects a number of underspends and pressures across the service, including:

Underspends:

- Part year vacancies due in part to retirements and difficulties in recruitment in Cultural and Customer Services, Design and Delivery, Environmental Services (Public Protection) are resulting in the forecast underspends in these areas.
- Vacancies in Operations & Greenspace, and in Highways & Transport are reducing the net pressures being reported in these areas.
- Reduction in the number of new bins needed has resulted in an expected underspend of £101k.

Pressures:

- Pressures in Environmental Services Management relate to the Waste Levy and Passenger Transport Levy due in part to a late notification of a final adjustment relating to 2017/18.

Operations and Neighbourhoods

BUDGET VARIATIONS

Pressures (continued):

- Highways & Transport - Pressure of £0.495m relates to the Darnton Road Car park income, as it is unlikely the Council will be able to fully achieve the additional income forecast as a saving. Additional construction costs of £122k were previously reported, however these are now due to increase to £195k and occur in 19/20. The car parking service is currently projecting a shortfall in income from car parks income of £0.116m. There is also an expected overspend of £136k on highways repairs and maintenance as a result of increased activity."
- Operations & Greenspace are forecasting a continued shortfall in income from Ashton Market due to the ongoing development works in Ashton Town Centre. There continues to be additional waste disposal costs within the street cleansing service, however this method of disposal is better value for the Council.
- Waste Management have incurred expenditure on caddy liners to encourage recycling of food waste, however there is no budget provision for this until 19/20.
- Winter maintenance (gritting) is expected to overspend by £193k as a result of the weather conditions experienced. Additional budget provision will be allocated in 19/20.

SAVINGS

The 2018/19 budget included £1.233m of savings to be delivered by management during the financial year.

- The £0.580m savings target is rated 'red' or 'amber' with some risks or delays to delivery identified.
- 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. Delays in the construction of the spaces has resulted in the forecast additional income for this financial year being reduced to £0.005m.

	RED	AMBER	GREEN	TOTAL
Savings	275	305	0	580

Growth	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
Development Growth & Investment Management	318	(122)	195	150	231	(36)
Employment & Skills	1,779	(861)	918	452	782	136
Estates	1,511	(2,673)	(1,163)	(256)	(398)	(764)
Investment & Development	1,944	(1,259)	685	538	687	(2)
Planning	1,427	(1,084)	343	242	487	(144)
Strategic Infrastructure	608	(160)	448	163	351	96
School Catering	3,974	(3,970)	4	3,009	(35)	39
Corporate Landlord	8,007	(1,960)	6,047	5,792	7,363	(1,316)
Environmental Development	459	(90)	369	300	336	32
BSF, PFI & Programme Delivery	22,680	(22,680)	0	672	0	(0)
TOTAL	42,705	(34,860)	7,846	11,062	9,804	(1,958)

BUDGET VARIATIONS

The net variation reflects a number of underspends and pressures across the service, including:

Underspends:

- Vacancies and delays in recruitment of staff has resulted in underspends in several areas across the directorate
- Expenditure on Local Plan work has been delayed and is committed to be spent next year

Pressures:

- Corporate Landlord pressures relate mainly to additional fees being charged by PwC and non delivery of savings. Following the liquidation of Carillion the appointed liquidator PwC has been managing the contracts to enable the smooth transfer to other providers. The costs of this service were not budgeted for, and continued to be incurred until the end of July 2018. Forecast savings from the re-provision of the Additional Services contract with the Local Education Partnership (LEP) will not be realised in 2018/19.

Growth

BUDGET VARIATIONS

Pressures (continued):

- Expenditure has been incurred in respect of Ashton Moss investigation work, there is currently no budget provision for this work.
- Estates budget pressures relate to a shortfall in income due to a number of factors.
- Income is no longer being received on properties that have been sold and other income is not being realised because facilities are being used for Council purposes. Forecast savings following the purchase of the Plantation Industrial Estate will not be realised until the purchase is complete. The purchase is complex and is not currently being progressed. Additional security costs are also being incurred following a fire. As a result of delays recruiting surveyors there are fewer chargeable hours and forecast income has reduced.

SAVINGS

The 2018/19 budget included £0.898m of savings to be delivered by management during the financial year.

- The £0.558m of the savings target is rated 'red' with some risks or delays to delivery identified.
- Growth savings of £0.220m will not be delivered in 2018/19 due to the purchase of the Plantation Industrial Estate which is currently not proceeding.
- This also included £0.313m 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. This will be reviewed in 2019/20
- £0.340m is rated 'green' and has been delivered or is on track for delivery in the year.

	RED	AMBER	GREEN	TOTAL
Savings	558	0	340	898

Governance	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
<u>Governance</u>						
Executive and Business Support	1,118	(7)	1,111	910	1,104	6
Democratic Services	750	(24)	726	887	758	(32)
Governance Management	909	(88)	822	149	334	487
Legal	1,086	(113)	972	767	992	(19)
	3,863	(232)	3,631	2,713	3,188	442
<u>Exchequer</u>						
Exchequer Services	79,760	(78,392)	1,369	2,509	506	862
	79,760	(78,392)	1,369	2,509	506	862
<u>People & Workforce Development</u>						
People and Organisational Development	3,503	(1,123)	2,380	1,664	2,198	183
	3,503	(1,123)	2,380	1,664	2,198	183
<u>Marketing & Communications</u>						
Policy, Performance and Communications	1,578	(140)	1,438	938	1,236	202
	1,578	(140)	1,438	938	1,236	202
TOTAL	88,704	(79,887)	8,818	7,823	7,128	1,690

SAVINGS

The 2018/19 budget included £0.154m of savings to be delivered by management during the financial year, £0.129m is rated 'red' with some risks or delays to delivery identified.

	RED	AMBER	GREEN	TOTAL
Savings	129	0	25	154

The net variation reflects a number of underspends and pressures across the service, including:

Underspends:

- £0.539m Staffing projections are under budget due to vacant posts not being recruited to throughout the year, the service is currently in the process of a review/redesign across a number of areas and this will result in an additional cost pressures in the future.
- £0.550m Budget identified for savings in 19/20
- £0.379m Reduction in the contribution to the Housing Benefit Bad Debt Reserve
- £0.190m Additional Income across all services areas from Clinical Commissioning Group, Trade Union and Secondments within HR Service, offset with loss of schools income
- £0.100m Additional Grant Income
- £0.262m Other Minor Variations throughout the individual areas less than £50k

Pressures:

- (£0.246m) Transfer to Reserves to Fund ECG redesign for People and Workforce Development
- (£0.084m) Summons fee increase not achievable further pressure as as result of the reduction of the court fee in year

Finance and IT	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
FINANCE						
Financial Management	2,747	(570)	2,176	1,217	1,772	405
Risk Management & Audit Services	614	(248)	366	389	272	94
	3,361	(819)	2,542	1,606	2,044	498
IT						
Digital Tameside	2,742	(731)	2,011	2,207	2,103	(92)
	2,742	(731)	2,011	2,207	2,103	(92)
TOTAL	6,103	(1,550)	4,553	3,813	4,147	406

BUDGET VARIATIONS

The net variance reflects a number of underspends and pressures including:

Underspends:

- £0.434m - Staffing underspends due to vacancies and timing of recruitment also staff having not taken up the pension option.
- £0.180m – Additional MFD Income to the service. This is subject to a review that will be carried out.
- £0.112m – Allocation of DSG Central Services Grant not previously budgeted for

Pressures:

- (£0.029m) - School Income target - underachieved due to academy conversions.
- (£0.257m) - Additional year on year Corporate Costs increasing including additional Microsoft Licenses, Increase of back up costs, Wireless access point maintenance and increased security products.
- (£0.034m) - Other Minor Variations

SAVINGS

Savings

The 2018/19 budget included £0.050m of savings to be delivered by management during the financial year.

- **£0.050m** is rated 'red' with some risks or delays to delivery identified. The saving relates to forecast procurement savings which are not expected to be delivered until future years.

	RED	AMBER	GREEN	TOTAL
Savings	50	0	0	50

Capital Financing, Contingency and Corporate Costs

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Capital Financing, Contingency and Corporate Costs	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast Outturn £000's	Variance £000's
Capital and Financing	10,998	(1,360)	9,638	1	7,852	1,786
Contingency	4,163	(6,823)	(2,660)	(871)	(6,246)	3,586
Corporate Costs	8,721	(6,857)	1,865	(2,029)	(464)	2,328
TOTAL	23,882	(15,040)	8,843	(2,900)	1,142	7,701

BUDGET VARIATIONS

Underspends:

- The 2018/19 budget for capital and financing costs did not include any amounts for investment income on the Manchester Airport Shareholder Loan. The first instalment of the Manchester Airport Investment took place in July 2018 with a second instalment due in December. Net additional investment income of £0.413m is now expected in 2018/19 in respect of this investment. The forecast position has been revised to reflect borrowing not taken up in year.
- Additional Adult Social Care grant of £0.728m was notified after the 2018/19 budget was set. The grant has been allocated to contingency pending decisions regarding utilisation.
- Corporate Costs budgets include dividend income from the Council's shareholding in Manchester Airport Group. Total dividend in 2018/19 is £1.635m in excess of the budget. This additional income will be used to offset overspends in other service areas but is one-off in nature and cannot be guaranteed in future years.
- Also included within corporate costs are forecast savings of £0.366m in respect of contributions to AGMA, £0.094m of savings relating to Pension Increase Act Contributions and £0.070m saving on the audit contract.

BUDGET VARIATIONS

- The forecast outturn on Contingency includes additional section 31 due in year relating to business rates reliefs, and the release of contingency provisions to support service pressures across the council.
- The adverse movement in the contingency forecast outturn since period 9 relates to an expected increase in the provision for non-recovery of sundry debtors. A review of debtor balances is in progress and the level of provision required will be reviewed again before year end once this review has been concluded.

SAVINGS

The 2018/19 budget included £0.122m of savings to be delivered by management during the financial year.

- The **£0.122m** is rated '**green**' and has been delivered or is on track for delivery in the year.

	RED	AMBER	GREEN	TOTAL
Savings	0	0	122	122

Capital Expenditure

	2018/19 Budget	Actual to Date	Forecast Outturn	Variance
	£000s	£000s	£000s	£000s
Growth				
Vision Tameside	18,836	12,066	17,473	1,363
Investment & Development	4,253	1,366	2,371	1,882
Estates	716	0	624	92
Operations and Neighbourhoods				
Engineers	13,442	5,419	11,233	2,209
Environmental Services	400	137	379	21
Transport (Fleet)	362	0	250	112
Corporate Landlord	245	67	159	86
Stronger Communities	35	1	31	4
Children's				
Education	8,126	1,427	4,688	3,438
Finance & IT				
Finance	11,300	11,278	11,278	22
Digital Tameside	3,855	1,916	3,345	510
Population Health				
Active Tameside	4,410	2,530	4,350	60
Adults				
Adults	250	0	200	50
Governance				
Exchequer	10	0	10	0
Total	66,240	36,207	56,391	9,849

Capital Expenditure

	2018/19 Budget £000	Actual to Date £000	Forecast Outturn £000	Variance £000
Education	8,126	1,427	4,688	3,438
Vision Tameside	18,836	12,066	17,473	1,363
Digital Tameside	3,855	1,916	3,345	510
Investment & Development	4,253	1,366	2,371	1,882
Engineers	13,442	5,419	11,233	2,209
Transport (Fleet)	362	0	250	112

SIGNIFICANT SCHEMES AND BUDGET VARIATIONS

- EDUCATION-** A number of variations have arisen where projected outturn is less than budget due to a number of requests for re-profiling into the 2019/20 financial year.

Aldwyn Primary (£1.000m) and Alder High School (£0.718m) - The build is due to commence shortly, but the completion will not be scheduled until August 2019 ready for the September school intake.

Hyde Community College (£0.525m) - It is anticipated that while some work may start in the current financial year and the majority of the works will now occur in 2019/20 continuing into the summer 2019 holidays.

There are a number of schemes (£1.198m) scheduled for Easter/Summer 2019 but because of the delay in Robertson's, appointment schemes were unable to be carried out over the summer of 2018.
- VISION TAMESIDE** - The streetscape works for this scheme will be largely undertaken in the 2019/20 financial year. It is not possible to undertake the streetscape works at this junction until the new shared services centre has been completed.
- DIGITAL TAMESIDE** - Due to delays in the building programme and bedding in period which will now result in some spend occurring after April 2019. This includes recharges for change orders which will come through in the beginning of next financial year.
- INVESTMENT & DEVELOPMENT** - Referrals for assistance for mandatory Disabled Facilities Grant continue to be received, however there are still people who are unable to meet the criteria but will continue to deteriorate if their need is not addressed. Given this issue there will be a need for £0.700m slippage into the next financial year.

Hattersley Passenger Facilities £0.678m - Northern Rail have nearly completed the option selection for the scheme. From the beginning of February 2019 through to mid-November 2019, single option design and detailed design will be undertaken.
- ENGINEERS-** Roads borough wide - Road work has been impacted by restricted contractor numbers and road space availability. A number of major schemes have been rescheduled for March 2019 (subject to weather conditions). Given this issue there will be a need for £1.666m slippage into the next financial year.
- PROCUREMENT OF 58 FLEET VEHICLES-** The vehicles now being procured have had a change to the original specification as no one could supply what was requested. Due to the change in specification, costs are less than expected although as the tender is still out the exact cost cannot be confirmed. We are expecting delivery March 2019.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
Acute Commissioning	156,972	158,309	(1,337)	189,284	190,110	(826)
Tameside & Glossop ICFT	106,312	106,308	4	127,605	127,620	(16)
Manchester FT	25,927	27,150	(1,223)	31,152	32,578	(1,425)
Stockport FT	8,654	7,997	657	10,385	9,610	775
Salford Royal FT	4,448	4,517	(69)	5,340	5,366	(26)
Pennine Acute	2,962	2,816	146	3,539	3,366	172
The Christie	1,551	1,697	(146)	1,862	2,031	(170)
BMI Healthcare	1,408	1,842	(434)	1,703	2,291	(587)
Wrightington, Wigan & Leigh	966	853	113	1,154	1,012	142
Spamedica	949	864	85	1,138	1,106	32
Other Providers	3,796	4,234	(438)	5,406	5,130	277
Ambulance Services	6,854	6,910	(55)	8,243	8,355	(112)
Clinical Assessment & Treatment Centres	1,221	1,144	76	1,481	1,391	91
Collaborative Commissioning	12	16	(4)	15	20	(5)
High Cost Drugs	172	167	5	206	219	(13)
NCAS/OATS	1,694	1,482	212	2,060	1,935	125
Winter Resilience	1,273	1,280	(7)	1,529	1,529	0
Total - Acute	168,198	169,308	(1,109)	202,819	203,559	(740)

- Activity levels at Manchester FT remain stable and in line with previously reported forecasts. The position does include two significantly high cost critical care patients of circa £0.3m combined whereby they have had 4 or more organs supported. The CCG is challenging the trust to determine if this should be chargeable to NHSE, the outcome of the TARN scoring will be known in March. RTT target remains a significant concern as they are 16.5% above the Mar 18 baseline at the end of Dec 18. The main areas are within Ophthalmology and Cardiology.
- Stockport FT is forecast to underspend by £0.8m. The key reason for this is the transfer of cardiology services to MFT £0.3m, Reduction in Maternity £0.3m and £0.2m related to strokes.
- BMI is significantly overspending by £0.6m. The key driver is within Trauma & Orthopaedic, as the independent sector provides capacity for NHS trusts struggling with RTT demands. This is a similar scenario with Spire Healthcare and is mainly within General Surgery & Trauma and Orthopaedics for hip and knee replacements.
- The underspend against other providers includes a benefit of £0.4m relating to neuro rehab placement costs, which offsets pressures in CHC.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
Child & Adolescent Mental Health	(243)	(246)	2	(216)	(219)	3
Improving Access To Psychological Therapies	153	128	25	183	182	2
Learning Disabilities	517	522	(6)	623	629	(6)
Mental Capacity Act	100	64	35	120	83	36
Mental Health Contracts	20,156	20,156	0	24,194	24,194	0
Mental Health Services - Adults	4,194	4,585	(390)	5,009	5,530	(521)
MH - Collaborative Commissioning	403	402	1	406	407	(1)
MH - Non Contracted Activity	59	59	(0)	71	71	0
Mental Health Services - Other	1,490	1,586	(96)	1,641	1,576	65
MH - Specialist Services	489	642	(153)	587	784	(196)
Total - Mental Health	27,318	27,899	(581)	32,618	33,236	(618)

- In January 2018, SCB approved a Mental Health investment plan that was compliant with the Mental Health Investment Standard and which would deliver the ambition of the Five Year Forward View . In order to meet the requirements of FYFV an additional recurrent investment of £2.5m was made in Mental Health for 2018/19.
- Work is underway to implement this strategy, however there has been some delays against delivery of service plans. As a result, the YTD financial position at M10 includes non-recurrent slippage of £1.125m. This slippage relates primarily to delays in commencement dates for new and enhanced services, which are in turn driven by recruitment difficulties.
- A risk share arrangement for an additional 11 MH beds at Pennine Care has been agreed in principle across the five footprint commissioners and agreement has been reached for the provision of a GM Female Psychiatric Intensive Care Unit (PICU) service. The latter is being provided by Cheadle Royal with the Pennine Care footprint commissioners block booking 4 beds at 100% occupancy. Both arrangements are factored into the forecast above and a quarterly reconciliation will be undertaken based on commissioner utilisation.
- The £196k forecast overspend in Specialist Services relates to the Hurst and Beckett units (secure wards at Pennine Care, but outside the core contract). There are currently 7 placements within the Hurst (5 male patients) & Beckett (2 female patients) units, against an established budget of 5 placements in total. The forecast overspend now assumes all patients will continue to remain in the service throughout 18/19.
- The £0.526m pressure forecast for Adults MH services relates to Individualised Commissioning packages of care. Although there is an increase in the MH directorate, this is offset by a decrease on the CHC Directorate for LD and MH packages.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
Prescribing	33,554	33,554	0	40,369	40,369	(0)
Delegated Co-commissioning	27,047	27,054	(7)	33,074	32,821	253
Out of Hours	2,085	2,081	4	2,467	2,463	4
Local Enhanced Services	1,259	1,206	53	1,510	1,445	65
Primary Care IT	1,080	805	275	1,318	1,199	119
Central Drugs	998	1,031	(32)	1,201	1,223	(23)
Primary Care Investments	877	770	107	877	765	112
GP Forward View	790	790	(0)	790	790	(0)
Oxygen	421	347	75	515	454	61
Medicines Management - Clinical	324	320	3	400	395	5
Commissioning Schemes	266	278	(12)	319	327	(8)
Total - Primary Care	68,700	68,235	465	82,840	82,252	588

- Continued efficiencies in Prescribing spend have contributed year to date TEP savings of £2.518m, it is anticipated that total TEP savings of £3.0m will be achieved by year end.
- Significant savings have been achieved to date through reduced spend on drugs such as Tadalafil (£82k) and Rosuvastatin (£135k) . Savings have also been achieved by the reduction in the amount of drugs prescribed which are readily available to purchase, eg paracetamol.
- The impacts of Brexit on availability of medications continues to be closely monitored. There has already been an increase in reimbursement prices paid for certain medications due to cheaper stock no longer being available, contingency is built into the current forecast to mitigate any potential risks.
- The underspend on Delegated Co- Commissioning further increased from month 9, this is in part due to the recalculation of PMS/GMS/APMS contract payments reflecting updated list sizes as at 1st Jan 2019. Quality & Outcome Framework (QOF) payments have also been revised as these incorporate the list size factor as at Jan 19 into the final payment, this has increased the underspend by 15k
- A review of Enhanced Services sign up has identified 5 practices that have not signed up to provide DES Extended Hours, however a forecast had been included by NHSE for these - this has been corrected and has resulted in underspend of 52k
- There has been a non-recurrent reduction in costs on Primary Care IT from the GMSS service provided to GP Practices

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
CHC Adult Fully Funded	8,349	8,712	(363)	10,096	10,903	(808)
CHC Adult Joint Funded	323	393	(71)	387	516	(129)
CHC Adult Personal Health Budgets	700	1,637	(936)	841	1,964	(1,124)
CHC Assessment & Support	785	753	32	950	919	31
Children's CHC Personal Health Budgets	24	17	7	29	20	8
Children's Continuing Care Funded Nursing Care	97	81	17	117	97	20
	1,415	1,563	(148)	1,699	1,865	(167)
Total - Continuing Care	11,694	13,157	(1,463)	14,118	16,285	(2,167)

- Growth in the cost and volume of individualised packages of care has been amongst the biggest financial risks facing the Strategic Commissioner over the last couple of years. Expenditure growth in this area was 14% in 2017/18, with similar double digit growth rates seen over the previous two years.
- A financial recovery plan has been in place all year, with detailed updates presented at Finance & QIPP Assurance Group on a quarterly basis. While we are still forecasting an overspend of £2.167m, the historic growth rates have slowed and we are starting to make inroads into the pressures.
- Robust processes are now in place for 4 week Fast Track package reviews which has led to a marked reduction in Fast Track package numbers over the last 12 months. MDT meetings with the hospital discharge team are ensuring that assessment criteria is applied appropriately using the Decision Support Tool. As a result of this work, TEP targets for 2018/19 have been achieved
- This quarter has seen a further reduction in the anticipated number of Fully Funded CHC packages placements. At Q2, the forecast had anticipated a seasonal variation which has been seen in previous years. However winter pressures are yet to fully materialise. Current indications suggest an increase in placement numbers is likely throughout February and March due to an increase in referrals into the service.
- Whilst there has been a slight decrease in the number Funded Nursing Care patients over recent months, the number of packages is high than in previous years.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
Community Services	23,951	24,088	(137)	28,742	28,967	(224)
Hospices	494	494	0	592	592	0
Wheelchair Service	430	430	0	516	516	0
Palliative Care	105	93	12	126	115	11
Total - Community	24,979	25,104	(125)	29,976	30,189	(213)

- The majority of the community services budget relates to services provided by the ICFT within the scope of the block contract. Payments are fixed and will not change throughout the year.
- A Non-recurrent estates pressure of £331k following the closure of Shire Hill is included in the position. The historic budget for Shire Hill has transferred to the ICFT as a contribution towards estates costs for the Stamford Unit. However, delays in serving meant that the CCG was liable to continue paying rent on the empty building. Notice was subsequently served and the CCGs liability for void costs ended on 31 December 2018.
- This is partially offset by a forecast underspend of £107k on Community Prescribing and a small underspend on Palliative Care as a result of continued contributions to the Macmillan EOL GP post
- Other services within the community directorate are on track to spend in accordance with budget.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
Better Care Fund	10,676	10,676	(0)	9,810	9,807	3
Property Services	3,305	3,892	(587)	3,833	4,781	(948)
Transformation Funding	5,393	4,774	619	4,675	4,675	0
Commissioning Reserve	2,615	0	2,615	6,199	2,216	3,983
Programme Projects	1,320	1,383	(63)	1,366	1,461	(95)
Patient Transport	1,093	984	109	1,312	1,200	112
NHS 111	543	531	12	652	640	12
Safeguarding	429	387	42	515	494	21
Clinical Leads	291	267	24	347	327	20
Nursing and Quality Programme	204	195	9	245	244	1
Commissioning - Non Acute	125	124	1	150	112	38
Interpreting Services	45	42	3	54	51	3
Total - Other	26,040	23,255	2,785	29,159	26,007	3,151
CCG TEP Shortfall (QIPP)					0	0

- Transformation Fund - the full allocation of is expected to be spent this financial year. Forecasts have reduced on ICFT schemes by £327k to £5.566m at month 10. There is an expectation that the reduction in forecasts will be needed in future years and these have been factored into 19/20's forecast
- The variance in Programme Projects relates to the £6m transitional fund. This fund is now fully spent, but PMO costs continue. PMO costs are forecast to continue until 31 March 2019, creating a £95k pressure.
- Significant work has been undertaken around estates including renegotiation of the 10% management fee and serving notice on a number of buildings. However, there remains a significant risk against this budget as we have still not been able to agree the costs of Facilities Management Services for properties for 2018/19 there remains a number of outstanding disputes relating to Facilities Management in 2017/18.
- Patient Transport Services (PTS) are forecasting an underspend position due to reduced activity levels.
- Services within this directorate such as BCF, safeguarding, patient transport and others are spending broadly in line with budget and do not present a risk to the CCG position.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's
QIPP	0	0	0	1,268	1,268	0
Finance	717	716	1	872	877	(5)
Commissioning	665	660	5	813	796	17
CEO/Board Office	397	396	1	482	479	3
Corporate Costs & Services	239	220	20	290	291	(1)
IM&T	237	236	1	284	275	9
ADMINISTRATION & BUSINESS SUPPORT	165	149	15	225	221	4
Chair & Non Execs	134	130	4	161	156	5
Communications & HR	167	167	0	201	144	57
Nursing	112	112	0	134	134	0
Contract Management	114	130	(16)	129	132	(2)
Estates & Facilities	87	87	(0)	104	104	(0)
Corporate Governance	87	87	0	102	102	0
IM&T Projects	68	70	(2)	82	87	(5)
General Reserve - Admin	0	0	0	1	82	(81)
Human Resources	40	41	(0)	40	41	(0)
Equality & Diversity	21	21	(0)	26	26	0
Total - CCG Running Costs	3,251	3,221	30	5,214	5,214	(0)

- The CCG receives an earmarked allocation of £5.214m to fund running costs and continues to operate within this allocation. We are not allowed to exceed this limit, but any underspend on running costs will be used to offset pressures in our programme budgets.

- As at M10 TEP savings of £1.267m have been achieved. A summary is included for information purposes.

YTD TEP savings £000's	In Year	Recurrent
Integration Benefits: Services (e.g. Estates payroll etc)	387	387
Integration Benefits: Staffing (e.g. CEO, HR)	159	160
Corporate reorganisation (lay members, board)	189	147
Renegotiated SLA/contracts (e.g. GMSS, Audit, mobile phones)	295	165
Non Rec In year staffing savings (i.e. vacancy factor)	237	0
Grand Total	1,267	859

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APPENDIX 3: Collection Fund Monitoring

	Budget		Forecast Outturn		Forecast Variation	
	Council Tax £000	NDR £000	Council Tax £000	NDR £000	Council Tax £000	NDR £000
Income						
Income from Council Tax	(104,481)		(104,577)		96	
Income from NDR		(55,850)		(57,811)		1,961
Total Income	(104,481)	(55,850)	(104,577)	(57,811)	96	1,961
Expenditure						
<u>Council Tax</u>						
The Council	86,099		86,099		0	
Police and Crime Commissioner	10,617		10,617		0	
GM Fire and Rescue Authority	4,139		4,139		0	
<u>NDR</u>						
The Council		49,851		49,851		0
GM Fire and Rescue Authority		526		525		1
Allowance for cost of collection		301		291		10
Transitional Protection Payments		2,836		1,738		1,098
Allowance for non-collection	3,657	1,375	2,612	1,007	1,045	368
Provision for appeals		3,580		3,060		520
<u>Surplus/deficit allocated/paid out in</u>						
The Council	1,500	2,368	1,500	2,368	0	0
Police and Crime Commissioner	181	0	181		0	0
GM Fire and Rescue Authority	67	(10)	67	(10)	0	0
Total Expenditure	106,260	60,827	105,215	58,830	1,045	1,997
(Surplus)/deficit for the year	1,779	4,977	638	1,019	1,141	3,958
Balance brought forward	(15,050)	63	(15,050)	63	0	0
Surplus/deficit for the year	1,779	4,977	638	1,019	1,141	3,958
Balance carried forward	(13,271)	5,040	(14,412)	1,082	1,141	3,958

<u>Share of surplus/deficit</u>						
The Council	(11,330)	4,989	(12,303)	1,071	974	3,918
Central Government	0	0	0	0	0	0
Police and Crime Commissioner	(1,397)	0	(1,517)	0	120	0
GM Fire and Rescue Authority	(545)	50	(591)	11	47	40
	(13,271)	5,040	(14,412)	1,082	1,141	3,958

APPENDIX 3: Collection Fund Monitoring

Collection Fund – Forecast Variations NDR

The 2018/19 budget was based on NDR income and transitional protection in 2017/18. The increase in NDR income and reduction in transitional protection reflects the actuals to date during 2018/19.

The allowances for non collection and appeals continue to be reviewed and will be updated again at year end to reflect the most up to date information.

Collection rates

Collection rates for both Council Tax and NDR are on track against the targets for 2018/19.

Council Tax

	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug</u>
Target % 2017/18	10.45	19.3	28.3	37	46
Target % 2018/19	10.41	19.41	28.3	37	45.8
Achieved % 2017/18	10.36	19.39	28.16	36.87	45.66
Achieved % 2018/19	10.39%	19.41%	28.09%	37.01%	45.81%

	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>
Target % 2017/18	54.9	63.7	72.7	81	90
Target % 2018/19	54.45	63.4	72.2	80.6	89.5
Achieved % 2017/18	54.41	63.27	72.14	80.57	89.44
Achieved % 2018/19	54.46%	63.52%	72.27%	80.55%	89.43%

NNDR

	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug</u>
Target % 2017/18	11.00	20.00	30.00	38.00	47.00
Target % 2018/19	11.50	22.00	32.00	40.00	49.00
Achieved % 2017/18	16.95	26.29	35.71	44.31	51.76
Achieved % 2018/19	13.44%	21.84%	31.13%	39.55%	47.83%

	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>
Target % 2017/18	55.50	64.00	72.90	80.00	88.50
Target % 2018/19	56.00	64.20	73.00	80.10	88.60
Achieved % 2017/18	56.10	64.48	73.28	80.01	88.55
Achieved % 2018/19	56.71%	65.58%	72.60%	80.51%	89.52%

APPENDIX 4

IRRECOVERABLE DEBTS OVER £3000

1 October 2018 to 31 December 2018

Note individuals are anonymised

REF:	DEBT:	FINANCIAL YEAR(S)	BALANCE	REASON
65561519	Business Rates	ILIR Hand Car Wash Ltd Asda Cavendish Street Ashton under Lyne OL6 7TZ Company Dissolved 04/09/2018	2015 – 2016 £13.44 2016 – 2017 £5084.50 2017 – 2018 £5298.67 2018 – 2019 £1093.75	£11490.36
65496516	Business Rates	City Aluminium Shopfronts Ltd 4B Arrow Trading Estate Corporation Road Audenshaw M34 5LR Company Dissolved 27/02/2018	2017 – 2018 £3514.96	£3514.96
65505694	Business Rates	G & G Inns Ltd The Warrington Arms 55 Stamford Square Ashton under Lyne OL6 6QR Company Dissolved 13/12/2016	2015- 2016 £3313.41	£3313.41
65532924	Business Rates	SMSD Leisure Ltd Gun Inn 2 Market Street Hollingworth Hyde SK14 8LN Company Dissolved 24/07/2018	2016 – 2017 £2247.58 2017 – 2018 £867.82	£3115.40
65540642	Business Rates	Seasons Household Goods Ltd Unit 5 Eagle Works Tame Street Stalybridge SK15 1ST Company Dissolved 03/07/2018	2017 – 2018 £6726.00 2018 – 2019 £2082.82	£8808.82
65539109	Business Rates	The Furniture People (Hyde) Ltd Unit 2 Warrington Street Ashton under Lyne OL6 6AA Company Dissolved 02/01/2018	2016 – 2017 £1973.75 2017 – 2018 £7047.45	£9021.20
65534555	Business Rates	Consumer Helper Ltd Midland Bank Market Place Hyde SK14 2QN Company Dissolved 20/03/2018	2016 – 2017 £4285.82 2017 – 2018 £6316.55	£10602.37
65490365	Business Rates	Merridale Ltd 1 st Floor Portland Mill Portland Street South Ashton under Lyne OL6 7SX Company Dissolved 05/09/2017	2014 – 2015 £3854.92	£3854.92
65448470	Business Rates	MS Properties Manchester Ltd Advocates Ho	2012 – 2013 £3467.19	£9727.54

		Market Street Denton M34 2AW Company Dissolved 15/06/2018	2013 – 2014 £4756.90 2014 – 2015 £1503.45	
65546800	Business Rates	Warner Property Investments Ltd Chambers 40 Old Street Ashton under Lyne OL6 6LB Company Dissolved 14/11/2017	2016 – 2017 £3602.71	£3602.71
65490211	Business Rates	Northfield South Kirby Ltd The Bowling Green 91 Manchester Road Denton M34 2AF Company Dissolved 12/04/2016	2013 – 2014 £1216.66 2014 – 2015 £7249.81	£8466.47
65547100	Business Rates	Trade Deals Ltd 1 Stamford Road Audenshaw M34 5DY Company Dissolved 11/07/2018	2016 – 2017 £1914.47 2017 – 2018 £10870.43	£12784.90
65509153	Business Rates	Auto Care 24/7 Ltd Assist Care Repairs & Auto Parts 100 Wharf Street Dukinfield SK16 4PG Company Dissolved 28/06/2016	2014 – 2015 £1163.44 2015 – 2016 £1700.00 2016 – 2017 £413.28	£3276.72
65532498	Business Rates	Vanxtras Ltd 6B1 Riverside Dukinfield SK16 4HE Company Dissolved 30/05/2017	2016 – 2017 £3467.41	£3467.41
BUSINESS RATES		SUB TOTAL – Company Dissolved	£95,047.19	
65509320	Business Rates	PKR Tech Ltd Unit B3 Newton Business Park Talbot Road Hyde SK14 4UQ	2014 – 2015 £2610.08 2015 – 2016 £2064.77 2016 – 2017 £1079.02	£5753.87 Company in Liquidation 28/11/2016
BUSINESS RATES		SUB TOTAL - Company in Liquidation	£5753.87	
65437869	Business Rates Anonymised as an individual	2011 – 2012 £806.32 2012 – 2013 £2406.44	£3212.76	Charge Payer made Bankrupt 27/11/2012
BUSINESS RATES		SUB TOTAL – Bankruptcy	£3212.76	
BUSINESS RATES IRRECOVERABLE BY LAW			£104,013.82	

DISCRETION TO WRITE OFF OVER £3000

1 October 2018 to 31 December 2018

Note individuals are anonymised

16062619	Council Tax	2011 – 2012 £1105.23 2012 – 2013 £1137.25 2013 – 2014 £1101.83 2014 – 2015 £1104.14 2015 – 2016 £340.28	£4788.73	Absconded, no trace
10921956	Council Tax	2010 – 2011 £884.49 2011 – 2012 £982.49 2012 – 2013 £399.11 2013 – 2014 £783.31 2014 – 2015 £784.80 2015 – 2016 £111.72 2016 – 2017 £998.60	£4944.52	Absconded, no trace
14339387	Council Tax	2006 – 2007 £287.91 2008 – 2009 £463.43 2009 – 2010 £687.69 2010 – 2011 £151.90 2011 – 2012 £352.16 2012 – 2013 £487.07 2013 – 2014 £783.31 2014 – 2015 £784.80 2015 – 2016 £132.04	£4130.31	Absconded, no trace
11269919	Council Tax	2011 – 2012 £790.07 2012 – 2013 £985.49 2013 – 2014 £1019.42 2014 – 2015 £1021.40 2015 – 2016 £1036.72 2016 – 2017 £1073.60 2017 – 2018 £622.43	£6549.13	Absconded, no trace
COUNCIL TAX		SUB TOTAL – Absconded, no trace	£20,412.69	
13195805	Council Tax	2008 – 2009 £425.58 2009 – 2010 £537.58 2010 – 2011 £544.36 2011 – 2012 £581.56 2012 – 2013 £645.32 2013 – 2014 £680.26 2014 – 2015 £482.27	£3896.93	Deceased 15/12/2014, no estate
COUNCIL TAX		Sub Total – Deceased, no estate	£3896.93	
COUNCIL TAX DISCRETIONARY WRITE OFF TOTAL			£24,309.62	
4011674	Sundry Debts, Homecare charges	2015 – 2016 £626.63 2016 – 2017 £1268.72 2017 – 2018 £951.77 2018 – 2019 £242.72	£3089.84	Deceased 17/05/2018, no estate
326784	Sundry Debts, Homecare charges	2012 – 2013 £2184.49 2013 – 2014 £1932.90 2014 – 2015 £18.56	£4135.95	Deceased 16/08/2013, no estate
564685	Sundry Debts, Homecare charges	2012 – 2013 £4967.08	£4967.08	Deceased 17/09/2014, no estate

512763	Sundry Debts, Homecare charges	2011 – 2012 £4063.97 2012 – 2013 £284.96	£4348.93	Deceased 23/10/2012, no estate
88323	Sundry Debts, Homecare charges	2006 – 2007 £4399.36	£4399.36	Deceased 13/10/2007, no estate
693051	Sundry Debts, Residential Care charges	2012 – 2013 £767.88 2013 – 2014 £2888.51	£3656.39	Deceased 03/01/2014, no estate
334365	Sundry Debts, Residential Care charges	2010 – 2011 £1817.24 2011 – 2012 £526.03 2013 – 2014 £1574.56	£3917.83	Deceased 24/11/2013, no estate
4004646	Sundry Debts, Residential Care charges	2013 – 2014 £10222.45	£10222.45	Deceased 09/09/2017, no estate
592974	Sundry Debts, Residential Care charges	2011 – 2012 £7824.28	£7824.28	Deceased 12/01/2012, no estate
225623	Sundry Debts, Residential Care charges	2006 – 2007 £6420.00	£6420.00	Deceased 15/12/2006, no estate
640693	Sundry Debts, Residential Care charges	2011 – 2012 £5068.22 2012 – 2013 £6492.51 2013 – 2014 £4005.90	£15566.63	Deceased 27/10/2013, no estate
4005080	Sundry Debts, Direct Payment invoice	2015 – 2016 £3081.60	£3081.60	Deceased 10/02/2015, no estate
SUNDRY DEBTS		SUB TOTAL – Deceased, no estate	£71,630.34	
SUNDRY DEBTS DISCRETIONARY WRITE OFF TOTAL			£71,630.34	

SUMMARY OF UNRECOVERABLE DEBT OVER £3000		
IRRECOVERABLE by law	Council Tax	Nil
	Business Rates	£104,013.82
	Overpaid Housing Benefit	Nil
	Sundry	Nil
	TOTAL	£104,013.82

DISCRETIONARY write off – meaning no further resources will be used to actively pursue	Council Tax	£24,309.62
	Business Rates	Nil
	Overpaid Housing Benefit	Nil
	Sundry	£71,630.34
	TOTAL	£95,939.96

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Report to: STRATEGIC COMMISSIONING BOARD

Date: 27 March 2019

Executive Member / Reporting Officer: Councillor Ryan - Executive Member for Children’s Services
Jeanelle de Gruchy - Director of Population Health

Subject: **CONTRACT FOR THE PROVISION OF A YOUNG PEOPLE’S EMOTIONAL WELLBEING AND COUNSELLING SERVICE**

Report Summary: Authorisation is required to conduct an open and competitive tender process, testing the market to secure an appropriate supplier to deliver a Young People’s Emotional Wellbeing and Counselling Service in Tameside.

The current budget is £91,500 per annum and it is envisaged the service should run for a further five years. However, the options appraisal within the report seeks an additional £17,000 per annum to support and reduce demand locally.

- Recommendations:**
- (i) That Members approve the re-tender of the service for 5 years at the end of the contract period, due to expire 30 September 2019.
 - (ii) That Option E (b) outlined in section 4 of the submitted report, for the re-tender include an increase to the contract value to support the growing need and demand, at approx. £108,500, be approved.

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

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board
Organisation and Directorate	Tameside MBC Population Health
Budget Allocation	£0.109 million
Additional Comments	
<p>The existing annual contract value of £91,500 is included within the Population Health directorate revenue budget for 2019/20. The proposed contract value increase of £17,000 per annum to support increased demand has been identified via savings within the Population Health directorate budget.</p> <p>It is essential that the proposed tender specification is aligned to the wider mental health strategy across the economy to ensure the efficient utilisation of diminishing resources.</p>	

Legal Implications:
(Authorised by the Borough Solicitor)

In order to ensure the Council’s fiduciary duty to the public purse is met, Members should be satisfied the proposals will produce value for money and improve the chances of

achieving the desired outcomes for young people.

As the Director of Finance has pointed out, the proposed increase to the contract value will need to be resourced from the Service's budget.

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the Developing Well, Living Well programmes for action

How do proposals align with Locality Plan?

The service is consistent with the following priority transformation programmes:

- Enabling self-care
- Locality-based services
- Planned care services

How do proposals align with the Commissioning Strategy?

The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities
- Commission for the 'whole person'
- Create a proactive and holistic population health system

Recommendations / views of the Health and Care Advisory Group:

Not scheduled for the Health and Care Advisory Group.

Public and Patient Implications:

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

Quality Implications:

Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness.

How do the proposals help to reduce health inequalities?

The proposal will reduce health inequalities in Tameside by supporting those young people who identify emotional health and wellbeing needs.

What are the Equality and Diversity implications?

The proposal will not affect protected characteristic group(s) within the Equality Act.

The service will be available to Adults with a learning disability regardless of ethnicity, gender, sexual orientation, religious belief, gender re assignment, pregnancy/maternity, marriage/civil and partnership.

What are the safeguarding implications?

There are no anticipated safeguarding issues. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.

What are the Information Governance implications? Has a privacy impact

The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider.

assessment been conducted?

A privacy impact assessment has not been carried out.

Risk Management:

The purchasers will work closely with the provider to manage and minimise any risk of provider failure consistent with the provider's contingency plan.

Access to Information :

The procurement file and background papers relating to this report can be inspected by contacting the report writer, Nick Ellwood, Planning and Commissioning Officer or Charlotte Lee Population Health Programme Manager:



Telephone: 07976 931066



e-mail: nick.ellwood@tameside.gov.uk
charlotte.lee@tameside.gov.uk

1. BACKGROUND

- 1.1 Commissioners are working to deliver the ambition set in the Tameside Health and Wellbeing Strategy, Tameside and Glossop One Corporate Plan and the Children and Young People's Mental Health Local Transformation Plan (LTP), to improve the outcomes for children and young people (0 to 25) in Tameside.
- 1.2 With particular interest in emotional wellbeing and mental health, from prevention, through to specialist services; the current Young People's Wellbeing and Counselling Service has been an integral part to the delivery of the THRIVE model and commissioning component to the LTP (see appendix A for description) in Tameside and Glossop. The current Young People's Emotional Wellbeing and Counselling Service supports young people between the ages of 10 to 25, in the 'Getting Advice', 'Getting Help' and 'Getting More Help' quadrants.
- 1.3 In response to this ambition, the vision for this service is currently as follows:

“Improve the emotional wellbeing of young people aged 10 - 25 who live in Tameside. This will be done by working with, supporting and actively engaging with children, young people, parents, policymakers and professionals.”

- 1.4 With the ambition and vision of the service, the Young People's Emotional Wellbeing and Counselling Service has worked closely with a number of partners including Healthy Young Minds (previously CAMHS). This partnership approach has enabled appropriate and safe referrals to the Young People's Emotional Wellbeing and Counselling Service, where children and young people have presented with reasonable need.
- 1.5 This need has then been met by the Young People's Emotional Wellbeing and Counselling Service which takes a 'person centred' and evidence based approach. Meaning that it has been delivered in conjunction with young people to support them to work through their issues, at their pace, in their own ways. Any identified safeguarding issues are addressed via the appropriate channels and dealt with in a safe, timely and professional manner in line with the Tameside Safeguarding Children's Partnership requirements.
- 1.6 The outcomes of the Young People's Emotional Wellbeing and Counselling Service are well documented within quarterly reports which contain 'thank you' letters, case studies and output data (briefly highlighted with **Appendix B**). Moreover, the outcomes align to the Voice of the Child Strategy and the 'I Statements' created by local children and young people as part of the Local Transformation Plan.
- 1.7 Above this, supporting an individual with their emotional and mental health brings a number of additional benefits including:
 - Better understanding of problems or issues;
 - Improved coping strategies for the presenting problem(s);
 - Coping strategies that can be used and re-used for future problems;
 - Improved health and wellbeing;
 - Reduced sickness absence from school/college/work;
 - Prevention of further risk(s);
 - Improved life chances;
 - Improved social skills;
 - Individuals feel valued;
 - Improved chances of returning to work/gaining employment;
 - Less need for medication;
 - Prevention of problems or issues escalating.

- 1.8 These benefits are supported by a strong evidence base that is well documented across mental health publications, including the Mental Health Foundation's - [Mental health and prevention: Taking local action for better mental health \(2016\)](#).
- 1.9 With the understanding that the current contract for the Young People's Emotional Wellbeing and Counselling Service is due end 30 September 2019, the report forthwith provides a current position statement and options appraisal.

2. CHILDREN AND YOUNG PEOPLE MENTAL HEALTH OVERVIEW

2.1 The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.¹

2.2 Yet, it is understood that the prevalence of mental health disorders nationally is increasing. This is evident in the latest survey (2017) was funded by the Department of Health and Social Care, commissioned by NHS Digital², and carried out by the National Centre for Social Research, the Office for National Statistics and Youth in Mind. The survey concluded:

- One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017.
- Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%).
- Rates of mental disorders increased with age. 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds. Caution is needed, however, when comparing rates between age groups due to differences in data collection. For example, teacher reports were available only for 5 to 16 year olds.

2.3 Moreover, across England it is understood that:

- 50% of the population with lifetime mental illness will experience symptoms by the age of 14 years.³
- Maternal depression is associated with a 5 fold increased risk of mental health conditions in children.
- Boys aged 11-15 years are 1.3 times more likely to have a mental health issues than girls of the same age.
- 60% of looked after children have some form of emotional or mental health problem.
- Young people in prison are 18 times more likely to take their own lives than others of the same age.⁴

2.4 The increasing prevalence and demand is also supported by the voice of the child. In October 2018 local youth services held a ballot called 'Make Your Mark', the UK's largest survey of young people's views. It involves young people aged 11-18 taking part in a ballot to shortlist what is debated by the Youth Parliament later this year. In total 6,066 ballots were returned with improving mental health services the most voted for topic with 1,155 votes.

2.5 Regionally, children and young people make up a third of the Greater Manchester population and it is forecasted that the 0 -15 year old cohort will be one of the fastest growing groups

¹ PHE and Children and Young People's Mental Health Coalition (2015) Promoting children and young people's emotional health and wellbeing: A whole school and college approach

²<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

³ Children and young people's health outcome forum (2012) Report of the children and young people's health outcomes forum – mental health subgroup

⁴ Department of Health (2013) Our children deserve better: Prevention pays

over the next 5 years. The Office for National Statistics (ONS) population estimates projects by 2025 there will be over 732,000 0-19 years' olds in Greater Manchester.

2.6 Table 1 below illustrates the estimated number of children with mental health disorders aged 5-17 years within each locality across Greater Manchester with the prevalence in Tameside and Glossop at 9.9%.

Greater Manchester Locality	Locality Population Aged 5-17 yrs.*	Prevalence % **	Estimated Prevalence of Mental Health Disorder
Bolton	47,297	9.8	4,635
Bury	30,549	9	2,749
Manchester	80,618	10.5	8,465
Oldham	41,833	10.1	4,225
Rochdale	36,288	10.1	3,665
Salford	37,267	10	3,727
Stockport	44,310	8.7	3,855
Tameside & Glossop	39,496	9.9	3,910
Trafford	39,957	8.4	3,356
Wigan	49,068	9.8	4,809
Greater Manchester	446,683		43,396
Greater Manchester (Aggregated)		9.7	43,328

* Mid-2016 Local Authority and Lower Layer Super Output Area population estimates

**Modelled on synthetic estimates, 2015 (Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>)

Table 1 Greater Manchester Estimated number of children with mental health disorders aged 5-17 years

2.7 For Tameside and Glossop children and young people's mental and emotional health outcomes are worse when compared to the England averages. For example when looking at risk factors:

- In 2018 there were 616 looked after children (Tameside only).⁵
- Around 329 children in need in 2017 were due to family stress or dysfunction (Tameside only).
- Approximately 375 people in drug and alcohol treatment services in 2017/18 had children⁶ (Tameside only).
- Around 1,200 women experienced mild to moderate postnatal depression or post-traumatic stress in 2015/16.⁷
- Around 15% of children and young people in Tameside and Glossop have a long term condition, disability or medical condition.
- 16% of 15 year olds in Tameside report low life satisfaction.
- More than half of all 15 year olds say they have been bullied.
- Around 9% of 15 year olds say they are regular drinkers of alcohol.
- Around 69, 10 to 15 year olds entered the youth justice system for the first time in 2017.¹⁰ (Tameside only).
- More than 1,500 10 to 15 year olds provide unpaid care.

⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766707/LAIT.xlsx

⁶ <https://www.ndtms.net/>

⁷ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health>

- More than 1,700 referrals to children social care in 2017/18 were related to domestic abuse.⁸

2.8 Therefore the prevalence of emotional and mental health issues for children and young people in Tameside and Glossop are significant:

- Around 3,124 children aged 5-16 years have a mental health condition.
- Around 1,195 children have an emotional disorder.
- Approximately 3,183 children aged 16 to 24 years have an eating disorder.
- 758 school aged children in 2018 had a social, emotional or mental health need (Tameside only).
- In 2016/17, 107 children were admitted to hospital due to self-harm.⁹
- There were 603 A&E attendances for self-harm in children and young people in 2017/18.¹⁰
- In 2017/18 there were 1,717 referrals to Child and Adolescent Mental Health services (CAHMS) in Tameside & Glossop.¹¹

3. POSITION OF YOUNG PEOPLE'S EMOTIONAL WELLBEING AND COUNSELLING SERVICE

3.1 The original contract commenced on the 1 October 2015 for a two year period with provision to extend for up to an additional two year period. Authorisation to extend was sought via a waiver decision and ends on 30 September 2019.

3.2 The current contract price for the financial year 2018/19 is £91,500. This was a reduction from the previous annual sum of £106,785 for the financial year 2014/15. In addition, at the time of the national in year Public Health grant cut (October 2015) this contract was further reviewed. It was considered that this service could not sustain an additional saving without a significant detrimental impact on children and young people requiring mental health interventions. This would have implications for the whole system approach in transformation for young people's mental health services.

3.3 With the national understanding that young people's mental ill health is growing in prevalence¹² and emerging local programmes of work, there is an increasing concern that the service will not be able to meet the demand and need for 'counselling' support in Tameside (evidence supported within the waiting list numbers); despite the ambition and successes of Tameside and Glossop Children and Young People's Mental Health Local Transformation Plan.

3.4 The current service has seen a 60% increase in referrals to the service over the last 2 years.

3.5 Within the past 12 months the current service has on average, over a 12 month period:

- received 60-65 new referrals each quarter;
- supported 60 young people with their first counselling appointment, each quarter;
- seen on average a young person for 5 appointments (4.6 national average);
- has had an waiting list of over 100 young people, waiting approx. 10-11 weeks;
- delivered 'drop ins' to support those on the waiting list.

⁸ Tameside MBC Children's Social Care

⁹ <https://fingertips.phe.org.uk/profile/child-health-profiles>

¹⁰ TIIG

¹¹ <https://www.gmtableau.nhs.uk/#/site/TamesideandGlossopCCG/views/>

¹² <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

- 3.6 The service has been subject to three monthly performance management meetings which includes a review of performance data and case studies. It is also subject to an annual validation.
- 3.7 The Performance Officers have seen evidence from the young people who use the service that they clearly value the service and feedback from young people is extremely positive regarding outcomes and quality of service received. They speak highly of all the service and have stated that they feel that their lives benefit from using the service.
- 3.8 The service has been performing as required under the contract and there are no contractual compliance issues, and overall the service has developed well with joint working across stakeholders.
- 3.9 Routine Outcome Measures data regarding the service has been sent 6 monthly to the Child Outcome Reach Consortium (CORC). This has been used as a national bench mark measure. Activity data is collated monthly in order for the data to be submitted in time. More recently the Service has used the Mental Health Data Set launched 2018¹³. In addition Patient Stories are required quarterly and Annual Voice of the Child Audit findings to the Single Commission Service. Review meetings are held every three months with the provider and Single Commission.

4. OPTIONS

- 4.1 The service is essential to ensure there is intervention at an earlier stage with young people who maybe, or who are, experiencing mental and emotional health needs. Therefore, the following options have been considered and laid out as following:

¹³ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set>

Option	Noting points
A End the contract	Whilst this would provide a significant financial saving, the service would not be available to support children and young people's mental health, negatively impacting on outcomes and quality of life.
B End contract and amalgamate the service with other services/contracts	Due to the specific nature of this service, it would be extremely difficult to undertake any form of amalgamation with other services/contracts as it was felt that the elements of the service could easily be consumed and the success of the service suffer as a result. It would be difficult to purchase the individual elements of the service for the financial commitment that is already provided, as outlined above.
C Extend contract on renegotiated terms	The current contract price is very low in terms of the significance of this work and reflects value for money. To reduce the current contract price would seriously jeopardise the service as the supplier would find it difficult to deliver the same levels of support.
D Extend contract on current terms	This is not an option under PSO's given that the contract ends on the 30 September 2019.
E End contract and re-tender (preferred option E(b))	<p>The preferred option is option E(b) given that the contract will end on the 30 September 2019.</p> <p>E(a): re-tender with current contract value: £91,500</p> <p>E(b): re-tender but increase the contract value to support the growing need and demand. Seeking approx. £108,500</p> <p>An additional £17,000 will support and reduce demand locally as described above. It will enable and improve goal based outcomes by enabling a robust service fit to meet the demand. The additional £17,000 has been identified from the existing population health budget from 19/20.</p> <p>To enable a clearer understanding of this, based on the current service £17,000 would build capacity to support an additional 60 young people per annum.</p> <p>The additional financial resources will come from savings within existing budgets from Population Health.</p> <p>We also seek permission to re-tender for a 5 year service, with the understanding reasonable clauses will be included in the contract.</p> <p>Should permissions be granted further work will be carried out with the Youth Council to ensure the voice of the child/ young person is heard at the different stages of re-tendering.</p>

5. VALUE OF CONTRACT

- 5.1 The total cost for a further period of up to five years will be £457,500 (without additional investment). With additional investment of £17,000 per annum the total cost would be £542,500. The additional investment of £17,000 has been identified via internal efficiencies within the population health budget in 19/20.

5.2 Joint work with STAR has been ongoing with this tender project and STAR will be providing procurement support to the Commissioners.

6. RECOMMENDATIONS

6.1 As stated on the report cover.

Local Transformation Plan Summary

The Local Transformation Plan outlines how the local area intends to transform Children and Young People's Mental Health over the next five years.

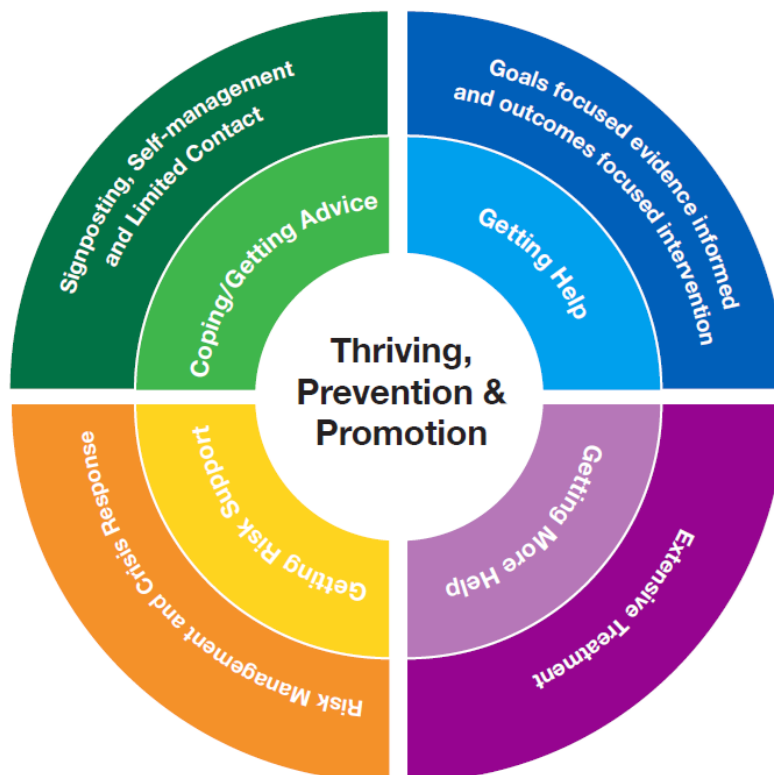
Vision

We want children, young people and their families to be successful. We will work to ensure that positive opportunities and effective help are available at the earliest opportunity; enabling children and their families to make the choices that mean they can thrive and achieve. Where children and families do need to access services, they will be responsive, of a high quality and focussed on achieving self-reliance.

Aims

To develop a personalised, joined up system to enable children and young people to stay well and provide the best support and care when and where they need it.

Embed the THRIVE framework as a multi-agency approach to meet the full range of children and young people's emotional and mental wellbeing needs. This will ensure the right support, is given at the right time through an 'open door'.



More young people to have access to evidence based help and support, quickly.

Everyone working together to promote children and young people's emotional well-being and resilience.

Mothers and their partners will get swift and easy access to a range of mental health support from pregnancy into the early years.

How will we get there?

We will embed the THRIVE framework as a multi-agency approach to meet the full range of children and young people's emotional and mental well-being needs with strong leadership and governance. Some of the work includes:

Getting Advice – Signposting, support with self-management

- Ensure children, young people and their families are listened to.
- Train staff working with children and young people to recognise needs and be able to respond to them quickly.

Getting Help

- Increase the workforce through additional investment in frontline staff (specialist CAMHS and community services)
- Develop a single point of entry to support and help for children and young people with mental health and well-being needs.
- Create drop-in sessions so children and young people can access help and support quickly.

Getting More Help

- Monitor and review to make sure that more young people are being supported and that the help they are receiving is making a difference.
- Enable children and young people with possible neurodevelopmental conditions to get the support and help they need quickly.

Getting Risk Support

- Work with Greater Manchester Health and Social Care Partnership to develop a care pathway for those children and young people experiencing a mental health crisis.

'I' Statements

- *I should be listened to, given time to tell my story and feel like what I say matters.*
- *I want my situation to be treated sensitively and I should be respected and not feel judged.*
- *I want the professionals that I come into contact with to be kind and understanding and realise that I need to trust them if they are going to help me.*
- *I should always be made to feel safe and supported so that I can express myself in a safe environment.*
- *I should be treated equally and as an individual and be able to shape my own goals with my worker.*
- *I want my friends, family and those close to me to understand the issues so that we can support each other.*
- *I want clear and up to date detailed information about the services that I can access.*
- *I want to get the right type of help, when things first start to be a problem, at the right time in the right place and without having to wait until things get worse.*
- *I want to feel that services are shaped around my needs and not the other way round, but I also want to know that I am not alone in how I am feeling. I want my support to feel consistent and easy to find my way around.*

Appendix B

Outcomes and Feedback of the current Young People's Emotional Wellbeing and Counselling Service

Outcomes of current service:

- To increase the number of young people accessing evidenced based emotional wellbeing support and interventions.
- A significant number of young people reporting improved goal based outcomes.
- To maximise the opportunities for integration and collaboration in adopting a whole system approach to young people's emotional wellbeing and counselling services that reduces the demand for specialist and targeted services through enhanced early intervention and prevention.

Feedback from Young People in receipt of Service:

Any Other Comments? (E.g. Has counselling helped you or the person you are supporting?)

(Please use the back of the sheet if required?)

Counselling has helped me so much! Being able to talk about it and have someone understand helped.

(Please use the back of the sheet if required?)

I love it here and it really help me to get rid of stress and anxiety

(Please use the back of the sheet if required?)

This has been an interesting journey for me. I think I could have died. All I could think about was not eating food. Food was my enemy. I talked and talked and my councillor listened. Then I worked out it was the bullies at school and facebook were my problem, not food. Thankyou All

Thank you :)

Feedback from Parent/ Carers:

(Please use the back of the sheet if required?)

I think its helped to get things off his chest and hear from a 'third party' that things will be ok and not just friends and family who he thinks say it because we have to and because we love him. Also to know he is not the only one who feels upset or different at times has made him feel less isolated I think.

Thank you :)

(Please use the back of the sheet if required?)

Every young person should have access to this service if they have a problem, it is excellent. The boy I am coming for has lots of anger issues and was getting involved with gangs. He has now been given the confidence to walk away and show some self control. Very good. Thank you :)

(Please use back of sheet if required)

OTR has been a lifeline for my daughters. My older daughter had a very difficult time transitioning from Primary to Secondary, thanks to OTR she is doing really well at school now and her anxiety is greatly reduced. She is happy & her

PTA

confidence has increased.

I am here with my younger daughter who is finding puberty anxiety provoking. As a parent we don't always have the skills to cope without outside support. Hopefully this will help her too!

I just wish the waiting list was shorter. Thank you for all you do! ☺

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Please note: completion and submission of a PID to STAR Procurement (STAR) prior to commencement of the procurement process is a mandatory requirement of the CPRs and provides assurance that all approvals to procure are in place. STAR will not advertise any tenders until the first draft of the PID for the project/contract requirement has been properly submitted to STAR and a member of the STAR team has discussed the requirement with the ASO.

[You can find the CPRs for your Council here](#)

Please complete sections 1–5 below and submit it to the STAR officer with whom you are dealing; or if unsure, submit to procurement@star-procurement.gov.uk and a member of the STAR team will contact the Authorised Service Officer (ASO) to discuss the content of the form. The more fully you complete these sections the easier it will be to process the document, so please provide as much information as possible.

If you are unsure about any information requested, please liaise with the STAR officer with whom you are dealing. If you do not know who to speak to at STAR, refer to the STAR [structure chart](#) which sets out who in STAR deals with which areas of the Council’s business.

Section 1: Key Contact Details (To be completed by the ASO)			
Council	Tameside	Directorate	Population Health
Contract Owner (CO):	Charlotte Lee	Service:	Health Improvement
Job Title:	Population Health Programme Officer	Telephone:	0161 342 4136
e-mail:	Charlotte.lee@tameside.gov.uk	Budget Holder Details:	As above
Head of Service Details:	Debbie Watson	Project Manager Details (if different from CO):	Nick Ellwood
Section 2: Project / Contract Details (To be completed by the ASO)			
Project Title	Tender for the provision of a Children and Young People’s Emotiona and Counselling Wellbeing Service		
Type of Contract	Services (Social Care Related)	Cost Code(s)	Click here to enter text.
Total Value of Contract	£542,500	Annual Value of Contract	£108,500
Proposed Contract Start Date	01/10/2019	Proposed Contract End Date	30/09/2024
Extension Option(s)	A five year contract is required	Is this a Key Decision	No
Is the procurement being run on behalf of other authorities / councils?	No	Governance Arrangements	Other
Description of Project / Initiative / Contract	Provison of a Young Peoples Emotional Wellbeing and Counselling Service		

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Objectives to be achieved	<p>(Please summarise the main objectives of the project, linking to Council / Corporate Priorities where possible)</p> <p>The Service will be required to develop and deliver a service which is underpinned by the following key objectives:</p> <p>To provide and maintain an independent, free, accessible and confidential emotional wellbeing service that will support personal wellbeing and promote good mental health amongst young people aged 10 – 25 years who live in Tameside.</p> <p>To deliver a service that is evidence based.</p> <p>To align service delivery to the THRIVE Framework.</p> <p>To reflect the needs of local young people as well as the national strategic context.</p> <p>To ensure the needs of particular vulnerable groups and groups covered under the core equality strands are met; e.g. young people who self-harm, have body image issues, feel bullied, need sexual health and gender-specific support, Young people with learning disabilities/difficulties, looked after children.</p> <p>To continually develop through co-design with Service Users, their families, and specialist local service providers.</p> <p>To develop a whole system approach that encompasses a universal and targeted service e.g. on-line and face to face support, or a combination of both.</p> <p>To work in close partnership with Healthy Young Minds, the Adult Mental Health Service (Healthy Minds Service) and the community/ 3rd sector offer to ensure smooth transition/ step up and step down of young people to and from specialist provision.</p> <p>To collect relevant patient information to inform activity and outcomes, and submit on a monthly basis to the Mental Health Services Data Set.</p> <p>To contribute to the improvement of the emotional wellbeing and resilience of Tameside young people aged 10 – 25 years.</p>
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Section 3: Background to the Project / Contract (To be completed by the ASO)

Current Contractual Position	<p>(Please give details of the current / previous agreement including contractor, agreement value, procurement procedure undertaken and expiration date.)</p> <p>Following a competitive procurement process the original contract commenced on the 1 October 2015 for a two year period with provision to extend for up to an additional two year period. Authorisation to extend was sought via a waiver decision and ends on 30 September 2019. A new service will need to be procured via an open competitive process with a new budget envelope that is yet to be determined</p>
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Authority to procure	<p>(Please provide details of the authority to procure and ensure that the relevant authorising documentation is embedded in section4 of this PID)</p> <p>Authority to procure will need to be sought via the councils Senior Leadership Team and the Intergrated Strategic Commissioning Board.</p>	
Market Conditions	<p>(Please describe the perceived current market conditions [e.g. highly competitive, monopolistic, many players etc.]</p> <p>The last tender we only received two compliant bids, we are hoping that we receive at least 3 compliant bids for the new tender.</p>	
	<p>Will there be significant impacts in changing supplier should the supplier go into receivership (i.e. how easy is it to change supplier?)</p> <p>Will there be significant supply / delivery impacts if the products become unavailable? (i.e. how easy is it to change prodcuts?)</p>	<p>Yes</p> <p>N/A</p>
Social Value	<p>The Chief Executives of Stockport, Trafford and Rochdale Council’s have signed up to the Greater Manchester Social Value Framework. Please confirm what Social Value options have been considered and how you intend to approach their delivery through this contract. You can find further information here in the GMCA Social Value Policy</p> <p>As per the Public Services (Social Value) Act (2012), the Provider will acknowledge the requirement to consider Social Value within the heart of the Service and implement initiatives over the life of the contract that may generate self-sufficient and sustainable benefits to the local community, society and the economy, in particular the local economy, whilst minimising damage to the environment. Some of these initiatives may include: To continually develop through co-design with Service Users, their families, and specialist local service providers. To develop a whole system approach that encompasses a universal and targeted service e.g. on-line and face to face support, or a combination of both. The Service should be committed to the growth of mutual aid, peer support and Service User participation.</p>	
Personnel / Staffing Matters	<p>Will TUPE apply to the resulting contract / agreement?</p> <p>Is this service currently supplied internally by the Council?</p> <p>If yes, are there any pension implications for the Council?</p> <p>Where TUPE applies, have you discussed with the SRO for HR and the SRO for Legal as required by Rule 6.2.2 of the CPRs?</p> <p>Is the service currently supplied by a third party to the Council?</p> <p>If TUPE applies, have you obtained the relevant details with which to publish with the tender documentation?</p>	<p>Yes</p> <p>No</p> <p>N/A</p> <p>Choose an item.</p> <p>Choose an item.</p> <p>Yes</p>
	<p>(Provide any other details you consider appropriate)</p> <p>Click here to enter text.</p>	
Options Appraisal	<p>(Please describe what various options have been considered to date in relation to this project / contract including whether there is a need to procure this requirement)</p>	

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	<p>The following options have been considered and discounted for the reasons stated below:-</p> <p>End contract and amalgamate the service with other services/contracts. Due to the specific nature of this service, it would be extremely difficult to undertake any form of amalgamation with other services/contracts as it was felt that the elements of the service could easily be consumed and the success of the service suffer as a result. It would be difficult to purchase the individual elements of the service for the financial commitment that is already provided, as outlined above.</p> <p>End contract and re-tender; this is the preferred and required option given that the contract will end on the 30 September 2019.</p> <p>Extend contract on renegotiated terms; the current contract price is very low in terms of the significance of this work and reflects value for money. To reduce the current contract price would seriously jeopardise the service as the supplier would find it difficult to deliver the same levels of support.</p> <p>Extend contract on current terms; this is not an option under PSO's given that the contract ends on the 30 September 2019.</p>	
Grant Funding	<p>Does this project / contract make use of any Grant Funding?</p> <p>If yes, are there any constraints in terms of the procurement exercise, or additional rules that must be observed so as not to put the grant funding at risk?</p> <p>If Yes, is the grant from ERDF or direct from the European Union?</p>	<p>No</p> <p>N/A</p> <p>N/A</p>
	<p>(Provide any other details as you consider appropriate)</p> <p>Click here to enter text.</p>	
Data Protection	<p>1. Will this project/contract involve the recording, managing and/or processing of personal data?</p> <p>If you have answered No to Question 1, please ignore Questions 2-4. If you have answered Yes to Question 1, it is possible that your proposed Contract/Framework Agreement may involve sharing with a third party supplier, personal information for which you will ultimately retain responsibility. It is your responsibility to seek advice from the Council's Information Governance Team in respect of your obligations regarding the protection of any data that is shared with any third party organisation</p> <p>2. Please confirm that you have contacted your Information Governance Team and sought specific advice from them in respect of this Contract/Framework Agreement</p>	<p>Yes</p> <p>Yes</p>

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	3. If you have answered Yes to Question 2, are you in receipt of specific advice from your Information Governance Team which needs to be incorporated into the Specification and/or the Terms and Conditions of Contract/Framework Agreement?	Yes
	4. If you have answered No to Question 2, can you confirm that you will fully address matters concerning the holding and/or processing of personal data in the Specification and/or the Terms and Conditions of Contract/Framework Agreement, not least of which ensuring that any data will not leave the European Economic Area?	N/A
(Provide any other details as you consider appropriate)		
A Data Protection Impact Assessment will be completed in relation to the successful supplier – this will need to be completed following contract award.		
Safeguarding	Do you consider that there will be safeguarding implications for this contract?	Yes
Governance Arrangements	Please provide details of the Governance Arrangements you have identified in Section 2 above to mitigate the financial risks to the contracting authority?	Click here to enter text.
Section 4(a): Market Engagement (To be completed by ASO)		
Have local/GM suppliers been identified? I.e. through current market knowledge, The Chest or a further research via the internet or other methods.		Yes
If Yes please supply details of suppliers here:		
If No, has market engagement been considered?		No
If Yes, what market engagement is being considered?	Choose an item.	Choose an item.
	Choose an item.	Choose an item.
If No please provide sufficient evidence to support this decision so that a Head of Strategic Procurement can review.		

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Section 4(b): Supporting Information (To be completed by the ASO)				
Where available, please embed the following documentation or provide appropriate links:				
Evidence of market testing undertaken	Executive/ Directors/ Business Reports, or Associated Business Case, or Key Decision Approval	Other documents you believe necessary to support your request	Associated Partnership Collaborations/ Memorandum of Understanding etc.	Any Social Value work already undertaken (including relevant Consultations)

Section 5: Financial and Benefits Realisation (To be completed by the ASO and a Finance Manager)			
	Revenue	Capital	Grant Funded
Budget Allocation – detail the budget allocated to this project / contract	£108,500 per annum	£0	£0
Budget code(s) to be listed	Click here to enter text.	Click here to enter text.	Click here to enter text.
Current Budgetary Pressures – detail any budgetary pressures that currently exist and overspend figures	The annual budget allocation includes an additional sum of £17,000 (to the existing annual contract value) that has been identified via savings within the Population Health Directorate budget.		
Other Efficiency Gains – please describe other non –cashable efficiencies expected	Click here to enter text.		
Targeted Financial Savings – total savings expected per financial year	Year 1: £Click here to enter text. Year 2: £Click here to enter text. Year 3: £Click here to enter text. Year 4: £Click here to enter text.		
Linked Savings Proposals – detail any connected savings proposals in the plan already (e.g. MTFP)	Year 1: £Click here to enter text. Year 2: £Click here to enter text. Year 3: £Click here to enter text. Year 4: £Click here to enter text.		
Method of Saving – please state the method(s) for realising any savings:	(Cost avoidance, Efficiencies, Income Generation, Rebate, Top Slicing, Other, N/A)		
	Click here to enter text.		
Section 6: Tender and Other Identified Additional Savings (To be completed by the APO)			
Section 6 should be completed by STAR to identify any further savings opportunities, all detail will be discussed and agreed with the ASO in advance of completing the form and will constitute part of the sign off process.			

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Insert details of additional identified savings targets other than those shown in Section 5: (This is a target only)	Year 1: £ Click here to enter text. Year 2: £ Click here to enter text. Year 3: £ Click here to enter text. Year 4: £ Click here to enter text.		
Section 7: Procurement Risk Profile & Collaboration (To be completed by the APO)			
Financial Risk Analysis	<p>You may wish to use the embedded document here to consider the financial risks associated with this project / contract, and also information provided by the ASO in Section 3. You may use another appropriate document to show consideration of these risks, please embed this here: If you are not completing this document, please delete.</p> <p>(Please detail any other financial risks identified)</p> <p>Click here to enter text.</p>		
 Financial Risk Assessment Form.doc			
General Risk Analysis	<p>(Please detail any general risks identified and mitigating actions)</p> <p>Click here to enter text.</p>		
Collaboration	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%; padding: 5px;"> Does this project / contract cover requirements across more than one Council / Department If yes, have you engaged with these other potential partners? </td> <td style="width: 30%; padding: 5px;"> Choose an item. Choose an item. </td> </tr> </table> <p>(Please identify the other participating departments / Council's etc. (enter N/A if appropriate))</p> <p>Click here to enter text.</p> <p>(Please confirm what collaboration opportunities have been considered and the outcome of any relevant discussions):</p> <p>Click here to enter text.</p>	Does this project / contract cover requirements across more than one Council / Department If yes, have you engaged with these other potential partners?	Choose an item. Choose an item.
Does this project / contract cover requirements across more than one Council / Department If yes, have you engaged with these other potential partners?	Choose an item. Choose an item.		
Contracts Register	<p>(Please detail any relevant Contracts Register information (i.e. UID, previous UID, anything to note etc.))</p> <p>Click here to enter text.</p>		
Social Value	<p>In addition to the information supplied by the ASO at Section 3, you may wish to use the embedded document here to consider the potential ways in which Social Value can be included in this project / contract and how it might best be considered in the procurement process and documentation. You may use another appropriate document to show consideration of these risks, please embed this here: If you are not completing this document, please delete.</p> <p>(Please detail any other Social Value information of note to this requirement)</p> <p>Click here to enter text.</p>		
 Social Value Considerations Form.			

Above-OJEU Procurement Initiation Document (PID)

	(Please detail how you shall be dealing with Social Value for this project. The below text should be copied into the appropriate cell of the PID Log)		
	Click here to enter text.		
Governance Arrangements	Are you satisfied with that the proposed Governance Arrangements will satisfactorily mitigate the risks to the contracting authority?	Choose an item.	
Social Value	In addition to the information supplied by the ASO at Section 3, you may wish to use the embedded document here to consider the potential ways in which Social Value can be included in this project / contract and how it might best be considered in the procurement process and documentation. You may use another appropriate document to show consideration of these risks, please embed this here: If you are not completing this document, please delete.		
Procurement Route	(Please detail the procurement route chosen and the reasons why, you may wish to embed a Procurement Options Appraisal document in the space provided below)		
	Click here to enter text.		
In the below space, embed any other documentation you believe appropriate:			
Section 8: Sign Off			
By signing the below, I confirm that I have familiarised myself with the requirements of Rules 6 (Pre-Procurement), 8 (Tenders), and 9 (Contract Provisions and Formalities) of the CPRs and understand what is expected of me and the role between the ASO and the APO on this tender exercise:			
By signing this form, you are also agreeing and confirming that you have read and agree to the risks, issues and recommendations identified in this document. By doing so, you give approval for STAR Procurement to proceed with finalising and issue-ing any tender documentation subject to any necessary Key Decision Approvals and other Executive Approvals required:			
ASO Agreement:	Finance Manager Agreement (Sections 5 & 6 only)	APO Agreement:	APO Line Manager:
Click here to enter text.	Stephen Wilde	Click here to enter text.	Click here to enter text.
Click here to enter a date.	28/02/2019	Click here to enter a date.	Click here to enter a date.
Electronic Signature	Electronic Signature	Electronic Signature	Electronic Signature

STAR Use Only	
UID Ref:	

Above-OJEU Procurement Initiation Document (PID)

Appendix 1 – Post Tender Award Report

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Report to:	STRATEGIC COMMISSIONING BOARD
Date:	27 March 2019
Executive Member/Reporting Officer:	Jessica Williams, Interim Director of Commissioning
Subject:	CHILDREN AND YOUNG PEOPLE'S (CYP) EMOTIONAL WELLBEING AND MENTAL HEALTH LOCAL TRANSFORMATION PLAN (LTP) UPDATE
Report Summary:	<p>The Tameside and Glossop LTP was finalised in October 2015 and assured at the end of 2015/16 through NHSE. There is a requirement for the LTP to be refreshed on an annual basis to reflect local progress and further ambitions. The report details the refresh of the LTPs and is seen by NSHE as the evidence that progress is being made, that the funding is being spent as intended and will provide evidence on how services are being transformed.</p>
Recommendations:	<p>Strategic Commissioning Board recommended to:</p> <ol style="list-style-type: none">a) support the approval of the LTP refresh and finance plans for deliverables for 2019- 2020 and 2010- 2021, recognising that within the year the plan will need to be reviewed in line with strategic objective to integrate CYP services.b) to support aligning LTP with GM approaches where populations and needs require; thus delivering efficiencies.c) note the national context and building national pressures and assurance measures to increase spending on CAMHS and ensure the publication of the LTP Update.d) to agree financial investment to support developments within the LTP unallocated funding for 2020-21 in order to fully meet local and national agenda's in delivering the Local Transformation Plan as follows:<ul style="list-style-type: none">o Improving access and implementing the THRIVE model.o Ensuring the Neurodevelopmental team is adequately resourced to meet the needs of the local population, include pre-diagnostic and post-diagnostic support.
Links to Community Strategy:	<p>Throughout the transformation plan, there is a focus on developing a whole-system collaborative approach to meeting the emotional health and well-being needs of children and young people. The plan has partnership involvement from a range of providers including specialist services, the third sector and the wider public sector. There is ongoing partnership work to fully implement the THRIVE model of practice with strong links to the Neighbourhood teams.</p> <p>This development is in line with five of the Community Strategy Priorities:</p> <ul style="list-style-type: none">• Supportive Tameside• Prosperous Tameside• Learning Tameside• Safe Tameside• Healthy Tameside

Policy Implications: None identified.

Financial Implications:
(authorised by Section 151 Officer)

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
CCG	£1,024k	-	-	£1,024k
Total	£1,024k	-	-	£1,024k
Section 75 - £'000 Decision: SCB		As set out in table 1 of the report, the CCG will receive an earmarked allocation in relation to LTP. This is £1,024k in 2019/20 rising to £1,136k the following two years. This expenditure is subject to external scrutiny and audit ensuring the funding is spent in accordance with agreed criteria. The CCG would be at risk of losing this allocation if it is not spent in line with external expectations.		
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison				
The plan below sets out projected spend which meets external expenditure criteria.				

Legal Implications:
(authorised by Borough Solicitor)

It will be important for spend to be monitored against outcome to ensure both compliance with the public law duty to the public purse and an understanding of the effectiveness of the plans on improvement to the health and wellbeing of the vulnerable persons they seek to help.

Risk Management :

Risks will be identified and managed by the Children’s Emotional Health and Well-being Strategic Steering Group.

Access to Information :

The background papers relating to this report can be inspected by contacting Kristy Nuttall, Children, Young People and Families Commissioning Manager

 Telephone: 07824 694276

 e-mail: kristy.nuttall@nhs.net

1. EXECUTIVE SUMMARY

- 1.1 The LTP refresh report sets the ongoing achievements realised from the onset of the original plan in 2015/16. The report also details a number of actions identified for 2019/20 to continue the transformation and improved outcomes for children and young people with mental health problems in line with Future in Mind and the Five Year Forward View for Mental Health published February 2016.
- 1.2 The LTP report also details the proposed financial plan to support the national delivery of extra capacity and capability whilst also giving access to high-quality mental health care for children and young people.

2. BACKGROUND

- 2.1 The report update continues the emphasis for joined up provision and commissioning for the delivery of the proposals as set out in Future in Mind published in March 2015. The proposals set out a series of transformation and improved outcomes for children and young people with mental health problems which were further endorsed by the Five Year Forward View for Mental Health published February 2016.
- 2.2 The Tameside and Glossop Local Transformation Plan (LTP) was finalised in October 2015. This included reference to how local areas would deliver the national ambition through extra capacity and capability in relation to new funds agreed by NHS England (NHSE) announced in the Autumn Statement 2014 and Spring Budget 2015.
- 2.3 LTP's require active engagement led by Clinical Commissioning Groups (CCG'S) working with all stakeholders. Government and national public interest surrounding children and young people's Mental Health ensures that robust assurance and auditing remains in place; with additional scrutiny from Greater Manchester Health and Social Care Partnership.
- 2.4 The NHS Long Term Plan sets the continued commitment to improving the mental health support available to children and young people and builds on the plans set out in the Five year forward view. The plan includes the following:
 - Continued expansion of access to community based mental health services to meet the needs of more children and young people.
 - Continued investment and development of CYP eating disorder services.
 - Improving access to support for children and young people experiencing a mental health crisis.
 - Mental health support for children and young people will be embedded in schools and colleges.
 - A new approach to young adult mental health for people aged 18-25 will support transition into adulthood.

3. INTRODUCTION

- 3.1 The LTPs are 'living' documents that need to be refreshed as required and delivered through action plans for the 5 year life span of the programme. In support of this at the start of 2016 CCGs were advised of rising baseline funding for the next five years for implementing Future in Mind and the Five Year Forward View for Mental Health; providing the assurance and confidence for commissioning of increased resources to improve capacity and capability of LTPs.

3.2 Our LTP was finalised in October 2015 and assured at the end of 2015/16 through NHSE bespoke process, with a view to align in 16/17 with mainstream CCG planning and assurances cycles. An update was published in November 2017.

3.3 The refresh of the LTP reflects the local progress and further ambition going forward for 2019/20 and is seen by NSHE as the evidence that progress is being made, that the funding is being spent as intended.

4. CONTEXT AND NEED

4.1 The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

4.2 Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives.

4.3 Most children grow up mentally healthy, but surveys suggest that more children and young people have problems with their mental health today than 30 years ago. That's probably because of changes in the way we live now and how that affects the experience of growing up.²

4.4 Therefore it is important to know that across England

- 10% of children aged 5-16 years suffer from a clinically significant mental health illness¹
- Only 25% of children who need treatment receive it.²
- 50% of those with lifetime mental illness will experience symptoms by the age of 14 years.³
- Maternal depression is associated with a 5 fold increased risk of mental health conditions in children.⁵
- Boys aged 11-15 years are 1.3 times more likely to have a mental health issues than girls of the same age.⁴
- 60% of Looked after children have some form of emotional or mental health problem.
- Young people in prison are 18 times more likely to take their own lives than others of the same age.⁴

4.5 Children and young people make up a third of the Greater Manchester population and it is forecasted that the 0 -15 year old cohort will be one of the fastest growing groups over the next 5 years. The Office for National Statistics (ONS) population estimates projects by 2025 there will be over 732,000 0-19 years' olds in Greater Manchester.

4.6 Current prevalence estimations predict that one in ten children aged 5 to 16 years has a diagnosable mental health. Applying prevalence assumptions the table below shows the Greater Manchester estimated prevalence of mental health disorder in children and young people aged 5 – 17 years, at a locality level.

¹ Department of Health (2013) Our children deserve better: Prevention pays

² Kessler R, Berglund P, Demler O et al Arch Gen Psychiatry. 2005;62(6):593-602 Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey

³ Children and young people's health outcome forum (2012) Report of the children and young people's health outcomes forum – mental health subgroup

⁴ Department of Health (2013) Our children deserve better: Prevention pays

Table 1. Greater Manchester Estimated number of children with mental health disorders aged 5-17 years

Greater Manchester Locality	Locality Population 5-17 yrs.*	Aged	Prevalence % **	Estimated Prevalence of Mental Health Disorder
Bolton	47,297		9.8	4,635
Bury	30,549		9	2,749
Manchester	80,618		10.5	8,465
Oldham	41,833		10.1	4,225
Rochdale	36,288		10.1	3,665
Salford	37,267		10	3,727
Stockport	44,310		8.7	3,855
Tameside & Glossop	39,496		9.9	3,910
Trafford	39,957		8.4	3,356
Wigan	49,068		9.8	4,809
Greater Manchester	446,683			43,396
Greater Manchester (Aggregated)			9.7	43,328

* Mid-2016 Local Authority and Lower Layer Super Output Area population estimates

** Modelled on synthetic estimates, 2015 (Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>)

- 4.7 A 2014/15 base line suggests only 25% of them receive specialist intervention. The NHS has committed to widening access to NHS funded community Mental Health service, so that 70,000 more Children and Young people (CYP) by 2020/21 are accessing treatment each year. 'Implementing the Five Year Forward View' (2016) sets out an indicative trajectory to achieve this.

Table 2. Adapted from Implementing the Five Year Forward View for Mental Health: CYP Increased Access Trajectories

Objective	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community Mental Health service.	32%	34%	35%
Number of additional CYP treated over 2014/15 baseline	49,000	63,000	70,000

- 4.8 The risk of child mental health disorders is estimated up to six times higher in vulnerable groups of children and young people e.g. those with a Learning Disability and Autism, children with chronic physical health problems, Looked After Children, children in contact with youth justice, and in families where parents / carers have a mental health disorder.
- 4.9 Mental health disorders in childhood have high levels of persistence and continuity through adolescence, and sometimes into adult life (25 to 40%). The consequences of untreated emotional wellbeing and mental health problems early in life can be long lasting and far-reaching, thus effective early intervention is essential.

4.10 For Tameside and Glossop children's and young people's mental and emotional health outcomes are worse when compared to the England averages. For example when looking at risk factors

- In 2018 there were 616 looked after children (Tameside only)⁵
- Around 329 children in need in 2017 was due to family stress or dysfunction.⁷ (Tameside only)
- Approximately 375 people in drug and alcohol treatment services in 2017/18 had children.⁶ (Tameside only)
- Around 1,200 women experienced mild to moderate postnatal depression or post-traumatic stress in 2015/16.⁷
- Around 15% of children and young people in Tameside and Glossop have a long term condition, disability or medical condition.⁸
- 16% of 15 year olds in Tameside report low life satisfaction.¹⁰
- More than half of all 15 year olds say they have been bullied.¹⁰
- Around 9% of 15 year olds say they are regular drinkers of alcohol.¹⁰
- Around 69, 10 to 15 year olds entered the youth justice system for the first time in 2017.¹⁰ (Tameside only)
- More than 1,500 10 to 15 year olds provide unpaid care.¹⁰
- More than 1,700 referrals to children social care in 2017/18 were related to domestic abuse.⁹

4.11 Therefore the prevalence of Emotional and mental health issues for children and young people in Tameside and Glossop are significant

- Around 3,124 children aged 5-16 years have a mental health condition.¹⁰
- Around 1,195 children have an emotional disorder.¹²
- Approximately 3,183 children aged 16 to 24 years have an eating disorder.¹²
- 758 school aged children in 2018 had a social, emotional or mental health need.¹² (Tameside only)
- In 2016/17, 107 children were admitted to hospital due to self-harm.¹¹
- There were 603 A&E attendances for self-harm in children and young people in 2017/18¹²
- In 2017/18 there were 1,717 referrals to Child and Adolescent Mental Health services (CAHMS) in Tameside & Glossop.¹³

5. TRANSPARENCY AND GOVERNANCE

5.1 The initial Transformation Programme Board for Children and Young People's Emotional Wellbeing and Mental Health has developed into the Children's emotional health and wellbeing Strategic Steering Group and will report to the Starting Well Board as this is established. Work will also continue with a number of smaller working groups or task and

⁵https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766707/LAIT.xls
[m](#)

⁶ <https://www.ndtms.net/>

⁷ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health>

⁸ <https://fingertips.phe.org.uk/profile/child-health-profiles>

⁹ Tameside mbc childrens social care

¹⁰ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/1/gid/1938133090/pat/6/par/E12000002/ati/102/are/E08000008/iid/92766/age/245/sex/4>

¹¹ <https://fingertips.phe.org.uk/profile/child-health-profiles>

¹² TIIG

¹³ <https://www.gmtableau.nhs.uk/#/site/TamesideandGlossopCCG/views/>

finish groups. The aim of these groups has been to agree a number of overall high level objectives and key tasks with action plans and timelines for implementation.

- 5.2 Governance structures are maturing ensuring we fully realise the benefits of the additional investment agreed by the CCG/Strategic Commission. At GM CYP MH Programme and implementation plan has been developed. The delivery of this is being overseen by the GM CYP Mental Health Board, which in turn reports into the GM MH Programme Delivery Board and overseen by GM Joint Commissioning Board (GM JCB).

6. INVOLVEMENT OF CHILDREN AND YOUNG PEOPLE

- 6.1 Tameside and Glossop continue to undertake a variety of engagement activities with CYP to inform the development of its LTP. The original 'I Statements', developed by children, young people and their families in 2016 remain at the core of all commissioning and outcome monitoring:-

Figure 1: The Voice of the Child I statements

1. *I should be listened to, given time to tell my story and feel like what I say matters.*
2. *I want my situation to be treated sensitively and I should be respected and not feel judged.*
3. *I want the professionals that I come into contact with to be kind and understanding and realise that I need to trust them if they are going to help me.*
4. *I should always be made to feel safe and supported so that I can express myself in a safe environment.*
5. *I should be treated equally and as an individual and be able to shape my own goals with my worker.*
6. *I want my friends, family and those close to me to understand the issues so that we can support each other.*
7. *I want clear and up to date detailed information about the services that I can access.*
8. *I want to get the right type of help, when things first start to be a problem, at the right time in the right place and without having to wait until things get worse.*
9. *I want to feel that services are shaped around my needs and not the other way round, but I also want to know that I am not alone in how I am feeling. I want my support to feel consistent and easy to find my way around.*

- 6.2 This year's Make Your Mark campaign has seen 1,106,788 young people take part, making it one of the largest youth consultations of its kind in UK history, with 1 in 5 of all young people aged 11-18 taking part. The Make Your Mark ballot is supported by Local Authorities, schools, Parliament, the British Youth Council and the Department for Digital, Culture, Media & Sport. It gives young people across the country a say on what is to be debated on the green benches of the House of Commons by Members of Youth Parliament.

The five issues that have been prioritised are:

- **Put an end to Knife crime** – Too many young people's lives are lost to knife crime; the Government need to do more to help end the knife crime epidemic.
- **Mental Health** – Mental health services should be improved with young people's help; and should be available in schools..
- **Equal Pay, Equal Work** – Give young people the same amount of pay, if they are doing the same work as adults in the same job.
- **Tackling Homelessness** – Every person should have a place to live and the opportunity to live comfortably. Let's make it happen and put a stop to homelessness.
- **Votes at 16** – Give 16 and 17 year olds the right to vote in all elections/referendums.

There were 6,078 votes from young people within Tameside which is 27.67% of the 11-18 population. 1,159 votes were for improved mental health services, which was the highest vote at 19%.

We are working with the Youth Council to progress these views and explore how we can get some in-depth feedback to inform and co-design new services such as the youth counselling service and transitions pathway.

6.3 Future in Mind sets out a clear rationale that;

“All services give you the **opportunity to set your own treatment goals** and will **monitor with you how things are going**. If things aren’t going well, the team providing your care will work with you to make changes to achieve your goals. You have **the opportunity to shape the services you receive**. That means **listening to your experience of your care**, how this fits with your life and **how you would like services to work with you**. It means giving you and those who care for you the **opportunity to feedback and make suggestions** about the way services are provided”.

6.4 With the points above in mind, work to incorporate outcome led commissioning has enabled emerging and growing evidence indicating that services are:

- establishing good therapeutic alliance – vital in helping recovery
- helping CYPF to recover together and demonstrating effective services
- aiding CYPF to progress towards their self-identified goals
- offering a positive experience according to CYP and parent feedback through a range of Routine Outcome Measures (ROM)– Experience of Service Questionnaire (ESQ), Young Child Outcome Rating (YCOR), Young Child Session Rating Scale (YCSRS), Goal Based Outcome (GBO)

6.5 We have established whole system outcome monitoring, working in partnership with CORC. Data is being collected by providers, using pertinent outcome measures. From April 2019, there will be a national outcome matrix and a requirement to submit outcome data to the Mental Health Services Data Set (MHSDS). This will supersede CORC reporting.

6.6 Throughout 2018/19, Action Together have further developed work around the voice of the child establishing a young people’s emotional wellbeing voice and influence forum. The forum has worked alongside Tameside Youth Council and Tameside Children in Care Council to develop a Voice of the Child Strategy for the wider Tameside Partnership.

7. LEVEL OF AMBITION

7.1 As detailed above, our LTP has been structured in line with the five priority areas set out in the Future in Minds and the Five Year Forward View for Mental Health. Our ambition is for a children and young people’s emotional wellbeing and mental health system that is truly personalised, joined up, supports all children and young people to stay well and provides the very best support and care when and where they need it.

7.2 It is expected that by 2020/21, there is a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year nationally will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions. The expectation in Tameside and Glossop is as follows:-

Objective	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receives treatment from an NHS-funded community MH service	30%	32%	34%	35%
National Target- No. of additional CYP treated over 2014/5 baseline	35,000	49,000	63,000	70,000
T&G Target - No. of additional CYP treated over 2014/5 baseline	1646	1755	1865	1920

- 7.3 Our ambition, through working collectively to create an integrated system requires the following aims to be achieved and embedded in order to deliver a seamless service:
- To improve access and partnership working to bring about an integrated whole system approach to promoting emotional well-being and resilience and meeting the emotional wellbeing and mental health needs of children and young people.
 - To ensure children, young people and families have:
 - Access to timely and appropriate information and support from pregnancy to adulthood;
 - Clearly signposted routes to support, including specialist CAMHS;
 - An 'open door' into a system of joined up support that holds a 'no wrong door' approach, which is easy to navigate;
 - Clear understanding of the service(s) offer (what support should be received and what the expected outcomes are);
 - Timely access to this support that is as close to home as possible.
- 7.4 Maximising success is a key driver in delivering success at Greater Manchester level which recognises the need to improve access and partnership working through an integrated whole system approach to meeting the emotional and mental health needs of children and young people.
- 7.5 This is a five year programme of change and our successes to date should be viewed as the start of a longer planning process with subsequent year on year updated action plans to follow; ensuring a phased approach that addresses not just system changes, but also develops the culture for sustainability and learning.
- 7.6 Our LTP is extremely ambitious both in its desire to effectively implement the recommendations set out in Future in Mind but also changes the model of care for CAMHS to the Thrive model fully incorporating universal, community and voluntary sector provision, and also the pace and volume of supporting activity required to make this happen. Our plan includes a mix of redesign, underpinned by the transformational restructure of our specialist Healthy Young Minds (CAMHS) service, and additional investment to increase capacity in specific pathways and services such as Eating Disorders and Neurodevelopmental conditions (ADHD and ASC). Details of all investment areas are provided in the finance section.
- 7.7 These investments initially reduced waiting times and enabled the wider offer for this client group in partnership with Paediatric services (if no co morbidity of MH needs) and education. Those with other identified MH needs are seen and held by HYM through the offer of post diagnosis parenting support/ workshops. Further work is ongoing to ensure the pathway model is sufficient to meet the ongoing rise in demand.
- 7.8 Within HYM, all care pathways have been redeveloped and aligned to the Thrive model. This has ensured that further development of close working alliances with our partner

agencies remains crucial to ensure that care is coordinated and comprehensive across all levels of need.

- 7.9 While last year's nationally mandated priority was for the design, development and delivery of extended specialist Eating Disorder Teams for children and young people (which we have delivered), this year's focus is on ensuring 'Better Crisis Care support'.

8. WHERE ARE WE NOW (Jan 2019 UPDATE)

- 8.1 **Access** – Improving access to mental health support for children and young people is at the heart of our LTP ambition, with transformation money being invested to ensure far more children with a diagnosable mental health condition will get support where and when they need it. At a CCG level and Greater Manchester STP level we are aware that the data quality reported through MHSDS does not reflect the completeness of the activity taking place. The known reasons for discrepancies in the data being submitted centre around the difficulties and complexities with the submission of data to the MHSDS capturing all NHS funded activity that should also include the Voluntary, Community and Social Enterprise (VCSE) sector, education settings and paediatrics. As such locally we are confident that as a locality we reaching the required access target our lined in the 5yFV (outline in 5.2). However this needs to be captured (evidenced) through the MHSDS. The BI post identified in last year's LTP is not required due to changes in the access to the MHSDS from April 2019. Interim arrangements are in place for third sector providers to submit their data via a secure CCG connection, however, challenges remain in the collection and format of the data collection and this is not yet flowing successfully from all providers.

- 8.2 **Referrals** - The number of referrals for part year 2017/2018 (February) were 1439 and those accepted for HYM were 747. A further 316 referrals were picked up by partner agencies from (SPOE). The current wait times to first meeting have reduced to an average of less than 6 weeks for a first appointment and there is less than 2% which have exceeded the 18 week target which have been due to delays in getting further information to enable an informed decision being made.

The number of referrals accepted by Healthy Young Minds is on average 60 per month from April 2018, with very few referrals being rejected. Increased demand on the service the waiting times average around 8 weeks to first appointment and 13 weeks to second appointment, with only around 3% being seen outside of the 18 week target.

Partner organisations collect referrals from the Single Point of Entry (SPOE) which is working well as a multi-agency triage meeting.

Off the Record has delivered an average of 172 counselling sessions a month in 2018. They see an average of 33 young people per month for counselling, and on average the young people have 5 sessions each. They received on average 60 referrals a month with the main referral source as GP, but a good proportion of referrals are also generated from the SPOE. In addition, around 20 people per month attend the Off the Record drop in sessions and approximately 14 of those young people make repeat visits.

The open access offer has seen on average 80 young people per month attend the Hive to access early intervention or counselling, and 40 people access the Talk Shop for individual brief intervention counselling or support.

VCSE organisations attendance at the Single Point of Entry is a significant development. Sharing information and knowledge as equal partners has helped to break down barriers and has forged new partnerships and helped to develop new levels of trust and cooperation. As partners we have been able to respond in a multi-disciplinary way,

offering young people and families a wider range of options to enable them to get the most appropriate types and levels of support.

8.3 **Data Quality** - Improvement actions for reducing variation and improving data quality and completeness have been instigated. Under the improvement plan 4 phases/domains are identified:

- Phase 1: NHS CAMHS Provider Assurance
- Phase 2: Commissioning Review
- Phase 3: VSCE Reporting
- Phase 4: Other NHS Provider Reporting (e.g. Paediatrics)

To date, all phases are currently underway. The work completed so far includes:

- 1- Participating in GM wide data masterclass, which was supported by NHS Improvement's Intensive Support Team (IST). Discussion with the main provider regarding the learning from Trafford CCG in relation to data collection and quality.
- 2- Completed through the strategic steering group.
- 3- Actions are being worked through to improve the reporting on to the MHSDS by provider and there is an action plan in place to ensure that Data will be flowing into the MHDS by April 2019.
- 4- Data now flowing from the ICFT for Neurodevelopmental Paediatric clinics and diabetes Psychology.

8.4 **Waiting times** - Reducing waiting times was identified in the LTP as a key priority for 2017 and beyond. Moving to a Single Point of Access (SPOE) where all referrals to HYM are reviewed by a multi-disciplinary and multi-agency team which includes representation from local 3rd sector representatives, Local authority and education this has resulted in a reduction in those referrals that would have not been accepted or an instruction "you need to refer to another service" it has aided partnership relations and reduced waiting times for a response to individuals requiring a service therefore offering the right support in the right place within a timely manner. These responses are fully integrating the Thrive model approach of support / response to the presenting needs.

8.5 **Growth in Specialist CAMHS** - In order to sustain delivering increased timely access to mental health services a significant expansion in the workforce (and associated investment) is required. Following publication of the FYFVMH and more recently Stepping Forward to 2020/21: The mental health workforce plan for England (July 2017), GM as an STP area has been asked to submit returns to NHSE/ HEE on how we are planning to grow the mental health workforce to enable us to deliver the FYFVMH objectives. Our Tameside and Glossop LTP year on year has realised this aspect with an uplift in the specialist HYM workforce from 23.7 FTE in 2014/15 to 32.5 FTE in 2016/17 (a 37% increase on base line year) and in 2017/18 34.5 FTE (a 0.66 increase on baseline year). This is a total of 45.6% increase. In January 2019, there are 34.7 FTE and a further 4.13 FTE posts to be established and recruited to by April 2019 (total 38.83 FTE) which represents a 63.8% increase in specialist HYM workforce since 2014.

The local Tameside and Glossop expansion is seen below:

CYP Workforce Expansion 2016-2021	Medical	N&M	AHP (STT)	Total Clinical
Tameside & Glossop (8.3%)	0.7 FTE	4 FTE	8 FTE	12.7 FTE

N.B there is also additional specialist workforce expansion in the Greater Manchester commissioned teams such as the Community Eating Disorder service and the Crisis Care Pathway and an additional Neurodevelopmental Co-ordinator FTE.

8.6 **Growth in Community Services** - Key community and voluntary sector providers continue to support the delivery of The Getting Advice and The Getting Help elements of the Thrive Model. This steering group continues to align and review its priorities outlined as follows:

- CYP Voice: Raise the profile of those services who are providing mental health support - who can help
- CYP Voice: Let us know who can help
- Continuation of the engagement of Children, Young People and Families in the co-production of the CAMHS Service to ensure the Voice of the Child is embedded
- Continuation of drop-in/open access support from Third Sector organisations, before during and after treatment
- Ensure promotion of mental health and emotional wellbeing through tackling stigma campaigns, workshops and local events (e.g. World Mental Health Day)

8.7 Work in this area has included the addition of a website www.youandyourmind.co.uk offering access to local and national support as well as including self-help tools for children and young people. The site was developed by a group of local young people the “Jury Riggers” who won Tameside Hack 2017, a 2 day coding competition for 12-18 year olds. The group have worked collaboratively with Public Health, TMBC Employment and Skills and third sector organisations to ensure the implementation and promotion of the website and to ensure that the meaningful engagement and involvement of young people who use emotional wellbeing services has influenced the development and implementation of the website.

8.8 **THRIVE** - Also within the ‘THRIVE’ offer, ‘The Talk Shop’ has continued to grow. The Talk Shop is a collaborative drop in service for children, young people and their families with Off The Record, Healthy Young Minds and The Anthony Seddon Fund. This runs in partnership with ‘The Hive’ coordinated by TOG Mind.

The Talk Shop offers families and carers support, advice and advocacy. Young people can access face to face counselling, brief intervention counselling and a range of activities, including drama and art workshops. Parents, carers and other agencies can meet and get advice from a HYM’s manager. This has helped to breakdown a number of barriers. Young people at the Talk Shop are developing a young people’s emotional wellbeing forum, this is being delivered by the Anthony Seddon Fund.

The Hive is a children, young people and families emotional wellbeing hub, services available from the hub include:

- Weekly Drop-in sessions - CYP can attend as one-off appointment to find out about our services or other services available within the area or can attend whilst they are waiting to access a service if their situation changes and then need some immediate support.
- 1-1 early intervention sessions - This facilitated self-help service support CYP to work on specific issues such as anxiety, low mood, and anger.
- Group psychoeducational courses- Specific issues are addressed with interactive activities, promoting peer support
- Family wellbeing activities - Workshops delivered within the café space at our wellbeing centre include specific cooking sessions, creative/arts & crafts activities such as mindfulness colouring, parent information sessions.
- Counselling - Time-based counselling sessions for young people needing higher clinical support to address specific issue, up to 8 sessions offered.
- Hive Hosts - The wellbeing centre supports other voluntary sector groups to deliver young people’s services within available spaces at the centre.

Off The Record's Time-2-Talk project provides counselling and group work support for young people who are the victims of CSE and Sexual Abuse in Tameside. Off The Record has developed a partnership with the Police, the Phoenix Team and the Women's and Family Centre at Cavendish Mill to ensure young people and their families have access to emotional support. This project has attracted national research funding from the NSPCC. In October 2018 researchers from the Anna Freud Centre came and conducted interviews over two days. They interviewed the victims and survivors of child sexual exploitation, their families, carers and other professionals working with the project. In total 20 interviews were booked and every participant turned up for their interview. Findings from the research will be published in Summer 2019.

The Action Learning Sets are run in collaboration by HYM's and Off The Record. It is a process of learning and reflection, supported by a small group or 'set' of people with the intention of moving work issues forward. Individuals learn with and from each other by working on their own particular situations and reflecting on their experience. The sets are open to the children and young people's mental health and wellbeing workforce. To date, three Actions Learning Sets have been completed successfully and they have attracted an eclectic group of professionals, including; Head Teachers, Teachers, Commissioners, School Pastoral Managers, Careers Officers, Early Years Workers and managers from the Voluntary Sector. Feedback from professionals attending the sets has been very positive. A new ALS is being planned for Spring 2019.

8.9 **Working with schools** - Tameside and Glossop was selected in 2016 as a national pilot site by the Department for Education (DofE) and NHS England (NHSE) to test the named CAMHS school link scheme expressed in Future in Minds.

8.10 In addition to the school link scheme, a programme is in place to support Tameside schools to implementation and sustain a whole school approach to emotional health and wellbeing. This programme is known as the Emotional Health and Wellbeing Consultancy delivered by TOG Mind (commissioned by Tameside Population Health). The consultancy programme offers tailored and flexible support to the school including:

- Emotional wellbeing and mental health asset-based assessments;
- Pupil, parent and staff survey distribution, evaluation and feedback summary;
- Interactive strategy session with senior staff to review finding of the two above;
- Bespoke support package addressing specific needs and key actions to the school's tailored plan;
- Additional support or training sessions available to support implementation of the model, this could include specific skills training for select staff.

Schools working on the consultancy programme have the opportunity to seek the nationally recognised [AcSEED Award](#), a quality assurance mark presented to schools that have made a substantial effort to support the mental health of their students. The first school in Tameside and Greater Manchester was award May 2018, with subsequent schools since.

It is envisaged by April 2020, 40% of Tameside schools will have accessed the programme.

Furthermore, Tameside has launched a new Sex and Relationship Curriculum to support the statutory requirements in 2020, this covers a range of topics but includes emotional health and relationships. A Drugs, Alcohol and Tobacco Curriculum is currently in the making and due for releasing in the academic year 2019/20.

Tameside has also developed in partnership with local artists and schools, an arts based resource to enable child to reflect and express their feeling during the school day.

For more information on this work, please contact charlotte.lee@tameside.gov.uk (Tameside Population Health).

8.11 **Workforce Training** - The development of a local training ladder and a programme of e-learning and face to face training hosted by Tameside Safeguarding Children’s Board from April 2017 has included a Youth Mental Health First Aid Course delivered by Tameside and Glossop Mind. The course is delivered to workers from across the sector with the aim of the developing people’s knowledge and understanding to best support young people with a mental health problem. Delivery is on target to facilitate 8 courses in 2018/19 offering places to 128 participants. The feedback is positive and courses are fully attended.

In its third year, the YMHFA delivery team plan to deliver to more school groups in a cluster approach, local leisure providers and the wider workforce to really embed the principles that mental health support is everybody’s business.

Table1: Evaluation of Youth Mental First Aid Course based on 59 Responses

	Improved	Maintained	Declined
Participants personal confidence of how best to support young people with a mental health problem	98.3%	1.7%	0%
Participants knowledge of understanding of how best to support young people with a mental health problem	100%	0%	0%

8.12 **Eating Disorder Provision** – The launch of the new innovative South Sector Hub Community Eating Disorders Service (CEDS) covering Tameside and Glossop was launched in November 2017. Initially, the team worked with over 16 year olds but this has not been extended to reach young people age 14 and over.

8.13 **Parent Infant Mental Health** – Through the LTP the Parent Infant Mental Health pathway has been reviewed in line with national developments, including NICE Guidance on Ante and Postnatal Mental Health and has been mapped to the Thrive model. The pathway in Tameside and Glossop includes a strategic network involving all stakeholders to ensure the functioning of a whole service pathway and to allow for development and innovation as new evidence arises.

It is recognised that intervening early and maximising the impact of change in the first 1001 days of a baby’s life is a compelling one in light of the significant impact mental health needs have on parents, their children and the wider health and social care economy. Parental mental health is also a significant factor for children entering the care system. Children’s social workers estimate that 50–90% of parents on their caseload have mental health problems, alcohol or substance misuse issues.

Parent Infant Mental Health support continues to develop through the LTP as follows;

- a Vulnerable Families post delivering a partnership approach between Early Attachment Services (EAS) and Children’s Social Care. The post prioritises families on the edge of care where there are risks of a second child being taken into care and an overarching women’s group for this cohort.
- a Parent Infant Mental Health Coordinator based in Home-Start working collaboratively with services, volunteers and families to promote the importance of the parent-infant relationship during the 0-2 period.
- A 1001 Critical Days Action Plan is being taken forward across Adult Mental Health Services

The strength of parent infant services comes from the delivery of a coordinated approach through shared practices and training across a specialist team of clinical and other practitioners and volunteers in recognising the significance of the relationship between parents and their infant. The Tameside and Glossop model is being rolled out across Greater Manchester.

- 8.14 **New Developments for Age 16+, The Living Life Well Programme (Neighbourhood Mental Health Teams)** – It has been recognised that a number of people age 16+ with multi-faceted needs are falling between commissioned services in Tameside and Glossop. Although there are a number of options to support people diagnosed with mental health needs in primary and secondary care many people fall between the thresholds for these services and often present to their GP, A&E and other settings looking for help. Tragically there have been a number of people within this group who have taken their own life.

Types of multi-faceted complex needs of this group of people

- The effects of childhood abuse
 - Emotional instability
 - Dual diagnosis (substance misuse, LD and autism)
 - Young adults transitioning from CAMHS
 - People with complex psychological needs
 - Medically unexplained symptoms
 - People frequently asking for help, including GP, A&E
 - People under the care of tertiary services e.g. with eating disorders
- 8.15 In January 2018 the Strategic Commissioning Board (SCB) agreed to prioritise investment in mental health to improve parity of esteem. Investment to support establishing a new model of mental health support in the neighbourhoods and improving support to people with ADHD and autism were included. Following an analysis of options by a multi-agency working group SCB agreed investment to establish the 101 Days for Mental Health Project in May 2018. This included investing in the support of an experienced consultancy partner, the Innovation Unit to support bringing together a wide range of partners and people with lived experience to collaboratively co-produce a new model of care for mental health in the neighbourhoods.

As a result new mental health neighbourhood service model was co-produced. The service will provide support people aged 16+ however by seeing vulnerable groups of people and improving their quality of care this could have a positive effect for families and carers that could be under the age of 18. In summer 2018 Tameside and Glossop were also chosen as one of four sites nationally to join the Living Well UK Programme. Funded by the Big Lottery and led by the Innovation Unit this three year programme will build on the work started in the 101 days project. In 2019 we will be prototyping this new model in one neighbourhood to test, learn and adapt what we offer to ensure it meets people's needs prior to incrementally reaching the whole of Tameside and Glossop by 2020.

9. 2019 PRIORITIES AND BEYOND

9.1 Improving Access -

- Increase access to high quality mental health services so that 35% of Tameside and Glossop Young people with a mental health condition are getting the help and support that they need. There is an ongoing commitment to train existing staff in evidence based Psychological Therapies through the CYP- IAPT training programme.
- Further improve access to drop-in sessions across the borough.

- Review and further develop the single point of entry.
 - Strengthen the links between mental health services and the Neighbourhood and early help teams.
- 9.2 **THRIVE-** Tameside and Glossop are being supported by GM iTHRIVE team to ensure continued roll out of the THRIVE model across all areas. Small teams will attend workshops and complete implementation projects on 4 key priorities including shared decision making, getting advice and signposting, risk support and knowing when to end treatment. These working groups will feed into the Children’s Emotional Health and Well-being Strategic Steering Group and subsequently the Starting Well board.
- 9.3 **Parent Infant Mental Health** – with the roll out of the new GM Specialist Community Perinatal Infant Mental Health Team into Tameside and Glossop, ongoing review of the integrated PIMH pathway will continue.
- 9.4 **CYP access to care in a crisis** – Ongoing work with the GM Crisis Care Pathway Team, Healthy Young Minds, Accident and Emergency and the hospital staff to ensure that children and young people suffering a mental health crisis get the help and support they need and are supported to stay or to return into the community where safe to do so. Children and Young people who present at A and E or on the Paediatric ward will have access to timely mental health assessments. This will include all an extended RAID provision in A and E.
- 9.5 **Transforming Care** for CYP with a learning disability and or autism and mental health needs
- Transforming care and CETR processes will be relaunched to include better use of the children and young people’s Dynamic Register – multi-agency planning for CYP who require additional support
 - Early Intervention – a small keyworker service will be piloted to work with children under the age of 7 and their families
 - Training – positive behaviour support training for parents and staff will be rolled out across the system
- 9.6 **Data** – Ensure that all access and outcome data is flowing to the Mental Health Services Data Set (MHSDS) from all providers.
- 9.7 **Oversight** – To ensure the transformation plan and its delivery has a focus on the whole - system, building stronger and robust relationships between partners across all sectors. This will be achieved through the strengthening of governance structures. The CYP Emotional Health and Well-being Strategic Steering board will report into the Starting Well board and this board will set the strategic priorities moving forwards.
- 9.8 **Neurodevelopmental Pathway** – Complete a review of the neuro-developmental pathway, aligning with the Greater Manchester developments and ensuring that children and young people receive timely support and diagnoses where indicated.
- 10. GREATER MANCHESTER STRATEGIC PLANS TO IMPROVE CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH SERVICES**
- 10.1 Mental health problems in children are associated with educational failure, family disruption, disability, offending and antisocial behaviour, placing demands on social services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, continuing into adult life and affecting the next generation.

- 10.2 Devolution has enabled Greater Manchester to collectively respond to the challenges outlined within Future in Mind and in doing so, make a step change in transforming mental health services for children and young people living in Greater Manchester.
- 10.3 Greater Manchester has developed an all age Mental Health and Wellbeing Strategy that provides a framework to support the transformation of Children and Young People's mental health at a Local Transformation Partnership level and across the wider Greater Manchester Footprint.
- 10.4 The Greater Manchester strategy focuses on:
- **Prevention** - with an understanding that improving child and parental mental health and wellbeing is key to the overall future health and wellbeing of our communities.
 - **Access** – improving our ability to reach all the people who need care and to support them to access timely and evidence-based treatment.
 - **Integration** - many people with mental health problems also have physical problems. These can lead to significantly poorer health outcomes and reduced quality of life. Through the strategy we will aim to achieving parity between mental health and physical illness.
 - **Sustainability** - In order to effect change for the long term the strategy will build on evidence from the innovations which have proven to have impact either in Greater Manchester or elsewhere, to challenge the way we plan and invest in mental health
- The Greater Manchester Mental Health Strategy can be viewed at:
www.greatermanchester-ca.gov.uk/downloads/file/161/greater_manchester_mental_health_strategy
- 10.5 **Collaborative Commissioning across Greater Manchester** - Following the publishing of Future in Mind a collaborative approach to the commissioning and delivery of CYP mental health services across all 10 of GM's Local Authorities/CCGs has been established. This collaborative approach across the 10 Local Authority footprints is enabling the sharing and implementation of good/best practice, development of consistent care pathways and quality standards, leading to improved quality and equitable services across Greater Manchester. Working together CCGs/LAs are delivering more efficient use of resources by commissioning and delivering some services at scale. The costs of Specialist CAMH Services are unlikely to be reduced, but efficiency will improved as a result of an implementation of THRIVE informed service delivery which will result in increased throughput. Additional efficiencies will be delivered by reducing the numbers of professionals involved in complex families for whom managing risk is the primary support/intervention.
- 10.6 **Greater Manchester Programmes** - The Greater Manchester Health & Social Care Partnership has made £60m available to support Greater Manchester's Local Transformation Partnerships to implement a three year cross sector system transformation programme that is characterised by:
- 10.7 **Crisis Care Pathway** - A Greater Manchester Transformation Fund £ 13.3m proposal was approved in December 2017, which held the vision to develop a GM-wide whole system crisis care pathway which will provide a high quality and timely response to young people in crisis and their families, accessible across 7 days. The pathway will be fully inclusive, have open access, be holistic and multi-agency and provide a timely and proportionate response based on need.

In 2018/19, extensive work was undertaken to begin to operationalise the model, engaging with partners across GM, recruiting staff and designing clinical pathways and protocols.

For 2019/20, the overarching aim is to launch of all elements of the pathway, completing recruitment and beginning to accept referrals. By the end of this financial year, Rapid Response Teams will be available 24/7 across GM, reducing demand on A&E and community CAMHS and improving the experience of young people and their families. As a key partner we will continue to support this vital work as it progresses. For further information please go to: <https://www.penninecare.nhs.uk/gmccp/>

- 10.8 **GM i-THRIVE** - Each of the 10 Local areas will work with GM iTHRIVE team to enable the delivery of the GM CYP mental health transformation programme. It is planned that this will be achieved by strengthening and developing closer relationships with leaders within provider and commissioning networks, supporting the identification of a range of local implementation leads and the creation of “THRIVE informed” local teams to better support the local implementation process.

Training will be provided and supported by a GM iTHRIVE Training and Development team over a three year period. GM iTHRIVE will provide training for a minimum of 60 front-line staff per year – 6 per locality to be trained and able to embed the training back in the locality to support delivery of THRIVE-like services. The GM team will coach and mentor local leads through THRIVE informed transformation processes and work flexibly with each LTP to develop a wider understanding of each locality’s needs and requirements and draw from both the resources in the THRIVE toolkit and the expertise within the National iTHRIVE team in order to provide each LTP with a tailored package of support.

Utilising the iTHRIVE implementation, evaluation and outcomes framework the GM team will create a learning network/community of practice alongside action learning groups, and will organise and facilitate joint learning days that will address and tackle common issues and challenges encountered across the 10 LTPs, and share knowledge about service improvement, innovations, that emerge within individual localities.

Since GM i-THRIVE programme team in place (July 2018)

- All localities are engaged and fully committed to implementing THRIVE
- All localities completed initial intelligence gathering tool
- All localities have as draft implementation plan and have had one to one meetings with programme manager to plan next steps.
- All localities have had an i-THRIVE presentation at their strategic board.
- Engagement workshops are starting to take place across GM.
- GM Outcomes Framework drafted.

Plan for 2019/20

- All localities to complete workshops and have a full understanding of what their current whole system looks like and identify priorities.
- Phase 1 of implementation to be completed.
- Subject Matter Experts to be pulled in using the funding from GM to work on implementing i-THRIVE in different parts of the system.
- THRIVE training academy to start in January – all localities committed to allocating 6 people from across the system to attend training and embed practice back within the locality.
- All localities committed to Community of Practice.
- Localities committed to supporting the gathering of data for GM Outcomes Framework including assistant psychologists undertaking surveys/interviews with Children and Young People and the wider workforce.
- Explore supervision and consultation models to support the broadening of the system (phase 2).
- THRIVE leads from each locality meet regularly to share good practice and challenges in a peer support forum.
- All localities to have a communication and engagement plan.

10.9 **GM wide mental health support in schools pilot** - A six month schools emotional wellbeing and mental health rapid pilot was delivered at pace across GM to increase access to evidence informed mental health support and help for students/pupils and staff, delivered across primary and secondary schools, special educational needs (SEN) schools and a pupil referral unit (PRU). The pilot was linked with the Green Paper reforms for 'Transforming Children and Young People's Mental Health Provision,' which was published in December 2017. A key feature of the pilot was a collaborative model of delivery of the programme to 31 primary and secondary schools, SEN schools and PRU. The pilot was delivered by four voluntary and community social enterprises (VCSE) organisations: Alliance for Learning (AfL), Place2Be (P2B), Youth Sport Trust (YST) and 42nd St, over an intense six month period and was completed in October 2018.

Each partner delivered areas of the programme which highlighted their expertise. AfL delivered Mental Health First Aid Training to support senior leaders and Mental Health First Aid Lite. P2B supported staff with a whole school approach and delivered Mental Health Champions training to senior leaders. They also worked with primary school students and supported YST with the delivery of their sessions.

YST delivered a programme of support to children and young people – 'Moving Minds' which was delivered by athlete mentors to support C&YP with their physical and emotional wellbeing. They also ran a programme of peer mentoring with Young Mental Health Champions/Ambassadors. 42nd Street offered a programme of supportive workshops to groups of secondary pupils and worked collaboratively with YST to deliver one on one support during their sessions.

The schools involved in the pilot were taken from across the GM footprint and a total of 7 of the 10 localities were included in the coverage of schools for the pilot. The localities involved in phase 1 were: Bolton, Bury, Manchester, Oldham, Stockport, Trafford and Wigan. The University of Manchester were engaged to complete an evaluation of the programme and produced a final report which was summarised into an evaluation document, which give an overview of the pilot, key findings, and recommendations for further development of the programme

An End of Pilot Summit was held in October at the Etihad Stadium. The summit was an opportunity to celebrate the successful completion of the 6 month Rapid Pilot, to hear from the young mental health champions/ambassadors who had participated in the pilot, together with views from some of the Head teachers of the schools involved in the pilot.

In summary:

- 31 schools recruited, engaged trained and supported
- 62 Senior leaders received Mental Health champion training over four sessions
- 53 Middle leaders received Mental Health First Aid Training
- 60 Targeted school staff received Mental Health First Aid Lite Training
- 450 Year 5 Primary pupils participated in two active workshops with follow up support
- 240 Year 10 secondary pupils participated in tow active workshop with follow up support
- 67 Primary pupils received training to become Young Mental Health Champions
- 90 Secondary pupils received training to become Mental Health Champions

Next Steps:

Phase 2 of the Pilot will see the continuation of work across the original 31 schools and the roll out to a further 31 schools & colleges, bringing the total number of schools and colleges within the Pilot to 62. The ambition is to scale the project to 10% of schools and colleges across the GM footprint, with the third phase of the project involving the procurement of additional providers to deliver to a further 63 schools and colleges – which will mean the total coverage of schools and colleges in GM (125) will represent 10% of our total schools and colleges.

10.10 **ADHD** - There is ongoing work across Greater Manchester taking place to ensure paediatrics and CAMHS are jointly delivering the ADHD pathway for young people. Almost all localities have Paeds and CAMHS representatives as part of their local multi-disciplinary team developing and assuring the pathway. Additionally all localities in GM have access to an objective psychometric measure (via Qb Test) to support diagnosis and management if and when required. Further work is taking place to increase all services cognisance with the 12 GM ADHD Standards.

10.11 **Eating Disorders** - Across Greater Manchester (GM) there are currently three community eating disorder services operating out of four different sites for young people. Work is taking place to ensure all services achieving the national access and wait time targets by 2020, which current trends would indicate that is on track, although not currently being achieved.

Source NHS Digital: Data shows CYP ED waiting Times for Urgent at Sept 2018

CYP Eating Disorder Waiting time - Urgent (rolling 12 months - quarterly for national & regional)			
	Mar-18	Jun-18	Sep-18
ENGLAND	78.9%	74.7%	81.3%
NORTH OF ENGLAND	78.8%	73.5%	81.6%
GREATER MANCHESTER (ICS)	74.5%	81.0%	90.0%

Source NHS Digital: Data shows CYP ED waiting Times for Routine at Sept 2018

CYP Eating Disorder Waiting time - Routine (rolling 12 months - quarterly for national & regional)			
	Mar-18	Jun-18	Sep-18
ENGLAND	79.9%	81.2%	80.2%
NORTH OF ENGLAND	85.7%	84.2%	83.4%
GREATER MANCHESTER (ICS)	80.4%	82.8%	86.6%

The continued development and expansion of this service has delivered the following;

- Planned homebased treatment for young people aged under 16 years
- Ongoing support sessions and workshops to young people aged 14 years and above and families/carers where appropriate
- Parent support groups for all ages across CEDS and HYM referral routes
- Partnership work with the eating disorder charity B-eat delivering training to those agencies in contact with young people and an ambassador role
- An identified eating disorders champion across HYM and CEDS collaborating bi-monthly case support through a Junior Marzipan Meeting
- Offer seven day triage for 16-18 year olds
- Further develop close working arrangements with a range of support services from the third sector
- Completion of 16 days National Eating Disorder Training by the staff team

10.12 **Further Education Colleges-** A GM wide development programme to support Further Education Colleges to be better able to understand and respond to the impact of Adverse Childhood Experiences and Trauma on staff and students. This will include the development of GM standards (to be implemented locally) to support the mental health needs of identified **vulnerable groups** (not an exclusive list) including:

- Looked After Children those adopted and Care Leavers;
- Young people involved with the Youth Justice System;
- Children and young people with Neurological conditions (e.g. Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)). We will build on the standards developed for ADHD to include ASD, with a view to developing commissioning recommendations and guidance for neurodevelopment disorders;

- Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex, Asexual (LGBTQIA);
- Children and young people with Learning Disabilities;
- Young Carers (someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem);
- Children and young people with chronic physical health problems;
- Children and young people who originate from Greater Manchester's Black and Minority Ethnic Communities;
- Children and young people who have experienced abuse neglect and trauma including those who have experienced CSE.

10.13 **Transition services** for young people moving from CYP mental health services to adult mental health services. The development of processes and protocols will be informed by the learning gained from two pilot projects up lifting ADHD and Community Eating Disorders to a young person's 25th Birthday All of GM's 10 Local Transformation Partnerships will support the implementation of agreed transition arrangements between CAMHS and AMHS and will work with adult mental health commissioners to achieve the above objectives.

10.14 **Perinatal and Infant Mental Health Services**

GM service components:

- Improving access to Parent Infant IAPT services
- Develop GM standards
- Options appraisal of different models of care
- Develop business case detail as required
- Developing elements for inclusion in IAPT Service Spec (with performance and outcomes framework)
- Parent Infant Mental Health Services across GM
- Draft a Business Case for CCGs to use;
- Develop GM standards
- Developing a GM PIMH Service Spec (with performance & outcomes framework)
- Offer support to localities to take interagency PIMH developments forward
- Developing a PNIMH training ladder

10.15 **Workforce Development** - the importance of ensuring that organisations have the right workforce with the right skills and knowledge to deliver effective services is recognised by all and is a key ingredient in creating system transformation through building an effective workforce. A whole GM CYP mental health system skills audit that maps onto the iTHRIVE framework is underway, and the outcomes will be utilised to contribute to the planning of the whole GM children and young person's workforce planning. Local Transformation Partnerships have agreed to collaborate to ensure that the workforce will grow to meet the planned increase of young people accessing specialist services.

10.16 **Greater Manchester CAMHS Workforce-** In order to sustain delivering increased access and improved outcomes for children and young people's (CYP) mental health – as per the national must do - a significant expansion in the workforce (and associated investment) is required. Following publication of the Five Year Forward View for Mental Health (FYFVMH) and more recently Stepping Forward to 2020/21: The mental health workforce plan for England (July 2017), Greater Manchester (GM) is required to hold plans how it will grow the mental health workforce to enable us to deliver the FYFVMH objectives.

In addition GM and its localities has recognised the potential risk to effectively delivering our ambitious children and young people mental health transformation plans are largely centred on the workforce.

In response a £1.4 million investment through GM transformation funding has been secured to ensure a clear strategy and associate plans are in place to mitigate the known risks. The Greater Manchester Children and Young People's Emotional Wellbeing and Mental Health

Workforce Strategy has been developed through consultation and engagement with a variety of stakeholders that included NHS Providers, Clinicians, CCGs and the GM Strategic Clinical Network – to name a few.

The scope of the strategy focuses on the specialist element of CYP Mental Health workforce – CAMHS. Over time and through the work GM transformation funded GM i-Thrive programme strategic planning will seek to develop strategies for the wider CYP workforce. The purpose of the strategy is to outline principles and solutions across four key domains: -

- Improving supply and retention
- Building skills and knowledge
- Talent development and system leadership
- Improve workforce welfare and wellbeing

To date all specialist GM NHS CAMHS services have undergone the Self-assessed Skills Audit Tool (SASAT) to map their existing provision in order that a clear understanding of both local and GM gaps are understood. The assessment provides full information on staff numbers including whole time equivalents, skills and capabilities.

Building on the SASAT and in order to meet the requirements and those of the Five Year Forward View for Mental Health and Stepping Forward to 2020/21: The mental health workforce plan for England, GM as an STP area has to submitted returns to NHS England on how we are planning to grow the CAMHS workforce to enable us to deliver increased access and better outcomes.

Table 1: Greater Manchester CAMHS Workforce expansion (2016-2021)

CAMHS Workforce Expansion	Medical	Nursing	Allied Health	Total Clinical
Greater Manchester (100%)	9	65	37	111
Bolton (10.1%)	0.9	6.6	3.7	11.2
Bury (6.5%)	0.6	4.2	2.4	7.2
Heywood, Middleton & Rochdale (8.0%)	0.7	5.2	3	8.9
Manchester (21.1%)	1.9	13.7	7.8	23.4
Oldham (8.1%)	0.7	5.3	3	9
Salford (9.5%)	0.9	6.2	3.5	10.5
Stockport (10.0%)	0.9	6.5	3.7	11.1
Tameside & Glossop (8.3%)	0.7	5.4	3.1	9.2
Trafford (7.4%)	0.7	4.8	2.7	8.2
Wigan (11.0%)	1	7.1	4.1	12.2
TOTAL	9	65	37	111

Note: Workforce expansion by service area in Full Time Equivalents (FTE)

The numbers provided are based on Public Health weighted capitation formulas to apportion the nationally agreed figures across Greater Manchester STP

The enhancement of an additional 111 CAMHS clinical staff across Greater Manchester, outlined above, will be supported by Greater Manchester Transformation funded uplift of 39 additional clinical posts working within the Greater Manchester Crisis Care Pathway (REACH-IN). This combined growth sets an ambitious target to grow the workforce by a total of 150 clinical posts by 2021; ensuring a comprehensive CAMHS (up to 18yrs) to meet the population needs.

10.17 **Youth Justice** – discussions are underway to develop a place based commissioning model of extended support for GM's Youth Justice Service. It is proposed that additional capacity is made available to recruit staff to coordinate and support joint working between GM's

Youth Offending Services, Children and Young Person's mental health services and GM's Integrated Health in Custody and Wider Liaison and Diversion Service to better: promote development of early recognition; improve communication between agencies; promote continuity of care and review pathways.

- 10.18 **GM's Trauma / Resilience Hub** – set up to support those children, young people and families who were affected by the terror attack in Greater Manchester, and options are being considered to determine the legacy arrangements for this highly effective model. A range of options have been developed to support the ongoing function of the Hub to enable a Greater Manchester trauma service, supporting any child, young person or family who has experienced trauma, for example, families coming into Greater Manchester seeking asylum, being established.

11. 2017-2020 FINANCE PLAN

- 11.1 The CCG is in receipt of £4,242k of external LTP money to support delivery and redesign of children and young people's mental health provision over a 4 year period. This overall programme of investment has already gone through the strategic commissioning governance process and the previously agreed programme of works will continue in 2019/20.
- 11.2 The LTP funding is subject to external scrutiny and monitoring to ensure funding is spent in accordance with agreed criteria and to assess value for money. The refresh of the LTPs – and its publication - is seen by NSHE as the evidence that progress is being made, that the funding is being spent as intended and will provide evidence on how services are being transformed.
- 11.3 Table 1 outlines the NHSE funding received by the CCG over the 4 year period. We have a budget of £1,024k to spend in 2019/20 which we are on track to deliver against. Subject to NHSE approval, there is the possibility of re-profiling spend across financial years, so long as spend across the lifetime of the programme remains within overall approval limits.

Table 1: Draft LTP Funding and Recommended Allocation

NHS Tameside and Glossop CCG LTP Income	2018/19	2019/20	2020/21	2021/22
Community Eating Disorders (CED)	141,000	141,000	141,000	141,000
Local Transformation Funding	790,000	883,000	995,000	995,000
Total LTP Income	931,000	1,024,000	1,136,000	1,136,000

Core Programme (Expenditure):	2018/19	2019/20	2020/21	2021/22
Community Eating Disorders (PCFT)	141,000	141,000	141,000	141,000
Parent Infant MH	40,000	40,000	40,000	40,000
Neurodevelopmental pathway	128,547	151,343	151,343	151,343
Looked After Children	104,009	104,009	104,009	104,009
Neighbourhoods and Schools	157,506	210,630	225,895	225,895
Improving Access- Drop ins and Assessments	99,599	99,599	99,599	99,599
HYM YOS Forensic & Transition	51,575	51,575	51,575	51,575
All Age RAID (PCFT)	28,076	56,151	56,151	56,151
Transforming Care - Early intervention	25,678	51,263	51,263	51,263
Transforming Care - Positive Behaviour Support training NR	16,000	0	0	0

CYP IAPT Trainees	50,281	87,975	43,647	9,459
CVS - MH First Aid Training	4,350	0	0	0
HYM Psychiatrist FTE 0.33	30,455	30,455	30,455	30,455
<i>Currently unallocated but subject to future SLT approval when schemes are known</i>	53,924	0	141,063	175,251
Total Expenditure	931,000	1,024,000	1,136,000	1,136,000

11.4 The five year forward view for mental health (approved in 2015) assumes that schemes currently funded through LTP will become recurrent schemes, funded from the CCG baseline from 2022/23 onwards.

12. IDENTIFIED RISKS

12.1 **Recruitment** – there are challenges to recruit to specialist posts due to availability of appropriately trained and experienced staff.

13. IDENTIFIED ACTIONS

13.1 **Looked After Children** - access and provision for children who are looked after requires review to ensure that they are provided with timely services to make certain that their emotional health and well-being are promoted.

13.2 **Ensuring the Right Help is offered** – a review of how to ensure better alignment of multi-agency responses to referrals to Healthy Young Minds and Children’s Social Care through a review of the HYM daily screening, the SPOE, the weekly Children’s Social Care panel and the developing multi-agency panel in the Hub.

13.3 **Integrated Neighbourhood Services for CYP and families** - partnership process of designing a more effective model of partnership working on an Integrated Neighbourhood basis, with a strong emphasis upon more effective early help.

13.4 **Children with complex needs** – review of the needs of CYP in high cost out of borough placements and those requiring mental health in-patient care to identify alternative options, notably early intervention.

13.5 **Schools & Colleges** – the new Green Paper focuses on the role of schools in mental health. We will review the current position to ensure that every secondary school and college is supported by specialist services to deliver high quality emotional and mental health support to students and their families.

13.6 **Youth Offending Team** – integrated support for young people under the care of YOT will be reviewed.

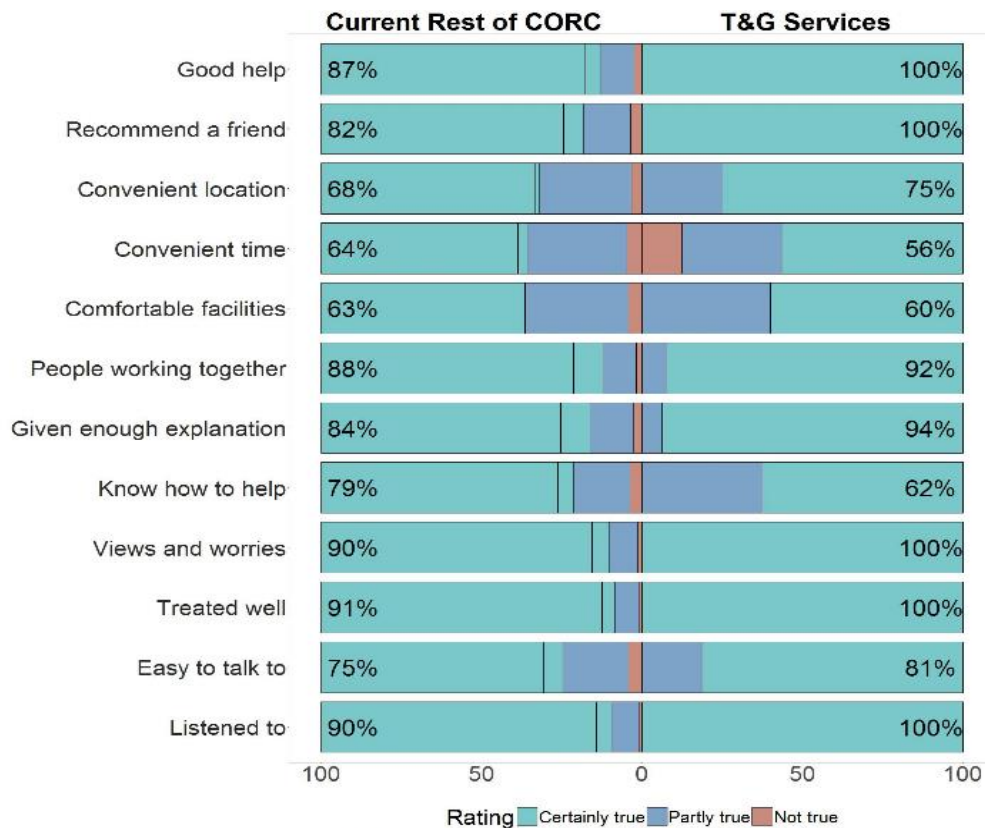
13.7 **Getting Help** - To continue to review and develop the offer delivered by third sector providers in delivering the LTP. Further develop the strategic steering group to support the delivery of the Thrive Model.

14. CONCLUSION

14.1 The aim of the continued work of the LTP is based upon the need to improve and sustain access to children and young people’s mental health provision through a whole-system approach that includes the active participation of all partners and key stakeholders

- 14.2 Tameside and Glossop Single Commission is committed to working with children, young people and families and all other partners to deliver the LTP, the recommendations set out in Future in Mind, to deliver the Five Year Forward View for Mental Health and implement the NHS Long Term Plan.
- 14.3 Single Commission Officers and Clinical Leads to continue to take relevant steps, make decisions, and to progress arrangements to further the elements discussed through the paper.
- Strategic Commissioning Board recommended to support the approval of the LTP refresh and finance plans for deliverables for 2019- 2020 and 2010- 2021, recognising that within the year the plan will need to be reviewed in line with strategic objective to integrate CYP services.
 - Strategic Commissioning Board is asked to support aligning LTP with GM approaches where populations and needs require; thus delivering efficiencies.
 - Strategic Commissioning Board is asked to note the national context and building national pressures and assurance measures to increase spending on CAMHS and ensure the publication of the LTP Update.
 - Strategic Commissioning Board recommended to agree financial investment to support developments within the LTP unallocated funding for 2020-21 in order to fully meet local and national agenda's in delivering the Local Transformation Plan as follows;
 - Improving access and implementing the THRIVE model.
 - Ensuring the Neurodevelopmental team is adequately resourced to meet the needs of the local population, include pre-diagnostic and post-diagnostic support.
- 14.4 In conclusion new money being invested into CYP MH will ensure far greater children with a diagnosable mental health condition will get support where and when they need it and as close to home as possible.

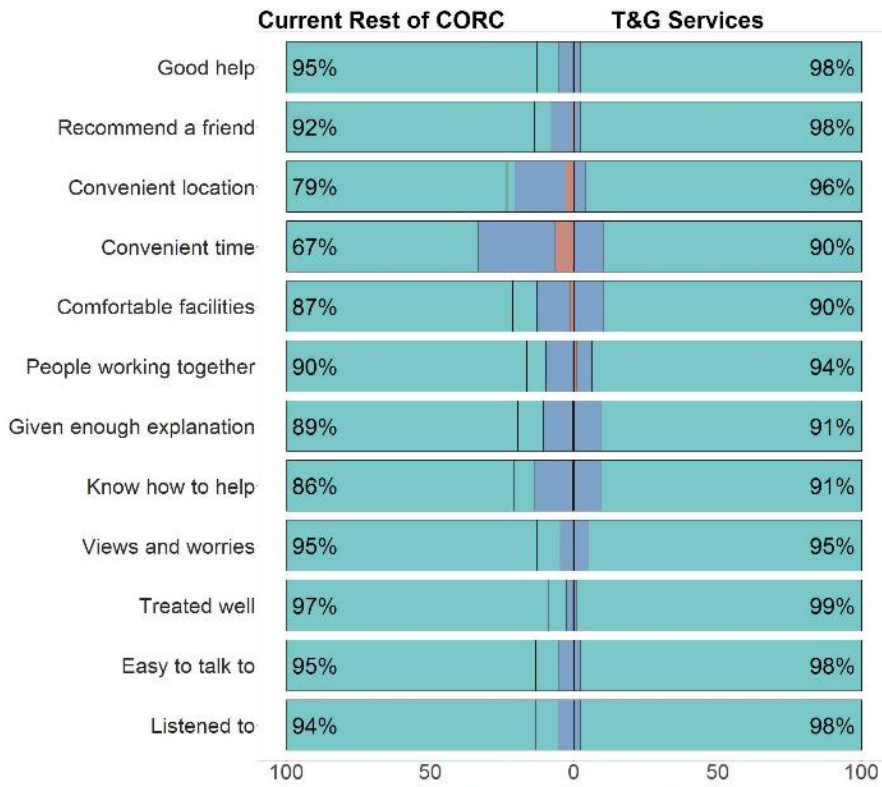
Child Experience of Service Questionnaire



Rating ■ Certainly true ■ Partly true ■ Not true
 Tameside & Glossop completion rate = 1% out of 2617
 Current RoC completion rate = 3% out of 18484

Black lines indicate historical RoC 'Certainly true' responses; completion rate = 6% out of 139088

Parent Experience of Service Questionnaire



Rating ■ Certainly true ■ Partly true ■ Not true

Tameside & Glossop completion rate = 4% out of 2617

Current RoC completion rate = 3% out of 18484

Black lines indicate historical RoC 'Certainly true' responses; completion rate = 5% out of 139088

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Report to: Strategic Commissioning Board

Date: 27 March 2019

Reporting Member /Officer of Strategic Commissioning Board Jessica Williams, Interim Director of Commissioning

Subject: CHILDREN’S ENURESIS SERVICE PROVISION IN GLOSSOPDALE

Report Summary: On confirmation that Derbyshire will meet the costs it is therefore proposed to expand the service from the Tameside enuresis nurse to support children and young people aged 0-19 in Glossop.

Recommendations: Note the expansion of the current Enuresis service, equitable to that delivered in Tameside, for the residents of Glossopdale with immediate effect. Note that Derbyshire County Council will be recharged for the cost of this additional service.

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

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
TMBC	-	-	-	-
CCG	-	-	-	-
Total	-	-	-	-

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison

This will not impact upon budgets of the Strategic Commission. Derbyshire County Council are the responsible commissioner for this service and have agreed to fund from the Better Care Fund with effect from April 2019

Legal Implications:
(Authorised by the Borough Solicitor)



In discharging their functions, CCG’s have regard to the need to safeguard and promote the welfare of children under section 11 of the Children Act 2004. There is also a duty on Health to co-operate with Local Authority arrangements to safeguard and promote the welfare of children under section 10 of the Children Act 2004. The CCG’s area covers the whole of Tameside and part of Glossop and not coterminous with Council boundaries this requires Glossop to pay their share.

How do proposals align with Health & Wellbeing Strategy?

Reducing health inequality across Tameside and Glossop and contributing to wider outcomes such as reducing hospital admissions relating to complications and ensuring that families transition smoothly into adulthood.

How do proposals align with Locality Plan?

The service is part of the starting well agenda, promoting all children to have the best start in life, creating resilient families who have access to the right support they need at a time they need it.

How do proposals align with the Commissioning Strategy?	Not applicable
Recommendations / views of the Health and Care Advisory Group:	The service will be delivered from Dewsnap Lane Clinic, to maximise clinic time, clinical notes and service continuity
Public and Patient Implications:	
Quality Implications:	None
How do the proposals help to reduce health inequalities?	
What are the Equality and Diversity implications?	None
What are the safeguarding implications?	None
What are the Information Governance implications? Has a privacy impact assessment been conducted?	None
Risk Management:	
Access to Information :	The background papers relating to this report can be inspected by contacting the report writer
	 Telephone: 07917 072370
	 e-mail: philippa.robinson5@nhs.net

1. BACKGROUND

- 1.1 The term bedwetting (sometimes called nocturnal enuresis) is used to describe the symptom of involuntary wetting during sleep in the absence of other medical conditions. Bedwetting can be described qualitatively by the amount of distress it causes to the child or family and impairment in social, academic (occupational) or other areas of functioning, or quantitatively based upon the frequency, that is at least twice a week for at least three consecutive months. The prevalence decreases with age and most studies show a higher incidence in boys (of up to 2:1). The Avon Longitudinal Study of Parents and Children (ALSPAC) survey identified that at 7.5 years old the prevalence of bedwetting is high (15.5%) but only 2.6% of this large population-based sample wet at a frequency of twice a week.
- 1.2 Extrapolating from the ALSPAC data and other studies, the estimated numbers of children and young people in NHS Tameside and Glossop are shown in the table below.

Children with nocturnal enuresis, estimates by age

	NHS Tameside and Glossop
Estimated number of children aged 5-6 years with nocturnal enuresis (2014)	1,315
Estimated number of children aged 7-9 years with nocturnal enuresis (2014)	1,035
Estimated number of children aged 10-15 years with nocturnal enuresis (2014)	370
Estimated number of young people aged 16-19 years with nocturnal enuresis (2014)	170

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014).

2. DAYTIME URINARY INCONTINENCE (DUI)

- 2.1 The term “daytime urinary incontinence” (DUI) is the current term accepted by the International Children’s Continence Society to describe wetting during the day in children (to replace the terms daytime wetting or diurnal enuresis). DUI can be described qualitatively by the amount of distress it causes to the child or family, or quantitatively based on the frequency of its occurrence i.e. at least twice a week in children over the age of five years in the absence of congenital or acquired defects of the central nervous system. As with bedwetting, the prevalence of DUI decreases with age. Unlike bedwetting, the prevalence is generally greater among girls than boys.
- 2.2 The table below shows the estimates, by age, of children in NHS Tameside and Glossop with (mostly infrequent) DUI. More frequent daytime incontinence (more than twice a week) is more commonly related to problems of urgency, bedwetting and faecal incontinence than infrequent incontinence.

Children with daytime wetting, estimates by age

	NHS Tameside and Glossop
Estimated number of children aged 5-6 years with daytime wetting (2014)	375
Estimated number of children aged 7-10 years with daytime wetting (2014)	400
Estimated number of children aged 11-15 years with daytime wetting (2014)	385
Estimated number of young people aged 16-18 years with daytime wetting (2014)	175
Estimated number of young people aged 19-24 years with daytime wetting (2014)	270

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014).

3. LOCAL CONTEXT

- 3.1 Prior to a national decision to separate out public/population health services from other health services and make them the responsibility of Local Authorities, Tameside and Glossop commissioned support for paediatric continence from school nurses to cover both advice and information and a level of assessment and treatment (tier 1 and tier 2), with the specialist and complex care available through paediatric services.
- 3.2 Following the transfer of responsibility for the commissioning of school nurses to Derbyshire County Council the service available in Glossop now no longer provides the same level of assessment and treatment; school nurses, health visitors and children's' centres in Derbyshire only offer Tier 1 support. Discussions have taken place between Derbyshire and the CCG to attempt to agree arrangements for Glossop children, however to date these have been unsuccessful.
- Parent complaints; there is one current active complaint within the CCG, which is a 6 year old child who needs to be seen for specialist care. Another example is a case that has been ongoing since 2010 (aged 3) to present day. The patient has been passed between specialists and now is under the care of Urologists at RMCH and Trafford Nursing team, which is a long way to travel and has taken far too long to get an adequate service. On discussion with parents, travelling to Dukinfield would be acceptable, and much closer than Manchester.
 - A letter from Derbyshire County Council gives some context around the commitment from Derbyshire and responsibility to level 1 support only, which is school nurse provision. Level 2 support is the responsibility of a CCG commissioned service.
- 3.3 There are three levels of service in the continence pathway, Level 1 is preventative, with advice coming from School Nursing and Health Visitors, and is commissioned by Public/Population health. Level 2 and 3 include health input from specialist nurses and wider medical teams and is commissioned by Clinical Commissioning Groups.
- 3.4 Currently in [Tameside](#), the pathway covers Level 1-3 for Tameside Residents, and the [Derbyshire Pathway](#) covers level 1 for Glossop residents.

- 3.5 The service will support children and young people 0-19 and be delivered from the existing base at Dewsnap Lane Clinic in Dukinfield.
- 3.6 Many continence problems can be cured and certainly managed better. People have the right to be heard, receive the right treatment at the right time and live the best achievable quality of life possible. Improving continence care provision through integrated services brings many benefits including:
- a better quality of life and more independence through finding solutions appropriate to individual needs
 - less reliance on continence pads and products by using alternative treatments
 - a reduction in admissions to hospitals
 - fewer complications, such as urinary tract infections and skin breakdown
 - a reduction in costs

3.7 Key Outcome

To help children and young people to achieve complete continence, or to manage the condition discreetly and effectively if full control is not clinically possible.

Key Outcome Indicators

- Rates of A&E attendance and unplanned hospitalisation for constipation and urinary tract infection
- Percentage of children and young people with bladder and bowel dysfunction successfully treated within the service or post discharge
- Quality of Life (QoL) assessment from the perspective of the child or young person and the family, or Patient Reported Outcome Measures (PROMs) can also be used

4. DEMAND

- 4.1 The service in Tameside receives four to five referrals per week. There are 240 patients on the caseload and they have a £6k equipment budget for specialist equipment.
- 4.2 For Glossop, 13% of the TG population (0-19), scaled down from Tameside would indicate a demand of around two to three referrals per month, with an expected caseload of 36, requiring an equivalent scaled down equipment budget.

5. CAPACITY AND FINANCE

- 5.1 The service estimates that the demand would require 15 hours a month to run a clinic, complete follow up assessments and administration, and also anticipate 'new service influx'. The existing Enuresis nurse has capacity to pick this extra clinic up. Liaison and relationships with school nurses in Glossop and Glossop GPs is key to the development of the service.
- 5.2 The pathway would be the same as the current pathway in Tameside, and patients will need to travel to Dewsnap Lane Clinic to access the service.
- 5.3 A budget is required of £5,462 inclusive of nurse time and equipment.

6. RECOMMENDATION

- 6.1 Recurrent funding has been agreed with Derbyshire County Council from the Glossop Better Care Fund allocation with effect from April 2019 to expand the current service to ensure it is equitable to that delivered in Tameside.
- 6.2 The service will start with immediate effect.

Report to: STRATEGIC COMMISSIONING BOARD

Date: 27 March 2019

Reporting Member / Officer of Strategic Commissioning Board Jessica Williams – Interim Director of Commissioning

Subject: **GLOSSOP CONTRIBUTION TO THE DERBYSHIRE COMMUNITY HEALTH SERVICE FT ‘STARTING POINT’ SERVICE**

Report Summary: The report details the health input into the ‘Early Help’ panel in Derbyshire. It acts as the front door for all early help and safeguarding issues which are resolved by a multi-agency approach. It was agreed that all CCGs contribute a weighted proportion of funding to ensure an equitable function for all families residing within Derbyshire

- Recommendations:**
- 1.1 To approve and identify recurrent funding to the Starting Point service for children and young people living in Glossop, equating to £7,500 per year.
 - 1.2 An option for funding is for this to come from the Better Care Fund for Glossop as it is a DCC function that includes support for the patients of Glossop to ensure parity. If we did not fund the Glossop part of the function it will create a health inequality for the people of Glossop. Conversations between finance colleagues have started and will continue after periods of annual leave.

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

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board
Organisation and Directorate	CCG
Budget Allocation	£ 7,500
Additional Comments	
<p>Recurrent budget has been earmarked as part of the 2019-20 planning process.</p> <p>Tameside and Glossop CCG contribute to fund the Glossop proportion of the Starting Point service which helps to meet the statutory duty, to ensure that, in discharging their functions, CCG’s have regard to the need to safeguard and promote the welfare of children under section 11 of the Children Act 2004.</p> <p>The contribution value is based upon having approx. 4.5% of the 0-19 population in Derbyshire (not including Derby City) in 2016/17. This is subject to change in accordance</p>	

with new population data.

Legal Implications:

(Authorised by the Borough Solicitor)

Tameside and Glossop CCG contribute to fund the Glossop proportion of the Starting Point service which helps to meet the Statutory duty, to ensure that, in discharging their functions, CCG's have regard to the need to safeguard and promote the welfare of children under section 11 of the Children Act 2004. There is also a duty on Health to co-operate with Local Authority arrangements to safeguard and promote the welfare of children under section 10 of the Children Act 2004. The CCG's area covers the whole of Tameside and part of Glossop and not coterminous with Council boundaries this requires Glossop to pay their share.

How do proposals align with Health & Wellbeing Strategy?

Reducing health inequalities across Tameside and Glossop

How do proposals align with Locality Plan?

Within the locality plan and local offer, an Early Help multi-agency assessment from a single point of entry is being developed for Tameside; Starting Point is the equivalent for people in Glossop

How do proposals align with the Commissioning Strategy?

As above

Recommendations / views of the Health and Care Advisory Group:

Not applicable

Public and Patient Implications:

Through safeguarding and early help response for children, young people and their families in Glossop.

Quality Implications:

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

How do the proposals help to reduce health inequalities?

Ensuring that children, young people and families in Glossop have access to early help.

What are the Equality and Diversity implications?

None.

What are the safeguarding implications?

Safeguarding Board will be aware of vulnerable children, young people and families and able to act in a timely manner.

What are the Information Governance implications??

None

Has a privacy impact assessment been conducted

No

Risk Management:

Opportunities to align the models to ensure parity for

Tameside and Glossop.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer Philippa Robinson



Telephone: 0161 342 2807



e-mail: Richard.scarborough@tameside.gov.uk

2. BACKGROUND

- 1.1 Derbyshire Starting Point, which is a Multiagency Safeguarding Hub was launched in June 2015. Starting Point acts as the first point of contact for Derbyshire Children Social Care for Early Help Assessments/requests for support, Police Domestic Abuse notifications, Social Care Children in Need referrals and safeguarding/child protection concerns about children/young people. It was agreed that Starting Point would include representatives from Children's Social Care, Local Authority Children Services, Police and Health working together at a central location. Virtual links exist to other health services including GP practices and other agencies such as Education, Probation, and Housing.

3. PRINCIPLES

- Reduce the impact of maltreatment to children and young people and their families in Derbyshire
- Prevention of impairment of children's health or development
- Ensure that multiagency child protection/safeguarding arrangements are robust and timely
- Work in cooperation with the Children Social Care and Police to facilitate strong partnership working arrangements which enhance the understanding of each agency role to promote the welfare of children and protect them from harm
- Liaison with health partners and professionals about the ongoing needs of children and plans to safeguard them.

- 3.1 Derbyshire Starting Point Model was initially agreed at the:

- Derbyshire Safeguarding Children Board
- Derbyshire Children Trust Board
- Derbyshire Health and Wellbeing Board

- 3.2 Nationally and locally there has been a recognition, through enquires, serious case reviews, learning reviews, domestic homicide reviews and research that there are weaknesses in the way that a range of agencies and individuals, who are separately in contact with a child at risk share pertinent information with each other. As a consequence, no individual or team has a complete picture of child circumstances. The development of Multiagency Safeguarding Hubs enable professionals to work in partnership together in order to obtain the best outcomes for children, young people and adults.

4. STATUTORY PROVISION

- 4.1 The requirement for Local Authorities, Police and Health and other key agencies to work more closely together to assess and define need is identified in the following legislation and reviews:

- Children Act 1989, 2004 - Statutory duty to safeguard children and families and to promote their welfare
- Children Act 2004 Section 10 – requires the Local Authorities to make arrangements with a view to improving the wellbeing of children in the authority area which includes protection from harm or neglect – it is the CCG's duty and that of all health organisations including NHS Foundation Trusts to co-operate with the arrangements.

- Children Act 2004 Section 11 – requires the CCG to make arrangements for ensuring that their functions and services provided on their behalf are discharged with regard to the need to safeguard and promote the welfare of children.
- Climbié Inquiry Report – Laming Report (2013)
- Laming Review (2009)
- Working Together to Safeguard Children (2015) and (2018)
- Eileen Munro review into child protection (2011)
- Home Office – Multiagency working and information sharing project (2014)

5. HEALTH PROVISION

5.1 All CCGs across Derbyshire, including Tameside and Glossop CCG (for the population of Glossop), contribute to the health input into Starting Point, and functions are detailed in the service specification.

4.2 Benefits of the Health Team in Starting Point include:

Since the commencement of Starting Point the health team who are directly employed by Derbyshire Community Health Foundation Trust have continued to be an effective and valuable member of the service and without Health's input would lead to the Starting Point service losing a key and essential member of the multiagency safeguarding team.

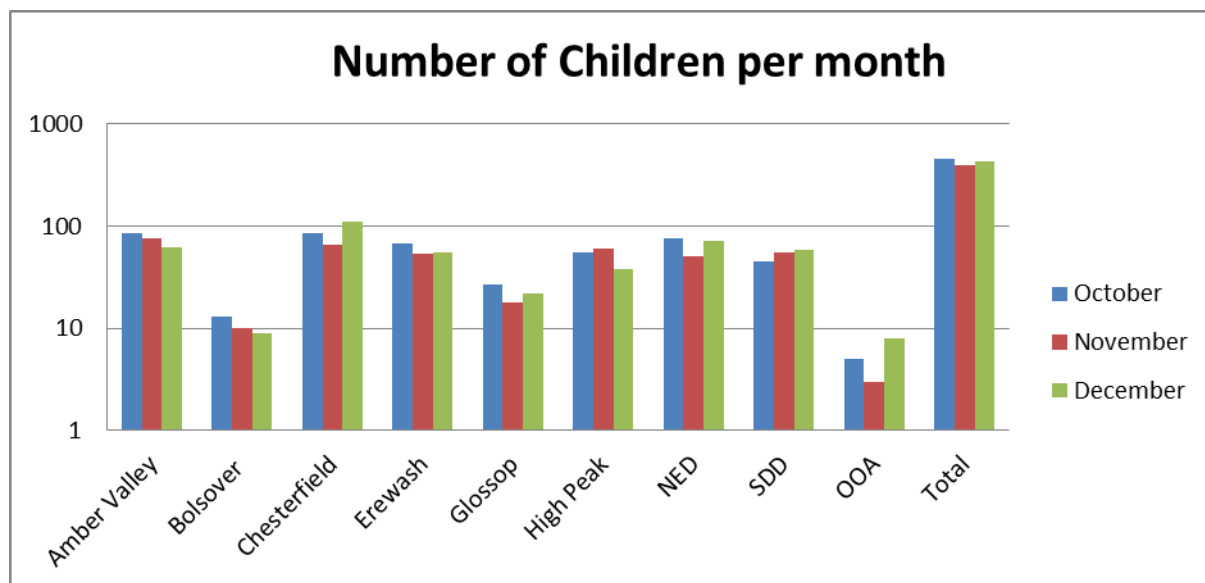
The health team's role is to share relevant information about the child and family as part of the overall assessment and to feedback information to appropriate health services who will be involved in the Early Help arrangements going forward to support children and families.

- The Health Advisors are able to create a system that strengthens existing multiagency information sharing. They help to facilitate more accurate assessment of risk and needs which helps to ensure safeguarding decisions are based on coordinated, sufficient, accurate and timely intelligence.
- The Health Advisors help to facilitate a system that strengthens the quality of front line practice when undertaking child safeguarding investigations.
- The Health Advisors help to improve the quality of safeguarding work through face to face multi-agency risk assessments and planning. They are best placed to partake in strategy discussions and provide a face to face presence at formal Strategy Meetings with Police and Social Care in line with the requirement outlined in Working Together to Safeguard Children statutory guidance (2015) and (2018).
- The Health Advisors enable closer partnership working and clear lines of accountability.
- The Health Advisors help facilitate a more straightforward response, with improved feedback to frontline practitioners on the outcomes of enquires/referrals for children.
- The Health Advisors are in the ideal position to signpost Social Care operational teams to key health professionals/services which have significant involvement/information relating to vulnerable people.
- Health Advisors in Starting Point are able to act as a filter and access patient information directly without having to contact Health professionals (for example identifying current GP's, Health Visitor etc.)
- Health Advisors in Starting Point are able to co-ordinate requests for information to GPs, Health Visitors, Midwives, Safeguarding Nurses, Specialist Nurses etc. and share information in a timely manner.
- The Health Advisors are in the position to influence and inform partner agencies around specific issues relating to health therefore promoting greater co-ordination and co-operation between partner agencies.

6. ACTIVITY

6.1 Taken from Quarter 3, 2018 contract report

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6.2 The total requests for information during the months in quarter 3 are;

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- October 457 (27 Glossop)
- November 389 (18 Glossop)
- December 432 (22 Glossop)
- Overall 1278 within the quarter (67 Glossop, which is 5% of referrals)

5.3 Further details on the activity within each area can be found in the [contract report](#). This quarter, reasons for referral into the Starting Point are for Concern or S47, with the main categories being domestic abuse, harm from other and parenting. Once reviewed by the health team, the majority response was safeguarding or partnership intervention.

7. RISK

7.1 If any CCG makes the decision to discontinue health funding for Derbyshire Starting Point then this would mean that one of the main agencies that are instrumental in the functioning of this service would not be available. The CCG would then need to inform the Safeguarding Children Board that this decision has been made and it will need to be added to the Derbyshire Safeguarding Children Board and Derbyshire CCG risk registers.

8. FINANCE

7.1 Tameside and Glossop CCG contribute to fund the Glossop proportion of the Starting Point service which helps to meet the statutory duty, to ensure that, in discharging their functions, CCG's have regard to the need to safeguard and promote the welfare of children under section 11 of the Children Act 2004. There is also a duty on Health to co-operate with Local Authority arrangements to safeguard and promote the welfare of children under section 10 of the Children Act 2004.

7.2 The Tameside and Glossop contribution to Starting Point is £7,500 per annum based upon having approx. 4.5% of the 0-19 population in Derbyshire (not including Derby City) in 2016/17. This is subject to change in accordance with new population data.

9. RECOMMENDATION

9.1 As set out on the front of the report.

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Report to:	STRATEGIC COMMISSIONING BOARD
Date:	27 March 2019
Reporting Member /Officer of Strategic Commissioning Board	Councillor Brenda Warrington – Executive Leader Jayne Traverse – Director of Growth
Subject:	HOUSING FINANCIAL ASSISTANCE POLICY 2018 - 2023
Report Summary:	<p>Tameside’s current Private Sector Housing Renewal Policy was approved in 2003.</p> <p>With increased Government Disabled Facilities Grant funding and continued repayments from previous housing improvement grants and loans, the report provides an updated Private Sector Housing Renewal Policy to enable a more holistic approach to Housing Adaptation improvements.</p>
Recommendations:	<p>The Strategic Commissioning Board is asked to RECOMMEND to Cabinet the proposed amendments to the Policy set out in the report in connection with the Disabled Facilities Grant and other associated funding loans and grants, including a further three additional grants following the consultation process undertaken between 12 December 2018 and 25 January 2019.</p>
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>The 2018-19 Disabled Facilities Grant allocation is £2.37m and the 2018-19 commitments are in line with the allocation. Set out in section 3.8, in points one to five, are the services funded by the grant. There is no payback for this funding. The services set out in section 3.8, points six to eight, are the services to be funded by repayable Housing capital funding. As at 1 April 2018 there is a £0.372m reserve built up by the recycling of payback Housing capital funding over previous years. These services will be monitored separately from the Disabled Facilities Grant funded schemes. The ongoing funding of these schemes will be closely monitored because the timing of the repayments is unknown. The Boiler Replacement scheme set out in section 3.8, point nine, will be subject to available grant or other funding.</p> <p>An additional £0.500m has been earmarked for this new financial assistance policy which was approved by Executive Cabinet on 13 February 2019.</p>
Legal Implications: (Authorised by the Borough Solicitor)	<p>The Council has statutory duties to provide Disabled Facilities Grants and various powers to provide financial assistance for the purpose of improving living conditions in its area. Failure to implement the grant scheme appropriately would leave the council at risk of legal challenge and could potentially lead to breaches of the Human Rights Act 1998. The current policy was approved in 2003 and so it is timely, given legislative changes, to carry out a policy review, to ensure the Council remains compliant and that the scheme is meeting its objectives.</p> <p>The Council is commendably looking at removal of some of the</p>

bureaucracy involved with applying the scheme and to this end is adopting a wider discretionary policy to allow for flexibility. There is always a risk to the Council that the implementation of any policy may give rise to legal challenge, and so as with all Council policies it should be kept under review.

An EIA was completed before consultation, and has now been reviewed and refreshed for Members to ultimately consider and understand prior to approval of the final policy.

The Test of Resources (ToR), or means test, used to determine whether an applicant is eligible for grant assistance is a requirement of Section 30 of the Housing Grants, Construction and Regeneration Act 1996 and the Housing Renewal Grant Regulations 1996 as amended. When the Regulatory Reform Act 2003 removed references to mandatory means tested grants for various forms of private sector renovation Circular 05/03 stated, amongst other comments "... Mandatory disabled facilities grants, paid under the legislation, are still directly subject to the provisions of the 1996 Act and Regulations".

Although the ToR is closely based upon the Benefits ToR there is no provision for a right of appeal in the regulations, and so it is all the more important to ensure the policy is clear for all applicants to understand, and properly implemented to avoid any successful legal judicial review challenge or complaint to the Local Government Ombudsman.

How do proposals align with Health & Wellbeing Strategy?

The proposals and strategic direction are consistent and are aligned with the overall vision for the strategy.

How do proposals align with Locality Plan?

The initiatives proposed are consistent with the following priority transformation programmes:

- Healthy lives (early intervention and prevention)
- Enabling self-care
- Locality based services
- Urgent integrated care services

How do proposals align with the Commissioning Strategy?

The new Financial Assistance Policy will contribute to the Commissioning Strategy aims and priorities:

- Empowering citizens and communities
- Proactive population health system
- Targeting resources
- Long term conditions
- Supporting positive mental health

Recommendations / views of the Health and Care Advisory Group:

This document has not been presented to HCAG.

Public and Patient Implications:

It is anticipated that the initiatives in this new Policy will enhance the service offer to residents of the borough improving independence and reducing reliance on other services.

Quality Implications:

The new Financial Assistance Policy is aimed at improving the assistance to a wider number of people with assessed needs

and those living in poor quality housing.

How do the proposals help to reduce health inequalities?

The main proposals offer a more streamlined process to enable easier access to housing adaptations and overcome health inequalities in a more equitable manner.

What are the Equality and Diversity implications?

It is anticipated that the proposed new Financial Assistance Policy will have no negative effects on any of the protected characteristic group(s) within the Equality Act.

What are the safeguarding implications?

There are no additional safeguarding implications to those already faced in delivering housing adaptations.

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

A Privacy Impact Assessment has not been completed. The Service adheres to the 2018 Data Protection Act when handling confidential identifiable information.

Risk Management:

The key risks (detailed in Section 5.5) are summarised:

- Failure to provide statutory DFG adaptations. Changes to the Policy may result in an increase in requests for alternative and more expensive adaptations and may bring Local Government Ombudsman intervention and reputational damage to the Authority - It will be necessary to ensure applications are prioritised to ensure the most urgent cases are funded.
- Insufficient funding to provide appropriate interventions outside statutory DFG funding. Changes to the Policy may result in an increase in requests for alternative and more expensive adaptations - It will be necessary to ensure applications are prioritised.
- Loan payments not repaid to the Authority. Future funding of schemes will be affected – Loans protected by securing local land charges or other legally binding interventions.
- Disputed funding award claims by applicants. Complaints to Local Government Ombudsman may bring reputational damage to the Authority – Clear information on funding strategies made available to the public.

Access to Information :

The background papers relating to this report can be inspected by contacting Nigel Gilmore, Head of Strategic Infrastructure:



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1.0 INTRODUCTION AND NATIONAL POLICY

- 1.1 The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) gives local authorities a general power to introduce policies for Private Sector Housing, to provide assistance to individuals with renewals, repairs and adaptations in their homes through grants or loans.
- 1.2 The aim of such general powers is to allow a local authority to fund essential home repairs to reduce injury and accidents, to ensure homes are adequately heated, to expand the scope of adaptations available under the Disabled Facilities Grant (DFG) legislation, and allow people to relocate to alternative accommodation if their current home is not able to meet their needs. Assistance can be given directly to the individual or through a third party such as a local authority or other partner.
- 1.3 In 2008, Government made a number of changes to the way DFG was administered and used. These changes included the relaxation and removal of the ring-fence element in 2010, allowing DFG monies to be used more flexibly and as part of wider strategic projects, to keep people safe and well at home and to reduce bureaucracy in the grant's administration.
- 1.4 In reducing bureaucracy, local authorities are able to use the RRO to create assistance schemes which help people meet their needs without undergoing a full DFG process.
- 1.5 In order to take full advantage of the relaxed RRO policy, a local authority must comply with a number of conditions:
 - There must be a formally adopted policy in place, which sets out how the authority intends to use its powers;
 - Any policies must be readily available to the public.
- 1.6 The main provisions applied to any assistance delivered instead of a full DFG, are:
 - Home owners are owner occupiers;
 - That a full DFG is still available to the individual should it be requested;
 - Each case must be considered on its own merits and a clear mechanism for applying discretion is made available in all circumstances; and
 - That any scheme must meet identified need.
- 1.7 Assistance can be given as:
 - A grant - a sum of money for a specific purpose, with few or no conditions attached and no repayment required;
 - A repayment loan – interest bearing or 0% repaid in instalments over a period of time;
 - A charge on the property – interest bearing or 0% to be repaid on the sale, transfer or disposal of the property; and
 - A combination of these.

2.0 TAMESIDE MBC REGULATORY REFORM ORDER

- 2.1 Tameside's current Private Sector Housing Renewal Policy was approved in 2003 and, subject to minor updates has remained generally unaltered. The original policy can be found at <https://www.tameside.gov.uk/housing/renewalpolicy>. The minor updates consist of:
 - A 2011 Key Decision, addressing issues to improve delivery of adaptations outside the DFG process; and
 - A 2013 Key Decision, changed the delivery of adaptations to meet the reduced level of funding; and

- A 2016 report to Single Commissioning Board, to enable the delivery of housing adaptations through the relaxation of a number of criteria.

2.2 In updating the current Tameside RRO policy, it is intended to:

- Incorporate changes in Government policy in respect of DFG and its increased flexibility;
- To reflect the continued increase in Government funding within the RRO policy;
- Approve the use of ongoing loan repayments to fund alternative initiatives within this updated policy;
- Subject to available funding, increase the number of potential assistance initiatives; and
- Subject to available funding Include Energy Efficiency Measures/ Boiler Replacement Scheme within the updated policy

2.3 At the same time, whilst the 2002 RRO repealed much regulation around repairs and renewals for local authorities, and considerably increased its flexibilities in meeting residents' needs, it did cite the continued requirement for a statutory DFG.

2.4 There is a general recognition, however, that any amount of DFG funding is unlikely to meet all eventualities. It is important, therefore, that any policy clearly sets out the limitations of any help available.

2.5 In recognition of the above Tameside has developed a number of additional assistance schemes to address the above.

3.0 SUMMARY OF THE NEW HOUSING FINANCIAL ASSISTANCE POLICY 2018 – 2023

3.1 The 2002 RRO provides local authorities with the ability to design their own financial assistance policies to suit their specific requirements and priorities. In this respect the revised policy provides the means to allow vulnerable and disabled residents access to existing forms of financial assistance which will assist them in maintaining independence, preventing further deterioration in their condition and reducing the need to call upon social care and health services.

3.2 In addition and as part of the revised policy, the Council intends to introduce new forms of assistance to enable the offer to be increased to elderly and the vulnerable home-owner, assisting those individuals who may not qualify for a DFG adaptation but who may need other assistance to prevent or defer the need for further and more expensive interventions at a later date.

3.3 With the exception of mandatory DFG, help provided through the Policy will generally be available on a single occasion only. The Council will endeavour to advise people on how to maintain their homes and will expect them to do so following any help given without resorting to further financial assistance.

3.4 Proposed assistance is offered in a number of ways and subject to financial considerations as summarised in Appendix 4. Dependant on circumstance, individual instances can attract funding of varying amounts and are in many cases subject to a "test of resource" and for home owners, a local land charge.

3.5 In summary eleven alternative types of financial assistance are proposed.

3.6 The funding for assistance noted in sections 1 to 7 below will be provided utilising the annual allocation from government. There is no requirement to pay back this funding.

3.7 Funding for assistance noted in sections 8 to 10 below will be provided from repaid Housing Capital. This source of funding is from two historic assistance initiatives: Anchor Staying Put

Scheme and West Pennine Equity Loan Scheme where the investment is secured by means of a charge. Disposal or transfer of ownership triggers the condition that requires repayment of the investment.

3.8 Section 11, Boiler Replacement Scheme, will be subject to external grant funding when made available through Government or elsewhere

1. **Mandatory Disabled Facilities Grant:** To provide assistance utilising the mandatory DFG to those people who qualify to make applications under existing legislation. The rules for circumstances where repayment of mandatory DFG may apply are applicable.
2. **Proportionate Mandatory Disabled Facilities Grant:** To provide financial assistance to a homeowner who wishes to carry out works to undertake adaptations over and above those as assessed as being necessary and appropriate by an Occupational Therapist. The rules for circumstances where repayment of mandatory DFG may apply are applicable.
3. **Grant for Adaptations (Discretionary Assistance):** As part of this Policy the Council will exempt any application for financial assistance to undergo the test of resources (means test) for DFG where the amount is under £5,000.
4. **Provision of Equipment (straight & curved stairlifts, ceiling track hoists and WC's with a douche facility (Discretionary Assistance):** As part of this Policy the Council will provide financial assistance where there is a clear need to install certain equipment without the need for associated building works and where there is a risk of falls and/or a potential to reduce care costs. There will be no requirement to make a formal application or to undergo the test of resources following a recommendation from an Occupational Therapist.
5. **Payments towards Adaptations (Discretionary Assistance):** Such a grant may include:
 - a. **Unforeseen Works Assistance:** For circumstances where the maximum grant has been awarded and unforeseen works occur
 - b. **Shortfall Assistance:** For circumstances where the cost of providing the adaptations as recommended by the OT exceeds the maximum DFG grant
 - c. **Contribution Assistance:** In circumstances where the disabled person or applicant cannot meet the contribution indicated towards the costs of the works, which has been determined by the statutory test of resources
 - d. **Relocation Assistance for Home Owners:** Relocation assistance applies in circumstances where the disabled person needs to move from their existing residence as a result of being unable to adapt the property
 - e. **Relocation Assistance for Tenants of Social and Private Landlords:** This assistance will cover typical removal costs and will apply to tenants in circumstances where it is deemed more appropriate for the client to move to a more suitable property or where adaptations are refused due to under-occupancy.
6. **Hospital Discharge Grants:** Other areas of funding may include Discretionary Hospital Discharge Grants to prevent delayed discharge through assistance aimed at carrying out works up to £5,000 to render a property habitable and safe for the patient to be discharged to. This grant is not repayable by the applicant.
7. **Dementia Assistance Grant (Discretionary Assistance):** This assistance will be available to any person affected by Dementia as determined by a specialist health professional. Depending upon circumstances funding may be provided to introduce changes to a property allowing the applicant to live there safely and for longer. The maximum assistance will be £2,000 and any application will not be required to undergo the test of resources (means test).

8. **“Stay Put” Scheme:** The provision of a “Stay Put” scheme for home-owners over 65 subject to certain qualifying conditions to provide assistance up to £6,000 for repair works of an essential nature that will prevent further deterioration of the property and help maintain independent living. There will be a local land charge for this funding at 0% interest.
9. **Home Repair Assistance:** Introduction of “Home Repair Assistance” for vulnerable home-owners under the age of 65 subject to certain qualifying conditions to provide assistance up to £6,000 to remove Health & Safety issues and carry out works of an essential nature that will prevent further deterioration of the property. There will be a local land charge for this funding at 0% interest.
10. **Safety Net Assistance:** In circumstances where the owner occupier does not qualify for either the Stay Put scheme or the Home Repair Scheme and where an extreme risk to the health and safety of the occupier or other members of the public exists due to the condition of the property the Council may provide financial assistance up to £6,000. There will be a local land charge for this funding at 0% interest.
11. **Boiler Replacement Scheme:** Whilst previously offered through the council, the Boiler Replacement Scheme inclusion provides for a more proactive intervention by the authority and will be subject to available grant or other funding. Assistance will only be available where a heating system or boiler is considered by the Council or a qualified Gas Safe engineer to be in need of repair, replacement, or condemned.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Over the five year period (2015/16 to 2019/20) Government indicated a substantial increase in overall DFG related funding. Whilst these figures have been generally borne out in practice, for individual years they are only confirmed well into each financial year providing continued uncertainty in long term planning. Over the period in question Tameside’s allocations have risen from £1.2m in 2015/16 to £2.327m during 2018/19.
- 4.2 A number of initiatives in this new policy will be funded from on-going capital and loan repayments associated with previous loan policy; in effect recycling the funds.
- 4.3 Previous schemes to assist residents to improve their homes included a charge on individual properties as part of the original 2003 RRO policy. Some of these charges are resulting in repayments of this assistance.
- 4.4 One scheme, Anchor Staying Put Scheme operated by Anchor Housing Home Improvement Agency on behalf of the Council, used housing capital to offer financial assistance to home owners over 60 years of age to carry out essential repairs to their properties. The assistance was secured by a land charge repayable upon disposal or transfer of ownership. The scheme came to an end in 2012.
- 4.5 The second scheme, an Equity Loan Scheme operated by West Pennine Housing Association (now Regenda) used Housing Capital provided by the Council, permitted home owners to carry out major repairs to their properties. The funds invested were secured by a charge at HM Land Registry and were repaid upon disposal or transfer of ownership.
- 4.6 The new RRO policy, in addition to assisting more people with disabilities, will help improve the overall condition of housing stock within the borough and will greatly assist with the Council’s stated aim of supporting more of its residents to live independently and reduce the need for those same residents to call upon other and more expensive related services.
- 4.7 The overall capital expenditure in the provision of such initiatives, within the amended RRO policy, will not impact upon the current provision and will be contained within existing budgets.

- 4.8 Where new initiatives demand charges to be placed on a property, the repayment of this capital will be recycled to fund other schemes within this policy.
- 4.9 Whilst mandatory DFG requirements are statutory, all initiatives outside the DFG will be subject to the availability of relevant funding meeting relevant criteria.

5.0 RISK MANAGEMENT

- 5.1 Making arrangements to meet assessed needs for people who fall within the requirements of the Care Act 2014 and dealing with applications for DFG's are statutory duties. Failure to make sufficient resource available creates a risk of external 3rd party intervention as well as reputational damage. Whilst the Local Government Ombudsman, in criticising long delays in delivering adaptations, has recognised that Councils have to work within their budgets and has looked favourably on appropriate priority systems, the Courts have always referred to the mandatory nature of the DFG and not considered the absence of funding as an excuse for long delays.
- 5.2 The failure to provide a sufficiently resourced service for the provision of adaptations is likely to lead to long term increased costs in the provision of care packages to the health and other sectors of the community as the independence of individuals is compromised. The provision of a full DFG with the proposed new initiatives will reduce such impacts.
- 5.3 Funding for initiatives that are deemed to be non-statutory will be subject to available resources. Raising expectations will lead to complaints and criticism and require careful management as the initiatives are publicised.
- 5.4 Future RRO Policy reviews will be undertaken on a five year cycle unless legislation or other circumstances require additional intervention.
- 5.5 Table 1 below highlights the main risk elements of the proposed RRO policy.

Table 1: Main Risk Elements of The Proposed RRO Policy

Risk	Impact	Mitigation
Failure to provide statutory DFG adaptations	Greater call by residents on alternative and more expensive interventions by health service and other partners. Reputational – Potential intervention by Local Government Ombudsman	Ensure list of interventions is prioritised to ensure most urgent cases are funded.
Insufficient funding to provide appropriate interventions outside statutory DFG funding	Greater call by residents on alternative and more expensive interventions by health service and other partners	Ensure prioritised interventions by local authority provider
Existing loans not repaid to Authority	Reduced future funding for RRO policy	Ensure surety of repayment by land charge or other accepted legally binding interventions
Disputed funding award claim by applicants	Reputational. Potential intervention by Local Government Ombudsman	Ensure clear funding strategies are made available to wider public

6.0 EQUALITY IMPACT ASSESSMENT

- 6.1 An Equality Impact Assessment is attached to this report (Appendix 5) and includes details from the consultation process. It has been drafted to address the impacts of this policy change and will continue to operate alongside the implementation of the revised policy for the purpose of continuous monitoring.
- 6.2 The implementation of the proposed changes will positively aid disabled people who do not meet the requirements of DFG criteria and are not able to financially support further adaptation.
- 6.3 This EIA has been undertaken to explore how the impact of the proposed changes to adaptations funded by the DFG and other resources is provided in the future. The changes are driven by:
- Increasing demand exceeding current capacity in terms of both funding and resources to meet this demand.
 - Fluctuating DFG budget position over a number of years
 - Ongoing relaxation of DFG criteria in delivering services
 - Managing expectations of any proposed policy reviews
- 6.4 These actions will positively impact upon individuals who are:
- Disabled and living within the community
 - Unable to afford or fail to meet statutory requirements for a DFG.
 - Unable to move to more suitable accommodation due to financial restrictions
 - Unable to afford the cost of essential property repairs that are likely to have an impact on their health and wellbeing
 - Currently unable to move from a hospital environment into suitable residential accommodation without assistance to render a property habitable and safe for the patient to live in.
 - Potentially delayed by hospital discharge with increased cost to the NHS due to the inability to provide adaptations and facilitates in less formal care in the home environment
 - Suffering from Dementia related issues
- 6.5 To manage the changes within the policy, the authority will:
- Continue to offer reassessment should a person's needs change in the future
 - Continue to provide advice to individuals and signpost them where appropriate to alternative options
 - Ensure the impact of the proposals is kept under regular review, both generally and specifically, in individual cases.
- 6.6 The Council is not making any changes to the mandatory DFG, the ability of a disabled person to benefit from assistance or to purchase a more suitable home where the current home cannot be adapted or the safety net assistance to remove health and safety risks from the home.

7.0 CONSULTATION

- 7.1 In order to seek wider support for the proposed Housing Financial Assistance Policy update a public consultation exercise was undertaken between 12 December 2018 and 25 January 2019.

- 7.2 The process took the form of an online survey for individual responses via the Big Conversation where consultees were asked 8 separate questions and 1 for general comment.
- 7.3 A number of targeted emails were sent to health and age related bodies and housing providers with stock in the borough and requested their comments on the proposals.¹
- 7.3 At the closing date for the consultation period 18 individuals had participated in the survey via the Big Conversation and 1 response had been received from the targeted email survey.
- 7.4 Outcomes from the Big Conversation are noted at Appendix 6 below. In brief:
- 18 participants took part in the on-line survey. The overriding outcome is a majority (87%) agreed with the forms of assistance in the new RRO Policy.
 - In response to the questions asked the highest response received was 100% in favour of introducing the Hospital Discharge Grant, the Stay Put Scheme and the Home Repair Assistance whilst the lowest response was 82.3% in favour placing a charge on a proportionate grant.
- 7.5 Question 9 of the online survey asked participants for additional comments. Those comments and our response is noted in Table 2

Table 2: Additional Comments from Participants

	Comment from Participant	Response from Authority
1	<i>Need to ensure budget is ear-marked for this and obviously monitor progress</i>	This will be carried out as part of the scheme management and budget monitoring process
2	<i>Sometimes it's not people's fault they fall on hard times & it's a good idea especially for homeowners to get assistance with home improvements / adaptations to their homes as it is their home at the end of the day & would probably cost less in rehousing a vulnerable adult</i>	This is understood completely and part of the reason for introducing some of the new initiatives
3	<i>None received</i>	None
4	<i>Could the same breadth of consideration be given to social care payments? I believe direct payments from Tameside only match pound for pound unlike Derbyshire where full payments are made from the Council</i>	Whilst the comment doesn't have any direct relevance it is noted and it will be passed onto Adult Services.

¹ The list of consultees comprised: Age UK, Foundations, Infinity (NHS), Irwell Valley Housing Association, Jigsaw Homes (NCH), Onward Homes, Pennine Mencap, People First Tameside, Regenda Homes, Stroke Association, Tameside Sight, Tameside Welfare Rights, and Tameside & Glossop Mind, including those residents / public signed up to Big Conversation (around 130 people) and to the Council's Partnership Engagement Network (around 300 contacts which includes not only members of the public but also partner organisations and voluntary & community sector partners who then share this information widely with their own contacts).

5	<i>Having benefited under the grant I would like to ensure that the end user is actually consulted as to if the work has been satisfactory completed as I know mine wasn't. It still grates even today that the shower doesn't work properly</i>	In this instance it is not possible to determine the issues raised by the responder.
6	<i>I only agree with question 8, if a charge is placed on the owner occupier property for reclaim by the authority</i>	Charges will be applied where an owner receives assistance and will be recovered in the appropriate circumstance.

7.6 Of the targeted emails a single response was received from Foundations a sponsored Ministry of Housing, Communities and Local Government body set in place to support Home Improvement Agencies.

7.7 Foundations suggested that the Council considers including some of the recommendations made in the recently published report into the review of the DFG to widen the scope of some of our assistance initiatives.

7.8 In considering these recommendations a number have now been included into the new RRO Policy.

- Provision of stairlifts, ceiling track hoists and specialist toilets where there is potential to reduce falls and reduce care input;
- Assistance for tenants in rented accommodation to facilitate a house move o more suitable accommodation where this may result in few adaptations;
- Provision of aids and assistance for people suffering with dementia related issues.

7.9 Overall the response to the consultation process has been limited. This should not be seen in a negative light however as the subject of the consultation, an improved Housing Financial Assistance Policy, will benefit all users of the various grants available.

7.10 In contrast consultations carried out where there is a potential detrimental consequence to services or to the public often provoke a larger volume response.

7.11 The outcome from the consultation, therefore, should be considered positive and as a result the new RRO Policy 2018 – 2013 be accepted with the inclusion of the additional initiatives.

8 RECOMMENDATIONS

8.1 The recommendations are set out at the front of the report.

APPENDICES

Appendix 1 – Updated & Revised RRO Policy 2018 -2023

Appendix 2 – Updated Equality Impact Assessment

Appendix 3 – Consultation Information

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HOUSING FINANCIAL ASSISTANCE POLICY 2018 - 2023

ASSISTANCE UNDER THE REGULATORY REFORM (HOUSING ASSISTANCE) (ENGLAND AND WALES) ORDER 2002

1.0 BACKGROUND

1.1 Strategic Context – The Corporate Plan 2016-21

Tameside Council is committed to maximising the wellbeing of the people of Tameside. We are committed to supporting economic growth, increasing the self sufficiency of individuals and families, and protecting the most vulnerable.

- 1.2 Everything we do will aim to make this vision a reality by focusing our resource on what matters. Our core purpose and values put people at the forefront of services to ensure that every decision we make supports economic growth and self-sufficiency. We will work with residents to do this by asking them to take on greater responsibility in their families, communities and areas, supporting them when they need help.

We want Tameside residents to have the best opportunities to live healthy and fulfilling lives by focussing our resources on a number of priorities, including:

- Reduce levels of benefit dependency
- Support families to care for their children safely
- Work with businesses to create opportunities for residents
- Help people to live independent lifestyles supported by responsible communities
- Improve the health and wellbeing of residents
- Improve housing choice
- Protect the most vulnerable

- 1.3 We will use our resources to help people get the maximum benefit for the communities in Tameside. We are committed to doing only what matters by understanding what people need and designing our services to meet that need. We will have to change the way we work to achieve our vision and priorities. We are committed to only doing what matters, by understanding what people need and designing services to meet this need.

1.4 Care Together in Tameside

Care Together in Tameside & Glossop is a joint venture between health care providers and Tameside Council to provide and operate an integrated system of health and social care.

- 1.5 Preventing people from becoming ill is the key approach and to this and Care Together wish to see the residents of Tameside remaining fit and well for as long as possible. However it is accepted some people will have on-going health and care needs, so part of the programme is to provide better support to those people who need it when they need it.
- 1.6 The Care Together programme will enable people to make lifestyle choices, including the means to increase self-care at home and maintain independence, that means a trip to the hospital or doctor is something they will rarely have to make.

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- 1.7 Improving the way in which the Council delivers adaptations and financial assistance will assist in the delivery of its priorities in the Corporate Plan and will also assist with the aims of the Care Together programme in Tameside.

2.0 THIS FINANCIAL ASSISTANCE POLICY

- 2.1 The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 gives local authorities the ability to design their own financial assistance policies to suit their specific requirements and priorities.
- 2.2 Tameside Council will continue to provide the means to allow vulnerable and disabled residents access to existing forms of financial assistance which will assist them in maintaining independence, preventing further deterioration in their condition and reducing the need to call upon social care and health services. The Council will also introduce new forms of assistance to enable the offer to be increased to include the elderly and the vulnerable home-owner. This will assist those individuals who may not yet qualify for an adaptation but who may need other assistance to prevent or defer the need for further assistance.
- 2.3 Research has shown that there is a direct link between poor quality housing and poor health. Dampness, lack of good heating, disrepair, poor ventilation and other health and safety issues can cause or contribute to poor health. The Care Act 2014 embeds the concept of suitable living accommodation within the guiding principles of the entire care and support system envisaged by the Act. In addition to housing being a part of the legal definition for wellbeing, independent living is confirmed as a core part of the wellbeing principle. The Council therefore need to be proactive in improving the ability of vulnerable and elderly people to maintain independent living whether they are disabled or not.
- 2.4 Government acknowledges the importance housing can make in delivering preventative measures and the long term cost savings that can result from it. The longer elderly and vulnerable people can remain outside the health and social care system the better it is for that individual and for other parts of the Social Care service.
- 2.5 The ability to link up with other preventative schemes provided through the Better Care Fund, such as a handy person service should not be ignored and, with the Disabled Facilities Grant (DFG) no longer being ring-fenced, funds and the ability to provide more widespread assistance with this revised and updated Policy gives the Council the opportunity to make a real difference to the lives of vulnerable and disabled people in Tameside.
- 2.6 There are also many non-disabled residents in Tameside who are home owners and of these many are vulnerable or elderly, or both, and who struggle to fund works to their properties due to reduced savings, high cost of repairs and fear of dealing with builders. Some find it very difficult to arrange repairs for various reasons (capacity, illness, anxiety etc.) and others are concerned about stories of disreputable companies even with various “trusted” schemes in operation. This can lead to them doing nothing, allowing their property to deteriorate further which then has a knock on effect on their health leading to intervention from health and/ or social care services. It can become a vicious circle that is difficult for to break.
- 2.7 The purpose of this updated Regulatory Reform Order (RRO) Policy is to continue with the mandatory and discretionary types of assistance available to disabled people and to extend and expand the forms of discretionary assistance to include the elderly and the vulnerable home owners in the borough.
- 2.8 The RRO Policy will achieve this in such a way to enable the Council deal with immediate health and safety issues, to prevent where possible admissions to hospital and to improve

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the overall housing stock thereby allowing those people to remain in their homes for longer and to lead more independent lives.

- 2.9 Any and all assistance provided under this Policy, with the exception of Mandatory DFG is at the discretion of the Council and is subject to available resources. This Policy shall remain in force subject to minor revisions until such time as it is felt necessary to review it. In any event a review shall be carried out no less than 5 years from this Policy coming into force.
- 2.10 During the lifetime of this RRO Policy the Council may introduce a new delivery agency or it may delegate delivery of these forms of assistance to a third party provider (e.g. Tameside & Glossop Care Together or a Home Improvement Agency). If this should occur the forms of assistance within this Policy will remain in force unless formally amended by a review. It should be noted that in circumstances where the Council does delegate delivery of grant assistance this Policy will remain as the Council's formally adopted Policy for financial assistance and any delivery will remain true to this Policy.

3.0 FORMS OF ASSISTANCE

- 3.1 With the exception of mandatory DFG, assistance provided through this Policy should be seen only as being available on a single occasion only. The Council will endeavour to advise people on how to maintain their homes and will expect them to do so following any help given without resorting to further financial assistance.
- 3.2 The Council fully recognises that it is the responsibility of home-owners to maintain their properties and the assistance set out below is to provide help for those home-owners who have difficulty in meeting this responsibility. This Policy is designed to reflect that such responsibilities but also to provide help and assistance and target it where appropriate and most needed.
- 3.3 The Council also recognises that poor quality housing has a direct and long term effect on the health of the occupants. This Policy makes use of the powers provided by the RRO to increase the offer of assistance and its application to residents of Tameside in order to allow vulnerable, elderly and disabled people to live and remain in their homes, and to help maintain their independence whilst at the same time improving housing stock and reducing the call on other health and social care services.
- 3.4 With the exception of mandatory DFG, which may require the applicant to make a financial contribution, financial assistance provided by this Policy should not be considered as being free. In the majority of cases there will be a requirement to repay the grant should conditions not be met or upon transfer of ownership of the property within a specified period of time.

3.5 Adaptations for Disabled People

Assistance for the provision of adaptations will continue, generally, to be available following an assessment of need. Minor adaptations costing less than £1,000 will continue to be free at the point of delivery and will be provided at no cost to the disabled person via existing arrangements within the Council or any organisation this provision may be delegated to. The vast majority of adaptations at a cost in excess of £1,000 will be met by the mandatory DFG and Discretionary Grant Assistance as determined by the Council within this Policy.

- 3.6 In 2008, the government made a number of changes to the way DFG was administered and the ways in which it could be used. This was as a result of a cross departmental review of the programme and an independent study carried out by the University of Bristol. These changes included removal of the ring-fence (in 2010), allowing DFG monies to be used more flexibly and as part of wider strategic projects to keep people safe and well at home, and to reduce bureaucracy in the grant's administration.

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- 3.7 As a result Tameside Council wishes to further embrace these changes and improve the way in which it provides assistance to disabled residents in the borough. Whilst the Council will continue to offer adaptations via the mandatory DFG it will now offer a wider provision of forms of assistance.
- 3.8 As part of this Policy the Council will introduce a new range of offers for people in need of assistance towards maintaining their independence and health, and to enable them to remain living in their own home.

4.0 MANDATORY DISABLED FACILITIES GRANT AND DISCRETIONARY FUNDING ASSISTANCE MEASURES

4.1 Mandatory Disabled Facilities Grant

The provisions governing DFG are contained within the Housing Grants, Construction and Regeneration Act 1996 as amended and as per the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002.

- 4.2 The Council will continue to provide assistance utilising the mandatory DFG up to the maximum grant assistance of £30,000 to those people who qualify to make applications under the legislation.
- 4.3 The Council may if it deems necessary, in circumstances where resources become limited and/ or demand increases significantly, place referrals for potential applicants for assistance on a waiting list in strict date order prior to being invited to make their application for grant assistance. In such circumstances the potential applicant will be issued a letter explaining the situation with regard to the list and will then receive further updates on a cyclical basis no later than every six months. The Council will however give priority to referrals that are deemed to be of an urgent nature as determined by Housing Services and Social Care.
- 4.4 The rules for circumstances where repayment of mandatory DFG may apply are applicable.
- 4.5 **Proportionate Mandatory Disabled Facilities Grant**
As part of this Policy the Council wishes to allow disabled people who are home owner applicants, or their representatives, to carry out works to their property to provide adaptations over and above those as assessed as being necessary and appropriate by an Occupational Therapist (OT). In such cases the disabled person or their representative will wish to provide adaptations in a way that is different to or exceeds the requirements of the assessed need. The Council may in these circumstances offer financial assistance in the form of a DFG up to the maximum of £30,000.
- 4.6 Under this Policy the Council will provide a Proportionate Grant (DFG), where applicable, to cover the costs of works which would have met the assessed needs of the disabled person rather than the works that have actually been carried out. This type of assistance would be the same, in operation, to a Personal Application where the client or their representative makes their own application for DFG funds and oversees the works themselves.
- 4.7 Such instances may include, for example, situations where the assessed need by the OT results in the recommendation for a stairlift and conversion of the upstairs bathroom into a wet floor shower room. However the disabled client or their representative may wish to extend their current property to create ground floor living facilities. The Council in most cases, where considered appropriate, will be able to assist in this process.
- 4.8 The OT will have made their recommendations as being the most appropriate, reasonable and cost effective way of meeting the assessed needs of the disabled person in consultation with an appropriate officer from the Council. In such circumstances the extension would be considered over and above that which is necessary or appropriate to meet those needs,

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although the OT may acknowledge and agree the alternative proposals will still meet their needs.

- 4.9 The disabled client could decide to continue with their decision to create the extension and the Council may agree to provide grant assistance to the same value of the adaptations that were originally assessed as being suitable in meeting the client's needs (the stairlift and the bathroom conversion). In this case the client is able to have their needs met in a way that is preferable to them and the Council is able to provide the financial assistance it was willing and able to make to meet those original assessed needs.
- 4.10 Each case will be assessed on individual merit and will still be required to meet the needs of the client as assessed by an OT. The financial assistance provided would be under the terms of the DFG and subject to the same conditions and a local land charge may be placed to protect the funds. This charge will be in addition to any charge already to be registered as part of the General Consent Order 2008.
- 4.11 The rules for circumstances where repayment of mandatory DFG may apply are applicable.
- 4.12 **Grant for Adaptations (Discretionary Grant Assistance)**
As part of this Policy the Council will exempt any application for financial assistance for adaptations the need to undergo the test of resources (means test) for DFG where the financial assistance is under £5,000.
- 4.13 As part of this Policy and as part of this Discretionary Assistance the Council will, where the applicant is living in supported accommodation operated by, or on behalf of, the Council where certain facilities may be shared, provide assistance for adaptations.
- 4.14 This will mean any successful applicant (owner, occupier or tenant) for many typical adaptations and some specialist items will no longer have to make any contribution. The applicant will still be required to complete an application form; however this will be less onerous than the full DFG process. Grant Assistance in such circumstances will be known as a Grant for Adaptation (GFA). There is no requirement to repay this assistance subject to compliance with the Tenant or Owner certificate.
- 4.15 **Provision of Equipment (Straight and Curved Stairlifts, Ceiling Track Hoists and WC's with a douche facility (Discretionary Grant Assistance)**
There are circumstances where the Authority will wish to provide financial assistance for adaptations that can provide immediate assistance to aid with certain lifting and hoisting operations and personal care operations.
- 4.16 As part of this Policy and as part of this Discretionary Assistance the Council will arrange for the installation of these adaptations where there is a need for them to be installed quickly and without the need for associated works. These works will be exempt from the need to undergo a test of resources (means test) and the need to submit a formal application.
- 4.17 The installed equipment will be installed in accordance with the arrangements of any active scheme for long term maintenance agreed by the Council.
- 4.18 **Payments towards Adaptations (Discretionary Grant Assistance)**
There are circumstances where the Authority will wish to provide assistance beyond that already covered by legislation noted in this Policy and as such will now form part of this Policy. This assistance will only be available to applicants who own or have an interest in a property. Typical examples are given below:
- 4.19 **Unforeseen Works Assistance:** In circumstances where the maximum grant has been awarded and unforeseen works occur, the Council may, at its discretion, consider additional grant assistance. These works must have been unforeseen at the time the grant application

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was approved and be of such importance that without funding the scheme will fail. This may include such items as, but not restricted to: drainage works, change in foundation requirements and Building Control issues.

- 4.20 In such cases the additional grant funding will be means tested and this will apply equally to cases involving children and adults. In the case of a child application the parents or legal guardians will be subject to a means test (the statutory test of resources associated with the DFG). Where a test of resources has already taken place no further test will be required.
- 4.21 Any additional grant shall be protected by a local land charge for a period of 5 (five) years and will be repayable should the property be disposed or transferred. This charge is in addition to any charge already to be registered as part of the General Consent Order 2008.
- 4.22 The maximum discretionary grant for unforeseen works will be £10,000 bringing the total amount of assistance available, with DFG, to £40,000.
- 4.23 **Shortfall Assistance:** In circumstances where the cost of providing the adaptations as recommended by the OT exceeds the maximum DFG grant permissible the Council may, at its discretion, approve additional funding to cover this shortfall.
- 4.24 In such cases the additional grant funding will be means tested and this will apply equally to cases involving children and adults. In the case of a child application for additional funds the parents or legal guardians will be subject to a means test (the statutory test of resources associated with the DFG).
- 4.25 This additional grant will be registered as a local land charge and will be repayable within 5 (five) years following completion of the works should the property be disposed or transferred. This charge is in addition to any charge already to be registered as part of the General Consent Order 2008.
- 4.26 The maximum discretionary grant for shortfall funds is £10,000 bringing the total amount of assistance available, with DFG, to £40,000.
- 4.27 **Contribution Assistance:** In circumstances where the disabled person or applicant cannot meet the contribution indicated towards the costs of the works, which has been determined by the statutory test of resources associated with the mandatory Disabled Facilities Grant the Council may, at its discretion, provide funding to meet the contribution.
- 4.28 This additional grant shall be protected by a local land charge for a period of 5 (five) years and will be repayable should the property be disposed or transferred. This is in addition to any charge already to be registered as part of the General Consent Order 2008.
- 4.29 The maximum discretionary grant to meet a contribution is £10,000 bringing the total amount of assistance available, with DFG, to £40,000. The general rules relating to contribution and grant will apply in such applications.
- 4.30 **Relocation Assistance – Home Owners:** Relocation assistance applies in circumstances where the disabled person needs to move from their existing residence as a result of being unable to adapt the property. In such circumstances financial assistance can be offered subject to certain qualifying criteria.
- 4.31 Where a house move is involved, the grant will be available to cover the typical costs of moving. Such costs may include specific support and advice relating to the disability, legal fees, estate agents fees, removal expenses and stamp duty and a contribution towards the cost of the house where it is more expensive than the existing property.

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- 4.32 In reaching a decision about a contribution in the case of a more expensive property, a general principle of not funding an enhancement to the overall accommodation will be followed. In reaching a decision about a contribution the Council will not permit this assistance if the acquisition places the applicant in negative equity.
- 4.33 In all cases of relocation assistance the proposed property must be inspected by an OT and a Technical Officer to determine that the proposed property is suitable for the needs of the disabled person and that it needs no further adaptations or that it needs fewer adaptations than the current property occupied by the disabled person.
- 4.34 A general rule of not funding adaptations to a proposed property, where the cost of the adaptations is estimated to be the same as or more than those proposed for the original property, will be applied. Also a general rule of not providing financial assistance to retrospective house purchases including where contracts have been exchanged and/ or that have not received any input from an OT or Technical Officer will be applied.
- 4.35 Where funding is available, the maximum discretionary grant to facilitate relocation will be £30,000. This means that where a mandatory Disabled Facilities Grant has also been approved, the maximum assistance available to any person will be £60,000.
- 4.36 This Relocation Assistance grant shall be protected by a local land charge for a period of 10 (ten) years and will be repayable should the property be disposed or transferred. This is in addition to any charge already to be registered as part of the General Consent Order 2008.
- 4.37 No other form of discretionary grant assistance will be available in cases where Relocation Assistance is approved.
- 4.38 **Relocation Assistance – Tenants of Social and Private Landlords:** Relocation assistance applies where the existing property is not suitable for adaptation to meet the needs of the tenant and/ or it is deemed more appropriate for the tenant in the long term to move to a more suitable property. In such circumstances financial assistance can be offered subject to certain qualifying criteria.
- 4.39 Where a house move is involved, the grant assistance will be available to cover the typical costs of moving. Such costs may include specific support and advice relating to the disability, removal costs, arranging for carpets to be lifted and re-laid (including new underlay), new vinyl flooring (not laminate flooring), refitting of tv aerials, connection of phone lines, etc.
- 4.40 This assistance is not intended to provide adaptations or repairs. Repairs to the property will be the responsibility of the landlord and any adaptations required will be subject to an assessment of need by an OT.
- 4.41 In all cases of tenant relocation assistance the proposed property must be inspected by an OT and a Technical Officer to determine that the proposed property is suitable for the needs of the disabled person.
- 4.42 In cases where a tenant moves to a property more suitable for their needs they may also be able to apply for other forms of funding to enable the property to be adapted to meet their specific needs. It is possible to be approved for both types of assistance.
- 4.43 The maximum amount that can be claimed is £2,000 and the applicant will need to provide receipts to prove expenditure. Where there is financial incentive from the landlord to assist with moving the tenant must first apply for the landlord assistance. In such circumstances the Council's relocation assistance will be used to cover the remainder of the relocation costs up to the maximum grant permitted £2,000. There is no requirement to repay this grant. This grant is only available once in any 3 year period.

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- 4.44 **General Conditions:** In all cases of discretionary grants noted above, financial assistance will only be available from the Council when it is satisfied that the disabled person or applicant, whichever is the appropriate person subject to the test of resources, is unable to raise those resources themselves or from any other third party.
- 4.45 In practice, this will mean that the disabled person or their parents, or legal guardians, in the case of a person under eighteen years of age, will have to demonstrate that when taking into account their income and existing housing costs, they are unable to access sufficient funds from savings, or from a recognised commercial lender, charitable source or via any loan scheme promoted by the Local Authority developed as a result of the RRO for the needs of the disabled person to be met.
- 4.46 If the disabled person's home is in the ownership of a registered social landlord and in the absence of other viable options (the landlord not providing appropriate funds) then additional assistance may be given to allow a scheme to be undertaken only under sections 4.16 and 4.24 of the Discretionary Grant Assistance section above. In such there will be no charge placed on the property.
- 4.47 The Authority when satisfied that sufficient monies are unavailable to carry out necessary works to meet the disabled person's needs, as agreed by Social Services in the circumstances outlined in section 4.20 of this section, a grant up to a maximum of £10,000 to meet any shortfall will be provided.
- 4.48 The Council will not provide assistance for a social tenant to purchase a property. The Council will expect the social landlord to provide alternative accommodation.
- 4.49 Any Discretionary Grant made under this section of this RRO Policy (not including social landlord properties) will be registered as a local land charge and will be wholly repayable upon disposal or transfer of the property for a period of five (5) years or ten (10) years, dependent upon the type of assistance approved, from completion of the works. This applies independent of any charges placed under the terms of the General Consent Order 2008. There will be no interest charged upon repayment of any Discretionary Grants in this section.
- 4.50 In certain circumstances the Council may not require repayment of discretionary grant subject to the following:
- The death of the disabled person.
 - The deterioration of the disabled person's condition so that the existing accommodation is no longer suitable to meet that person's needs.
- 4.51 The Council is permitted by an update to the 1996 Act: 'Disabled Facilities Grant (Conditions relating to Approval or Payment of Grant) General Consent 2008' (commonly known as the General Consent Order 2008) to demand repayment of Grant from the recipient where the amount of grant awarded exceeds £5,000 but may not demand an amount in excess of £10,000, upon breach of certain conditions. The conditions are contained within the Order and are secured by way of a local land charge. This General Consent Order charge applies to DFG only and therefore may result in two (2) charges being placed for differing amounts on the same property.
- 4.52 **Hospital Discharge Grants (Discretionary Assistance)**
The Council may, as funding permits, operate a grant that allows people who are home owners or tenants and who have been subject to a stay in hospital, to have certain works carried out on their property that will allow them to return home. This grant will enable the applicant to return knowing that it is more suitable for them to live in and will prevent, where reasonably possible, re-admission to hospital.

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- 4.53 This form of assistance may be given to any person being discharged from hospital where the works are deemed necessary to allow the applicant to return to their home (where without the works it would be impossible to return home) and where the work enables them to live safely, improves their wellbeing and maintain their independence. This grant is not aimed at providing home improvements or for providing adaptations where the GFA or mandatory DFG, depending upon the needs of the client, may be more appropriate.
- 4.54 Under this Policy, the Council may provide funds to support the provision of the “Hospital Discharge Grant” and may advance funds to qualifying persons to enable works to be carried out as detailed below:
- 4.55 Works eligible for assistance may include, but are not limited to:
- Deep cleaning
 - De-cluttering
 - Minor adaptations
 - Heating repairs
 - Minor building repairs
 - Repairs to roofing
 - Electrical repairs
- 4.56 The applicant, or his representative, for the advance of funds will, at the time of the application, have been admitted to hospital and be unable to return home unless the required works are carried out. The grant will be up to a maximum of £5,000 and cannot be used to provide major adaptations. The grant will not be subject to a test of resources and the applicant will not be required to repay the grant.
- 4.57 All works carried out must only be the minimum necessary to facilitate the discharge and must not be used to enhance the property. All works must be as per recommendations made by the Hospital or other medical professional in order to necessitate the discharge.
- 4.58 **Dementia Assistance Grant (Discretionary Assistance)**
The Council may, as funding permits, operate a non-means tested grant that allows people who are home owners or tenants of any age and who are affected by any form of dementia as determined by a health professional to apply for assistance. This grant will enable the beneficiary to make changes to their home that will support them to live safely and for longer.
- 4.59 Under this Policy, the Council may provide funds to support the provision of the “Dementia Assistance Grant” and may advance funds to qualifying persons to enable works to be carried out. Examples of works may include:
- Colour and contrast decorating
 - Carbon monoxide/ cold/ heat alarms
 - Specialist lighting
 - Safety flooring
 - Digital technology
- 4.60 The maximum amount of assistance that can be awarded is £1,000 and this will be paid direct to the applicant upon presentation of valid original receipts. Applicants will only be able to apply once within a 2 year period.
- 4.61 **Non Adaptation Financial Assistance (Discretionary Assistance)**
Grant assistance for works carried out as part of the following initiatives will be subject to the statutory test of resources. There is no entitlement to qualify for the following forms of assistance. This assistance is only available to home owners who meet the required criteria.
- 4.62 **“Stay Put” Scheme:** The Council may, as funding permits, operate a “Stay Put” style service for owner occupiers over 65 years of age. The service will provide professional help to owners wishing to carry out repairs and improvements to their homes. In many cases, owner-occupiers falling into this category have substantial equity in their properties, which

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with appropriate advice they can access to help maintain their home. Where possible, but not to the detriment of the applicant, the works will be completed to ensure the property meets the requirements of the individual and the Housing Health and Safety Rating System (HHSRS).

4.63 Under this Policy, the Council may provide funds to support the provision of a “Stay Put” service and may provide financial assistance (grant) to a qualifying owner/ occupier to enable works to be carried out as detailed below:

- An applicant for grant will be over sixty five years old and have an owner’s interest and be resident in the property, which is to be the subject of the works.
- The property must have been the only and main residence of the applicant (including spouse) for the previous 3 years.
- The grant will be for works over £500 up to a maximum of £6,000 over and above any contribution made by the applicant.
- The grant will only be available on one occasion.
- The applicant will be in receipt of a means tested benefit or will be subject to a test of resources, which will be the national test of resources used for mandatory DFG but including any existing borrowing for housing costs (mortgage) which exceed the national allowance already contained within the test. Where a contribution to the cost of the works is indicated by this test, a grant will only be available over and above this contribution, up to the cost of carrying out the necessary works or £6,000, whichever is the smaller amount. This grant will also include any chargeable fees for providing the service.
- The grant will be registered against the property as a local land charge and will be repayable in full upon disposal, sale or transfer of the property for a period of up to 10 (ten) years from completion of the works. There will be no interest charged on this grant.

4.64 Necessary works for which an advance may be made include the following:

- All works related to keeping the property wind and weather tight.
- Health and Safety Issues such as defective electrical wiring, replacement or repair of heating/hot water systems, structural defects including boundary walls and uneven pathways
- Provision or replacement of defective basic amenities
- Defective windows and doors
- All works related to the treatment of dampness
- All works related to timber infestation and rot
- Repair works following damage which was uninsured or underinsured and which may create a health and safety issue
- Security works including gates or fencing but not home alarm systems
- Other works associated with satisfactory completion of any of the above or supported by the Housing Manager.

4.65 Works to provide adaptations will not be considered under this type of assistance. Works to outbuildings will not generally be included unless they provide fuel storage, WC facilities or where further deterioration to them could result in injury to the occupier or would result in physical deterioration to the main dwelling.

4.66 Works outside of those listed above (those works considered to be of a Home Improvement nature) cannot be considered for grant assistance under the terms of this Policy. The Council can provide a technical assistance service for such works and may be willing to act on behalf of the owner. Such works will be fully funded by the owner. Grant assisted and non-grant assisted works can be carried out at the same time. Payment would be required in advance of any works commencing.

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- 4.67 The grant will only be available on one occasion except, at the Council's discretion, works which were unforeseen at the time of the first grant become necessary because they present a danger to the occupiers or passers-by or substantial deterioration of the property would result if they were not carried out.
- 4.68 In the event of the death of the applicant within the ten-year period of the land charge and that person is survived by a spouse or partner who continues to occupy the property, which is then transferred as a result of probate, the repayment of the advance will not be required until or unless another sale or transfer takes place within the original ten-year period.
- 4.69 An application from the owner-occupier of a mobile home/houseboat may be considered where it is the applicants' only or main residence and has been for a period of at least three years immediately preceding the date of the application in the same locality. Due to the nature of the construction of this type of habitation, the works of repair and/or replacement for which an advance may be made, will be at the discretion of the Council.
- 4.70 **Home Repair Assistance**
The Council may, as funding permits, offer assistance to any owner/occupier who does not fall within the criteria of the "Stay Put" scheme and is deemed to be on a low income and/ or vulnerable. This assistance will only be used where a property is considered by the Council to be in need of repairs in order to remove a health and safety issue, reduce risks and accidents around the home, and where it improves wellbeing and promotes independent living.
- 4.71 Under this Policy a grant may be made by the Council to carry out necessary works to remove one or more risks where they are satisfied that the owner cannot raise sufficient funds in the form of savings, loans available either commercially, through a charitable body or via any loans made available or developed by the Council as part of this Policy. The applicant will be required to provide such evidence as requested of their inability to raise such funds. Where possible, but not to the detriment of the applicant, the works will be completed to ensure the property meets the requirements of the Housing Health and Safety Rating System.
- 4.72 Under this policy, the Council may provide funds to support the provision of the "Home Repair Assistance" and may provide financial assistance (grant) to a qualifying owner occupier to enable works to be carried out as detailed below:
- 4.73 Necessary works for assistance may include:
- Keeping the property wind and weather tight,
 - Health and safety issues (heating/ hot water, electrics, structural problems, uneven pathways),
 - Provide/ replace defective basic amenities,
 - Defective doors and windows,
 - Timber infestation and rot,
 - Repairs following uninsured damage,
 - Security issues to the property, etc.
- 4.74 The applicant will be in receipt of a means tested benefit or will be subject to a test of resources, which will be the national test of resources used for mandatory Disabled Facilities Grant but including any existing borrowing for housing costs which exceed the national allowance already contained within the test. Where a contribution to the cost of the works is indicated by this test, a grant will only be available over and above this contribution, up to the cost of carrying out the necessary works or £6,000 whichever is the smaller. The grant will include any chargeable fees for providing the service. The minimum grant will be £500.

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- 4.75 The grant will be over and above any funds, which can be raised, and up to the amount required to remove the risk.
- 4.76 A Home Repair Assistance grant will be registered as a land charge and repayable in full upon sale or transfer of the property within ten (10) years from the date of completion of the works. The amount payable will be the whole of the original grant approved by the Council. There will be no interest charged on this grant. The minimum grant will be £500
- 4.77 This element of the Policy would only be applied to home owners who cannot receive assistance under any other sections of the Policy.
- 4.78 In the event of the death of the applicant within the ten-year period of the land charge and that person is survived by a spouse or partner who continues to occupy the property, which is then transferred as a result of probate, the repayment of the grant will not be required until or unless another sale or transfer takes place within the ten-year period.
- 4.79 The grant will only be available on one occasion except, at the Council's discretion, works which were unforeseen at the time of the first advance become necessary due to reasons of health and safety.
- 4.80 Where funding is provided for "Assistance for the Over 65's" and "Home Repair Assistance", priority will be given to the Over 65's Scheme should funding be restricted or reduced.
- 4.81 **Safety Net Assistance**
It is the responsibility of the home owner to maintain their property and to keep it maintained to an acceptable standard. It is recognised that there may be certain circumstances where an owner occupier is unable to carry out this responsibility due to their financial circumstances and in these cases the Council would wish to offer appropriate assistance.
- 4.82 In circumstances where the owner occupier does not qualify for either the Stay Put scheme or the Home Repair Scheme and where an extreme risk to the health and safety of the occupier or other members of the public exists due to the condition of the property the Council may provide financial assistance. The level of assistance will be determined by the Council based upon the evidence available and may include advice or reports from relevant professionals.
- 4.83 The Council may make financial assistance available as an interest free loan to carry out works necessary to remove the assessed risk where they are satisfied the owner is unable to raise sufficient funds in the form of savings, loans which may be commercial or via any loans made available under an arrangement developed by the Council.
- 4.84 In order to satisfy the Council that sufficient funds cannot be raised, it will be necessary for the applicant to show that any commercial loan will not be made where it is based upon the household income taking into account any existing commitments that are household related and relevant to the property.
- 4.85 Any financial assistance offered by the Council will be over and above any funds which can be raised by the applicant, and up to only the amount required to remove the assessed risk. In any event the maximum loan will be £6,000.
- 4.86 Any financial assistance will be registered as a local land charge on the property and will be repayable in full upon sale or transfer of ownership of the property within ten (10) years from the date certified as completion of the works.

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4.87 **Requests for Assistance Falling Outside this Policy**

In general it is anticipated that the majority of requests for financial assistance will fall within the scope of this Policy. It is however acknowledged that there may be occasions where the stated assistance cannot meet the needs of the applicant in full or in part.

4.88 An application which falls outside the scope of this policy may, if it is felt appropriate by the Head of Service or Service Manager due to the particular circumstances, be considered for financial assistance in consultation with the Director of Growth.

4.89 In some circumstance it may be more appropriate to consult with the Director of Children's Services or the Director of Adult Services.

4.90 Such a scheme, if approved and subject to availability of finance may be funded using Discretionary powers contained within this Policy.

5.0 **MAKING A REFERRAL FOR AN ADAPTATION**

5.1 The majority of requests for adaptations and in particular Disabled Facilities Grants are referrals from Children's Services and Adult Services' OTs.

5.2 Where an applicant is requesting funding via the DFG process the Council has a duty to consult with the Social Care Authority and as such will ask them for an opinion to ensure that the adaptations being requested are necessary and appropriate in line with the legislation. If such an opinion cannot be obtained within a reasonable timescale the Council reserves the right to obtain such an opinion from a private OT at no cost to the individual.

5.3 Where a referral does not come from a Children's or Adult Services OT the Council may, depending upon the type of adaptation being requested, require the potential applicant to obtain an assessment of need to confirm there is in fact a need.

5.4 It is possible for referrals to be made by other health professionals and non-health sources and each one will be considered upon its' merit.

5.5 **Individual Applications for DFG Funds**

It is possible to make applications directly to the Council by making a Personal Application. This only applies to works to be funded for DFG.

5.6 In circumstances where an individual wishes to make a Personal Application for DFG the Council will provide the necessary application forms along with guidance on how to complete and submit the application. The Council however is under no obligation to provide any assistance in the preparation of the application or obtaining quotes. The Council will charge a fee for checking the application and for inspection of the works which it will add to the grant at approval stage.

5.7 Details on how to make a Personal Application can be obtained from the Council by contacting the Council at the address below.

5.8 **General**

Any assistance, other than mandatory DFG, provided under this Policy is at the discretion of the Council and subject to available resources. Any part of this Policy is also subject to changes in legislation which may override any assistance contained within it.

5.9 Funding for financial assistance contained within this Policy, other than the mandatory grant schemes, is discretionary and is not an entitlement. Where funding is provided by other sources the Council has no control on distribution levels or scheme timescales.

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- 5.10 The costs of appropriate professional fees (including VAT at the relevant rate) associated with any works carried under this Policy will be included as part of any financial assistance made up to a level deemed reasonable by an appropriate officer of the Council.
- 5.11 The cash figures referred in the body of this Policy (other than the mandatory elements) may be varied from time to time to allow for inflation or other factors affecting costs including availability of funds.
- 5.12 Appendix A below provides a brief overview of the types of assistance available together with the maximum assistance available, whether a land charge is applicable and if so the period of time it will apply for.
- 5.12 Complaints relating to or arising from any issues associated with this Policy will be dealt with in accordance with the Councils Complaints' Procedure which can be found at: <https://www.tameside.gov.uk/complaints>. Such issues should, in the first instance, be addressed to the Service Unit Manager (Strategic Infrastructure).
- 5.13 Advice on how to request an assessment for an adaptation to a residential property to meet the needs of a disabled person and other advice on a variety of assistance that is available to children, young adults and adults is available at:

Adult Assessments – 0161 342 2400/ 4299

<https://adultportal.tameside.gov.uk:14500/web/portal/pages/help/support>

Children Assessments – 0161 371 2060

<http://www.tameside.gov.uk/disabilities/children>

Advice on how to make an application for assistance under this Policy is available from:

Tameside Home Improvement Agency
Council Offices, Clarence Arcade, Stamford Street,
Ashton under Lyne, OL6 7PT

Telephone 0161 342 2259

email hia@tameside.gov.uk

6.0 ENERGY EFFICIENCY MEASURES/ BOILER REPLACEMENT SCHEME

- 6.1 The Council may, as funding permits, offer assistance on energy efficiency measures to homeowners for their property and/ or allow them to participate in a boiler repair and/ or replacement scheme. Such assistance will be available to applicants who are deemed to be on a low income and/ or vulnerable and/ or with a disability or health condition and subject to qualifying criteria.
- 6.2 Assistance for the boiler replacement scheme will only be available where a heating system or boiler is considered by the Council or a Gas Safe engineer to be uneconomical to repair or condemned.
- 6.3 Assistance will also be available where a lack of basic heating is deemed to be a health and safety issue for the applicant or any other member of their family who is normally resident at that property. The applicant must not be part of an on-going service and maintenance scheme designed to carry out and fund repairs,

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- 6.4 This assistance will be available where the property has not previously been the subject of any Home Energy Efficiency Measures. Failed improvements as part of a previous Home Energy Efficiency Measures will be allowed.
- 6.5 Under this policy, the Council may provide funds to support the provision of the “Energy Efficiency Measures/ Boiler Replacement Scheme” and may provide financial assistance (grant) to a qualifying owner/occupier to enable works to be carried out as detailed below:
- Replacement of a boiler that provides heating and/ or hot water
 - Provision of a hot water/ heating boiler where no current provision exists
 - Provision of heating radiators to habitable rooms where non exist
 - Replacement of heating radiators that cannot operate due to decay or where they are not compatible with a replacement boiler due to operating pressure.
 - Provision of a means to heat water where no gas supply exists
 - Provision of a means to heat habitable rooms where no gas supply exists
 - Loft insulation to meet government guidelines
 - Wall insulation (solid and/ or cavity wall) – where construction permits
 - Draught excluders to doors and windows (not replacement doors or windows)
- 6.6 A grant may be made by the Council to carry out necessary works, or to contribute towards works, where they are satisfied that the homeowner is in receipt of the required means tested benefit and/ or a disability/ health condition that is exacerbated by living in a cold or damp home. The maximum level of grant will be determined by the scheme administrator but will be no less than £300.
- 6.7 In instances where the potential applicant has a disability and/ or health condition further evidence will be sought to determine Council Tax banding of their property which must fall within Bands A, B or C.
- 6.8 Where a boiler is deemed faulty and under 6 years old from the date of installation the Council will arrange for a qualified Gas Safe engineer to carry out an inspection to determine whether or not it can be repaired free of charge to the potential applicant.
- 6.9 If following inspection the boiler can be repaired the Council will grant assist repairs to a maximum value of £300 for the works on condition that the applicant is in receipt of the required means tested benefit and or disability/ health condition that is exacerbated by living in a cold or damp home.
- 6.10 In addition to the above where the potential applicant applies for assistance based upon a health condition a confirmation referral must be provided by their GP or hospital doctor.
- 6.11 In this scheme any replacement boiler must be of a minimum “A” rating.
- 6.12 Installers of any energy efficiency measures within the scheme shall be a member of an approved trade body.
- 6.13 As part of this scheme the contract for the required works will be between the homeowner (applicant) and the installer. The grant assistance will be paid by the Council directly to the installer on behalf of the resident. If the cost of the works does not meet the grant limit then the Council will pay just for those works; the homeowner is not entitled to receive the shortfall. If the cost of the works exceeds the grant assistance the homeowner will be required to fund the difference.

7.0 INFORMATION AND FACTSHEETS

- 7.1 The library of information and factsheets is under constant review and is regularly updated useful information relating to types of assistance can be found on the Council's website.

Contacts:

If you require any further information about this strategy or any of its related documents, please contact Tameside Housing Services – Home Improvement Agency using any of the following:

Home Improvement Agency
Tameside MBC
Council Offices
Clarence Arcade, Stamford Street
Ashton under Lyne
OL6 7PT

Email: hia@tameside.gov.uk

Telephone: 0161 342 2259

If you require any further information, or more specific information on Housing or Health and Social Care provision in Tameside you may wish to contact some of the agencies or organisations noted below.

- Tameside Council:
 - www.tameside.gov.uk/housing/services
- Ministry of Housing, Communities & Local Government:
 - www.communities.gov.uk/corporate/
- Department of Health and Social Care:
 - www.gov.uk/government/organisations/department-of-health-and-social-care
- Tameside and Glossop Care Together:
 - www.caretogether.org.uk/

APPENDIX 1

APPENDIX A: SUMMARY OF FINANCIAL ASSISTANCE MEASURES

Ref. Section	Assistance Type	Value	Test of Resources	Local Land Charge	Years	Interest Applied
4.1	Mandatory Disabled Facilities Grant	Up to £30,000	Yes	Yes ¹ GCO only ²	10 ²	No
4.5	Proportionate Grant (DFG) Assistance	Up to £30,000	Yes	Yes ¹ GCO only ²	10 ²	No
4.12	Grant for Adaptation	Up to £5,000	No	No ¹	N/A	No
4.15	Provision of Equipment	N/A ³	No	No	N/A	No
4.19	Unforeseen Works Assistance	Up to £10,000	Yes	Yes	5 ⁵	No
4.23	Shortfall Assistance	Up to £10,000	Yes	Yes	5 ⁵	No
4.27	Contributory Assistance	Up to £10,000	Yes	Yes	5 ⁵	No
4.30	Relocation Assistance (Home Owners) DFG	Up to £30,000	Yes	Yes GCO ⁴	10 ⁶	No
4.38	Relocation Assistance (Tenants) (Discretionary Assistance)	Up to £2,000	Yes	No	N/A	No
4.52	Hospital Discharge Grants (Discretionary Assistance)	Up to £5,000	No	No	N/A	No
4.58	Dementia Assistance Grant (Discretionary Assistance)	£1000	No	No	N/A	No
4.62	Stay Put Scheme (Discretionary Assistance)	£500 to £6,000	Yes	Yes	10 ⁶	No
4.70	Home Repair Assistance (Discretionary Assistance)	£500 to £6,000	Yes	Yes	10 ⁶	No
4.81	Safety Net Assistance (Discretionary Assistance)	£6,000	Yes	Yes	10 ⁶	No
6.0	Energy Efficiency Measures/ Boiler Replacement Scheme	>£300 ⁷ <£300 ⁸	Yes	No	No	No

1. There is a requirement for all applicants to state they intend to live in the property for up to five years from approval of grant assistance
2. The General Consent Order only applies to DFG assistance over £5k and the council can only request repayment up to £10k max
3. Equipment includes any straight/ curved stairlifts, ceiling track hoist and specialist toilet with a douche facility
4. The General Consent Order only applies to DFG assistance over £5k and the council can only request repayment up to £10k max
5. The discretionary assistance will be repaid when ownership is transferred or the property sold/ disposed within 5 years of completion of works
6. The discretionary assistance will be repaid when ownership is transferred or the property sold/ disposed within 10 years of completion of works
7. Energy Efficiency Measures/ Boiler Replacement Scheme
8. Repairs Only

GLOSSARY:

DFG	Disabled Facilities Grant
GFA	Grant for Adaptation
HHSRS	Housing Health and Safety Rating System
GCO	General Consent Order 2008
OT	Occupational Therapist
RRO	Regulatory Reform Order

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Subject / Title	Regulatory Reform (Housing Assistance)(England and Wales) Order 2018 – 2023 Revised Policy
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Team	Department	Directorate
Housing Renewal/ Adaptations	Strategic Infrastructure	Development & Investment

Start Date	Completion Date
June 2017	TBC

Project Lead Officer	Jim Davies
Contract / Commissioning Manager	Nigel Gilmore
Assistant Director/ Director	Jayne Traverse

EIA Group (lead contact first)	Job title	Service
Jayne Traverse	Head of Service	Development & Investment, Place
Nigel Gilmore	Head of Strategic Infrastructure	Development & Investment, Place
Jim Davies	Housing Renewal Manager	Development & Investment, Place

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:

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- *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>To update the Council’s Regulatory Reform (Housing Assistance)(England and Wales) Order 2002 relating to forms of assistance available to residents of the Borough</p>
<p>1b.</p>	<p>What are the main aims of the project, proposal or service / contract change?</p>	<p>The proposal is to update the Council’s financial assistance policy around Housing Grants and Adaptations:</p> <ul style="list-style-type: none"> • To relax the policies to enable adaptations to be granted more easily to those who need them; • To provide more flexibility in the provision of grant assistance • to introduce a number of new assistance schemes

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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	<u>X</u>			The proposed update to the RRO Policy will enable assistance to be provided to residents over the age of 65 who may not be disabled but will benefit from other assistance and therefore reduce the need for further intervention. Currently, only those over 65 and who have some form of disability can receive assistance and only where there is an assessed need in line with the DFG process.
Disability	<u>X</u>			The proposals will enable people to access adaptations quicker and in a more efficient manner and will ensure that financial hardship does not prevent works from being grant aided.
Ethnicity			<u>X</u>	It is not anticipated that the proposals will affect how people of different ethnicity access adaptations and will allow them access to other initiatives.
Sex / Gender			<u>X</u>	It is not anticipated that the proposals will affect how people of any sex or gender access adaptations and will allow them access to other initiatives.
Religion or Belief			<u>X</u>	It is not anticipated that the proposals will affect how people of any religion or belief to access adaptations and will allow them access to other initiatives.

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Sexual Orientation			<u>X</u>	The proposals will not affect how people of any sexual orientation access adaptations and will allow them access to other initiatives.
Gender Reassignment			<u>X</u>	It is not anticipated that the proposals will affect how people that have or are undergoing gender reassignment access adaptations and will allow them access to other initiatives.
Pregnancy & Maternity			<u>X</u>	It is not anticipated that the proposals will affect how pregnant women access adaptations and will allow them access to other initiatives.
Marriage & Civil Partnership			<u>X</u>	It is not anticipated that the proposals will affect how people who are married or in a civil partnership access adaptations and will allow them access to other initiatives.
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	<u>X</u>			New proposals will have a positive effect how people with Mental Health issues access adaptations and will allow them access to other new initiatives.
Carers	<u>X</u>			Housing adaptations in any form will have a positive impact for carers. Making adaptations easier to obtain will assist in reducing carer stress at an earlier stage.

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Military Veterans			<u>X</u>	It is not anticipated that the proposals will affect how Military Veterans access adaptations and will allow them access to other initiatives.
Breast Feeding			<u>X</u>	It is not anticipated that the proposals will affect an effect on Breast Feeding
Are there any other groups who you feel may be impacted, directly or indirectly, by this project, proposal or service / contract change? (e.g. <i>vulnerable residents, isolated residents, low income households</i>)				
Group (please state)	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Vulnerable residents	<u>X</u>			Vulnerable home owners who are not eligible to apply for adaptations and are unable to carry out basic essential repairs to their homes will now be able to apply for assistance. Assisting with essential repairs will help to reduce development of some longer term health issues related to dampness, lack of adequate heating, mental health, well-being, etc.

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	

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1e.	What are your reasons for the decision made at 1d?	Although enhanced proposals will benefit the wider community to a greater extent than at present, a full EIA will ensure that all possible elements of the initiative are fully captured as part of any adopted policy.
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If a full EIA is required please progress to Part 2.

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary
<p>An EIA for the Regulatory Reform Order (2002) Housing Renewal Policy is being undertaken to explore the impact of an update to the Council’s Financial Assistance Policy associated with the initiative. Whilst reviews should be carried out on a regular basis, the existing policy has not been revised within the previous 5 years.</p> <p>The Disabled Facilities Grant (DFG) provides funding to those who are disabled living in owner occupied, privately rented and registered provider properties to help them make changes to their home environment, such as the installation of showers, stairlifts and ramps in order for residents to remain in their own homes and out of the wider NHS system</p> <p>In 2014 the DFG became part of the Better Care Fund, a pooled health and social care budget - the aim being to provide a more joined-up service to improve outcomes across health, social care and housing.</p> <p>In recognition of the rising need for adaptations central government funding for the DFG has been increased considerably in recent years. Nationally in 2016/17 it rose by 79% from £220 million to £394 million and to £431m in 2017/18. It is projected to increase to over £500 million by 2019/20.</p>

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For Tameside 2016/17 funding rose from £1.158m to £1.978m, and to £2.2m in 2017/18.

In recent years Government has relaxed restrictions around how the DFG is allocated for adaptations meaning that Local Authorities can be more flexible in their approach. In order to take full advantage Tameside is updating its grant delivery process through its Financial Assistance Policy

The revised RRO Policy does not alter the way in which the mandatory Disabled Facilities Grants are delivered. It is designed to enhance the type and improve the assistance available to the more vulnerable residents of the authority.

The proposals contained in the policy will see the introduction of the following:

1. Notional Assistance where a homeowner wishes to provide works over and above that recommended by an Occupational Therapist. This would allow the homeowner to carry out the works they prefer whilst the Council would fund only the equivalent cost of those items recommended to meet the needs of the disabled person within the DFG rules
2. Where grant assistance is estimated less than £5,000 a “test of resources” will not be required
3. Under certain circumstances and subject to funding there will be discretionary assistance:
 - a. Towards unforeseen works
 - b. Where recommended works exceed the DFG maximum
 - c. To meet a contribution as assessed by the statutory test of resources
 - d. To help fund relocation for owner-occupiers
 - e. To help fund relocation for tenants of private and social landlords
 - f. To provide certain specialist adaptations where there is likely to be a care involvement
 - g. For those suffering with Dementia
4. To provide non adaptation assistance on a discretionary basis and subject to available funding for:
 - a. To facilitate a hospital discharge Discretionary Assistance to provide essential repairs to homeowners over state retirement age
 - b. To provide essential repairs to low income/ vulnerable homeowners
 - c. To provide repairs to remove extreme health and safety issues
 - d. To provide a boiler replacement scheme and energy efficiency measures – (funding provided by another scheme)

The main changes in the policy will be to extend the availability of assistance for vulnerable and disabled users to a wider number of residents than included within current RRO policy. Service provision will be limited through available funding and other resources.

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2b. Issues to Consider

Background: It is incumbent upon Local Authorities to update and review policies on a regular basis. Tameside’s Regulatory Reform Order (2002) Housing Renewal Policy has not been formally reviewed but three revisions have been enacted via an Executive Decision in 2011 and Key Decisions in 2013 and 2016

With older people living longer than ever before, the number of elderly residents across the country continues to increase. In Tameside the number of over 65’s have risen from 31,682 in 1981 to 38,951 in 2016 (mid-year estimate), an increase of over 20%. Longer living residents place a greater strain on the demands of the wider health service and the demand for housing adaptations.

Through DFG funding, Tameside residents referred for an adaptation are classed in one of two categories, “urgent” or “substantial”. “Urgent” cases are always addressed as a priority. The length of time a Substantial case would have to wait before being addressed has been reduced from 30 months to 18 months but this is still not acceptable.

With Government’s relaxation in its approach to how DFG can be utilised, alongside a general increase in central Government funding and the effects this has on the wider residential community, there is a need to review the Authority’s wider housing improvement policies through the RRO. The review will also examine existing RRO policies around home improvement measures and how other 3rd party funding can work with the DFG.

Those affected by the RRO policies generally centre on the elderly, vulnerable and disabled residents within the wider community.

There is no anticipated impact in respect of Religion or Belief, Gender Reassignment, Pregnancy and Maternity, Marriage or Civil Partnership.

Potential Effects: Subject to adequate funding, for elderly, vulnerable and disabled residents, an enhanced housing adaptation service including discretionary non adaptive initiatives will have a number of effects as noted below:

1. Will see an improved and wider scope of services on offer from the Local Authority further increasing the number of residents benefiting from this initiative
2. Will enable a greater number of disabled and other vulnerable residents to live independently within their own homes with the full support from local care services where needed.

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3. Will enable such residents to remain outside the wider NHS care system freeing up stretched resources for other use
4. Will reduce demand on expensive 3rd party care homes or other similar provision
5. Will see initiatives to pro-actively adapt properties for residents currently within the wider NHS care system, to help reduce potential “bed blocking” and other calls on the Local Authority and NHS
6. As a result of reduced criteria to access discretionary and/or DFG funding, will enable speedier intervention by the Authority
7. Will see a longer term reduction in those people “waiting” for adaptations as discussed above.
8. The current statutory test of resources results in a number of residents being assessed for unaffordable contributions and resultant application failures. A more discretionary approach will help reduce such application failures.

Further Potential Effects: Whilst an enhanced service provision is to be generally welcomed there are a number of effects which will require long term consideration in going forward as noted below.

1. Whilst Government has indicated that DFG funding will continue to grow until the end of the current five year spend period (2019/20), there is no guarantee on resource levels beyond this date.
2. The ongoing population increase in the over 65's will see a greater demand for housing improvements. The positive effects of increased funding, therefore, will be potentially diluted as a result.
3. Overall reduced central funding since the financial crisis has seen an increase in the number of vulnerable homeowners within the borough. With varying amounts of third party and other funding these numbers will remain difficult to reduce in the long term.
4. Damp and cold related health conditions continue to be an issue in poorly maintained property. With limited funding these numbers will remain difficult to reduce in the long term.

Consultation: In order to seek wider views on the proposed Policy changes a consultation was undertaken with a range of users. These groups included the Authority's Adult, Social and Children's Services, Disability User Groups, Registered Providers, members of the Partnership Engagement Network which includes public and patient stakeholders including stakeholders in the Voluntary Sector. Some of this consultation was carried out via The Big Conversation.

The Authority is required to consult the public on its' RRO Policy before it can be implemented. Consultation commenced on 12th December 2018 and closed at 12 noon on 25th January 2019. The consultation was promoted to those residents/ public signed up to the Big Conversation, to the

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Council's Partnership Engagement Network and to a targeted group of health/ age related agencies and to housing providers with stock in Tameside.

In total there were 18 responses to the consultation. Overall the majority of respondents were positive.

The only respondent from the targeted group was Foundations (the overseeing body for Home Improvement Agencies and the body). Foundations have also recently carried out a review of the DFG for Ministry of Housing, Communities and Local Government. They were in favour of the changes to the Policy but suggested we look to the review of the DFG for some additional forms of assistance. This has resulted in three new schemes now being included in the Policy:

- Provision of stairlifts, ceiling track hoists and specialist toilets where there is a potential to reduce falls and reduce care input;
- Assistance for tenants in rented accommodation to facilitate a house move to more suitable accommodation where this may result in fewer adaptations;
- Provision of aids and assistance for people suffering with dementia related issues.

The responses via the Big Conversation were overwhelmingly positive with over 80% in agreement with the proposals. A copy of the consultation results is included in the main report.

At the end of the survey there was an opportunity for respondents to include additional comments.

- One person requested budget is ear-marked and monitored;
- Another said it's good to assist people who may have fallen on hard times and made the point that it would probably cost less than having to re-house someone.
- Another comment asked if the same breadth of consideration could be given to social care payments whilst another only agreed with one of the questions if the council could reclaim the money by way of a charge.
- One respondent commented they had previously benefitted from adaptations but stated their shower still doesn't work properly.

2c. Impact

The Disabled Facilities Grant (DFG) provides funding to those who are disabled in owner occupied, privately rented and registered provider properties to help them make changes to their home environment, such as the installation of showers, stairlifts and ramps.

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The grant has existed for over 25 years and was subsumed into the Better Care Fund, a pooled health and social care budget, in 2014. The aim of the fund is to provide more joined-up and customer focussed services to reduce hospital and care admissions and enable people to return from hospital more quickly.

In recognition of the rising need for adaptations central government funding for the DFG has been increased considerably in recent years. Nationally in 2016/17 it rose by 79% from £220 million to £394 million and to £431m in 2017/18. It is projected to increase to over £500 million by 2019/20.

For Tameside 2016/17 funding rose from £1.158m to £1.978m from, and to £2.2m in 2017/18

The proportion of older people and families requiring adaptations to their properties is steadily rising. In addition, due to age and medical advances, many of our adaptation requests are now far more complex. The authority is also seeing a reduction in care home and nursing home provision with a move to house people in their own homes for as long as practicable.

Some of these proposals require changes to the Council's Regulatory Reform Order Policy

Previous measures to manage the level of service have focussed purely on assistance for disabled people and whilst the majority are considered successful, providing more flexibility around the grant provision will make accessing adaptations easier and will open up opportunities to others within the community.

The number of disabled people who need assistance but their families don't want the style of adaptation under offer or who wish to provide the measures to meet the need of the disabled person in a different manner is increasing. It is proposed these people will be able to make an application for grant assistance where the nature of the works far exceeds that covered by the mandatory grant but where the need is still met. They will be able to receive a financial contribution towards the works related to the disability.

All proposed amendments will be impacted by the amount of funding provided by Government.

Criteria for DFG Applications: For an adaptation, current financial limits stipulate that any costs greater than £1,000, requires the submission of a full DFG application. As part of a Key Decision taken in 2016 this limit was raised locally to £2,000. Other than the most basic hoists and stairlifts, many adaptations regularly cost substantially more than this basic figure. The introduction of a suggested £5,000 minimum level before a full DFG submission is required, will remove many of the bureaucratic elements surrounding a full DFG submission. This will see many more applicants benefitting from a better quality of life and in some cases reducing care needs.

Provision of Equipment (Straight & Curved Stairlifts, Ceiling Track Hoists and WC's with a douche facility: The provision of certain equipment can more quickly reduce the possibility of falls

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and reduce the need for certain types of care packages. By removing the need to make a formal application and moving to a “prescription” style referral will see these adaptations being installed quicker with clients benefitting from a better quality of life and in some cases reduced care needs.

Cost Overruns: A number of issues arise when the cost of works exceeds the maximum grant available. This can be due to a number of issues including, but not limited to, additional recommendations and poor ground conditions. Many home-owner clients may not have the resources to cover such circumstances. In such cases, through changes in the RRO, it is likely to be far more cost effective to loan the funds to the applicant and secure it by means of a local land charge on the property.

Assessed Contributions: A home-owner applicant may have an assessed contribution that they cannot realistically raise. Often this is as a result of stringent test of resource criteria set in 2008. New assistance criteria will allow the Council to loan the funds to applicants and secure it by means of a local land charge on the property.

Home Move for Owner Occupiers: There will be occasions where it is not feasible, for any number of reasons, to adapt an existing property. In such circumstances the best alternative may be a home move requiring the purchase of a suitable property. Applicants would still be eligible for a DFG for the original adaptation but would be enabled to use the DFG as a contribution to the purchase price thus meeting individual needs. Such assistance would only be available on rare occasions and applicants would have exhausted any normal adaptations procedures and other commercial loan options.

Home Move for Tenants: There are occasions where it is more beneficial for a tenant to move to a property that is more appropriate for their needs even though their existing property can be adapted. Also there are circumstances where a landlord may refuse to adapt a property especially where under-occupation is an issue. In such circumstances applicants would be eligible for discretionary assistance to assist with the costs associated with moving home. Such assistance would only be available where there is no other assistance available or, if there is, once other forms of assistance have been utilised. Such a move may reduce care requirements and may remove falls issues.

“Bed Blocking” There will be circumstances where vulnerable residents are seen as “bed blocking” as a result of their property being unsuitable for habitation. The greater ability to fund certain works that are required to facilitate hospital discharge will reduce costs associated with being an in-patient and will enable the person to return home to a safer and more independent environment and in many cases will improve the property and reduce risk to health.

Dementia Assistance: Currently there is no grant assistance in our policy targeted at people who suffer with mental illness such as Dementia. The Council intends to create grant assistance (no more than £1000 per application) that will assist people to make changes to their home to enable

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them to live safely and longer.

Affordability: A number of elderly and vulnerable home-owners cannot afford to carry out simple repairs that keep properties “wind and weather tight” or have personal concerns around the use of builders. Such home-owners could, by their inaction, remain living in a substandard property detrimental to their long term health and wellbeing.

Staying Put: A “Staying Put” scheme to permit elderly home-owners to remain in their own homes will maintain their independence and reduce health impact deterioration. Any financial assistance is protected by the application of a local land charge.

Home Repair Scheme: In a similar manner the “Home Repair Scheme” will assist vulnerable homeowners and provide assistance in the prevention of the deterioration of the property fabric where it becomes detrimental to the health of the occupiers. Following a test of resources, the “Home Repair Scheme” will provide relevant assistance. Any financial assistance is protected by the application of a local land charge.

Boiler Replacement Scheme: Fuel poverty is still a major issue in Tameside and many residents do not have access to adequate heating and/ or hot water. Many homes are still inadequately insulated. The “boiler replacement” programme will assist those where the boiler has failed and/ or is beyond economic repair. Other works to provide adequate hot water and other forms of heating are available in this scheme as well as measures to improve energy efficiency. Improvements to heating provision and affordable warmth are vital to help vulnerable and elderly people to maintain reasonable health and reduce costs. Such schemes are subject to qualifying criteria.

Funding: Any improvements proposed in respect of the above will be subject to a level of funding where such initiatives are sustainable. Funding availability, whether from Central Government or 3rd party, underpins the success or failure of the revised RRO.

Ageing Population: As noted in section 2b above the number of over 65’s in Tameside has risen by over 20% since 1981. Increased demand on services for the elderly, including housing adaptations, will use up proportionately more of existing limited resources. Whilst the number of individual adaptations will increase in number, overall waiting lists in areas of work not deemed as urgent may remain stubbornly high.

Conclusion: It is anticipated the Policy proposals and changes will overall be positive for residents of Tameside – with over 80% of consultation respondents also in agreement with the proposals.

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

Criteria for Grant for Applications	The financial criteria for successfully applying for grant assistance have been relaxed making applications more likely to be approved. Successful
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Tameside & Glossop Single Commissioning Function
Equality Impact Assessment (EIA) Form

	applications will require balancing against available funding in a priority led initiative.
Provision of Equipment	The criteria for successfully applying for assistance will be based on the potential for reducing falls and reducing the need for care as quickly as possible. Each referral will be considered in an expedient manner for each case.
Cost Overruns	Cost overruns for clients who are unable to afford such payments will be considered in an expedient manner for each individual case. Any funding contributions will require a local land charge on each property to ensure minimal risk to the council.
Assessed Contributions	Clients requiring an assessed contribution through DFG legislation will be considered on an individual basis to ensure that works can be undertaken in a reasonable and cost effective manner. In order to protect the council a local land charge would be placed on each property to the equivalent amount.
Home Move – owner occupier	Home moving will be considered as a last resort. However in taking this initiative forward clients will remain independent in their own homes and outside the wider NHS care system.
Home Move - Tenant	Home moving for tenants will be a vital tool in ensuring clients are housed in a property most appropriate to their needs. To ensure funds are used wisely other sources of assistance (any scheme from the housing provider) will need to be applied before clients can take advantage of this offer. However in taking this initiative forward the client will remain independent in their own home and outside the wider NHS care system as well as freeing up family style accommodation.
Bed Blocking	Bed blocking as a result of major housing adaptation needs is generally rare. In order to address those that do occur, the adaptation team will move proactively to minimise potential numbers. Other issues around habitability are more likely to prevent discharge. Works undertaken will reflect each individual resident's needs and will allow discharge to take place. Works will depend on available funding but will not be subject to a local land charge.
Dementia Assistance	This initiative will help those suffering with Dementia and their families by providing a mechanism to purchase items of support. The needs of each client will be different but the initiative will help to reduce the reliance on care services and ease stress on families.
Affordability, Staying Put and Home Repair	These initiatives generally help residents remain in their own properties, living independently for as long as possible. Works undertaken will reflect the needs of each individual resident case. In general residents prefer to live within their

Tameside & Glossop Single Commissioning Function

Equality Impact Assessment (EIA) Form

Scheme	own properties rather than being forced to move elsewhere. Works will depend on available funding and will be subject to a local land charge.
Boiler Replacement Scheme	This initiative will generally help those who are unable to heat or maintain temperatures in their own properties to an adequate level. Work undertaken will be carried out by third parties to achieve acceptable standards. Works will depend upon available funding.
Funding	Funding is a known issue across the whole local authority area. Without multiyear funding profiles, initiatives such as those described above will be subject to close scrutiny and short term change.
Ageing Population	An aging population will place greater demand on services including adaptations and other associated work. Whilst DFG funding is rising in real terms an increased demand from an aging population will limit the wider benefits to be enjoyed from relaxed adaptation provision. Close management of budgets will ensure that those in real need of adaptation related work, will remain as a priority need.

2e. Evidence Sources
<i>Original Regulatory Reform Order Policy dated June 2003</i>
<i>Outcomes of consultation process 12 December 2018 – 25 January 2019</i>

2f. Monitoring progress		
Issue / Action	Lead officer	Timescale
<i>Assess responses to the consultation process and use information to help inform final proposals</i>	<i>Jim Davies</i>	<i>Within 4 weeks of consultation ending</i>

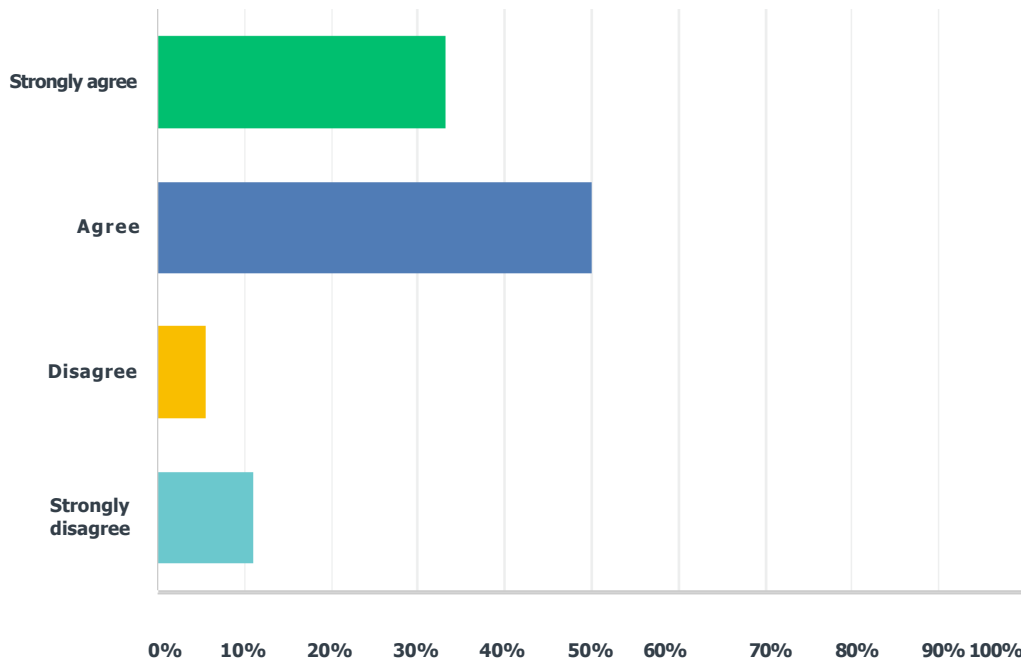
Tameside & Glossop Single Commissioning Function

Equality Impact Assessment (EIA) Form

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

Q1 To what extent do you think it is a good idea to introduce a non means tested discretionary grant (Grant for Adaptation) for works where the grant total is £5000 or less? This means that if works applied for are estimated to be less than £5000 the applicant would not be subject to means testing. (Please tick one box only)

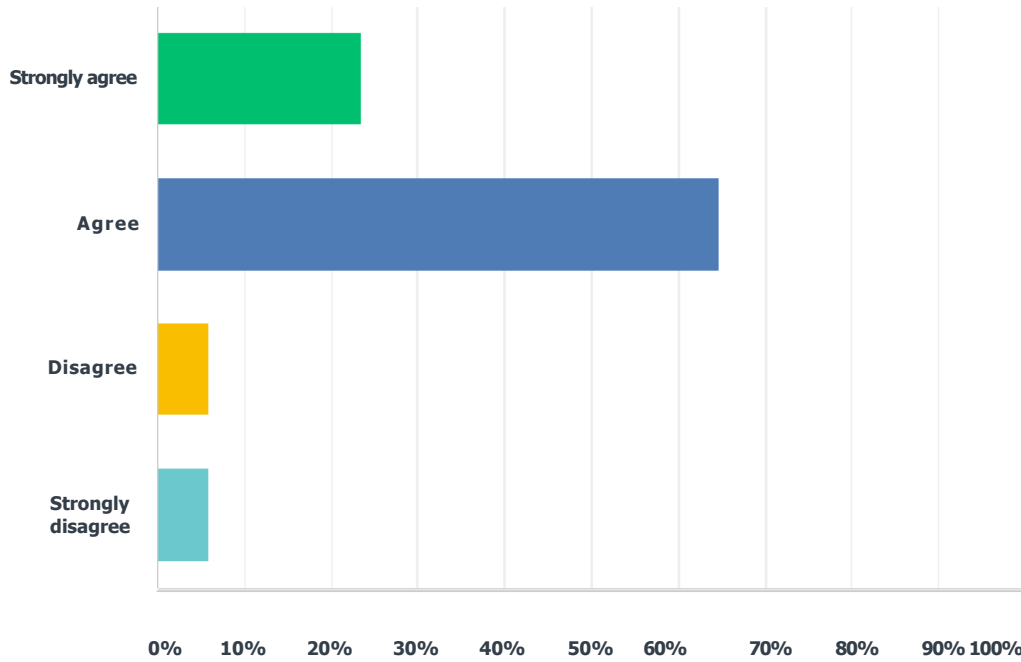
Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	33.33%	6
Agree	50.00%	9
Disagree	5.56%	1
Strongly disagree	11.11%	2
TOTAL		18

Q2 To what extent do you agree that the Council should offer this additional help? (Please tick one box only)

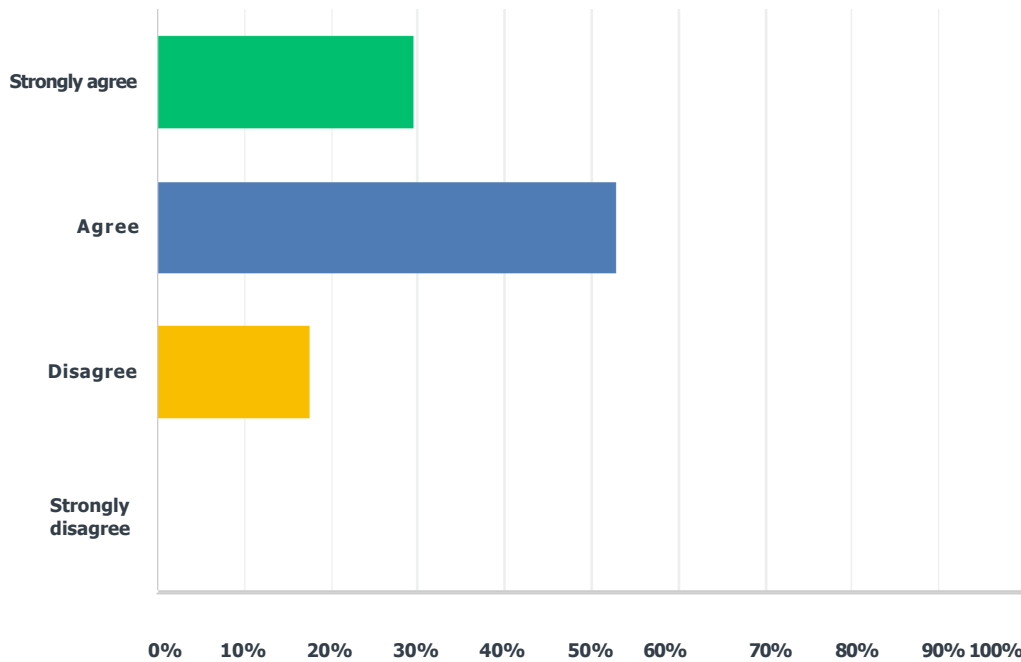
Answered: 17 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly agree	23.53%	4
Agree	64.71%	11
Disagree	5.88%	1
Strongly disagree	5.88%	1
TOTAL		17

Q3 To what extent do you agree with the recommendation to introduce a Proportionate Grant, for those who own or have an interest in the property being adapted, of up to £30,000 for those who wish to provide adaptations over and above those recommended by an Occupational Therapist? (Please tick one box only)

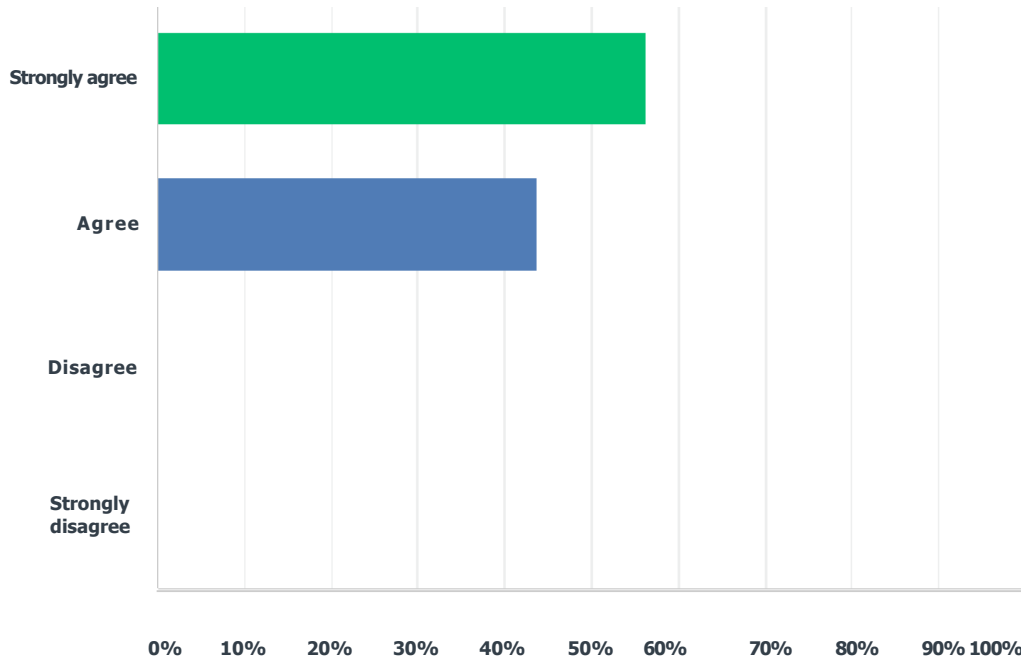
Answered: 17 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly agree	29.41%	5
Agree	52.94%	9
Disagree	17.65%	3
Strongly disagree	0.00%	0
TOTAL		17

Q4 To what extent do you agree with the recommendation to introduce a Hospital Discharge Grant? (Please tick one box only)

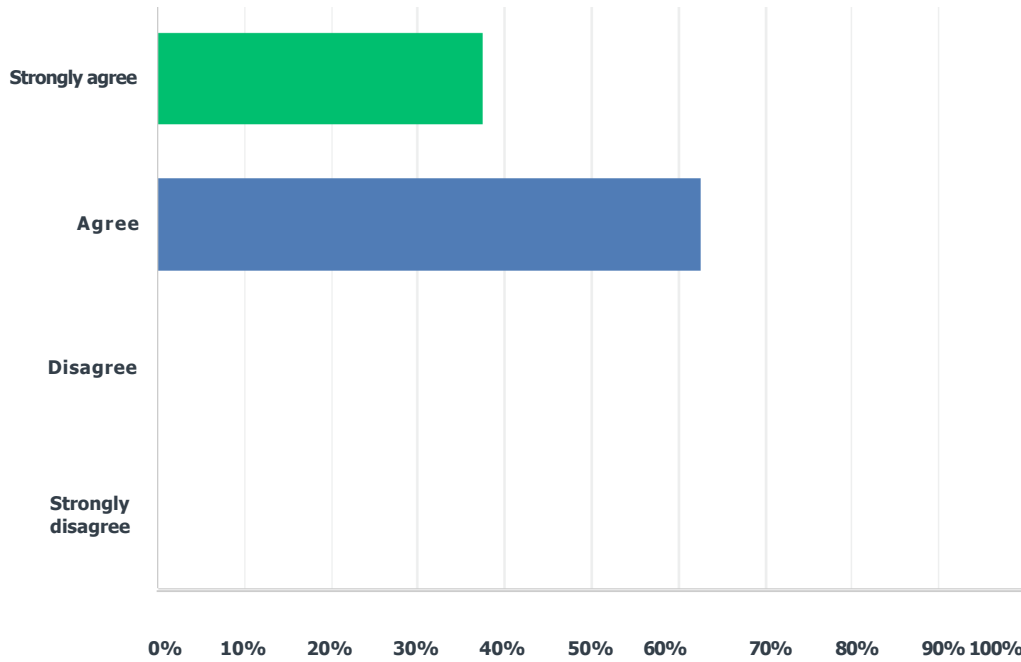
Answered: 16 Skipped: 2



ANSWER CHOICES	RESPONSES	
Strongly agree	56.25%	9
Agree	43.75%	7
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		16

Q5 To what extent do you agree with implementing a 'Stay Put' scheme?
(Please tick one box only)

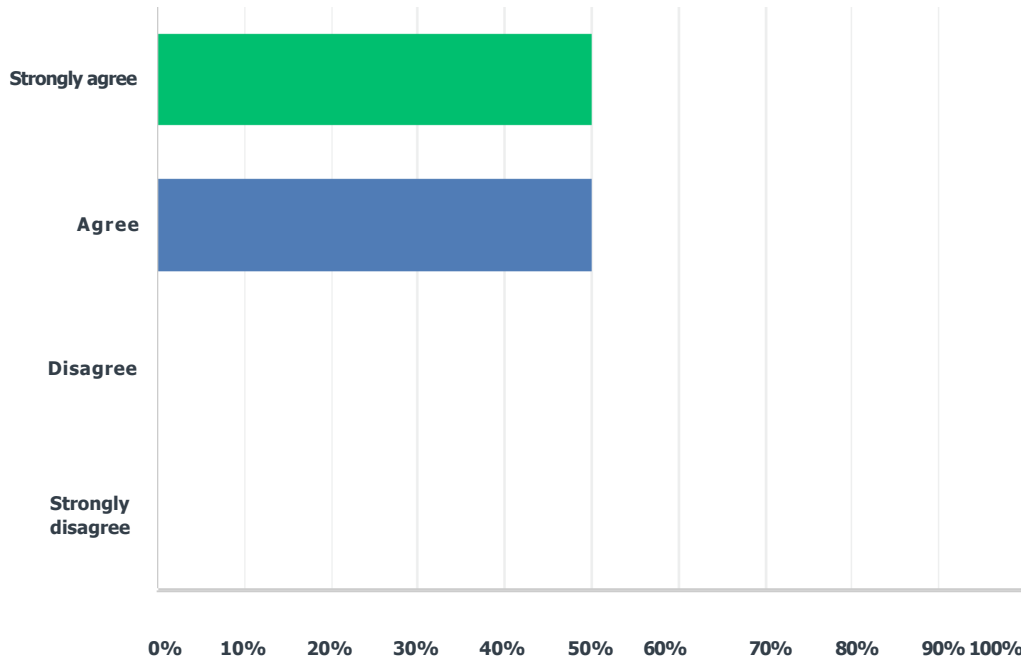
Answered: 16 Skipped: 2



ANSWER CHOICES	RESPONSES	
Strongly agree	37.50%	6
Agree	62.50%	10
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		16

Q6 To what extent do you agree with the recommendation of a Home Repair Assistance scheme for essential repairs for vulnerable home owners? (Please tick one box only)

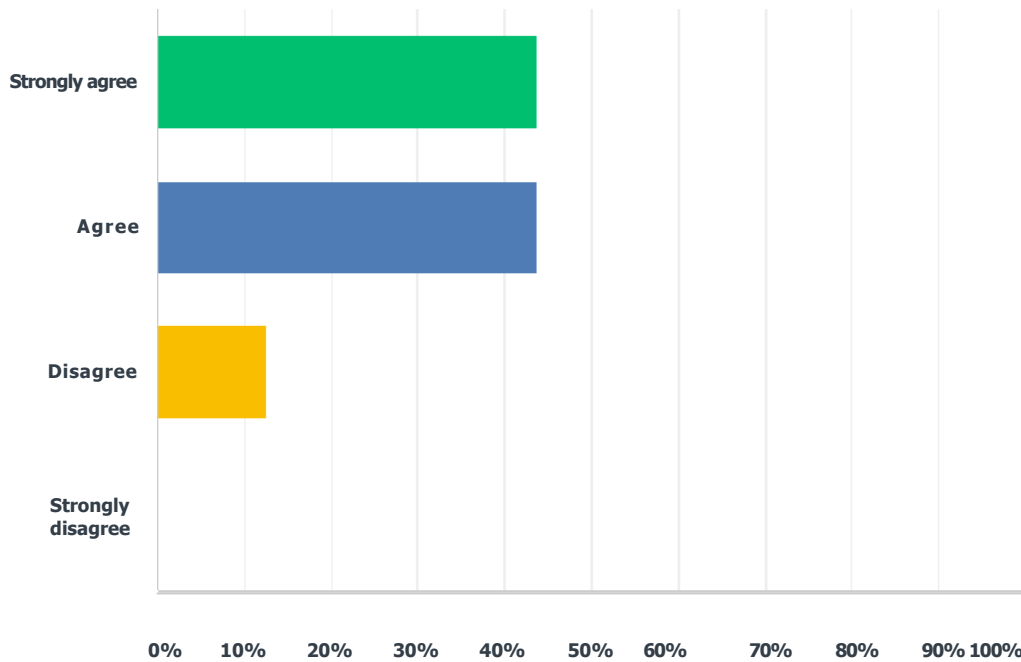
Answered: 16 Skipped: 2



ANSWER CHOICES	RESPONSES	
Strongly agree	50.00%	8
Agree	50.00%	8
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		16

Q7 To what extent do you agree that the Council should protect the funds it lends to home-owners by placing a charge on their property, which would be repaid upon sale, disposal or transfer of the property in the future, enabling it to recover and recycle funds back into the scheme? No interest would be charged on this assistance. (Please tick one box only)

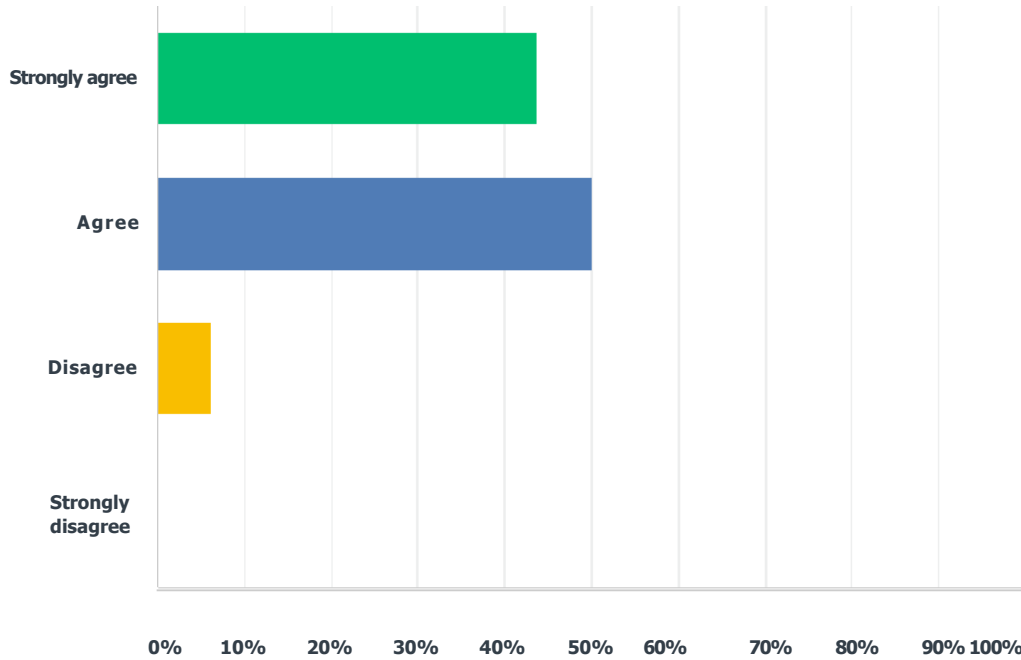
Answered: 16 Skipped: 2



ANSWER CHOICES	RESPONSES	
Strongly agree	43.75%	7
Agree	43.75%	7
Disagree	12.50%	2
Strongly disagree	0.00%	0
TOTAL		16

Q8 To what extent do you agree the Council should offer such a scheme to vulnerable homeowners unable to afford such works and who may suffer financial hardship and poor health when trying to heat their home?
(Please tick one box only)

Answered: 16 Skipped: 2



ANSWER CHOICES	RESPONSES	
Strongly agree	43.75%	7
Agree	50.00%	8
Disagree	6.25%	1
Strongly disagree	0.00%	0
TOTAL		16

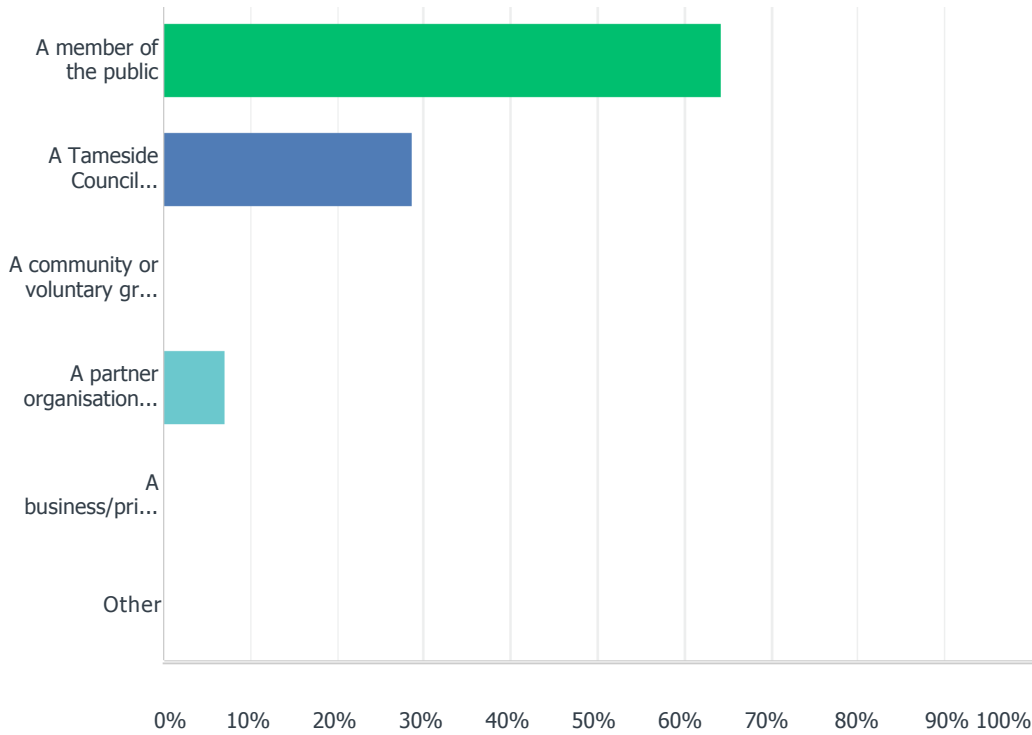
Q9 Do you have any other comments you wish to make about our proposals for the Financial Assistance Policy? (Please state in the box below)

Answered: 6 Skipped: 12

#	RESPONSES	DATE
1	Need to ensure budget is ear-marked for this and obviously monitor progress	1/11/2019 10:17 AM
2	Sometimes it's not people's fault they fall on hard times & it's a good idea especially for homeowners to get assistance with home improvements / adaptations to their homes as it is their home at the end of the day & would probably cost less in rehousing a vulnerable adult	1/9/2019 11:08 AM
3	none	12/22/2018 4:45 PM
4	Could the same breadth of consideration be given to social care payments? I believe direct payments from Tameside only match pound for pound unlike Derbyshire where full payments are made from the Council	12/18/2018 10:08 PM
5	Having benefited under the grant I would like to ensure that the end user is actually consulted as to if the work has been satisfactory completed as I know mine wasn't. It still grates even today that the shower doesn't work properly.	12/18/2018 7:55 PM
6	I only agree with question 8, if a charge is placed on the owner occupier property for reclaim by the authority	12/18/2018 5:14 PM

Q10 Please indicate which of the following best describes your interest in this consultation (Please tick one box only)

Answered: 14 Skipped: 4

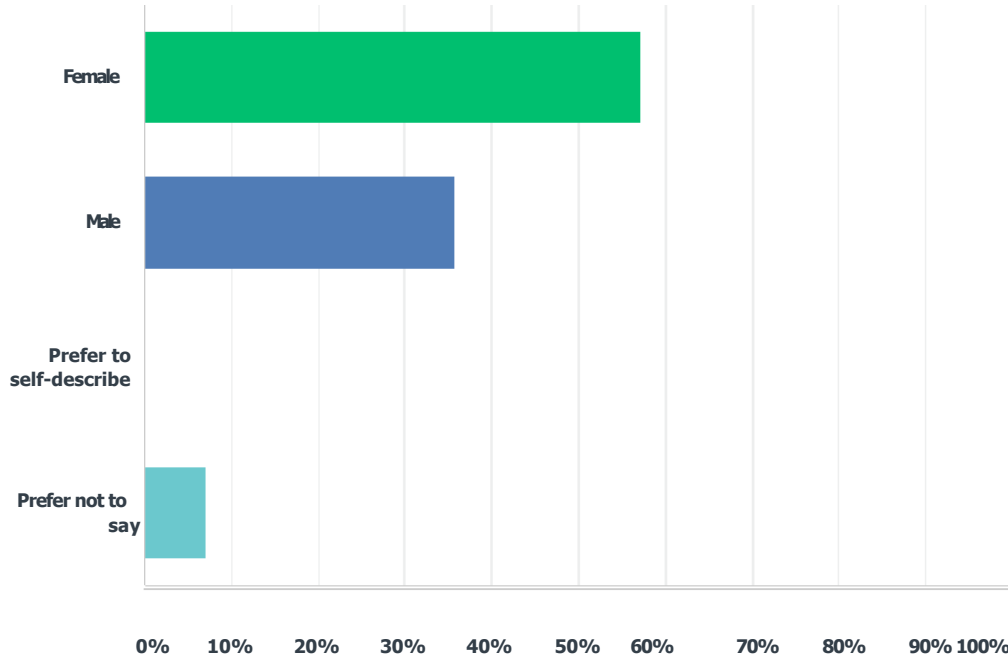


ANSWER CHOICES	RESPONSES	
A member of the public	64.29%	9
A Tameside Council employee	28.57%	4
A community or voluntary group (please specify)	0.00%	0
A partner organisation (please specify)	7.14%	1
A business/private organisation (please specify)	0.00%	0
Other	0.00%	0
TOTAL		14

#	PLEASE SPECIFY ANY DETAILS HERE	DATE
1	Irwell Valley Homes	1/16/2019 2:22 PM

Q11 What best describes your gender?

Answered: 14 Skipped: 4



ANSWER CHOICES	RESPONSES	
Female	57.14%	8
Male	35.71%	5
Prefer to self-describe	0.00%	0
Prefer not to say	7.14%	1
TOTAL		14

Q12 What is your age? (Please state)

Answered: 13 Skipped: 5

#	RESPONSES	DATE
1	50+	1/24/2019 4:01 PM
2	36	1/21/2019 2:54 PM
3	37	1/16/2019 2:22 PM
4	71	1/11/2019 10:18 AM
5	41	1/9/2019 11:09 AM
6	50	1/7/2019 9:26 AM
7	35	1/4/2019 1:25 PM
8	70	12/22/2018 7:28 PM
9	75yrs	12/22/2018 4:47 PM
10	67	12/22/2018 12:43 PM
11	54	12/18/2018 10:08 PM
12	63	12/18/2018 7:56 PM
13	51	12/18/2018 5:15 PM

Q13 What is your postcode? (Please state)

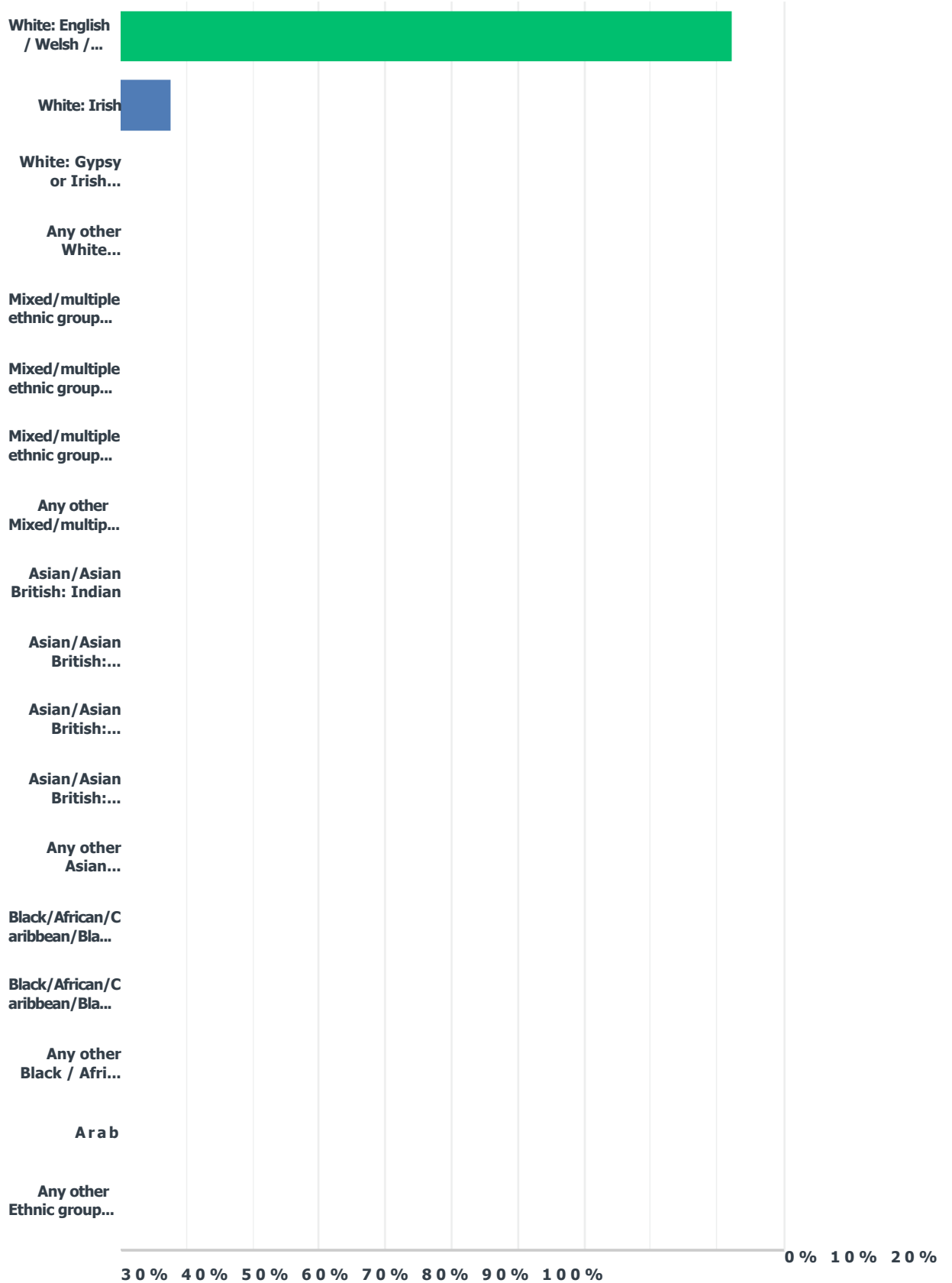
Answered: 12 Skipped: 6

#	RESPONSES	DATE
1	SK12 2BR	1/21/2019 2:54 PM
2	M16 0LN	1/16/2019 2:22 PM
3	OL5 0PL	1/11/2019 10:18 AM
4	SK15 2EX	1/9/2019 11:09 AM
5	OL6 7SR	1/7/2019 9:26 AM
6	ol4	1/4/2019 1:25 PM
7	Sk14 1pr	12/22/2018 7:28 PM
8	M342NP	12/22/2018 4:47 PM
9	M34 2DW	12/22/2018 12:43 PM
10	SK14	12/18/2018 10:08 PM
11	M34 6ED	12/18/2018 7:56 PM
12	Ol68bp	12/18/2018 5:15 PM

Q14 What is your ethnic group? (Please tick one box only)

Answered: 13 Skipped: 5

Housing Assistance Policy Consultation



ANSWER CHOICES	RESPONSES
White: English / Welsh / Scottish / Northern Irish / British	92.31% 12

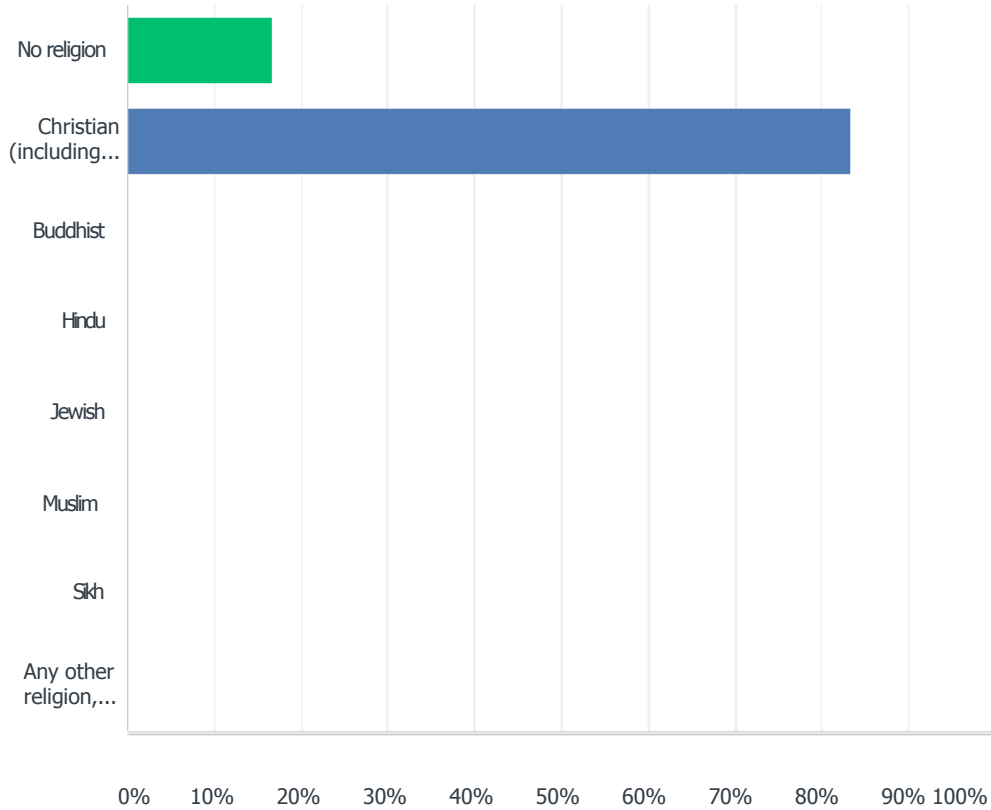
Housing Assistance Policy Consultation

White: Irish	7.69%	1
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)	0.00%	0
TOTAL		13

#	PLEASE SPECIFY BELOW	DATE
	There are no responses.	

Q15 What is your religion?

Answered: 12 Skipped: 6

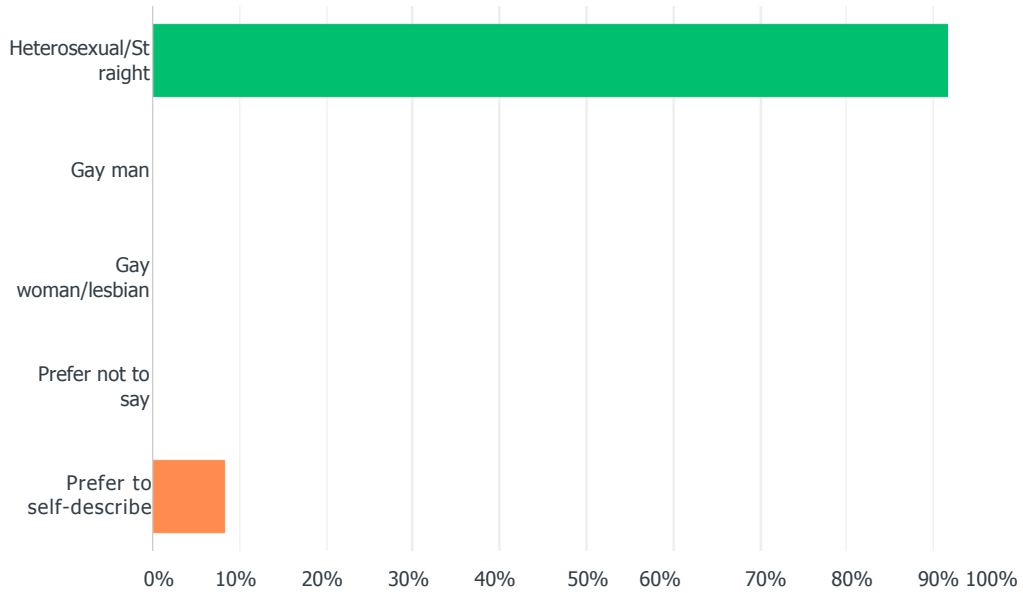


ANSWER CHOICES	RESPONSES	
No religion	16.67%	2
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	83.33%	10
Buddhist	0.00%	0
Hindu	0.00%	0
Jewish	0.00%	0
Muslim	0.00%	0
Sikh	0.00%	0
Any other religion, please state	0.00%	0
TOTAL		12

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

Q16 What is your sexual orientation?

Answered: 12 Skipped: 6

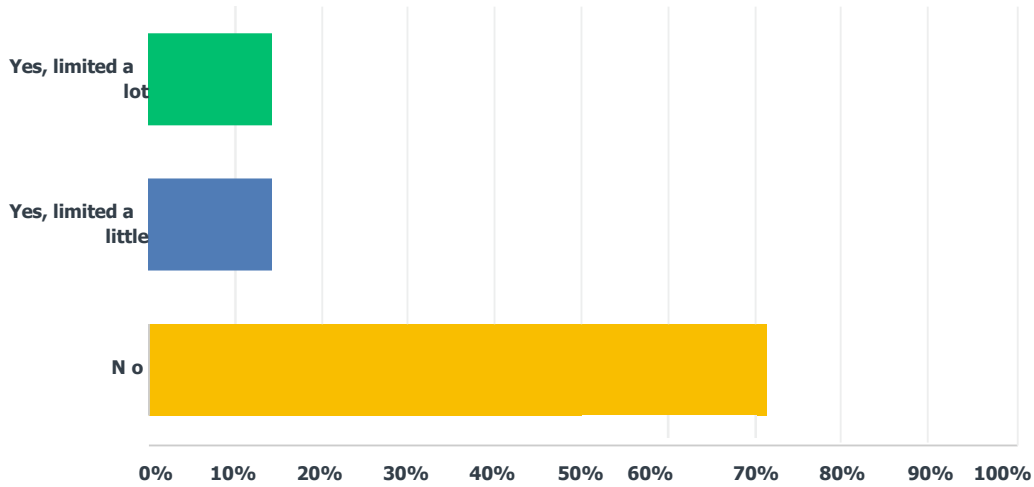


ANSWER CHOICES	RESPONSES	
Heterosexual/Straight	91.67%	11
Gay man	0.00%	0
Gay woman/lesbian	0.00%	0
Prefer not to say	0.00%	0
Prefer to self-describe	8.33%	1
TOTAL		12

#	PREFER TO SELF-DESCRIBE	DATE
1	N/A	1/7/2019 9:26 AM

Q17 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)

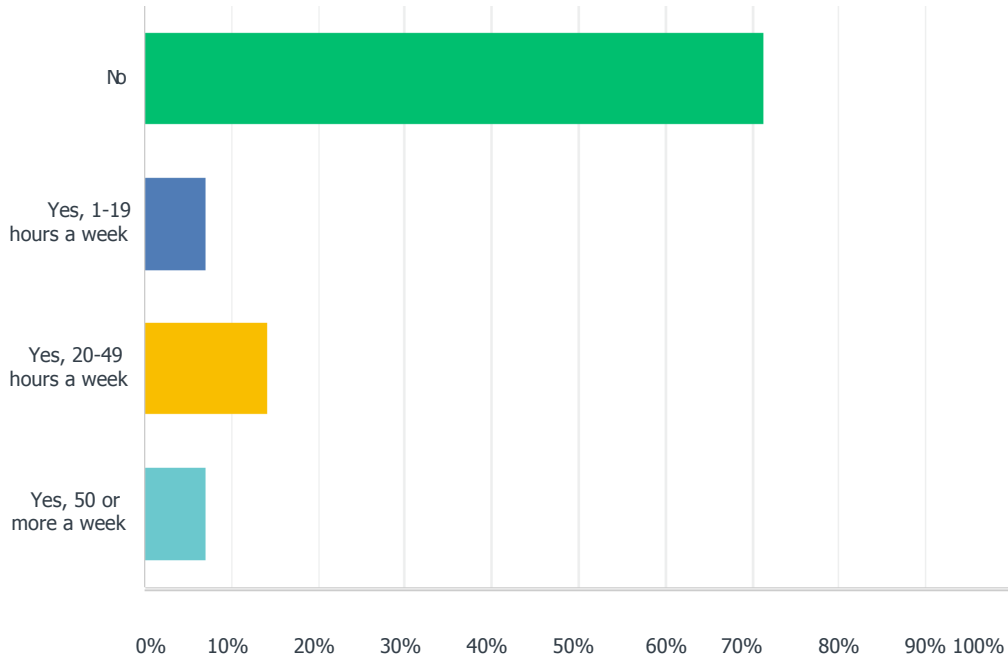
Answered: 14 Skipped: 4



ANSWER CHOICES	RESPONSES	
Yes, limited a lot	14.29%	2
Yes, limited a little	14.29%	2
No	71.43%	10
TOTAL		14

Q18 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)

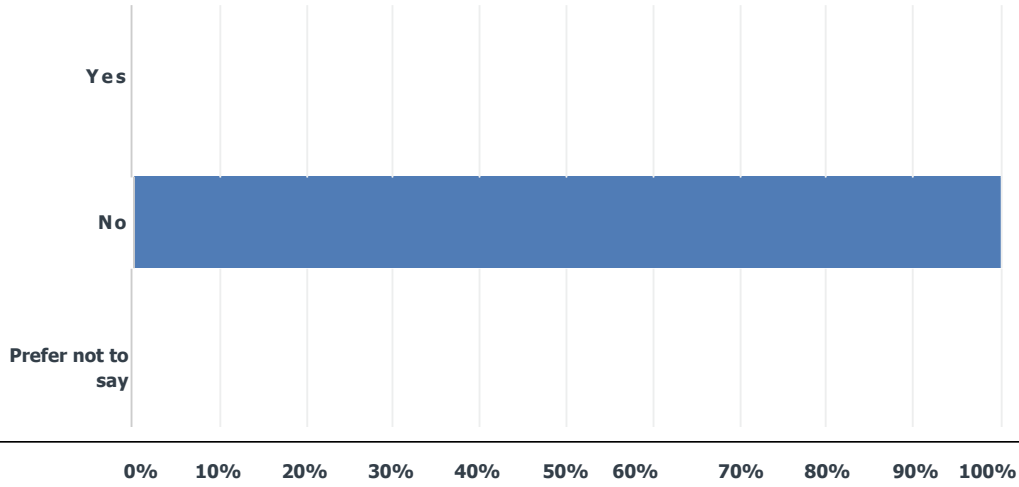
Answered: 14 Skipped: 4



ANSWER CHOICES	RESPONSES	
No	71.43%	10
Yes, 1-19 hours a week	7.14%	1
Yes, 20-49 hours a week	14.29%	2
Yes, 50 or more a week	7.14%	1
TOTAL		14

Q19 Are you a member or ex-member of the armed forces?

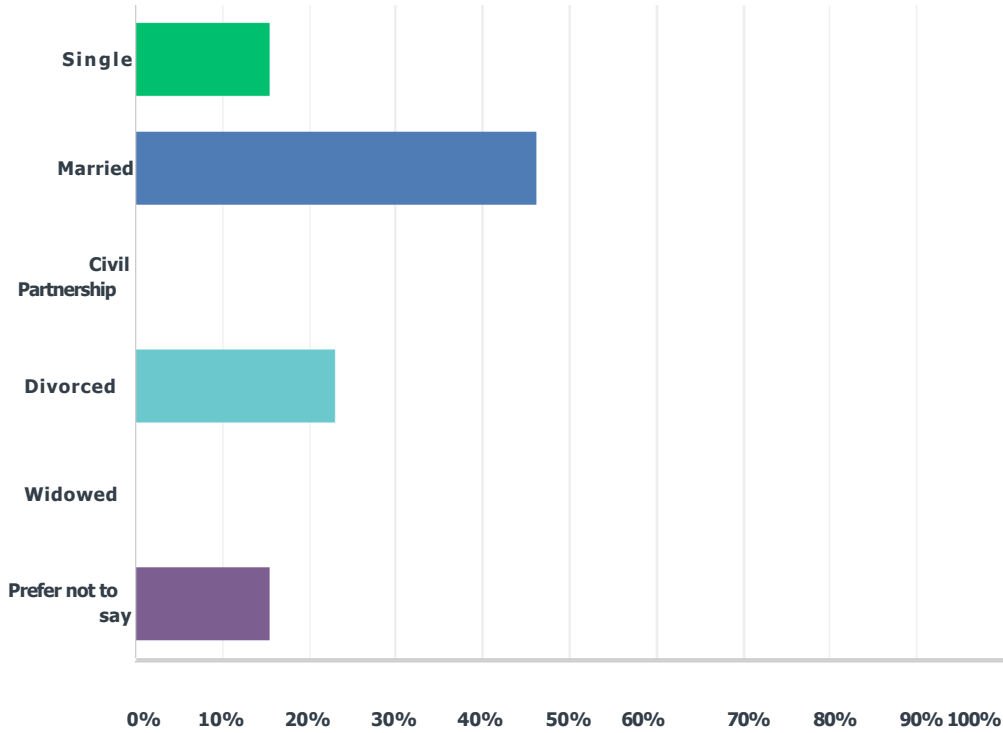
Answered: 14 Skipped: 4



ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	14
Prefer not to say	0.00%	0
TOTAL		14

Q20 What is your marital status?

Answered: 13 Skipped: 5



ANSWER CHOICES	RESPONSES	
Single	15.38%	2
Married	46.15%	6
Civil Partnership	0.00%	0
Divorced	23.08%	3
Widowed	0.00%	0
Prefer not to say	15.38%	2
TOTAL		13

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Report to: STRATEGIC COMMISSIONING BOARD

Date: 27 March 2019

Reporting Member /Officer of Strategic Commissioning Board Jessica Williams, Interim Director of Commissioning
Drs Kate Hebden & Vinny Khunger, Governing Body GPs – Primary Care

Subject: **Developing place-based Primary Care Networks in Tameside and Glossop**

Report Summary: This report sets out the way in which the Strategic Commission will engage with general practice in the formation and implementation of Primary Care Networks. This will include setting out our aspiration, and rationale, for the alignment of Primary Care Networks to the established Neighbourhoods which deliver Integrated Care in Tameside and Glossop.

On 10 January 2019, the NHS Long Term Plan was published. This was followed on 31st January 2019 by “Investment and evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan”. This document commonly known as GP Contract Reform sets out a number of fundamental changes to the GP contract from 1st April 2019, including the introduction of the Network Contract Direct Enhanced Service (DES) which create Primary Care Networks.

The footprint of our established Neighbourhoods is our ambition for Primary Care Networks in Tameside and Glossop. This is due to the significant and extensive work to build community health, social care, children’s integrated teams, social prescribing, community, safety partnerships amongst others, around our place with general practice at the heart. There have been many successes to date by these Neighbourhoods and established collaboration across those footprints.

We want to engage with General Practice in Tameside and Glossop to ensure we understand views in terms of both the opportunities and potential challenges in developing Primary Care Networks in this way.

This report also includes the proposed initial discussion questions and timeline for survey that we would use in order to do this engagement.

Recommendations: Strategic Commission is requested to:

1. Approve the principle and ambition for alignment of Primary Care Networks to our 5 established Neighbourhoods across Tameside and Glossop.
2. Approve the engagement plan with General Practice in relation to the formation and implementation of the Primary Care Networks, including illustration of the work and successes to date, and the embedded

relationships across Neighbourhood practices.

- Note the oversight and approval of Primary Care Network registration documentation by Primary Care Committee and Governing Body in line with the national timetable.

Financial Implications:

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

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
CCG	375	-		375
TMBC	-	-	-	-
Total	375	-	-	375

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison

Based upon a requirement in the national planning guidance the CCG has created a budget of £375k (£1.50 per head of population) to fund the establishment of primary care networks.

As mandated by the planning guidance this has been funded from the CCGs core programme allocation.

The guidance talks about a requirement for a network director 2019/20 budgets include payment of our existing neighbourhood leads (via the ICFT contract), but we have not budgeted to recruit to any new clinical director posts. Further guidance is expected nationally to provide more clarity on the role and funding of these posts.

Legal Implications:

(Authorised by the Borough Solicitor)

The NHS Long Term Plan committed £4.5 billion more for primary medical and community health services by 2023/24. This will support better care for patients outside hospital in their local communities.

NHS England and the British Medical Association's General Practitioners Committee have agreed a five-year GP (General Medical Services) contract framework from 2019/20. The new contract framework marks some of the biggest general practice contract changes in over a decade and will be essential to deliver the ambitions set out in the NHS Long Term Plan through strong general practice services.

The contract increases investment and more certainty around funding and looks to reduce pressure and stabilise general practice. It will ensure general practice plays a leading role in every Primary Care Network (PCN) which will include bigger teams of health professionals working together in local communities. It will mean much closer working between networks and their Integrated Care System. More can be found here:

<https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>

How do proposals align with Health & Wellbeing Strategy?	Establishment of Primary Care Networks will provide a delivery vehicle per Neighbourhood through which to deliver the establishment programme of work through General Practice as part of the established Integrated Neighbourhood model.
How do proposals align with Locality Plan?	Alignment of Primary Care Networks to established Neighbourhoods and Transformation Plans in the Locality Plan.
How do proposals align with the Commissioning Strategy?	Quality general practice for our population is a key component to deliver population health and as a crucial role within our Integrated Neighbourhoods and therefore the Primary Care Networks.
Recommendations / views of the Health and Care Advisory Group:	<p>This principle of delivery through Primary Care Networks was discussed at February Health and Care Advisory Group (HCAG), as part of on the review of the Locally Commissioned Services specification. HCAG is supportive of implementation of the national model and recognises the established Neighbourhood footprints.</p> <p>The principle of Primary Care Networks aligning to our established Neighbourhoods was also discussed by Primary Care Committee at the February and March meetings. The significant benefits of alignment to existing boundaries was recognised and support for clinical engagement to communicate this ambition and rationale to all practices.</p>
Public and Patient Implications:	The drive to achieve improvements in health and care across primary care is intended to make the most of every opportunity to give people the right support close to where they live with the key principles of people powered change and care delivered by population based models.
Quality Implications:	The establishment of Primary Care Networks will support the drive to reduce variation across practices and improve quality of primary medical services for our registered population.
How do the proposals help to reduce health inequalities?	High quality general practice is a key driver to reducing health inequalities for our population.
What are the Equality and Diversity implications?	There are no equality and diversity issues; Primary Care Networks will have 100% population coverage.
What are the safeguarding implications?	There are no additional safeguarding implications, safeguarding policies in place around existing practice contracts would apply.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no additional information governance implications, the policies in place around existing practice contracts would apply.

Risk Management:

There are no additional risk management issues arising from this proposal over and above management of patients through existing contractual requirements.

Access to Information :

The background papers relating to this report can be inspected by contacting the report writers Janna Rigby or Tori O'Hare



Telephone: 07342 056001 or 07920 086397



e-mail: janna.rigby@nhs.net; tori.ohare@nhs.net

DEVELOPING PLACE BASED PRIMARY CARE NETWORKS IN TAMESIDE AND GLOSSOP

1. INTRODUCTION

- 1.1 On 10th January 2019, the NHS Long Term Plan was published. This was followed on 31st January 2019 by “Investment and evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan”. This document commonly known as GP Contract Reform sets out a number of fundamental changes to the GP contract from 1st April 2019, including:
- Addressing the workforce shortfall
 - Solving indemnity costs
 - Improving the Quality and Outcomes Framework (QOF)
 - Introducing the Network Contract DES
 - Going ‘digital first’ and improving access
- 1.2 Each of these areas is of great interest to Practices. Perhaps the most notable area initially is the introduction of a Network Contract Directed Enhanced Service (DES) which sees a national expectation of 100% population coverage by Primary Care Networks to be in place by 1st July 2019.
- 1.3 The delivery of the GP contract reform, including the requirement for a Primary Care Strategy to be in place, will be managed by Primary Care Committee as part of the delegated responsibilities to the CCG. The Primary Care Strategy will be reported through Strategic Commission for alignment to our broader strategic direction.
- 1.4 Further information, including full detail relating to the GP Contract Reform to implement the NHS Long Term Plan is available at:
<https://www.england.nhs.uk/publication/gp-contract-five-year-framework/>

2. PRIMARY CARE NETWORKS

- 2.1 The Strategic Commission is committed to the core principles of our Care Together programme and as such, the footprint of our already established Neighbourhoods is expected to be the position for Tameside and Glossop Primary Care Networks. This is due to the significant and extensive work to build community health, social care, children’s integrated teams, social prescribing, community, safety partnerships amongst others, around our place with general practice at the heart.
- 2.2 The proposed Primary Care Networks aim to smooth the interface between primary and community care. In Tameside and Glossop, we are proud of our achievement on this journey and look forward to using this new opportunity of Primary Care Networks to improve this further. The mapping our existing neighbourhoods is shown at **appendix 1** and some of the delivery successes of each are set out in **appendix 2**.
- 2.3 The period of delivery of the Commissioning Improvement Scheme (CIS) through Neighbourhoods, particularly since April 2018 has also supported the development of relationships across Neighbourhood practices. This provides a strong foundation on which to build the Primary Care Network. The Invest to Save element of the scheme has given a platform for the testing of new and innovative ways of working and bringing care closer to home.
- 2.4 The CIS model has supported increased sharing of best practice and exploring different ways of working by Neighbourhoods. It has also embedded a greater understanding of services available to patients across Neighbourhoods and how practices and/or patients can refer into these. There has also been a recognition of improved relationships with a range of stakeholders and increased use of patient feedback to inform future planning.

- 2.5 We recognise that this arrangement of Networks may bring some complexity for providers working across multiple contracts and so we will support those practices, where possible, to minimise that challenge and ensure the benefits for patients and communities of the development of Primary Care Networks around existing geographical boundaries can sit alongside the efficiencies of single management structures for multiple General Practice contracts. This layering of network arrangements is not new and has existed for many years across CCG (and PCT) boundaries; there are many examples of such provider organisations nationally and locally.

3. ENGAGEMENT WITH GENERAL PRACTICE

- 3.1 Key to our collective principles of Care Together is our integrated system approach and the development of our integrated care provider, Tameside and Glossop Integrated Care NHS Foundation Trust. This approach has been the basis of our transformation work over the past five years leading to the evidential significant improvements in quality of care, access, environment, and the stability of our of our key stakeholders which provides so much support and care for our populations and practices. With this in mind, we want to engage with every practice across Tameside and Glossop and understand views and ideas for how we can successfully implement Primary Care Networks to continue to build on our delivery plan to date.

- 3.2 In developing place-based Primary Care Networks in Tameside and Glossop, we will engage with Practices through a series of Neighbourhood discussions. We have set out a number of key questions we plan to frame these discussions to understand how the Primary Care Networks can support the architecture of, and delivery by, each of the Neighbourhoods. This engagement will be undertaken through the development, and early implementation, of Primary Care Networks.

1. The Network Contract DES provides the contractual vehicle that will enable general practice to fully embrace place-based provision. What do you see as the short and longer term opportunities with this way of working?
2. The Strategic Commission has set out the expectation for Primary Care Network geographical footprints to align to our established Integrated Neighbourhoods. Do you agree with this view?
3. If the answer to question 2 is 'no', please provide an explanation of your reasons for this and suggest what mitigations would be required in order to address these reasons.
4. How can the Strategic Commission work with General Practice to support the implementation of the GP Contract changes as set out in the GP Contract Reform document?
5. How can the Strategic Commission and General Practice work together to improve the links and economy wide working with our key partners across the public and voluntary sector, including but not limited to the ICFT and Pennine Care?

- 3.3 The Strategic Commission and Primary Care Committee are required to approve Primary Care Network registration forms and coverage and to confirm arrangements to NHSE by 31 May 2019. Feedback from the neighbourhood engagement discussions will be used to inform next steps. The full timetable of dates for the Network Contract DES implementation detailed in the national documentation, which we are expected to follow is set out below:

Date	Action
Feb – April 2019	PCNs prepare to meet the Network Contract DES registration requirements
March/April 2019	Neighbourhood engagement meetings
By 29th March 2019	NHS England and GPC England to jointly issue the Network Agreement and 2019/20 Network Contract DES specification
By 15th May 2019	T&G proposed Primary Care Networks to submit completed registrations to T&G Strategic Commission; including Neighbourhood practice led elections for Clinical Director roles
May 2019	T&G Primary Care Committee meeting - CCG approval of Primary Care Networks confirmed
1st July 2019	Network Contract DES goes live
July 2019 – March 2020	National entitlements under the 2019/20 Network Contract start: <ul style="list-style-type: none"> • Year 1 of the additional workforce reimbursement scheme • Ongoing support funding for Clinical Director roles • Ongoing £1.50/ head from CCG allocations
April 2020 onwards	National Network Services start under the 2020/21 Network Contract DES

4. FINANCE

4.1 The GP Contract Reform document outlines the changes to existing funding streams plus additional funding to be made available to General Practice or Primary Care Networks. This includes the following:

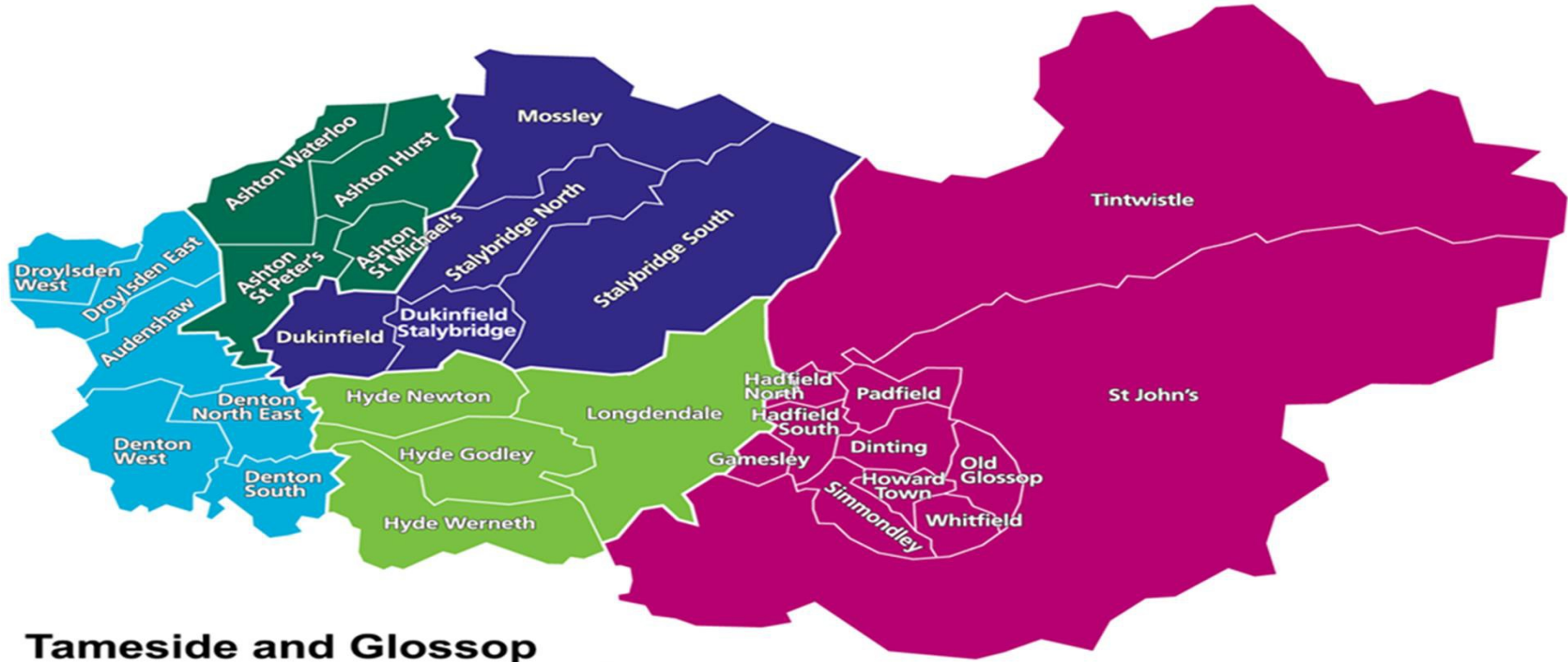
- Additional Roles Reimbursement Scheme
- Fellowship Scheme & Training Hubs
- GP IT Futures
- Clinical Negligence Scheme for General Practice
- Changes to Quality Outcomes Framework (QOF) indicators
- Changes to the provision of the Enhanced Hours Directed Enhanced Service (DES)

4.2 Although the above is new funding and/or the conversion of existing funding streams, CCGs are required to fund £1.50 per registered patient as a Network Financial Entitlement payment to each Primary Care Network. This is a recurrent extension of the existing £1.50 per head support scheme and is to be funded from CCG general allocations rather than the specific NHSE primary medical care allocation. The approval of this £375k budget therefore is the responsibility of the Strategic Commission.

5. RECOMMENDATIONS

5.1 As set out on the front of this report.

APPENDIX 1



Tameside and Glossop Integrated Neighbourhoods

- Ashton
- Denton, Droylsden, Audenshaw
- Hyde, Hollingworth, Longdendale
- Stalybridge, Dukinfield, Mossley
- Glossop

APPENDIX 2 - Neighbourhood Delivery Successes

Ashton	
Review A & E Frequent Attenders	<p>Review of frequent attenders, analysing when the attendances are happening and discussing the attendance with the patient either by telephone or face to face. In addition, patients are being sent information about accessing out of hours care.</p> <p>Tameside and Glossop Integrated Care Foundation Trust (TGICFT) is working with A & E frequent attenders with mental health issues to reduce their A & E attendance and will be working with the practices to support this work.</p>
Long Length of Stay Patients	<p>For patients with over 7 and 21 days in TGICFT the registered GP will undertake in-reach at TGICFT to support discharge of patients where the patient is deemed to be medically fit but have been staying in the hospital. This work is supported by the Clinical Director for Ashton, who has been spending time on wards at TGICFT performing deep dives to challenge situations where patients medically fit. The aim is to determine if these patients can be more effectively, or appropriately, managed in the neighbourhood.</p>
MDT meetings	<p>Multi-morbidity MDTs taking place in all practices on a weekly/fortnightly basis. Patients who are most 'at risk' of using health and social care services are discussed. The teams present ensure that further referrals to support the patients' holistic care are made and patients followed up.</p>
Denton	
Denton Diabetes 100 day challenge	<p>Denton Diabetes Diverts (DDD) has been shortlisted for an HSJ Award. The NESTA 100 Day Challenge aimed to 'reduce the HbA1c by 0.2, and see an improvement in at least 1 lifestyle measure for 75% of people coded as pre diabetic. The Neighbourhood GP practices identified patients who attended an event and signed up to services to improve their lifestyle. Many patients reversed their pre-diabetes and continue to improve their lifestyle.</p>
Care Home Ward Rounds	<p>A service for patients in care/nursing homes which would involve the registered GP practice undertaking 'ward rounds' to any home they have patients in, to proactively review these patients/or undertake any acute visits.</p> <p>Positive feedback from Care Homes, staff undertaking the visits and CQC.</p>
MDT meetings	<p>Multi-morbidity MDTs taking place in all practices on a weekly/fortnightly basis. Patients who are most 'at risk' of using health and social care services are discussed. The teams present ensure that further referrals to support the patients' holistic care are made and patients followed up.</p>
Glossop	
Minor Injuries Service	<p>This provides an opportunity for Glossop registered patients to receive a Minor Injury service within their GP Practice. All the Glossop Neighbourhood Practices will be offered the opportunity to opt in and deliver the scheme on behalf of their patients.</p> <p>Undertaking a Minor Injury Service in Glossop supports Glossopdale residents to access a level of high quality care</p>

	in their Neighbourhoods and reduce the level of minor injuries activity attending A&E.
FeNO Machines and Testing Kits	Delivery of FeNO testing locally supports the earlier identification of asthma. It also enables Practices to ensure patients are placed on the most appropriate medication to control their condition at the time. Undertaking FeNO testing locally will ensure the numbers of patients attending hospital are kept to a minimum; therefore reducing admissions. The devices play a role in education too.
MDT meetings	Multi-morbidity MDTs taking place in all practices on a weekly/fortnightly basis. Patients who are most 'at risk' of using health and social care services are discussed. The teams present ensure that further referrals to support the patients' holistic care are made and patients followed up.
Hyde	
Asthma Champions	Delivery of long term health promotion and improvement, with Breath Champs training a team to provide support to children, parents, teachers and pupils to help improve management of asthma. These champions will deliver asthma awareness assemblies to Neighbourhood primary schools and will also run asthma parties. These parties provide a non-clinical environment to carry out asthma reviews and provide education and support to children, families and school staff. The project will work with school nursing, community pharmacy, paediatricians, Public Health and the Children's Community Nursing team.
Proactive care visits	Advanced care plans, EPaCCs template for new care homes residents.
Raising the profile of Children's and young people's mental health services	Support to all 6 secondary schools across the Neighbourhood, rolled out based on need and will improve local provision. This will increase the frequency of drop in sessions from 1 to 3, two hour sessions per week and provide access to on-site counsellors. This complements a series of events working alongside public health colleagues to raise awareness of what is available within the Neighbourhood to support individuals, empower people to look at alternative options to promote their own Health and Wellbeing and to identify anyone who may need some additional support or interventions. This collaboration includes working with Diversity Matters to ensure they are more accessible for the large Bangladeshi population in Hyde.
Stalybridge	
Community Events/COPD Event	A number of Inter-generational events have taken place including Marvellous Mossley (for the Brownies etc and moderately frail patients); afternoon teas for moderately frail and we now have reading buddying at schools with our moderately frail patients. An event for COPD patients took place to support patients and inform them of the services available locally to help them manage their condition/lifestyle. Patients were able to sign up to local lifestyle services. As a result of the vent a Stalybridge COPD choir was formed which meets weekly.

Care Home Visiting Teams	A weekly/fortnightly proactive ward round (dependent on numbers of registered patients) has been introduced. This is aimed at reducing the need for acute visits to care home residents. The ward round are a Multi-disciplinary team approach to provide a visit to each home Monday to Friday providing a targeted health and wellbeing review of each resident. GP to have an identified team to access (either present at the ward round or virtually following the ward round) to include District Nurse, Social Worker, Be Well Advisor, Physiotherapy, Occupational Therapy, re-ablement, IUCT, Community Neuro, Extensivist Team, Care Home representative, Action Together to identify those care needs if not met may lead to residents needing inappropriate secondary care.
Coffee Mornings/Luncheon Club	Regular luncheon clubs with transport to and from the venues available to severely frail who can't get to the venues independently. There are also low level exercise sessions running at these venues (Live Active) following the coffee mornings/luncheon clubs and participants will be encouraged to join in or sign up to other community activities.

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Report to: STRATEGIC COMMISSIONING BOARD

Date: 27 March 2019

Officer of Strategic Commissioning Board: Jessica Williams, Interim Director of Commissioning

Subject: GM RE PROCUREMENT OF ASSISTED CONCEPTION SERVICES

Report Summary: The collaboration of eight CCGs across Greater Manchester (GM) is looking to procure assisted conception services in order to offer an increased choice of providers to patients and comply with procurement regulations.

NHS Tameside and Glossop is currently an associate to two contracts for assisted conception having decided in 2013 to increase choice from one provider Manchester University Hospital Trust (MFT) and include Care Fertility. The Contract held by NHS Trafford CCG with Care Fertility is due to end May 2019 and Trafford has identified the need to re-procure to avoid a legal challenge.

GM Directors of Commissioning considered a range of options in February 2019 and recommended that NHS Trafford CCG lead procurement with a view to agreeing three contracts alongside the MFT contract. However, MFT are required to agree to work to the standard service specification and to agree separate tariffs (potentially 2 tariffs – for standard and complex cases) outside of the tender process.

The purpose of this report is to identify whether Tameside and Glossop Strategic Commission wish to be part of the GM wide procurement and sets out the three options available and the risks and benefits associated with each.

Option	Benefits	Risks
1 Participate in the Trafford Led procurement	Potential savings as all contract holders would have a reduced tariff	Time frame does not align with governance of Strategic Commission
	Separation of MFT tariff may increase costs for some patients but overall costs may be reduced	Separation of MFT tariff may increase costs for specialist patients
	Cost of procurement reduced as shared across eight CCGs	
	Less human resource needed as shared across eight CCGs	
	No procurement challenge	
	Increased patient choice	

2 Revert to MFT as a single provider when Care Fertility Contract ends (Do nothing option)	No resource needed in a procurement exercise	MFT's current tariff is higher than other providers and this may increase further
		Reduction in patient choice which is against national direction and may increase complaints
		Challenge from other providers on basis that MFT have not participated in a procurement
		No opportunity to lever savings
3 Run own separate procurement	Potential savings if achieve a reduced tariff	Level of activity may be insufficient to lever any reduction in tariff
	Can run the procurement in line with own time frame	Time frame may leave patients without a service or with no choice
	No procurement challenge	Full cost of procurement will need to be met by the CCG
		Insufficient human resource capacity to manage own procurement
		MFT may challenge the need to be involved or the outcome if unsuccessful

Recommendations:

The Strategic Commissioning Board is asked to approve the participation of Tameside and Glossop CCG in the Trafford led procurement as described in option 1.

Financial Implications:

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

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board
Organisation and Directorate	CCG
Budget Allocation	£ 0.489 million 18/19 £ 0.345 million 19/20
Additional Comments	
The annual budget for fertility services of £0.5m as detailed in the table below (section 2.2) is derived from 17/18 demand and growth assumptions as both providers operate this service under a cost and volume contract at a locally agreed price.	

Under the planning guidance and terms of contract negotiations, it is worth pointing out that 18/19 outturn will therefore be the basis for setting the activity and price plans for 19/20.

As part of this process and as seen in the table (section 2.2) below we are anticipating that we will underspend against this service line budget by £150k in 18/19. As such it is worth noting that the current contract offer with MFT for 19/20 is based on outturn, growth and inflation, which is currently £104k below what MFT is asking for. If we are successful with our negotiations then this will immediately be reduced from the contract value before sign off on the 21st March 2019.

With particular reference to Care Fertility and the principals of planning outlined above, the budget plan for 2019/20 is £72k, following growth, price increase and commissioner discussions.

It is important to note from the re-procurement that new proposed tariffs have yet to be confirmed albeit expected to be lower than what the CCG currently pays. Whilst this is the desired outcome from any re-procurement there could be a risk that tariffs go up, which puts pressure on the budgets.

Whilst some initial financial modelling has been undertaken, it has been difficult to obtain activity information and price structures which are comparable. However, it can be concluded that there will be very little or no savings delivered through this procurement if MFT is excluded. For context, if MFT is included, there is a potential for circa £700k across GM, but excluded these drop to £76k.

Legal Implications:

(Authorised by the Borough Solicitor)

The SCB are relying on the legal advice referred in the report of the procuring body.

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the Developing Well, Living Well and Working Well programmes for action.

How do proposals align with Locality Plan?

The proposals are consistent with the Healthy Lives (prevention) strand of the Locality Plan

How do proposals align with the Commissioning Strategy?

The service contributes to the Commissioning Strategy by:

- Commission for the ‘whole person’;
- Create a proactive and holistic population health system.

Recommendations / views of the Health and Care Advisory Group:

The service specification against which the service will be commissioned was considered by HCAG in November 18 and no amendments were requested.

This report purely refers to a decision to procure with other in GM and as such has not been taken to HCAG

Public and Patient Implications:

The recommended option increases patient choice of provider when deemed eligible for assisted conception. This is in line with feedback received from patients and the public in the past.

Quality Implications:

The recommended option will increase patient choice and encourage providers to focus on quality aspects of their service. The evaluation of tenders will include quality dimensions.

How do the proposals help to reduce health inequalities?

The recommended option will increase patient choice but will not have a direct impact on health inequalities.

What are the Equality and Diversity implications?

The proposal will not affect protected characteristic group(s) within the Equality Act.

What are the safeguarding implications?

Safeguarding is central to the service provision.

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

The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both commissioner and provider.

Risk Management:

There are no anticipated financial risks.

Access to Information :

The background papers relating to this report can be inspected by contacting Elaine Richardson on:



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e-mail: elaine.richardson@nhs.net

1. BACKGROUND

- 1.1 In September 2013 NHS Tameside and Glossop CCG Governing Body approved the recommendation from the Planning Implementation and Quality Committee to remain as an associate to the Manchester University Foundation Trust (MFT) contract and also join as an associate with Trafford CCG's contract with Care Fertility (Manchester) – an independent sector provider which was commissioned to deliver assisted conception services to Trafford patients in 2010. This decision ensured choice for local people and the availability of a service that includes egg donation service which was not available in MFT but was a procedure that was eligible for CCG funding.
- 1.2 NHS Tameside and Glossop have continued as an associate to the Trafford contract with Care Fertility and has since been joined by Stockport CCG, Bury CCG and Salford CCG. The contract has been extended on seven occasions so far and is currently due to expire on 31 May 2019. The first four extensions were provided for within the original awarded contract; however the following three extensions were new contracts which were awarded without further competition.
- 1.3 Recognising the market and risk of challenge by other providers, one of which has previously submitted a complaint to Monitor (now NHS Improvement), a steering group was set up in June 2018 to consider options moving forward. NHS Tameside and Glossop have been involved in the group along with six other CCGs namely:
- NHS Trafford CCG;
 - NHS Stockport CCG;
 - NHS Salford CCG;
 - NHS Bolton CCG;
 - NHS Bury CCG; and
 - NHS Oldham CCG
- 1.4 It has since been confirmed that NHS Heywood, Middleton and Rochdale CCG will be part of the group going forward.
- 1.5 In February 2019 Greater Manchester Directors of Commissioning (DoCs) considered a series of options on the way forward. These reflected discussions that had been had with MFT regarding the service they offered and the impact any GM procurement may have on the service and wider Trust. The options considered were:-
- Option 1* – MFT participate in the procurement
Option 2 – MFT is excluded from participating in the procurement, holds its current contract; agrees to work to the standard service specification and negotiations take place to agree separate tariffs (potentially 2 tariffs – for standard and complex cases) outside of the tender process.
Option 3 – do nothing (procurement cannot proceed at this time) and seek further assurances to allow a decision to be made
Option 4 – amend the MFT acute contract to put in place a lead provider arrangement with subcontracted arrangements to ensure choice
- 1.6 All DoCs supported the recommended approach in option 2 to proceed with a procurement process without MFT's inclusion and go into negotiations with MFT immediately to ensure alignment to the service spec and agree the tariff.
- 1.7 DoCs further supported and encouraged the separation of MFT's standard tariff from the complex/specialist tariff; with negotiations with MFT to proceed led by MHCC on behalf of all GM CCGs in parallel with a procurement led by NHS Trafford CCG on behalf of participating CCGs.

1.8 The purpose of this paper is to identify whether Tameside and Glossop Strategic Commission wish to be part of the GM wide procurement.

2. TAMESIDE AND GLOSSOP CURRENT USAGE

2.1 On average 110 Tameside and Glossop patients receive treatment each year at one of our two providers. The prices at the two providers differ and are dependent on the nature of the service. Care Fertility is an inclusive cycle cost of £3,900 but excludes donor material and CMFT average cost is £4,744 but does include donor sperm.

2.2 The 2018/19 budget is £489,014 and current levels of spending suggest that expenditure will be around £150K below budget.

Provider	17/18 Budget (£)	17/18 Actual (£)	18/19 Budget (£)	18/19 FOT (£)
Care Fertility	54,000	96,000	88,000	61,800
MFT	434,101	382,398	401,014	276,537
Total	488,101	478,398	489,014	338,337

3. THE PROCUREMENT

3.1 The procurement is planned to achieve two main objectives:

- Increase patients' choice of provider
- Comply with Public Contract Regulations (2015) and NHS Procurement, Patient Choice and Competition Regulations (2013) following numerous contract extensions to the current contract commissioned by five CCGs and allow other providers on the market the opportunity to compete for the activity.

3.2 As choice of provider is determined by the patients, the contracts awarded as a result of the procurement will be zero value contracts with no guaranteed activity; this is the case currently with Care Fertility's contract.

3.3 It is intended for the procurement process to result in the availability of four contracts to allow patients the choice between four providers across the footprint.

3.4 The service will be procured against a standard service specification which has been developed with support from GP clinical leads from Salford, Bolton and Bury CCGs. A draft version of which was discussed at HCAG with no requests for amendment but queries around the GM EUR Assisted Conception policy which is separate to this procurement. The final sign off of the service specification will be through Trafford CCG's Clinical Committee.

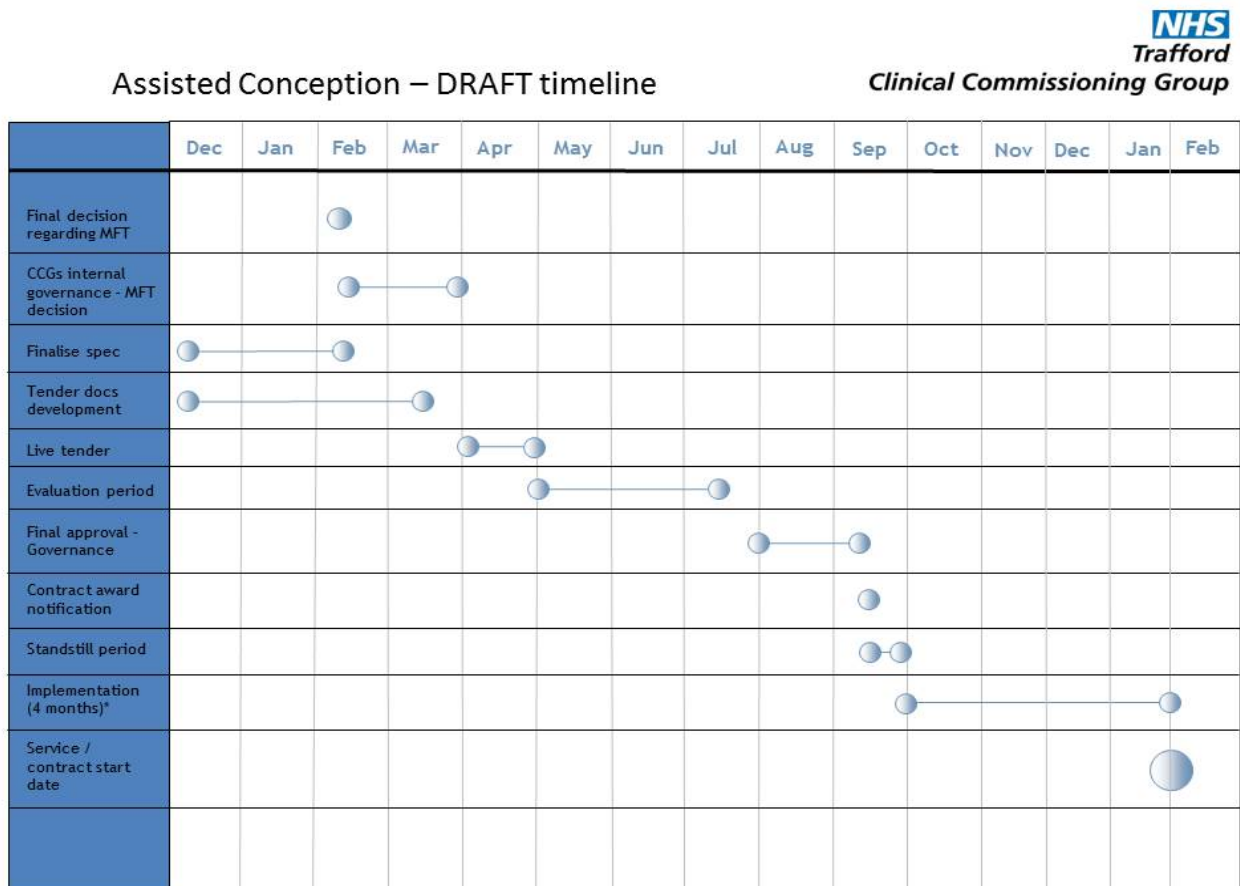
3.5 Stockport CCG's Deputy Chief Finance Officer has been identified as the Finance Lead for the procurement process and is leading the development of a tariff to be included in the invitation to tender. This will be based on activity and cost data for the participating localities and taking into account the national tariff development currently taking place.

3.6 Initial discussions with potential provider suggest a reduced tariff is realistic and could potentially lead to savings in the overall costs for assisted conception tertiary services. Therefore the proposed tariff will be a maximum tariff with providers being asked to include

their actual tariff in their tenders. The tariff will be one factor in the evaluation of tenders along with quality and other factors.

3.7 A procurement manager from Greater Manchester Shared Services (GMSS) has been attending the monthly steering group meetings and advising and supporting all aspects of the procurement this will continue. Procurement and legal advice has been provided throughout the process.

3.8 The draft timetable for the procurement is as below with the tender going live during April.



4. OPTIONS FOR TAMESIDE AND GLOSSOP

4.1 As an associate to both the MFT and Care Fertility contracts NHS Tameside and Glossop CCG has three options.

Option 1 Participate in the Trafford Led procurement

Option 2 Revert to MFT as a single provider (do nothing option) when Care Fertility Contract ends

Option 3 Run own separate procurement

4.2 The benefits and risks of each option are summarised below

Option	Benefits	Risks
1 Participate in the Trafford Led procurement	Potential savings as all contract holders would have a reduced tariff	Time frame does not align with governance of Strategic Commission
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	No procurement challenge	Full cost of procurement will need to be met by the CCG
		Insufficient human resource capacity to manage own procurement MFT may challenge the need to be involved or the outcome if unsuccessful

5. RECOMMENDATION

5.1 As set out on the front of the report.