

Tameside & Glossop Care Together

**STRATEGIC COMMISSIONING BOARD**

**Day:** Wednesday  
**Date:** 28 November 2018  
**Time:** 1.00 pm  
**Place:** Lesser Hall 2 - Dukinfield Town Hall

<b>Item No.</b>	<b>AGENDA</b>	<b>Page No</b>
1.	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>	
2.	<b>URGENT ITEMS OF BUSINESS</b>  To determine whether there are any additional items of business which, by reason of special circumstances, the Chair decides should be considered at the meeting as a matter of urgency.	
3.	<b>ITEM FOR EXCLUSION OF PUBLIC AND PRESS</b>  To determine any items on the agenda, if any, where the public are to be excluded for the meeting.	
4.	<b>DECLARATIONS OF INTEREST</b>  To receive any declarations of interest from Members of the Strategic Commissioning Board.	
5.	<b>MINUTES OF THE PREVIOUS MEETING</b>  To receive the Minutes of the previous meeting held on 24 October 2018.	1 - 6
6.	<b>FINANCIAL CONTEXT</b>	
a)	<b>STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST - CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 30 SEPTEMBER 2018 AND FORECAST TO 31 MARCH 2019</b>  To consider the attached report of the Director of Finance.	7 - 84
7.	<b>QUALITY AND PERFORMANCE CONTEXT</b>	
a)	<b>DELIVERING EXCELLENCE, COMPASSIONATE COST-EFFECTIVE CARE - IN-FOCUS REPORT: SUICIDE AND SELF HARM PREVENTION</b>  To consider the attached report of the Assistant Director (Policy, Performance and Communications).	85 - 98
8.	<b>COMMISSIONING FOR REFORM</b>	
a)	<b>101 DAYS FOR MENTAL HEALTH PROJECT: MENTAL HEALTH IN THE NEIGHBOURHOODS BUSINESS CASE</b>  To consider the attached report of Dr Vinny Khunger, CCG Governing Body GP Lead / Interim Director of Commissioning.	99 - 124

---

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
b)	<b>LOCALLY COMMISSIONED SERVICES REVIEW - 2019/20 COMMISSIONING INTENTIONS</b>  To consider the attached report of Dr Vinny Khunger, CCG Governing Body Lead / Interim Director of Commissioning.	125 - 132
c)	<b>HOUSING FINANCIAL ASSISTANCE POLICY 2018-23</b>  To consider the attached report of the Executive Leader / Interim Director of Growth.	133 - 184
d)	<b>TAMESIDE EMPLOYMENT FUND</b>  To consider the attached report of the Executive Member (Economic Growth, Employment and Housing) / Director of Children's Services.	185 - 196
e)	<b>SOCIAL VALUE IN COMMISSIONED CONTRACTS GUIDANCE</b>  To consider the attached report of the Deputy Executive Leader / Interim Director of Growth.	197 - 212
9.	<b>DATE OF NEXT MEETING</b>  To note that the next meeting of the Strategic Commissioning Board will take place on Wednesday 12 December 2018.	

---

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.

# Agenda Item 5

## STRATEGIC COMMISSIONING BOARD

24 October 2018

Commenced: 1.00 pm

Terminated: 2.30 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 Leanne Feeley – Tameside MBC  
Councillor Allison Gwynne – Tameside MBC  
Councillor Oliver Ryan – Tameside MBC  
Dr Jamie Douglas – 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:** Kathy Roe – Director of Finance  
Sandra Stewart – Director of Governance and Pensions  
Stephanie Butterworth – Director of Adult Services  
Jessica Williams – Interim Director of Commissioning  
Dr Kate Hebden – NHS Tameside and Glossop CCG  
Lynne Jackson – Quality Lead Manager  
Janna Rigby – Head of Primary Care  
Ali Rehman – Head of Business Intelligence and Performance  
Gideon Smith – Consultant Public Health Medicine

**Apologies for Absence:** Councillor Gerald Cooney  
Councillor Jean Wharmby  
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG

### 55 DECLARATIONS OF INTEREST

Declarations of interest were submitted as follows:

Members	Subject Matter	Type of Interest	Nature of Interest
Dr Alan Dow	Item 6(b) – Primary Care Access Service: Procurement	Personal	Potential perceived conflict of interest therefore did not take part to avoid challenge to process.
Dr Vinny Khunger	Item 6(b) – Primary Care Access Service: Procurement	Prejudicial	Salaried GP for Go-to-Doc Ltd and also clinical lead for primary care for Go-to-Doc Ltd.

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

### 56 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on 19 September 2018 were approved as a correct record.

## **57 FINANCIAL POSITION OF THE INTEGRATED COMMISSIONING FUND**

Consideration was given to a report of the Director of Finance providing an overview on the financial position of the Tameside and Glossop economy in 2018/19 at 31 August 2018 with a forecast projection to 31 March 2019 including the details of the Integrated Commissioning Fund for all Council services and the Clinical Commissioning Group with a total net revenue budget value for 2018/19 of £582.2 million. The report also included details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust.

The Strategic Commission was currently forecasting that expenditure for the Integrated Commissioning Fund would exceed budget by £3.916 million by the end of 2018/19 due to a combination of non-delivery savings and cost pressures in some areas, particularly in respect of Continuing Healthcare, Children's Social Care and the Growth directorate. These pressures were being partially offset by additional income in corporate and contingency which might not be available in future years. A summary of the financial position of the Integrated Commissioning Fund analysed by service was provided in Appendix 1 to the report and further narrative on key variances summarised in sections 3 and 4.

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.

To start to address the gap the Strategic Commission had generated 114 savings proposals and of these ideas 56 had a value totalling £8.42 million. The remainder of the schemes needed to be developed further including some larger schemes focusing on End of Life / Palliative Care and Frailty to understand the potential savings.

### **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.**

## **58 QUALITY ASSURANCE**

Consideration was given to a report of the Director of Safeguarding outlining the robust quality assurance mechanisms in place monitoring the quality of commissioned services including data, issues of concern / remedy, good practice including patient stories and surveys and horizon scanning relating to the following:

- Tameside and Glossop Integrated Care NHS Foundation Trust;
- Mental Health (Pennine Care NHS Foundation Trust);
- Public Health;
- Off the record (children and young people's counselling service);
- Primary Care;
- Care and Nursing Homes;
- Support in the Community;
- Associate and Smaller Value Contracts.

Particular reference was made to concerns in relation to staffing capacity within the Integrated Care Foundation Trust community services. The Integrated Care Foundation Trust was currently undertaking a review of community services and been asked to present the findings of the review

alongside assurance that they had capacity to provide good quality community services at the November Quality and Performance Contract meeting. An update would be provided at a future meeting of the Strategic Commissioning Board.

In response to assurances sought by Members of the Board regarding residents in care and nursing homes rated inadequate by the Care Quality Commission, the Director of Adult Services advised that there were currently four residential homes rated inadequate within the Tameside and Glossop locality. The Local Authority or Clinical Commissioning Group through Continuing Healthcare would not make any new placements to a home rated inadequate and would work in partnership with the care home to establish a safe and effective service for residents to ensure long term sustainable improvement. However, in cases where a home closed, the commissioners would work with residents and their families to move residents to suitable alternative accommodation. The support being provided to homes by the Quality Improvement Team was also highlighted.

It was noted that Willowbank Residential Care Home in Glossop had been rated as outstanding on the 16 August 2018.

## **RESOLVED**

**That the content of the update report be noted.**

## **59 PERFORMANCE UPDATE**

Consideration was given to a report of the Assistant Director (Policy, Performance and Communications) providing the Strategic Commissioning Board with a Health and Care performance update at August 2018. 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)	3	Referral to Treatment – 18 weeks
ON WATCH (monitored)	7	Cancer 31 day wait
	11	Cancer 62 day wait from referral to treatment
	47	65+ at home 91 days

It was worth acknowledging that Tameside and Glossop was down to one measure for exception reporting and in achieving the target of 95% four hour wait at A&E in August was the best performance in Greater Manchester.

In relation to other intelligence / horizon scanning, the following areas were discussed:

- 52 week waiters;
- A&E – Manchester University Hospital NHS Foundation Trust;
- Elective waiting lists;
- GP Referrals.

## **RESOLVED**

**That the content of the report be noted.**

## **60 TENDER FOR CONTRACT TO EVALUATE TAMESIDE AND GLOSSOP GREATER MANCHESTER FUNDED TRANSFORMATION SCHEMES**

The Interim Director of Commissioning presented a report summarising the procurement approach and evaluation of tenders received for a contract to evaluate the Greater Manchester funded transformation schemes within the Tameside and Glossop Care Together Programme. The Care

Together Programme was Tameside and Glossop's approach to health and social care transformation and the economy received £23.4 million in funding from the Greater Manchester Health and Social Care Partnership to deliver a series of transformation schemes.

The expected returns of the investment, both qualitative and financial, were detailed in the Investment Agreement attached at Appendix A. The Care Together Partnership required an independent evaluation partner to assess the success and achievement of the programme. The total budget allowed for this contract was £200,000.

The evaluation aimed to provide an objective assessment of the impact of Tameside and Glossop's transformation programmes and would take account of some of the challenges involved in measuring an interdependent set of activities, many of which were designed to affect similar population groups. An evaluation methodology and framework would be developed in a collaborative manner between the selected evaluation partner and the Care Together Programme.

It was explained that an open tender exercise was undertaken using the Northwest Procurement Portal and the tender was launched on 11 August 2018 with a closing date of 7 September 2018. The award and evaluation criteria were detailed in Appendix C to the report. The two providers with the highest scoring submissions were invited to deliver a presentation of their proposal, which was used to moderate the provisional scoring of their written submission. The presentation confirmed that the preferred evaluation partner would be CLAHRC University of Manchester and Appendix B contained a full summary of the evaluation scores.

It was noted that the Council had recently entered into a strategic shared procurement service with STAR procurement, as a fourth and equal member with Stockport, Trafford and Rochdale Councils. However, this tender had not been considered in STAR procurement as the process had commenced ahead of the formal shared service arrangement.

#### **RESOLVED**

- (i) That a full and fair review of the potential partners had been conducted.**
- (ii) That CLAHRC University of Manchester be appointed as the evaluation partner for the Greater Manchester funded transformation schemes.**

*Drs Dow and Khunger left the meeting for consideration of the following item.*

*(Councillor Brenda Warrington in the Chair)*

#### **61 PRIMARY CARE ACCESS SERVICE PROCUREMENT: EVALUATION OUTCOME**

The Interim Director of Commissioning introduced a report reminding the Strategic Commissioning Board of the rationale for the procurement for a Primary Care Access Service and advising of the outcome of the tender evaluations in order to award the contract for the Primary Care Access Service with effect from 26 November 2018.

Dr Kate Hebden, GP and Governing Body Clinical Lead for Primary Care, continued by explaining the four different contracts providing aspects of urgent care:

- Walk In Centre;
- Extended Hours;
- Alternative to Transfer;
- Out of Hours.

Following 12 week public consultation, the Strategic Commissioning Board in March 2018 decided to relocate the Walk In Centre alongside A&E to ease access, create additional capacity, reduce duplication and implement national mandate. Due to the contract end dates approaching for the

other three contracts, the Strategic Commission had procured a new Primary Care Access Service incorporating all three services into one. This would provide improve quality and reduce administration costs and development of the Primary Care Access Service would deliver the consultation preferred option of 5 neighbourhood delivery hubs. Quality of provision and patient experience were key elements of the service model and the service specification detailed a set of local outcomes attached to the report at Appendix A.

The procurement process was completed in accordance with the timescale and objectives set out within the Procurement and Evaluation Strategy approved by the Strategic Commissioning Board on 20 June 2018. The evaluation weightings were set at 75% quality and 25% finance to ensure that the bid demonstrating the highest level of quality would achieve the highest overall score. Reference was made to the evaluation panel, the question allocation and final evaluation scores for the two bidders shown at Appendix B and C to the report.

Following deferment of the decision in August 2018 to understand the risks arising from this procurement in greater depth and the need to ensure safe, effective and consistent service offer, contract extensions to current providers had been issued until 31 March 2019. However, it was the recommendation of the Commissioning Team, supported by the North of England Commissioning Support Unit, who had been commissioned to ensure a lawful and robust process throughout, that the Primary Care Access Service be implemented according to the original mobilisation period as stated in the report. Notice could be served on the issued contract extensions to align contract end dates accordingly.

At this stage of the discussions the Strategic Commissioning Board expediently agreed to exclude the press and public to consider the names of bidders which were not in the public domain as it was felt necessary for the Board to understand this from an assurance point of view as to handover transition and implementation with particular regard to health and safety of patients. It was therefore:

#### **RESOLVED**

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

Members of the public and press were invited to return to the meeting and it was –

#### **RESOLVED**

- (i) That the outcome to award a contract with effect from 26 November 2018 to Bidder 1 for the Primary Care Access Service be approved as the submission was the most advantageous tender received.**
- (ii) That the contract value of the successful bidder's submission was £22,910,498 (net present value) over a maximum duration of 10 years (5 years plus a 60 month (5 years) option year extension).**
- (iii) The publication of the contract award notice following the 10 day standstill period without challenge to allow contract award on 6 November 2018 be approved.**
- (iv) The risks and mitigations highlighted in the report be approved.**
- (v) Approval of the contract performance management process to include formal annual review alongside regular performance management in acknowledgement of the contract value and potential duration of the contract.**
- (vi) The request for approvals and / or copy of minutes to be forwarded via email to the North of England Commissioning Support Unit (NECS) be noted.**

**62 URGENT ITEMS**

The Chair advised that there were no urgent items for consideration at this meeting.

**63 DATE OF NEXT MEETING**

It was noted that the next meeting of the Strategic Commissioning Board would take place on Wednesday 28 November 2018.

**CHAIR**



**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 28 November 2018

**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 30 SEPTEMBER 2018 AND FORECAST TO 31 MARCH 2019

**Report Summary:** As at 30 September 2018 the Integrated Commissioning Fund is forecasting to spend £583.1m against an approved budget of £580.4m, an over spend of £2.7m. Further detail on the economy wide position is included at **Appendix 1**. 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 £6.7m in excess of budget. Further detail is included at **Appendix 2**.

The improved position is due mainly to the release of corporate contingency budgets (to offset increased pressures in Children’s Services), additional grant income in respect of business rate reliefs, and underspends in Governance. Overspends remain in Continuing Healthcare, Operations & Neighbourhoods and Growth as highlighted in previous reports. Further detailed analysis of budget performance and progress against savings is included in **Appendix 3**.

It also provides an update on the position regarding the Schools Private Finance Initiative (PFI) and positive steps that have been taken to address the excess PFI reserve held by the Council which, following an in depth independently verified review, can start to be distributed back to schools, and thereby eliminating the deficits of 5 out of the 6 PFI schools which were in deficit. This is outlined in **Appendix 4**.

The Council’s Collection Fund update for month 6 is detailed in **Appendix 5**. The forecast position at month 6 is a £0.1m deficit on Council Tax and £1.2m surplus on Non-Domestic Rates (NDR).

**Appendices 6 and 7** details the Council’s irrecoverable debts over £3,000 that have been written off. **Appendix 6** is for the period 1 April 2018 to 30 June 2018 and **Appendix 7** is for the period 1 July 2018 to 30 September 2018.

**Recommendations:** The Strategic Commissioning Board Members are recommended:

1. To note the report content.
2. 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.
3. Acknowledge the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children’s Social Care and Growth.

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

This report provides the 2018/19 consolidated financial position statement at 30 September 2018 for the Strategic Commission and ICFT partner organisations. For the year to 31 March 2019 the report forecasts that service expenditure will exceed the approved budget in a number of areas, due to a combination of cost pressures and non-delivery of savings. These pressures are being partially offset by additional income in corporate and contingency which may not be available in future years.

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 assessment been conducted?**

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


**Risk Management:**

Associated details are specified within the presentation

**Access to Information :**


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

Tom Wilkinson, Assistant Director of Finance, Tameside Metropolitan Borough Council

 Telephone:0161 342 5609


 e-mail: [tom.wilkinson@tameside.gov.uk](mailto:tom.wilkinson@tameside.gov.uk)

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

 Telephone:0161 342 5626

 e-mail: [tracey.simpson@nhs.net](mailto:tracey.simpson@nhs.net)

David Warhurst, Associate Director Of Finance, Tameside and Glossop Integrated Care NHS Foundation Trust

 Telephone:0161 922 4624

 e-mail: [David.Warhurst@tgh.nhs.uk](mailto: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 30 September 2018 with a forecast projection to 31 March 2019. Supporting details for the whole economy are provided in **Appendix 1**.
- 1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The total net revenue budget value of the ICF for 2018/19 is currently £580.4 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 30 September 2018 the Integrated Commissioning Fund is forecasting to spend £583.1m against an approved budget of £580.4m, **an over spend of £2.7m**. 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 £6.7m in excess of budget**.
- 2.2 The improved position is due mainly to the release of corporate contingency budgets (to offset increased pressures in Children's Services), additional grant income in respect of business rate reliefs, and underspends in Governance. Overspends remain in Continuing Healthcare, Operations & Neighbourhoods and Growth as highlighted in previous reports.
- 2.3 The attached Month 6 Integrated Finance report provides an overview of the financial position across the economy as a whole. **Appendix 2** is a deep dive into Children's Services. **Appendix 3** provides detailed analysis for all service areas in the Strategic Commission.

## 3. PRIVATE FINANCE INITIATIVE (PFI) SCHOOL'S ACCOUNTING REVIEW

- 1.1 **Appendix 4** to this report sets out the findings and outcomes from a review of the PFI School's Accounting. The review has been undertaken by Financial Management and reviewed and verified by an independent external consultant and been discussed with External Audit.
- 1.2 The Financial Management team's accounting review of PFI contracts covered a number of areas including, the contractual payments to the Local Education Partnership (LEP), the contributions made by schools, the financial assumptions of the financial modeling to date and the reserve accounts held as part of the operation of the schemes.
- 1.3 The review carried out by Financial Management looked at all of the accounting transactions for the 3 types of contract. It covered all actual financial transactions made against those expected in the financial model, including;
  - Checking all historical payments to the service providers;
  - A review of the RPIx factors in the past and updating those modeling forward;

- Checking the actual lettings to those projected;
- Updating the interest actually received against those projected in the model;
- The director fees. (Building Schools for the Future (BSF) model only);
- Investment income received. (BSF model only);
- Review of all the penalty deductions and contract variation notices and charges to schools;
- Other contributions to the reserves.

1.4 The review found that there were some areas of the model that needed to be updated to reflect the actual figures, there had also been some errors in charging schools. The Retail Price Index point has been incorrectly applied in some instances. The Published Admission Number for one school needed to be corrected and one school had been incorrectly charged for utility costs which are part of the contract. These corrections have been made and resolved with the schools concerned.

1.5 A large element of the review was in relation to the BSF PFI reserve. When originally modeled, this reserve did not include the Council's share of the income generated from its later investment in the PFI project companies. This investment was taken as a proactive step by the Council, and is not a routine element of PFI schemes. There have been a number of year's returns on this investment and it has realised much higher returns than originally anticipated.

1.6 Without the investment income from the project companies, and the top slice of DSG these schemes would be unaffordable. However, the additional contributions mean that the projections for the level of reserves to the end of the contracts, i.e. in 25 years' time, would have resulted in a significant surplus. The model at financial close was based on a small surplus of £100k being left at the end of the contracts in the reserve for winding up costs.

1.7 The forecast surplus position has meant that some of these balances can be returned to all schools and academies in Tameside.

#### **4. COLLECTION FUND MONITORING AND IRRECOVERABLE DEBTS**

4.1 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

4.1 **Appendix 5** to this report provides a summary of the Council's month 6 Collection Fund monitoring. The forecast position at month 6 is a £0.1m deficit on Council Tax and £1.2m surplus on NDR.

4.2 **Appendices 6 and 7** list the council's irrecoverable debts over £3,000 that have been written off for the periods 1 April 2018 to 30 June 2018 and 1 July 2018 to 30 September 2018 respectively.

#### **5. RECOMMENDATIONS**

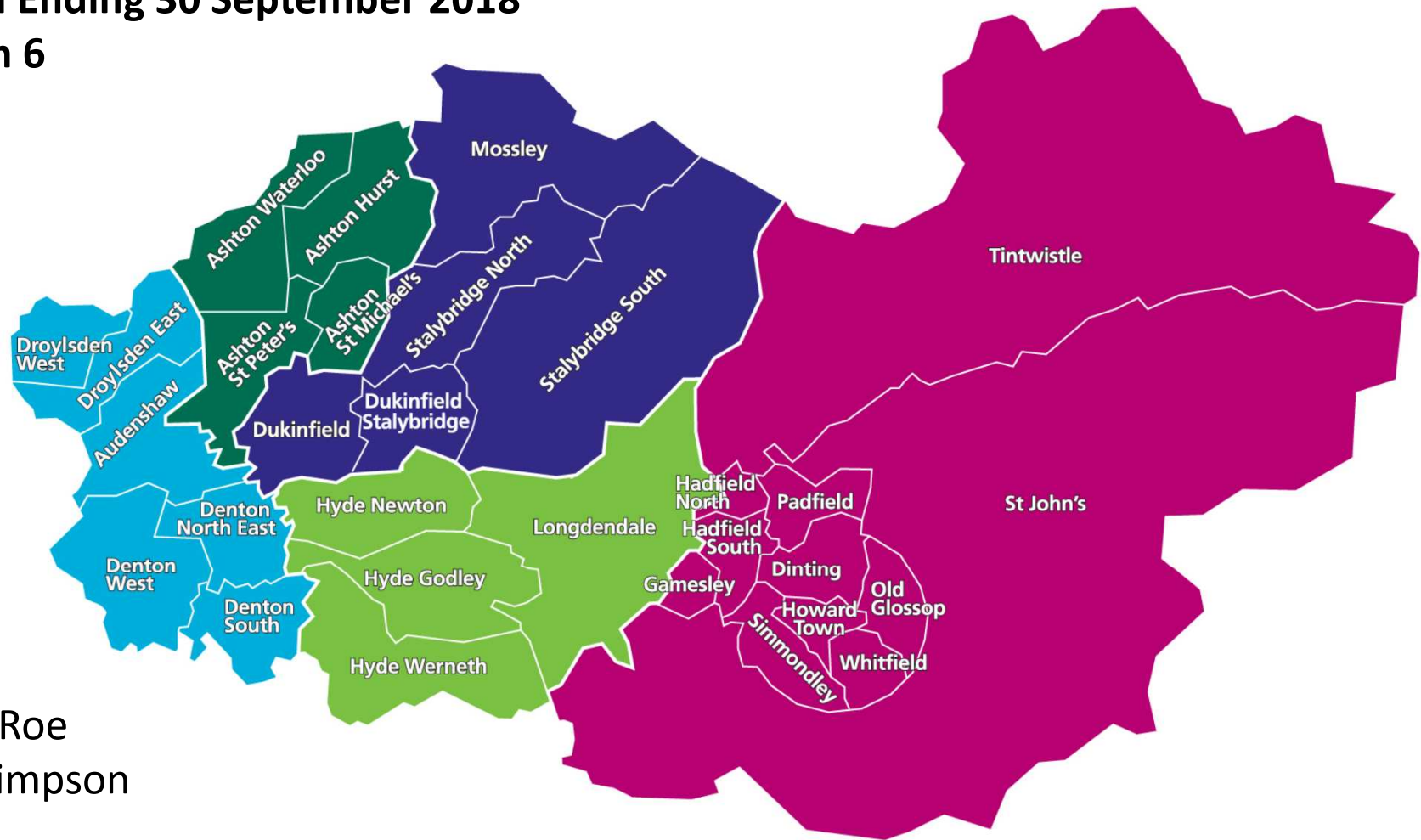
5.1 As stated on the front cover of the report.

This page is intentionally left blank

# Tameside and Glossop Integrated Financial Position

*financial monitoring statements*

Period Ending 30 September 2018  
Month 6



Page 13

Kathy Roe  
Sam Simpson

# Period Ending 30 September 2018

## Contents:

### Integrated Financial Position Summary Report

Economy Wide Financial Position	3
Tameside and Glossop Integrated Commissioning Fund	4
Integrated Care Foundation Trust	7
Targeted/Trust Efficiency Plan	8

### Appendix 2 – Children’s Social Care

### Appendix 3 – Detailed Service Budget Analysis



# Tameside & Glossop Integrated Economy Wide Financial Position

**£6.7m**

## 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 £6.7m in excess of approved budget.**

## Message from the DOFs

At the half way point in the financial year, the economy wide financial position has improved but the overall picture remains mixed with significant challenges in some areas.

A combination of additional income, 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 £3.1m to £6.7m in excess of approved budget. A detailed deep dive into Children's Social Care is 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 are being subject to scrutiny at the 'Star Chambers' during October, with a draft plan for 2019/20 due by December.

**£2.2m**

## Strategic Commission Forecast

Overall forecast outturn for the Strategic Commission has improved by £2.2m. This is due to delivery of savings, additional grant income and release of contingencies.

Page 15

*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 £000's	Forecast Position			Variance	
	Budget	Forecast	Variance	Previous Month	Movement in Month
CCG Expenditure	393,935	395,305	-1,370	-1,546	176
TMBC Expenditure	186,514	187,834	-1,320	-2,370	1,050
<b>Integrated Commissioning Fund</b>	<b>580,449</b>	<b>583,139</b>	<b>-2,691</b>	<b>-3,916</b>	<b>1,225</b>
ICFT - post PSF Agreed Deficit	-19,149	-19,149	0	0	0
<b>Economy Wide In Year Deficit</b>	<b>-19,149</b>	<b>-21,840</b>	<b>-2,691</b>	<b>0</b>	<b>0</b>

# Tameside & Glossop Integrated Commissioning Fund

As at 30 September 2018 the Integrated Commissioning Fund is forecasting to spend £583.1m against an approved budget of £580.4m, an **overspend of £2.7m**. 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 £6.7m in excess of budget**. The improved position is due mainly to the release of corporate contingency budgets (to offset increased pressures in Children's Services), additional grant income in respect of business rate reliefs, and underspends in Governance. Overspends remain in Continuing Healthcare, Operations & Neighbourhoods and Growth as highlighted in previous reports.

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
Acute	204,645	0	204,645	204,529	116	-613	729
Mental Health	32,373	0	32,373	33,006	-633	-107	-526
Primary Care	84,077	0	84,077	83,856	221	29	192
Continuing Care	14,377	0	14,377	17,144	-2,767	-2,915	148
Community	29,844	0	29,844	30,149	-305	-305	0
Other CCG	23,410	0	23,410	20,042	3,367	3,911	-544
CCG TEP Shortfall (QIPP)	0	0	0	1,370	-1,370	-1,546	176
CCG Running Costs	5,209	0	5,209	5,209	0	0	0
Adults	82,653	-42,172	40,480	40,306	174	-22	196
Children's Services	78,200	-28,871	49,330	56,063	-6,733	-3,074	-3,659
Individual Schools Budgets	127,944	-127,944	0	0	0	0	0
Population Health	16,353	-121	16,232	16,171	61	41	20
Operations and Neighbourhoods	88,936	-32,081	56,855	59,001	-2,146	-1,744	-402
Growth	30,023	-28,641	1,382	2,277	-894	-902	8
Governance	88,643	-79,889	8,754	7,711	1,043	0	1,043
Finance & IT	6,103	-1,550	4,553	4,306	248	-113	361
Quality and Safeguarding	367	-288	79	73	6	-6	12
Capital and Financing	10,998	-1,360	9,638	8,058	1,580	1,402	178
Contingency	4,163	-6,823	-2,660	-6,714	4,054	728	3,326
Corporate Costs	8,726	-6,857	1,870	583	1,287	1,320	-33
<b>Integrated Commissioning Fund</b>	<b>937,045</b>	<b>-356,596</b>	<b>580,449</b>	<b>583,139</b>	<b>-2,691</b>	<b>-3,916</b>	<b>1,225</b>

# 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	393,935	0	393,935	395,305	-1,370	-1,546	176
TMBC Expenditure	543,110	-356,596	186,514	187,834	-1,320	-2,370	1,050
<b>Integrated Commissioning Fund</b>	<b>937,045</b>	<b>-356,596</b>	<b>580,449</b>	<b>583,139</b>	<b>-2,691</b>	<b>-3,916</b>	<b>1,225</b>
A: Section 75 Services	372,391	-106,563	265,829	268,252	-2,423	-3,097	674
B: Aligned Services	414,705	-173,612	241,093	241,131	-38	-1,839	1,801
C: In Collaboration Services	149,949	-76,421	73,527	73,759	-232	1,020	-1,252
<b>Integrated Commissioning Fund</b>	<b>937,045</b>	<b>-356,596</b>	<b>580,449</b>	<b>583,139</b>	<b>-2,691</b>	<b>-3,916</b>	<b>1,225</b>

## Continuing Care

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

Whilst still forecasting an **overspend of £2,767k**, 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 Corporate Contingency budget includes an annual provision for risks and unforeseen costs. This contingency budget has been released in period 6 to partially offset the significant pressures in Children's services.

Also reflected within the forecast **underspend of £4m** for Contingency is additional grant monies for Business rate reliefs which are in excess of that forecast when the budget was set.

## Governance

The forecast outturn for Governance is now showing an **underspend against budget of just over £1m**. 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 **£6.7m 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 analysis 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	101,003	102,065	-1,062	204,645	204,529	116	-613	729
Mental Health	16,068	16,471	-403	32,373	33,006	-633	-107	-526
Primary Care	40,815	40,645	171	84,077	83,856	221	29	192
Continuing Care	6,863	7,772	-909	14,377	17,144	-2,767	-2,915	148
Community	14,922	14,845	77	29,844	30,149	-305	-305	0
Other CCG	16,063	13,923	2,140	23,410	20,042	3,367	3,911	-544
CCG TEP Shortfall (QIPP)	0	0	0	0	1,370	-1,370	-1,546	176
CCG Running Costs	1,954	1,947	7	5,209	5,209	0	0	0
Adults	20,240	20,541	-301	40,480	40,306	174	-22	196
Children's Services	27,665	30,707	-3,042	49,330	56,063	-6,733	-3,074	-3,659
Population Health	10,116	10,274	-158	16,232	16,171	61	41	20
Operations and Neighbourhoods	30,428	31,469	-1,041	56,855	59,001	-2,146	-1,744	-402
Growth	691	1,017	-325	1,382	2,277	-894	-902	8
Governance	4,377	3,999	378	8,754	7,711	1,043	0	1,043
Finance & IT	2,277	2,163	114	4,553	4,306	248	-113	361
Quality and Safeguarding	39	-25	65	79	73	6	-6	12
Capital and Financing	0	0	0	9,638	8,058	1,580	1,402	178
Contingency	-1,330	-498	-831	-2,660	-6,714	4,054	728	3,326
Corporate Costs	935	-1,646	2,581	1,870	583	1,287	1,320	-33
<b>Integrated Commissioning Fund</b>	<b>293,126</b>	<b>295,668</b>	<b>-2,542</b>	<b>580,449</b>	<b>583,139</b>	<b>-2,691</b>	<b>-3,916</b>	<b>1,225</b>
CCG Expenditure	197,689	197,669	20	393,935	395,305	-1,370	-1,546	176
TMBC Expenditure	95,438	98,000	-2,562	186,514	187,834	-1,320	-2,370	1,050
<b>Integrated Commissioning Fund</b>	<b>293,126</b>	<b>295,668</b>	<b>-2,542</b>	<b>580,449</b>	<b>583,139</b>	<b>-2,691</b>	<b>-3,916</b>	<b>1,225</b>
A: Section 75 Services	136,504	135,696	807	265,829	268,252	-2,423	-3,097	674
B: Aligned Services	124,714	122,672	2,042	241,093	241,131	-38	-1,839	1,801
C: In Collaboration Services	31,908	37,300	-5,392	73,527	73,759	-232	1,020	-1,252
<b>Integrated Commissioning Fund</b>	<b>293,126</b>	<b>295,668</b>	<b>-2,542</b>	<b>580,449</b>	<b>583,139</b>	<b>-2,691</b>	<b>-3,916</b>	<b>1,225</b>

The CCG surplus has increased from £9.3m to 12.3m as approved by the Strategic Commissioning Board in September 2018. This will enable draw down of £6m of cumulative surplus in 2019/20, Improving the economy wide financial position in future years

# Tameside Integrated Care Foundation Trust Financial Position

## SUMMARY



- For the financial period to the **31st September 2018**, the Trust has reported a net deficit of c.£12.1m (Post PSF), which is c.£162k better than plan. The in month position for September reported a £1.7m deficit, £32k worse than plan.
- The Trust delivered c.£846k of savings in month, this is an underachievement against target by c.£248k in month, cumulatively the Trust is reporting an overachievement against plan of c£0.7m
- To date the Trust has spent c.£4.0m on Agency spend, against a plan of £4.7m; 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 **c£19.1m**, this assumes the Trust will be in receipt of the full Provider Sustainability fund.
- 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, The Q2 target is 93.45% - NHSI have confirmed that the Trust will not receive the 30% PSF if it fails the A&E target. This will result in the Trust needing to borrow more cash nationally at a rate of 1.5%.
- TEP** – The Trust is currently forecasting an underachievement against its in year TEP delivery of **c£1.5m** and recurrently of **c£1.8m. 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.

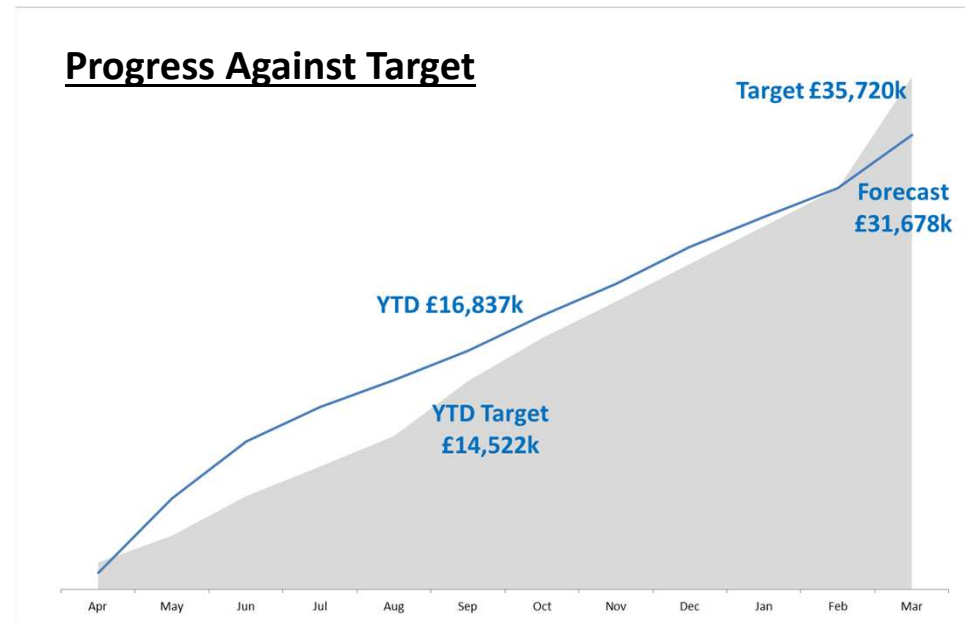
Page 19

Financial Performance Metric	Month 6			YTD			Outturn
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
Normalised Surplus/(deficit) before PSF	(1,947)	(1,979)	(33)	(13,756)	(13,594)	162	(23,370)
Provider Sustainability Fund (PSF)	281	281	0	1,476	1,476	0	4,221
Surplus/(Deficit) post PSF	(1,666)	(1,698)	(33)	(12,280)	(12,118)	162	(19,149)
Capital Expenditure	325	8	(317)	1,509	705	(804)	5,027
Cash and Cash Equivalents	1,220	1,582	362				1,220
Trust Efficiency Savings	1,095	846	(248)	4,726	5,382	655	13,000
<b>Use of Resources Metric</b>	<b>3</b>	<b>3</b>		<b>3</b>	<b>3</b>		<b>3</b>

# TEP – Targeted/Trust Efficiency Plan

Organisation	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Opening Target	Post Bias Expected Saving	Post Bias Variance
CCG	45	3,168	6,023	10,818	20,054	19,800	18,430	(1,370)
TMBC	547	280	1,028	456	2,311	3,119	1,679	(1,440)
<b>Strategic Commissioner</b>	<b>592</b>	<b>3,448</b>	<b>7,051</b>	<b>11,274</b>	<b>22,365</b>	<b>22,919</b>	<b>20,108</b>	<b>(2,811)</b>
ICFT	1,316	1,346	4,842	5,382	12,885	12,801	11,569	(1,233)
<b>Economy Total</b>	<b>1,908</b>	<b>4,793</b>	<b>11,893</b>	<b>16,655</b>	<b>35,250</b>	<b>35,720</b>	<b>31,677</b>	<b>(4,043)</b>

- The economy wide savings target for 2018/19 is £35,720k:
  - Commissioner £22,919k (£19,800k CCG & £3,119k TMBC)
  - Provider £12,801k
- Against this target, £16,655k of savings have been realised in the first six months, 47% of the required savings.
- Expected savings by the end of the year are £31,677k, a shortfall of £4,043k against target and a small improvement on the position reported last month.
- More work is required to identify new schemes and turn red and amber schemes green.
- The scale of the financial gap in future years mean there must be a continued focus on identifying schemes for 2019/20 and beyond.



# TEP – Targeted/Trust Efficiency Plan



£198k

## CCG

Overall expected savings have improved slightly from the previous month. This includes an improved savings forecast on GP prescribing where, despite pressures on Category M drugs, significant savings are being realised by medicines management.



£74k

## TMBC

Savings previously rated as high risk in Growth and Operations & Neighbourhoods have now been removed from the TEP as they will not be achieved. Red rated savings in Adults and Governance are being offset by budget underspends in other areas within the service.

Page 21

Org	Theme	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Opening Target	Post Bias Expected Saving	Post Bias Variance
CCG	Emerging Pipeline Schemes	0	0	0	0	0	3,239	0	(3,239)
	GP Prescribing	20	1,222	500	1,143	2,885	2,000	2,256	256
	Individualised Commissioning Recovery Plan	25	0	440	254	718	1,326	696	(630)
	Other Established Schemes	0	1,246	372	1,941	3,560	4,283	2,937	(1,346)
	Tameside ICFT	0	0	1,240	1,240	2,480	2,480	2,480	0
	Technical Financial Adjustments	0	700	3,471	6,240	10,411	6,472	10,061	3,589
<b>CCG Total</b>		<b>45</b>	<b>3,168</b>	<b>6,023</b>	<b>10,818</b>	<b>20,054</b>	<b>19,800</b>	<b>18,430</b>	<b>(1,370)</b>
TMBC	Adults	318	0	379	0	697	697	411	(286)
	Growth	0	25	340	0	365	245	353	(546)
	Finance & IT	50	0	0	122	172	172	127	(45)
	Governance	129	0	0	25	154	154	38	(116)
	Childrens (Learning)	0	0	90	0	90	90	90	0
	Operations & Neighbourhoods	50	255	0	0	305	1,233	133	(448)
	Pop. Health	0	0	219	309	528	528	528	0
<b>TMBC Total</b>		<b>547</b>	<b>280</b>	<b>1,028</b>	<b>456</b>	<b>2,311</b>	<b>3,119</b>	<b>1,679</b>	<b>(1,440)</b>
<b>Strategic Commissioner Total</b>		<b>592</b>	<b>3,448</b>	<b>7,051</b>	<b>11,274</b>	<b>22,365</b>	<b>22,919</b>	<b>20,108</b>	<b>(2,811)</b>

# TEP – Targeted/Trust Efficiency Plan



**£951k**

## ICFT

Overall expected savings have deteriorated from the previous month and The Trust is currently forecasting an underachievement against its in year TEP delivery of **£1.5m** and recurrently of **£1.8m**. **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.

Page 22

Org	Theme	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Opening Target	Post Bias Expected Saving	Post Bias Variance
ICFT	Community	0	68	269	0	336	10	336	326
	Corporate	0	0	410	661	1,072	1,300	1,072	(228)
	Demand Management	435	39	404	447	1,325	1,621	890	(731)
	Estates	29	10	184	171	394	550	365	(185)
	Finance Improvement Team	100	120	486	750	1,456	1,067	1,356	289
	Medical Staffing	391	119	17	52	579	1,103	188	(914)
	Nursing	151	104	400	588	1,244	1,250	1,093	(157)
	Paperlite	105	50	26	55	235	250	130	(120)
	Pharmacy	0	250	249	63	562	450	562	112
	Procurement	105	411	84	53	653	752	547	(204)
	Transformation Schemes	0	0	1,500	1,500	3,000	3,100	3,000	(100)
	Technical Target	0	175	88	87	350	0	350	350
	Vacancy Factor	0	0	726	953	1,679	1,350	1,679	329
<b>ICFT Total</b>		<b>1,316</b>	<b>1,346</b>	<b>4,842</b>	<b>5,382</b>	<b>12,885</b>	<b>12,801</b>	<b>11,569</b>	<b>(1,233)</b>



# APPENDIX 2 - Children's Social Care

## Contents:

### Children's Social Care Deep Dive

Introduction	2
Looked After Children	4
Priority One : Good standards for every child and family	6
Priority Two: Improving practice by recruiting and retaining people who will deliver	8
Priority Three: Improving Practice through better Leadership and Management	10
Priority Four: Improving practice through caseloads which enable high practice standards	12
Priority Five: Improving Safeguarding Practice	14
Priority Six: Improving practice to children looked after and care leavers	16
Financial Context	20

## INTRODUCTION

The new interim leadership of Children's Social Care has now had over six months driving the new Improvement Plan following the lack of progress through 2017. This is now leading to steady improvement, although not yet delivering consistently adequate or good standards of service in all areas.

The directorate has welcomed external scrutiny, support and challenge from Stockport MBC as Improvement Partner, from the DfE Intervention Advisor, from Ofsted, and from peer consultation with other local authorities who have driven successful improvement plans. This has provided assurance both in terms of setting the right priorities and the strategies that are the focus of our improvement, and in terms of the honesty and accuracy of our self-assessment and quality assurance.

Quality audits show an improving and more consistent standard of casework. Performance indicators show that the basics are improving. Partners are making fewer referrals, risk is being managed, however more confidence is required to ensure referrals, Children In Need and Child Protection numbers also reduce. The Council has sustained its investment to ensure that there has been additional casework and improvement capacity. The whole service has co-developed and articulated "The Heart of Practice" as the Tameside way of doing things, with Signs of Safety at the core of the new practice framework. The directorate is also rolling out the development programmes for practitioners, supervisors and first line managers that will provide support to deliver the quality and standards that are expected.

At this stage the primary challenges lie in workforce issues to ensure the right staff are in place to drive delivery. In particular the long term challenges over Social Worker and first line manager recruitment and retention, and a more recent acute shortage of supply of locum Social Workers across the region.

Tameside is now at a key juncture in the improvement journey where focus can be applied to core compliance and an effective relationship based practice. Careful planning is now being realised through the implementation of a Tameside Model of Practice ("Heart of Practice") centred upon Signs of Safety as the core practice framework, which is being rolled out through a set of stepped development programmes for frontline practitioners, supervisors and senior managers. This is also being underpinned through a set of reinforcing measures including structured observations of practice by supervisors, through reinforcing the model of quality audit as a coaching and learning process carried out with practitioners, and six monthly Practice Weeks where the senior management team spend a week alongside practitioners observing and coaching.

The Quality Assurance Framework initiated in January 2018 is now well established and provides a clear line of sight to the quality of casework and where this is improving alongside where there is further work to do. Quality audits show that whilst the large majority of casework meets standards that are either Requires Improvement or Good, some casework remains Inadequate, although a relentless focus upon driving up standards does mean that this is steadily reducing. Social Workers consistently demonstrate that they know their children well, and have effective relationships both with them and with their carers. Auditing is demonstrating significant improvements in obtaining children's views, in the quality of plans, the engagement of fathers and extended family members, and responding to and reducing risk. There is a continued drive to improve the specific areas of practice that remain weak.

# Children's Social Care

## INTRODUCTION

There has been hard work with the full range of key partners across the borough to improve the quality of partnership working. There was a particular focus around two major partnership conferences in April and June, where proposals for a more effective joint approach to Early Help for families delivered through a neighbourhood model were jointly developed. In addition senior leaders from Children's Social Care, Police and Health have been brought together in a Task & Finish Group to drive improvements in joint work on the child protection process.

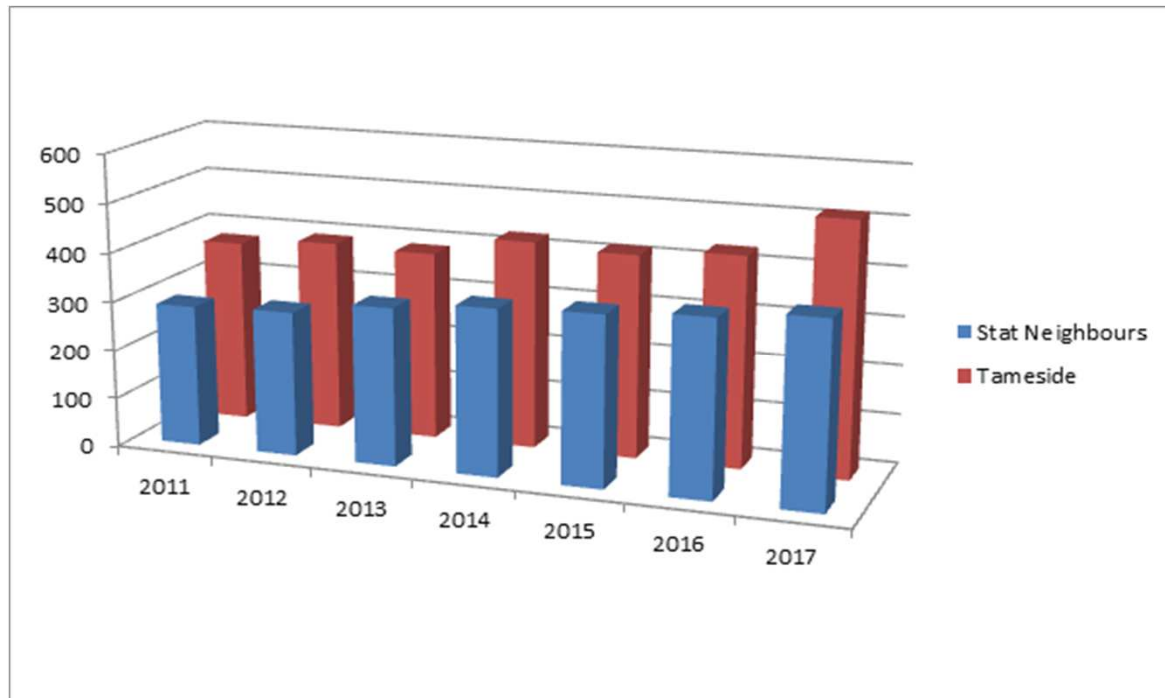
Tameside has preferred to work with one key external partner in driving improvement, and the work with Stockport MBC is continuing to deepen and is focused upon our key priorities of social worker recruitment and retention, first line manager development and learning, and our Edge of Care work.

The permanent Director of Children's Services is now in place to take Tameside's sustained improvement forwards, and further permanent recruitment has been successful for the Assistant Executive Director, Head of Service for Child Protection and Head of Service for Looked After Children who will all start in November. Building the permanent leadership team will help to deepen and embed the culture of a high performing service.

### Looked After Children Population – Tameside Compared to Statistical Neighbours

Looked after children (LAC) population for the North West is the highest recorded for the last twenty years in 2017

LAC populations have been growing year on year for nearly a decade across the North West and Nationally

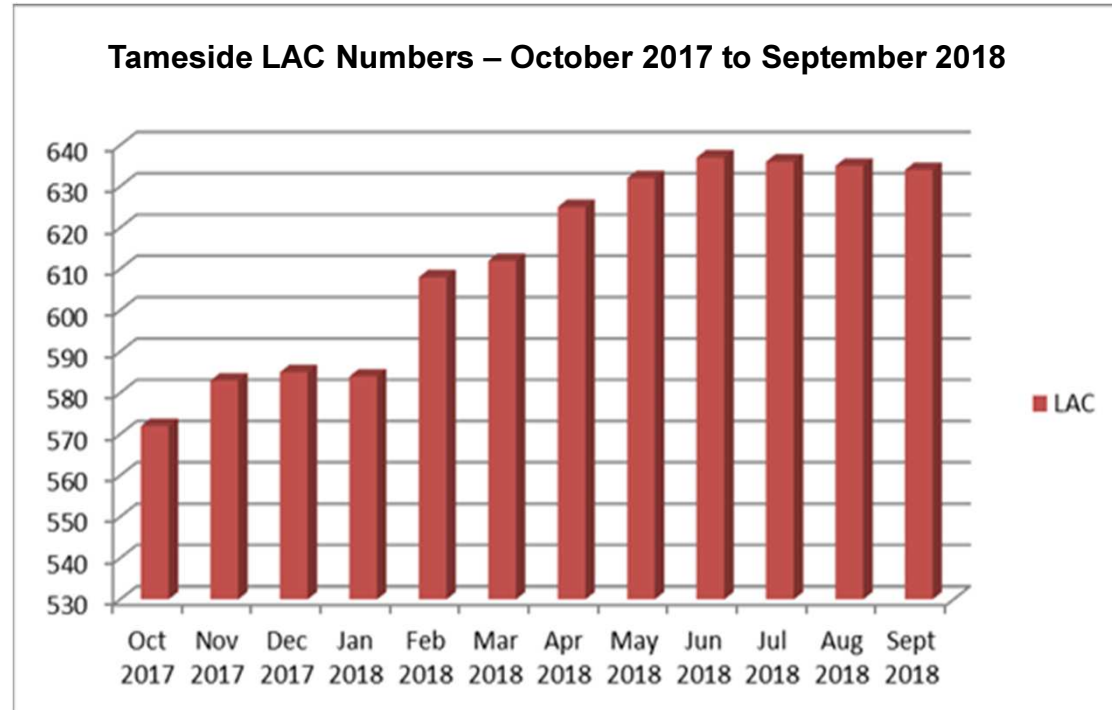


# Children's Social Care

## LOOKED AFTER CHILDREN

In common with the rest of the service, there was little indication of progress during 2017 in driving improvement of our services for our Looked After Children (LAC). There was a need to significantly strengthen the leadership and management of the service, and a new Head of Service role and an interim dedicated Service Manager role were created to address this in the early part of 2018.

As their scrutiny of the service came to bear, and our quality auditing programme was given a particular focus upon Looked After Children, it became clearer that there were significant weaknesses in certain areas of our Looked After Children's Service. The relentless drive to meet core standards has been followed by a turbulent period in the staffing of the LAC service.

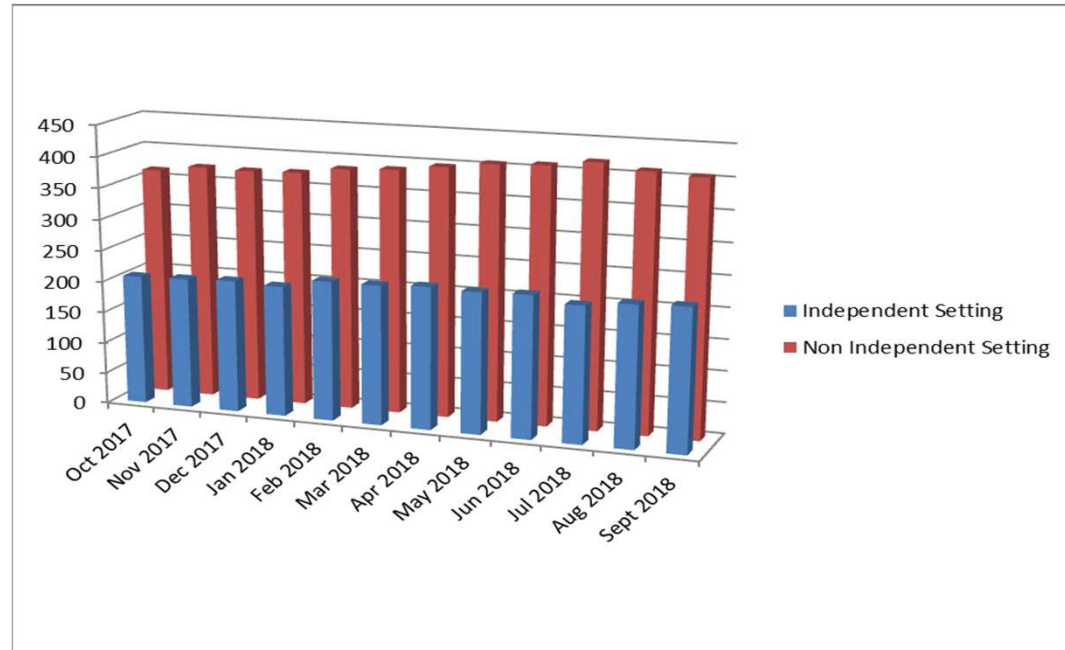


The quality auditing work of LAC casework has been complemented by a significant amount of case auditing carried out by Heads of Service and Service Managers from Stockport, and this has provided assurance as their findings have mirrored those of our own audits. The key areas that require improvement relate to: supervision and management oversight; the quality of care planning and drift/delay; the consistency of up to date assessments of need; and life story work. The areas of strength relate to Social Workers knowing their children well, consistent articulation of the voice of the child, and the improving quality of plans. Management oversight needs to be strengthened not just within the core of our casework, but also through the roles of the Independent Reviewing Officers, and in respect of particular areas of practice including those children reported missing and the oversight of permanency planning.

# Children's Social Care

## LOOKED AFTER CHILDREN

Corporate Parenting work has been significantly strengthened, helped by new leadership of the Corporate Parenting Board and the impact of the new Participation Worker. The Children In Care Council has been revitalised, and the strength and passion of their voices have been a key driver in taking action to improve our service. Both quick wins and longer term objectives are being prioritised as a result. Elected members and corporate leaders are now taking actions to demonstrate their commitment to corporate parenting in a way that was not previously evident. There has been significant improvement in the performance of the Virtual School and Looked After Children are now receiving the Personal Education Plans that ensure their particular needs are prioritised in school to help them meet their potential. Work has also progressed in partnership with CAMHS to ensure that there Looked After Children in Tameside consistently receive a timely response when they need it.



**Tameside LAC, Independent & Non Independent Settings (October 2017 to September 2018)**

The context remains a very challenging one following a continuing significant increase in LAC numbers, as a consequence of greater rigour of intervention for children at risk of abuse and neglect, and of dealing with the significant legacy of previous years' poor practice. But at this point, practice has remained too risk averse and we need to strengthen the effectiveness of our interventions to manage risk and effect change in families without the need for children to come into or remain in care. Tameside has developed a specific strategy to address this and ensure that more children can be supported to remain within their families' care, including our investment in the Edge of Care Service and expanded capacity for Family Group Conferencing.

Vigilance has remained in ensuring that children are effectively safeguarded. The consistent effectiveness of practice and systems has been assured through our extensive auditing programme, and the external scrutiny from Stockport as well as Ofsted monitoring visits. Identified performance issues are now actively addressed.

# Children's Social Care

## Priority One : Good standards for every child and family

### Key Data Measures:

- 84% of C&F Assessments completed within 45 days
- 85% ICPCs held within 15 days
- 97% CP Reviews held within timescales
- 0.9% CP Plans over two years
- 98% of statutory CP visits and 80% of LAC visits carried out within timescales
- 72% of Looked After Children have had a dental check-up within the past 12 months
- 91% of looked After Children have had an up to date health Assessment within the past 12 months.
- 97% of Looked After Children have an up to date PEP.
- 85% LAC plans reviewed within timescales.
- 84% Care Leavers have an updated Pathway Plan.

### Key Qualitative Findings:

- The quality of casework is improving – most significantly, the proportion of inadequate casework is steadily reducing. Audit findings have progressed from 80% of casework that is Requires Improvement or better now rising to 88%.
- There is a significant improvement in obtaining children's views, and recording of this activity and use of children's views in their plans are both improving.
- Significant improvement in the quality of plans.
- Significant improvement in the engagement with fathers and extended family members.
- Significant improvements in responding to and reducing risk.
- The primary qualitative concern is over supervision, in particular in the LAC Service, and this should be the main focus of improvement work in the next six months.
- Feedback from partner agencies suggests that there is now more consistency in the application of thresholds

# Children's Social Care

## Priority One : Good standards for every child and family

### Conclusions

- Core compliance with basic standards and processes continues to improve, however Social Work recording remains too variable, and management decision making is too often poorly recorded.
- Decision making in the Hub is more robust now that there is more of a focus upon gathering information from partner agencies.
- Our quality audit work is beginning to have an impact in driving improved practice.
- There are some early signs of the positive impact of the introduction of Signs of Safety at the heart of Tameside's practice framework.
- There are examples of good and exceptional practice, but these are currently too infrequent, and there is a need to build the percentage of good casework as well as reducing and eliminating that which is inadequate.

### Next Stages :

- Our Quality Assurance Framework will continue to develop and we have begun to be able to report a more mature and triangulated picture of current strengths and weaknesses, by bringing together feedback from children and parents, what the data is telling us, and our quality assurance findings from audits and learning reviews.
- We continue to develop our model of auditing as a learning activity, led and modelled by our Practice Improvement Managers and complemented by testing some new approaches with Stockport.
- Team Managers will be expected to set their team priorities for improvement at the monthly Performance Clinics.
- Improving IRO rigour and impact through: Greater focus on the IRO footprint driving children's plans and being reflected in the child's care record.
- Increased use of formal escalation if plans have not been progressed in a timely way.
- Improved management oversight include sampling and observations

# Children's Social Care

## Priority Two: Improving practice by recruiting and retaining people who will deliver

### Key Data Measures:

- Tameside has invested in more Social Workers – numbers of positions have risen from 86 fte in September 2016 to 114 fte in March 2017 to 128 fte in November 2017 to 145 fte in June 2018
- Turnover remains low amongst permanent Social Workers.
- Turnover amongst locum Social Workers remains high and recruitment difficult (which is both a regional and national issue)
- Recruitment of permanent Social Work staff remains extremely difficult, resulting in the number of locum Social Workers in certain areas of service delivery being too high
- Numbers of children experiencing change of Social Worker remains too high at this point.

### Key Qualitative Findings:

- Findings from exit interviews have been collated and show a fairly typical profile of those moving on for positive reasons such as promotion or relocation; those leaving because of unhappiness with their direct line manager; and a basket of a range of other issues.
- Findings from induction interviews have provided a mostly positive picture of the initial experience of working in Tameside, and in particular of the support received from their immediate line manager.
- Feedback from our ASYE's is positive about their experience in Tameside, and this reputation has begun to spread across Greater Manchester.

### Conclusions:

- It is widely recognised that an Inadequate judgement makes recruitment and retention of Social Workers more difficult, and that is certainly Tameside's experience as the only Inadequate authority within Greater Manchester. These long-standing challenges have more recently been exacerbated by a severe shortage in the supply of Locum Social Workers.
- Some teams have been particularly affected by the combination of turnover and a shortage of recruit, and this has led to short-term and localised rises in caseloads.
- The work in developing our offer to Social Work recruits, and in particular our first joint recruitment campaign with Stockport, is beginning to produce results – with 13 permanent appointments from our May and June rounds..
- We are building upon our effective ASYE programme, for existing staff with a second year of practice programme.
- The Social Work workforce has grown and is steadily stabilising, but too many children and families experience changes of Social Worker



## Priority Two: Improving practice by recruiting and retaining people who will deliver

### Next Stages :

- Developing the Tameside “Heart of Practice” to retain Social Workers with an emphasis upon caseloads, supervision, CPD and career pathways.
- Developing our collaborative Social work recruitment campaign in partnership with Stockport with a second joint round in September 2018.
- Supporting the development of the Greater Manchester Social Work apprenticeship route for a cohort of our non-qualified workers to become Social Workers.
- Frontline Social Work programme commences September 2018 with one unit of four students in Tameside; and we have nominated four Team Managers for the Firstline Programme.
- Application for the next national round of Step Up to Social Work.
- Tameside leading on the Greater Manchester SW “Recruitment Squad” initiative looking to build workforce stability at a GM regional level.
- Developing the Second Year in Social Work supported practice programme.
- Appointment of some newly qualified Social Workers to the role of Family intervention worker with a view to potential future SW appointment.
- Management/Leadership Programme developed in collaboration with Stockport will commence in September 2018 for 24 first line managers.
- Development of an overall “Tameside offer” to support both recruitment and retention of social work staff.

# Children's Social Care

## Priority Three: Improving Practice through better Leadership and Management

### Key Data Measures:

- Data is reported daily, weekly and monthly depending upon the indicator, and there is a whole service data booklet produced each month.
- Use of CHAT as an analytical tool to complement our data scorecard.
- Senior managers meet on a monthly basis to review performance and the improvement scorecard, this meeting is chaired by the AED.
- There has been an increased use of trackers to address key performance issues.
- Tameside's performance team produces deep dive analyses.

### Key Qualitative Issues:

- Investment in the development of practitioners and managers is clear. A core initial training programme has been developed taking team managers and social workers through the "Foundations of Good Practice".
- Observations of and by managers and supervisors is being increased as a core part of routine learning and development.
- Feedback is being more systematically gathered and analysed to inform strategic planning and service improvement - from children, young people and families; from staff; and from partners.
- There has been a significant improvement in the response to formal complaints.
- The Improvement Partnership with Stockport is developing and deepening in its scope.
- The Improvement Plan continues to be refined and actions effectively completed. The focus of the priorities in the plan continues to narrow – in the past six months the number of actions has reduced from 53 to 24.

# Children's Social Care

## Priority Three: Improving Practice through better Leadership and Management

### Conclusions:

- The Improvement Plan is being effectively deployed and the strategic priorities are the right ones.
- Strategic Partnership Working is much strengthened – both for Corporate Parenting and for the wider approach to children and families through a shared neighbourhood model of working with families.
- “The Heart of Practice” articulates the Tameside model of practice and the ways in which we will support practitioners and supervisors to deliver effective strengths-based, relationship-based practice. The implementation of Signs of Safety lies at the core of this practice framework. Tameside now has a practice framework.
- Performance of first line and middle managers continues to be a focus as we raise expectations and support managers to meet them and with new appointments we continue to strengthen our permanent management team.

### Next Stages :

- The Management development programme in partnership with Stockport has been designed and will commence in September, with places for 24 Team Managers and Practice Managers
- Planning the transition from a predominantly interim leadership team to the new permanent leadership team, with a particular focus upon avoiding any slowing of the momentum of improvement.
- Continuing to refine the Improvement Plan to ensure it is focused upon delivering effective service improvement.
- Continuing to develop our Improvement Partnership with Stockport.
- Looking for more ways to ensure that Tameside acts as an effective corporate parent in particular in response to the issues identified by our Looked After Children and care leavers.
- Initiating the Children's Neighbourhood Model from September 2018 with a particular emphasis upon delivering more effective Early Help to families.

# Children's Social Care

## Priority Four: Improving practice through caseloads which enable high practice standards

### Key Data Measures:

- Average caseloads have continued to reduce overall: For all teams from 21.6 children in March 2017 to 18.5 in September 17.6 in December and 16.4 in April 2018 to 16.1 in June 2018 and following a subsequent rise are again at 16 as of October 2018. ( N.B. The average contains a range and for some Social Workers in some service areas caseloads remain to high).
- In order to reduce caseloads and improve the quality of interventions agreement was given to increase social work capacity as detailed earlier in this report, but difficulties in recruitment to permanent positions and with the appointment of agency staff has led to vacancies and a subsequent impact on caseloads in certain areas of service delivery.
- Reduction in contacts.
- Reduction in referrals and increase in Early Help.
- Reduction in Child in Need.
- Reduction in Child Protection.
- Stabilising of LAC numbers, steady for the past four/five months after previous long term upward trend.

### Key Qualitative Issues:

- Social Workers in the large majority of teams report that caseloads are now far more manageable.
- Partners are very positive about the steps we have taken to strengthen early help pathways and work towards a neighbourhood partnership model.
- Schools continue to be very positive about the introduction of the CAF Advisor roles, which will be enhanced by further capacity to deliver the neighbourhood model.
- Management grip has been strengthened to ensure that only those children who are Children In Need remain open to Social Workers, and step down processes are effective.
- Child Protection numbers have come down.

# Children's Social Care

## Priority Four: Improving practice through caseloads which enable high practice standards

### Conclusions:

- Overall caseload trends are downward although its continuation is dependent on our ability to recruit and retain Social Workers.
- We have worked effectively with partner agencies to achieve a significant reduction in referrals.
- We have built more effective pathways to early help so that more families are receiving an early help response.
- We are managing CIN and CP casework more robustly and so the levels of demand are reducing towards the levels of statistical neighbours
- The Strengthening Families Strategy has been developed to ensure that Tameside are only looking after the children and young people it needs to look after and this is beginning to take effect.
- Legal Gateway Panel process has been effectively revised to a new Legal and Resource Panel process.

### Next Stages :

- Expanding the capacity for Early Help support through Public Health investment in youth support and Homestart.
- Increasing the access to the Early Help pathway through each of the four neighbourhoods from September 2018.
- Continuing the drive for increased management grip upon CIN and CP work to reach the levels of statistical neighbours.
- Following through upon the Successful Families Strategy to reduce the numbers of children needing to remain in care.
- Scoping the introduction of a No Wrong Door service model for our residential and edge of care provision.

# Children's Social Care

## Priority Five: Improving Safeguarding Practice

### Key Data Measures:

- Child Protection numbers peaked in February 2018, but have now significantly reduced .
- The % of children subject to a Protection Plan for a second time is relatively low.
- The % of children subject to a Plan for more than two years is low.
- The % of ICPC held within 15 days is in line with statistical neighbours.

### Key Qualitative Findings:

- Auditing has found variability in the recording of decision making.
- Multi-agency working requires strengthening.
- The quality of Protection Plans is variable.
- Our integrated service for children at risk of Child Sexual Exploitation has continued to develop and recently provided assurance to the LSCB over their work.
- A peer review of the Hub and Duty teams by colleagues from Stockport and Salford in September 2018 concluded that whilst there remained areas which required further development and improvement, no work either observed or sampled was found to be inadequate .

### Conclusions:

- Initial responses in the hub are predominately sound and the quality of decision making is much improved.
- Core safeguarding practice is improving with evidence of improved adherence to policy and procedure.
- There is a clear and effective system for Step up and Step down of cases.
- At this point, there is still too much variability in the quality of plans.
- There are developments in place to ensure that missing and CSE data can be taken from our recording systems to ensure tracking is more robust.
- The Youth Offending Service continues to deliver an effective service and ensure that more early intervention is offered and the numbers of young people requiring a statutory response is continuing to reduce.

# Children's Social Care

## Priority Five: Improving Safeguarding Practice

### Next Stages :

- Focus upon Core Standards will be persistent and relentless to sustain the current improvements.
- This focus will be supported through:
  - Consistent auditing with Social Workers and Supervisors, including dip sampling by Service Managers.
- Deployment of Practice Improvement Manager roles to work within teams, alongside SWs and Managers to quality assure, coach and check on the follow up to case audits.
- Specific focus on Strategy Discussions and S47 enquiries:
  - Team Managers or Practice Managers to chair all Strategy Meetings.
  - Dip sampling by Service Managers
  - Business Support to minute Strategy Meetings and circulate
  - Use of a new template to reinforce practice standards
- Specific focus on Protection Plans: All Outline Child Protection Plans are now sent for review to the Conference and Review Manager with lead for Child Protection.
- Restructure of the IRO service to develop specialist Child Protection Chair roles.
- Implementation of the Signs of Safety conference model.
- Missing and CSE Panel held fortnightly with representatives from Early Help, Children's Social Care, Education, Health and Police to ensure robust planning for children at high risk, these panels will be merged and further developed to ensure there are separate strategic and operational groups.
- Planning with Police and other partners to introduce a full Multi-Agency Safeguarding Hub for Tameside.

# Children's Social Care

## Priority Six: Improving practice to children looked after and care leavers

### Key Data Measures:

- LAC numbers have now stabilised at around 636 for the past four/five months following a sustained period of increase, but remain well above statistical neighbours.
- 50% of care leavers are NEET– in line with statistical neighbours.
- 84% of care leavers now have Pathway Plans (April 2018) – an improvement on the level of 35% at inspection in 2016.
- Tameside's adoption performance remains strong.
- 97% of LAC have a Personal Education Plan – an improvement on the level of 72% at inspection in 2016.
- 50% of LAC have an Initial Health Assessment that is within timescales – an improvement on the level of 25% at inspection in 2016 - although still an area identified for improvement.
- 72% of LAC have an up to date Dental Check – performance here is dipping although this has been identified as primarily due to recording issues.
- 3+ moves – performance is stable.
- 87% of LAC Reviews are being held on time.
- CAMHS performance data shows that all LAC are seen within the four week timescale after assessment.

### Key Qualitative Issues:

- Quality auditing shows improvement in LAC casework; from 80% of casework that is Requires Improvement or better now rising to 87%.
- The key areas that require improvement relate to: supervision and management oversight; the quality of care planning and drift/delay; the consistency of up to date assessments of need; and life story work. The areas of strength relate to Social Workers knowing their children well, consistent articulation of the voice of the child, and the improving quality of plans.
- We have a clearer understanding of our LAC and Care Leaving Population, and management oversight of each cohort of LAC is being strengthened although this work is not yet complete.
- Working with LAC, we are doing well in ascertaining their voice, wishes and feelings, where no inadequate practice evidenced in the audits.



# Children's Social Care

## Priority Six: Improving practice to children looked after and care leavers

### Conclusions:

- The LAC Team and our drive to improve standards has been held back in the short term by a shortage of Social Work capacity, and by turnover of the managers of the service. Such turbulence has been a consequence of the requirement for a stronger culture of effective practice and supervision. Whilst this has produced short-term challenges, in the longer term it enables us to improve management, supervision and social worker performance in order to achieve the changes of culture and practice required.
- We have made rapid strides in strengthening our Corporate Parenting to deliver a revised Strategy. And we have made rapid strides in parallel in securing children and young people's participation and sharing of their views about the service and what needs to improve.
- Healthy young Minds Tameside and Glossop revised its care pathway in April 2018. The pathway is informed by a number of psychological theories to ensure that the service supports children and young people and their networks at the various stages of their emotional development and needs.
- It is recognised that historically Tameside has underinvested in foster carers. A number of measures have been implemented to ensure that foster carers feel valued and appropriately supported. This includes increasing the management and social work capacity, re-establishing support groups, re-evaluating training and planning an annual recognition event. A full service review is currently underway.
- There had previously been insufficient evidence that IROs drive care plans for children effectively enough, but there is now increasing evidence of IROs acting as effective champions for children and their care plans.
- More children should be cared for within their family networks and more children should move into permanent care through use of Special Guardianship Orders.
- There are too many children on care orders at home.
- Too few care leavers are engaged in education, employment or training – although comparable to statistical neighbours.
- We need to develop our strategic placement commissioning so that we ensure we have the right placements to meet our children's needs

# Children's Social Care

## Priority Six: Improving practice to children looked after and care leavers

### Next Stages :

Focus upon core standards will be persistent and relentless. The focus upon improving supervision will include:

- A new supervision template
- Managers using a tracker to ensure supervision is taking place
- Investment in supervisors' development through the Foundations Training and then Management Development Programmes.
- Introduction of observations of supervision.

Work with Social Workers will focus upon supporting them to deliver to clear expectations over the areas of practice requiring improvement. This support will be delivered through:

- Supervision that is reliable and of higher quality.
- A coaching and learning model of case auditing.
- Weekly team meetings with a focus upon improvement priorities.
- The formal training and development opportunities being rolled out.

The focus upon management oversight will include the revised IRO service with roles dedicated to LAC and driving care plan; a revised approach to the management of missing LAC; and further work to improve the tracking of discrete cohorts of LAC including in respect of permanency planning.

We will maintain the increased capacity to work with children in care, care leavers and their carers; ensuring that Social Workers capture their views and drive the work of the Corporate Parenting Board in meeting their needs.

# Children's Social Care

## Priority Six: Improving practice to children looked after and care leavers

### Next Stages (continued) :

The focus upon Pathway Plans is moving from compliance to quality.

- We are reviewing our in-house residential and fostering provision in order to improve their effectiveness and ability to meet our children's needs.
- We are scoping opportunities for more integrated service approaches for our LAC, both through better service integration and through placement integration, including residential and fostering provision and wrap around multi-agency support.
- We will be monitoring the effectiveness of the Regional Adoption Agency for Tameside's children
- We have recently increased capacity within the placement commissioning team to strengthen procurement & commissioning processes alongside developing more robust monitoring systems in order to ensure efficient uses of resources & driving improvement in quality and placements.
- The residential provider forum has been re-launched and has been received positively. The forum is a useful vehicle in developing positive relationships and the potential for collaboration; it strengthens opportunities for Tameside children to be looked after within their own locality.
- Internal children's home capacity is planned to increase.

## FINANCIAL CONTEXT

The Council has allocated significant additional investment to the directorate budget provision over recent years to support the necessary service improvements.

A recurrent £ 4 million was approved in 2016/17, with a further recurrent sum of £ 6 million approved in 2017/18.

In addition a non-recurrent sum of £ 6 million over four financial years was approved in 2017/18 followed by a further non-recurrent investment of £ 18 million in 2018/19 over three financial years.

However despite this additional investment, the net expenditure at outturn exceeded the budget allocation for the respective year; £ 2.8 million in 2016/17 and £ 8.6 million in 2017/18.

### 2018/19

The projected net expenditure at outturn in the current financial year is again expected to significantly exceed the budget allocation.

The forecast at period 6 is a variation of £ 6.5 million. This is an increase of £ 3.6 million to the sum reported at period 5.

The increase in the projected variation since the previous reporting period is primarily related to placements expenditure due to the following factors :

- Period 5 was based on a “cohort” projection methodology to estimate the projected expenditure of the placements cohort at the period end. Cohort projections account for potential end dates. Projections have now been revised to reflect a more cautious “ traditional” projection which is based on each individual child’s cost for the year. This method tracks movements of placement activity, i.e. if the child changes placements the cost is recalculated for the year. The main difference is the projection doesn’t include end dates unless a placement has ended. It therefore assumes that the number of external placements and unit costs remain stable throughout the remainder of the year.
- There have been a greater number of new independent sector placements made than have ended.
- There has been an increase in the overall independent sector placement unit price.
- The age profile of the looked after population is showing an increase towards the early mid teens, the age group which is most likely to require the most expensive residential type accommodation.
- There is a higher LAC population per 10,000 in Tameside than statistical neighbourhoods and Greater Manchester. There is also a greater reliance on residential placements in Tameside when compared to statistical neighbourhoods.
- There is shortage of available non independent and independent fostering agency (IFA) placements

# Children's Social Care

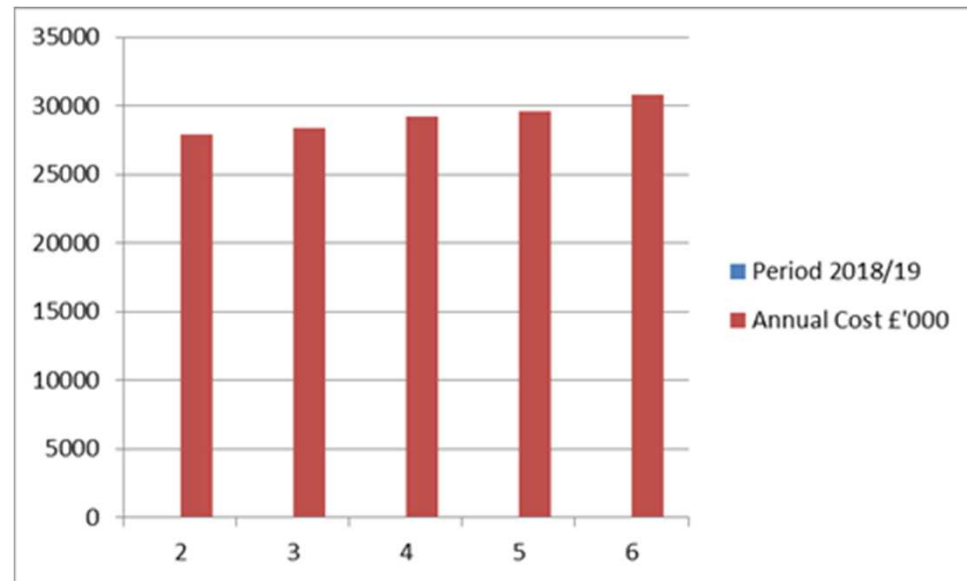
## FINANCIAL CONTEXT

**Table 1**

	Period 3 £	Period 6 £	Increase %
Average weekly cost of independent sector residential	3,682	3,970	8
Average weekly cost of external foster care	764	772	1

Table 1 provides the comparison details for periods 3 and 6 of the average weekly cost for an independent sector residential placement compared to an independent sector fostering placement and the increase in average rate during these 3 months.

**Chart 1**



**Chart 1** provides contextual details of the annual cost of all placements at each period end in the current financial year. Whilst LAC numbers have broadly stabilised in the current financial year, the annualised cost continues to increase each period.

## FINANCIAL CONTEXT

### Key Priorities During The Remainder of 2018/19

- Revision to the Council's Medium Term Financial Planning assumptions 2019/20 to 2023/24
- The implementation and further development of the Looked After Children reduction strategy.

### This will include :

- The further development of the Gateway and Placement panel to improve decision making, consistency of practice and reduce the number of children coming into care
- A review of all Looked After Children accommodated under Section 20.
- The further development and embedding of the Edge of Care service working alongside the Looked After services including a focus on those children who with additional support may be able to either step down from residential to fostering placements or potentially return to the care of family or friends.
- Ensure that all Looked After Care plans are current and that the Independent Reviewing Officers challenge is robust and effective
- Weekly monitoring of care packages and plan of children in external residential and high cost foster care placements.
- Ensure that there is active planning in place, to ensure where appropriate there is a plan for exit and strategy implemented to ensure that children do not remain in these placements longer than necessary.
- Track/monitor and review the care plans of children who have been placed in residential care for a period of six months or more.
- Both locally and working alongside Greater Manchester colleagues seek to more effectively develop placement sufficiency across fostering, residential and supported accommodation

# APPENDIX 3 – Strategic Commissioner Detailed Analysis

## Contents:

<b>Overview of Progress Against Savings</b>	<b>2 – 5</b>
Local Authority Savings Progress	2
CCG Recovery Plan & TEP Update	3 – 5
<b>Local Authority Budget Monitoring</b>	<b>6 – 17</b>
Adults Services	6
Children’s Services – Children’s Social Care	7
Children’s Services – Education	8
Population Health	9
Quality and Safeguarding	9
Operations and Neighbourhoods	10 - 11
Growth	12 – 13
Governance	14 – 15
Finance and IT	16
Capital Financing, Contingency and Corporate Cost	17
Capital Expenditure	18 – 19
<b>CCG Budget Monitoring</b>	<b>20 – 26</b>
Acute	20
Mental Health	21
Primary Care	22
Continuing Care	23
Community	24
Other	25
CCG Running Costs	26

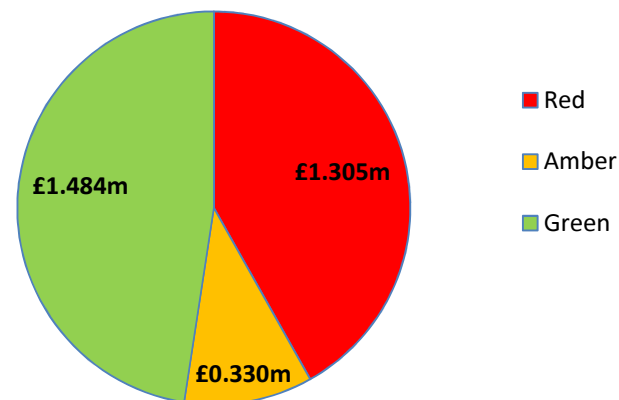
# Local Authority Savings Progress

## 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 6 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.
- **£0.330m** (11%) of the savings target is rated '**amber**' with some risks or delays to delivery identified.
- **£1.305m** (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 non delivery of the saving in 2018/19 of £0.275m. Also included within '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.
- Growth savings of £0.220m will not be delivered in 2018/19. This 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	588	305	340	1,233
Growth	220	25	0	245
Governance	129	0	25	154
Finance & IT	50	0	0	50
Corporate	0	0	122	122
<b>Total</b>	<b>1,305</b>	<b>330</b>	<b>1,484</b>	<b>3,119</b>



# CCG Recovery Plan & TEP Update: September 2018 (M6)

- The CCG has a Targeted Efficiency Plan (TEP, also known as QIPP) target for 18/19 of £19,800k.
- In our submitted plans, the CCG has reported that financial control totals will be met. However we have also reported a net risk against achieving this.
- Because of the size of the QIPP 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.
- In the M6 position, a net risk of £1,400k has been reported, an improvement of £100k since last month. On slide 5 there is a chart showing historically reported risk and a trajectory showing how we expect risk to reduce to the end of the 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.
- As such, it is not appropriate to use the ICF risk share as justification to reduce reported net risk in 18/19 - an approach would ignore the true underlying position.
- Using the flexibility of the ICF we have increased our 18/19 surplus by £3m, to enable drawdown of cumulative surplus in 19/20. Accessing this money from the ICF does not change the CCGs underlying position or risk this year. As such we intend to continue reporting net risk on our non ISFE return and will update this recovery plan on a monthly basis using evidence from QIPP.

- That said, we are currently waiting on confirmation of information that would further improve the CCG position. As such we are optimistic that net risk will reduce to less than £1m in M7.
- Key to reducing the CCGs financial risk is achievement of the £19,800k TEP target. The table below summarises expected achievement at M6, 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	45,000	0	45,000	1,530,552	-1,485,552
Medium Risk	1,721,500	1,446,212	3,167,712	3,721,521	-553,809
Low Risk	2,464,341	3,559,000	6,023,341	6,592,485	-569,144
Saving Poste	3,749,196	7,068,665	10,817,861	9,625,654	1,192,207
Total	7,980,037	12,073,877	20,053,914	21,470,211	-1,416,297

## Expected Savings (after application of optimism bias)

	Recurrent	Non Recurrent	Total	Prior Month	Movement
High Risk	4,500	0	4,500	153,055	-148,555
Medium Risk	860,750	723,106	1,583,856	1,860,761	-276,905
Low Risk	2,464,341	3,559,000	6,023,341	6,592,485	-569,144
Saving Poste	3,749,196	7,068,665	10,817,861	9,625,654	1,192,207
Total	7,078,787	11,350,771	18,429,558	18,231,954	197,604

QIPP Target	19,800,000	19,800,000	0
Savings Still to Find	1,370,442	1,568,046	197,604

Value of savings about which we are certain (i.e. blue & green schemes) 16,841,202

- Against an annual CCG target of £19,800k, £10,818k (55%) of the required savings have been banked in the first six months of the year.
- In addition to this there is a further £6,023k, which we are completely confident of realising in future months. This leaves savings of £3,945k still to find.
- After application of optimism bias, we anticipate making further savings of £1,588k from schemes currently rated as amber or red. Reducing the TEP gap to £1,370k.
- £7,079k (36%) of the expected savings will be delivered on a recurrent basis, contributing toward closing the recurrent economy wide gap.
- Before optimism bias the overall the value of planned savings has reduced by £1,416k since last month. But despite this overall reduction, our post optimism TEP position has actually improved by £198k. There is a chart on slide 5 which shows how the post optimism gap has moved over the year.
- The main drivers of the movement to expected savings are:
  - **+£247k Prescribing.** Despite pressures on Cat M drugs, we continue to make good progress in this area. Most notably around repeat ordering protocols, Rosuvastatin and Rebates. Further improvements are likely in future months, once there is more clarity around impact of M8 price changes.
  - **-103k Emerging Pipeline Schemes.** At the start of the year we had a target of £2,150k relating to high risk and potentially contentious schemes. None of these schemes have yet been implemented and they will all be subject to further consideration as part of the Star Chamber process. Realistically any actions from the Star Chamber will not impact on budgets until 2019/20, Therefore we have reduced the in-year forecast for emerging schemes to zero.

**-87k Primary Care Access Service.** Paper to October SCB recommends that the contract is awarded with effect from 1st April 2019. As such the 2018/19 targeted savings will not be realised, but this is an in-year issue only and does not affect expected recurrent savings on £520k on a recurrent basis.

**+147k Budget Management.** Additional savings on programme staffing and carers funding have allowed savings of £159k to be posted in August. Change in expected saving muted slightly, as realisation of further savings was already built into the forecast.

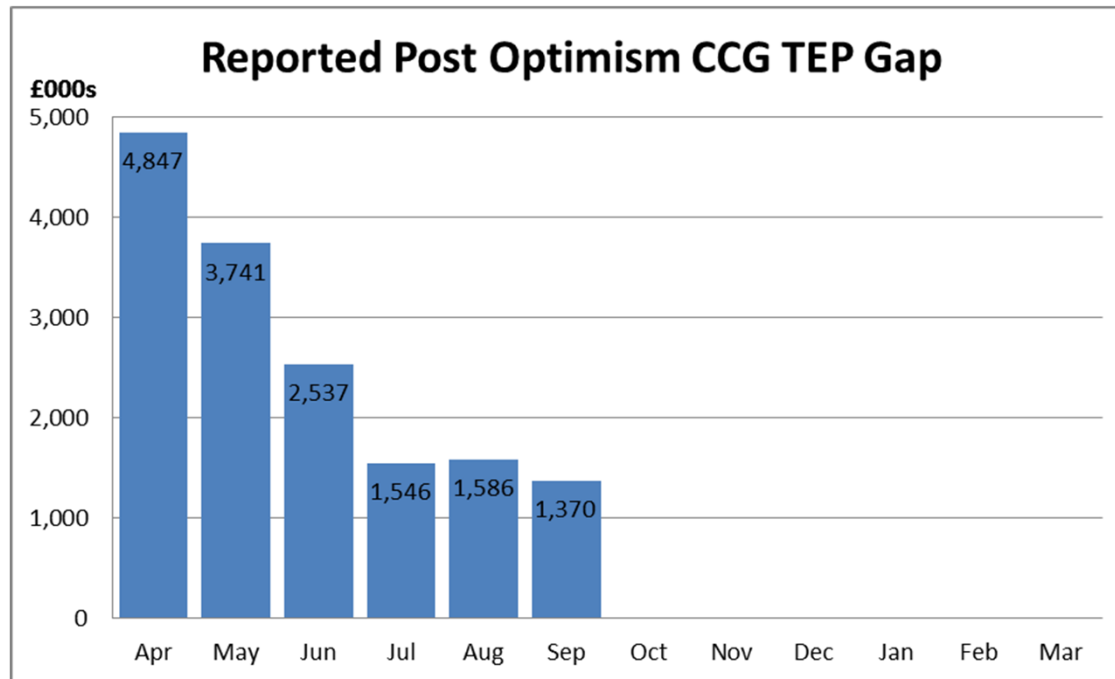
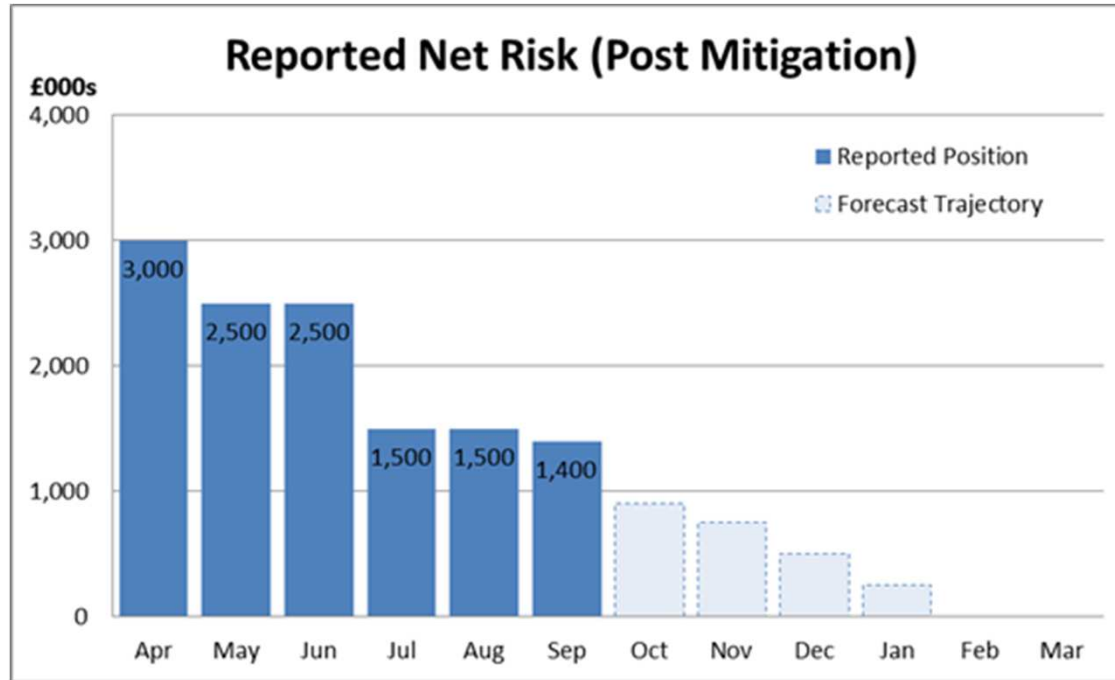
**+100k Running Costs.** £1.1m of savings have been realised in first half of the year. Based on a continuation of trend established over recent months, we will comfortably exceed the M5 forecast of £1.2m. Therefore increase expected savings by £100k.

**+42k Individualised Commissioning Recovery Plan.** Risk against Broadcare has changed from amber to green in recognition of a reduction in the growth rate for CHC patients.

**-150k Mental Health Slippage.** Risk around safer staffing and IG beds means that the previously forecast slippage is unlikely to be achieved in full.

We will continue to closely monitor our TEP schemes, with an aspiration to close the residual gap by converting amber and red schemes to green identifying new savings opportunities.

- In recognition that current plans do not fully address the gap going forward, the strategic commissioner has initiated a 'Star Chamber' process. 23 CCG schemes will be considered in October which will aim to reduce the recurrent gap in 2019/20 and beyond..



# 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	266	467	77
Joint Commissioning & Performance	947	(132)	815	271	785	30
Improved Better Care Fund	3,299	(3,299)	0	(1,653)	0	0
Long Term Support	70,599	(37,592)	33,007	18,523	32,623	384
Mental Health	3,259	(288)	2,971	1,546	3,148	(177)
Urgent Integrated Care	4,013	(869)	3,144	1,587	3,283	(139)
<b>TOTAL</b>	<b>82,660</b>	<b>(42,180)</b>	<b>40,480</b>	<b>20,541</b>	<b>40,306</b>	<b>174</b>

## BUDGET VARIATIONS

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

### Underspends:

- £0.291m - Reduction in Care Home placements, although it should be noted that this is a particularly volatile area of spend so may be subject to an increase over the winter period
- £0.214m – Occupational Therapy, unable to recruit to vacant posts due to lack of suitable candidates. Next steps currently being discussed to address capacity issues.
- £0.261m - Reduction in homecare spend commissioned by the Council as an increased number of people take up Direct Payments in line with government expectations. This reduction is offset by increased Direct Payment spend.

### Pressures:

- (£0.177m) - Mental Health, increase in s117 placement costs
- (£0.176m) - Costs of Out of Area placements, further work currently underway to analyse this further and an update will be provided at the next monitoring period

- (£0.200m) - Increase in Direct Payment spend in line with national expectation, this is offset by reduced spend against homecare budgets as more individuals commission care themselves.
- (£0.140m) - Urgent Care - Additional staffing costs (mainly agency) to provide sufficient capacity over the winter period

## 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 or is on track for delivery in the year.
- The remaining £0.318m of the savings target is rated '**red**' or '**amber**' with some risks or delays to delivery identified.
- Other savings are being identified across the service which it is expected will compensate for non-delivery of the planned savings.

	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	673	1,097	(32)
Childrens Safeguarding	27,647	(755)	26,892	14,992	33,579	(6,687)
Early Intervention & Youth Justice	1,724	0	1,724	748	1,650	74
Looked After Children	4,343	(2,017)	2,326	1,804	1,969	357
Child Protection & Children In Need	4,344	(238)	4,106	2,211	4,325	(219)
	7,649	0	7,649	3,811	7,611	38
<b>TOTAL</b>	<b>46,814</b>	<b>(3,051)</b>	<b>43,763</b>	<b>24,238</b>	<b>50,231</b>	<b>(6,468)</b>

## BUDGET VARIATIONS

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

### Underspends:

- Vacant posts within the structure that are not currently filled are resulting in projected underspends in some areas.

### Pressures:

- 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 634 at 30 September 2018.
- Despite the additional financial investment in the service in 2017/18 and 2018/19, the service is projecting to exceed the approved budget mainly due to additional placement costs £6.470m.
- 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 30 September 2018 is 634; a resulting increase of 49 (8.4%). This should also be considered alongside the current average weekly cost of placements in the independent sector with residential at £3,970 and foster care £772.

# Children's Services – Education

R

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	11,848	(9,776)	2,072	7,076	2,544	(472)
Assistant Executive Director - Education	239	(66)	173	52	91	82
Schools Centrally Managed	2,177	(217)	1,960	(3,243)	1,829	131
Schools Centrally Managed - DSG	9,488	(9,270)	217	4	0	217
School Performance and Standards	417	(181)	237	82	212	25
Pupil Support Services	7,498	(6,591)	908	2,497	1,156	(248)
<b>TOTAL</b>	<b>31,668</b>	<b>(26,101)</b>	<b>5,567</b>	<b>6,469</b>	<b>5,832</b>	<b>(265)</b>

Page 52

## BUDGET VARIATIONS

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

### Underspends:

- £0.376m - Vacant posts across the whole service.
- £0.217m - Budgetary saving to be utilized to offset overspending in other areas of Education

### Pressures:

- (£0.540m) - Special Educational Needs Transport due to increase in children eligible for statutory support.
- (£0.248m) - 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	16,353	(121)	16,232	10,274	16,171	61
<b>TOTAL</b>	<b>16,353</b>	<b>(121)</b>	<b>16,232</b>	<b>10,274</b>	<b>16,171</b>	<b>61</b>

### 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 and Safeguarding	367	(288)	79	(25)	73	6
<b>TOTAL</b>	<b>367</b>	<b>(288)</b>	<b>79</b>	<b>(25)</b>	<b>73</b>	<b>6</b>

# Operations and Neighbourhoods

R

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	1,211	(2,442)	(1,231)	(769)	(1,254)	23
Community Safety & Homelessness	4,933	(1,363)	3,570	825	3,560	10
Cultural and Customer Services	3,433	(287)	3,146	1,183	2,826	320
Design and Delivery	11,336	(9,376)	1,960	3,203	1,922	39
Environmental Services Management	30,530	(247)	30,284	16,592	30,781	(497)
Highways & Transport	8,022	(8,271)	(248)	(1,231)	459	(707)
Markets	1,115	(1,533)	(418)	(660)	(265)	(153)
Operations and Greenspace	5,866	(473)	5,393	2,950	5,511	(118)
Public Protection	3,919	(871)	3,048	1,228	2,513	535
Waste Management	5,623	(1,156)	4,468	2,398	4,461	6
Youth	451	(43)	408	133	348	60
School Catering	3,974	(3,970)	4	1,366	(31)	35
Corporate Landlord	8,012	(1,960)	6,053	4,043	7,791	(1,738)
Environmental Development	510	(90)	419	198	380	39
<b>TOTAL</b>	<b>88,936</b>	<b>(32,081)</b>	<b>56,855</b>	<b>31,461</b>	<b>59,001</b>	<b>(2,146)</b>

Page 54

## 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.

### 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 £0.378m 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 relating to Darnton Road have created a further pressure of £0.122m, and the car parking service is currently projecting a shortfall in income from car parks income of £0.184m. We need to monitor car parking income, in particular the impact of on-street pay and display charges. This will be reviewed in 12 months.
- Operations & Greenspace are forecasting a continued shortfall in income from Ashton Market due to the ongoing development works in Ashton Town Centre. There are also additional waste disposal costs within the street cleansing service.
- Waste Management have incurred expenditure on caddy liners to encourage recycling of food waste, however there is no budget provision for this.
- 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 will continue to be incurred until everything is finalised. Forecast savings from the re-provision of the Additional Services contract with the Local Education Partnership (LEP) will not be realised in 2018/19.

## SAVINGS

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

- The £0.893m 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 £0.100m.
- 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.

	RED	AMBER	GREEN	TOTAL
Savings	588	305	340	1233

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	391	(122)	269	(117)	363	(94)
Employment & Skills	1,800	(882)	918	145	839	79
Estates	1,431	(2,593)	(1,163)	(277)	(422)	(740)
Investment & Development	1,770	(1,085)	685	222	725	(40)
Planning	1,310	(1,084)	226	187	379	(154)
Strategic Infrastructure	608	(160)	448	126	392	56
BSF, PFI & Programme Delivery	22,680	(22,680)	0	730	0	(0)
<b>TOTAL</b>	<b>29,990</b>	<b>(28,607)</b>	<b>1,382</b>	<b>1,017</b>	<b>2,277</b>	<b>(894)</b>

## BUDGET VARIATIONS

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

### Underspends:

- Development Growth Management savings have been identified following line by line review of the whole of Place Directorate.
- Expenditure on Local Plan work has been delayed and is committed to be spent next year.

### Pressures:

- 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 expected to take several months to complete. Additional security costs are also being incurred following a fire.

# Growth

## BUDGET VARIATIONS

### Pressures (continued):

- Within the Planning Service, Building Control income is forecast to be less than budget due to a reduction in the number of applications. Development and Control income is also forecast to be under budget.

## SAVINGS

The 2018/19 budget included £0.245m of savings to be delivered by management during the financial year.

- £0.245m of the savings target is rated 'red' or 'amber' with some risks or delays to delivery identified.

Growth savings of £0.220m will not be delivered in 2018/19. These included forecast savings from the re-provision of the Additional Services contract with the Local Education Partnership (LEP) which has been extended as a result of the collapse of Carillion, and additional income from the purchase of the Plantation Industrial Estate which is no longer proceeding.

	RED	AMBER	GREEN	TOTAL
Savings	220	25	0	245

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
<b><u>Governance</u></b>						
Executive and Business Support	1,061	(9)	1,052	464	1,007	46
Democratic Services	750	(24)	726	637	757	(30)
Governance Management	909	(88)	822	87	334	487
Legal	1,086	(113)	972	395	988	(16)
	<b>3,807</b>	<b>(234)</b>	<b>3,572</b>	<b>1,583</b>	<b>3,086</b>	<b>487</b>
<b><u>Exchequer</u></b>						
Assess & Pay	76,929	(76,536)	393	(145)	(159)	553
Exchequer Management	226	0	226	119	248	(22)
Income & Collection	2,605	(1,856)	750	1,072	841	(91)
	<b>79,760</b>	<b>(78,392)</b>	<b>1,369</b>	<b>1,046</b>	<b>930</b>	<b>439</b>
<b><u>People &amp; Workforce Development</u></b>						
People and Organisational Development	3,498	(1,123)	2,375	828	2,268	108
	<b>3,498</b>	<b>(1,123)</b>	<b>2,375</b>	<b>828</b>	<b>2,268</b>	<b>108</b>
<b><u>Marketing &amp; Communications</u></b>						
Policy, Performance and Communications	1,578	(140)	1,438	543	1,428	10
	<b>1,578</b>	<b>(140)</b>	<b>1,438</b>	<b>543</b>	<b>1,428</b>	<b>10</b>
<b>TOTAL</b>	<b>88,643</b>	<b>(79,889)</b>	<b>8,754</b>	<b>3,999</b>	<b>7,711</b>	<b>1,043</b>

### 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:**

- £0.503m 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 delivered ahead of schedule
- £0.192m Reduction in the contribution to the Housing Benefit bad debt reserve
- £0.070m Additional income within HR service, offset with loss of schools income
- £0.066m Adults/Children's IT in year savings
- £0.060m Additional grant income
- £0.118m 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
- (£0.222m) Summons fee increase not achievable further pressure as result of a reduction in the number of summons being issued due to better collection rates as a consequence of legal changes to process
- (£0.048m) Increase in costs in relation to the transfer of Children's social care workforce to Executive Support

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
<b>FINANCE</b>						
Financial Management	2,747	(570)	2,176	616	1,842	334
Risk Management & Audit Services	614	(248)	366	223	295	70
	<b>3,361</b>	<b>(819)</b>	<b>2,542</b>	<b>839</b>	<b>2,138</b>	<b>404</b>
<b>IT</b>						
Digital Tameside	2,742	(731)	2,011	1,323	2,168	(157)
	<b>2,742</b>	<b>(731)</b>	<b>2,011</b>	<b>1,323</b>	<b>2,168</b>	<b>(157)</b>
<b>TOTAL</b>	<b>6,103</b>	<b>(1,550)</b>	<b>4,553</b>	<b>2,163</b>	<b>4,306</b>	<b>248</b>

## BUDGET VARIATIONS

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

### Underspends:

- £0.364m - Staffing vacancies and staff having not taken up the pension option.
- £0.145m – Additional MFD Income to the service. This is subject to a review that will be carried out.
- £0.112m - Allocation of central services grant not previously budgeted for

### Pressures:

- (£0.036m) - School Income target - underachieved due to academy conversions.
- (£0.317m) - Additional year on year corporate costs increasing including additional Microsoft Licenses, increase of back up costs, wireless access point maintenance and increased security products.

## 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

G

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	0	8,058	1,580
Contingency	4,163	(6,823)	(2,660)	(498)	(6,714)	4,054
Corporate Costs	8,726	(6,857)	1,870	(1,646)	583	1,287
<b>TOTAL</b>	<b>23,887</b>	<b>(15,040)</b>	<b>8,848</b>	<b>(2,145)</b>	<b>1,927</b>	<b>6,921</b>

## 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 installment of the Manchester Airport Investment took place in July 2018 with a second installment 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 from P5 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.
- Savings and additional income in corporate costs includes an additional £0.813m of dividends from Manchester airport following receipt of the final dividend for 2017/18. The dividend income is not guaranteed and will be reviewed again on receipt of the interim dividend in December 2018.

## BUDGET VARIATIONS

- 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.
- 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.

## 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
<b>Growth</b>				
Vision Tameside	17,343	5,869	17,343	0
Investment & Development Estates	4,451	797	3,528	923
	716	0	716	0
<b>Operations and Neighbourhoods</b>				
Engineers	15,269	4,756	15,391	(122)
Environmental Services	535	56	251	284
Transport (Fleet)	362	0	261	101
Corporate Landlord	112	67	145	(33)
Stronger Communities	35	1	35	0
<b>Children's</b>				
Education	15,074	654	12,207	2,867
<b>Finance &amp; IT</b>				
Finance	11,300	5,639	11,300	0
Digital Tameside	4,607	503	3,735	872
<b>Population Health</b>				
Active Tameside	5,810	197	4,410	1,400
<b>Adults</b>				
Adults	605	0	250	355
<b>Governance</b>				
Exchequer	10	0	10	0
<b>Total</b>	<b>76,229</b>	<b>18,539</b>	<b>69,582</b>	<b>6,647</b>



# Capital Expenditure

	2018/19 Budget £000	Actual to Date £000	Forecast Outturn £000	Variance £000
<b>Education</b>	15,074	654	12,207	2,867
<b>Active Tameside</b>	5,810	197	4,410	1,400
<b>Digital Tameside</b>	4,607	503	3,735	872
<b>Investment &amp; Development</b>	4,451	797	3,528	923
<b>Adults</b>	605	0	250	355
<b>Environmental Services</b>	535	56	251	284
<b>Engineers</b>	15,269	4,756	15,391	(122)
<b>Transport (Fleet)</b>	362	0	261	101

## 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 (£1.228m) and Alder High School (£0.746)- The build is due to commence shortly, but the completion will not be scheduled until August 2019 ready for the September school intake.

Mossley Hollins (£0.500)- Reduced costs are a result of the scope of the scheme being reduced as internal alterations previously planned are not being proceeded with at this stage.

There are a number of minor schemes (£0.395) scheduled for Summer 2018 but because of the hiatus between Carillion's departure and Robertson's appointment schemes were unable to be carried out over the summer.
- ACTIVE TAMESIDE** – An updated cash-flow forecast for the new Denton Facility has now been prepared based on a 12 November start date.
- DIGITAL TAMESIDE** - Due to the delays on the progress of Ashton Old Baths, the data centre work is yet to commence.
- 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, it is likely there will be a need for £0.760m slippage into the next financial year.
- ADULTS-** Currently completing the Procurement Initiation Document (PID) for STAR Procurement to procure a construction contractor. The Scope should be available mid-October and this will allow procurement of a suitable contractor. Commencement of construction will be dependent on the chosen contractor's capacity.
- ENVIRONMENTAL SERVICES-** This variation relates to domestic retrofit measures for eligible residents. The primary funding for these measures comes from the Energy Company Obligation (ECO) fund that is managed by Central Government. The irregularity of ECO funding makes it difficult to profile and predict spend from this capital pot of money.
- ENGINEERS** - Significant increased construction costs for car park due to additional excavation and tree clearance requirements
- PROCUREMENT OF 58 FLEET VEHICLES-** The vehicles now being procured have had a change to the original specification and costs are less than expected although as the tender is still out the exact cost cannot be confirmed. Delivery is expected by February 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
<b>Acute Commissioning</b>	<b>94,312</b>	<b>95,010</b>	<b>-699</b>	<b>191,041</b>	<b>191,043</b>	<b>-2</b>
Tameside & Glossop ICFT	63,766	63,768	-2	128,772	128,772	0
Manchester FT	15,534	16,322	-788	31,270	32,646	-1,376
Stockport FT	5,192	4,905	287	10,385	9,895	490
Salford Royal FT	2,665	2,777	-112	5,340	5,230	109
Pennine Acute	1,799	1,743	56	3,561	3,422	140
The Christie	931	972	-41	1,862	1,921	-60
BMI Healthcare	816	946	-130	1,703	1,823	-120
Wrightington, Wigan & Leigh	589	561	28	1,154	1,072	82
Spamedica	569	530	40	1,138	1,100	38
Other Providers	2,451	2,488	-37	5,856	5,161	695
<b>Ambulance Services</b>	<b>4,121</b>	<b>4,166</b>	<b>-45</b>	<b>8,243</b>	<b>8,365</b>	<b>-122</b>
<b>Clinical Assessment &amp; Treatment Centres</b>	<b>700</b>	<b>671</b>	<b>29</b>	<b>1,481</b>	<b>1,430</b>	<b>51</b>
<b>Collaborative Commissioning</b>	<b>7</b>	<b>5</b>	<b>2</b>	<b>15</b>	<b>17</b>	<b>-3</b>
<b>High Cost Drugs</b>	<b>103</b>	<b>107</b>	<b>-3</b>	<b>206</b>	<b>213</b>	<b>-7</b>
<b>NCAS/OATS</b>	<b>961</b>	<b>1,306</b>	<b>-345</b>	<b>2,060</b>	<b>1,862</b>	<b>198</b>
<b>Winter Resilience</b>	<b>799</b>	<b>799</b>	<b>-0</b>	<b>1,598</b>	<b>1,598</b>	<b>0</b>
<b>Total - Acute</b>	<b>101,003</b>	<b>102,065</b>	<b>-1,062</b>	<b>204,645</b>	<b>204,529</b>	<b>116</b>

**Notes:**

- Significant risk and overspend at Manchester FT was subject to a deep dive report, discussed at Finance and QIPP Assurance group in September. The main driver of this pressure is a 16.5% increase in the number of emergency admissions since last year. Planned care is still slightly below plan, but some risk in this as the trust are not meeting RTT targets. Pressures in cardiology relate to a service transfer.
- The main driver of Stockport variance is transfer of cardiology activity to Wythenshawe. There is also underspend in urology and maternity.
- At Pennine Acute, there is an underspend on planned care but an RTT backlog. Some ophthalmology patients are being treated in the independent sector and the forecast factors in waiting lists initiatives. But risk to the CCG in this, from both a financial and quality standpoint.
- Budgets for ambulances were set based on advice received from lead commissioner for this service. Budgets did not include any allowance for settlement of an ongoing dispute around price. This dispute was settled in mediation and resulted in a pressure for the CCG.
- The underspend against other providers includes a benefit of £446k relating to neuro rehab commissioned by the individualised commissioning team, which is offsetting pressures on CHC budget lines. The contract with Care UK is significantly overspent while a20 backlog of ophthalmology is cleared. QIPP contingency and underspend against NCA offset much of the wider acute pressure.

	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	-295	-307	12	-229	-226	-3
Improving Access To Psychological Therapies	92	91	1	183	183	0
Learning Disabilities	316	319	-3	647	651	-3
Mental Capacity Act	39	39	-0	120	120	0
Mental Health Contracts	12,101	12,101	0	24,198	24,198	0
Mental Health Services - Adults	2,513	2,846	-332	4,988	5,514	-526
MH - Collaborative Commissioning	-0	-1	1	0	1	-1
MH - Non Contracted Activity	35	35	-0	71	71	0
Mental Health Services - Other	973	973	-0	1,807	1,807	0
MH - Specialist Services	294	374	-80	587	687	-100
<b>Total - Mental Health</b>	<b>16,068</b>	<b>16,471</b>	<b>-403</b>	<b>32,373</b>	<b>33,006</b>	<b>-633</b>

**Notes:**

- 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 M6 includes non-recurrent slippage of £1m. This slippage relates primarily to delays in commencement dates for new and enhanced services, which are in turn driven by recruitment difficulties. There is potential for further non recurrent slippage in the months to come – on the CCG TEP schedule we are forecasting £700k of further savings, which have been risk rated 'amber'. All assumptions around TEP are built into the reported position above.
- A risk share arrangement for an additional 11 MH beds at Pennine Care has now 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 £100k forecast overspend 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 £100k pressure assumes that some of these patients will be able to step down to less secure care before the end of December. But risk to the financial position should number of placements remain elevated.
- The £526k pressure forecast for Adults MH services relates to Individualised Commissioning packages of care. Although there is an 21 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	19,806	19,805	0	41,704	41,704	0
Delegated Co-commissioning	16,171	16,255	-83	33,041	33,069	-28
Out of Hours	1,276	1,276	0	2,551	2,551	0
Local Enhanced Services	755	733	22	1,510	1,465	45
Primary Care IT	665	491	174	1,417	1,310	107
Central Drugs	594	603	-9	1,201	1,201	0
Primary Care Investments	438	405	33	876	811	65
GP FORWARD VIEW	526	526	-0	526	527	-1
Oxygen	235	201	34	514	483	31
Medicines Management - Clinical	190	189	1	418	416	2
Commissioning Schemes	160	160	-1	319	319	0
<b>Total - Primary Care</b>	<b>40,815</b>	<b>40,645</b>	<b>171</b>	<b>84,077</b>	<b>83,856</b>	<b>221</b>

## Notes:

- In the first 4 months of the year, lower spend on prescribing has contributed £550k to TEP. Along with the cross year benefits previously reported (better than expected achievement against schemes in February and March), there is now a total TEP banked of £1,143k.
- Continued medication reviews by the Medicines Management Team have contributed to the savings. There have been significant reductions in spend on certain drugs, for example there has been a reduction of £40k spent on Tadalafil and a reduction of £65k spent on Rosuvastatin. Changes to inhalers used to treat COPD have also contributed £80k to the TEP total.
- Prices of Category M medicines are expected to rise from month 5 due to changes applied centrally, but this is a known pressure and has already been incorporated into the forecast for the remainder of the year. It is anticipated that total TEP savings of £2,250k for the year will be achieved.
- In delegated Co-Commissioning the small over performance as a result of increased sign up to Directed Enhanced Services. We still have a number of rent reviews outstanding (some of which date back several years) which presents some risk to our financial position going forward. The figure above include an assumption around payment of CHP management fees. It was agreed at Primary Care Committee in October that the CCG will not fund these, therefore a small improvement in the position is expected at M7.
- The underspend on Primary Care Investments (i.e. Commissioning Improvement Scheme) and Local Enhanced Services reflect the final achievement against the 2017/18 and expected performance in 2018/19. Primary Care Investments Primary Care IT. Demand for oxygen products is slightly lower this year than it has been historically.

	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	4,852	5,305	-453	10,364	11,900	-1,536
CHC Adult Personal Health Budgets	420	756	-336	840	1,860	-1,020
Funded Nursing Care	848	941	-93	1,697	1,833	-136
CHC Assessment & Support	476	455	21	944	913	30
CHC Adult Joint Funded	194	253	-59	387	512	-125
Children's Continuing Care	58	48	10	117	97	20
Children's CHC Personal Health Budgets	14	14	1	29	29	0
<b>Total - Continuing Care</b>	<b>6,863</b>	<b>7,772</b>	<b>-909</b>	<b>14,377</b>	<b>17,144</b>	<b>-2,767</b>

## Notes:

- 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 is now in place, with detailed updates presented at Finance & QIPP Assurance Group on a quarterly basis. While we are still forecasting an overspend of £2,767k, the historic growth rates have slowed and we are starting to make inroads into the pressures. Most notably we have seen a marked reduction in the number of fast track patients when compared to the same period last year.
- This quarter has seen a significant reduction in the number of Fully Funded CHC packages placements. However, this reduction is not expected to endure and the number of placements will inevitably increase again as we approach winter. The forecast factors in this expected seasonal variation.
- In December 2017 a new system to manage and monitor individually commissioned packages of care. Ongoing use and development of Broadcare has provided a more detailed understanding of care provided and as such we are now able to code invoices more accurately. As a result of this, there have been some movements in spend between cost centres and directorates (secure MH placements and neuro rehab within Acute), but the overall position for individualised commissioning is not changes as a result of these movements.
- There has been a significant increase in the number of patients electing to use a Personal Health Budget (either direct payment or notional) over the past 12 months. This moves the CCG closer to meeting national targets around the number of PHB packages and does not create any additional financial pressures. The forecast variance above incorporates this movement towards PHB.
- There is a slight increase in the number Funded Nursing Care patients over the financial year so far. This will be monitored closely over the coming months.

	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	14,307	14,230	76	28,613	28,918	-305
Hospices	296	296	0	592	592	0
Wheelchair Service	258	259	-1	515	515	0
Palliative Care	62	60	2	124	124	0
<b>Total - Community</b>	<b>14,922</b>	<b>14,845</b>	<b>77</b>	<b>29,844</b>	<b>30,149</b>	<b>-305</b>

## Notes:

- 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.
- The £305k overspend in Community Services represents a non recurrent estates pressure following the closure of Shire Hill. The historic budget for Shire Hill has transferred to the ICFT as a contribution towards estates costs for the Stamford Unit. But delays in serving notice on the Shire Hill meant that the CCG was liable to continue paying rent on the empty building. Notice has now been served on Shire Hill and the CCGs liability for void costs ends on 31 December 2018.
- 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	6,401	6,401	-0	9,800	9,797	3
Property Services	1,822	2,063	-241	3,645	4,206	-562
Transformation Funding	4,605	2,741	1,864	3,170	3,170	-0
Programme Projects	1,103	1,148	-45	1,271	1,432	-161
Patient Transport	661	653	8	1,321	1,310	12
Safeguarding	379	348	31	758	734	24
NHS 111	326	318	9	653	653	-0
Clinical Leads	175	161	14	343	325	18
Commissioning - Non Acute	75	64	11	150	150	0
Interpreting Services	27	26	1	54	53	1
Nursing and Quality Programme	-0	0	-0	-0	0	-0
Commissioning Reserve	488	0	488	2,245	-1,787	4,033
<b>Total - Other</b>	<b>16,063</b>	<b>13,923</b>	<b>2,140</b>	<b>23,410</b>	<b>20,042</b>	<b>3,367</b>

CCG TEP Shortfall (QIPP)	1,370	-1,370
--------------------------	-------	--------

## Notes:

- On the face of things we appear to reporting a significant favorable variance against the commissioning reserve line. However, it is important to understand that this forecast has been calculated in order to balance the CCG position. This forecast can only be delivered if the CCG is able to fully achieve the £19.8m TEP target. We are currently reporting £1,370k risk against delivery of this TEP target.
- We have received £3.2m of the approved £6.3m transformation funding so far this year. Allocations for the remainder, will be transacted later in the year. The YTD budget is higher than the full year budget as we had expected spend against our schemes to be front loaded. However a number of schemes (including support at home) have been subject to delay. This slippage is being reviewed and a plan to accelerate implementation of these schemes will be taken forward by FEW and Programme Board.
- 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 £161k pressure.
- Lots of work has been done around estates including renegotiation the 10% management fee and serving notice on a number of buildings. However, significant risk against the estates budget continues as we have still not been able to agree a schedule of properties for 2018/19 and there are still a number of outstanding disputes relating to 2017/18.
- 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
TEP	0	0	0	1,096	1,096	0
Finance	432	431	0	900	903	-3
Commissioning	366	366	0	798	760	38
CEO/Board Office	232	234	-1	487	479	8
Corporate Costs & Services	176	177	-1	349	349	1
IM&T	144	143	1	284	280	4
ADMINISTRATION & BUSINESS SUPPORT	88	87	1	281	261	20
Communications & HR	100	100	0	201	152	49
Chair & Non Execs	78	75	4	157	150	7
Contract Management	71	72	-1	118	141	-23
Nursing	65	65	0	130	130	0
Corporate Governance	79	79	0	129	129	0
Estates & Facilities	52	52	-0	104	121	-17
General Reserve - Admin	0	0	0	35	118	-83
IM&T Projects	57	55	2	114	113	1
Equality & Diversity	13	13	0	26	26	0
Human Resources	1	1	0	1	1	0
<b>Total - CCG Running Costs</b>	<b>1,954</b>	<b>1,947</b>	<b>7</b>	<b>5,209</b>	<b>5,209</b>	<b>-0</b>

**Notes:**

- The CCG receives an earmarked allocation of £5.2m to fund running costs. We are not allowed to exceed this limit, but any underspend on running costs can be used to offset pressures in our programme budgets.
- In the first half of the year we have made TEP savings of almost £1.1m and are forecasting full year savings in the region of £1.3m . Summary of YTD savings are presented in table to right

YTD TEP Savings (£000's)	In Year	Recurrent
Integration Benefits: Services (e.g. estates, payroll etc)	377	377
Integration Benefits: Staffing (e.g. CEO, HR)	192	192
Corporate reorganisation (lay members, board)	163	163
Renegotiated SLAs/contracts (e.g. GMSS, audit, mobile phones)	156	156
Non Rec In Year Staffing Savings (i.e. vacancy factor)	208	0
<b>Grand Total</b>	<b>1,096</b>	<b>888</b>



## Tameside PFI Schools Accounting review

### 1. BACKGROUND AND INTRODUCTION

- 1.1 Tameside Council agreed to undertake a review of the schools Private Finance Initiative (PFI) contracts in August 2016. For various reason this review did not go ahead. In December 2017 the Financial Management Team undertook a review of the accounting for the contracts, at the request of schools within the contracts
- 1.2 PFI was introduced in the 1990's and Local Authorities were pushed down this route if they needed to rebuild or replace existing schools, with other more conventional delivery routes unavailable. The concept of PFI was for the Local Authority to contract with the private sector, with suppliers bidding to design, build, finance and operate the required buildings, and thus ensuring that efficiencies were inherent in the design and operation of the building. It also required the buildings to be maintained to a minimum standard, meaning that they remained fit for purpose and in good condition at the end of the contract, when they were usually handed back to the commissioning local authority. The contracts entered into were typically 25 to 30 years.
- 1.3 Tameside entered into a number of Schools PFI contracts under two different regimes;
  - The Hattersley Scheme, this is an old style contract before the introduction of the Building Schools for the Future programme. This contract is operated by Interserve, and covers 3 schools; Alder High School, Pinfold and Arundale Primary Schools. The contracts were entered into in 2001/2 for a 30 year period.
  - Building Schools for Future (BSF) contracts, which formed part of the then Labour Governments school rebuilding programme. These contracts were more sophisticated than the earlier PFIs and required participating local authorities to enter into a strategic partnership with a private sector supplier which was delivered and managed through a Local Education Partnership (LEP). Tameside's LEP partner was Carillion. There were two contracts covering Mossley Hollins High School, St Damian's, Denton Community College, Hyde Community College, White Bridge, Elm Bridge and, Thomas Ashton special school. The first contract was initially put in place in 2010/11 and was for 25 years.
- 1.4 In addition to the above PFI contracts there is also a Facilities Management Contract only in place with Samuel Laycock and New Charter Academy Schools. The contract is similar to PFI but the original build of these sites were funded by a direct grant.
- 1.5 The LEP's were a mandatory part of getting funding for a PFI school on BSF contracts. The LEP was a special purpose vehicle that was established to ensure the schools were delivered as per the contract, the Tameside LEP is called Inspired Spaces (Tameside) Ltd, and its shareholders were:
  - 80% owned by Carillion – (Now owned by Amber Fund Management)
  - 10% owned by TMBC
  - 10% owned by BSFi (since sold to INPP – owed by Amber Fund Management)

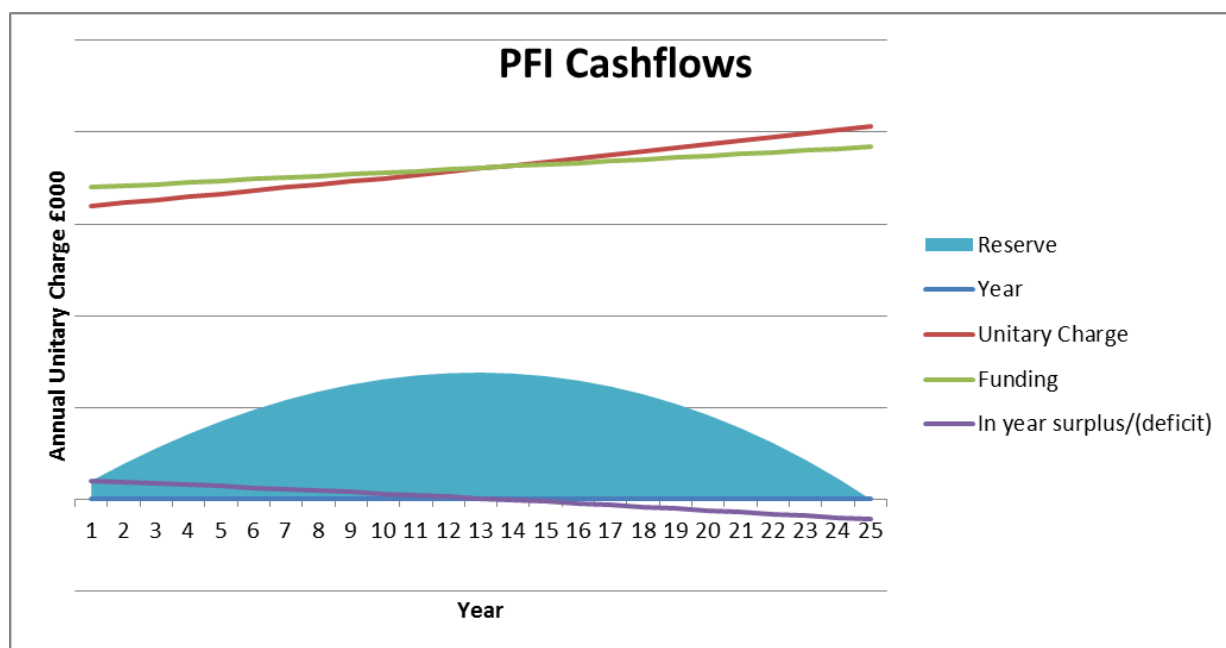
### 2. ACCOUNTING REVIEW

- 1.6 The Financial Management team's accounting review of PFI contracts covered a number of areas including, the contractual payments to the LEP, the contributions made by schools, the financial assumptions of the financial modeling to date and the reserve accounts held as part of the operation of the schemes.

## APPENDIX 4

- 1.7 A PFI contract typically operates on a number of funding streams which seek to offset the costs of the contract expected over the life of the contract. The costs of the contract are reflected in the unitary charge (UC), which is a single payment made to the project companies to allow them to finance, build and operate the school buildings. The majority of the charge relates to financing costs (interest and debt repayment) with approximately 40% relating to the operation of the buildings. This 40% element is uplifted by inflation.
- 1.8 The unitary charge is funded by a number of income streams;
- PFI credits - fixed grant payment from central government, designed to cover the capital financing costs of the building,
  - PFI school contributions, to reflect the operational costs,
  - Schools devolved formula capital funding, because schools were fully maintained as part of the PFI contract,
  - DSG PFI top slice,
  - Schools letting income earned outside school hours
  - and interest earned from money held in the PFI reserve.
- 1.9 All of these income strands are uplifted in line with RPIX with the exception of the grants from government.
- 1.10 The funding models usually meant that in the earlier years of the contracts, contributions are higher than costs, with the difference paid into a reserve that will take account of inflationary factors in later years that will need to be paid at a later date.
- 1.11 Due to the long term nature of the contracts, when looking at the financial modeling, there were a number of unknowns that impact on the affordability over the life of the contract. These include; interest received, RPIX, the level of devolved formula capital and the actual amount of lettings that actually take place. Therefore estimates are made about expected future increases. In financial markets are usually only reasonably reliable in the shorter term i.e. 3 to 5 years ahead. Chart 1 shows how the cash flows would typically flow over the life of a PFI contract.

**Chart 1 – Typical PFI cash flows**



## APPENDIX 4

- 1.12 The model described above is the model that is operating with Hattersley. However with the BSF contract, there are some income streams that are not typical of PFI contracts. In 2012/13 the Council took the opportunity to invest some of the PFI reserve into buying shares in the PFI project companies who operate the BSF schemes. The investment returns from the ownership of the project companies have been paid back into the PFI reserve, and will continue to do so for the remaining life of the contract.
- 1.13 As shareholders of the project companies, the council also receives Directors Fees for sitting on the board; these fees are also paid into the PFI reserve.

### 3. OUTCOME OF THE REVIEW

- 1.14 The review carried out by Financial Management looked at all of the accounting transactions for the 3 types of contract. It covered all actual financial transactions made against those expected in the financial model, including;
- Checking all historical payments to the service providers
  - A review of the RPIx factors in the past and updating those modeling forward.
  - Checking the actual lettings to those projected
  - Updating the interest actually received against those projected in the model
  - The director fees. (BSF model only)
  - Investment income received. (BSF model only)
  - Review of all the penalty deductions and contract variation notices and charges to schools.
  - Other contributions to the reserves.
- 1.15 The review found that there were some areas of the model that needed to be updated to reflect the actual figures, there had also been some errors in charging schools. The RPIX point has been incorrectly applied in some instances. The PAN for one school needed to be corrected and one school had been incorrectly charged for utility costs which are part of the contract. These corrections have been made and resolved with the schools concerned.
- 1.16 A large element of the review was in relation to the BSF PFI reserve. When originally modeled, this reserve did not include the Council's share of the income generated from its later investment in the PFI project companies. This investment was taken as a proactive step by the Council, and is not a routine element of PFI schemes. There have been a number of year's returns on this investment and it has realised much higher returns than originally anticipated.
- 1.17 Without the investment income from the project companies, and the top slice of DSG these schemes would be unaffordable. However, the additional contributions mean that the projections for the level of reserves to the end of the contracts, i.e. in 25 years' time, would have resulted in a significant surplus. The model at financial close was based on a small surplus of £100k being left at the end of the contracts in the reserve for winding up costs.
- 1.18 The forecast surplus position has meant that some of these balances can be returned to all schools and academies in Tameside.
- 1.19 The amount given back to schools and academies is £3.5m in relating to years prior to 2018/19. There would also be an in-year rebate of £0.5m.
- 1.20 The reserve was initially set up with some DSG reserve funding. This contribution was made to support the BSF PFI schools and was done some with agreement of Schools Forum.

## **APPENDIX 4**

- 1.21 The majority of the allocations to the reserve have been made from schools, which is on the basis of 80.51% from the PFI schools, the amount per school can be found at annex A, with 19.49% contributed as a top slice from DSG as a PFI factor. If this had not been taken in this way it would have been allocated to all schools through the formula funding on a per pupil basis. Therefore it was deemed the most appropriate way to set the rebate of this money to school, was on the same basis split as the contributions to the BSF PFI reserve.
- 1.22 The split of the all schools element was allocated on a per pupil basis using the numbers as per census data in October 2017. All payments to schools and academies were made by the end of September 2018.
- 1.23 The Hattersley scheme review has confirmed that the payments by the school are at an appropriate level to afford the contract payments as they currently stand. The review did however uncover some funding that needed to be passed back to schools for penalty deductions. These have now been done.
- 1.24 The Greater Academy/Samuel Laycock contract has also been reviewed. This contract is different from the other two as the contract covers only the soft and hard FM elements of the contract. The review of contributions by school is again appropriate level.

### **4. INDEPENDENT VERIFICATION**

- 4.1 Clearly it has been a big decision to return funds to schools when the contracts have so long to run, and any mistake or inaccuracy to the modeling could require there being a shortfall on the reserves at the end of the contracts. It has therefore been appropriate to ensure that the review has been robust. In order to give assurance that figures are correct, an independent review of the financial models and verification of our assumptions have been carried out by an external consultant, J L Advisory who confirmed the figures to be correct. Furthermore this has been discussed with our external consultants Mazars. They have no concern with it or the accounting treatment.

### **5. NEXT STEPS**

- 5.1 Since the start of the review there have been some significant changes with regards to the PFI contracts and associated areas. With the collapse of Carillion there is a new contractor, Robertson Group, providing services to the PFI estate.
- 5.2 A PFI project manager has been appointed by the Investment and Development service, whose role it is to manage the PFI contract on behalf of the council and schools.
- 5.3 As per the report presented to June 2018 forum a review of the LEP arrangements post July 2019 has been commissioned. The outcome of this may impact on these contracts.
- 5.4 The Assistant Director of Finance has also commissioned further review into the Hattersley PFI scheme to look to see if any cost efficiencies can be found from within the contract. There is also ongoing work relating to a benchmarking exercise of the Hattersley contract and outstanding contractual payments
- 5.5 There are 2 separate reviews underway with regard to the Samuel Laycock/Greater Academy. The first is a review of the contract and the cost of the contract which will be cover by the same consultant who are reviewing the LEP arrangements. The second review has been commissioned by the Investment and Development directorate, to look specifically at a condition survey of the equipment on site and to assist in informing an asset replacement, repair programme and lifecycle costs.
- 5.6 The outcome of these reviews will be fed back where appropriate.

# APPENDIX 4

## Annex A

School	Prior Year Rebate			On-going Contributions			
	2018/19 DSG Contribution	% Split of DSG Contribution	Previous Years Rebate Due	% Split of DSG Contribution	Current Charge 2018/19	Reduction In Annual Charge	Revised Charge 2018/19
Mossley Hollins	£593,280	14.93%	-£420,777	14.93%	£593,280	-£64,771	£528,508
St Damians	£593,280	14.93%	-£420,777	14.93%	£593,280	-£64,771	£528,508
Hyde Community College	£1,035,170	26.05%	-£734,184	26.05%	£1,035,170	-£113,014	£922,156
Thomas Ashton	£208,724	5.25%	-£148,035	5.25%	£208,724	-£22,787	£185,936
WhiteBridge	£331,460	8.34%	-£235,084	8.34%	£331,460	-£36,187	£295,273
Denton CC	£1,144,552	28.81%	-£811,762	28.81%	£1,144,552	-£124,956	£1,019,596
Elmbridge	£66,836	1.68%	-£47,403	1.68%	£66,836	-£7,297	£59,539
<b>Total PFI Schools DSG</b>	<b>£3,973,301</b>	<b>80.51%</b>	<b>-£2,818,023</b>	<b>80.51%</b>	<b>£3,973,301</b>	<b>-£433,784</b>	<b>£3,539,517</b>
DSG Top Slice (All Schools)	£961,561	19.49%	-£681,977	19.49%	£961,561	-£104,978	£856,583
<b>Total Funding</b>	<b>£4,934,862</b>	<b>100%</b>	<b>-£3,500,000</b>	<b>100%</b>	<b>£4,934,862</b>	<b>-£538,762</b>	<b>£4,396,100</b>

This page is intentionally left blank

## APPENDIX 5: Collection Fund Monitoring

	Budget		Forecast Outturn		Forecast Variation	
	Council Tax £000	NDR £000	Council Tax £000	NDR £000	Council Tax £000	NDR £000
<b>Income</b>						
Income from Council Tax	(104,481)		(104,354)		(127)	
Income from NDR		(55,850)		(58,157)		2,307
<b>Total Income</b>	<b>(104,481)</b>	<b>(55,850)</b>	<b>(104,354)</b>	<b>(58,157)</b>	<b>(127)</b>	<b>2,307</b>
<b>Expenditure</b>						
<u>Council Tax</u>						
The Council	86,099		86,099		0	
Police and Crime Commissioner of GM Fire and Rescue Authority	10,617 4,139		10,617 4,139		0 0	
<u>NDR</u>						
The Council		49,851		52,025		(2,174)
GM Fire and Rescue Authority		526		526		0
Allowance for cost of collection		301		291		10
Transitional Protection Payments		2,836		1,778		1,058
Allowance for non-collection	3,657	1,375	3,657	1,375	(0)	0
Provision for appeals		3,580		3,580		0
<u>Surplus/deficit allocated/paid out in</u>						
The Council	1,500	(2,368)	1,500	(2,368)	0	0
Police and Crime Commissioner of GM Fire and Rescue Authority	181 67	0 (10)	181 67	(10)	0 0	0 0
<b>Total Expenditure</b>	<b>106,260</b>	<b>56,091</b>	<b>106,260</b>	<b>57,197</b>	<b>(0)</b>	<b>(1,106)</b>
<b>Surplus/deficit for the year</b>	<b>1,779</b>	<b>241</b>	<b>1,906</b>	<b>(960)</b>	<b>(127)</b>	<b>1,201</b>
Balance brought forward	(15,050)	63	(15,050)	63	0	0
Surplus/deficit for the year	1,779	241	1,906	(960)	(127)	1,201
<b>Balance carried forward</b>	<b>(13,271)</b>	<b>304</b>	<b>(13,144)</b>	<b>(897)</b>	<b>(127)</b>	<b>1,201</b>

<u>Share of surplus/deficit</u>						
The Council	(11,330)	301	(11,221)	(888)	(109)	1,189
Central Government	0	0	0	0	0	0
Police and Crime Commissioner of GM Fire and Rescue Authority	(1,397) (545)	0 3	(1,384) (539)	0 (9)	(13) (5)	0 12
	<b>(13,271)</b>	<b>304</b>	<b>(13,144)</b>	<b>(897)</b>	<b>(127)</b>	<b>1,201</b>

# APPENDIX 5: 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.

NDR expenditure reflects the amounts of business rates to be paid out of the collection fund to the relevant precepting authorities. The Council's budget for 2018/19 assumed business rates income at the level forecast under the 50% retention scheme. The forecast position for 2018/19 is based on the 100% retention scheme which results in increased business rates income for the Council. This benefit will be shared with the GMCA.

## Collection rates

Collection rates for both Council Tax and NDR are on track against the targets for 2018/19 and exceed the collection rate achieved at the same point last year.

<u>Month</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>Sept</u>
<b>Council Tax</b>						
Target % 2017/18	10.45	19.30	28.30	37.00	46.00	54.90
Target % 2018/19	10.41	19.41	28.30	37.00	45.80	54.45
Achieved % 2017/18	10.36	19.39	28.16	36.87	45.66	54.41
Achieved % 2018/19	10.39	19.41	28.09	37.01	45.81	54.46
<b>NNDR</b>						
Target % 2017/18	11.00	20.00	30.00	38.00	47.00	55.50
Target % 2018/19	11.50	22.00	32.00	40.00	49.00	56.00
Achieved % 2017/18	16.95	26.29	35.71	44.31	51.76	56.10
Achieved % 2018/19	13.44	21.84	31.13	39.55	47.83	56.71



## APPENDIX 6

### IRRECOVERABLE DEBTS OVER £3000

1 April 2018 to 30 June 2018

Note individuals are anonymised

REF:	DEBT:	FINANCIAL YEAR(S)	BALANCE	REASON
16687795	Council Tax	2014 – 2015 £475.47 2015 – 2016 £1442.59 2016 – 2017 £1497.91 2017 – 2018 £1396.84	£4812.81	Individual Voluntary Arrangement granted on 28/02/2018
16544893	Council Tax	2014 – 2015 £883.43 2015 – 2016 £903.00 2016 – 2017 £687.41 2017 – 2018 £853.52	£3327.36	Individual Voluntary Arrangement granted on 28/02/2018
13895838	Council Tax	2014 – 2015 £997.34 2015 – 2016 £1197.02 2016 – 2017 £1240.03 2017 – 2018 £1303.58	£4737.97	Individual Voluntary Arrangement granted on 20/11/2017
<b>COUNCIL TAX</b>		<b>SUB TOTAL – Individual Voluntary Arrangement</b>	<b>£12,878.14</b>	
153358206	Council Tax	Zoemack Ltd The Cottage Newport Road Denton M34 7QS  Company Dissolved 09/07/2015	2007 – 2008 £860.88 2008 – 2009 £1286.96 2009 – 2010 £1333.05 2010 – 2011 £1234.78	£4715.67
<b>Council Tax</b>		<b>Sub Total – Company Dissolved</b>	<b>£4,715.67</b>	
<b>COUNCIL TAX IRRECOVERABLE BY LAW</b>			<b>£17,595.81</b>	

### DISCRETION TO WRITE OFF OVER £3000

1 April 2018 to 30 June 2018

Note individuals are anonymised

13458918	Council Tax	2011 – 2012 £5510.43 2012 – 2013 £782.98 2013 – 2014 £786.19 2014 – 2015 £903.10 2015 – 2016 £744.07	<b>£3767.77</b>	Absconded , no trace.
<b>Council Tax</b>		<b>Sub Total – Absconded, no trace</b>	<b>£3767.77</b>	
<b>COUNCIL TAX DISCRETIONARY WRITE OFF</b>			<b>£3767.77</b>	

### SUMMARY OF UNRECOVERABLE DEBT OVER £3000

IRRECOVERABLE by law	Council Tax	£17,595.81
	Business Rates	Nil
	Overpaid Housing Benefit	Nil
	Sundry	Nil
	<b>TOTAL</b>	<b>£17,595.81</b>

DISCRETIONARY write off – meaning no further resources will be used to actively pursue	Council Tax	£3767.77
	Business Rates	Nil
	Overpaid Housing Benefit	Nil
	Sundry	Nil
	TOTAL	£3767.77

# APPENDIX 7

## IRRECOVERABLE DEBTS OVER £3000

1 July 2018 to 30 September 2018

Note individuals are anonymised

REF:	DEBT:	FINANCIAL YEAR(S)	BALANCE	REASON
16790043	Council Tax	2016 – 2017 £991.52 2017 – 2018 £1129.36 2018 – 2019 £1103.46	£3224.34	Individual Voluntary Arrangement granted on 03/04/2018
16801423	Council Tax	2015 – 2016 £909.08 2016 – 2017 £998.60 2017 – 2018 £1129.36 2018 – 2019 £1187.46	£4224.50	Individual Voluntary Arrangement granted on 16/07/2018
16361584	Council Tax	2013 – 2014 £220.00 2014 – 2015 £770.00 2015 – 2016 £903.00 2016- 2017 £802.40 2017 – 2018 £1129.36 2018 – 2019 £1187.46	£5012.22	Individual Voluntary Arrangement granted on 24/07/2018
14088000	Council Tax	2014 – 2015 £221.14 2015 – 2016 £689.38 2016 – 2017 £812.77 2017 – 2018 £868.02 2018 – 2019 £827.59	£3418.90	Individual Voluntary Arrangement granted on 03/08/2018
16893383	Council Tax	2015 – 2016 £387.69 2016 – 2017 £1073.60 2017 – 2018 £1129.36 2018 – 2019 £1103.46	£3694.11	Individual Voluntary Arrangement granted on 23/05/2018
<b>COUNCIL TAX</b>		<b>SUB TOTAL – Individual Voluntary Arrangement</b>	<b>£19,574.07</b>	
11719834	Council Tax	2009 – 2010 £714.36 2010 – 2011 £940.74 2011 – 2012 £1365.74 2012 – 2013 £692.39	£3713.23	Bankruptcy Order granted 29/05/2018
16770777	Council Tax	2015 – 2016 £1269.70 2016 – 2017 £1905.78 2017 – 2018 £892.61	£4068.09	Bankruptcy Order granted 09/07/2018
16386491	Council Tax	2015 – 2016 £2284.08 2016 – 2017 £2496.51 2017 – 2018 £1029.12	£5809.71	Bankruptcy Order granted 09/07/2018
16869305	Council Tax	2015 – 2016 £348.20 2016 – 2017 £1140.06 2017 – 2018 £1518.04 2018 – 2019 £1655.19	£4661.49	Bankruptcy Order granted 25/05/2018
<b>COUNCIL TAX</b>		<b>SUB TOTAL – Personal Bankruptcy</b>	<b>£18,252.52</b>	
<b>COUNCIL TAX IRRECOVERABLE BY LAW</b>			<b>£37,826.59</b>	
65509597	Business Rates	Owen Taverns Ltd Coach and Horses 125 Hyde Road Denton M34 3AQ Company Dissolved 01/2018	2016 – 2017 £6250.00 2017 – 2018 £2310.30	£8560.30

65525292	Business Rates	A B World Catering Equipment Ltd 57 Grosvenor Street Stalybridge SK15 2JN  Company Dissolved 08/08/2017	2015 – 2016 £283.66 2016 – 2017 £3180.80 2017 – 2018 £1185.03	£4649.49
65437173	Business Rates	R W Ashton Ltd 520 Ashton Road Audenshaw M34 5PT Company Dissolved 10/09/2013	2011- 2012 £4353.01	£4353.01
<b>BUSINESS RATES</b>		<b>SUB TOTAL – Company Dissolved</b>	<b>£17,562.80</b>	
65137893	Business Rates	SHB Realisations Ltd Units 23 & 24 Crown Point North Worthington Way Denton M34 3JP	2015 – 2016 £15569.74	£15569.74 Company in Liquidation 02/12/2016
65460500	Business Rates	Emergency Aid Tame 115 Unit 2 Fifth Avenue Dukinfield SK16 4PP	2012 – 2013 £19254.82 2013 – 2014 £197587.72	£216842.54 Company in Liquidation 02/08/2017
65485769	Business Rates	Shirley Dyeing & Finishing Ltd Unit B6 Newton Business Park Talbot Road Hyde SK14 4UQ	2013 – 2014 £24069.00 2015 – 2016 £18061.00 2016 – 2017 £13988.85 2017 – 2018 £26031.37	£82150.22 Company in Liquidation 06/10/2017
65426975	Business Rates	BAC Properties UK Ltd Godley Hall Inn 15 Godley Hill Hyde SK14 3BL	2011 – 2012 £432.39 2012 – 2013 £2981.25	£3413.64 Company in Liquidation 07/09/2016
65473841	Business Rates	Bakery Works Ltd 30 Staveleigh Mall Ashton under Lyne OL6 7JQ	2016 – 2017 £9585.58 2017 – 2018 £8894.92	£18480.50 Company in Liquidation 04/12/2017
65540185	Business Rates	Busy Bodies Business Services Ltd 3 <sup>rd</sup> Floor Clarendon Court 1C Market Place Hyde SK14 2LX	2015 – 2016 £6497.90 2016 – 2017 £6960.72	£13458.62 Company in Liquidation 10/01/2017
65538779	Business Rates	D S Fabrications UK Ltd Unit E201D1 Warmco Industrial Estate Manchester Road Mossley OL5 9XA	2013 – 2014 £2399.11 2014 – 2015 £3673.80 2015 – 2016 £1248.00	£7320.91 Company in Liquidation 02/09/2016
65509542	Business Rates	Two Six Two Solutions Ltd Unit 7 Berkeley Business Park Turner Street Ashton under Lyne OL6 8LB	2015 – 2016 £2064.77 2016 – 2017 £1485.78	£3550.55 Company in Liquidation 01/12/2016
65500637	Business Rates	TKC Yorkshire Ltd Albert Works Crescent Road Dukinfield	2014 – 2015 £2467.09 2015 – 2016 £2903.19	£7047.39 Company in Liquidation 16/11/2016

		SK16 4EQ	2016 – 2017 £1677.11	
<b>BUSINESS RATES</b>		<b>SUB TOTAL - Company in Liquidation</b>	<b>£367,834.11</b>	
65033649	Business Rates Anonymised as an individual	2011 – 2012 £1378.97 2012 – 2013 £2082.31	£3461.28	Individual Voluntary Arrangement granted on 08/04/2013
65499898	Business Rates Anonymised as an individual	2015 – 2016 £12538.63 2016 – 2017 £13786.43	£26325.06	Individual Voluntary Arrangement granted on 29/11/2017
<b>BUSINESS RATES</b>		<b>SUB TOTAL – Individual Voluntary Arrangement</b>	<b>£29,786.34</b>	
<b>BUSINESS RATES IRRECOVERABLE BY LAW</b>			<b>£415,183.25</b>	
4000899	Sundry Debts	David Ibrahim Ltd Hanover Mill Fitzroy Street Ashton under Lyne OL7 0TL Company Dissolved 29/11/2016	2012 – 2013 £7554.57	£7554.57
4018537	Sundry Debts	Giggle Wiggle Ltd 17 Sandringham Drive Stockport SK4 2DE Company Dissolved 27/12/2016	2016 – 2017 £21766.48	£21766.48
<b>SUNDRY DEBTS</b>		<b>SUB TOTAL – Company Dissolved</b>	<b>£29,321.05</b>	
712547	Sundry Debts Anonymised as an individual	2012 – 2013 £4383.53	£4383.53	Individual Voluntary Arrangement granted on 26/06/2017
<b>SUNDRY DEBTS</b>		<b>SUB TOTAL – Individual Voluntary Arrangement</b>	<b>£4383.53</b>	
<b>SUNDRY DEBTS IRRECOVERABLE BY LAW</b>			<b>£33,704.58</b>	

**SUMMARY OF UNRECOVERABLE DEBT OVER £3000**

IRRECOVERABLE by law	Council Tax	£37,826.59
	Business Rates	£415,183.25
	Overpaid Housing Benefit	Nil
	Sundry	£33,704.58
	<b>TOTAL</b>	<b>£486,714.42</b>

This page is intentionally left blank

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 28 November 2018

**Reporting Member / Officer of Strategic Commissioning Board** Sarah Dobson, Assistant Director Policy, Performance and Communications.

**Subject:** DELIVERING EXCELLENCE, COMPASSIONATE, COST EFFECTIVE CARE – IN-FOCUS REPORT

**Report Summary:** In-focus – a more detailed review of performance across a number of measures in a thematic area.  
This report provides the Strategic Commissioning Board (SCB) with an in-focus report on suicide and self-harm prevention.

**Recommendations:** The Strategic Commissioning Board are asked to note the content of the report.

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

<b>Budget Allocation (if Investment Decision)</b>	n/a
<b>CCG or TMBC Budget Allocation</b>	n/a
<b>Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration</b>	£34.957m S75 £0.752m Aligned
<b>Decision Body – SCB Executive Cabinet, CCG Governing Body</b>	SCB
<b>Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark</b>	n/a
<b>Additional Comments</b>	
The report is for information only. Investment in Mental Health Services totals £35.709m across the Strategic Commission in 2018-19 (£29.800m CCG; £5.909m Council). Further growth is expected in future years in line with the NHS Five Year Forward View.	

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

The purpose of the report is to undertake deep dives into difficult issues to determine how best to allocate resources to deliver better outcomes and value for money. This may require consideration of resources to manage transition to early intervention work.

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

Should provide a check & balance and assurances as to whether meeting strategy.

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

Should provide check & balance and assurances as to whether meeting plan.

**How do proposals align with the Commissioning**

Should provide check & balance and assurances as to whether meeting strategy

## Strategy?

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

This section is not applicable as this report is not received by the professional reference group.

### **Public and Patient Implications:**

Patients' views are not specifically sought as part of this report.

### **Quality Implications:**

As above.

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

This will help us to understand the impact we are making to reduce health inequalities.

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

None.

### **What are the safeguarding implications?**

None reported related to the report as described in report.

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

There are no Information Governance implications. No privacy impact assessment has been conducted.

### **Risk Management:**

There are no risks associated with this report.

### **Access to Information:**

The background papers relating to this report can be inspected by contacting the report writer Lorraine Kitching by:



Telephone: 0161 342 4043



e-mail: [Lorraine.kitching@tameside.gov.uk](mailto:Lorraine.kitching@tameside.gov.uk)



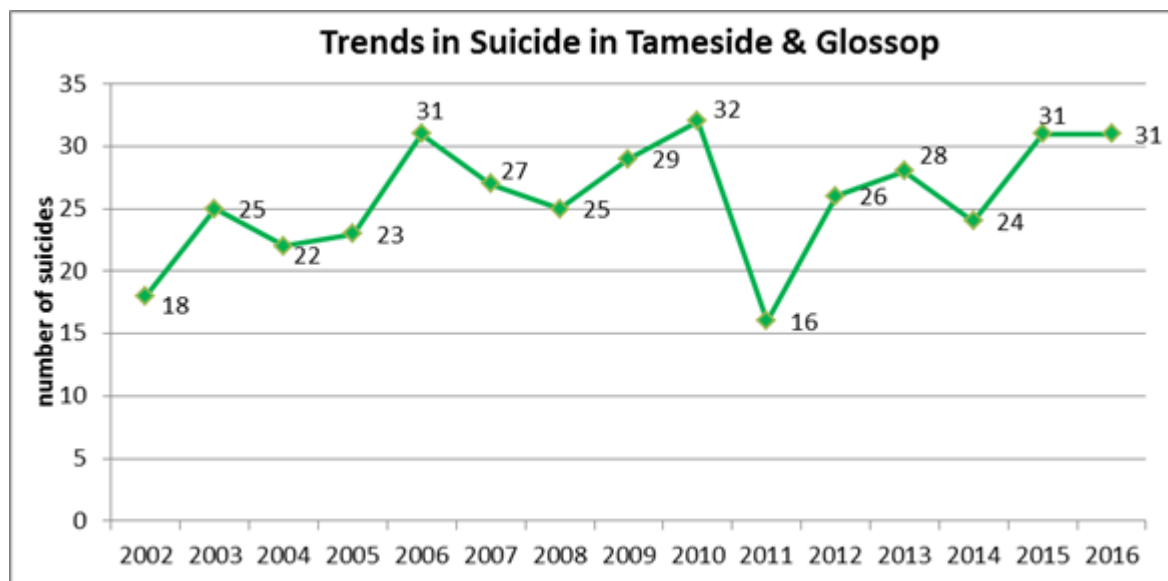
## 1. INTRODUCTION

- 1.1 In England, one person dies every two hours as a result of suicide. When someone takes their own life, the effect on their family and friends is devastating. Suicide is often the end point of a complex history of risk factors and distressing events which prevention interventions need to address.
- 1.2 More than half of people who die by suicide have a history of self-harm. The intention of self-harm is more often to punish themselves, express their distress, or relieve unbearable tension. Self-harm is also an indication of the underlying mental wellbeing of a population.
- 1.3 Suicide rates are produced nationally at a local authority level, therefore in order to provide comparative data; the statistics within this report focus on the Tameside area and where possible provide data for Glossop.
- 1.4 This report details the work that is being undertaken to understand the issues that lead to suicide and the preventative action being proposed or taken to address the problems.

## 2. KEY STATISTICS

- In 2015-17, Tameside had the 16th highest suicide rate in England (out of 149 local authority areas). This is an improved position on 2014-16 where Tameside was ranked 10th worst.
  - Suicide is more prevalent amongst males and Tameside had the 11th highest suicide rate in England (out of 149 local authority areas). This is an improved position on 2014-16 where Tameside ranked 5th worst.
  - The suicide rate for men aged 35-64 years (2013-17) is 32.7 per 100,000; third worst in England.
  - In 2016-17 the rate of emergency hospital admissions for intentional self-harm was 230.48 per 100,000; higher than the England average at 185.27 per 100,000.
  - In Tameside, emergency hospital admissions due to intentional self-harm is far more prevalent amongst females than males (272.82 per 100,000 compared to 189.39 per 100,000).
  - Hospital admissions for self-harm in young people aged 10-24 years was significantly higher than the England average.
  - Three-quarters of all people who end their own lives are not in contact with mental health services.
  - Approximately 12% (23,832) of the population are registered with depression. Over the last five years the prevalence of depression has been increasing year on year.
  - Just over 2,100 people have a serious mental health condition in Tameside and Glossop.
- 2.1 Figure 1 shows the number of suicides that have occurred in Tameside and Glossop between 2002 and 2016.

**Figure 1: Trends in suicide in Tameside & Glossop**



Source: Primary Care Mortality Data (NHS Digital)

### **3. NATIONAL PRIORITIES FOR TACKLING SUICIDE**

- 3.1 In February 2016 the independent Mental Health Taskforce published its Five Year Forward View which set out the current state of mental health services in England and made recommendations for specific services areas; one of which was suicide prevention.
- 3.2 The report recognised that suicide prevention is a complex public health challenge and requires closed working between different NHS and partner organisations in order to develop plans to tackle the issue.
- 3.3 To support this, the Government refreshed the National Suicide Prevention Strategy in January 2017 with a focus on the need for effective targeting of suicide prevention for high risk groups such as middle aged men and those who self-harm.
- 3.4 Last month the Government announced £2 million in funding for Zero Suicide Alliance (ZSA) over the next two years. As part of their work they will develop a digital suicide prevention resource and explore the use of data analytics to predict suicide risk.
- 3.5 The Public Health Research Programme are currently in the process of commissioning research to identify which interventions, aimed at those people with a high risk of suicide, are effective in reducing the number of suicides that take place.

### **4. LOCAL RESPONSE - SUICIDE AUDIT AND PREVENTION STRATEGY**

- 4.1 Work has already been undertaken to understand the issues and factors that lead to suicide and self-harm in Tameside. A suicide audit for Tameside covering the period 2013-2017 was undertaken in July 2018 and has been presented to the Health and Wellbeing Board. This audit identifies the groups that are known to be at higher risk of suicide than the general population in Tameside; these groups are:
  - young and middle-aged men;
  - people in the care of mental health services, including in-patients;
  - people with a history of self-harm;

- people in contact with the criminal justice system;
- people in lower skilled, manual occupations

4.2 The audit also identifies key factors that are known to be associated with increased risk of suicide in Tameside, these include:

- prior mental health issue such as depression and anxiety;
- relationship breakdown;
- loss of job;
- chronic pain or disability;
- longstanding issues with drugs and or alcohol;
- financial issues/debt.

4.3 The key findings from the audit can be found in **Appendix 1**.

4.4 As a result of the audit, a draft Tameside Suicide and Self-Harm Prevention Strategy 2018-2023 has been developed. Further engagement with key stakeholders will take place to further refine and shape the draft strategy.

4.5 The primary focus for the first two years of the strategy is to reduce the suicide rate by 10% by 2020 with the ultimate long-term goal being to have no one taking their own life. The draft strategy sets out 8 key areas of focus to reduce the risk of suicide:

- **reducing the risk in men** – in particular middle-aged men, with a focus on economic disadvantage such as debt and or unemployment, social isolation and drugs and alcohol misuse. A focus on developing treatment and/or support settings that are more acceptable and accessible by men.
- **preventing and responding to self-harm** – a range of services are needed for adults and young people in crisis, and psychological assessment for self-harm patients. Acknowledgement that support for young people will be distinct from that of adults.
- **mental health of children and young people (and in pregnancy)** – joint working between health, social care, schools and youth services, and includes risk during pregnancy and those who have given birth during the last year. A particular focus on the increased suicide risk between 15-24 year olds.
- **Improved care, pain management and mental health in people with long term conditions** – this includes ensuring people with long term conditions are managing their condition and any pain effectively through self-care and regular condition and medicine review, and using social prescribing to enhance quality of life.
- **Improve the general mental wellbeing and resilience in the population through opportunities** – through being more physically active and socially included, access to good transport links and access to help and support early when needed.
- **Improve economic opportunities for the population** – particularly for those in long term unemployment and suffering mental health conditions.
- **tackling high frequency locations** – includes making high risk public areas safer and working with the local media organisations and groups to prevent imitative suicides.
- **bereavement support** – provision of better information and support for those bereaved or affected by suicide and supporting the media in delivering sensitive approaches to suicide and suicidal behaviour.

## 5.1 INTEGRATED CARE AND WELLBEING PANEL

5.1 A working group of the Integrated Care and Wellbeing Scrutiny Panel has been undertaking activity looking at suicide prevention in Tameside. The group has engaged with Public Health, Tameside and Glossop CCG, Pennine Care (Secondary Care), visited the Anthony

Seddon fund, attended a suicide prevention group and meeting and met with Dr Vinny Khunger (Primary Care). The purpose of the scrutiny review is to understand the issues surrounding suicide and the preventative activity taking place to address it.

- 5.2 A paper of the findings and recommendations will be drafted and presented to the joint meeting of Executive Cabinet and Overview (Audit Panel) on the 13 February 2019.

## 6. MENTAL HEALTH PROJECTS IN PROGRESS

- 6.1 In 2018/19, £23.3 million is being spent on the mental health contract with NHS Pennine Care NHS Foundation Trust to provide mental health services in the area. Additional funding support has also been given to a number of targeted initiatives to tackle mental health issues. In 2018/19 this funding stood at £2.4 million and is set to rise to £4.2 million in 2019/20 and £5 million in 2020/21.
- 6.2 During 2017/18, approximately £2.5 million was spent on prescribing the following types of drugs to help deal with mental health issues: hypnotics and anxiolytics, drugs used in psychoses & related disorders and antidepressant drugs.
- 6.3 Over the last year, as part of the targeted funding of services to improve mental health in the population, a number of projects have been established and approved for funding through the Single Commissioning Board; some of these projects are detailed below.
- 6.4 **101 days for mental health project** (£58,000 investment) – this project focussed on establishing a new model of care to better support people with multi-faceted needs who currently fall between secondary care mental health services and the psychological therapy service.
- 6.5 Building on this work, Tameside and Glossop have been selected by the Innovation Unit to join the **Living Well UK** programme (one of four sites nationally). This programme will enable people with mental health needs living in the area to benefit from having a say in how mental health support is designed and developed in Tameside and Glossop over the next three years. The new model will support early intervention and prevention; it will support people to stay well; ensure the delivery of high quality and sustainable services, including support for families; help reduce homelessness; get people into work and will be age friendly.
- 6.6 **Early Intervention in Psychosis** (£249,795 recurrent investment) **& increasing access to psychological therapy** (£270,250 recurrent investment) - investment made to increase team capacity in order to meet the national standards of 53% of people receiving NICE compliant care within 2 weeks of referral and increasing access to psychological therapy.
- 6.7 **Children and Young Peoples Mental Health** (£90,630 recurrent investment) – Increased capacity in specialist services for children and young people with a neurodevelopmental condition and those with a learning disability and/or autism. The additional capacity will enable families to be supported to promote positive behavioural approaches at home and school.
- 6.8 **Children & Young People's Emotional Wellbeing and Mental Health Local Transformation Plan** (£931,000 in 2018/19) – the aim of the transformation plan is to improve and sustain access to children and young people's mental health provision through a whole system approach.
- 6.9 **Adult Social Care & Population Health** (£5,909,000 in 2018-19) – This investment includes Community Mental Health Teams, Supported Accommodation facilities, Community based homecare and placements in Residential and Nursing Care Homes.

This sum also includes recurrent Population Health funding of £211,000 and a non recurrent sum of £255,000 approved by the Strategic Commissioning Board on 20 March 2018. This was the year one sum of a three year programme (total £ 685,000) via the Population Health Investment Fund. The programme aims to build on the local Neighbourhood Mental Health offer to complement the current approach to social prescribing. There will be no eligibility criteria or clinical threshold with easy access via community drop in's or online self-referral. Asset based brief conversations about needs and solutions via drop-in or telephone will take place within Neighbourhoods with support into locality initiatives e.g. social prescribing, welfare and debt support, lifestyle, housing, skills and employment. The programme provides direct access to a broad offer of mental health specific social, therapy, employment, physical and mental health with access to the Health and Wellbeing College programmes.

## **7. CONCLUSION**

- In 2015-17, Tameside had the 16<sup>th</sup> highest suicide rate (out of 149 Local Authority areas in England)
- The suicide rate for men aged 35-64 years (2013-17) is 32.7 per 100,000; third worst in England.
- Over half of suicides in Tameside (52%) are amongst those aged between 35 and 54.
- The highest proportion of suicides occur in routine occupations, which include roles such as factory workers, retail assistants, cleaners and labourers.
- A suicide audit has been completed and a draft suicide prevention strategy has been developed for the area.
- In the last 12 months investment in mental health services has been approved by the Single Commissioning Board to improve mental health in the area.
- Successful selection as one of four pilot areas for the Living Well UK programme areas will help to drive the mental health strategy forward.

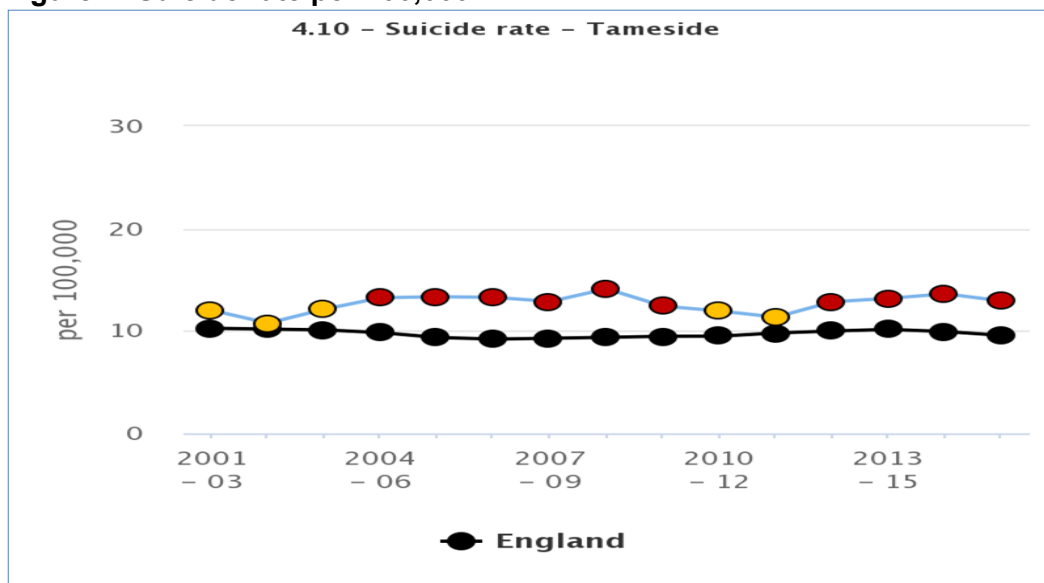
## **8. RECOMMENDATIONS**

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

## Key Findings

To note – all statistics are based on where the person was resident.

**Figure 2: Suicide rate per 100,000**



Source: Public Health England

Figure 1 illustrates that the suicide rate has consistently been above the England average over the last decade. Where the dots are red this means Tameside is significantly above the England average and the yellow dots signify that Tameside is not significantly different to the England average.

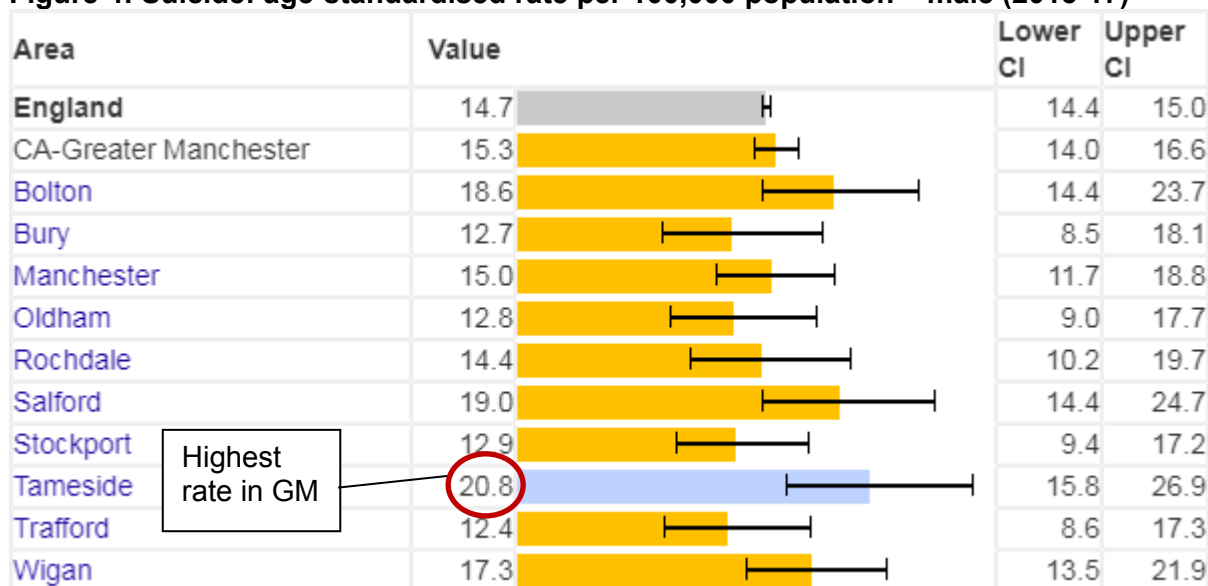
**Figure 3: Suicide: age-standardised rate per 100,000 (2015-17)**

Area	Value	Lower CI	Upper CI
England	9.6	9.4	9.7
CA-Greater Manchester	9.7	9.0	10.4
Bolton	11.9	9.5	14.6
Bury	8.0	5.7	11.0
Manchester	9.3	7.5	11.3
Oldham	8.3	6.1	11.0
Rochdale	8.4	6.2	11.2
Salford	12.3	9.6	15.4
Stockport	9.0	7.0	11.5
Tameside	12.9	10.2	16.2
Trafford	7.3	5.3	9.9
Wigan	11.2	9.0	13.6

Source: Public Health England (based on ONS source data)

The suicide rate for Tameside and Glossop was 12.6 per 100,000 population slightly lower than the Tameside only figure (12.9). The blue bar for Tameside indicates that the suicide rate is significantly higher than the England average.

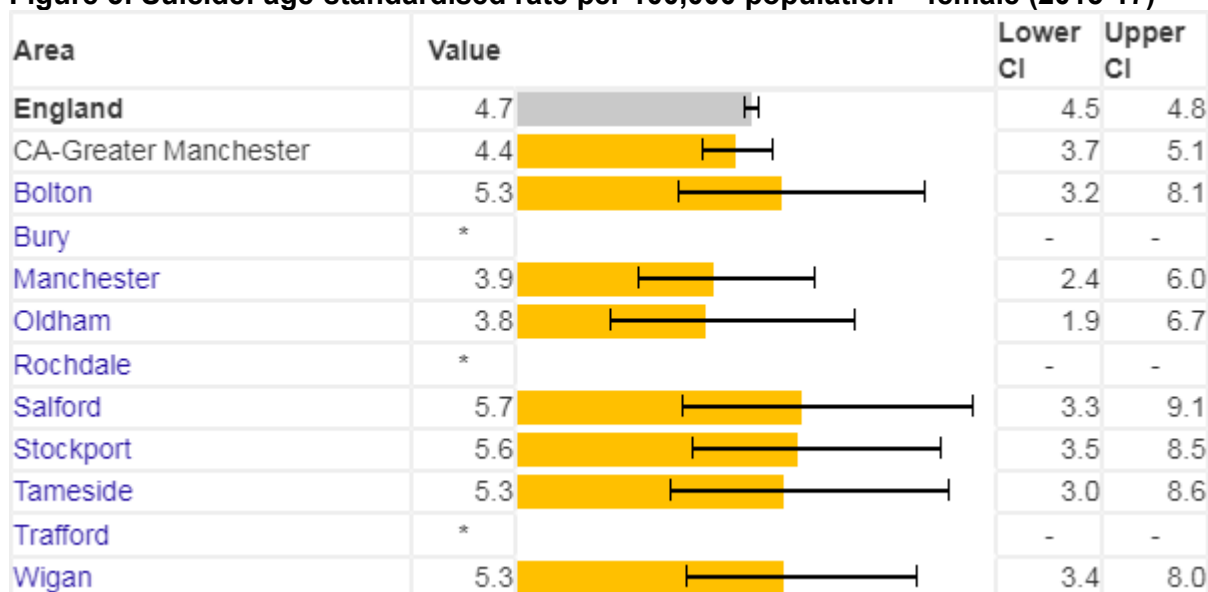
**Figure 4: Suicide: age-standardised rate per 100,000 population – male (2015-17)**



Source: Public Health England (based on ONS source data)

The male suicide rate for Tameside and Glossop was 22.0 per 100,000 population higher than the Tameside only figure (20.8). The male suicide rate for Tameside and Glossop was the highest amongst the Greater Manchester CCG areas. The blue bar indicates that the suicide rate for males in Tameside is significantly higher than the England average.

**Figure 5: Suicide: age-standardised rate per 100,000 population – female (2015-17)**



Source: Public Health England (based on ONS source data)

There is no available data for Tameside and Glossop for the female suicide rate. The suicide rate for females in 2015-17 for Tameside is 5.3 and is not significantly different to the England average.

**Figure 6: Suicide crude rate 35-64 years: per 100,000 – male (2013-17)**

Area	Value	Lower CI	Upper CI
England	20.1	19.8	20.5
CA-Greater Manchester	22.3*	-	-
Bolton	24.2	18.6	30.9
Bury	22.3	15.9	30.3
Manchester	21.2	17.1	26.1
Oldham	17.2	12.0	23.8
Rochdale	24.9	18.5	32.9
Salford	26.0	19.7	33.6
Stockport	18.6	14.0	24.4
Tameside	32.7	25.5	41.2
Trafford	12.1	8.0	17.5
Wigan	24.8	19.7	30.9

Source: Office for National Statistics (ONS), original mortality data

The suicide crude rate for males (2013-17) for the age group 35-64 years is 32.7 significantly higher than the England average. Tameside is the only Greater Manchester authority with a figure significantly higher than the England average.

**Figure 7: Suicide crude rate 65+ years: per 100,000 – male (2013-17)**

Area	Value	Lower CI	Upper CI
England	12.4	11.9	12.9
CA-Greater Manchester	12.1*	-	-
Bolton	9.2	4.4	17.0
Bury	13.3	6.4	24.5
Manchester	11.8	6.3	20.2
Oldham	11.1	5.1	21.1
Rochdale	10.3	4.4	20.3
Salford	11.2	5.1	21.2
Stockport	11.8	6.6	19.5
Tameside	17.1	9.6	28.2
Trafford	18.2	10.4	29.5
Wigan	9.5	5.0	16.2

Source: Office for National Statistics (ONS), original mortality data

The suicide crude rate for males (2013-17) aged 65+ is 17.1 and not significantly different from the England average.



**Figure 8: Emergency Hospital Admissions for Intentional Self-Harm: Directly age-sex standardised rate per 100,000 (2016-17)**

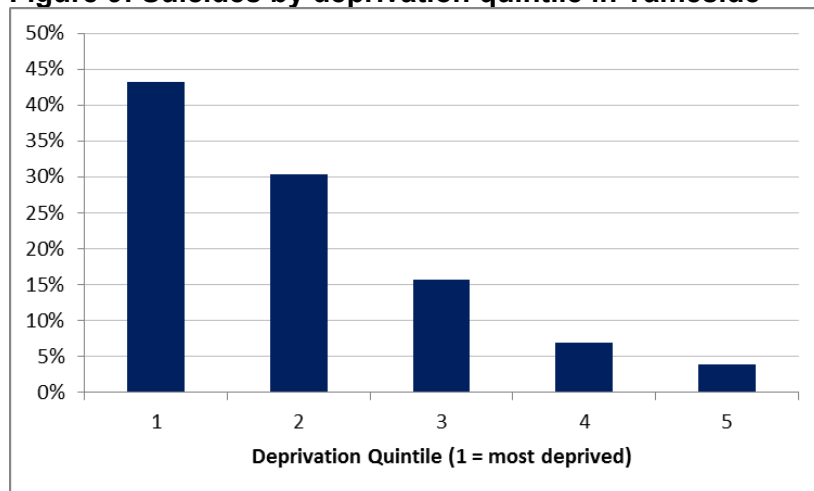
**2.10ii - Emergency Hospital Admissions for Intentional Self-Harm 2016/17** Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	103,723	185.3	184.1	186.4
CA-Greater Manchester	–	5,952	207.1	201.8	212.5
Bolton	–	639	225.4	208.1	243.6
Bury	–	350	188.6	169.3	209.5
Manchester	–	1,059	185.7	173.7	198.2
Oldham	–	393	165.7	149.6	183.0
Rochdale	–	362	164.9	148.3	182.9
Salford	–	871	343.3	320.4	367.4
Stockport	–	539	192.2	176.3	209.2
Tameside	–	512	230.5	210.9	251.4
Trafford	–	348	153.9	138.0	171.1
Wigan	–	879	276.6	258.6	295.6

Source: Hospital Episode Statistics (HES), NHS Digital, for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to Public Health England Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England. Analysis uses the single year of age grouped into quinary age bands, by sex.

The number of emergency hospital admissions for intentional self-harm per 100,000 population is 230.5 in Tameside which is significantly higher than the England average. The highest rate in Greater Manchester was in Salford at 343.3.

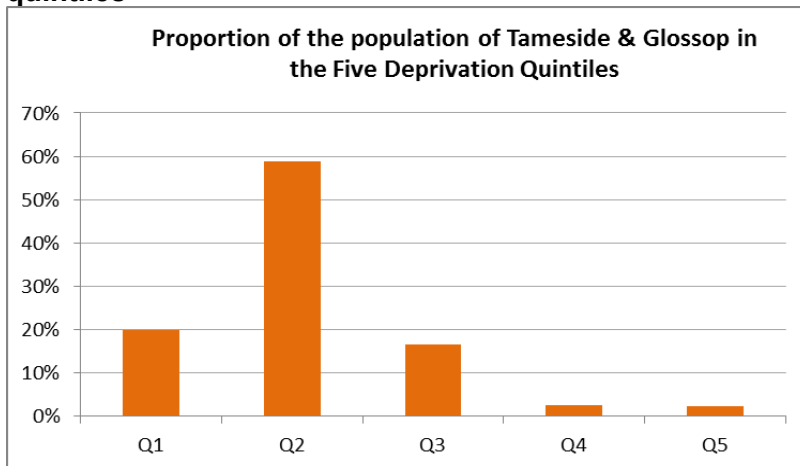
**Figure 9: Suicides by deprivation quintile in Tameside**



Source: Primary Care Mortality Data (NHS Digital)

Deprivation quintiles represent the level of deprivation our population live in. Deprivation quintile 1 represents the most deprived and deprivation quintile 5 represents the most affluent. The chart above illustrates that significantly more suicides occur in the most deprived quintile and the least in the more affluent. Figure 9 shows the proportion of suicides between 2013-16 in Tameside and the deprivation quintile they were resident in.

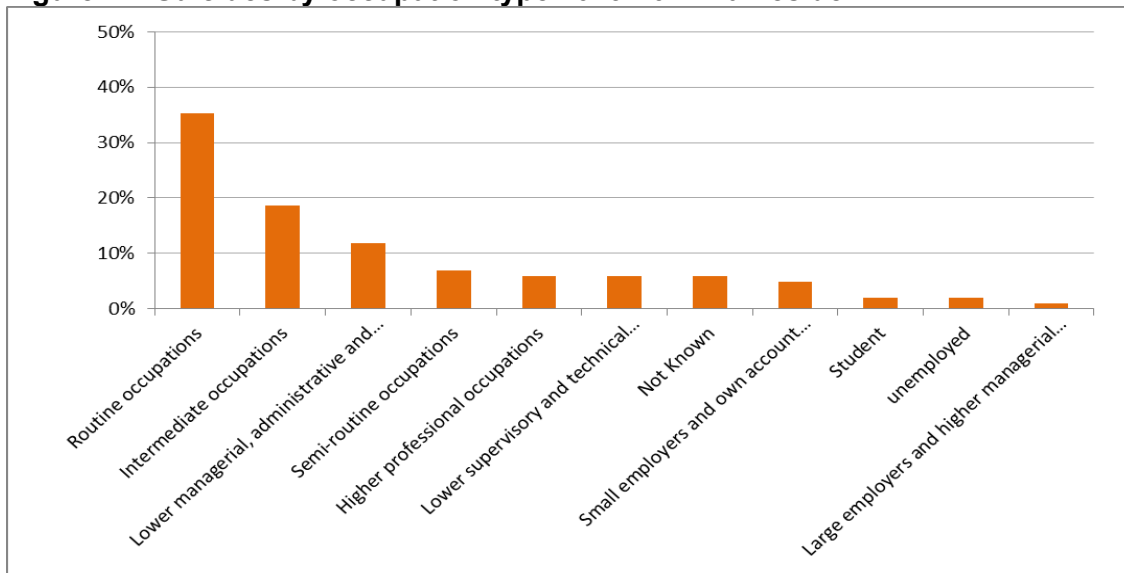
**Figure 10: Proportion of the population of Tameside & Glossop in the five deprivation quintiles**



Source: Primary Care Mortality Data (NHS Digital)

Almost 60% of Tameside and Glossop's population lives in quintile 2.

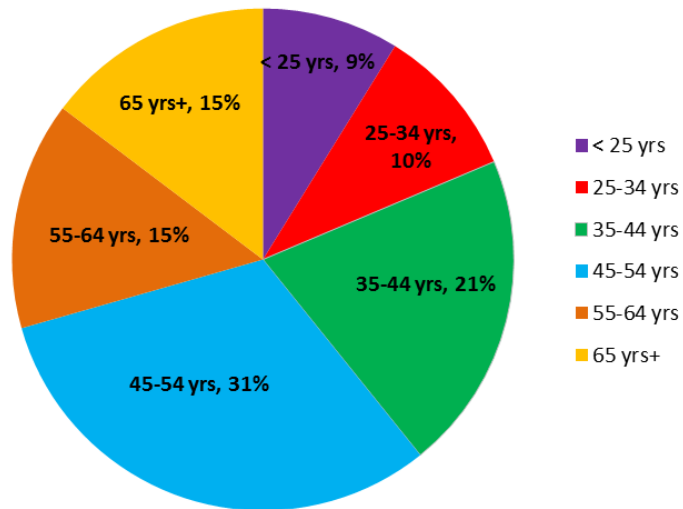
**Figure 11: Suicides by occupation type 2013-16 in Tameside**



Source: Primary Care Mortality Data (NHS Digital)

Figure 11 illustrates the proportion of suicides by occupation group (Standard Occupational Classification). It illustrates that the highest proportion of suicides occur in routine occupations, which include roles such as factory workers, retail assistants, cleaners and labourers. These occupations tend to be low paid and not secure. The 2<sup>nd</sup> highest occupation categories are intermediate and include roles such as plumbers, joiners, mechanics and train drivers. The third highest occupation of lower managerial and administrative includes roles such as computer technicians, engineers, social workers and nurses.

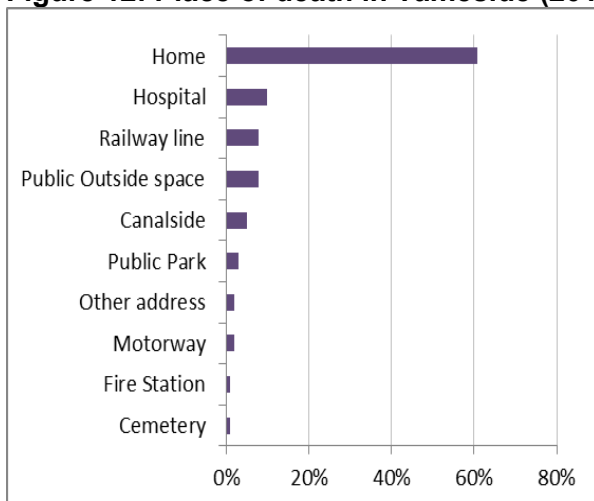
**Figure 12: Suicides by age bands 2013-16 in Tameside**



Source: Primary Care Mortality Data (NHS Digital)

Almost a third of suicides in Tameside (31%) were amongst those aged 45-54 year olds and 21% were amongst 35-44 year olds.

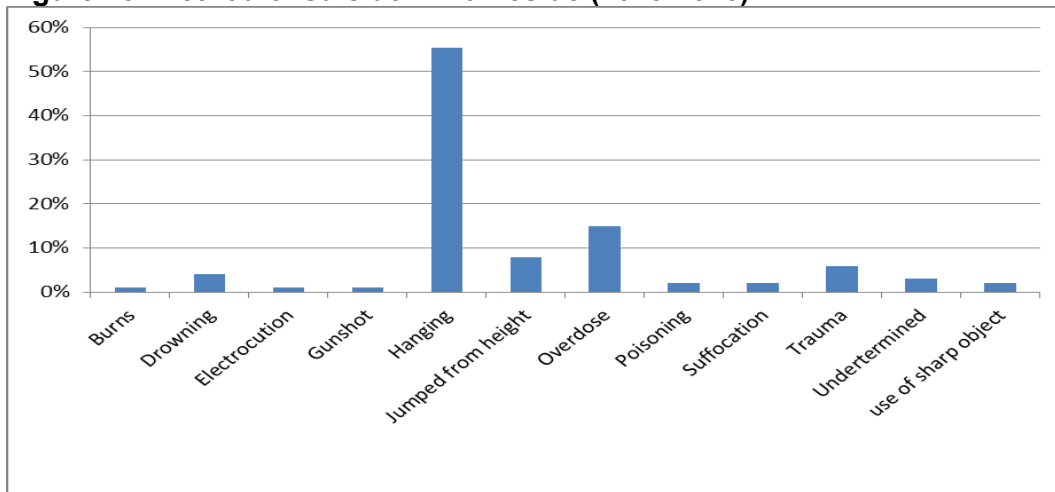
**Figure 12: Place of death in Tameside (2013-16)**



Source: Primary Care Mortality Data (NHS Digital)

Just over 60% of suicides in Tameside occurred in the person's own home.

**Figure 13: Method of suicide in Tameside (2013-2016)**



Source: Primary Care Mortality Data (NHS Digital)

Over 50% of suicides were caused by hanging.

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 28 November 2018

**Reporting Member /Officer of Strategic Commissioning Board** Dr Vinny Khunger, CCG Governing Body GP Lead  
Jessica Williams, Interim Director of Commissioning

**Subject:** **101 DAYS FOR MENTAL HEALTH PROJECT: MENTAL HEALTH IN THE NEIGHBOURHOODS BUSINESS CASE**

**Report Summary:**

People 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. Sadly there have been a number of people within this group who have taken their own life.

In January 2018 the Strategic Commissioning Board (SCB) agreed to commit to improving the mental health of the Tameside and Glossop population by agreeing 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<sup>1</sup> 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.

The Project has concluded in this proposal to establish an innovative new model of mental health support in the Neighbourhoods, starting with a prototype in one neighbourhood prior to incrementally reaching the whole of Tameside and Glossop.

This business case describes the new model and requests that c.£931,513 of existing resources are redesigned and £1,048,831 additional funding is committed recurrently for this development as follows

<b>Provider</b>	<b>Investment</b>	<b>Vehicle</b>
Pennine Care FT	£346,284	Contract Variation
PCFT/Integrated Care FT	£183,227	Contract Variation
TMBC Employment Support	£60,990	Contract Variation
Voluntary Community	£408,330	Tender

---

<sup>1</sup> The Innovation Unit is a social enterprise that brings innovative solutions to the public services  
<https://www.innovationunit.org/>

Sector		
Estates Estimate	£50,000	
Total	£1,048,831	

As the model will be phased in over the coming months the funding required will be phased as the team expands. An estimate of funding required each year is as follows:

2018/19	2019/20	2020/21	Recurrent
£152,000	£526,000	£1,048,831	£1,048,831

**Recommendations:**

It is recommended that SCB recognise the benefits that this new model will bring and agree that the Business Case should be funded.

**Financial Implications:**

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

<b>Budget Allocation (if Investment Decision)</b>	£1,049m
<b>CCG or TMBC Budget Allocation</b>	CCG: £0.988m TMBC: £0.061m
<b>Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration</b>	S75 (Pooled)
<b>Decision Body – SCB, Executive Cabinet, CCG Governing Body</b>	SCB
<b>Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons</b>	Evidence underpinning proposals demonstrate VFM when implemented in other locations.

**Additional Comments**

The investment outlined in this proposal is congruent with both national and local MH Strategy and recurrent budgets are incorporated in financial plans including the recurrent consequences of GM Transformation funding included in this business case. It is important that the model is delivered within the budgets identified and performance is closely monitored to ensure the outcomes are in line with both qualitative and quantitative expectations.

A degree of caution must be exercised regarding the planned timeline for implementation as difficulties in recruitment and retention could impede pace of development and resources must be flexed accordingly to allow for this whilst continuing pursuing the wider development of neighbourhood mental health support.

**Legal Implications:**

(Authorised by the Borough Solicitor)

There needs to be a very clear case for investing in this approach to address demand and improve outcomes and reduce the overall cost to the economy especially as this in the main is discretionary early help and the most expensive interventions are mandatory. Arrangements must be put in to monitor performance, which must be based on evidence of clear outcomes and reduced expenditure

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

The proposal aligns with the Developing Well, Living Well and Working Well programmes.

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

This proposal supports the achievement of:

- Healthy Lives (early intervention and prevention)
- Community development: this will strengthen and sustain community groups and voluntary sector organisations to provide the necessary support in the community.
- Enabling self-care: improving skills, knowledge and confidence of people with long-term conditions or with on-going support needs to self-care and self-manage.
- Locality based services; for people who need regular access to health and social services, these will be fully integrated in localities, offering services close to, or in, people's homes.

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

This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly;

- Supporting the wider determinants of health and wellbeing, giving children the best start in life and helping people to stay in and return to work, thereby improving their own prosperity.
- Early intervention and prevention across the life course to encourage healthy lifestyles and promote, improve and sustain population health.
- Creating the right care model so that people with long term conditions are better supported and equipped with the right skills to look after themselves and manage their conditions more effectively, reducing dependency on the health and social care system by promoting independence.
- Supporting positive mental health in all that we do.

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

The Health and Care Advisory Group (HCAG) strongly supports the recommendations. HCAG noted that the ongoing support from the Innovation Unit will be vital to ensure that the vision of transformed services is achieved and they were reassured to note that robust monitoring of outcomes is integral to the plan.

**Public and Patient Implications:**

This neighbourhood mental health development has been co-produced with input from patients and the public with lived experience of mental health needs.

**Quality Implications:**

If the investment is released to implement the new model of care for mental health quality of care available for patients will be improved.

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

This new development directly relates to a cohort of individuals who have struggled to access or receive any mental health support within the existing provision, due to not meeting current thresholds of services. Therefore, this development provides a new provision to support this cohort.

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

There are no equality and diversity implications associated with this report.

**What are the safeguarding implications?**

There are no safeguarding implications associated with this report.

**What are the Information Governance implications?**

There are no information governance implications associated with this report.

**Has a privacy impact assessment been conducted?**

Not applicable.

**Risk Management:**

Risks will be identified and managed by the implementation team.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Pat McKelvey, Head of Mental Health and Learning Disabilities, CCG Commissioning Directorate.



Telephone: 07792 060411



e-mail: [pat.mckelvey@nhs.net](mailto:pat.mckelvey@nhs.net)



## **1 BACKGROUND/INTRODUCTION**

- 1.1 In January 2018 the Strategic Commissioning Board agreed to:
- a) Commit to improving the mental health of the Tameside and Glossop population by agreeing to prioritise increasing investment to improve parity of esteem.
  - b) Commit to prioritise investment in mental health services until 2021 and that this would be done on a phased basis in order to support the following objectives:-
    - Affordability;
    - Development of robust business cases for each scheme;
    - Phased approach to building complex services;
    - Recognition of the time lag in recruitment to mental health posts.
- 1.2 The development of a new neighbourhood mental health model was included in the investment plan in order to meet the needs of people multi-faceted needs, who currently fall between secondary care mental health services and the psychological therapy service.
- 1.3 The Public Health Development Fund business case was also agreed. This included a commitment to invest in mental health employment and peer support.
- 1.4 A multi-agency working group was established to consider options to meet the needs of people in the group. This group identified the Lambeth Living Well Hub as a model of good practice and was chosen for further exploration. In May 2018 the Strategic Commissioning Board agreed investment to establish the 101 Days for Mental Health Project, bringing in the Innovation Unit to support the collaborative co-production of a new model of care for mental health in the neighbourhoods through a ground up collaboration between all partners, including people with lived experience.
- 1.5 The 101 Days for Mental Health Project has run from Mid-August to October with a variety of workshops bringing together a collaboration of stakeholders from a wide range of services, both service providers and individuals with lived experience. A small Design Team has taken forward work between much larger workshops with a Collaborative Team. Working together a model for meeting mental health needs of people who are currently not receiving a service in the neighbourhoods has been co-designed. Almost 100 stakeholders and individuals with lived experience have contributed to the development overall.

## **2 CASE FOR CHANGE**

- 2.1 One in four adults will be affected by a mental health problem in their lifetime. 50% of all lifetime mental illness will be established by age 14, and 75% by the time a person reaches their mid-twenties. The cost of mental ill health to the economy, NHS and society is over £100bn every year. For too long, people with mental health needs have struggled to get the support they need.
- 2.2 The 2016 Five Year Forward View (FYFV) for Mental Health sets ambitious targets for mental health and recommends significantly investing to improve care: crisis care, psychological therapies, liaison services in acute hospitals, perinatal and children's services and suicide prevention.
- 2.3 Currently in Tameside and Glossop there are number of options to support people suffering with poor mental health; these include Healthy Minds for people with mild to moderate mental health needs, secondary care services such as the Access Team (which can provide short-term interventions), Community Mental Health Teams for people with severe and enduring mental health conditions who require longer term case management and

Home Treatment services for people in acute mental health crisis who are at risk of an inpatient admission. The locality is also fortunate to have the Anthony Seddon Centre, Tameside Oldham and Glossop Mind and Age UK that provide support for those experiencing mental health difficulties.

- 2.4 However some individuals with multifaceted needs fall between the thresholds for these services and struggle to cope. Particularly for those experiencing mental distress or crisis that isn't related to a specific diagnosis. These individuals are often referred to various commissioned services but not accepted onto the caseloads. Therefore they have no other option but to present to their GP, A&E or other community services. Sadly a number of people in this cohort have taken their own lives in recent years.

### **3 THE NEIGHBOURHOOD MENTAL HEALTH DEVELOPMENT**

- 3.1 The work undertaken by the 101 Days for Mental Health Project Collaborative and Design team has highlighted the complexity of the challenge facing the local mental health system. It highlighted the nature of the challenge as:

- Not having one clearly defined problem
- Not being able to be solved simply by applying current expertise easily available within the local system
- Not being able to be resolved in a short amount of time
- Not being able to be solved and sustained if existing relationships authority and power are maintained
- That change will likely face significant resistance from people, practitioners and organisations if they are not actively involved in the design and delivery of the solution.

- 3.2 It is clear from the analysis collectively undertaken by this cross agency and partner group, that effectively addressing gaps in provision and better meeting the needs of our under-served cohorts, requires an approach to development and implementation that has the following characteristics:

- learning focused; where insight and understanding about both the nature of the problem, and the nature of the solution evolves over time through
- shifting the authority and responsibility to the people who are actually affected
- combining both new models of delivery, alongside investment in key systematic issues
- long-term and strategic - recognising that changes will take time
- ongoing deep levels of collaboration and cooperation across all levels of our system
- active experimentation and iteration of ideas and models

- 3.3 This approach reflects existing theory, research and evidence from system change projects in areas of health and mental health, including the work by R. Heifetz on adaptive leadership and system change<sup>2</sup>.

- 3.4 To meet the challenges of development & implementation outlined and to ensure that form enables function, the Collaborative and Design team identified the need to take a stepped and iterative approach to delivery and scale. To enable this, it is proposed that initial delivery and implementation will apply a prototyping-led methodology and start delivery in one Neighbourhood. Hyde has been chosen as a time commitment from psychiatry is available.

- 3.5 A small team will be brought together in Hyde to prototype the new model - a process of concurrent delivery and development, where participants are supported to run small, focused and targeted learning experiments in order to dynamically iterate a model of

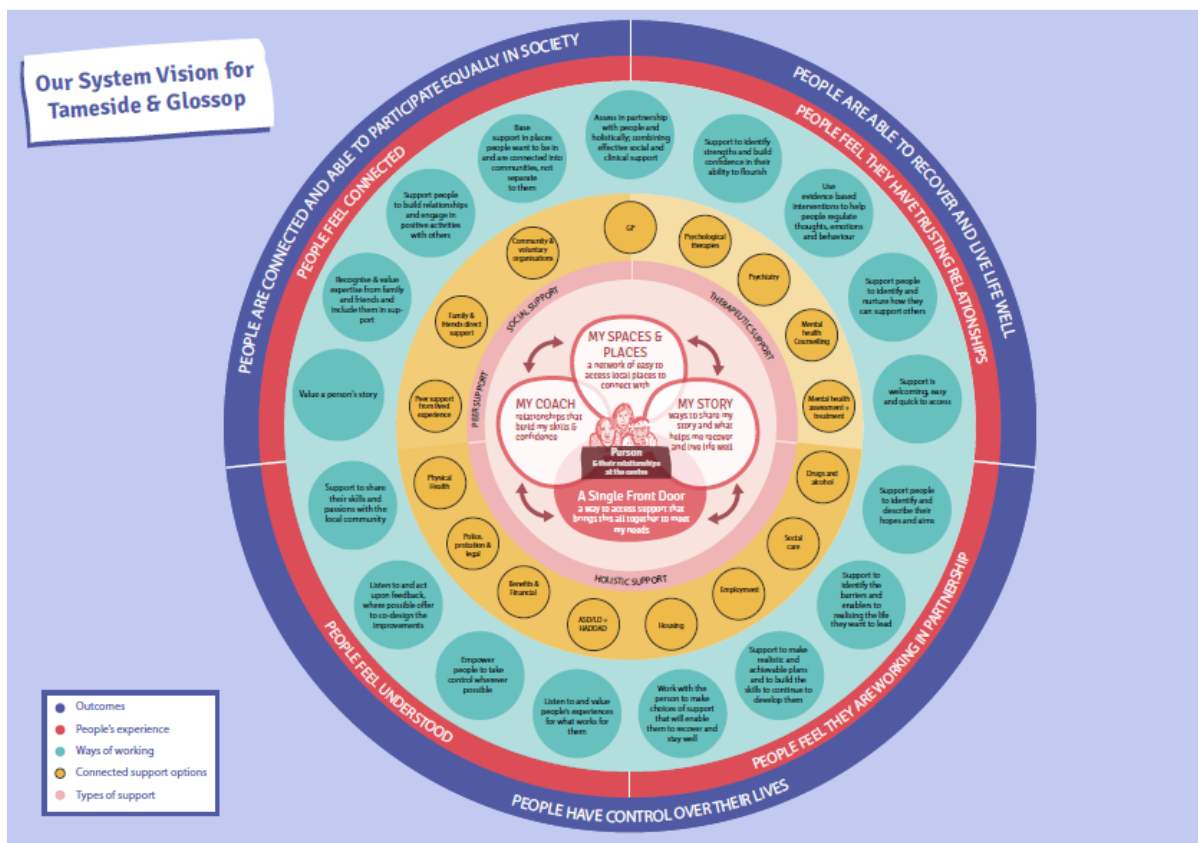
---

<sup>2</sup> The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World, Ronald A Heifetz (2009)

practice or delivery and generate evidence of desirability, feasibility and viability. As one of the Living Well UK programme sites the teams will benefit from ongoing support from the Innovation Unit.

- 3.6 From Hyde the model will be incrementally rolled out to two more neighbourhoods at a time, with the aim of full coverage 12 months from the start.
- 3.7 It is proposed that the development is be funded through a combination of existing TMBC, Pennine Care and VCS resources plus new investment as per the financial plan agreed at SCB in January.

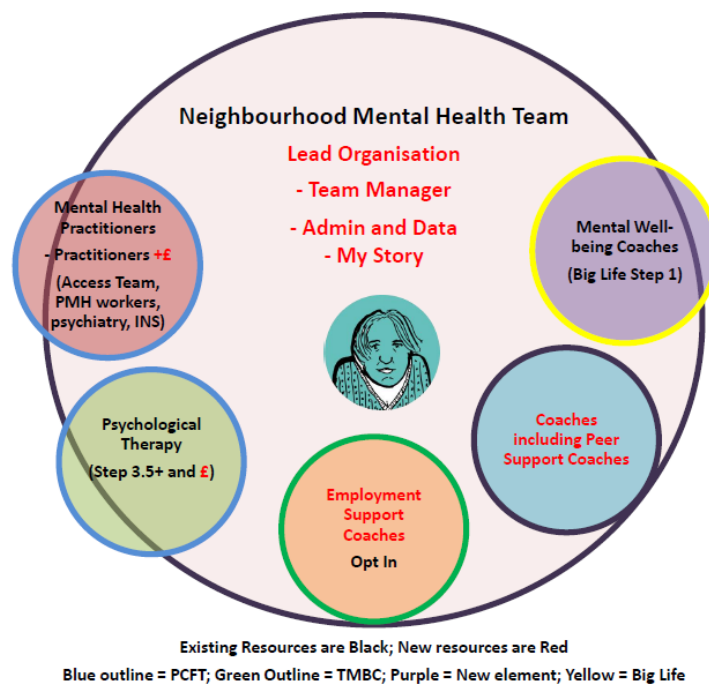
#### 4 THE NEIGHBOURHOOD MENTAL HEALTH DEVELOPMENT



- 4.1 This diagram outlines the key elements of the new model, developed to deliver three big outcomes. These are
  - People are able to recover and live life well
  - People are connected and able to participate equally in society
  - People have control over their lives
- 4.2 To deliver these outcomes the new neighbourhood mental health system has three main elements. These are
  - a) Mental Health Support 'Front Door' - Straightforward entry into a broad offer through a referral or via a drop-in in welcoming community places and spaces in each of the five neighbourhoods. Once fully established this virtual front door will be the route into all adult mental health services so there will no longer be any confusion about which service to refer to or for referrals to be rejected. Further details can be found in **Appendix 2**.

- b) My Coach - the neighbourhood mental health team will be made up of mental health coaching experts from a range of backgrounds including employment, peer mentoring, clinical, medical and psychological therapy, this team will work with people with multi-faceted needs to design a plan, *My Story*, to improve their mental health. People being supported will be provided with up to 12 weeks of coaching to take their plan forward – taking control of their own mental health. This team will work in close partnership with a wide range of other services, sharing expertise and enabling coordinated co-terminal care where required. Once team is established it is hoped to expand the coaching offer to include wider partners eg Active Tameside, Be Well, social prescribers, housing officers etc. Further details can be found in **Appendix 3**.
- c) *My Story* – people seeking support will be guided to develop their own plan, capturing the essence of themselves, people around them who matter and experiences that are significant for them. People will be supported to plan and set their own goals, that they can track and share with others through an online platform. Further details can be found in **Appendix 4**.
- d) My Places and Spaces - the recommendation that mental health support is offered to people in ‘places where people want to be’ came out strongly in the Project. It is therefore proposed that the team has one main office and support base in the community, with extended opening hours. This would be well sited within the Health and Wellbeing Hub proposed for Denton, or perhaps Hyde. Regular sessions will be available at a community location in each neighbourhood, as well as flexibly in settings chosen by people wanting support. This will require support from all partners to work with the team to establish a robust offer in appropriate accommodation. Further details can be found in **Appendix 5**.

4.3 At the Centre of the Model will be a new Neighbourhood Mental Health Team. This team will be established through a combination of redesigning existing resources and additional posts, as illustrated by the diagram below. To support integrated working the team will have designated staff for each Neighbourhood but, unless capacity is extended in the future, will remain a single specialist team.



4.4 Over time the Team will build coaching capacity in each Neighbourhood within key partners, with a particular focus will be on effectively reaching men.

- 4.5 The Team is commissioned to work with people with multi-faceted needs such as
- 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
- 4.6 It is also proposed to invest additional resources to support ADHD & Autism diagnosis and provide mental health support through the neighbourhood team.
- 4.7 The pathway into the team is either through self-presentation or through an introduction from another service.

## 5 COMMISSIONING THE NEIGHBOURHOOD MENTAL HEALTH TEAM

- 5.1 It is proposed to build the team by redesigning existing services and investing in additional capacity.
- 5.2 Existing Resources – it is proposed that the following resources, over time, move into the Neighbourhood Team.

Provide	Element	Existing resources*
PCFT	Mental Health staff	£522,873
TMBC	Opt In	£48,640
Big Life	Step 1 IAPT (ICFT Contract)	£360,000
	Total	£931,513

\* estimated

- 5.3 Additional Resources – it is proposed to invest £1,048,831 recurrently to establish a viable team with additional capacity in the health services, the Council services and the Voluntary Community Sector. Financial details are included in Section 12.
- 5.4 A phased approach is proposed as follows:

Phase	Timescale	Neighbourhood team
1. Prototype in Hyde 2. Tender for lead organisation and coaches 3. Contract variations for PCFT, ICFT and Council expansion and recruitment to new posts	Jan to June 2019	Initial team established through secondments of a Team leader from the Collaborative and other key staff to create an embryonic team to develop and prototype new model. New posts join team as recruited. People in Hyde receive a service.
4. Roll out to 2 more neighbourhoods and integration of existing provision	July to Oct 2019	Expansion of team and further refinement of the model. Integration of PCFT Access Team, Opt In and Psychological Therapies. People in three neighbourhoods receive a service

<b>Phase</b>	<b>Timescale</b>	<b>Neighbourhood team</b>
5. Roll out to 2 more neighbourhoods	Nov 2019 to Jan 2020	People in all five neighbourhoods receive a service

5.5 The development of the new model will be guided and supported by the multi-agency Design Team, supported by the Collaborative.

## **6 LINKS TO THE STRATEGIC COMMISSION STRATEGIC PLANS**

6.1 We anticipate that the new model will, as well as reducing problems or eliminating symptoms, focus on supporting people to get and keep well through; improving people's personal sense of meaning, close interpersonal relationship and social integration.

6.2 This supports the "Care Together Commissioning for Reform Strategy 2016-2020" commissioning priorities for improving population health particularly;

- Supporting the wider determinants of health and wellbeing, giving children the best start in life and helping people to stay in and return to work, thereby improving their own prosperity.
- Early intervention and prevention across the life course to encourage healthy lifestyles and promote, improve and sustain population health.
- Creating the right care model so that people with long term conditions are better supported and equipped with the right skills to look after themselves and manage their conditions more effectively, reducing dependency on the health and social care system by promoting independence.
- Supporting positive mental health in all that we do.

6.3. In line with Tameside and Derbyshire's sustainable communities' strategies this new model of care also supports ambitions to have;

- Happy, healthy people and families with solid networks of support, who feel safe and in control of their personal circumstances and aspirations.
- Resilient and thriving communities where local people work together, in new and dynamic ways with public services.
- A strong, prosperous economy which makes the most of Tameside and Glossop's rich assets, supporting people to gain new skills or find meaningful employment opportunities.

6.4 By focusing on these areas we believe we can significantly reduce our legacy of poor health outcomes and avoidable deaths.

## **7 SUPPORT FOR THE STRATEGIC COMMISSION'S QUALITY, INNOVATION, PRODUCTIVITY, AND PREVENTION (QIPP) AGENDA**

### **7.1 Quality**

- Better service user and carer experience
- Better integrated health and social care approach
- A range of provisions that meet NICE Quality Standards
- Better developed and trained workforce
- Better staff reported satisfaction
- Increased access to timely packages of support

## 7.2 Innovation

- Integration of primary and secondary care, health and social care and physical and mental health care
- Working together to radically rethink our approach to the role of public investment in promoting great mental health outcomes
- Reduction in unnecessary admissions, administration
- Incorporates best evidence to support a whole-system change
- Increase independence and self-management;
- Provides opportunity for peer support & volunteering
- Help to identify groups, organisations and opportunities in the community that can support people in building social networks and develop coping skills to prevent mental health crises in the future- linking those met in crisis with other health & wellbeing services
- Working in new and dynamic ways to provide appropriate and timely support, notably, new approaches to commissioning, supporting wider determinants of health, prevention and investment in the voluntary and community sector
- Collaboratively build partnerships and models of working, especially with organisations outside of health and care

## 7.3. Productivity

- Reduced demand for acute inpatient provision
- Reduced demand for specialist mental health inpatient provision
- Reduced A&E attendances RAID assessments
- Increased numbers of people receiving the right support required
- More treatment provided in the community and home settings
- Development of high quality, place based services used optimally and understood by the population
- Increased capacity and capability across economy to drive innovative models of care

## 7.4. Prevention of

- Inappropriate hospital admissions
- People having to lose their independence
- Crises through good monitoring and early intervention in the community
- Prevent escalation of mental health problems to avoid a mental health distress & crisis
- Prevent unnecessary referrals to secondary mental health services, A&E departments and other emergency out of hours services
- Pressures on GPs
- Pressures on ambulance services
- Pressure on family members and /or carers
- Pressure of staff within existing provision

## 8 KEY PARTNERS / STAKEHOLDERS INVOLVED

8.1 This neighbourhood mental health development has been established with input from almost 100 stakeholders from a variety of different organisations across the borough through a range of discussions and workshops. Organisations include; The Anthony Seddon Fund, Pennine Care Foundation Trust, Tameside and Glossop Integrated Care Foundation Trust, The Big Life Group.

8.2 It was extremely important to gain insight into people's experiences of trying to access mental health support from a range of people with lived experience including; individuals struggling with their mental health, parents bereaved by suicide and carers of individuals

who are struggling to cope. Some of the comments mentioned within the workshops outline the need for better support

*“Referrals keep being done and keep being told all I need is therapy, when done it, was advised no more therapy, also say don't meet criteria”* **Individual with lived experience Healthwatch feedback**

*“Mental Health care seems very impersonal and far from caring so far. I am finding it increasingly difficult to believe I can get help and continuing support, as someone with complex needs, and feel worse whenever I try to get help, only to be ignored, or put on a list again for a very long wait, and only able to access CBT with no other options offered”* **Individual with lived experience**

*“I want to feel people listen, empathise and care about me. I want to feel wanted and not a burden.”* **Individual with lived experience**

8.3 It was also extremely important to engage all partners as ongoing system wide collaboration is crucial for implementation of the neighbourhood mental health model.

*“We need to be empowering people to solve their own problems wherever possible... this means fluid and flexible relationships between people and professionals around how decision making happens”* **Dr Simon Darvill Consultant Psychiatrist**

8.4 The value of having an established and sustained collaborative forum for the local mental health system is clear, participants reported a range of significant values from this level of collaborative activity including:

- Increasing awareness of provision available locally
- Deeper knowledge of inter and intra organisational processes
- Shared understanding of the significant challenges faced by the local system and a shared sense of what requires prioritisation
- a deeper understanding of the experiences of people using and delivering local mental health services
- Opportunity to understand issues from a systemic perspective
- Increasing the ability to generate solutions that are systematic and not in silo
- The value of a non-hierarchical way of working that enables people from traditionally different levels of the system to participate in the analysis of the problems and generating new solutions
- Greater opportunities to foster and engender relationships of trust, openness and transparency

## 9 OUTCOMES AND BENEFITS

9.1 Patient Outcomes	Impact/ benefits
Increased capacity to actively manage own mental health and prevent crises from happening	<p>The model will encourage individuals to become active participants in their care talking control and increasing capacity to self-manage to support ;</p> <ul style="list-style-type: none"> <li>• improved mental health</li> <li>• reduced mental distress</li> <li>• sense of control</li> <li>• increased confidence</li> <li>• improved ability to recover and stay well reducing demand for health and social care services</li> </ul>



Increased employment opportunities absenteeism less	Employment support coaches are integral to this model. Empowering individuals to self-manage their mental health and well-being to stay well in work. Supporting people back into employment after absence and guiding people to gain new skills or find meaningful employment opportunities.
Improved Service User Experience	This development directly relates to individuals who have struggled to access or receive any mental health support within the existing provision. Therefore the new model will allow access to appropriate provision, offer more choice and control over the support they need to improve and better manage their mental health. Contributing to improved experiences.
Increased access to life changing support and interventions	Increased capacity will ensure access to a range of timely treatment and support options in the community. Again this will offer more choice and control to the individual allowing ability to self-manage.
<b>9.2 System Outcomes</b>	<b>Impact/ Benefits</b>
Reducing MH A&E attendances	Having appropriate access to a range of treatment and support options available in the community will provide an alternative option to attendance at A&E.
Reducing no. of admissions to MH ward	It is anticipated that having more robust options of support in the community will reduce the need for number of people who require a short stay admission as their needs will be pro-actively met outside of secondary care.
Reduced usage of secondary care mental health services-usage and referrals	The new model will directly support reductions in inappropriate referrals to secondary care services as the single front door will assess the referral and have the appropriate service to refer too.  Overtime it is anticipated that the new neighborhood MH development will support step down from CMHT caseloads therefore reducing pressures within these teams.
Reducing demand in Primary Care	Having open access to a range of venues in the community and support and treatment options will reduce the demand in GP appointments for this cohort of individuals.
Reduced number of individual funding requests to out of area providers	The local offer of psychological therapies will be expended to reduce the need for referrals to specialist out of area therapies.
Reduced prescribing costs in Primary Care	Primary care clinicians will have an alternative treatment option than medication to support patients.
Reduction in waiting times to access psychological therapies	Increased capacity of psychological therapies and a range of other provisions will reduce waiting times for this treatment option.

## 10 EVIDENCE BASE

10.1 The Lambeth Living Well programme<sup>3</sup> was identified as a model of good practice through research into the 'gap' in our current provision.

10.2 In June 2010, Lambeth Clinical Commissioning Group (CCG) established the Living Well Collaborative ('the Collaborative') with users of services, carers, statutory organisations across secondary care, primary care and commissioning, voluntary sector agencies and public health. This was a shared platform to begin a journey towards meaningful and sustainable whole system transformation of mental health services that would radically improve the recovery outcomes of those with mental health needs in Lambeth. The three outcomes Lambeth work towards are;

- Recover and stay well, and experience improved quality of life and physical and mental health
- Make their own choices to achieve their personal goals and experience self-determination and autonomy
- Participate on an equal footing in daily life

10.3 Three innovations lie in the heart of Lambeth's system;

(i) The Living Well Hub- the 'front door' to mental health services delivered by a multi-disciplinary team of from primary and secondary care and the voluntary sector. The Hub is an open access offer, with no thresholds or eligibility criteria, to help people who are experiencing difficulties.

(ii) The Living Well Network- a community of providers, support agencies, statutory organisations and people who help citizens of Lambeth live well by resolving problems that trigger mental ill health, including housing, employment, debt, benefits and isolation.

(iii) The Integrated Personalised Support Alliance – an alliance contracting model that has helped 200 people with complex mental health needs move out of rehabilitation wards into community settings. The IPSA is recovery focused and supports people to improve physical and mental health and work towards goals in education, employment and training.

10.4 The Lambeth Model<sup>4</sup> has been evidenced to;

- Reduce referrals to the Assessment and Liaison service by 31%
- Reduce referrals to secondary care services by 25%
- Reduced of caseloads of long term care co-ordination by 27%
- Support the reduction in waiting times in community mental health teams. This was achieved by offering rapid clinical assessment and screening in the Hub and by only referring those who need specialist intervention to secondary care, thereby creating capacity in secondary care teams to see people more quickly.
- In total, the Hub offered support to over 5000 people with evidence starting to show improvements in people's well-being via validated measures.
- The average (mean) cost per person introduced to the Hub was £103 (as analysed between 1st march and 30th June 2017). When compared to national reference costs, this suggests that for many people the Hub is likely to provide a comparatively low cost (and high volume) means of freeing up resources in the local secondary care Assessment and Liaison services.
- 91% of Hub staff agree that the service has moved away from a traditional model of mental health and as a result of this mental health care is more integrated within the

---

<sup>3</sup> <http://lambethcollaborative.org.uk/>

<sup>4</sup> [http://lambethcollaborative.org.uk/wp-content/uploads/2018/03/LWN-Hub-Year-Two-Evaluation-Report-December-2017\\_04.01.18.pdf](http://lambethcollaborative.org.uk/wp-content/uploads/2018/03/LWN-Hub-Year-Two-Evaluation-Report-December-2017_04.01.18.pdf)

local community. The same percentage felt empowered to be part of service development.

10.5 As envisaged in the original Collaborative aim, a wide range of clinical and social care support is offered by the Hub and in turn people are making introductions for a broad range of social and clinical reasons

10.6 Key to Lambeth's development journey was working to this principle of form enabling of function. Decisions around the structures, policies and procedures followed collective and collaborative work to first identify the optimal relationships, values and identities required to realise their local vision. From this work significant structural change was carried out to ensure the enabling and conducive conditions where developed. This including significant changes to contracting arrangement, service organisation, key procedures and policies.

## **11 IMPACT ASSESSMENT**

### **11.1 Equality and Diversity**

Equality Impact Assessment (EIA) Form is attached as **Appendix 1**.

### **11.2 Geographic Implications**

The intention is to take a stepped and iterative approach to the delivery and scale of this model, therefore it will not be available across all neighbourhoods in the first instance, but will be expanded incrementally to all neighbourhoods by January 2020.

### **11.3 Partner Organisations and Wider Health Economy**

The process of collaborating with a variety of partner organisations to develop the new model has already supported innovative new ways of working and communicating. The approach to collaboratively commission a variety of providers to deliver this model is expected to achieve better integration across the mental health system in Tameside and Glossop. As described in section 8 it is anticipated that the development will lead to a range of system outcomes that will have a positive impact on primary and secondary care services and the wider health economy.

### **11.4 Supports the Patient Choice policy**

This proposal will expand and broaden the remit of support options available across a variety of organisations and settings allowing patients more choice over their care and treatment.

### **11.5 Affect Access**

This proposal directly relates to individuals who have struggled to access or receive any mental health support within the existing provision. The development will directly increase opportunities for access to healthcare for these individuals.

## **12 FINANCIAL CONSIDERATIONS**

12.1 Additional Resources - In addition to the existing resources outlined in Section 5.2 above it is proposed to commit £1,048,831 recurrently to establish a viable team to reach across all five neighbourhoods, working into the five Integrated Neighbourhood Teams.

<b>Provider</b>	<b>Element</b>	<b>Investment</b>	<b>Vehicle</b>
Pennine Care FT	Mental health practitioners and psychological therapists	£346,284	Contract Variation
PCFT/Integrated Care FT	ADHD, Autism and Learning Disability staff	£183,227	Contract Variation
TMBC	Employment Support Coaches	£60,990	Contract Variation
Voluntary Community Sector	Lead provider – manager, admin, data Mental Wellbeing Coaches Peer Support Coaches	£408,330	Tender
Estates Estimate		£50,000	
<b>Total</b>		<b>£1,048,831</b>	

12.2 The funding will be invested incrementally, in line with the plan to prototype the model in one neighbourhood initially, prior to extending to two more at a time until all five are covered. Further work is underway to ascertain the phasing of the budget but it is estimated as follows:

<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>Recurrent</b>
£152,000	£526,000	£1,048,831	£1,048,831

12.3 Procurement of the Model - The model has been developed through the collaboration of many partners and it is proposed to take this approach forward into it is proposed to build the model through two routes:-

- a) Contract Variations in existing contracts to provide the additional capacity within the model as follows
  - Mental health practitioners and therapists – Pennine Care Foundation Trust
  - MH Employment Support Coaches – TMBC Employment Support Team
  - Neurodevelopmental practitioners – Integrated Care Foundation Trust
- b) Tender for Lead Provider, peer support coaches and mental health and wellbeing coaches.

### **13 KEY RISKS**

13.1 Risks will be managed through implementation by the Implementation and Design Teams.

13.2 Some of the risks that have identified to date are outlined below and will be expanded on fully and managed as part of the mobilisation process:

- Workforce implications – recruitment and retention in mental health services is challenging, not least due to the growth across GM. This may impact on the ability to second experienced clinical staff into the new development and backfill vacancies.
- Information Governance requirements will need to be fulfilled
- Timescale to establish the new team may slip, notably due to requirement to tender for the Lead Provider
- Capacity and demand – robust monitoring will be in place to monitor demand and develop a creative model to meet the needs
- Training for all services involved – re appropriate referrals
- Managing complex change across organisations is required to deliver the aspirations of this development
- Estates & facilitates identification and management

A Risk Register will be developed to manage all identified risks.

## 14 PERFORMANCE AND OUTCOME MONITORING

14.1 As one of the four sites chosen become a partner in the Innovation Unit Living Well UK programme our local performance and outcome monitoring framework will be developed with the tailored support from the mental health team at Innovation Unit and the independent academic programme evaluator.

14.2 Proposed need, performance and outcome data to be collected:

14.3 Outcome

	Potential Measures
Needs of people looking for support	<ul style="list-style-type: none"> <li>• Presenting factor/s – reason for referral/introduction</li> <li>• Demographic data</li> <li>• Referral/introduction source e.g. self-referral, RAID GP etc.</li> </ul>
<p>Ensure swift and easy access to life changing support and interventions</p> <p>Have no gap between services Have no wrong door, no silo working</p>	<ul style="list-style-type: none"> <li>• Total activity</li> <li>• Activity by element of service accessed</li> <li>• Waiting times to access support</li> <li>• Reduction in referrals rejected from 'front door'</li> <li>• Number of individual funding requests to out of area therapies</li> <li>• Retention rates of service users</li> <li>• Referrals to other organisations e.g. third sector VCS.</li> </ul>
<p>Patient centred outcomes to demonstrate the impact on;</p> <ul style="list-style-type: none"> <li>- Improved mental health</li> <li>- Reduced mental distress</li> <li>- Improved self-management</li> <li>- Sense of control</li> <li>- Increased confidence</li> <li>- Recovery rates</li> <li>- Service user experience &amp; satisfaction</li> </ul>	<p>Through standardised outcome reporting tools/ validated measures (to be agreed) e.g. PROMs/CROMS, WEMWEBS, WASAS</p> <p>Quality assurance monitoring through service users experience feedback</p> <ul style="list-style-type: none"> <li>- stories/case studies etc.</li> </ul>
Impact on wider service use	<ul style="list-style-type: none"> <li>• Reduced A&amp;E attendances - RAID referrals and Assessments</li> <li>• Reduced usage of secondary care mental health services- reduced referrals, waiting times and usage.</li> <li>• Reduced number of short stay admissions</li> <li>• Reduction in occupied bed days</li> <li>• Spend per service user per year</li> <li>• Unit cost per service user</li> <li>• Drug costs total and per service user</li> <li>• Rehab (IPSA) bed cost</li> <li>• Increased staff reported satisfaction</li> </ul>

## EQUALITY IMPACT ASSESSMENT

<b>Subject / Title</b>	101 Days for Mental Health Project: Mental Health in the Neighbourhoods Business Case
------------------------	---

<b>Team</b>	<b>Department</b>	<b>Directorate</b>
Commissioning	Commissioning	Commissioning

<b>Start Date</b>	<b>Completion Date</b>
24.10.18	24.10.18

<b>Project Lead Officer</b>	Pat McKelvey
<b>Contract / Commissioning Manager</b>	Pat McKelvey
<b>Assistant Director/ Director</b>	Jessica Williams

<b>EIA Group</b> (lead contact first)	<b>Job title</b>	<b>Service</b>
Pat McKelvey	Head of Mental Health and Learning Disabilities	Commissioning Directorate
Arriane Garton	Commissioning Project Manager – Adult Mental Health and Learning Disabilities	Commissioning Directorate

**PART 1 – INITIAL SCREENING**

1a.	What is the project, proposal or service / contract change?	<p><u>Neighbourhood Mental Health Development</u></p> <p>The proposal is to implement an innovative new model of mental health support in the neighbourhood. Starting with a prototype in one neighbourhood, prior to incrementally reaching the whole of Tameside and Glossop.</p>
1b.	What are the main aims of the project, proposal or service / contract change?	<p>The new model will support individuals with multi-faceted needs that currently fall between the thresholds for commissioned services in Tameside and Glossop and therefore struggle to access any support for their mental health. This often results in presentations to GP's, A&amp;E and other settings looking for help. Sadly a number of these individuals go on to take their own life.</p> <p>The new model will provide increased access to life changing support and interventions with the aim to;</p> <ul style="list-style-type: none"> <li>- Improve mental health and wellbeing</li> <li>- Reduce mental distress</li> <li>- Prevent escalation of mental health problems to avoid a mental health crisis</li> <li>- Prevent unnecessary referrals to secondary mental health services, A&amp;E departments and other emergency out of hours services</li> <li>- Increase interdependence and self-management</li> <li>- Increase peoples sense of control</li> <li>- Increase confidence</li> <li>- Support recovery</li> <li>- Service user experience &amp; satisfaction</li> <li>- Reduce isolation</li> <li>- Help to identify groups, organisations and opportunities in the community that can support people in building social networks and develop coping skills to prevent poor mental health &amp; crises in the future</li> </ul>

<p><b>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?</b></p>				
<p><b>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.</b></p>				
Protected Characteristic	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Age	✓			The service is for patients that are 18+, however by seeing vulnerable groups of patients and improving their quality of care this could have a positive effect for families and carers that could be under the age of 18.

Disability	✓			The service is open to everyone who meets the criteria.
Ethnicity	✓			The service is open to everyone who meets the criteria.
Sex / Gender	✓			The service is open to everyone who meets the criteria.
Religion or Belief	✓			The service is open to everyone who meets the criteria.
Sexual Orientation	✓			The service is open to everyone who meets the criteria.
Gender Reassignment	✓			The service is open to everyone who meets the criteria.
Pregnancy & Maternity	✓			The service is open to everyone who meets the criteria.
Marriage & Civil Partnership	✓			The service is open to everyone who meets the criteria.
<b>NHS Tameside &amp; Glossop Clinical Commissioning Group locally determined protected groups?</b>				
Mental Health	✓			The service directly relates to individuals requiring mental health support, who currently receive no support from commissioned services due to not meeting service criteria thresholds. The new development will provide access to a range of mental health support interventions for this group of individuals.
Carers	✓			Identified in the co-production of this model was the need to ensure carers have easy access to a range mental health support. The new development will support anyone who meets the criteria.
Military Veterans	✓			The service is open to everyone who meets the criteria.
Breast Feeding	✓			The service is open to everyone who meets the criteria.
<b>Are there any other groups who you feel may be impacted, directly or indirectly, by this project, proposal or service / contract change? (e.g. vulnerable residents, isolated residents, low income households)</b>				
<b>Group (please state)</b>	<b>Direct Impact</b>	<b>Indirect Impact</b>	<b>Little / No Impact</b>	<b>Explanation</b>
n/a				



*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.*

<b>1d.</b>	<b>Does the project, proposal or service / contract change require a full EIA?</b>	<b>Yes</b>	<b>No</b>
<b>1e.</b>	<b>What are your reasons for the decision made at 1d?</b>	<p>This new development directly relates to individuals who have struggled to access or receive any mental health support within the existing provision, due to not meeting current thresholds of services.</p> <p>Therefore this new development will allow access to appropriate provision, offer more choice and control over the support they need to improve and better manage their mental health. Contributing to improved experiences. It is open to anyone who meets the criteria.</p>	

The Neighbourhood Mental Health Offer

**Mental Health Front Door**  
a way to access support that brings this all together to meet my needs



**An integrated front-door for mental health**

It acts as a single front-door for assessment for mental health, combining the Access Team and the Big Life IAPT service. All services are able to introduce into the single point of access and set up initial assessments.

It is made clear across services and to the public that this is a service for people experiencing significant mental health challenges and does not replace universal provision.



**A neighbourhood level point of open access**

Each neighbourhood has a single location for access, combined with hosted surgery times in a range of Spaces & Places in the local area at different times (e.g. in the church or in the GP surgery and where or when required, the team can also visit people at their homes).

People can both walk-in and be introduced via another services of person.



**Delivered by multi-disciplinary team**

A team of people from a range of services and expertise work across the neighbourhood points of access.

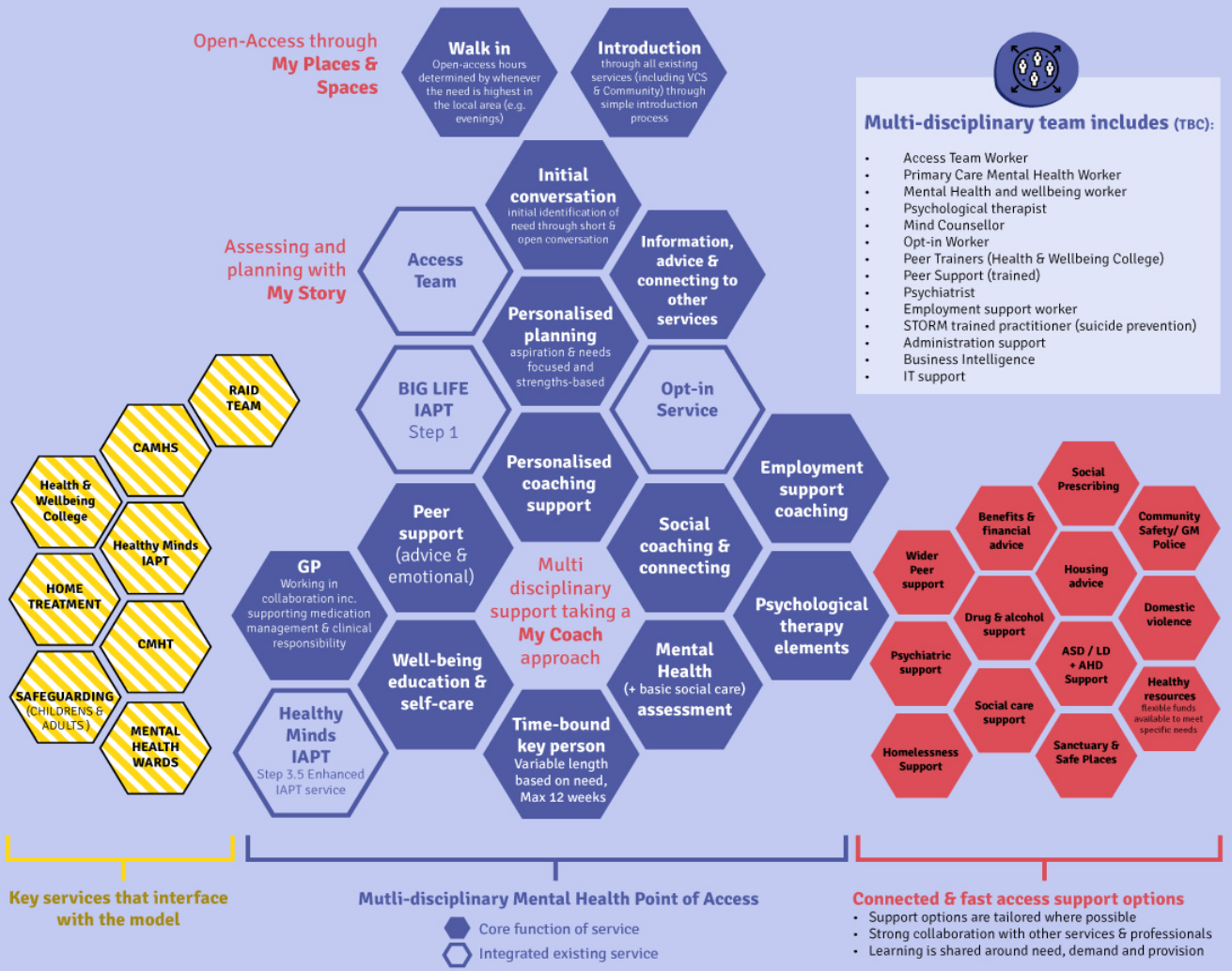
The team is also supported by having access to a range of specialist expertise including medical, clinical and wider social support. Access to this expertise is both through virtual means (using technology) and through attendance within the neighbourhood at specific times.



**Time-bound support to meet people's needs**

People are able to gain packages of support designed to meet their needs. Support is designed to ensure that the right support is given at the right time and in the right order. All support follows a model of coaching (My Coach) ensuring it connects with people strengths, assets and aspirations.

Support is allocated based on need and ranges from giving people information and connecting them to other services, to intensive coaching and coordination of support.



Key Components of the Neighbourhood Model: My Coach

**My Coach**  
relationships that build my skills & confidence



**A positive relationship of support**

- Be a source of consistent support, believe in them and help them to believe in themselves
- Build the person's capacity to enhance the potential of their existing relationships and grow new relationships within their community
- Work with people to co-design a journey of support
- Help people grow and sustain responsibility for themselves, those around them and their communities
- Explore their aspirations and break them down into achievable steps
- Connect them to the support they need to create the conditions in their life to work towards their aspirations



**Coaching when it's needed**

People will receive the right amount of and intensity of coaching they need at any given time.

Formal coaching relationships should be time-bound and not last more than 12 weeks. Informal coaching may be longer-term.



**Coaching from anywhere**

Anybody in the system can play the role of a coach. They can be professionals working in specific services or volunteers in the community.

People in the system will be able to receive training and support to become a mental health specific coach and become an approved coach.



**Choose your coach**

People will be able to select the coach that best connects with different passions, skills and experiences.

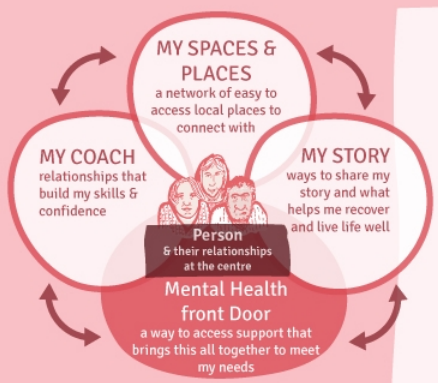
Coaches could be within existing relationships they have or new relationships brokered by a service or through the single point of access.



**Coaching is how we do things around here**

A coaching-based approach that focuses on developing people's skills and confidence to recover and live life well shapes all forms of support.

Services across the system will be able to grow the ability to take a coaching approach – from employment support services to GPs.



**How is it connected to the wider approach:**

**Mental Health Front Door**  
My Coach is a core element of the single point of access. People will be able to access different forms of coaching through the point of access, including intensive coaching when facing complex needs to coaching around aspirations and strengths.

**My Story**  
Coaches will use My Story to help people to capture their story and develop a personalised recovery and support plan. My Story will also be a key way to identify and share strengths, assets and aspirations.

**My Spaces & Places**  
Coaches may be hosted by or part of My Spaces and Places. The coaching way of working will be a key part of the mental health informed approach of all My Spaces and Places.

Key Components of the Neighbourhood Model: My Spaces and Places

**My Spaces & Places**  
a network of easy to access local places to connect with



**A mental health informed network of local spaces & places**

- Welcoming places where people can feel connected and grow their sense of belonging
- In the environments and locations where people want to be
- Places where people feel safe and comfortable
- Spaces to connect around shared interests and passions
- Easily recognisable as part of the network
- Forms a local mental-health informed network, where people are supported to make the best use of local assets and resources



**Mental Health Informed network**

My Spaces & Places are mental health informed, not mental health specific. They all have a shared understanding of the needs and challenges that people experience with poor mental health and are able to ensure that they recognise these in the design and delivery of support. This is to help reduce stigma and enable people to participate on an equal footing.

Becoming mental health informed will include training (including mental health first aid and My Coach approaches) and agreement to a wider set of principles & requirements.



**Quick, easy and local access**

People have access to a network of places and spaces in their community that are mental health informed. These can be voluntary and VCS organisations, faith organisations, community centres, restaurants, cafés, sports clubs etc.

Although localness is key to ensuring people have good access, geographical location will not limit people's opportunities to connect with support and positive relationships.



**A membership model**

Organisations and groups can subscribe to become a My Space & Place and be part of the mental health informed network. People will be able to clearly see who is part of the network through an online map and through seeing a mark/sticker to show their membership.

Membership will operate at different levels (like bronze, silver and gold) depending on their level of training and engagement with the wider network.



**Working as part of a network**

My Spaces & Places are supported to work as a network, ensuring that people have a joined-up and seamless experience. This includes working with individuals to use My Story to connect and share important information about needs and aspirations.

New My Spaces & Places are seeded (through grant funding linked to Social Prescribing) and nurtured where there are gaps in access and provision.



**How is it connected to the wider approach:**

**Mental Health Front Door**

My Spaces & Places connect with the single point of access in a number of ways. Firstly they act as ways into the point of access, where people can be introduced an initial conversations set up. Secondly, some My Spaces & Places host the single point of access at different times. Finally, the network acts a key integrated element of the support people receive as part of the new service.

**My Coach**

All My Spaces & Places have the opportunity to receive training and development to take a coaching based approach and can host coaches who have gone through training and approval processes.

**My Story**

My Story is the key resource used to help work with individuals to assess and plan with their needs, aspirations and strengths.

Key Components of the Neighbourhood Model: My Story

**My Story**  
ways to share my story and what helps me recover and live life well



**Putting your story at the centre of assessment and planning**

- An introduction to a person; their strengths, passions and challenges
- An overview of past experiences
- Describes the relationships of support people have around them and who their key people of support or carers are.
- Supports people to plan and set their own goals that they can track and share with others
- Support to identify possible solutions to problems people face
- Access to tools and approaches to support positive regulation on emotions and thoughts.
- Help people understand what options for support may be available



**A way to share information**

My Story is both a virtual and, where required, a printed recovery and support plan.

People can use this resource to share different kinds of information with the different people who support them. This includes their carers, families and friends.



**The first page of any assessment**

My Story will not aim to replace all existing information systems and assessments from different services.

My Story will become the first page of any assessment process, ensuring all services ask to connect with an individual's understanding of their story, strengths, passions and insight into what works for them.



**Owned by the individual**

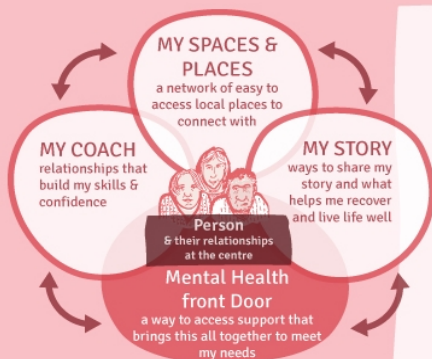
My Story is owned by the person, so they have full ownership of their 'story' and therefore only share the information they choose with each different person they Meta meet. This includes both formal services and informal relationships.



**Powerful technology**

My Story is a connected tool that uses technology to ensure that it remains up-to-date and easily shareable in different ways and with different levels of information.

It connects with other information resources, helping people to be able to access information including; what services are available, to advice about self-management and education.



**How is it connected to the wider approach:**

**Mental Health Front Door**

My Story is a core element to the Single Point of Access. It is the key resource used for both assessments and planning with the person and it will be the way to (with permission) organise, monitor and review people's support during and after engaging with the service.

**My Coach**

It forms a central part of the support people receive from their coach. It is revisited regularly and evolves throughout a person's journey.

**My Spaces & Places**

All spaces & places within the mental health informed network will be aware of My Story and will seek to engage each person to review and develop it as part of any support and relationships they receive within the space or place.

This page is intentionally left blank

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 28 November 2018

**Reporting Member /Officer of Strategic Commissioning Board** Dr Vinny Khunger, CCG Governing Body GP Lead  
Jessica Williams, Interim Director of Commissioning

**Subject:** **LOCALLY COMMISSIONED SERVICES REVIEW – 2019/20 COMMISSIONING INTENTIONS**

**Report Summary:**

The level of funding each General Practice receives is based on the number of patients registered at each Practice. The amount of funding per registered patient is based on a nationally derived weighted formula for General Practice and aims to take into account levels of deprivation as well as other factors.

The majority of funding each year for Practices comes from NHS England, to Greater Manchester Health and Social Care Partnership and then is delegated to Clinical Commissioning Groups (CCG) to distribute for what is defined as “core services” i.e; the minimum level of services which a Practice has to offer its population. CCGs may also decide to invest additional revenue funds into primary medical services to incentivise the delivery of additional services, over and above the core contracted level of service, which are a local priority.

NHS Tameside and Glossop CCG has always chosen to invest additional funds in General Practice to support local delivery of priorities, maintain or increase quality of services and reduce demand elsewhere within the health and social care system. Previous initiatives include Quality Outcomes Framework (QOF), Directed Enhanced Services (DES) and Locally Commissioned Services (LCS).

Locally Commissioned Services (LCS) has been rolled over year on year since 2013/14 and the current contracts expire on 31 March 2019. This report sets out a proposal for reviewing and streamlining the way we manage the LSC funding stream, currently valued at £1.2m per annum. The LCS funding currently enables those Practices who wish to participate, to deliver proactive and preventative services and/or alternative locations to an acute hospital location for treatments.

However, in recent years, LCS payments have remained broadly static and it is possible that Practices will no longer be able to afford to offer these services. This could result in a reduction in local service provision or increased inequity. This report proposes bringing together specific funding streams to create a larger LCS and pay Practices for “bundles” of care rather than individual treatments. With increased clarity of what aspects of care needs to be provided by a Practice or through collective working across a neighbourhood, the aim is to facilitate a cohesive, affordable and high quality population offer.

Our long term vision for General Practice is to reduce variation in the provision of services provided locally, improve equity,

broaden access to services and improve the quality of health outcomes across the population. The proposal set out in this report is a first step towards the delivery of the vision as it commences development of a neighbourhood model of delivery.

**Recommendations:**

The STRATEGIC COMMISSIONING BOARD to:

1. Note the longer term vision of delivering services at a neighbourhood level and accept this proposal as a transition step on that journey.
2. Approve the continued use of the existing £1.2m resource for the commissioning of LCSs with a two year contract from 2019/20.
3. Approve the addition of the £389k existing Primary Care Quality Scheme budget to the LCS resource from 2019/20.
4. Support the inclusion of the £625k Invest to Save element of the current Commissioning Improvement Scheme, noting this is a Primary Care Delegated Commissioning Resource which has been approved by Primary Care Committee with the requirement set out at 3.12.
5. Approve the full review and refresh of the LCS model (Option 2) through the existing working group, with oversight by Health and Care Advisory Group (HCAG).

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

<b>ICF Budget</b>	<b>S 75 £'000</b>	<b>Aligned £'000</b>	<b>In Collab £'000</b>	<b>Total £'000</b>
<b>CCG</b>	1,376	-	625	2,001
TMBC	201	-	-	201
<b>Total</b>	<b>1,576</b>	-	<b>625</b>	<b>2,201</b>
<b>Section 75 - £'000 Strategic Commissioning Board</b>		£389k CCG Primary Care Quality Scheme budget £987k CCG Local Enhanced Services as detailed in Table A £201k TMBC Public Health Spend as detailed in Table A Recurrent budgets in place for all of the above		
<b>In Collaboration £'000 Primary Care Committee/CCG Governing Body</b>		£625k of the 'Primary Care Investment' budget was used to fund the Invest to Save element of Commissioning Improvement Scheme in 2018/19 as part of delegated commissioning arrangements for primary care. The delegated commissioning budget is recurrent and expected to increase in future years. So resource will exist to fund in future years, but no explicit plan for use of Primary Care Investment budget in future years at this stage.		



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

This business case proposes that the overall funding envelope for locally commissioned service remains the same as in 2018/19. As the improved outcomes envisaged in this business case will be delivered within the current cost envelope, it stands to reason that value for money is increased.

While the £389k for Primary Care Quality Scheme (PCQS) is included in budgets recurrently, the national guidance which mandated this spend only applied until March 2019. Detailed planning guidance for 2019/20 is not yet available. Should planning guidance contain a requirement that PCQS is extended, it is important that the Locally Commissioned Services offer is designed in such a way that it addresses national expectations.

The star chamber discussed PCQS budgets on 23 October. It was agreed that any Locally Commissioned Services scheme which replaces PQCS would need to include SMART evaluation criteria which would result in money being withdrawn if targets are not met.

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

Commissioning Intentions provide a basis for constructive engagement between NHS England and providers of specialised services, to inform business plans and contracts. They are intended to drive improved outcomes for patients, and transform the design and delivery of care, within the resources available.

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

The proposed approach describes an improved model of proactive and preventative care for patients and delivery of care out of hospital.

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

This approach will support our locality plan of place based care; with particular focus on the delivery of care close to home.

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

This approach will support a system review of provision of services in general practice, improving quality across our practices; this model could incorporate additional outcomes for delivery. This could include elements of the GM Standards, improved delivery of locality priorities and campaigns, and the GP role in the locality approach to the delivery of Place Based Care. This will triangulate with Public Health priorities and the transformation provision through Person and Community Centred Care.

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

This report has been developed through clinical discussion at Health and Care Advisory Group (HCAG), through Primary Care Committee and through a working group, with clinical and officer membership. HCAG are supportive of the proposal and the ambition of an increased and consistent provision of proactive and preventative care delivered out of hospital as close to home as possible.

**Public and Patient Implications:**

The proposed approach aims to increase the proactive and preventative care offer to our population and deliver a consistent set of outcomes across all practices. The model also supports provision of care closer to home.

**Quality Implications:**

The proposed approach will design an outcomes approach to the commissioning of LCSs and therefore support increased and/or consistency of quality across our practices.

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

The approach addresses health inequalities by an outcomes focus design, with the commissioning being explicit in describing the practice responsibility for ensuring availability of services in primary care for the registered population. There is recognition that the delivery can be by individual practices or by neighbourhoods where it is not viable for practices to deliver all elements themselves.

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

There are no equality and diversity issues; the delivery of LCSs is for the total population.

**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 writer Tori O'Hare



Telephone: 07920 086397



e-mail: [tori.ohare@nhs.net](mailto:tori.ohare@nhs.net)

## 1. INTRODUCTION

- 1.1. The core payment structure for all general practice contracts is based on practice list size. There are also a number of additional services practices can opt to deliver; these include Quality Outcomes Framework (QOF), Directed Enhanced Services (DESS) and Locally Commissioned Services (LCSs).
- 1.2. Our 37 general practices currently deliver a number of LCSs providing proactive and preventative services and/or alternative locations to acute hospital for treatments.
- 1.3. This report sets out a proposal and timeline for the future commissioning intentions for LCS commissioned from general practice across Tameside and Glossop.
- 1.4. The aim of this proposed model is to improve quality for the population, by reducing variation in provision across practices and improve health outcomes. As part of a place based model of care this could, in the longer term, include how this can be delivered by a neighbourhood. The proposal set out in this report is a first step towards that vision.

## 2. CURRENT POSITION

- 2.1 A number of the LCSs have simply been rolled forward year on year since 2013/14. The detail of the scope of these contracts is included as Appendix A, with the current two year contracts (2017-19) due to expire 31 March 2019. It is therefore essential we review and confirm the commissioning intentions for these services.
- 2.2 It is timely to carry out a full review of all LCSs within the strategic context of the Care Together programme, the ongoing development of the locality neighbourhood model, the approach to place based care and the role of general practice within this.
- 2.3 The scope of LCSs recommended by Health and Care Advisory Group (HCAG) for inclusion in this commissioning review is set out in **Appendix A**. The budget figures included in the table are all recurrent.
- 2.4 It should be noted that the Local Authority Public Health commissioned services included in Table A are for Tameside practices only. Glossop neighbourhood public health LCSs are commissioned by Derbyshire County Council and at this stage are not included in this proposed review but will be considered in the ongoing work to define the Tameside & Glossop LCS offer, working with partners in Derbyshire County Council.
- 2.5 The commissioning of the Broomwell Community Cardiology Diagnostics service, an element of which is delivered by general practice, has already been approved to continue from 1 April 2019. To ensure our commissioning of services from general practice is aligned, this will remain 'in-sight' of this review however the funding for this service is not included in the recommendations in this report.
- 2.6 The tariff of the existing LCSs has not been uplifted or reviewed in many years; the date of the last uplift pre-dates the CCG. There is a risk these are now becoming loss making services and therefore that the continued provision of these services is increasingly relying on the goodwill of practices. This creates a potential impact on availability in primary care, which would have an impact on the level of activity in secondary care.

## 3. PROPOSED MODEL 2019/20

- 3.1 The current contracts will end on 31 March 2019 and, whilst the timescale is accepted as challenging, the intention is to have an agreed model for LCSs in place for 1 April 2019.

**Appendix A** illustrates the funding envelope for this review; the recommendation is that this level of investment is maintained. The proposals support an improved approach to the commissioning of Locally Commissioned Services, and delivery of improved outcomes for the population.

3.2 The proposal described in this paper has been developed through clinical discussion at Health and Care Advisory Group (HCAG), through Primary Care Committee and through a working group, with clinical and officer membership.

3.3 A number of options have been explored through those discussions with two remaining in place for consideration.

**Option 1 – Revision of Service Specifications and Costing Models**

3.4 With this option, the commissioning team would review, and revise where required, the service specifications for the range of services outlined in appendix A. The range of LCSs offered would remain as listed.

3.5 Revised service specifications would include details of any additional accreditation (over and above professional registration/qualification) required to deliver the individual LCSs, and a process by which the commissioners would assess individual practices' ability to deliver the service(s). Alongside the service specification review, a review of the associated tariff would be required.

**Option 2 – Full Review and Refresh of the LCS Model**

3.6 This option will involve a full review of the LCS model and the content of service specifications and the payment structure; this is the preferred option of the Commissioning Team.

3.7 The range of existing LCS, set out in appendix A, would be mapped into a number of 'bundles'; each with an overarching theme and outcome with a range of indicators or requirements in place. This would mirror the approach adopted from 2018/19 for commissioning improved access to general practice through the Access Outcomes Framework. The proposed "bundles" are:

- Proactive and Preventative Care – Identification and Management of Long Term Conditions;
- Frailty and End of Life Care;
- Out of Hospital Care;
- Quality Improvement.

This would support continued transformation of the model of care in the Tameside and Glossop locality.

3.8 This approach would also allow for a system review of provision and could incorporate additional outcomes for delivery, including for example, elements of the Greater Manchester Standards, improved delivery of locality priorities and campaigns. This could triangulate with Public Health priorities and the transformation provision through Person and Community Centred Care.

3.9 From a patient perspective, commissioning in this way has the potential to improve significantly both the quality of care delivered in primary care as well as the variation in provision across practice performance. This could increase management of conditions in primary care through location, earlier diagnosis and more tailored treatment earlier in the disease progression ultimately leading to improved patient outcomes and contributing to the overall reduction in emergency admissions to hospital and improving integrated care for our population.

- 3.10 There is potential risk that a 'bundle' offer may result in a practice opting not to deliver the services, which could create an unintended reduction in the level of provision in place. The risk can be mitigated by the commissioning of each LCS 'bundle' being explicit in describing the practice responsibility for ensuring availability of services in primary care for the registered population however that the delivery can be by individual practices or by neighbourhoods where it is not viable for practices to deliver all elements themselves.
- 3.11 This preferred option offers the opportunity to modernise and streamline the way services are commissioned from primary care, developing an outcomes focus and a holistic model of provision rather than historic item of service arrangements.
- 3.12 Primary Care Committee discussed this proposal at the 7 November 2018 meeting and supported the proposal with a condition that the additional investment fund a Quality Improvement 'bundle'; mirroring the recognition of Quality Improvement as one of the 10 high impact actions to release time in general practice in the national strategy paper - the General Practice Forward View.

#### **4. FINANCE**

- 4.1 The two options outlined above both require an increase in the resource available for the commissioning of these services. The existing tariff for these services has not been updated for a number of years and therefore there is a level of continued provision based on goodwill. This creates a risk of reduction in delivery as there is a risk of limited resilience within practices for continued provision.
- 4.2 There is a recurrent budget currently used for the Primary Care Quality Scheme, which ends at 31 March 2019, of £389k. The addition of this to the existing LCS funding would allow for the review of tariff and therefore support the sustained and potential increase in provision of these services.
- 4.3 The inclusion of 2018/19 Commissioning Improvement Scheme (CIS) projects into the Option 2 model, would require the addition of the CIS £625k investment to the existing LCS resource. The CIS investment is a Primary Care Delegated Commissioning funding to be considered, and approved by, Primary Care Committee.

#### **5. FUTURE COMMISSIONING**

- 5.1 The proposed model described in this paper is a transition period towards a strategy of placed based delivery of care and commissioning from, and delivery by, neighbourhoods.
- 5.2 This will be explored further through the development of a place based strategy which will be brought through governance for approval in due course.

#### **6. RECOMMENDATIONS**

- 6.1 As set out at the front of the report.

**APPENDIX A**

<b>Service</b>	<b>Origin</b>	<b>Tariff</b>	<b>2018/19 Budget</b>	<b>2017/18 Spend</b>
Anti-coagulation	CCG	Level 3 In Practice £11.00; Home Visit £14 Level 4 In Practice £15.60; Home Visit £18.60	£600,000	£525,000
Diabetes – Insulin Initiation	CCG	£100 per patient initiation	£9,892	£9,892
DMARDS	CCG	£12.50 per monitored drug per quarter	£73,000	£71,688
In Practice Care (previously HCA LES)	CCG	£1 per weighted patient	£254,638	£260,170
Ring Pessary	CCG	£20 replacement/ refitting	£10,240	£14,309
Hormonal Implants	CCG	£25 insertion fee	£22,000	£27,495
IUCD for menorrhagia	CCG (Glossop)	IUCD fitting - £89.90	£1,000	£809
Contraceptive Implants & Intrauterine Contraceptive DVC	LA	SDI Fitting - £27 SDI Removal - £30 IUCD fitting - £89.90	£87,680	£104,080
NHS Health Checks	LA	£300 to produce 2 x lists 1) all eligible patients not previously invited 2) eligible, previously invited but not had health check £2 for each invitation sent £15 for each health check carried out	£70,000	£98,850
Smoking Cessation	LA	£5 for each registration on the Wellbeing Service and support £5 x each session - max 5 sessions	£40,000	£53,000
Weight Management Public Health	LA	£20 - first appointment £7 each for 3 x further appointments £50 patient weight loss achievement (£91 max payment)	£3,000	£5,260
DVT	CCG	£40 per screening	£16,000	£13,060
<b>TOTAL</b>			<b>£1,187,450</b>	<b>£1,183,613</b>

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 28 November 2018

**Reporting Member /Officer of Strategic Commissioning Board** Councillor Brenda Warrington – Executive Leader  
David Moore – Interim Director of Growth

**Subject:** HOUSING FINANCIAL ASSISTANCE POLICY 2018 - 2023

**Report Summary:** 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 wider and more holistic approach to Housing Adaptation improvements.

The revised Policy replaces Tameside’s current Private Sector Housing Renewal Policy approved in 2003.

**Recommendations:** That Members:

APPROVE a 6 week public consultation exercise in respect of the proposed amendments to current policy in connection with the Disabled Facilities Grant and other associated funding loans and grants as set out in the report at paragraph 3.8 sections 1-9, the outcome of which will be reported for final decision to Executive Cabinet and Strategic Commissioning Board.

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

<b>Integrated Commissioning Fund Section</b>	
<b>Decision Required By</b>	Executive Cabinet
<b>Net Budget Allocation</b>	Capital Budget 2018/19 : £ 3.624m 2019/20 : To be confirmed

**Additional Comments**

The 2018-19 Disabled Facilities capital budget is funded by a 2018-19 grant allocation of £2.327m and grant funding brought forward from prior years of £1.297m. 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 re-cycling 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.

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

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.

The Council is commendably looking at removal of some of the 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 has been completed and this should be reviewed following the consultation, 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**

This document has not been presented to the Health Care



<b>Group:</b>	Advisory Group.
<b>Public and Patient Implications:</b>	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.
<b>Quality Implications:</b>	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.
<b>How do the proposals help to reduce health inequalities?</b>	The main proposals offer a more streamlined process to enable easier access to housing adaptations and overcome health inequalities in a more equitable manner.
<b>What are the Equality and Diversity implications?</b>	<p>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.</p> <p>An Equality Impact Assessment has been produced and is attached at Appendix 5</p>
<b>What are the safeguarding implications?</b>	There are no additional safeguarding implications to those already faced in delivering housing adaptations.
<b>What are the Information Governance implications? Has a privacy impact assessment been conducted?</b>	A Privacy Impact Assessment has not been complete. The Service adheres to the 2018 Data Protection Act when handling confidential identifiable information.
<b>Risk Management:</b>	<p>The key risks (detailed in Section 5.5) are summarised:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<b>Access to Information :</b>	The background papers relating to this report can be inspected by contacting Nigel Gilmore, Head of Strategic Infrastructure; by:

 Telephone: 0161 342 3920

 e-mail: [nigel.gilmore@tameside.gov.uk](mailto:nigel.gilmore@tameside.gov.uk)

**Appendix 1** – Proposed RRO Policy 2018 -2023  
**Appendix 2** – Equality Impact Assessment to be reviewed  
after consultation process  
**Appendix 3** – Consultation information

## **1.0 INTRODUCTION**

- 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 set in place 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 adopted in 2003 and apart from a number of minor updates, has remained largely unchanged. It is available at <https://www.tameside.gov.uk/housing/renewalpolicy>. The minor updates consist of:
  - A Key Decision, 14 September 2011, entitled Adaptations Service, addressing issues to improve delivery of adaptations outside the DFG process;
  - A Key Decision, 17 July 2013, entitled Adaptations, changed the delivery of adaptations to meet the reduced level of funding; and

- A decision of the Single Commissioning Board dated 2 August 2016, entitled Disabled Facilities Grant Delivery Considerations, enabled the delivery of housing adaptations through the relaxation of a number of criterions.

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 for people's needs where they have a health or disability related condition. It is important, therefore, that any policy clearly sets out the limitations of any help that may be available.

2.5 In recognition of the above Tameside has developed a number of policies to create assistance schemes which help people meet their needs.

### **3.0 SUMMARY OF THE 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 the elderly and the vulnerable homeowner, 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 1**. 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 nine alternative types of financial assistance are proposed.

3.6 The funding for assistance noted in sections 1 to 5 below will be provided utilising the annual allocation from government. There is no payback involved in this funding.

- 3.7 Funding for assistance noted in sections 6 to 8 below will be provided from repaid Housing Capital. Current sources of funding are from two historic assistance schemes: 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 9, 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):** 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 approved amount is under £5,000.
  4. **Payments towards Adaptations (Discretionary Grant 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
  5. **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.
  6. **“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.
  7. **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.
  8. **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.

9. **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 have been a factor of the original RRO policy. Two such schemes required the amount of assistance to be secured by a charge placed on the property at the local charges register or in some cases at HM Land Registry. 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 maximum amount of assistance was £5,000 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 Homes) 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 must be repaid upon disposal or transfer of ownership. The amount of investment was calculated as a percentage of the improved value at the time of the loan and this percentage is used to calculate the amount to be repaid based upon the current open market value.
- 4.6 In cases where new initiatives demand charges to be placed on a property, repayment of capital will be used fund other schemes within this policy as they are repaid.
- 4.7 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.
- 4.8 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.
- 4.9 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 3<sup>rd</sup> party intervention as well as reputational damage. 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, whilst 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.

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
Loan payments 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

**Table 1: Main Risk Elements Of The Proposed RRO Policy**

## 6.0 EQUALITY IMPACT ASSESSMENT AND CONSULTATION

- 6.1 An Equality Impact Assessment is attached to this report (**Appendix 2**). 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 unable to financially support further adaptation.
- 6.3 This EIA is being 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 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 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.
- 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 wishes to make it easier for residents of the borough with disabilities to apply for and obtain grant assistance (without the need to apply for a DFG) in order to maintain independent living and, if possible, to become less reliant on mainstream services.
- 6.7 The Regulatory Reform Order (Housing Assistance)(England and Wales) Order 2002 Article 4 – “provision of assistance: supplementary” states:
- “A local housing authority may not exercise the power conferred by article 3 (Power of local housing authorities to provide assistance) in any case unless:
- (a) they have adopted a policy for the provision of assistance under that article;
  - (b) they have given public notice of the adoption of the policy;
  - (c) they have secured that
    - (i) a document in which the policy is set out in full is available for inspection, free of charge, at their principal office at all reasonable times; and
    - (ii) copies of a document containing a summary of the policy may be obtained by post (on payment, where a reasonable charge is made, of the amount of the charge); and
  - (d) the power exercised in that case in accordance with that policy.”
- 6.8 In order to seek wider support for the proposed Housing Financial Assistance Policy update, it is intended to consult with a range of users as part of the above EIA process. These will include the Authority's Adult, Social and Children's Services, Disability User Groups, Registered Providers (whom the Council has service level agreements with for



adaptations) and through the facilities offered by the Authority's Big Conversation initiative. (**Appendix 3**).

- 6.9 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 will remain; as will the safety net assistance to remove health and safety risks from the home.

## **7.0 RECOMMENDATIONS**

- 7.1 The recommendations are set out at the front of the report.

This page is intentionally left blank

## DRAFT DOCUMENT

### 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.

# APPENDIX 1

- 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 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 them 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

# APPENDIX 1

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.

# APPENDIX 1

- 3.7 As a result Tameside Council wishes to 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 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.
- 4.6 Under this Policy the Council will provide a Proportionate Grant (DFG) 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, although the OT may acknowledge and agree the alternative proposals will still meet their needs.

# APPENDIX 1

- 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 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 **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:
- 4.16 **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 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.
- 4.17 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.
- 4.18 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.
- 4.19 The maximum discretionary grant for unforeseen works will be £10,000 bringing the total amount of assistance available, with DFG, to £40,000.

## APPENDIX 1

- 4.20 **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.
- 4.21 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).
- 4.22 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.
- 4.23 The maximum discretionary grant for shortfall funds is £10,000 bringing the total amount of assistance available, with DFG, to £40,000.
- 4.24 **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.
- 4.25 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.
- 4.26 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.
- 4.27 **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.
- 4.28 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.
- 4.29 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.
- 4.30 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.
- 4.31 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.



## APPENDIX 1

- 4.32 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.
- 4.33 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.
- 4.34 No other form of discretionary grant assistance will be available in cases where Relocation Assistance is approved.
- 4.35 **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.
- 4.36 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.
- 4.37 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.
- 4.38 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.
- 4.39 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.
- 4.40 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.
- 4.41 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.
- 4.42 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' (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.

# APPENDIX 1

## 4.43 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.

4.44 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.

4.45 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:

4.46 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

4.47 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 £5000 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.

4.48 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.

## 4.49 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.

4.50 **“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 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).

4.51 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.

# APPENDIX 1

- 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 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.

4.52 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, 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.

4.53 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.

4.54 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.

4.55 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.

4.56 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.

4.57 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.

## 4.58 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.

4.59 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.

4.60 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:

4.61 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.

4.62 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.

4.63 The grant will be over and above any funds, which can be raised, and up to the amount required to remove the risk.

4.64 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

4.65 This element of the Policy would only be applied to home owners who cannot receive assistance under any other sections of the Policy.

4.66 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.

# APPENDIX 1

- 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 advance become necessary due to reasons of health and safety.
- 4.68 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.
- 4.69 **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.
- 4.70 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.
- 4.71 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.
- 4.72 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.
- 4.73 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.
- 4.74 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.

## 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.

# APPENDIX 1

## 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. Details on how to make a Personal Application are noted at the end of this Policy.

## 5.7 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.

5.8 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.

5.9 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.

5.10 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.

5.11 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 Development & Investment).

5.12 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  
Development & Investment, Council Offices, Clarence Arcade, Stamford Street,  
Ashton under Lyne, OL6 7PT

Telephone 0161 342 2259

email [hia@tameside.gov.uk](mailto:hia@tameside.gov.uk)

# APPENDIX 1

## 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,
- 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.

# APPENDIX 1

- 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  
Development & Investment  
Tameside MBC  
Council Offices  
Clarence Arcade, Stamford Street  
Ashton under Lyne  
OL6 7PT

Email: [hia@tameside.gov.uk](mailto: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](http://www.tameside.gov.uk/housing/services)
- Ministry of Housing, Communities & Local Government:
  - [www.communities.gov.uk/corporate/](http://www.communities.gov.uk/corporate/)
- Department of Health and Social Care:
  - [www.gov.uk/government/organisations/department-of-health-and-social-care](http://www.gov.uk/government/organisations/department-of-health-and-social-care)
- Tameside and Glossop Care Together:
  - [www.caretogether.org.uk/](http://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 <sup>1</sup> GCO only <sup>2</sup>	10 <sup>2</sup>	No
4.5	Proportionate Grant (DFG) Assistance	Up to £30,000	Yes	Yes <sup>1</sup> GCO only <sup>2</sup>	10 <sup>2</sup>	No
4.12	Grant for Adaptation	Up to £5,000	No	No <sup>1</sup>	N/A	No
4.16	Unforeseen Works Assistance	Up to £10,000	Yes	Yes	5 <sup>4</sup>	No
4.20	Shortfall Assistance	Up to £10,000	Yes	Yes	5 <sup>4</sup>	No
4.24	Contributory Assistance	Up to £10,000	Yes	Yes	5 <sup>4</sup>	No
4.27	Relocation Assistance (Home Owners) DFG	Up to £30,000	Yes	Yes GCO <sup>3</sup>	10 <sup>5</sup>	No
4.27	Relocation Assistance (Home Owners) (Discretionary Assistance)	Up to £30,000	Yes	Yes	10 <sup>5</sup>	No
4.43	Hospital Discharge Grants (Discretionary Assistance)	Up to £5,000	No	No	N/A	No
4.50	Stay Put Scheme (Discretionary Assistance)	£500 to £6,000	Yes	Yes	10 <sup>5</sup>	No
4.58	Home Repair Assistance (Discretionary Assistance)	£500 to £6,000	Yes	Yes	10 <sup>5</sup>	No
4.69	Safety Net Assistance (Discretionary Assistance)	£6,000	Yes	Yes	10 <sup>5</sup>	No
6.0	Energy Efficiency Measures/ Boiler Replacement Scheme	>£300 <sup>6</sup> <£300 <sup>7</sup>	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. The General Consent Order only applies to DFG assistance over £5k and the council can only request repayment up to £10k max
4. The discretionary assistance will be repaid when ownership is transferred or the property sold/ disposed within 5 years of completion of works
5. The discretionary assistance will be repaid when ownership is transferred or the property sold/ disposed within 10 years of completion of works
6. Energy Efficiency Measures/ Boiler Replacement Scheme
7. Repairs Only

### GLOSSARY:

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

# APPENDIX 1

**Tameside & Glossop Single Commissioning Function**
**Equality Impact Assessment (EIA) Form**

<b>Subject / Title</b>	Regulatory Reform (Housing Assistance)(England and Wales) Order 2002 – Revised Policy
------------------------	---

<b>Team</b>	<b>Department</b>	<b>Directorate</b>
Housing Renewal/ Adaptations	Strategic Infrastructure	Development & Investment

<b>Start Date</b>	<b>Completion Date</b>
June 2017	TBC

<b>Project Lead Officer</b>	Jim Davies
<b>Contract / Commissioning Manager</b>	Nigel Gilmore
<b>Assistant Director/ Director</b>	David Moore

<b>EIA Group</b> (lead contact first)	<b>Job title</b>	<b>Service</b>
David Moore	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:*

**Tameside & Glossop Single Commissioning Function**

**Equality Impact Assessment (EIA) Form**

- 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.

1a.	<b>What is the project, proposal or service / contract change?</b>	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
1b.	<b>What are the main aims of the project, proposal or service / contract change?</b>	<p>The proposal is to update the Council's financial assistance policy around Housing Grants and Adaptations:</p> <ul style="list-style-type: none"> <li>• To relax the policies to enable adaptations to be granted more easily to those who need them;</li> <li>• To provide more flexibility in the provision of grant assistance</li> <li>• to introduce a number of new assistance schemes</li> </ul>

<p><b>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?</b></p> <p><b>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.</b></p>				
Protected Characteristic	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Age	<u>X</u>			The proposed update to the RRO

**Tameside & Glossop Single Commissioning Function**

**Equality Impact Assessment (EIA) Form**

				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.
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

**Tameside & Glossop Single Commissioning Function**

**Equality Impact Assessment (EIA) Form**

				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.
<b>Other protected groups determined locally by Tameside and Glossop Single Commissioning Function?</b>				
<b>Group (please state)</b>	<b>Direct Impact</b>	<b>Indirect Impact</b>	<b>Little / No Impact</b>	<b>Explanation</b>
Mental Health			<u>X</u>	It is not anticipated that the proposals will affect how people with Mental Health issues access adaptations but 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.
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
<b>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</i>)</b>				

**Tameside & Glossop Single Commissioning Function**
**Equality Impact Assessment (EIA) Form**

<i>residents, low income households)</i>				
<b>Group</b> <i>(please state)</i>	<b>Direct Impact</b>	<b>Indirect Impact</b>	<b>Little / No Impact</b>	<b>Explanation</b>
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.*

<b>1d.</b>	<b>Does the project, proposal or service / contract change require a full EIA?</b>	<b>Yes</b>	<b>No</b>
		X	
<b>1e.</b>	<b>What are your reasons for the decision made at 1d?</b>	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.	

*If a full EIA is required please progress to Part 2.*

**Tameside & Glossop Single Commissioning Function**

**Equality Impact Assessment (EIA) Form**

**PART 2 – FULL EQUALITY IMPACT ASSESSMENT**

**2a. Summary**

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.

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

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.

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, and to £2.2m in 2017/18.



**Tameside & Glossop Single Commissioning Function****Equality Impact Assessment (EIA) Form**

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
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.

**2b. Issues to Consider**

**Tameside & Glossop Single Commissioning Function**

**Equality Impact Assessment (EIA) Form**

**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 3<sup>rd</sup> 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.
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 3<sup>rd</sup> 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

Tameside & Glossop Single Commissioning Function

Equality Impact Assessment (EIA) Form

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 support for the updated Policy it is intended to consult with a range of users. These groups will include 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 will be carried out via The Big Conversation.

**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.

The grant has existed for over 25 years and was subsumed into the Better Care Fund, a pooled

**Tameside & Glossop Single Commissioning Function**

**Equality Impact Assessment (EIA) Form**

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.

**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

## Tameside &amp; Glossop Single Commissioning Function

## Equality Impact Assessment (EIA) Form

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:** 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.

**“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.

**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

**Tameside & Glossop Single Commissioning Function**

**Equality Impact Assessment (EIA) Form**

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.

<b>2d. Mitigations</b> (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 applications will require balancing against available funding in a priority led initiative.
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.

**Tameside & Glossop Single Commissioning Function**

**Equality Impact Assessment (EIA) Form**

Home Move	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.
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.
Affordability, Staying Put and Home Repair Scheme	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 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.

<b>2e. Evidence Sources</b>
<i>Original Regulatory Reform Order Policy dated June 2003</i>

**Tameside & Glossop Single Commissioning Function**

**Equality Impact Assessment (EIA) Form**

<b>2f. Monitoring progress</b>		
<b>Issue / Action</b>	<b>Lead officer</b>	<b>Timescale</b>
<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>

<b>Signature of Contract / Commissioning Manager</b>	<b>Date</b>
<b>Signature of Assistant Director / Director</b>	<b>Date</b>





### **Tameside Council Financial Assistance Policy Review**

#### **Introduction**

The Regulatory Reform (Housing Assistance)(England and Wales) Order 2002 (known as the RRO Policy) 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. It permits 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 allows people to relocate to alternative accommodation if their current home is not able to meet their needs. Assistance can be given direct to the individual or through a third party such as a Home Improvement Agency or other partner. Local authorities must have an approved RRO policy in place in order to provide financial assistance.

In 2008, Government made a number of changes to the way DFG was administered and the ways in which it could be used. These changes included the relaxation of some of the rules, 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.

#### **Our Current Financial Assistance Policy**

The current policy was created in 2003 and, although it has had a few minor updates, it has remained generally unchanged. Some of the schemes contained in the Policy are now no longer appropriate due to changes in the way local government is funded. In order to continue providing help and assistance to residents and in order to take advantage of the changes made by government we need to change our Policy. We cannot offer any new assistance schemes unless we formally update our RRO Policy.

#### **Recent Developments**

As well as the relaxation of the rules around how funds for adaptations can be used the Government allocates our funding via the Better Care Fund; the joint funding mechanism for NHS and Local Health and Social Care. Nationally the allocation of funding for adaptations has been increased with Tameside receiving 90% more in 2017-18 than it did in 2015-16.

Even though the budget for adaptations is within the Better Care Fund the Council still must have a Policy in order to deliver the assistance around housing related issues. A number of local authorities locally and nationally have taken the opportunity to review and update their Financial Assistance Policies to reflect the relaxation of the rules and the increased funding, and Tameside wishes to do the same.

#### **Proposals**

One of the main requirements of creating or updating the RRO Policy is that we must consult with those who may be affected by it. We want to give the residents of Tameside the



opportunity to have their say and we will also be consulting with local housing providers, voluntary & community groups, as well as services within the Council.

**We do not propose to change the basic principles of the mandatory DFG and it will remain as an option for anyone to request it should they be eligible. We are also not changing the principles of the Safety Net Assistance scheme or the ability to apply for relocation assistance (subject to certain criteria being met) should a property be deemed unsuitable for adaptation.**

**We do not propose to make any changes to the fact that in order to qualify for an adaptation potential applicants will still be required to have an assessment of need and that any such assessment must be “necessary and appropriate” & “reasonable and practicable” as set out in legislation.**

**We want to make it easier for residents who have a disability and an assessed need to obtain appropriate adaptations to their homes by reducing the bureaucracy associated with making an application for a Disabled Facilities Grant. We intend to do this by introducing a number of Discretionary Grant/ Loan schemes.**

We would like to remove the “means test” for many low level adaptations and to help those who are likely to struggle with a contribution should the “means test” calculation determine a contribution is required. We would also like to introduce a number of new financial assistance schemes to help elderly and vulnerable home-owners who may struggle to keep their homes wind and weather tight, and who may have health & safety issues that need to be removed. Some of these schemes involving home-owners will require us to protect that investment by placing a local land charge on the property.

The main changes we are proposing to make to the Policy are as follows:

- 1 The DFG is a mandatory grant and is inherently very bureaucratic. A large number of our grants are below £5,000 and so we want to make it easier to apply for a grant. We would like to remove the need to apply for a DFG for many people and introduce a non “means tested” grant up to a maximum of £5,000 for those who have an assessed need. For works costing over £5,000 people will need to apply for a DFG;
- 2 We would like to provide grant assistance to those who, following the statutory “means test” find themselves unable to find their contribution. We also would like to assist those applicants in circumstances where unforeseen works take the cost of their adaptation over the maximum amount of £30,000 or where there is a shortfall on funding the overall cost of works over £30,000;
- 3 We want to allow those with an assessed need who are also 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). The Council would therefore provide the monetary equivalent for the original recommended works as long as the works still meet the assessed needs of the disabled person;



## APPENDIX 3



- 4 We would like to introduce a non “means tested” grant to a maximum of £5,000 to enable those who have been hospitalised due to illness or injury to return home but are unable to do so due to their home being considered not suitably habitable for them to return;
- 5 We would like re-introduce a “Stay Put” scheme for those home-owners over 65 years of age. This scheme would provide financial assistance to a maximum of £6,000 to help with essential repairs to their property to prevent deterioration of their health;
- 6 We would also like to introduce a “Home Repair Scheme”, similar to the Stay Put scheme to a maximum assistance of £6,000 for other vulnerable home-owners in order to remove issues of a health and safety nature;
- 7 We would like to keep some of these schemes going for as long as possible by recycling the funds given to home-owners. We would do this by placing a charge on the property for the amount of the loan which would then be repaid upon sale or transfer of the property in the future. We will not charge interest on this assistance.
- 8 We would like to introduce a boiler replacement/ energy efficiency programme for those homeowners who cannot afford to repair or replace their boiler or heating system following them meeting the required eligibility criteria.
- 9 It is possible that at some point in time funding may reduce or legislation may change preventing us from providing some of these initiatives or may require us to do things differently. If necessary we may need to reduce the number of initiatives available in the Policy whilst maintaining a core responsibility to deliver adaptations and a duty to deliver mandatory Disabled Facilities Grants. Any changes to availability of funding or initiatives will be updated to the Council’s website.

We are inviting your comments on the proposed changes to our Financial Assistance Policy. A full copy of the revised policy is available here (link to be included). Please submit your comments here (link to consultation).

The deadline for comments is ..... 2018



## Questions for Consultation

1. 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)

Strongly Agree   
Agree   
Disagree   
Strongly Disagree

2. The maximum amount of grant allowed through the DFG is currently £30,000. Subject to funding availability, we would like to allow an additional sum of up to £10,000 above the DFG maximum of £30,000 to cover the applicant's contribution, funding shortfalls and unforeseen works to ensure that all the recommended works can be carried out. This additional sum will only be available to applicants who own or have an interest in the property being adapted.

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

Strongly Agree   
Agree   
Disagree   
Strongly Disagree

3. One of the proposed changes to the Policy would allow disabled home owners to adapt their property to a greater extent than assessed as necessary by an Occupational Therapist (OT). Under this policy the Council can agree to provide assistance via a DFG (a Proportionate Grant) however it will only cover the work costs that have been carried out to meet the disabled person's assessed needs. Any other adaptations will be paid for by the owner so we will therefore make a proportionate contribution to the cost of the total works carried out.

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)

Strongly Agree   
Agree   
Disagree   
Strongly Disagree



4. The Council may operate (funding permitting) a grant funding property works (up to £5,000) for people returning home from hospital stays. This grant would enable the applicant to return home to a property more suitable for their needs. These works would ideally speed up discharge from hospital, reduce hospital bed blocking and prevent re-admission.

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

- Strongly Agree   
Agree   
Disagree   
Strongly Disagree

5. The Council is proposing to operate a 'Stay Put' service (funding permitting) for owner occupiers aged 65+. This would include financial assistance of up to £6,000 and advice on how owners can access any equity in their property to repair their property, ideally allowing them to maintain their independence and remain living in their own homes.

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

- Strongly Agree   
Agree   
Disagree   
Strongly Disagree

6. The Council is proposing to offer assistance (funding permitting) outside of the 'Stay Put' scheme to vulnerable or low income owner occupiers.

Financial assistance of up to £6,000 may be available where works would remove health and safety risks, improve wellbeing and facilitate independent living. This could be provided if the owner proves they cannot raise funds via savings, commercial or charitable loans. The applicant would be required to provide evidence to support the fact they are unable to raise funds themselves.

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)

- Strongly Agree   
Agree   
Disagree   
Strongly Disagree



7. In order to ensure future funding provision for use by future residents in need, it will be necessary to introduce payback facilities for all financial assistance made to homeowners as outlined in the previous questions.

To what extent do you agree that the Council should protect the funds it lends to homeowners 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)

- Strongly Agree   
Agree   
Disagree   
Strongly Disagree

8. In order to ensure that as many residents can have access to affordable heating systems we would like to introduce a boiler repair and replacement programme (funding permitting), including some repairs and other energy efficiency measures. These will be available to those vulnerable homeowners who meet the set criteria for the scheme.

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)

- Strongly Agree   
Agree   
Disagree   
Strongly Disagree

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

### ABOUT YOU

#### About You

The questions below are asked in order to enable us to identify whether people feel differently because of their protected characteristic group e.g. age, disability, ethnicity. These questions are optional – please feel free to skip any you prefer not to answer.



## APPENDIX 3



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

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

11. What best describes your gender?

- Female
- Male
- Prefer to self-describe
- Prefer not to say

12. What is your age? (Please state)

13. What is your postcode? (Please state)

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

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller



- Any other White background (Please specify)

Mixed / Multiple Ethnic Groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background (Please specify)

Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean background (Please specify)

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (Please specify)

Other ethnic group

- Arab
- Any other ethnic group (Please specify)

15. What is your religion?

- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Jewish
- Sikh
- Hindu
- Muslim
- No religion
- Any other religion, please state





## APPENDIX 3



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

(Please tick one box only)

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

17. 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 due to old age? (Please tick one box only)

- Yes, 1-19 hours a week
- Yes, 20-49 hours a week
- Yes, 50+ hours a week
- No

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

- Yes
- No
- Prefer not to say

19. What is your marital status?

- Single
- Married
- Civil Partnership
- Divorced
- Widowed
- Prefer not to say

This page is intentionally left blank

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 28 November 2018

**Reporting Member /Officer of Strategic Commissioning Board** Councillor Gerald P Cooney, Economic Growth, Employment and Housing  
Richard Hancock, Director Children’s Services

**Subject:** **EVALUATION AND BUSINESS CASE – TAMESIDE EMPLOYMENT FUND**

**Report Summary:** The grants and scheme detailed in this report have been successfully implemented and delivered sustainable outcomes for young people and businesses in Tameside.

Tameside Council has been supporting local Small to Medium Enterprises (SME) to grow and develop skilled trades, employment of young people aged 16 to 24 years old in apprenticeships and reduction of young residents aged 16-24 years old and not in employment, education or training (NEET).

The report provides a summary evaluation and business case to continue the outcomes delivered by the grants in the form of re-branded Tameside Employment Fund beginning in April 2019. The case for continuing the grants is based on the benefits of cost avoidance by targeting outcomes on vulnerable and complex cohorts and supports the delivery of Corporate Parenting. The Employment and Skills team have already secured £100,130 of Greater Manchester Combined Authority (GMCA) funding towards this programme.

**Recommendations:** STRATEGIC COMMISSIONING BOARD is recommended to:

- (i) Note the significant benefits of the grants and schemes for Tameside businesses, providers and young people aged 16-24 years old; particularly our looked after children and care leavers.
- (ii) RECOMMEND TO COUNCIL AN investment of £ 0.287 million to support continuation of the scheme over the 2 year period 1 April 2019 to 31 March 2021. In addition £0.100 million will be received from the GMCA (section 6 of the report refers)
- (iii) Agree to a celebration event and marketing for those benefiting from the scheme to further build sustainable relationships.

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

<b>Budget Allocation (if Investment Decision)</b>	£0.287m
<b>CCG or TMBC Budget Allocation</b>	TMBC
<b>Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration</b>	In-Collaboration
<b>Decision Body – SCB Executive Cabinet, CCG Governing Body</b>	Executive Cabinet
<b>Value For money</b>	The evaluation of the young

<b>Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark</b>	people supported by the existing programme delivered an annual saving of £0.154m within Children’s Social Care (section 5.1 of the report refers). This equates to an estimated return on investment of £2.13 for every £1 incurred.
<p><b>Additional Comments</b></p> <p>The report provides a summary evaluation and business case to continue the outcomes delivered by the grants. The case for continuing the grants is based on the benefits of savings and cost avoidance by targeting outcomes on vulnerable and complex cohorts.</p> <p>The report requests a Council investment of £ 0.287 million to support continuation of the scheme over the 2 year period 1 April 2019 to 31 March 2021. In addition £0.100 million will be received from the GMCA (section 6 of the report refers)</p> <p>The sum requested is not currently included within the Strategic Commission’s 5 year medium term financial plan and will therefore be an additional cost pressure if the proposal is approved.</p> <p>However the evaluation of the young people supported by the existing programme delivered an annual saving of £0.154m within Children’s Social Care (section 5.1 of the report refers). This equates to an estimated return on investment of £2.13 for every £1 incurred.</p> <p>It is essential that continuation of the programme is stringently monitored to ensure savings are delivered within Children’s Social Care and associated public services.</p> <p>The estimated savings expected from continuation of the programme will be included within the Council’s Medium Term Planning assumptions and monitored accordingly.</p> <p>The funding request is for 2 years and has been built into the budget setting assumptions for the 2019/20 and 2020/21 financial year.</p>	

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

This will be an additional call on the budget for discretionary spend so the Council need to be very clear that any money spent in this area will be able to demonstrate that it has reduced statutory spend that would otherwise have occurred. There needs to be clear performance monitoring for what is essentially an invest to save scheme.

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

The Tameside Employment Fund enables sustainable employment for Tameside residents. Evidence highlights the benefits of employment to an individual’s health and wellbeing.

**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

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

The Tameside Employment Fund will contribute to the Commissioning Strategy aims and priorities:

- Empowering citizens and communities
- Targeting resources
- Supporting positive mental health

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

This document has not been presented to the Health and Care Advisory Group.

**Public and Patient Implications:**

Tameside's business base is primarily comprised of SME's and micro businesses, which require support to grow and create employment opportunities for local residents in turn creating a more prosperous economy. In supporting local SMEs to create apprenticeships we are assisting in raising awareness of the benefits of this pathway, improving productivity and working towards the government's target of 3 million apprenticeships by 2020.

The Council's statutory Raising Participation Age duties to ensure all residents remain in education or training until the age of 18 is directly supported by these initiatives along with reduction of NEET and engagement of hard to reach young people, including priority groups looked after children, care leavers, those with an identified SEND, youth offenders and teenage parents. The proposed Tameside Employment Fund would support the Council to deliver our Corporate Parenting commitment.

**Quality Implications:**

No implications

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

Supporting employment and increased skill levels positively impacts on long term earnings and outcomes which in turn reduce health inequalities.

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

The proposed fund enables vulnerable or complex cohorts to achieve positive outcomes.

**What are the safeguarding implications?**

No safeguarding implications.

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


The Service adheres to the 2018 Data Protection Act. A Service Privacy Impact Assessment has been conducted including the Grants and Schemes set out in this report.

**Risk Management:**

Supporting young people who are not in education, employment or training into positive employment and careers enables long term economic growth.

**Access to Information :**

The background papers relating to this report can be inspected by contacting the report writer David Berry, Head of Employment and Skills

 Telephone: 0161 342 2246

 e-mail: [david.berry@tameside.gov.uk](mailto:david.berry@tameside.gov.uk)

## 1.0 INTRODUCTION

- 1.1 The Tameside grants and scheme (originally titled Leaders Pledges in 2015) have been highly successful. This report sets out an evaluation and business case for continuing the delivery of outcomes re-branded as the Tameside Employment Fund (TEF) at a cost of £0.287m (the total value of the scheme is £0.387m however these costs could be scaled down or up depending on size of provision agreed). The case for continuing the Tameside Youth Employment Scheme element working with Care Leavers is based on a return on investment (RoI) of £2.13 (See section 5.1). If realised this would provide the Council with a good level of cost avoidance. The RoI is based on an understanding of the costs avoided from the 15 Care Leaver placements supported on this programme. The proposition for the continuation of the scheme is that entering employment contributes to a Care Leavers ability to build and maintain skills and resilience to live independently of expensive placements which are high cost to the Council. Entering employment is not the only factor which builds and maintains independence and cost avoidance cannot be solely and entirely attributable to this event, our proposition and hypothesis argues that this is a significant factor and therefore the proposed Tameside Employment Fund should be supported.
- 1.2 The headline outcomes are set out below. This summary business case is supported by a full and detailed evaluation available on request. The Youth Employment Scheme (YES) is almost fully allocated and the Business Grant and Trade Grant are now allocated.
- The Business Grant has supported 144 new jobs (including 139 apprentices)
  - The Trade Grant has been awarded to 108 apprentices
  - The Youth Employment Scheme has created 116 jobs (including 36 vulnerable young people)
- 1.3 The core reasons to continue to fund the grants and scheme include:
- Reduction of Not in Employment Education or Training (NEET) including Care Leavers and those with Educational Health Care Plans
  - Long term economic impact supporting 155 businesses across key growth sectors
  - Reputational positive impact with business community
  - Increased apprenticeships
  - Directly facilitates female apprentices
  - Creates vocational options for 16 and 17 year olds
  - System wide outcomes delivered through accessing and sustaining employment including housing/health/offending
  - YES is a co-investment with employers generating a potential £0.397m of private sector spend on a salaries to match the Council's past contribution.
- 1.4 The Grants and scheme are summarised below:
- *Business Grant for Employers* – £1,500 to support local Small to Medium Enterprises (SMEs) to create apprenticeships for Tameside residents aged 16-24 years old and jobs at the Living Wage. This grant commenced May 2015.
  - *Trade Grant* – Up to £1,000 for Tameside resident apprentices or self-employed trades person(s) aged 16-24 years old to purchase tools of the trade. This scheme commenced August 2015.
  - *Tameside Youth Employment Scheme* (Tameside YES) – A maximum of 6 months' salary reimbursement to employers, which create opportunities for Tameside resident young people aged 16-24 years old and not in employment, education or training. This grant commenced December 2015.
- 1.5 Tameside's grants and schemes have successfully targeted the points raised in the Greater Manchester Economic Deep Dive Report and the emerging Vibrant Economy work. They have specifically sought to address the main barriers for business whilst tackling the lack of qualifications and the often multiple complex needs of our NEET young people. We have supported almost over 150 local businesses in the growth sectors and with continued

investment, which is identified as one of the ways in which Local Authorities can drive growth to have a direct and positive impact on the local economy. Schemes and grants such as these play a significant role in encouraging entrepreneurship, creativity and business starts ups by supporting young people to access opportunities in trades that can enable them to gain the skills and experience in the medium term to progress to creating their own enterprise. The emerging Vibrant Economy work places a strong emphasis on prioritising entrepreneurship and start-ups to deliver long term economic growth.

- 1.6 The geographic location of grants and scheme allocation (by individual and business) is consistent with normal patterns across the borough with no area under represented.
- 1.7 Tameside's largest provider of apprenticeships, Tameside College also enjoys the benefits of our grants/schemes (64% of apprentices were enrolled at Tameside College).

## 2.0 OUTCOMES

- 2.1 With just over £0.700m, the Council has awarded, created and supported the employment of 368 Tameside young people and businesses. Table 1 below shows an overview of the success of the grants and schemes and who has benefited.

**Table 1**

SCHEME / GRANT	STARTS/ AWARDED	REMAIN IN EMPLOYMENT	COMPLETED MIN. EMPLOYMENT PERIOD	COST £	APPRENTICESHIPS CREATED/ SUPPORTED	16-18/ 19-24	FEMALE/ MALE
Business Grant	144	92%	92%	0.216m (average cost per award £1,500)	139	91 (63%) /53 (37%)	62 (43%) /82 (57%)
Trade Grant	108	94%	94%	0.103m (average cost per award £953)	105	42 (39%)/66 (61%)	1 (0.9%)/107 (99%)
Youth Employment Scheme	116	56%	60%	0.397m (average cost per award £3,187)	29	40 (34%) /76 (66%)	42 (36%) /74 (64%)
<b>Total of all Grants/ Schemes</b>	<b>368</b>	<b>81%<sup>ave.</sup></b>	<b>82%<sup>ave.</sup></b>	<b>0.716m (average cost per award £1,945)</b>	<b>273 (74%)</b>	<b>173 (47%)/ 195 (53%)</b>	<b>105 (29%) /263 (71%)</b>

## 3.0 COMPLEX COHORTS

- 3.1 The Youth Employment Scheme has delivered strong outcomes for young people from complex groups including Care Leavers and those reporting they had an Educational Health Care Plan (EHCP). Table 2 shows that a significant element of NEET complex individuals started YES placements. The sustainment in employment reflects the challenges faced by those groups although these are only slightly below the YES scheme average for sustainment (56%). It should be noted that a significantly higher proportion remain in employment in the older age range of 19-24 for both complex groups. All Care Leavers had an EHCP plan also. The analysis demonstrates significant outcomes towards Corporate Parenting.



**Table 2**

Group	Total supported	Remain in employment	Remain in employment 16-18	Remain in employment 19-24	In apprenticeship roles
Looked After Children / Care Leaver	15 (13% of YES cohort)	6 (40%)	3 (25%)	3 (100%)	5 (33%)
Educational Health Care Plan	36 (31% of YES cohort)	19 (53%)	7 (37%)	12 (71%)	8 (22%)

3.2 The Employment and Skills Team identified a gap in support for complex NEET young people to transition to employment. It was clear they required support with the barriers but also the challenges that manifest whilst in employment. To tackle this, we successfully bid for £0.139m GM Commitment funding in 2016 in order to redesign the scheme and commission a Transition to Work Key Worker role within Positive Steps and working closely with our Leaving Care Team. The Care to Success pilot was also commissioned separately by Children’s Services in 2017 to support 11 Care Leavers who were much further away from the labour market.

3.3 The Transition to Work Key Worker supports all Tameside YES participants but has specific focus on our Looked after Children/Care Leavers. The Transition to Work Key Worker has engaged 29 LAC/CL young people and had 20 successful outcomes; a success rate of 69%, which is excellent for this cohort. Overall the Transition to Work Key Worker has achieved 72 outcomes (including 28 YES outcomes). Care to Success supported 11 care leavers with 6 (55%) moving into paid employment.

3.4 The list below shows challenges which relate specifically to the participants in the scheme. Participants have been complex and varied with the majority facing one to all of the challenges detailed below. The incentive of the scheme i.e. removal of the financial risk for a 6 month period, supports employers to work through the challenges.

Challenges:

- Homelessness and poor budget management;
- Behavioural challenges and sleeplessness;
- Lack of communication skills and low Confidence;
- No qualifications / below Level 2 attainment;
- Drugs and Alcohol Abuse;
- Depression / Anxiety (Mental Health) and Illness / Sickness;
- Familial challenges and poor hygiene.

#### 4.0 VIEWS FROM YOUNG PEOPLE AND PROFESSIONALS

4.1 Raising the aspiration of local young people and requiring them to think about the future goals in their careers has provided inspiration to look towards more high profile roles within trades and setting up their own businesses with a view to creating work for others. Michael (not real name), age 20 Level 2 Plastering Apprentice from Audenshaw states:

*“My goals, ambitions and achievements for the short term future of plastering are to become fully qualified at the highest standard, which is receiving my certificates for level 2 & 3 in plastering. Having great skills and knowledge to get me set up on my feet, ready to face the big world of plastering. Then, leading onto my long term goals and ambitions which would be, being the best at what I do, persisting with this trade and making this career my living and still to enjoy what I’m doing every day. My goal is to have my own business and*

*make that as successful as possible. I also have hopes to have an apprentice in my position then, for him to do it all just like I have done.”*

- 4.2 Group Testimonial - Phill Brown MBE, Councillor Ged Cooney, Tony Berry Chief Executive Ashton Pioneer Homes, Louise Marshall Brother UK, Jackie Moores Principal Tameside College:

*“Tameside Council’s Business Grant, Trade Grant and Youth Employment Scheme have supported so many businesses and local young people. Seeing the calibre of applicants, their aspirations and goals has provided a great sense of pride in that we are directly supporting their careers and businesses. As a panel we support the continuation of all of the grants and schemes to ensure we assist both businesses and young people around skills and employment. We are all heavily invested in apprenticeships and have seen the funding available nationally and from Greater Manchester move away just as the levy came in to place. The fact that we can tackle skills gaps, sector growth, apprenticeship growth, support for Tameside businesses and young residents with these grants/schemes is fantastic.”*

- 4.3 Georgina (not real name) from Ashton-under-Lyne is 18 and a Care Leaver who has secured an apprenticeship through the Youth Employment Scheme. This extended testimony demonstrates the confidence and independence gained through employment:

*“My social worker told me about Positive Steps and how they could help me find an apprenticeship. I was given an appointment to meet the YES Scheme Adviser (Transition to Work Key Worker) the next day. I was unemployed and needed money. I was struggling to find a job and it was a very difficult time for me as I would be leaving my foster parents soon and would be living on my own. It was welcoming and friendly atmosphere. I felt like I understood the programme after meeting the YES Adviser and thought it would be useful to help me find a job. I’ve had support to apply for YES vacancies, apprenticeships and traineeships and the Adviser gave me a lift to help me find the place where my interview was because I couldn’t find either of them on Google Maps. I have been given help to improve my cv and apply for YES jobs and apprenticeships. I was introduced to a Traineeship provider called QA Apprenticeships where I did an IT course and a 7-week work placement with an employer. I didn’t have enough experience to get the job permanently but it gave me an idea what it was like to work in an office and think about other careers that I would like to do so I started applying for apprenticeships in childcare. There was a Childcare apprenticeship available through the YES Scheme so I applied for this next. My Adviser helped me to prepare for my interview and talked me through the job description boosting my confidence. The preparation before helped my nerves. I was given an Asda voucher to buy clothes for my interview and help to choose clothes and shoes so I knew what to wear at my interview. I was unsure what was formal and what was not appropriate. All this support helped me a lot and made me feel more confident at my interview. I have had bus tickets to get to my interviews and work trials. I will also get bus tickets to get to and from my apprenticeship. This really helps as I did not get paid for 4 weeks at the start. It has helped me to be successful at finding a Childcare apprenticeship and helped me become happier as I really wanted a job and start a career. I will be getting my own flat in a few months and this job will help me to become more independent and pay my own bills and rent. If I didn’t find the YES Scheme and had all the help and have these experiences I think I would still be looking for a job as it’s ‘really difficult’ when you don’t know how to apply for jobs, where to find jobs or how to answer questions at an interview. I wish to finish my apprenticeship and get my level 2 qualification and hopefully can go on to do a level 3 in childcare as I would like to be qualified in childcare”.*

## **5.0 CASE TO EXTEND**

- 5.1 The core reasons to extend the schemes are set out below:

### **For Tameside Council. The Council...**

- has reduced direct costs to the council in regards to Care Leaver costs. Analysis by the Looked After Children's Service shows an annual cost saving of £0.154m across 15 young people who had successfully gained employment through the YES scheme. This figure was calculated by totalling the accommodation costs avoided by the Council within a 12 month period of the Youth Employment Scheme where it is acknowledged that employment contributed to independent living. The savings were attributed from in-house foster care placements, supported lodgings and private semi-independent providers being replaced by bedsit rents or independent tenancies (achieved through independence). A cohort of the cases are set out below as examples to provide an understanding of how savings can vary. This analysis shows the potential for investment by the Council towards positive outcomes avoiding costs accrued against non-positive outcomes.
  - Case 1 cost avoided = £3,536
  - Case 2 cost avoided = £9,845
  - Case 3 cost avoided = £47,268
- based on an Youth Employment Scheme investment of £0.049m for the 15 young people (care leavers) the average return on investment is estimated to be £2.13 for every £1 incurred on the existing programme.
- can actively take a corporate parenting role for our looked after children and those leaving care in supporting them with the transition in to and sustain of employment.
- has developed stronger partnerships with supporting organisations Pure Innovations, Active Tameside, Jobcentre Plus, Talent Match, Groundwork, Princes Trust which enhance service delivery and partnership working across the borough.
- has supported the Council's contractors and their supply chains to employ Tameside residents.
- has improved the prosperity of Tameside.
- has created a network of businesses offering work experience, career talks to enhance Careers Education Information Advice & Guidance (CEIAG) in schools and colleges.

### **For Business – The Council...**

- has prompted local businesses to pay national minimum wage for apprentices.
- is directly supporting the growth of Tameside SMEs.
- is supporting local SMEs to recognise there is a talent pool of young people in Tameside.
- is changing employers misconceptions around employing young people.
- is prompting SMEs to develop employment contracts and health and safety policies.
- has prompted local businesses (SMEs) to consider their goals.

### **For Residents – The Council...**

- has created interventions in the lives of young people that reduce the likelihood of them becoming long term unemployed.
- has developed skilled traders.
- has changed young people's perception of employment.
- is enhancing the softer skills of young people entering work.
- has prompted recipients of the Trade Grant and Tameside YES to consider their future and raise aspirations.
- has raised the aspiration of young people furthest from the job market.

### **For Providers – The Council...**

- has provided incentives for provider business engagement to target Tameside businesses and create apprenticeships.
- has prompted employers to use local providers.

- has ensured local providers seek Tameside young people for opportunities.
- has supported the creation of apprenticeship starts.

5.2 The Council's investment in business and the employment of young people aged 16-24 years has supported multiple services internal and external to the Council. As at April 2018 Tameside's unemployment rate for young people aged 16-24 years was 5.0%. This is above the GM average of 4.1%, northwest 4.0% and national rate of 3.2%. These figures are based on those claiming benefits; however we must also consider those 16-17 years who have no entitlement until aged 18 years and are therefore not included. The scheme/grants currently support and create opportunities for all young people aged 16-24 years, therefore ending this support may result in increased unemployment in this age group.

5.3 Securing positive destinations for young people, increasing their income and supporting them to make positive contributions to their local communities and economy reduces the need for resource and funding across the board. Some of the theoretical reduced costs (taken from GM Cost Benefit Analysis Model) are set out below.

- **Health** cost savings relating to drug and alcohol misuse at £5,742 as well as costs relating to mental health support at £2,197 provide for annual savings relating to those young people for whom work alleviates symptoms or provides a stable environment in which to operate.
- **Police and other costs in relation to the Criminal Justice System** are significant. Anti-Social Behaviour costing approximately £673 per incident, along with youth offending at around £3,620 per first time entrant in to the legal system each year. Whilst not all participants within Tameside YES were known to the Youth Offending Service, the cost saving of preventing anti-social behaviour by NEET young people or having them commit an offence is noteworthy.
- **Housing Benefit/Council Tax Support** would provide cost savings between £4,888 and up to £8,605 a year in respect of homelessness/rough sleeping.
- **Job Seekers Allowance/Income Support /Universal Credit**, would provide a cost saving of £8,998 a year per NEET young person.
- **Looked after Children and Care Leavers** are not only a priority group, but a vulnerable cohort of young people in which the Council must invest significant funding. Any activity providing the number of positive outcomes as seen through Tameside YES and the role of the Transition to Work Key Worker will undoubtedly reduce this investment and therefore save money in future.

## 6.0 PROPOSAL

6.1 The Tameside Employment Fund (TEF) would cost £0.387m with a specific request of £0.287m of Council financial contribution (funding of £0.100m has been identified from GMCA sources). The TEF would continue the schemes with a more targeted focus on vulnerable cohorts (these costs could be scaled down or up depending on size of provision agreed). The Council funding would be non-recurrent and would cover the period April 2019 to March 2021 enabling 24 months of delivery with a further review planned prior to the 2020/21 financial cycle. Should the investment be granted progress will be rigorously monitored and a case made for on-going investment beyond 2021, if it is demonstrated to be successful.

**Table 3**

Item	Detail	Note
Funding and period:	<p><b>Total cost of TEF:</b> £0.387m April 2019 to March 2021 (24 months of delivery).</p> <p><b>Contribution required from Council funding:</b> £0.287m <i>Funding already in place</i></p> <ul style="list-style-type: none"> <li>• GMCA - £0.100m (subject to GMCA grant agreement)</li> </ul>	The funding would provide services up to March 2021 to prevent in year reviews and enable longer term provision.
Rebrand:	Tameside Employment Fund	The three grant and schemes (Youth Employment Scheme, Business Grant and Trade Grant) would be brought under one clear brand with some flexibility on how the funding could be allocated as set out below.
Outcomes and areas of spend April 2019 to March 2021 (sub costs total £0.387m)	<ol style="list-style-type: none"> <li>1. x38 starts NEET 16-24 (Youth Employment Scheme) at average of £6,000 (<b>Total Spend £228,000</b>)</li> <li>2. x36 awards Business Grants at £1,500 for apprenticeships only (<b>Total spend £54,000</b>)</li> <li>3. x15 awards Trade Grants for apprentice tools at £750 (<b>total spend £11,250</b>)</li> <li>4. x1 (0.8 FTE) Transition to Work Key Worker (<b>Total spend £44,000</b>)</li> <li>5. x15 Care Leavers supported via the Care to Success Scheme delivered by Active Tameside (<b>Total spend £50,000</b>)</li> </ol>	<ol style="list-style-type: none"> <li>1. The scheme would prioritise (but not give exclusivity) apprenticeships 16-24 year old NEET looked after children/ care leavers and those with Education Health Care Plans.</li> <li>2. The Business Grant would continue to be focused on apprenticeships.</li> <li>3. The Trade Grant would be reduced to £750 from £1000 with a focus on those progressing to higher level apprenticeships.</li> <li>4. Funding for the TWKW would enable us to continue to effectively engage and provide outcomes for LAC/CL and EHCP who require additional support to find and sustain placements but are not furthest away from the labour market.</li> <li>5. The Care to Success scheme would support 15 LAC/CL who are furthest away from the labour market as evidence by the recent Active Tameside Pilot.</li> </ol>

6.2 Considerations that can be taken into account when considering an immediate funding package for this scheme are set out below:

- The Council has secured £0.100m of unspent GM Apprentice Grant for Employers funding from the Greater Manchester Combined Authority (GMCA). This funding would

enable TMBC to extend the YES and Business Grant elements only due to GM eligibility criteria. The eligibility criteria is not yet fully known and may impact on the scheme, we will receive a Grant Condition Agreement from GMCA in Dec 2018. Should the GMCA Grant Condition Agreement be available for only certain elements of the Tameside Employment Fund the indicative proposal above would need to be flexibly revised.

- The Employment and Skills Team have identified and utilised non-recurring funds of £12,000 for 2018-19 which has continued funding the TTKWK from September 2018 to March 2019. This provides us with a continuity of support in lieu of a decision on the proposed Tameside Employment Fund.

6.3 Sustainability is a key consideration in the continuation of the grants and schemes set out in this report under the proposed new branding of the Tameside Employment Fund. The following opportunities for making the Tameside Employment Fund sustainable post March 2021 are set out below.

- Opportunity 1 – Maximising Social Value – As we evolve and strengthen our approach to maximising social value through our commissioning we have an opportunity to secure employment opportunities for young people with companies without the need for financial assistance from the Council in the form of a grant or salary support. We are confident that (following the enhancement of our Social Value Guidance) organisations will provide social value offers that include the recruitment of apprentices and work with the Council on enabling our target cohorts to access these opportunities. To secure these opportunities we need to systematically develop our approach to early identification and development of providers who could provide the outcomes that we would ordinarily have achieved through grants and schemes. Our energy and focus would move towards leadership of an enhanced social value commissioning approach.
- Opportunity 2 – External Funding – The proposed Tameside Employment Fund could be delivered by identifying and accessing external funding (grants / sponsorship / payment by results). This would provide a degree of risk in regards to external requirements for spending, dilution of local branding and would most likely mean a smaller offer that could be delivered as and when funding was available. This opportunity would enable the scheme to continue with direct Council funding and meets a clear national and regional priorities around young unemployment and apprenticeships. Examples of where funding could be sought from include Big Lottery, GMCA and Department for Work and Pensions.

## **7.0 RECOMMENDATIONS**

7.1 As set out on the front of the report.

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 28 November 2018

**Reporting Member /Officer of Strategic Commissioning Board** Councillor Bill Fairfoull, Deputy Executive Leader  
David Moore, Interim Director Growth

**Subject:** SOCIAL VALUE GUIDANCE

**Report Summary:** The draft Social Value Guidance detailed in this report supports the Greater Manchester Combined Authority Social Value Policy, which has already been adopted by all Greater Manchester boroughs, and should increase social value outcomes within Tameside if implemented effectively.

The report provides a summary evaluation and business case to implement a Tameside Social Value Guidance to ensure that this is adopted within all commissioned contracts where appropriate. The case for this is based on the measurable benefits to the borough, supporting the outcomes detailed in 'Our People – Our Place – Our Plan'.

**Recommendations:** Strategic Commissioning Board is recommended to:

1. Note the potential significant benefits to the borough of the adherence to the Social Value Guidance in all contracts.
2. Agree the Social Value Guidance.

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

<b>Budget Allocation (if Investment Decision)</b>	Nil
<b>CCG or TMBC Budget Allocation</b>	N/A
<b>Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration</b>	N/A
<b>Decision Body – SCB Executive Cabinet, CCG Governing Body</b>	Executive Cabinet & CCG for each bodies separate legal contracting arrangements.
<b>Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark</b>	See additional comments.
<b>Additional Comments</b>	
<p>This is a borough-wide report which should be adopted across the Council. Support will be provided by STAR for any training and implementation that is required with commissioners.</p> <p>As social value is extended through procurement the Council will be able to ensure its Values are reflected throughout the supply chain.</p> <p>Any cost implications will need to be resourced from existing budgets.</p>	

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

Application of the guidance should be applied consistently across the Council and monitored in all pre and post contract work to ensure it remains compliant with procurement regulations, strategies and constitutional requirements. Once adopted the Council's Procurement Standing Orders should be amended at B3 to recognise the extension agreed by Cabinet in accordance with the Council's values. In any event the duty to achieve best value for the Council still remains and this must not be lost sight of when assessing social value criteria.

**B3 We Care about Social Value**

We must follow the Public Services (Social Value) Act 2012. This means that when we embark on a procurement exercise the lead officer must consider how it might improve the economic, social and environmental well-being of the inhabitants of Tameside.

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

The Guidance supports direct achievement of health, employment and green outcomes which all support health and wellbeing.

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

The Guidance supports achievement of health outcomes.

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

The Guidance supports improved commissioning.

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

The report has not been presented at the Health and Care Advisory Group..

**Public and Patient  
Implications:**

Tameside's business base is primarily comprised of SMEs and micro businesses, which require support to grow and create employment opportunities for local residents in turn creating a more prosperous economy. The focus on a local supply chain and employment of local residents supports this growth.

**Quality Implications:**

The work is focused on improving health outcomes.

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

Via Healthy Tameside, Supportive Tameside and Prosperous Tameside.

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

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

**What are the safeguarding  
implications?**

No implications.

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

A privacy impact assessment has not been completed. Services adhere to the Data Protection Act when handling confidential personally identifiable information.

**Risk Management:**

Strengthening our approach to social value procurement will enable us to develop our economy.



**Access to Information :**

The background papers relating to this report can be inspected by contacting the report writer David Berry, Head of Employment and Skills



Telephone: 0161 342 2246



e-mail: [david.berry@tameside.gov.uk](mailto:david.berry@tameside.gov.uk)

## 1.0 INTRODUCTION

- 1.1 The Public Services (Social Value) Act 2012 came into force on 31 January 2013 making it a legal obligation for local authorities and other public bodies to consider the social good that could come from the procurement of services before they embark upon it. The aim of the Act is not to alter the commissioning and procurement processes, but to ensure that, as part of these processes, councils give consideration to the wider impact of the services delivery.
- 1.2 Statutory requirements of the Act only apply to public services contracts above EU thresholds (which are £118,000 if awarded by central government and the NHS and £181,000 if awarded by local councils) however the GMCA Social Value Policy 2014, which all ten GM boroughs have signed up to, was intended to extend the good practice associated with Social Value into mainstream commissioning and procurement practice.
- 1.3 The Tameside Social Value Guidance (attached **Appendix A**) aims to cement this intention by including 20% scoring of all tenders on social value where appropriate. Some tenders would not be appropriate to include 20% on social value due to their size or nature, in these cases a determination of applying 0-20% could be made, however we would strongly advocate that social value is a key driver led by an evolving culture and ambition for the Council. Our approach will also include a guidance document to suppliers providing examples drawn from evidence of small to large social value outcomes that they could facilitate.
- 1.4 There are examples of where social value commissioning takes place effectively across the Local Authority. This work aims to provide energy and drive to enhance and increase our social value outcomes through consistency, rigour and leadership. We have found that many of the businesses we speak to will engage in social value activity, however the majority of our conversations with providers happen after the contract award and with no consistent pattern of communication. Through the draft Social Value Guidance we want to become a leading public body in the way we work with our providers to generate outcomes.
- 1.5 We understand that not all providers will have the same view and approach to social value or may seek to increase costs within the contract to pay for social value outcomes. We are proposing an approach that is flexible and enables a bidder to provide a response to social value with weighted responses within their bespoke offer which can draw on our examples.
- 1.6 Delivering social value effectively would have several positive benefits for Tameside and Greater Manchester as set out below:
- Outcomes – section 2 of this report sets out a host of outcomes that could be delivered as a direct result of increasing the use of social value or captured more effectively should they have happened naturally with the Guidance.
  - Reduction in spend – Social value presents the Borough with an opportunity to reduce or avoid costs through achieving positive outcomes. For example the Council has a Youth Employment Scheme (YES) that provides salary support to employers to employ young people aged 16-25 who are not in education, employment or training (NEET). In the last two years we have supported 15 NEET young people who have left care to gain employment at a maximum direct cost of £49,000 to Tameside MBC. We have created relationships with employers to achieve employment opportunities and the YES scheme has acted as a financial incentive. Had we used social value commissioning more effectively we may have been able to match young people into employers without the requirement for financial incentive.
  - Delivering the wider Greater Manchester agenda for economic growth and increased social value. The National Social Value conference took place on 20 and 21 of November with the GM Mayor a key contributor, we are aiming for our work to align and support the delivery of social value across Greater Manchester.

1.7 The adoption of the Guidance could also be extended across health commissioning structures and partners following implementation by Tameside Council.

## 2.0 OUTCOMES

2.1 The Social Value Guidance has been drafted to align with the outcomes detailed in ‘Our People – Our Place – Our Plan’ and additionally in alignment with the GMCA social value policy.

2.2 Possible outcomes will differ depending on the size and type of contract being commissioned, the Guidance provides examples of the social value suppliers could offer but is not exhaustive enabling flexibility and innovation. The aim is to encourage innovation from bidders and to ensure that any scoring or measurement does not stifle this. STAR Procurement are trialling a new scoring mechanism which intends to provide a relevant and proportionate methodology linked back to the subject matter of the contract. STAR Procurement propose that Tameside MBC adopt this mechanism to ensure consistency across all of their 4 partners and to allow the opportunity to feed into its further development. Alternative measurement tools are suggested in the Cabinet Office Social Value Act Review Report (February 2015) including the use of the Inspiring Impact Hub.

2.3 Further support on outcomes will be provided in the supplier guidelines document in addition to ongoing guidance from the Tameside MBC Employment and Skills team and Social Values lead. Suppliers should not be limited to providing social value offers that match Tameside Council practice. We would encourage flexibility and consider our own policies and practices where we understand our providers may be delivering an offer that would be appropriate for the Council to adopt.

2.4 Social value outcomes are already in evidence within the borough as a result of a social value component to the recent Housing Adaptations contract and the Transport for Greater Manchester Tameside Interchange project, which has in a short time delivered excellent social value outcomes including site visits and work experience to Tameside College students and job offers to unemployed residents.

<b>Tameside MBC themes &amp; outcomes</b>	<b>What suppliers could offer – these are examples and not an exhaustive list (in addition to the key requirements of the contract)</b>
Vibrant Economy – Opportunities for people to fulfil their potential through work, skills and enterprise <ul style="list-style-type: none"> <li>• Median resident earnings</li> <li>• Working age population in employment</li> <li>• Employee jobs earning above the Living Wage</li> <li>• Number of enterprise business start ups</li> <li>• GVA</li> <li>• Working age population with at least Level 3 skills</li> <li>• Apprenticeships delivered</li> </ul>	Offer Real Living Wage to employees
	Support all residents into employment, or moving towards employment in the long term, by supporting TMBC Employment & Skills team projects, such as the Menu of Choice support to schools and colleges.
	Employment of Tameside residents including ring fenced vacancies, apprenticeships and traineeships
	Supply chain spend with local businesses
	Support new start-up businesses by running workshops and offering pro-bono support
	Sign the Armed Forces Covenant and work with Tameside Armed Services Community
	Become a member of the local Town Centre Partnership or support town centre activity
	Participate in childcare schemes
	Provision of a flexible working policy, with options for staff who are carers

	Only implement zero hours contracts with staff by mutual agreement
	Provision above legal requirement for maternity / paternity leave
<p>Stronger Communities – Nurturing our communities and having pride in our people, our place and our shared heritage</p> <ul style="list-style-type: none"> <li>• Participation in cultural events</li> <li>• Satisfaction with local community</li> </ul>	Employees encouraged and supported to volunteer
	Increase the number of opportunities for people to volunteer
	Raise digital skills amongst workforce and local community
	Contracted services accessible online
	Support VCSE organisations to access external funding and develop sustainable models
	Provide pro-bono support, legal, HR or financial time.
	Increase supply chain spend with VCSE sector
	Provide sponsorships
	Adopt a local charity or voluntary group and explore ways to support it
<p>Successful Futures – Aspiration and hope through learning and moving with confidence from childhood to adulthood</p> <p>Excellent Health &amp; Care – Longer and healthier lives for all through better choices and reducing inequalities</p>	Provide mentoring, guidance and/or work experience opportunities for young people, particularly priority groups under the care of the Local Authority or care leavers
	Have staff wellbeing policies, events and benefits
	Provide assistance with gym or sport club membership
<p>Vibrant Economy – Modern Infrastructure and a sustainable environment that works for all generations and future generations</p> <ul style="list-style-type: none"> <li>• Tonnes sent to landfill</li> <li>• Nitrogen oxide emissions</li> <li>• Journeys by sustainable transport / non-car</li> </ul>	Raising awareness and support for staff of mental health conditions, misuse of alcohol and drugs, provide stop smoking support, promote the uptake national cancer programmes.
	Use of products from sustainable sources, introduce ethical purchasing, inclusion of fair trade products
	Use of water butts and energy efficient methods/products
	Tree planting
	Produce travel plans to promote the use of public transport, car share and support employee travel schemes
	Use of hybrid / electric vehicles
	Broker volunteers to support projects that meet these objectives such as environmental responsibilities eg litter picking, working with schools, Friends of Parks, bulb donation and planting, 'In Bloom' projects
	Increase recycling, minimise waste and re-use of resources and materials
	Donation of unwanted office furniture and ICT equipment
	Ensure all waste is removed properly, using companies with a valid waste transfer licence
	Promote Tameside services where environmental crime can be reported.

### **3.0 COMPLEX COHORTS**

- 3.1 Suppliers will be able to develop their own social value offer however steer will be provided to support priority groups within the borough through the example outcomes as set out in section 2.
- 3.2 Tameside MBC Employment and Skills team will promote social value involvement in relevant projects focussed on priority groups, current examples include the Primary Reading Challenge utilising the social value volunteering commitment from the Working Well Work and Health programme provider Ingeus. This project will directly benefit children from areas with higher levels of deprivation with low reading ability in 6 of the Borough's primary schools. The Reading Challenge demonstrates how social value contributes to our emerging priority of underperformance of reading levels in primary schools.

### **4.0 IMPLEMENTING THE GUIDANCE**

- 4.1 This draft Guidance has been developed in conjunction with STAR procurement. On adoption STAR and the Employment and Skills Team will work with relevant commissioners to ensure the Guidance is operationally implemented and continues to evolve through learning.
- 4.2 Measurement of outcomes will be essential to understand benefits and also to encourage future implementation. The Employment and Skills Team will work with STAR and internal procurement colleagues to implement effectively. Performance management, as with all performance measures, would be expected from contract managers to ensure delivery or to agree subsequent actions for non-performance. To assist with the ease of this, STAR are currently working with the AGMA Procurement Hub as part of a consistent way to collect Social value outcomes in contracts. In the meantime STAR have a Key Performance Indicator template which is used to capture Social Value outcomes from quotations/tenders which can then be inserted into contracts.

### **5.0 RECOMMENDATIONS**

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

This page is intentionally left blank

# Social Value Guidance

## Introduction

The Public Services (Social Value) Act 2012 came into force in January 2013 cementing the responsibilities of a contracting authority when procuring services contracts subject to public procurement regulations to consider the economic, social and environmental well-being of the relevant area in its procurement activity.

Tameside MBC intends to enhance its commitment to the Act by going beyond the Acts requirements and implementing this Guidance into further aspects of its commercial and procurement activity where it is practical to do so. In doing this, both the detail and spirit of the Act can be delivered in all Council commercial and procurement activity.

Due to the wide range of services provided by the Council there is no 'one size fits all' model and, as such, this document should be considered alongside advice from the Commercial and Procurement, Legal and Employment Skills teams to ensure specific service or departmental needs are fully considered.

This Guidance has been designed to align with both the Tameside 'Our People – Our Place – Our Plan' outcomes and the GMCA Social Value policy (issued November 2014).

## 1. What is Social Value?

Social Value has been defined as the additional benefit to the community from a commissioning / procurement process over and above the direct purchasing of goods, services and Works. The Public Services (Social Value) Act 2012 states:

*The authority must consider –*

*How what is proposed to be procured might improve the economic, social and environmental well-being of the relevant area, and;  
How, in conducting the process of procurement, it might act with a view to securing that improvement.*

In order to really deliver social value and have it fully embedded and considered, commissioners must move away from just considering the core service being delivered by a supplier to one that recognises the overall value of the outcomes that are to be delivered.

## 2. Misconceptions around Social Value

It is worth noting that there are a number of commonly held misconceptions about social value in commissioning and procurement which can be usefully dispelled.

Report from Social Enterprise UK, Wates Living Space, PWC, the Chartered Institute of Housing, and Orbit Group launched at Chartered Institute of Housing Conference, Manchester, 26 June states that:

- 71% say delivering social value has led to better service delivery.
- 52% say it has resulted in cost savings.
- 82% report that it has led to an improved image of their organisation.
- 78% say it has led to better community relations.
- Additional benefits for communities include improved wellbeing and quality of life for tenants and residents; keeping spend in local economies; reductions in crime.
- Additional benefits for housing associations and local authorities include increased staff motivation and supporting innovation by changing mind-sets about how services can be delivered.
- The majority (80%) of local authorities and housing associations say that employment is the number one local social value priority, followed by youth employment (54%) and training / volunteering (51%).
- More than a third (39%) say the Public Services (Social Value) Act has had a high impact.

### **3. What does Social Value look like in practice?**

Council representatives are required to seek measurable, verifiable social value outcomes that:

- a) are relevant to the purpose of commissioning where possible;
- b) can reasonably be included in contract specifications and
- c) contribute to achieving the Councils priorities

This list is not intended to be definitive but will be used to determine the priority of benefits offered.

### **4. Social Value in Procurement.**

#### **STAGE 1: The Commercial Strategy**

By considering Social Value prior to the procurement, commissioners can shape or adapt the approach and outcomes of the specification to allow services to maximise the social value in the way they are delivered.



In including and evaluating Social Value, it allows the Council to choose a supplier under a tendering process who not only provides the most economically advantageous core service, but one which goes beyond the basic contract terms by securing wider benefits for the community to truly offer significantly increased overall value for the council and its residents.

## **STAGE 2: The OJEU Notice**

The incorporation of the social benefits must be set out in the OJEU Notice (if the procurement is above OJEU thresholds). Wording used should be framed as broadly as possible to ensure maximum flexibility throughout the process.

The following is example wording:

### ***Section III: Legal, economic, financial and technical information***

#### ***III.1.4) Other particular conditions***

*The performance of the contract is subject to particular conditions: yes*

*Description of particular conditions: Under this contract the contractor and its supply chain will be required to actively participate in the achievement of social and/or environmental objectives relating to recruitment, training and supply chain initiatives, and sustainable working. Accordingly, the contract performance conditions may relate in particular to social and/or environmental considerations.*

## **STAGE 3: Tender**

Bids from suppliers will need to demonstrate their and, where appropriate, their supply chains ability to add economic, social and environmental value to the Council above and beyond simply providing the tendered service and provide evidence which would contribute to the outcomes specified. Bids are to be evaluated in line with the outcomes specified in the tender documentation. Tenders should apply a minimum value of 20% to the scoring criteria, although each contract requirement should be reviewed on a case by case basis. Some tenders would not be appropriate to include 20% on social value due to their size or nature, in these cases a determination of applying 0-20% could be made, however we would strongly advocate that social value is a key driver led by an evolving culture and ambition for the Council. The examples of the offers suppliers could make under social value are detailed in section 5 (Social Value Outcomes & Indicators) and are wide ranging allowing differing levels of commitment as appropriate to the value of the contract. Essentially, social value can be applied in any size contract and need not be excluded for low value commissioning.

The method statements provided should enable the evaluator to score the bidders approach, taking pro-activeness and innovation into consideration. The criteria must be in line with EU regulations and must therefore:

- a. Be relevant to the subject of the contract

- b. Be specific and objectively quantifiable
- c. Represent an economic benefit to the authority

The aim is to encourage innovation from bidders and to ensure that any scoring or measurement does not stifle this. STAR Procurement are trialling a new scoring mechanism which intends to provide a relevant and proportionate methodology linked back to the subject matter of the contract. STAR Procurement propose that TMBC adopt this mechanism to ensure consistency across all of their 4 partners and to allow the opportunity to feed into its further development. Alternative measurement tools are suggested in the Cabinet Office Social Value Act Review Report (February 2015) including the use of the Inspiring Impact Hub.

**STAGE 4: Contract Monitoring and Management**

Following the award of contract(s), Social Value should be included in the monitoring and reporting arrangements agreed with suppliers. It is important that the economic, social and environmental aspects are captured using key performance indicators, where possible, in order that the success of Social Value can be measured and quantified. Social Value should be included on the agenda for ongoing performance and monitoring meetings, as well as annual contract review meetings, in order to evidence the Social Value benefits achieved and help identify actions where appropriate.

Measurement of outcomes will be essential to understand benefits and also to encourage future implementation. The Employment and Skills Team will work with STAR and internal procurement colleagues to implement effectively. Performance management, as with all performance measures, would be expected from contract managers to ensure delivery or to agree subsequent actions for non-performance. To assist with the ease of this, STAR are currently working with the AGMA Procurement Hub as part of a consistent way to collect Social value outcomes in contracts. In the meantime STAR have a KPI template which is used to capture Social Value outcomes from quotations/tenders which can then be inserted into contracts.

**5. Social Value Outcomes & Indicators**

TMBC themes & outcomes	GMCA themes & outcomes	What suppliers could offer (in addition to the key requirements of the contract)	Key Performance Indicators (in addition to the key requirements of the contract)
Vibrant Economy – Opportunities for people to fulfil their potential through work, skills and enterprise <ul style="list-style-type: none"> <li>• Median resident</li> </ul>	Promote employment and economic sustainability – tackle unemployment and facilitate the development of skills	Offer Living Wage to employees	1. Number of new jobs created as part of the contract and the number of those jobs taken by local residents, including priority groups (ex-services, care leavers, long term unemployed)

## APPENDIX A

<p>earnings</p> <ul style="list-style-type: none"> <li>• Working age population in employment</li> <li>• Employee jobs earning above the Living Wage</li> <li>• Number of enterprise business start ups</li> <li>• GVA</li> <li>• Working age population with at least Level 3 skills</li> <li>• Apprenticeships delivered</li> </ul>	<ol style="list-style-type: none"> <li>1. More local people in work</li> <li>2. Thriving local businesses</li> <li>3. Responsible businesses that do their bit for the local community</li> </ol> <p>Raise the living standards of local residents – working towards living wage, maximise employee access to entitlements such as childcare and encourage suppliers to source labour from within Greater Manchester</p> <ol style="list-style-type: none"> <li>4. A local workforce that is fairly paid and positively supported by employers</li> </ol>	<p>Support all residents into employment, or moving towards employment in the long term, by supporting TMBC Employment &amp; Skills team projects, such as the Menu of Choice which matches employer support to schools and colleges.</p>	<ol style="list-style-type: none"> <li>2. Number of apprenticeships that will be completed during the year; or that will be supported to completion on the following years – Level 2, 3 or 4+. Including the number taken from priority groups.</li> <li>3. Number of traineeships that will be completed during the year; or that will be supported to completion on the following years – Level 2, 3 or 4+.</li> <li>4. Number of hours dedicated to support unemployed people into work (eg career mentoring, CV advice, work placements, pre-employment courses)</li> <li>5. Number of hours dedicated to supported young people under 18 years of age (e.g. school/college visits, careers talks, literacy support, safety talks)</li> <li>6. Total amount spent in local supply chain throughout the contract (including with voluntary / community / social enterprises or small / medium enterprises); % of supply chain with social value commitments</li> <li>7. You have signed the Armed Forces Covenant (provide evidence)</li> <li>8. Staff wellbeing policies</li> </ol>
		<p>Employment of Tameside residents including through ring fenced vacancies, apprenticeships and traineeships</p>	
		<p>Supply chain spend with local businesses</p>	
		<p>Support new start-up businesses by running workshops and offering pro-bono support</p>	
		<p>Sign the Armed Forces Covenant and work with Tameside Armed Services Community</p>	
		<p>Become a member of the local Town Centre Partnership or support town centre activity</p>	
		<p>Participate in childcare schemes</p>	
		<p>Provision of a flexible working policy, with options for staff who are carers</p>	
		<p>Only implement zero hours contracts with staff by mutual agreement</p>	
		<p>Provision above legal requirement for maternity / paternity leave</p>	
<p>Stronger Communities – Nurturing our communities and having pride in our people, our place and our</p>	<p>Promote participation and citizen engagement – encourage resident participation and promote</p>	<p>Employees encouraged and supported to volunteer</p>	<ol style="list-style-type: none"> <li>9. Number of voluntary hours donated by staff</li> <li>10. Number of hours of digital training provided to staff and residents</li> </ol>
		<p>Increase the number of opportunities for people to volunteer</p>	

## APPENDIX A

<p>shared heritage</p> <ul style="list-style-type: none"> <li>Participation in cultural events</li> <li>Satisfaction with local community</li> </ul>	<p>active citizenship</p> <p>5. Individuals and communities enabled and supported to help themselves</p> <p>Build the capacity and sustainability of the voluntary and community sector – practical support for local voluntary and community groups</p> <p>6. An effective and resilient third sector</p>	<p>Raise digital skills amongst workforce and local community</p> <p>Contracted services accessible online</p> <p>Support VCSE organisations to access external funding and develop sustainable models</p> <p>Provide pro-bono support, legal, HR or financial time.</p> <p>Increase supply chain spend with VCSE sector</p> <p>Provide sponsorships</p> <p>Adopt a local charity or voluntary group and explore ways to support it</p>	<p>11. Number of hours of skilled / unskilled support provided to local community groups</p> <p>12. Equipment or resources donated to local community (£ equivalent value)</p>
<p>Successful Futures – Aspiration and hope through learning and moving with confidence from childhood to adulthood</p> <p>Excellent Health &amp; Care – Longer and healthier lives for all through better choices and reducing inequalities</p>	<p>Promote equity and fairness – target effort towards those in the greatest need or facing the greatest disadvantage and tackle deprivation across the borough</p> <p>7. A reduction in poverty, health and education inequalities</p> <p>8. Acute problems are avoided and costs are reduced by investing in prevention</p>	<p>Provide mentoring, guidance and/or work experience opportunities for young people, particularly priority groups under the care of the Local Authority or care leavers</p> <p>Have staff wellbeing policies, events and benefits</p> <p>Provide assistance with gym or sport club membership</p> <p>Raising awareness and support for staff of mental health conditions, misuse of alcohol and drugs, provide stop smoking support, promote the uptake national cancer programmes.</p>	<p>13. Provision of support to young people and involvement in Tameside Menu of Choice for schools / colleges</p> <p>14. Demonstrable wellbeing policy</p> <p>15. Access to wellbeing sessions (in house or external)</p>
<p>Vibrant Economy – Modern Infrastructure and a sustainable environment that works for all generations and future generations</p> <ul style="list-style-type: none"> <li>Tonnes sent to landfill</li> </ul>	<p>Promote environmental sustainability – reduce wastage, limit energy consumption and procure materials from sustainable sources</p>	<p>Use of products from sustainable sources, introduce ethical purchasing, inclusion of fair trade products</p> <p>Use of water butts and energy efficient methods/products</p> <p>Tree planting</p>	<p>16. Car miles saved through cycle to work programmes, public transport or car pooling</p> <p>17. % of waste recycled and or diverted</p> <p>18. Evidence of grams of CO2 emissions saved</p>

<ul style="list-style-type: none"> <li>• Nitrogen oxide emissions</li> <li>• Journeys by sustainable transport / non-car</li> </ul>	<p>9. We are protecting our physical environment and contributing to climate change reduction</p>	<p>Produce travel plans to promote the use of public transport, car share and support employee travel schemes</p>	
		<p>Use of hybrid / electric vehicles</p>	
		<p>Broker volunteers to support projects that meet these objectives such as environmental responsibilities eg litter picking, working with schools, Friends of Parks, bulb donation and planting, 'In Bloom' projects</p>	
		<p>Increase recycling, minimise waste and re-use of resources and materials</p>	
		<p>Donation of unwanted office furniture and ICT equipment</p>	
		<p>Ensure all waste is removed properly, using companies with a valid waste transfer licence</p>	
		<p>Promote Tameside services where environmental crime can be reported.</p>	

This page is intentionally left blank