

OVERVIEW (AUDIT) PANEL

Day: Monday
Date: 23 November 2015
Time: 2.00 pm
Place: Lesser Hall - Dukinfield Town Hall

| Item No. | AGENDA | Page No |
|----------|---|---------|
| 1. | APOLOGIES FOR ABSENCE To receive any apologies for the meeting from Members of the Panel. | |
| 2. | DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Panel. | |
| 3. | MINUTES The Minutes of the meeting of the Overview (Audit) Panel held on 21 September 2015 to be signed by the Chair as a correct record (Minutes attached). | 1 - 4 |
| 4. | SCRUTINY REPORTS | |
| a) | MENTAL HEALTH PATHWAYS To consider a report of the Statutory and External Partners Scrutiny Panel and the Executive Member, Adult Social Care and Wellbeing. | 5 - 24 |
| b) | IMPACT OF ALCOHOL To consider the report of the Statutory and External Partnerships Scrutiny Panel and the Executive Member, (Health and Neighbourhoods) / Statutory and External Partnerships. | 25 - 46 |
| c) | HOUSING STRATEGY-EMPTY HOMES To consider the report of the Place Scrutiny Panel and the Executive Member (Learning, Skills and Economic Growth). | 47 - 62 |
| d) | GROUNDS MAINTENANCE To consider the report of the Place Scrutiny Panel and the Executive Member, (Transport and Land Use). | 63 - 78 |
| 5. | URGENT ITEMS To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency. | |

This page is intentionally left blank

OVERVIEW (AUDIT) PANEL

21 September 2015

Commenced: 3.00pm

Terminated: 3.35pm

Present: Councillor Ricci (Chair)
Councillors Buckley, Fairfoull, J Fitzpatrick, Peet, and Taylor

Apologies for absence: Councillors Bailey, I Miah, K Quinn and Welsh

9. DECLARATIONS OF INTEREST

There were no declarations of interest.

10. MINUTES

The Minutes of the meeting of the Overview (Audit) Panel held on 27 July 2015 were signed as a correct record.

11. CAPITAL MONITORING – OUTTURN 2014/15

The Assistant Executive Director (Finance) submitted a report, detailing the Council's capital programme for 2014/15 showing the outturn position for the year. It was reported that total spend for 2014/15 was £37.5million, which had resulted in the need for £4.069million of the capital programme to be re-profiled.

The key aspects of the report were highlighted to the Panel including analysis of capital expenditure over three years, summary of variations by service area and interest rate differential between borrowing and investment rates.

RESOLVED

- (i) That the capital outturn position for 2014/15 be approved;
- (ii) That the capital financing statement for 2014/15 be approved; and
- (iii) That the revised capital programme for 2015/16 – 2017/18 be noted.

12. REVENUE MONITORING – OUTTURN 2014/15

The Assistant Executive Director (Finance) submitted a report, which demonstrated that the overall net revenue expenditure in the 2014/15 financial year had exceeded the allocated budget in line with previous forecasts.

Greater analysis of the allocation of expenditure along with areas of underspend were outlined alongside options for sustainable solutions and savings achieved during 2014/15. The Panel heard that as at the end of March 2015 Council Tax collection rates were slightly below target and the Business Rate collection rate had slightly exceeded the target.

RESOLVED:

- (i) That the revenue outturn position for 2014/15 be noted;
- (ii) That the detail for each service area be noted;
- (iii) That the savings achieved in each area be noted; and
- (iv) That the changes to the in-year and future year revenue budgets be approved.

13. TREASURY MANAGEMENT – OUTTURN 2014/15

The Assistant Executive Director (Finance) submitted a report, which set out the treasury management activities for the financial year 2014/15.

The Panel were informed that as investment interest rates were lower than external borrowing rates throughout the year cash reserves had been utilised to fund internal borrowing which had resulted in lower than anticipated borrowing costs with an external interest saving of £4.322million.

It was reported that the actual amount of long term borrowing, which was required due to Council activity was £54.612million as outlined in the table at 5.2 of the report, which had been met from internal borrowing through the use of cash reserves rather than additional external borrowing. This had reduced the level of investment balances that would be placed with banks and financial institutions therefore reducing the Council's exposure to credit risk.

The Panel heard that Tameside had achieved an average investment rate of 0.47% on the average weekly investment against a benchmark Libid rate of 0.35%, this equated to a gain of £177,120. The annual turnover for investments was £822million. Investment returns were £0.050million less than estimated and the net amount had been transferred to reserves at year end.

RESOLVED:

- (i) That the treasury management activities be noted; and**
- (ii) That the outturn position for the prudential indicators be approved.**

14. ANNUAL GOVERNANCE STATEMENT 2014/15

The Assistant Executive Director (Finance) submitted the Annual Governance Statement for 2014/15, which was a requirement of Regulation 4(2) of the Accounts and Audit Regulations 2011. It required authorities to 'conduct a review at least once in a year of the effectiveness of its system of internal control' and 'following the review, the body must approve an annual governance statement prepared in accordance with proper practices in relation to internal control'.

The Panel were informed that the Annual Governance Statement was based on:-

- ET Assurance Self Assessments and signed Assurance Statements;
- Head of Audit's Annual Report;
- ET Budget and Assurance Statements;
- Review of System of Internal Audit;
- Annual Audit Letter;
- Review of the Role of the Chief Financial Officer;
- Review of the Role of the Head of Internal Audit;
- Corporate Plan;
- Community Strategy; and
- Statutory Inspections.

RESOLVED

That the Annual Governance Statement for 2014/15 be approved.

15. AUDITED STATEMENT OF ACCOUNTS 2014/15

The Assistant Executive Director (Finance) submitted a report, detailing the Audited Statement of Accounts for Tameside MBC and Greater Manchester Pension Fund for 2014/15 consistent with International Financial Reporting Standards (IFRS).

The Panel were notified that the pre-audit Statement of Accounts had been certified by the Executive Director of Finance on 30 June 2015 and the Council's external auditors, Grant Thornton, had since audited the accounts.

RESOLVED

- (i) That the audited statement of accounts for 2014/15 be approved;**
- (ii) That the summary annual accounts for 2014/15 be approved; and**
- (iii) That the level of reserves held by Tameside MBC be noted.**

16. AUDIT FINDINGS REPORT (ISA260) – TAMESIDE MBC AND GREATER MANCHESTER PENSION FUND 2014/15

The Assistant Executive Director (Finance), submitted a report, highlighting the key matters arising from the Council's external auditors, Grant Thornton, audit of 2014/15 financial statements of Tameside MBC and Greater Manchester Pension Fund. Grant Thornton was required to report under the Audit Commission's Code of Audit Practice and International Standard of Auditing.

It was reported that this was the third year that Grant Thornton had audited the accounts and the draft set of accounts had been submitted ahead of the deadline in June 2015. The accounts continued to be prepared to a high degree of accuracy and reliability and the auditors had been very positive about the overall quality of the accounts and commented on the high level of support given by Council officers.

A small number of adjustments and presentational changes were recommended in the report prepared by Grant Thornton. Members were advised that none of the amendments altered the reported surplus on the Council's general fund balance.

Members were informed of a requirement that the auditor provide a value for money conclusion. The key findings of this review, as included in Section 3 of the report at Appendix 1, were as follows:

- Grant Thornton had issued an unqualified value for money conclusion stating that the Council had proper arrangements for challenging how it secured economy, efficiency and effectiveness in its use of resources;
- The Council remained better placed compared to most peer authorities to deal with the current and anticipated financial environment within Local Government.; and
- The Council was responding well to the challenges of the Local Government Finance Settlement, delivering savings and targeting its resources effectively.

The Panel were notified that for the third year the Council had been awarded green (the most positive outcome) in all categories which demonstrated that the Council was well placed to deal with the financial challenges that it was faced with. A formal response to the recommendations arising from the audit were set out in the draft Council's Letter of Representation for 2014/15.

Panel Members enquired about the use of Council reserves and the adequacy of the levels. The external auditors identified that they were a matter for judgement but clearly reflected the significant challenges being faced by the Council.

RESOLVED

- (i) That the content of the report be noted;**
- (ii) That the positive relationship with the audit team and successful progress of the audit be noted;**
- (iii) That the minor amendments and presentational changes to the accounts be agreed;**
- (iv) That the action plan contained within the report be agreed;**
- (v) That the value for money conclusion be noted; and**

(vi) That the Council had complied with all matters set out in the Letter of Representation and that a signed copy be forwarded to the External Auditor.

17. URGENT ITEMS

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

CHAIR

| | |
|--|--|
| Report To: | OVERVIEW (AUDIT) PANEL |
| Date: | 23 November 2015 |
| Executive Member / Scrutiny Panel: | Councillor Kelvin Welsh – Chair to Statutory and External Partners Scrutiny Panel Councillor Brenda Warrington, Executive Member (Adult Social Care and Wellbeing) |
| Subject: | REVIEW OF MENTAL HEALTH PATHWAYS |
| Report Summary: | The Chair to Statutory and External Partnerships Scrutiny Panel to comment on the Executive Response (Appendix1) to the Scrutiny review of the Impact of Mental Health Pathways and the recommendations made to support future services – Appendix 2 . |
| Recommendations: | That the Overview (Audit) Panel note the Executive Response to the recommendations detailed in section 9 of Appendix 1 . |
| Links to Community Strategy: | This review supports the Community Strategy priorities relating to 'Healthy and Supportive Tameside' but also recognises links across all Community Strategy areas. |
| Policy Implications: | The review itself has no specific policy implications. Should the recommendations of this report be accepted by the Tameside Council's Executive, the relevant services will need to assess the policy implications of putting individual recommendations in place. |
| Financial Implications: (Authorised by the Section 151 Officer) | The Council currently invest revenue funds from Adult Social Care and Public Health funding envelopes of £2.6m in services for people with Mental Health needs. Work is ongoing through the Care Together programme with NHS colleagues to develop new integrated pathways which will lead to improvements in the quality of care and service user experience whilst also contributing to the local health and social care economy savings requirements. |
| Legal Implications: (Authorised by the Borough Solicitor) | The Council needs to ensure that it delivers effective and efficient services within a significantly reducing budget. Key to this will be the Integrated Care Organisation and joint commissioning. |
| Risk Management: | Reports of Scrutiny Panels are integral to processes which exist to hold the Executive of the authority to account. |
| Access to Information: | The background papers relating to this report can be inspected by contacting Paul Radcliffe by:  Telephone: 0161 342 2199  e-mail: paul.radcliffe@tameside.gov.uk |

Post Scrutiny - Executive Response

In Respect of: Scrutiny Review of Mental Health Pathways

Date: 8 April 2015

Executive Member: Councillor Brenda Warrington (Adult Social Care and Wellbeing)

Coordinating Officers: Mark Whitehead, Head of Service Delivery, Adult Services

Page 6

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|--|-----------------------|---|------------------------|---|
| 1. As part of the integration programme, work is undertaken to identify and formalise any existing arrangements for the commissioning of mental health services, where possible. | Accepted | Although Phase 4 of the Integration agenda has been paused, we have met with Pennine and the CCG along with the Contingency Planning Team (CPT) to identify Pennine NHS Foundation Trusts role within the wider Care Together (integration) discussions. This will include joint commissioning and pooled budget arrangements between TMBC and the CCG. | Mark Whitehead | Ongoing subject to the Care Together project plan timetable |
| 2. For Adult Services and Pennine Care to work together to address the balance of work across caseloads, with a need to improve timescales for the future recording and reporting of AMHP cases. | Accepted | Senior managers from Adult Social Care have met with Pennine senior managers to discuss our concerns re caseloads and the pressures being placed on the AMHP service and the statutory priorities and timescales for TMBC. These meetings are ongoing and subject to continuous review. | Mark Whitehead | May 2015 |

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|---|-----------------------|--|------------------------|---------------------|
| 3. That a review is undertaken to estimate the resource demand and financial implications that will be placed on the Council as a result of the future risks associated with BIAs and DOLs. | Accepted | A comprehensive review has been undertaken and we now have an overview of the work that needs to be undertaken. We are currently developing a strategy over the next month which will enable us to clear the backlog of referrals we currently have in place and to ensure we have appropriate capacity to undertake assessments in the required timescales in the future. This is partly resourced by one off funding from central government. There still remains a financial pressure on the authority to meet the legal requirements of the BIA/DOLS going forward. | Michael Lee | May 2015 |
| 4. That Tameside Adult Services and Pennine Care establish clear monitoring arrangements for the success of care planning and equality of access across Primary, Secondary and community based interventions. | Accepted | Care Together will significantly impact upon the area of monitoring and structure of mental health services in future. To address this issue in the interim TMBC managers will meet Pennine managers to discuss monitoring arrangements in terms care planning and equality of access across Primary, Secondary and Community Based interventions. | Michael Lee | July 2015 |

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|---|-----------------------|--|---------------------------------------|---------------------------------|
| 5. That Public Health work with Mind to further develop and strengthen mental health awareness with schools and employers across the borough. | Accepted | <p>Mind is a key partner in the work PH is leading on to ensure a co-ordinated approach to mental health awareness in schools. This intervention is funded by PH to the end of July 2016. Evaluation will support the business case for decisions about continued investment as part of an integrated pathway.</p> <p>Mind is also a key partner in work to promote mental health with employers. They promote and deliver workshops directly to businesses (at a cost). PH also commissions them to deliver workshops at no cost to employers and employees. Evaluation will support the business case for decisions about continued investment as part of an integrated pathway.</p> <p>Mind is seen as a crucial partner and provider of effective services, so PH is keen to maintain an ongoing relationship and ensure Mind are part of an integrated pathway.</p> | <p>Kate Benson</p> <p>Pamela Watt</p> | <p>Mar 2016</p> <p>Mar 2016</p> |
| 6. To explore future options, capacity and benefits associated with the introduction of Active Monitoring, in line with the mental health profile of the borough. | Accepted | <p>The role of GPs and primary care in addressing mental health is a key issue and needs to be addressed within a whole system review. This will happen as part of the process for Care Together. In the meantime, it is recommended that a strategic partnership, wider than the existing Commissioners Group, is set up to start looking at this issue.</p> | Anna Maloney | Ongoing |

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|--|-----------------------|--|------------------------|---------------------|
| 7. That work is undertaken across mental health services to engage with voluntary and community agencies to improve care planning and support social inclusion and independence. | Accepted | <p>The Council's 'opt-in' service team work with individuals with mental health problems who may have difficulty accessing mainstream services and community groups. As part of this work they are in regular contact with the voluntary sector on an informal basis to assist individuals to gain independent living skills including access to education.</p> <p>We are about to commence a review of this team and this will include developing a recovery college to assist individuals with social inclusion through access to peer support, education and employment opportunities. The focus being upon helping individuals to stay well.</p> <p>TMBC also commission services from Tameside and Glossop Mind, and Making Space Community Support that provide a wide range of services focused on supporting social inclusion, independent living and skill development.</p> <p>As part of this work we will work with agencies to improve care planning and social inclusion.</p> <p>With respect to children and young people (C&YP), there is a partnership group that is reviewing service provision, with funding provided by NHS England. Voluntary and third sector agencies are part of this group. The third sector is recognised as a key part of the whole system. An initial review and action plan will be developed by the NHSE funded project manager based with CCG. In addition, PH currently commissions an emotional wellbeing support service for C&YP from a third sector provider. With respect to adults, this issue could be strengthened by the proposed Strategic Partnership mentioned above.</p> | Michael Lee | October 2015 |
| | Accepted | | Pamela Watt | December 2015 |

APPENDIX 2

1. INTRODUCTION BY THE CHAIR OF THE HEALTH AND WELLBEING IMPROVEMENT SCRUTINY PANEL

- 1.1 I am very pleased to present this report of a review undertaken by the Health and Wellbeing Improvement Scrutiny Panel of Mental Health Pathways.
- 1.2 Mental health problems are very common, affecting around one in four people in Britain. There are a multitude of conditions and issues that can impact on a person's mental health and wellbeing (MHWB). Some are low level and require minimal intervention while others are more severe and can require intensive treatment.
- 1.3 It is important to understand and recognise the differences between mental health and wellbeing; and mental illness. Mental illness can range from moderate conditions such as stress and anxiety to more severe conditions such as schizophrenia.
- 1.4 Mental health and wellbeing is a wider concept with reference to the importance of the physical, emotional and behavioural aspects of a person's life. These factors can raise stress levels, anxiety, irritability and depression; and whilst they are not always diagnosed they can have a direct impact on quality of life.
- 1.5 Recent studies suggest that failure to effectively deal with poor mental health and wellbeing costs the UK around 4.5% of its GDP (OECD, 2014). Figures from the World Health Organisation have also shown that mental ill health is the single largest cause of disability in the UK, accounting for 22.8% compared with cancer (15.8%) and cardio vascular disease (16.2%).
- 1.6 With a range of mental health services provided by the Council and health partners it is important that effective care planning is undertaken to manage the transition between services. By developing the need for integrated care pathways this will allow individuals to access the right level of support to meet their needs.
- 1.7 On behalf of the Health and Wellbeing Improvement Scrutiny Panel I would like to thank all those who have participated in this review.

2. SUMMARY

- 2.1 Good mental health is vital for us all to live happy, productive and fulfilled lives. By improving the mental health of individuals within neighbourhoods and communities a range of benefits and positive outcomes can be achieved across health, social, educational and economic settings.
- 2.2 There are a lot of different ideas about the way mental health problems are diagnosed, what causes them and which treatments are most effective. It is important that integrated care pathways are developed; ensuring they are evidence based and person-centred to provide the right level of support to the right people.

3. MEMBERSHIP OF THE PANEL – 2014/15

Councillor J Sullivan (Chair), Councillor Y Cartey (Deputy Chair), Councillors Bailey, Ballagher, Bell, Bowden, Bowerman, Downs, Francis, Jackson, R Miah, Middleton, Reynolds and Whitley

4. TERMS OF REFERENCE

Aim of the Review

- 4.1 To explore how the Council and health partners are working to develop an integrated approach towards care planning; and to improve the equality of access to mental health services in the borough.

Objectives

- 4.2
1. To explore how residents gain access to mental health services
 2. To understand how mental health services are commissioned and delivered in Tameside
 3. To explore the range of mental health services and support mechanisms that are available in the borough
 4. To examine the way that care planning is undertaken and the way transition is managed between services
 5. To explore the work that is carried out by the Council, health partners and the community & voluntary sector to promote social inclusion, helping to address issues such as loneliness
 6. To examine the work that is carried out to help improve awareness and reduce the stigma associated with issues relating to mental health
 7. To produce workable recommendations to deliver sustainable improvements to Mental Health Pathways in Tameside

Value for Money/Use of Resources

- 4.3 It is important that Tameside residents are supported and that the right services are available to the right people. It is also important that integrated care pathways are developed; ensuring they are evidence based and person centred. Therefore, effective strategies creating positive and inclusive environments can help improve the way mental health services tie in with community health based services to improve both awareness and quality, resulting in a more healthy and supportive Tameside.

Equalities Issues

- 4.4 The effectiveness of services to support and improve mental health pathways can impact on all sections of Tameside's communities. The review will consider strategies that lead to inclusive and equitable environments, ensuring that access to services and effective care planning helps to further support people with mental health problems in the borough.

People and Place Scorecard

- 4.5 The following targets from the People and Place Scorecard relate to Mental Health Pathways.

| | |
|--------------------------|---|
| Health | <ul style="list-style-type: none">• All age all cause mortality (per 100,000 people) – MALE• All age all cause mortality (per 100,000 people) – FEMALE• Premature mortality (i.e. deaths before age 75 per 100,000 people) from all causes – MALE• Premature mortality (i.e. deaths before age 75 per 100,000 people) from all causes – FEMALE |
| Vulnerable Adults | <ul style="list-style-type: none">• Vulnerable Adults – Early Help |

5. METHODOLOGY

- 5.1 The working group met with Anna Moloney, Consultant in Public Health Medicine; and Pamela Watt, Public Health Manager to receive an overview of mental health services and outcomes in Tameside.
- 5.2 The working group met with Clare Parker, Mental Health and Learning Disability Commissioning Manager, NHS Tameside and Glossop Clinical Commissioning Group (CCG); and Dr Christina Greenhough, GP and CCG Board Member to look at the way mental health services are commissioned in the borough.
- 5.3 The working group met with Karen Maneely, Adult Services Manager, Pennine Care NHS Foundation Trust to receive information about the range of mental health services provided in the borough.
- 5.4 The working group met with Mark Whitehead, Head of Service, Service Delivery; and Mike Lee, Service Unit Manager Tameside MBC to receive information about the role of the Council in relation to the provision of mental health services.
- 5.5 The working group met with MIND (Tameside, Oldham & Glossop) to explore the range of support services that are provided to people living in the borough suffering from mental health problems.

6. BACKGROUND TO THE REVIEW

- 6.1 The majority of residents with mental health problems are supported solely by GP's and other health and social care professionals working in Primary Care mental health services, for the treatment of common mental health problems. It is important that awareness is raised that looking after mental health is just as important as looking after physical health.
- 6.2 Mental health disorders do not just affect individuals but also their families, friends and colleagues. Data from Public Health England already shows that Tameside is significantly below the England average across a number of health and social indicators relating to deprivation, long-term unemployment, physical activity, smoking and alcohol related illnesses.
- 6.3 The review will explore the support available to residents with mental health problems and examine the integrated approach towards care planning to improve the equity of access to services.

7. REVIEW FINDINGS

Background to Mental Health

- 7.1 There are many reasons why a person may begin to experience a mental health problem during their lifetime. It can be something that relates to lifestyle, past experience or it may be inherited from a family member. It can often be a series of life events which trigger the problems.
- 7.2 There is a reasonable amount of evidence to suggest that positive mental health has a measurable positive influence on:
 - Physical health and longevity
 - Health behaviours
 - Educational outcomes
 - Economic productivity
 - Risk of criminality

- Social engagement

7.3 People who report higher levels of wellbeing also tend to:

- Be more involved in social and civic life
- Behave in environmentally responsible ways
- Have better family and social relationships at home
- Be more productive at work

7.4 There are many different conditions that are recognised as common mental health problems, with clear differences in the way support and treatment is administered through Primary and Secondary care. In most non-emergency cases, family members or a GP may voice concerns about a person’s mental health. The diagrams below show the range of factors that can contribute to a person’s mental health and wellbeing.

Figure 1: Factors contributing to MHWB (World Health Organisation: 2012)

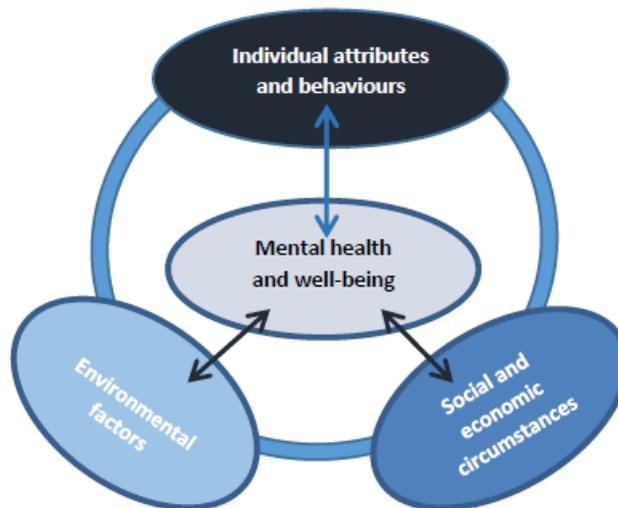


Table 1: Wider determinants for each factor (above)

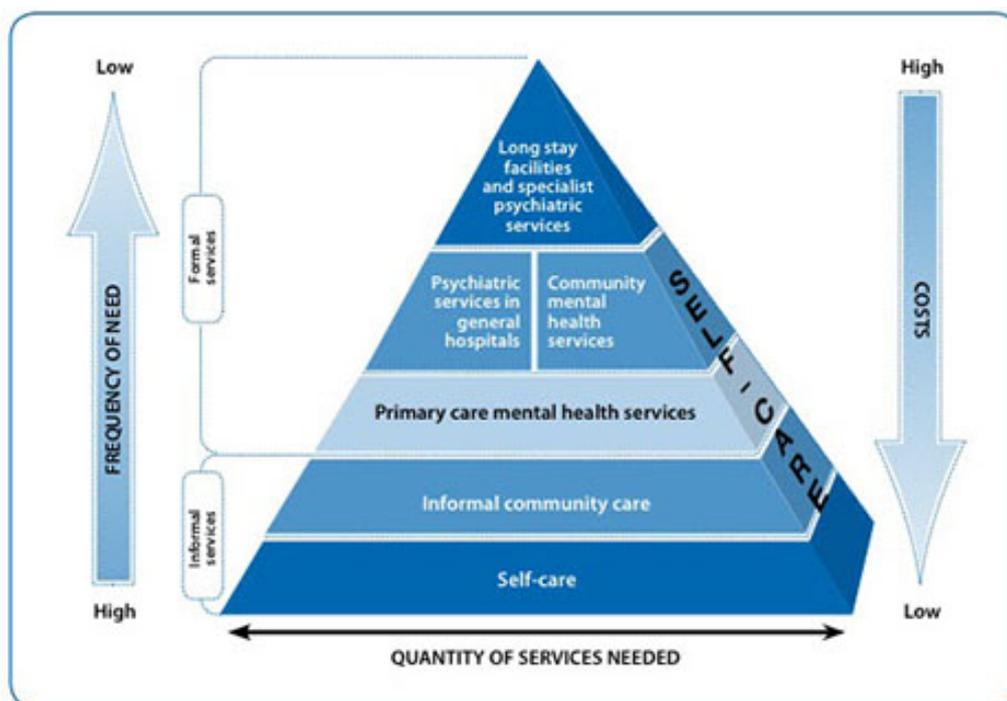
| Individual attributes and behaviours | Environmental factors | Social and economic circumstances |
|--|---|---|
| Age Gender Ethnicity Sexuality Learning disabilities <i>Physical health (inc: diabetes; COPD; cancer; limiting effect of long-term conditions; excess weight in adults and children)</i> Smoking prevalence Substance misuse/treatment Alcohol -specific hospital admissions (<i>adults and under 18yr</i>) 'School-ready' children Educational achievements | Noise Crime Overcrowding Temporary accommodation | Social cohesion/participation Relationships, isolation and loneliness (<i>inc; intra- and extra-familial social contact; single-person households; parent/child relationships</i>) Employment (<i>inc; NEETs</i>) Economic (<i>in</i>)activity Earnings Poverty (<i>inc. children and fuel poverty</i>) Deprivation Armed forces veterans Homelessness Offenders (<i>inc; youth offending</i>) |

7.5 The Mental Health Act is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. In most cases when treatment

is required in hospital or another mental health facility this is agreed with the patient on a voluntary basis.

- 7.6 There are often times when a person can be detained (sectioned) under the Mental Health Act and treated without their agreement. When a person is detained there will be an urgent need for treatment relating to a mental health disorder and often a serious risk of harm to themselves or others.
- 7.7 A Mental Health Practitioner or a Consultant Psychiatrist may recognise early signs of a specific mental health problem such as depression or anxiety during the assessment process with a patient, prior to a formal diagnosis being made.
- 7.8 Only a qualified psychiatrist can make a formal diagnosis; nurses and social workers trained in mental health are qualified to identify problems through their assessment process which is often called a working diagnosis.
- 7.9 The figure below was developed by the World Health Organization and can be used to understand the relationship between the different types of care provisions, the levels of need and associated cost implications.

Figure 2: Organisation pyramid for an optimal mix of services for mental health



- 7.10 The association with the frequency of need, cost and severity of the disorder is apparent. Whilst there will always be a percentage of the population that require more intensive and costly treatments; the promotion and increased use of informal support services allows residents to manage their conditions effectively and reduces impact on daily life.
- 7.11 In order for mental health services to deliver the right level of support it is important that residents understand the importance of looking after their own mental health. Work in Tameside continues with Public Health engagement through the 5 ways to wellbeing initiative. The programme is aimed at promoting people to Connect, Be Active, Take Notice, Keep Learning and to Give.

7.12 It is also important that residents are able to gain access to the right level of mental health care and support they need. By ensuring that access to and pathways between services are smooth; and care planning is person-centred can help reduce long-term impacts.

Local Picture

7.13 Data from the Community Mental Health Profile for 2014 shows that compared with England averages Tameside has a:

- Higher prevalence and incidence of depression
- Higher levels of anti-depressant prescribing
- Higher number of people in contact with mental health services
- Fewer number of patients with a comprehensive care plan
- Higher attendance at A&E for a psychiatric disorder

7.14 There are three main agencies involved in the commissioning of mental health services in the borough; this includes Tameside Adult Services, NHS Tameside and Glossop Clinical Commissioning Group (CCG) and Public Health. Governance arrangements are provided by the Mental Health Joint Commissioning Group and meetings are held on a regular basis to review the management of mental health services in Tameside.

7.15 The CCG commission Primary and Secondary Mental Health Services in Tameside; and the main provider is Pennine Care NHS Foundation Trust. This arrangement forms part of the 'Pennine Footprint' which includes Tameside, Oldham, Rochdale, Bury and Stockport.

7.16 Services commissioned in Tameside provide residents with a single point of access for assessment and to determine their eligibility for services. There are two acute wards at Tameside Hospital, along with a day unit and jointly commissioned projects with organisations such as Age UK to support the 'step down' to community based treatments.

7.17 Pennine Care has created a psychiatry liaison service to provide more support to adult patients presenting at A&E with an identifiable mental health problem. The service is based on the Rapid Access Interface and Discharge (RAID) model developed by City Hospital in Birmingham. The model has proven to reduce patient bed days, support timely discharge and reduce readmissions.

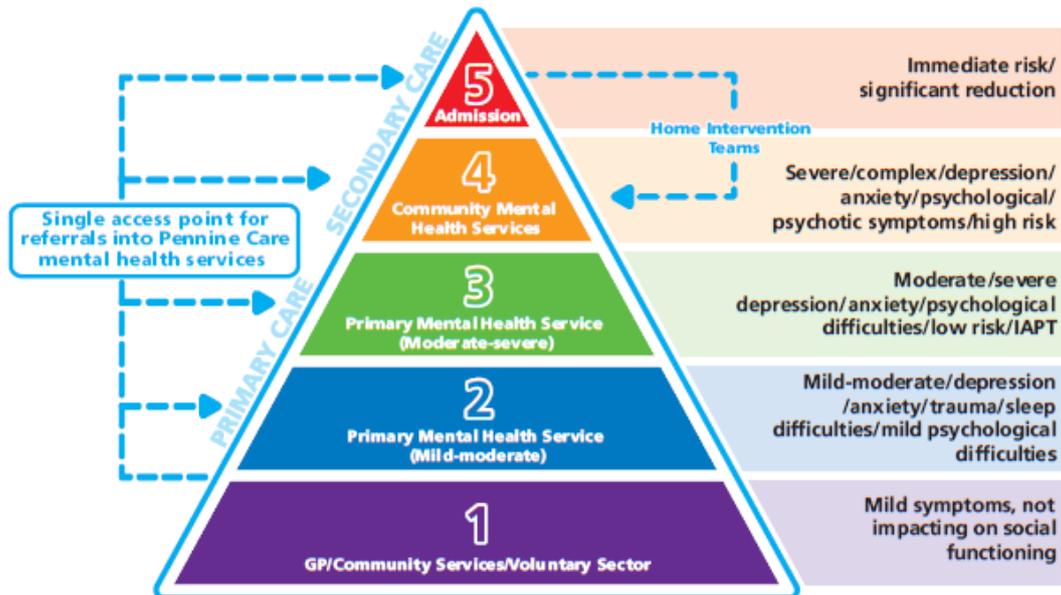
7.18 The team will ensure that patients are safely discharged from A&E into suitable mental health services within 4 hours as well as providing follow-up appointments and next day home visits for patients that have self-harmed.

The Mental Health Stepped Care Model

7.19 The Stepped Care Model is a framework which underpins the different levels of support available within mental health services. The model illustrates which conditions are supported with primary and secondary care for mental health. Having a single point of entry is an integral part of the services provided by Pennine Care NHS Foundation Trust in Tameside.

7.20 The service offers a single access point for referrals from agreed primary care referrers for triage, assessment and sign-posting to the most appropriate services.

Figure 3: The Mental Health Stepped Care Model



- 7.21 The Access and Crisis Service provides a 24 hour response service for residents aged between 16 and 64. The service has three key functions:
- A referral management service for all new mental health referrals
 - A mental health assessment services
 - A brief intervention service (up to three crisis follow-up appointments)
- 7.22 All new referrals are triaged appropriately on a daily basis by a multi-disciplinary team (MDT) of health and social care professionals. They are:
- An Access Service Manager
 - A qualified Mental Health Practitioner (Mental Health Nurse/Social Worker)
 - A Consultant Psychiatrist (when required)
- 7.23 All referrals received are logged onto Pennine Care’s system and a letter is sent is sent to the referrer providing information.

Conclusions

1. The Mental Health Act sets out clear guidance for the way individuals are to be assessed and treated.
2. Mental health services in Tameside face significant local challenges in relation to the prevalence of mental health disorders and care planning.
3. The transition and integration between informal and formal services is essential to achieving successful outcomes.

Tameside Adult Services

- 7.24 Tameside Adult Services commission and provide mental health services in Tameside with a number of providers, but primarily with Pennine Care. The majority of the Council’s mental health staff are based and directly managed on a day to day basis within Pennine.
- 7.25 The service provides Approved Mental Health Professionals (AMHPs) and employs a Mentally Disordered Offender post which also sits within Pennine. Many of the AMHPs and Social Workers are based across the Community Mental Health Teams (CMHTs), however Adult Services do provide social work resources to Drug and Alcohol Services and Dementia Services.

- 7.26 No formal Section 75 pooled budget arrangements are in place so Tameside Adult Services and senior manager from Pennine Care meet on a regular basis to discuss joint working arrangements and any difficulties or changes. There is currently no plan to enter into a formal agreement as this will be addressed through the wider integration work.
- 7.27 Tameside Adult Services have a number of statutory duties which are managed directly. These include:
- 24 provision of AMHPs, 7 days a week which includes out of hours provision
 - Duties under the Mental Health Capacity Act (2005) including Best Interest Assessments (BIA) and to act as a Supervisory Body for Deprivation of Liberty Safeguards (DOLS). This covers the community, hospital and nursing/care home sector
- 7.28 Changes to Pennine Care funding and staffing arrangements have resulted in AMHPs having similar caseloads to nurses. With the need to carry out statutory duties in addition to the day-to-day management of caseloads this is having a direct impact on timescales for recording and reporting AMHP cases.
- 7.29 **Opt-In Service** - The Opt-in service focuses on the wellbeing and recovery of residents who have experience of mental health issues. It offers support for people to retain existing social roles, relationships and leisure activities. Opportunities are provided for people to engage with arts, education and community environmental projects. Access to the service is through self-referral for any individual that classifies themselves as in need of support.
- 7.30 By helping to combat social isolation and inclusion, the service offers support as a stepping stone between hospital or community mental health and integration into the local community. The support provided by staff and peers also helps as a preventative buffer against further or longer hospital admissions.
- 7.31 The service encourages self-development through education, volunteering and peer support. While individuals may not have full control over their symptoms emphasis is placed on having some control over personal growth and resilience. By developing key skills such as literacy, computing, social skills and responsibilities individuals can become more confident when working towards employment related goals.
- 7.32 The activities are based where possible in mainstream settings such as Guide Bridge Theatre, Tameside College, Park Bridge Heritage Centre, as well as local community and faith buildings.
- 7.33 **Community Mental Health Service** - Community mental health services provide more specialist care and treatment than can be provided by a person's GP and Primary Mental Health Care Services. The two teams (North and South) consist of:
- Social Workers
 - Community Mental Health Nurses
 - Community Support Workers
- 7.34 The teams have access to psychiatrists and psychological therapists. They work with residents between the ages of 16 and 65 that are living with moderate to severe mental illnesses. The teams offer assessment and care coordination to individuals within the community, assisting people to get well and remain well. The illnesses may include:
- Bipolar Disorder (Manic Depression)
 - Schizophrenia
 - Psychosis
 - Depression
 - Severe Anxiety
 - Post-Traumatic Stress
 - Obsessive Compulsive Disorder

- 7.35 Tameside Adult Services have 21 Social Workers (primarily AMHPs) and 8 support workers based within the teams. The Council also employs 3 members of staff that provide administrative support to the teams. A Team Manager is also based within each team who acts as an interface between the local authority and Pennine.
- 7.36 The Council also fund and employ a Mentally Disordered Offender worker who is positioned within the teams to support individuals with regards to the criminal justice system. The role involves attending court on a regular basis with individuals with a mental illness that have come into conflict with the law.
- 7.37 **Out of Hours Service** - Community Mental Health Teams operate on a Monday to Friday basis 9am to 5pm. Out of hours support is provided by the mental health unit at Tameside Hospital, this also includes rapid assessment services at Accident and Emergency.
- 7.38 Tameside provides an Out of Hours service each evening, night and weekend. The service covers all of Adult Services and Community Mental Health Services. It is provided by an AMHP who is trained and qualified to work with and apply mental health law, providing statutory assessments and the guidance in relation to the Mental Health Act.
- 7.39 Out of hours social workers are based in the Adults Emergency Control Centre at Dukinfield Town Hall along with the Children's out of hours service and community response services. The Council has statutory duties to provide AMHPs 24 hours a day, with this service forming the overall provision.
- 7.40 **Best Interest Assessment (BIA)** - Under the Mental Health Capacity Act there is a requirement to ensure that individuals that lack the mental capacity to make informed decisions are provided with an assessment to ensure that the decisions being made are acting in that person's best interest. The assessment is provided by specially trained Social Workers and AMHP's. BIA's are managed and coordinated via the Local Authority Mental Health Service.
- 7.41 Following several recent High Court judgments this area has become increasingly controversial, raising awareness across agencies about the wider risks associated with the Human Rights Act (1998) and Mental Health Act. The judgment means that a greater number of residents will require assessment; and where appropriate a DOLs implemented.
- 7.42 The Council is the supervisory body that authorise any required actions or decisions following an assessment. This includes residents that live in care homes across the borough and NHS services, including Tameside Hospital.
- 7.43 As a result of the judgment Tameside has experienced a significant increase in referrals, which is impacting on waiting times. Without having the ability to manage the demand, Tameside like many other local authorities across the country has to manage the ongoing risk to services of legal challenge from individuals and families who could claim they are illegally being restricted or detained.
- 7.44 **Day Services** - Tameside Adult Services commission and/or grant fund a number of other services that work with residents suffering with a wide range of mental illnesses. This includes Tameside and Glossop MIND who provide a range of health and wellbeing services. Adult Services maintain an approved day service provider list, which offers choice to residents that are suffering with mental illness.
- 7.45 **Supported Employment and Accommodation** – Routes to Work is the Adult Services supported employment service that assists vulnerable residents into voluntary or paid employment. The work aims to support individuals to improve confidence and build social networks. A further support mechanism that is commission by the Council and the CCG is

supported housing. The provision supports residents living with a mental illness, helping them to get well, stall well and gain independence.

- 7.46 Tameside currently funds 3 housing schemes which provide support to 30 people. The schemes also provide a 'step down' resource to help people coming out of more intensive support services, many of which might have been outside the borough.

Conclusions

4. The Council has a number of statutory responsibilities for the provision of mental health services in the borough.
5. Wider support work encourages self-development, social inclusion and assists with employment and housing needs.
6. There are future risks and demands being placed on the decision making processes for BIAs and DOLs.

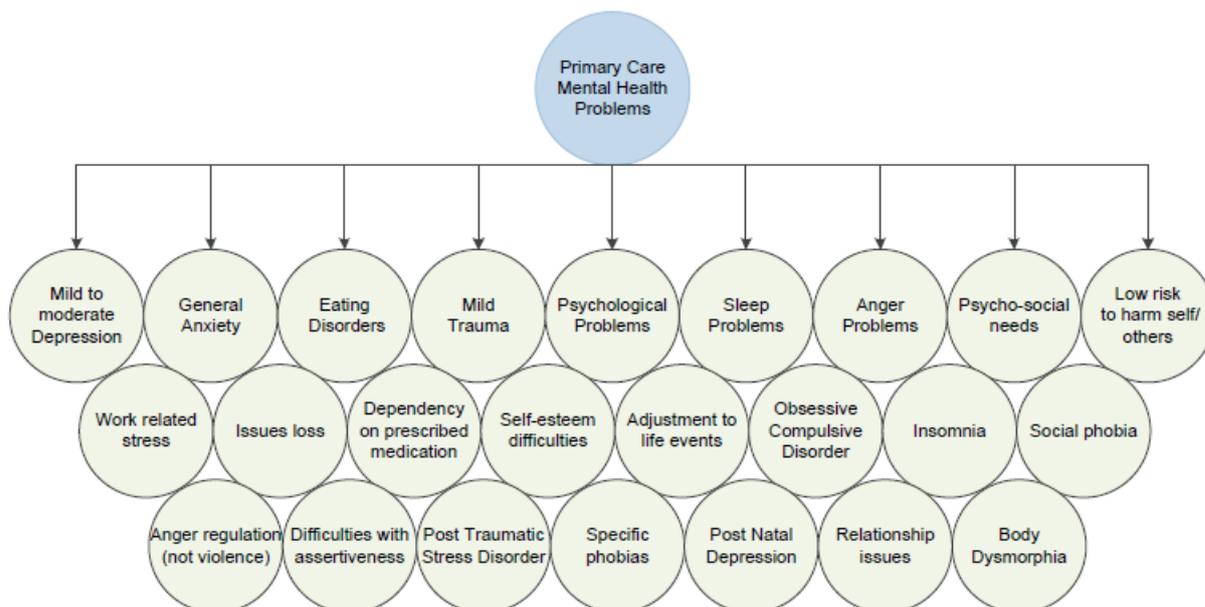
Recommendations

1. As part of the integration programme, work is undertaken to identify and formalise any existing arrangements for the commissioning of mental health services, where possible.
2. For Adult Services and Pennine Care to work together to address the balance of work across caseloads, with a need to improve timescales for the future recording and reporting of AMHP cases.
3. That a review is undertaken to estimate the resource demand and future financial implications that will be placed on the Council as a result of the future risks associated with BIAs and DOLs.

Pennine Care NHS Foundation Trust

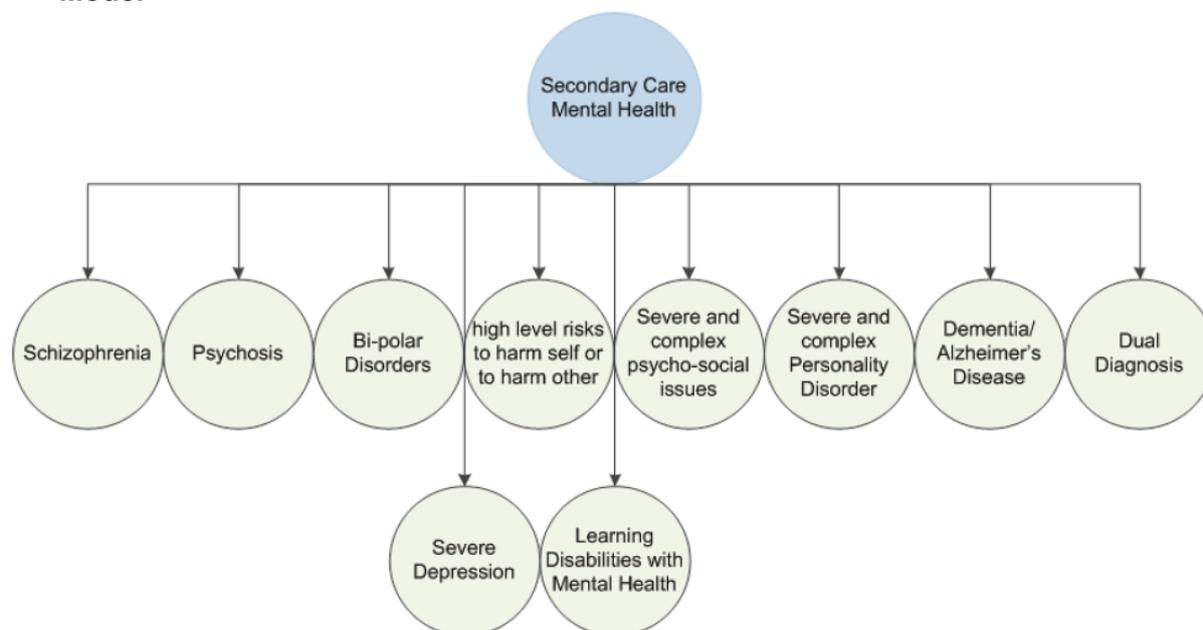
- 7.47 Pennine Care provides a range of mental health services in Tameside. This ranges from treatment for conditions such as depression and anxiety to more serious mental illness such as personality disorder and schizophrenia. A large percentage of treatments and support are delivered in the community. In order to treat residents with more severe conditions a mental health unit and wards are located within Tameside Hospital.
- 7.48 **Primary Care** - The Primary Mental Health Service provides a range of psychological therapies for people above the age of 16, with no upper age limit. Individuals will have presented with a mild-to-moderate mental health problem and are seen to be low risk to both themselves and others. The range of mild and moderate conditions can be seen below in figure 3.

Figure 4: Primary Care common mental health problems



- 7.49 The treatment length can range from 4 to 20 sessions and vary between 30 minutes and up to 1 hour. The service has a skilled mix of:
- Psychological wellbeing practitioners
 - Mental Health Practitioners and Cognitive Behavioural Therapists (CBT)
 - Counsellors
 - Clinical Psychologists
- 7.50 The service operates between 8:30am and 5pm, Monday to Friday and has an open referral system where any professional, service user or carer can refer direct; with all letters needing to go to the Access and Crisis Service for processing in line with the stepped care model.
- 7.51 **Secondary Care** - The Community Mental Health Team (CMHT) is a multi-disciplinary service that consists of a Team Manager, Mental Health Social Workers, support workers and a Consultant Psychiatrist that is linked with the team. The CMHT can only accept referrals from the Access and Crisis Service for residents that have been seen to require secondary mental health care services.
- 7.52 The team provides a specialist service for residents aged 16 to 64. Once a service user has been assessed they are allocated a Care Coordinator who will be a qualified Mental Health Nurse or Mental Health Social Worker. Work will then be undertaken to develop a care plan with the service user, to identifying his or her needs. Plans will also be made to regularly review progress and outcomes, as well as planning for transfer and/or discharge. The range of mild and moderate conditions can be seen below in figure 3.

Figure 5: Secondary Care mental health problems in line with the Stepped Care Model



Conclusions

7. A wide range of mild to moderate mental health problems are treated within Primary Care; with the appropriate treatments directed at the individual's needs.
8. To ensure outcomes are maximised, care planning is an essential part of the transfer and discharge process.

Recommendations

4. That Tameside Adult Services and Pennine Care establish clear monitoring arrangements for the success of care planning and equality of access across Primary, Secondary and community based interventions.

Mind

- 7.53 Research undertaken by Mind has confirmed that mental health is costly to employers, showing that:
 - 1 in 5 people take a day off work due to stress
 - 1 in 10 people have resigned a job due to stress and 1 in 4 have considered it
 - 19% of people feel they can't speak to their managers about stress at work
 - Over 50% of employers said they would like to do more to improve staff wellbeing but don't feel they have the right training or guidance.
- 7.54 As an organisation Mind provides helpful services, promoting the wellbeing and mental health improvements of its clients. Support is aimed at providing residents with tools to build self-esteem, make a positive contribution to the community and actively take control of their lives. Services include counselling, mindfulness and life-skill courses to help people come to terms with psycho-social or emotional issues.
- 7.55 Across a wide range of support services work is undertaken to ensure there is flexibility across all levels, in order to meet the needs of the individual. By providing a range of universal and bespoke counselling and self-help services this has allowed a range of early intervention and prevention outcomes to be achieved.
- 7.56 Residents that experience problems with their mental health can access services directly, with referrals also being made by GPs across Tameside. The organisation is in a unique

and fortunate position that alongside the paid staff a number of support services are delivered by a trained and dedicated group of volunteers. In addition to formal and informal support work has also been undertaken with social landlords, schools and private enterprise to improve Mindful Employer awareness. Residents can also visit the award winning wellbeing café, Topaz.

- 7.57 During 2013/14 a number of outcomes and innovative practices have been achieved.
- Worked with over 2,300 clients
 - 8 new projects started
 - Over 12,000 enquiries at the information centre
 - 12,000 customer transactions at the wellbeing café
 - Mental health awareness training delivered to 2,500 young people
 - 201 volunteers delivered a wide range of services
 - 93% of therapeutic clients felt that Mind helped them achieve a long term solution
- 7.58 Following a recent review a number of services have been restructured to become more business-like in order to meet local needs during this period of change and uncertainty. A paid counselling service has been introduced and work has been undertaken to raise mental health awareness with key individuals within communities such as Police, Teachers and business owners.
- 7.59 Active Monitoring is an immediate intervention service that works with someone as soon as they recognise they need support with emotional, behavioural or mental distress. With pilots in Glossop and Failsworth, the service has been based within GP surgeries and undertakes the duty of 'watchful waiting', by working with individuals face-to-face to provide facilitated self-help.
- 7.60 The new service provides a range of tools, techniques and practical tips for individuals and their families to manage low mood. The aim is for this to be a standalone intervention with a step-up approach if needed. Information recorded from the people that completed the Active Monitoring service in pilot areas has shown that 30% went into recovery and 46% improved. With:
- 96% of clients finding the guided self-help exercises useful
 - 85% having been able to successfully apply the techniques to everyday life

Conclusions

9. Accessing self-help support at the earliest opportunity has a significant impact on individual outcomes and can reduce the need of further treatment.

Recommendations

5. That Public Health work with Mind to further develop and strengthen mental health awareness with schools and employers across the borough.
6. To explore future options, capacity and benefits associated with the introduction of Active Monitoring, in line with the mental health profile of the borough.
7. That work is undertaken across Mental Health services to engage with voluntary and community agencies to improve care planning and support social inclusion and independence.

8. CONCLUSIONS

- 8.1 The Mental Health Act sets out clear guidance for the way individuals are to be assessed and treated.

- 8.2 Mental health services in Tameside face significant local challenges in relation to the prevalence of mental health disorders and care planning.
- 8.3 The transition and integration between informal and formal services is essential to achieving successful outcomes.
- 8.4 The Council has a number of statutory responsibilities for the provision of mental health services in the borough.
- 8.5 Wider support work encourages self-development, social inclusion and assists with employment and housing needs.
- 8.6 There are future risks and demands being placed on the decision making processes for BIAs and DOLs.
- 8.7 A wide range of mild to moderate mental health problems are treated within Primary Care; with the appropriate treatments directed at the individual's needs.
- 8.8 To ensure outcomes are maximised, care planning is an essential part of the transfer and discharge process.
- 8.9 Accessing self-help support at the earliest opportunity has a significant impact on individual outcomes and can reduce the need of further treatment.

9. RECOMMENDATIONS

- 9.1 As part of the integration programme, work is undertaken to identify and formalise any existing arrangements for the commissioning of mental health services, where possible.
- 9.2 For Adult Services and Pennine Care to work together to address the balance of work across caseloads, with a need to improve timescales for the future recording and reporting of AMHP cases.
- 9.3 That a review is undertaken to estimate the resource demand and financial implications that will be placed on the Council as a result of the future risks associated with BIAs and DOLs.
- 9.4 That Tameside Adult Services and Pennine Care establish clear monitoring arrangements for the success of care planning and equality of access across Primary, Secondary and community based interventions.
- 9.5 That Public Health work with Mind to further develop and strengthen mental health awareness with schools and employers across the borough.
- 9.6 To explore future options, capacity and benefits associated with the introduction of Active Monitoring, in line with the mental health profile of the borough.
- 9.7 That work is undertaken across mental health services to engage with voluntary and community agencies to improve care planning and support social inclusion and independence.

This page is intentionally left blank

| | |
|--|---|
| Report To: | OVERVIEW (AUDIT) PANEL |
| Date: | 23 November 2015 |
| Executive Member / Scrutiny Panel: | Cllr Kevin Welsh – Chair to Statutory and External Partnerships Scrutiny Panel Councillor Lynn Travis, Executive Member (Health and Neighbourhoods) / Statutory and External Partnerships |
| Subject: | REVIEW OF THE IMPACT OF ALCOHOL |
| Report Summary: | The Chair to Statutory and External Partnerships Scrutiny Panel to comment on the Executive Response (Appendix1) to the Scrutiny review of the Impact of Alcohol and the recommendations made to support future services – Appendix 2 . |
| Recommendations: | That the Overview (Audit) Panel note the Executive Response to the recommendations detailed in section 9 of Appendix 1 . |
| Links to Community Strategy: | This review supports the Community Strategy priorities relating to ‘Supportive Tameside’ and ‘Healthy Tameside’. |
| Policy Implications: | The review itself has no specific policy implications. Should the recommendations of this report be accepted by the Tameside Council’s Executive, the relevant services will need to assess the policy implications of putting individual recommendations in place. |
| Financial Implications: (Authorised by the Section 151 Officer) | The 2015/2016 revenue budget allocation for alcohol (including drugs and substance misuse provision) is £3.992 million. This is financed via the Public Health funding envelope. All related recommendations will need to be financed from within this funding envelope. |
| Legal Implications: (Authorised by the Borough Solicitor) | Significant funding is spent dealing with this issue and the Council needs to be assured that it is spending it efficiently and effectively to reduce health inequality and reduce the cost to the health economy generally. |
| Risk Management: | Reports of Scrutiny Panels are integral to processes which exist to hold the Executive of the authority to account. |
| Access to Information: | The background papers relating to this report can be inspected by contacting Paul Radcliffe by:  Telephone: 0161 342 2199  e-mail: paul.radcliffe@tameside.gov.uk |

Post Scrutiny - Executive Response

In Respect of: Scrutiny Review of the Impact of Alcohol
Date: 2 July 2015
Executive Member: Councillor Lynn Travis (Health and Neighbourhoods)
Coordinating Officer: David Boulger, Strategic Public Health Manager

Page 26

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|---|-----------------------|--|------------------------|---------------------|
| <p>1. Options are explored to improve the effectiveness of social media in raising awareness of the harmful effects of alcohol with particular emphasis on the adverse impact adult consumption has on children and young people.</p> | <p>Accepted</p> | <p>Planning work around the use of social and other media to challenge attitudes towards alcohol has already commenced.</p> <p>As per the report, it is aimed at challenging adult attitudes and behaviour by through highlighting the impact of adult consumption on children.</p> <p>This will be fundamental to reducing the harm caused by alcohol in Tameside, and to breaking the intergenerational cycle of alcohol harm and dependence.</p> <p>This programme is being designed using contemporary social marketing approaches and with subtle messaging aimed at influencing attitudes and enabling behaviour change, without alienating people by being overly moralistic.</p> | <p>David Boulger</p> | <p>March 2016</p> |

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|---|-----------------------|---|------------------------|---------------------|
| 2. That work is undertaken to explore the options of formalising the Strategic Alcohol Group as a sub group of Tameside's Health and Wellbeing Board. | Accepted | <p>At present, whilst the SAG undertakes some valuable work, it is recognised that it needs a clearer position within the wider governance structure.</p> <p>This was identified as part of a self-assessment and peer assessment process we have recently undertaken and will be processed to action.</p> <p>It is proposed that the SAG becomes a formal reporting sub group of the Health and Wellbeing Board.</p> | David Boulger | March 2016 |

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|--|-----------------------|---|------------------------|---|
| <p>3. Through the transformational redesign of services work is carried out to increase the numbers of people engaging in treatment.</p> | Accepted | <p>There are currently too few people accessing formal treatment and support in relation to alcohol addiction and harmful alcohol consumption.</p> <p>There is a target to increase those accessing alcohol treatment which has been assigned to the new treatment and recovery service which is due to commence on 1 August 2015. This will be achieved through:</p> <ul style="list-style-type: none"> • The co-location of treatment services in local communities and within sites that are accessible to the wider population such as multi-agency hubs and housing offices. • An increase in the services available through primary care providers such as GP's and Pharmacies. • An increase in targeted prevention and assertive outreach programmes and the development of tailored programmes for specific under-represented groups. • A rebranding of the current treatment service to make it more engaging to a wider cross section of the Tameside community. <p>This will also be tied to a wider approach aimed at demystifying and destigmatising alcohol treatment, celebrating recovery and developing a vibrant and visible recovery community.</p> | David Boulger | <p>August 2015 onwards (Subject to annual performance review)</p> |

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|--|-----------------------|---|--|---------------------|
| 4. Build on existing community based alcohol treatment services and strengthen partnership work with Tameside Hospital NHS Foundation Trust. | Accepted | <p>Whilst the strategic relationship with the alcohol treatment services at Tameside Hospital is strong, operational services are disjointed.</p> <p>The new community treatment and recovery model should improve that and a co-design workshop is to be held on 9 July 2015 to make this a reality. On a more ambitious note, discussions are ongoing with the Tameside & Glossop CCG around the hospital services being commissioned directly by TMVBC as part of the new transformed model from April 2016.</p> | <p>David Boulger</p> <p>Pat McKelvey (CCG)</p> | March 2016 |

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|--|-----------------------|---|------------------------|--|
| <p>5. That work is undertaken to understand why BME communities and 18-25 year olds are underrepresented across alcohol services and to embed this learning and solutions into the new delivery model.</p> | Accepted | <p>At present, the treatment cohort is not representative of the wider Tameside population.</p> <p>A key focus of the new service model is to increase the representative nature of the treatment cohort and to increase engagement amongst under-represented groups.</p> <p>This will be achieved through:</p> <ul style="list-style-type: none"> • The co-location of treatment services in local communities and within sites that are accessible to the wider population. • The development of culturally tailored approaches and programmes. • The growth of a more wide ranging targeted prevention and assertive outreach programme. • The development of a tailored programme to engage 18-25 young people. • A rebranding of the current treatment service to make it more engaging to a wider cross section of the Tameside community. <p>This will need to be underpinned by a wider programme aimed at destigmatising treatment and creating a visible recovery community.</p> | David Boulger | <p>August 2015 onwards</p> <p>Subject to annual performance review</p> |

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|---|-----------------------|---|---|---|
| 6. The Hospital Alcohol Liaison Service strengthens links with community treatment providers and offers educational training to a variety of public services. | Accepted | See (4) | See (4) + Kerry Lyons (TGH) | See (4) |
| 7. Existing data that the Hospital Alcohol Liaison Service has collected and analysed be shared in order to promote services in key areas of the borough. | Accepted | This now takes place and will continue to do so. | David Boulger | Completed |
| 8. Increase awareness of the risks surrounding pregnancy and alcohol consumption, highlighting in particular Foetal Alcohol Spectrum Disorder. | Accepted | <p>A specific plan will be developed and implemented to address this issue.</p> <p>Areas already under development are:</p> <ul style="list-style-type: none"> • Multi-Agency Maternity Algorithm (MAMA) aimed at early and routine maintenance of harmful consumption before and during pregnancy and enhanced links to treatment and recovery services. • Links to Social Marketing programme discussed under (1) | <p>David Boulger</p> <p>Kerry Lyons / Mags Deakin (TGH)</p> | <p>Plan, December 2015</p> <p>MAMA, December 2015</p> <p>Social Marketing, March 2016</p> |

APPENDIX 2

1. INTRODUCTION BY THE CHAIR OF THE HEALTH AND WELLBEING IMPROVEMENT SCRUTINY PANEL

- 1.1 I am pleased to present this report of a review undertaken by the Health and Wellbeing Improvement Scrutiny Panel of the Impact of Alcohol in Tameside.
- 1.2 Tameside is disproportionately and adversely impacted by alcohol-related harm with a heavy alcohol presence. When looking at alcohol consumption levels in the borough 25.6% of the adult population meet the binge drinking criteria.
- 1.3 Alcohol places a huge burden on the local NHS system and accounts for 70% of A&E attendances in the early hours and 40% of weekend attendances. Data also shows that alcohol related hospital admissions have trebled over the last 10 years in Tameside.
- 1.4 A growing concern is the prevalence of passive drinking, which occurs when an individual's drinking habits have a direct impact on others. A recent Drink Wise report highlighted that over 9000 children in Tameside are potentially open to harm through parental alcohol misuse.
- 1.5 Work is being undertaken nationally and sub-regionally to tackle the prevailing alcohol culture by addressing the way in which alcohol is priced and promoted. There is clear supporting evidence which shows that health harms, crime and unemployment due to alcohol reduce as the price of alcohol increases.
- 1.6 The Council is embarking on a large scale transformation project which includes a fundamental change to how Alcohol Treatment and Recovery Services are delivered in Tameside. This will 'go live' on 1 August 2015 and will incorporate an all age integrated drug and alcohol model under the leadership of the Lifeline Project.
- 1.7 The widespread nature of alcohol harm and its effects within society requires continued support and a multi-disciplinary approach across a range of partners and health service providers.
- 1.8 On behalf of the Health and Wellbeing Improvement Scrutiny Panel, I would like to thank all those who have participated in this review.

2. SUMMARY

- 2.1 There are higher rates of alcohol misuse in Tameside compared with regional and England averages, with approximately 26% of adults drinking at increasing or higher risk levels.
- 2.2 There are a lot of issues linked with the negative health outcomes associated with alcohol consumption. The main areas of concern include hospital admissions, mortality rates and the months of life lost due to alcohol across both males and females.

3. MEMBERSHIP OF THE PANEL – 2014/15

Councillors Sullivan (Chair), Councillor Cartey (Deputy Chair), Bailey, Ballagher, Bell, Bowden, Bowerman, Downs, Francis, Jackson, R Miah, Middleton, Reynolds, Whitley

4. TERMS OF REFERENCE

Aim of the Review

- 4.1 To explore how the Council and health partners can reduce the impact of alcohol by improving the effectiveness and awareness of services to promote health and wellbeing across the borough.

Objectives

- 4.2
- 1) To explore the health risks of alcohol consumption on the health and wellbeing of Tameside residents
 - 2) To examine existing strategies that educate and raise awareness of the dangers of alcohol misuse
 - 3) To consider the effectiveness of the Tameside Alcohol Strategy
 - 4) To investigate the effects of drinking in pregnancy and the services that assist residents to reduce or cease their alcohol intake
 - 5) To understand the impact of adult alcohol consumption upon children
 - 6) To identify the different services available targeted at assisting those who misuse alcohol and their effectiveness
 - 7) To produce workable recommendations for the Council to deliver sustainable improvements to the future of alcohol services

Value for Money/Use of Resources

- 4.3 The scale of alcohol consumption and harmful alcohol use in Tameside results in disproportionate levels of harm which are significantly worse than the national average. Local Alcohol Profiles for England show Tameside's rates of alcohol associated hospital admissions, deaths, disease, crimes by gender and percentage of risk drinkers compared to regional and national averages are significantly worse in 13 of the 25 areas measured.

A scrutiny review of Alcohol Related Crime was undertaken recently and a recommendation highlighted the potential benefits that could be achieved by reviewing alcohol and health impacts on residents of Tameside.

Equalities Issues

- 4.4 This review will support the corporate priority 'People' by improving resident's health, overall quality of life and increase the life expectancy of the borough.

People and Place Scorecard

- 4.5 The following targets from the People and Place Scorecard relate to the Impact of Alcohol in Tameside review.

| | |
|---------------|---|
| Health | <ul style="list-style-type: none">• All age cause mortality MALE• All age cause mortality FEMALE• Premature mortality MALE• Premature mortality FEMALE |
|---------------|---|

5. METHODOLOGY

- 5.1 The working group met with Anna Moloney, Consultant Public Health Medicine and David Boulger, Strategic Public Health Manager, to receive an overview of the impact of alcohol on Tameside resident's health and wellbeing including the effects that adult alcohol consumption has upon children in Tameside.

- 5.2 The working group met with David Boulger, Strategic Public Health Manager, to learn what alcohol treatment and recovery services are currently available in Tameside and received information on the Tameside Alcohol Strategy.

- 5.3 The working group met with Liz McCoy, Barry Gilman and Dr Lesley Peters, Pennine Care, to receive information on the range of services available to Tameside residents who misuse alcohol and initiatives around education on the health risks of alcohol.
- 5.4 The working group met with Lesley Tones, Head of Midwifery & Women's Services, and Margaret Deakin, Specialist Midwife for Vulnerable Families, Tameside Hospital NHS Foundation Trust, to hear about the effects of drinking in pregnancy and what services are offered to educate and help expectant Mothers stop drinking.
- 5.5 The working group met with Kerry Lyons and Joyce Southern, Hospital Alcohol Liaison Service, Tameside Hospital NHS Foundation Trust, to hear about the work of the Hospital Alcohol Liaison Service.

6. BACKGROUND TO THE REVIEW

- 6.1 Alcohol misuse is the third largest preventable cause of ill health and premature death in England after smoking and obesity resulting in 1.2 million alcohol related hospital admissions and 15,000 deaths in England each year.
- 6.2 In addition to health, alcohol related issues can also be linked with crime and anti-social behaviour, teenage pregnancy, loss of workplace productivity, housing issues, homelessness and a range of negative outcomes for children.
- 6.3 The Local Alcohol Profile for England is an annual report that details the impact of alcohol related issues in each borough in England. Tameside has high rankings across a number of indicators that relate directly with alcohol related hospital admissions and alcohol related mortality, indicating higher than average levels of harm.
- 6.4 There has been an increase in the affordability, availability and social acceptability of alcohol which has encouraged the habit of drinking and normalised it in society. Drinking alcohol in the home has increased with studies showing that 70% of alcohol is now purchased in supermarkets.
- 6.5 Campaigns to promote safe drinking and educate people on alcohol units took place during Alcohol Awareness Week in November 2014 and Dry January 2015 where the Council worked alongside Alcohol Concern to support people to abstain from alcohol for 31 days.
- 6.6 The review will explore the health risks of alcohol on the population of Tameside and how the Council along with partners can reduce the impact of alcohol by improving the effectiveness and efficiency of services across the borough.

7. REVIEW FINDINGS

Alcohol in Tameside

- 7.1 The scale of alcohol consumption and harmful alcohol use in Tameside is significantly higher than the national average. Around 38,000 adult residents are at an increased risk of harm caused by alcohol and over one in four adults drink above the recommended limits.
- 7.2 There has been a corresponding rise in alcohol related morbidity and mortality in the borough in recent years. Data also shows that alcohol related hospital admissions have trebled over the last 10 years in Tameside.
- 7.3 The definition of binge drinking used by the NHS and National Office of Statistics is drinking more than double the lower risk guidelines for alcohol in one session (6 or more units of

alcohol). In Tameside the incidence of binge drinking is higher than regional and national rates.

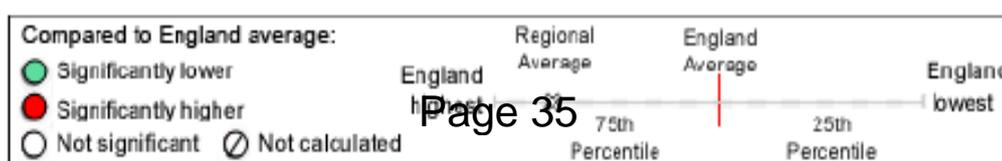
- 7.4 Lower risk drinking is defined as men consuming no more than 3 to 4 units on a regular basis and 2 to 3 units for a woman. Drinking above the lower risk guidelines on a regular basis is defined as putting your health at increasing risk. Drinking more than 8 units a day for men and 6 units per day for women is drinking in a way that puts health at a higher risk.

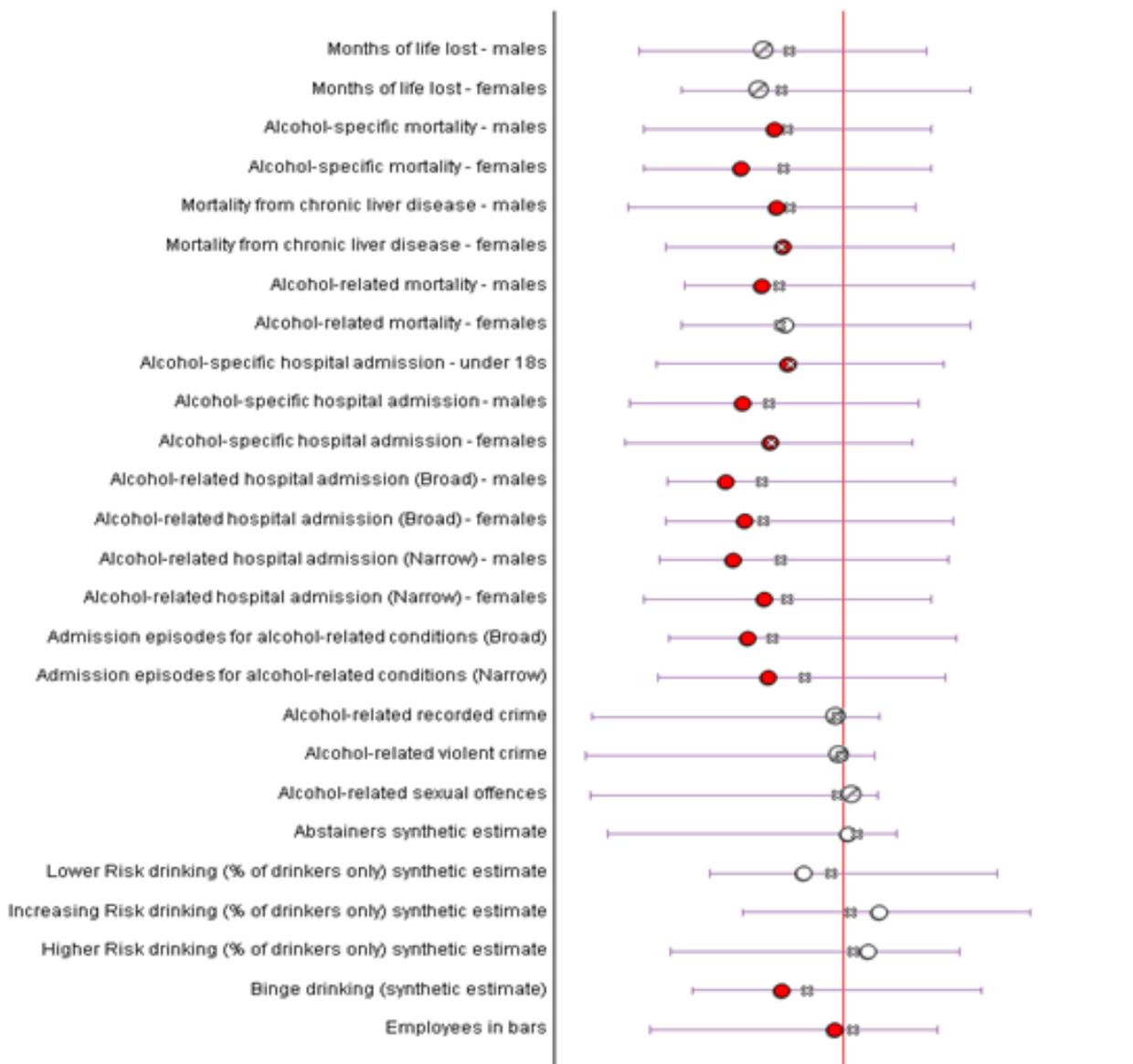
Figure 1: Estimated Percentage and Numbers of Lower Risk, Increasing Risk and Higher Risk Drinkers in Tameside Based Upon the 2011 Population Census

| | % Adults | % Drinking Adults | Estimated Number of Adults (16+) in Tameside |
|---------------------------------|----------|-------------------|--|
| Abstainers | 16.1 | - | 28,426 |
| Lower Risk Drinking | 62.3 | 74.2 | 110,253 |
| Increasing Risk Drinking | 16.3 | 19.4 | 28,780 |
| Higher Risk Drinking | 5.4 | 6.4 | 9,540 |
| Total | 100 | 100 | 177,000 |

- 7.5 The table above shows the number of adults, and the equivalent percentage, of Abstainers, Lower Risk Drinking, Increasing Risk Drinking and Higher Risk Drinking in Tameside. Although nearly three quarters of resident's who consume alcohol are classed as lower risk drinkers who drink at an acceptable level, 19.4% are drinking at increasing risks and 6.4% are drinking to potentially harmful levels.
- 7.6 Women drinking large quantities of alcohol has increased by almost a third in the last decade with alcohol related hospital admissions reflecting this. The number of deaths from alcohol related conditions for both males and females is worse than the England average.
- 7.7 Statistics show that there has been a year on year increase since 2006 in alcohol related deaths with a peak age of death of 50-54 years for males and 60-64 years for females. Acute intoxication hospital admissions are highest in the 60-69 year age group.
- 7.8 A substantial and increasing number of older people are drinking at higher than recommended levels. In Tameside, people aged 46-65 years consume more alcohol now than any previous generation.
- 7.9 326 geographical areas of England are used for Public Health data and Tameside is amongst the worst performing across a number of the alcohol related indicators. Tameside sits in the bottom 10% in the country for 17 of the 25 indicators and in some areas it is amongst the worst 2%.

Figure 2: Tameside Alcohol Profile

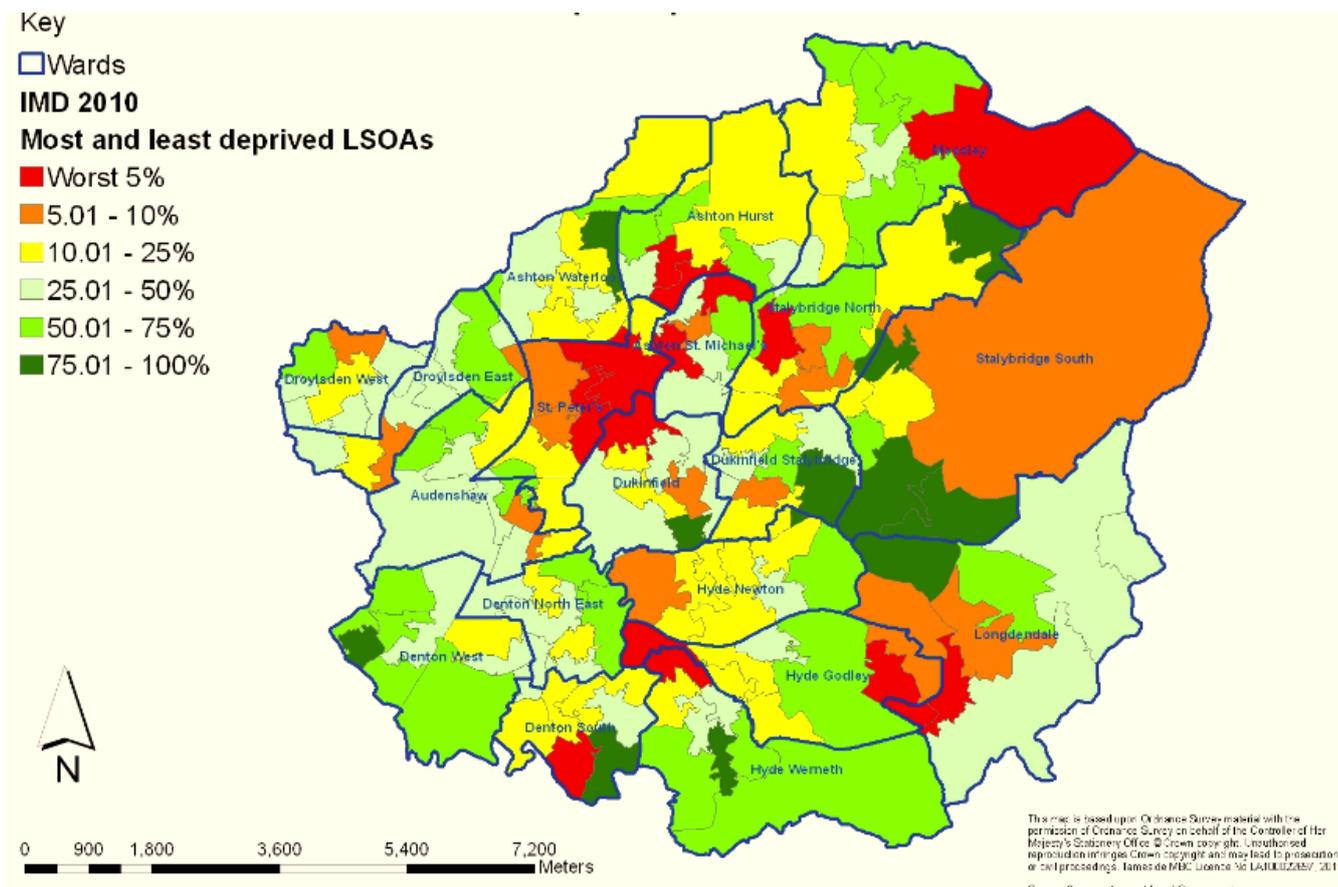




Source: Local Alcohol Profiles for England 2014

- 7.10 The figure above shows that although Tameside is at the national and regional average for alcohol related recorded crime, violent crime and sexual offences the borough is higher than the national average for alcohol specific mortality, hospital admissions and binge drinking.
- 7.11 Lower performance across a number of indicators could be attributed to a variety of reasons such as cultural; current treatment services not addressing the needs of the local population and deprivation, however, deprivation rates are not in correlation with the alcohol harm figures.

Figure 3: Map Showing Indices of Multiple Deprivation



Source: Communities and Local Government

7.12 The map above shows the levels of deprivation across the borough of Tameside. Data shows that the greatest areas of demographic concern for alcohol related hospital admissions are Hyde and Ashton which is not in direct correlation with the deprivation rates.

7.13 The most recent information released from Public Health England evidence that the cost of Alcohol to the 'Public purse' in Tameside was £98.46 million during 2013, or £448 per head of population. This is calculated by the cost to the NHS, crime, the work place and social services which places Tameside as the 14th worst area in the UK in terms of cost per head of population.

Conclusions

1. Tameside has one of the highest rates of alcohol related hospital admissions in the country.
2. The impacts of alcohol misuse are far reaching across the local population and a wide range of organisations.

Recommendations

1. Options are explored to improve the effectiveness of social media in raising awareness of the harmful effects of alcohol with particular emphasis on the adverse impact adult consumption has on children and young people.

Public Health

7.14 Extensive work is underway in Tameside to transform the way alcohol harm is tackled. This includes a transformational redesign of alcohol treatment and recovery services, which is the responsibility of Public Health and involves a variety of other key partners.

7.15 From 1 August 2015, there will be an all age integrated drug and alcohol service with a focus on long term sustained recovery, early intervention and prevention, and increasing the number of people in meaningful treatment and support.

- 7.16 The joint strategic alcohol needs assessment 2014/15 provides part of the evidence base for the redesign of services. It provides evidence about the health impacts of alcohol; alcohol related crime and disorder; the adverse effect alcohol can have on children; and the socio-economic impacts of alcohol.
- 7.17 A new Tameside Alcohol Strategy and enhanced local governance arrangements are under development. This will provide a more coherent approach to underpin work around prevention, treatment and recovery, licensing, policy approaches in relation to the pricing, marketing and availability of alcohol; and challenging the social norms that surround alcohol consumption in Tameside.
- 7.18 This work is being undertaken by the Strategic Alcohol Group, chaired by the Executive Member for Health and Neighbourhoods. At present, this group drives the agenda but has no formal mandate and no formal governance links to the statutory Health and Wellbeing Board.
- 7.19 There has been a normalisation within British culture of cheap, available and heavily promoted alcohol. Investigations by the University of Sheffield found that introducing a minimum unit price of 50p would target the heaviest drinkers; reduce alcohol consumption by 2.5%; save the economy £5.1billion; reduce hospital admissions by 35,000; cut crime by 50,000; and save almost 1,000 lives.
- 7.20 Published research has shown a direct link between the density of licensed premises and alcohol related harm in the surrounding environment. Statistical evidence can be used to demonstrate the density of alcohol licensed premises within an area and the number of local residents.
- 7.21 Tameside Council has adopted a unique approach towards licensing applications. All new applications and reviews of existing licenses are screened using a standardised toolkit, and ranked by Public Health against a series of measures to enable the identification of applications that could have a significant adverse impact on the local population.
- 7.22 The screening is undertaken through a locally developed triage toolkit and ranks the 141 Lower Super Output Areas (LSOAs) in Tameside against a number of alcohol harm indicators and then provides an overall ranking. This innovative approach has attracted considerable attention from other areas.
- 7.23 One area of concern which remains relatively under explored and misunderstood is the impact adult alcohol consumption has on children. It is believed this is a critical element to breaking the cycle of alcohol related harm within Tameside by using the impact on children as a lever to address adult behaviour.
- 7.24 Tameside Public Health Team has recently taken part in a North West research project with Drink Wise. This research showed that 9,000 children in Tameside are open to harm as a result of adult alcohol consumption. This has been further reinforced by research commissioned by Lifeline which has highlighted the issue of hidden harm caused to children by adult substance misuse within Tameside.
- 7.25 Addressing adult consumption of alcohol and enabling residents to challenge their own attitudes, behaviours and understand the impact on those around them can help improve outcomes.

Conclusions

3. Public Health works in partnership with licensing, police and trading standards to reduce the proliferation, and in turn the harm, when approving licensing applications.
4. The key to addressing adult behaviour and attitudes towards alcohol lies in the impact they have upon children.

Recommendations

2. That work is undertaken to explore the options of formalising the Strategic Alcohol Group as a sub group of Tameside's Health and Wellbeing Board.

Treatment and Recovery Services

- 7.26 The responsibility for commissioning alcohol services transferred to Tameside Council in April 2013. There are a range of services available to meet local needs for early intervention and prevention, specialist services, inpatient detoxification and residential rehabilitation.
- 7.27 Tier One and Tier Two alcohol treatment services include identification and brief advice / brief intervention delivered by a range of partners and organisations. These include Tameside Council, Tameside Hospital, Primary Care, New Charter, Community Health Services, Greater Manchester Police and Greater Manchester Fire and Rescue Service.
- 7.28 Tier Two and Three services include early intervention and prevention commissioned through Lifeline, Branching Out, Primary Care, Pennine Care, Addiction Dependency Solutions (ADS) and Acorn. Tier Four services provide inpatient detoxification and residential rehabilitation via an approved provider list.
- 7.29 The ADS service offers a range of therapeutic programmes including group therapy sessions and individual psycho-social recovery interventions. The service also provides Alcohol Treatment Requirement for offenders convicted of alcohol-related offences such as drink driving. These are designed to address offending behaviour in addition to alcohol use and seek to reduce the risk of re-offending.
- 7.30 Many GPs throughout Tameside provide support, treatment and advice to residents that present with alcohol problems. Eight practices are part of the National Enhanced Service (NES) which is available to all Tameside residents regardless of whether or not their GP is part of the service.
- 7.31 The NES is supported by Pennine Care and ADS who offer regular clinics within the practices. The NES seeks to target early stage problem drinkers in an attempt to prevent the development of serious alcohol related problems such as liver cirrhosis.
- 7.32 Community Led Initiatives (CLI) offer a mentorship support scheme which provides peer mentor support to deal with employment, education, social activities and training. This service is usually offered to run alongside treatment programmes and thereby complement the therapeutic input.
- 7.33 Tameside Hospital Foundation Trust provides a Hospital Alcohol Liaison Service (HALS) that offers screening, brief intervention and ambulatory detoxification to hospital patients. Patients identified as having alcohol problems can be referred to the relevant service for post discharge support in the community which is aimed at reducing the risk of relapse and re-admission to hospital.
- 7.34 Alcohol treatment services for young people under the age of 19 are provided by Branching Out, a service run by Lifeline. Branching Out offer support, advice, information and

practical help regarding alcohol issues in addition to specialist psychosocial or clinical interventions to 150 young people a year with an average age of 15.

- 7.35 The team also deliver targeted group work to over 400 young people and support 100 parents and carers providing them with information and offering one-to-one support or structured family sessions. Data shows that 40% of young people accessing treatment present with a primary alcohol issue and nearly 90% use alcohol on a regular basis.
- 7.36 The Alcoholics Anonymous (AA) Fellowship is a self-help organisation that offers abstinence orientated support group meetings. These are held at various venues both within Tameside and throughout the Greater Manchester area.
- 7.37 An alternative to the AA Fellowship is provided by SMART Recovery therapy programme. This is a secular-orientated group programme based on cognitive behavioural therapy principles. A peer support service (Build) is also run by Pennine Care.
- 7.38 In addition to the above there are services that support the families and carers of residents with alcohol problems including Al Anon and the Carers Support Group which are held at Cavendish Mill.
- 7.39 Approximately £3.8million is spent each year on drug and alcohol treatment services in the borough with £1.2million of this aimed at failure demand. National Audit Office calculations show that for every £1 spent on treatment services the return on investment on the wider society is £5 through reductions in spending on public services such as health and social care, police, hospitals, A&E and local Councils.
- 7.40 Despite the low levels of performance in Tameside only 3.5% of dependent drinkers in the borough are in treatment, compared with 6.9% nationally. To reach the national average 295 extra clients would need to be worked with at any given time.
- 7.41 Young people from ethnic minorities are underrepresented within alcohol treatment services in Tameside. This could be due to cultural and religious factors which may increase the stigmatisation associated with alcohol misuse problems.
- 7.42 An internal and independent external review of drug and alcohol treatment services in Tameside has taken place. It has identified that a more joined up approach is needed with a treatment system suitable for the needs of the local population with earlier intervention before people reach a crisis.

Conclusions

5. With underperformance across a number of key indicators data shows that the percentage of dependent drinkers receiving treatment in Tameside is lower than the national figures.
6. In order to improve outcomes a more joined up approach is needed to improve systems for early intervention and prevention.

Recommendations

3. Through the transformational redesign of services work is carried out to increase the numbers of people engaging in treatment.
4. Build on existing community based alcohol treatment services and strengthen partnership work with Tameside Hospital NHS Foundation Trust.

Pennine Care

- 7.43 Pennine Care is the core provider of drug and alcohol services in Tameside and has been operating for over 25 years. They work jointly and in partnership with various services within Tameside such as Acorn, ADS, CLI, Greystones, Lifeline, the Primary Care Team, Probation Service and The Women's Centre.
- 7.44 There are close links with the HALS and Rapid Assessment Interface Discharge (RAID) to provide support packages for patients who frequently attend hospital. The service also participates in national campaigns including Alcohol Awareness Week and hosts recovery fairs annually to promote services.
- 7.45 The service has a focus on service users with long-standing alcohol problems who are drinking at particularly high levels and have additional complications. There is an open referral policy and in 2013/14 one quarter of those referred to the service had a dual diagnosis of a mental health condition.
- 7.46 The service receives 50 to 60 referrals per month with a male to female ratio of 2:1. There is a distinct lack of representation of the BME population with 97% of service users being white British or Irish and under-representation of 18-25 year olds.
- 7.47 The team consists of four members of staff working to a case work model. Most service users require a certain level of medical intervention and remain in treatment for 3 to 6 months to address behaviours and embed the required changes.
- 7.48 Clients are offered a holistic assessment of their needs resulting in a treatment plan, risk assessment and management plan. This may involve strategies to achieve abstinence, reduce alcohol consumption, alcohol related accidents, offending and vulnerable behaviour.
- 7.49 There are a variety of treatment options including weekly information group sessions. The Health Improvement Team promotes lower risk drinking in its interactions with clients and actively signposts into specialist services. Health Trainers routinely ask about alcohol consumption as part of a lifestyle assessment and may support clients to set goals around reducing consumption.
- 7.50 The service aims to involve all relevant family members in the treatment process. Service users who have children are asked to supply details of the school they attend, their GP and the involvement of any other services. This helps facilitate appropriate communication when required.
- 7.51 Home visits are provided to enable an enhanced assessment of the home environment and family dynamics. Parents are provided with education and advice on their use of alcohol and its possible impact on their children. The service may also initiate referrals to services such as Early Help and Tameside Safeguarding Children team.

Conclusions

7. There is a distinct lack of representation of the BME population and under-representation of 18-25 year olds in alcohol treatment services.

Recommendations

5. That work is undertaken to better understand why BME communities and 18-25 year olds are underrepresented across alcohol services and to embed this learning and solutions into the new delivery model.

Hospital Alcohol Liaison Service (HALS)

- 7.52 In April 2013 the Hospital Alcohol Liaison Service (HALS) was established and almost immediately it had a positive impact on the support offered to patients admitted for alcohol misuse. The team consists of a Team Leader Specialist Nurse, two Alcohol Specialist Nurses, Data Administrator and Consultant Hepatologist.
- 7.53 The team run a 7 day 8am-8pm service, offering a duty response to all inpatient and outpatient departments within the hospital. In addition to the response work the service also runs an ambulatory detoxification clinic based at the hospital which is flexible to patient's needs.
- 7.54 The overall aims of the service are to reduce the level of alcohol harm suffered by patients through specialist acute alcohol team assessment or specialist assessment of each patient to initiate a supportive treatment plan.
- 7.55 Screening, brief intervention and ambulatory detox is provided to patients who have been identified as drinking to harmful levels in A&E, on wards or through preoperative assessments. Patients admitted for alcohol related harm or who are identified as dependent drinkers will be supported to move into community based alcohol treatment services for post discharge support.
- 7.56 The team have appropriate discussions to maximise the opportunity for planned quick start detoxification for patients who require urgent clinical intervention. This is undertaken through a NICE endorsed prescribing pathway.
- 7.57 This assessment also includes a screening for clinical appropriateness for management via an ambulatory detoxification pathway following discharge. This involves attending a nurse led detoxification clinic for close clinical management and daily dispensing of medication.
- 7.58 Parallel to the HALS clinic intervention, patients managed through the ambulatory protocol receive psycho-social intervention from Acorn treatment services that reinforces coping strategies for future abstinence.
- 7.59 There is close management of patients who are identified as frequent A&E attenders through a complex care identification group where all partner agencies meet on a monthly basis to discuss chaotic patients in respect to engagement in services. This has enabled significant improvements to be achieved in securing patient engagement and reducing attendances to hospital.
- 7.60 Quantitative data is collated through a database and analysed on a quarterly basis for formal reporting to the Trust's Executive Team. Qualitative data is sourced through patient feedback for those that attend the detoxification clinic. This data has shown a very positive position in respect to patient experience of both the process and service.
- 7.61 Over 1800 patients have been seen to date with more than 70% of those who were treated via the ambulatory emergency detox clinic still abstinent with the remaining 30% in ongoing treatment. GP's are notified every time a patient presents themselves at the service.
- 7.62 A&E has seen over a 50% reduction of prolific re-attenders and the average length of stay in hospital for alcohol related admissions has reduced from 4.7 days to 1.3 days.
- 7.63 A Hepatology and Fibroscan nurse led clinic, assisting in the identification of early liver harm, launched in March 2015 and GP's will be actively encouraged to refer patients into the fibroscan clinic.

- 7.64 Moving forward, all young people over 10 years will be screened for alcohol harm via the low threshold AUDIT-C. Those who are identified as drinking will be followed up for advice, guidance and possible intervention.
- 7.65 HALS are working on the launch of a maternity screening pathway with the hospital maternity unit which aids increased opportunity to screen against the prevalence of alcohol consumption in pregnancy.

Conclusions

8. The Hospital Alcohol Liaison Service has had a positive impact on patient outcomes with a reduction in A&E presentations and a decrease in the duration of hospital admissions.

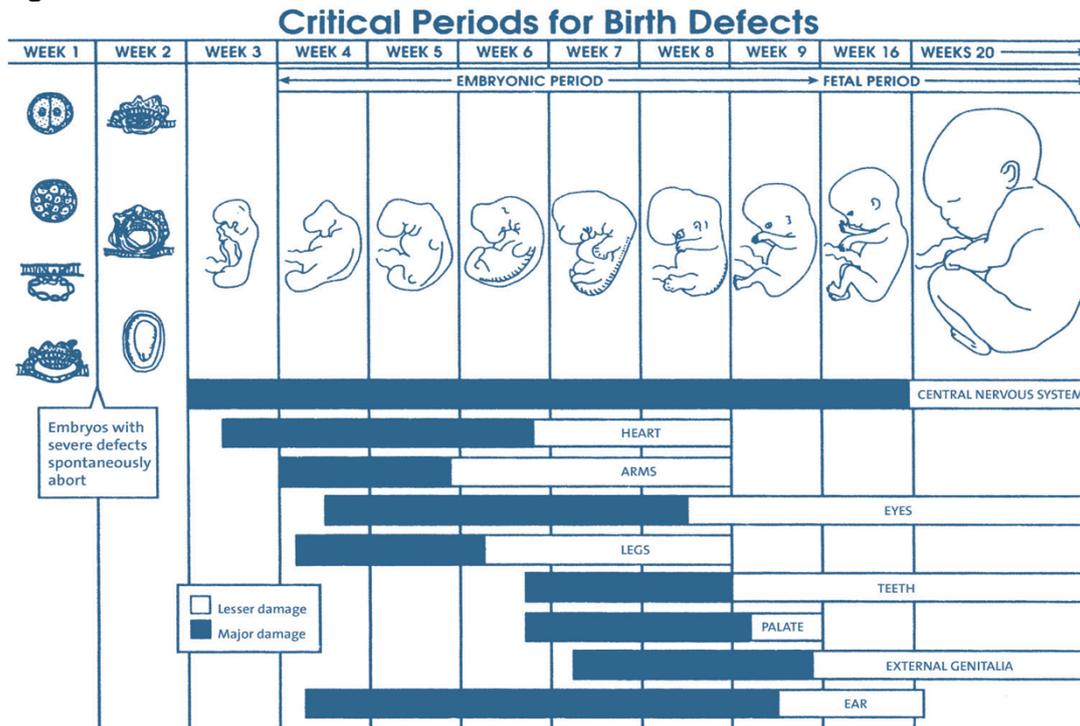
Recommendations

6. The Hospital Alcohol Liaison Service strengthens links with community treatment providers and offers educational training to a variety of public services.
7. Existing data that the Hospital Alcohol Liaison Service has collected and analysed be shared in order to promote services in key areas of the borough.

Drinking in Pregnancy

- 7.66 Alcohol consumed during pregnancy is the nation's leading preventable cause of developmental disabilities and birth defects. Research has shown that alcohol can be more harmful to a developing baby than smoking and women can benefit their babies by avoiding alcohol during pregnancy.
- 7.67 No evidence exists that can determine exactly how much alcohol ingestion will produce birth defects as individual women process alcohol differently. Other factors can vary such as the age of the mother, the timing and regularity of the alcohol consumed and whether the mother has eaten any food while drinking.
- 7.68 When a pregnant woman drinks, the alcohol in her blood passes freely through the placenta into the developing baby's blood. The foetus is less equipped to eliminate alcohol than its mother so tends to receive a high concentration of alcohol, which lingers longer than it would in the mother's system. The foetus does not have a fully developed liver so cannot filter out the toxins from the alcohol; instead the alcohol circulates in the baby's system.
- 7.69 Alcohol has the ability to destroy brain cells and damage the nervous system of the foetus at any point during the nine months of pregnancy. This can have a significant impact during the period of pregnancy when organs are formed. Even moderate alcohol intake can seriously damage a developing nervous system.

Figure 4: Critical Periods for Birth Defects



Source: NOFAS UK

- 7.70 The figure above shows the different stages of development with the shaded areas showing periods where major damage can occur.
- 7.71 FASD is an umbrella term that covers foetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorders (ARND), alcohol-related birth defects (ARBD), foetal alcohol effects (FAE) and partial foetal alcohol syndrome (pFAS).
- 7.72 In pregnancy small amounts of alcohol can increase the risks of FASD, premature birth and miscarriage. The latest figures show that 1 in 5 pregnant women continue to drink without moderation and 1% of all babies are born with FASD – as many as up to 7,000 each year.
- 7.73 Signs of FASD can include:-
- low birth weight
 - developmental delay
 - facial abnormalities including smaller eye openings, flattened cheekbones, and indistinct philtrum
 - poor coordination and socialisation skills and
 - behavioral problems, including hyperactivity, inability to concentrate, social withdrawal, stubbornness, impulsiveness and anxiety.
- 7.74 All pregnant women are currently asked about lifestyle and alcohol consumption. However, it is hard to gauge the accuracy of self-reporting when it comes to consumption of alcohol as women may be reluctant to disclose a true reflection due to the attached stigma of alcohol usage during pregnancy.
- 7.75 Women may also be unaware of what constitutes excessive drinking or what one unit of alcohol amounts to. Women who disclose using alcohol to excess during pregnancy or who feel they may require support are offered a referral to the Enhanced Midwifery Service at Tameside Hospital.

- 7.76 The service offers support and referral to the Alcohol and Drug Service for specialist advice and monitoring as part of an abstinence programme and provides regular screening for compliance with abstinence programmes. During January to October 2014, 276 families were supported which represents 10% of the total number of pregnancies during this period.

Conclusions

9. Alcohol can be more harmful to a developing baby than smoking and the damaging effects can last a lifetime.
10. The only certain way to prevent Foetal Alcohol Spectrum Disorder is to avoid drinking alcohol during pregnancy.

Recommendations

8. Increase awareness of the risks surrounding pregnancy and alcohol consumption, highlighting in particular Foetal Alcohol Spectrum Disorder.

8. CONCLUSIONS

- 8.1 Tameside has one of the highest rates of alcohol related hospital admissions in the country.
- 8.2 The impacts of alcohol misuse are far reaching across the local population and a wide range of organisations.
- 8.3 Public Health works in partnership with licensing, police and trading standards to reduce the proliferation and in turn the harm, when approving licensing applications.
- 8.4 The key to addressing adult behaviour and attitudes towards alcohol lies in the impact they have upon children.
- 8.5 With underperformance across a number of key indicators data shows that the percentage of dependent drinkers receiving treatment in Tameside is lower than the national figures.
- 8.6 In order to improve outcomes a more joined up approach is needed to improve systems for early intervention and prevention.
- 8.7 There is a distinct lack of representation of the BME population and under-representation of 18-25 year olds in alcohol treatment services.
- 8.8 The Hospital Alcohol Liaison Service has had a positive impact on patient outcomes with a reduction in A&E presentations and a decrease in the duration of hospital admissions.
- 8.9 Alcohol can be more harmful to a developing baby than smoking and the damaging effects can last a lifetime.
- 8.10 The only certain way to prevent Foetal Alcohol Spectrum Disorder is to avoid drinking alcohol during pregnancy.

9. RECOMMENDATIONS

- 9.1 Options are explored to improve the effectiveness of social media in raising awareness of the harmful effects of alcohol with particular emphasis on the adverse impact adult consumption has on children and young people.

- 9.2 That work is undertaken to explore the options of formalising the Strategic Alcohol Group as a sub group of Tameside's Health and Wellbeing Board.
- 9.3 Through the transformational redesign of services work is carried out to increase the numbers of people engaging in treatment.
- 9.4 Build on existing community based alcohol treatment services and strengthen partnership work with Tameside Hospital NHS Foundation Trust.
- 9.5 That work is undertaken to understand why BME communities and 18-25 year olds are underrepresented across alcohol services and to embed this learning and solutions into the new delivery model.
- 9.6 The Hospital Alcohol Liaison Service strengthens links with community treatment providers and offers educational training to a variety of public services.
- 9.7 Existing data that the Hospital Alcohol Liaison Service has collected and analysed be shared in order to promote services in key areas of the borough.
- 9.8 Increase awareness of the risks surrounding pregnancy and alcohol consumption, highlighting in particular Foetal Alcohol Spectrum Disorder.

| | |
|---|---|
| Report To: | OVERVIEW (AUDIT) PANEL |
| Date: | 23 November 2015 |
| Executive Member / Scrutiny Panel: | Cllr Maria Bailey – Chair of Place Scrutiny Panel Councillor Gerald P Cooney, Executive Member (Learning, Skills and Economic Growth) |
| Subject: | REVIEW OF HOUSING STRATEGY - EMPTY HOMES |
| Report Summary: | The Chair to Place Scrutiny Panel to comment on the Executive Response (Appendix1) to the Scrutiny review of the of Housing Strategy – Empty Homes and the recommendations made to support future services – Appendix 2. |
| Recommendations: | That the Overview (Audit) Panel note the Executive Response to the recommendations detailed in section 9 of Appendix 1. |
| Links to Community Strategy: | This review supports the Community Strategy priority relating to ‘Prosperous Tameside’ but also recognises links across all Community Strategy areas. |
| Policy Implications: | The review itself has no specific policy implications. Should the recommendations of this report be accepted by the Tameside Council’s Executive, the relevant services will need to assess the policy implications of putting individual recommendations in place. |
| Financial Implications: (Authorised by the Section 151 Officer) | There are no direct financial implications of this report. |
| Legal Implications: (Authorised by the Borough Solicitor) | The Council has to operate within a reducing budget it is important that it has confidence that its statutory duties are being undertaken efficiently and effectively. |
| Risk Management: | Reports of Scrutiny Panels are integral to processes which exist to hold the Executive of the authority to account. |
| Access to Information: | The background papers relating to this report can be inspected by contacting Paul Radcliffe by: |

 Telephone: 0161 342 2199

 e-mail: paul.radcliffe@tameside.gov.uk

Post Scrutiny - Executive Response

In Respect of: Scrutiny Review of Housing Strategy-Empty Homes
Date: 26 March 2015
Executive Member: Councillor Gerald P Cooney (Learning, Skills and Economic Growth)
Coordinating Officer: John Hughes, Housing Strategy Officer

Page 48

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|---|-----------------------|--|------------------------|---------------------|
| 1. That engagement work with owners of empty commercial properties is supported with a view to increasing the number of commercial to residential conversions in the borough. | Accepted | The Council is already in the process of supporting owners of empty commercial properties to convert their buildings to affordable housing. The first scheme in Central Ashton will be completed in April, the 2 nd scheme is in Denton town centre and due to start on site in May 2015. We are also in discussions with 3 other owners that will be included in the next empty homes programme. | John Hughes | March 16 |
| 2. In order to engage with as many empty home owners as possible, advertisement notices be included on Council Tax letters signposting people to the scheme. | Accepted | The information on our empty homes programme has been included in the CTAX Brochure and the same online version http://www.tameside.gov.uk/counciltax | John Hughes | March 15 |

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|---|-----------------------|--|-------------------------------|---------------------|
| 3. That the success and best practice from the Knowledge Transfer Partnership project be evaluated and shared with partners. | Accepted | <p>The KTP has now been completed. The project is currently subject to an evaluation by Innovate UK which is the funding body. In the meantime the learning from the KTP has been disseminated across a range of AGMA housing agencies.</p> <p>In April 2015 the University of Salford is presenting a paper on the Council's approach to addressing problems associated with empty homes at the American Geographers http://meridian.aag.org/callforpapers/program/SessionDetail.cfm?SessionID=23256</p> <p>http://staff.salford.ac.uk/newsitem/4210</p> | John Hughes | June 2015 |
| 4. That a portfolio of successful case studies be created and promoted through inclusion on the Council website to encourage recruitment. | Accepted | A selection of case studies will be developed and promoted on the website and through other media platforms | John Hughes Chris Anderton | March 2016 |
| 5. Joint working is further developed between the Council, the Police and the Fire Service to address and tackle the problems of empty homes. | Accepted | The Fire Service in particular has been supportive of our work in tackling empty homes and has attended our engagement events. This will continue in 15-16. The Fire Service are already engaged as part of the joint working arson reduction project which targets any property at risk of arson attacks. | John Hughes Chris Anderton | April 2015 |

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|---|-----------------------|---|------------------------|---------------------|
| 6. Further development work through joint working with district colleagues on a flexible revolving fund for empty properties. | Accepted | The Empty Homes Grant for 2015 -18 is likely to be confirmed in May 2015. Work is already underway to develop an another grant backed programme as well as an additional flexible revolving fund for empty homes that will enable the recycling of grant funding from the HCA. The principals for this approach have already been accepted by the AGMA wider leadership team. | John Hughes | July 2015 |
| 7. That a Greater Manchester consortium approach to Affordable Homes Programme funding for empty homes beyond April 2015 continues to retain the momentum and approach adopted by the Council and its partners. | Accepted | See note above | John Hughes | July 2015 |

APPENDIX 2

1. INTRODUCTION BY THE CHAIR OF THE STRENGTHENING THE ECONOMY AND COMMUNITIES SCRUTINY PANEL

- 1.1 I am pleased to present this report of a review undertaken by the Strengthening the Economy and Communities Scrutiny Panel which has examined the phenomenon of empty homes in Tameside.
- 1.2 There are approximately 2000 empty homes in the borough. It is important to bring these residential properties back to life to provide families with a place to live; and for our communities and streets to be attractive and safe.
- 1.3 Empty homes are defined as those that have been empty for a minimum of six months. This could be for a variety of reasons including difficulties in selling or renting; lack of funds to renovate and refurbish a house; inheritance; or a resident being admitted into a residential or care home.
- 1.4 Empty homes are a wasted resource and a pro-active approach to solving the problem is needed. Through engagement with empty home owners and providing help and advice we can bring them back into use.
- 1.5 This is in addition to increasing housing capacity across the borough. By providing a more desirable area for people to live and work this will support the work that is being undertaken to boost Tameside's economy.
- 1.6 It is important to prevent residential properties from becoming empty in the first instance; however, when they do become empty the length of time they are empty for needs to be minimised and as many as possible should be brought back into sustainable use.
- 1.7 The Panel were pleased to learn that the Council have been shortlisted for the Local Government Chronicle Awards under the Housing Innovation category for the '*Knowledge Transfer Partnership*' which is a unique collaboration with the University of Salford.
- 1.8 Work is currently underway with two of our Housing Association partners to participate in the current empty homes programme. Effective partnership work with Ashton Pioneer Homes and New Charter have assisted the Council in changing empty homes and obsolete commercial premises into affordable housing use through lease and repair and purchase and repair schemes.
- 1.9 On behalf of the Strengthening the Economy and Communities Scrutiny Panel, I would like to thank all those who have participated in this review.

2. SUMMARY

- 2.1 It is estimated that there are 2,000 empty homes in Tameside which account for 2.7% of the total housing stock. Bringing empty homes back into use provides much needed affordable housing to residents in addition to improving the physical environment of the borough.
- 2.2 Tameside has high levels of housing need and the lives of many families could be improved if empty homes were returned back to use providing much needed accommodation for residents at affordable rents.
- 2.3 The Council has undertaken an innovative approach with regards to consultation and engagement with owners of empty homes to promote their re-use. Empty homes in the

borough have been identified through intelligent use of the Council Tax data which has provided up to date ownership information.

- 2.4 Qualitative research methods have provided vital information on the owners themselves, their experiences of being an empty home owner, their future intentions and sought their views on the various interventions proposed by the Council.
- 2.5 A unique approach and collaborative work with the University of Salford and Registered Providers has maximised the effectiveness of intervention work, helping to bring 70 empty properties in the borough back into use by February 2015.

3. MEMBERSHIP OF THE PANEL – 2014/15

Councillor Whitehead (Chair), Councillor Bailey (Deputy Chair), Councillors D Buckley, Cooper, Drennan, Fowler, A Holland, Kinsey, I Miah, Ryan, T Smith, Sweeton, F Travis, Welsh, A White

4. TERMS OF REFERENCE

Aim of the Review

- 4.1 To examine the impact of the Council’s approach to empty homes in the borough including the effectiveness of initiatives which bring empty homes back into use.

Objectives

- 4.2
 - 1) To examine the Council’s strategy to empty homes in the borough
 - 2) To explore the engagement and advice given to empty home owners
 - 3) To identify the impacts empty homes have on Council Tax
 - 4) To understand the role of Registered Social Housing Providers in supporting Tameside Council to return empty homes back into use
 - 5) To produce workable recommendations for the Council and partners

Value for Money/Use of Resources

- 4.3 This review will support the Corporate priority ‘Place’ through better quality housing choice, creating sustainable communities and improving the physical environment.

Equalities Issues

- 4.4 Tameside has a high number of empty homes compared to neighbouring authorities, totalling 2.7% of total housing stock. Empty homes affect almost every ward in the borough. Empty homes are a wasted resource and a pro-active approach is needed to tackle the issue to improve the physical attractiveness of our borough, provide more houses to those in need whilst boosting the local economy and reducing vandalism and crime.

People and Place Scorecard

- 4.5 The following targets from the People and Place Scorecard relate to the Housing Strategy-Empty Homes review.

| | |
|----------------|--|
| Housing | <ul style="list-style-type: none">• Total number of homes on the valuation list (i.e. rateable properties) and % ABC |
|----------------|--|

5. METHODOLOGY

- 5.1 The working group met with John Hughes, Housing Strategy Officer and Aisling McCourt, Engagement and Partnerships Manager, Development and Investment, Tameside MBC, to receive an overview of the empty homes issue in Tameside.

- 5.2 The working group met with Professor Philip Brown from the University of Salford, to hear about the Council's innovative partnership with the University to develop research to understand the experiences of empty home owners and how this learning has been used to develop an Empty Home Owner Engagement Strategy.
- 5.3 The working group met with Jim Davies, Housing Renewal Manager, Tameside MBC to hear about the Council's use of enforcement powers to tackle the problem of empty homes in the borough.
- 5.4 The working group met with Chris Anderton, Building Control Team Leader, Planning, Tameside MBC, to hear about the Council's use of enforcement powers to tackle the problem of empty homes in Tameside.
- 5.5 The working group met with Tony Berry, Chief Executive of Ashton Pioneer Homes to hear about the role and the products developed by Registered Providers that have contributed to bringing empty homes back into use.
- 5.6 The working group met with John Ardern, Director of Property Services at New Charter Housing Trust Group, to hear about the role and the products developed by Registered Providers that have contributed to bringing empty homes back into use.

6. BACKGROUND TO THE REVIEW

- 6.1 The economic downturn has had an impact on the housing market in Tameside. Attractive and vibrant areas are essential to economic performance and those areas with high levels of vacant properties are less likely to perform well and attract new businesses and residents.
- 6.2 Concentrations of empty properties give a sense of dereliction and detract from the amenity of an area. They can attract vandalism, anti-social behaviour, crime and arson and fall quickly into disrepair. This has an effect on public and private sector resources, leaving owners with increasing costs for repairs and maintenance.
- 6.3 The Council has been working closely with the University of Salford to deliver new and creative solutions to areas of housing policy, concentrating on engagement with empty home owners, providing help and advice to address the problem to return empty homes back into use. This joint approach has contributed to Tameside exceeding its targets of delivering 50 empty homes back into use by March 2015, with 70 empty homes actually being completed.
- 6.4 The Council's preferred approach to addressing empty home ownership is through engagement, intelligent use of existing data and behavioural insight. However, for entrenched problems with owners and the worst cases of abandonment, there are a range of powers available to take action against empty home owners.

7. REVIEW FINDINGS

Empty Homes in Tameside

- 7.1 Tameside has high levels of empty homes compared to its Greater Manchester counterparts. Bringing empty homes back into use could provide much needed affordable housing to residents in addition to making neighbourhoods more attractive, vibrant and sustainable.
- 7.2 Records indicate that there are approximately 2,000 empty homes across the borough. The largest numbers of empty homes are located in Ashton, Stalybridge, Droylsden and

Mossley. This is a wasted resource in terms of properties and space which could be occupied to help meet local housing need.

Figure 1: Empty Homes by Ward in Tameside

| Ward | No. of Empty Homes | % of Total Empty Homes in Tameside |
|------------------------|--------------------|------------------------------------|
| Ashton St.Michael's | 146 | 7.5% |
| Stalybridge North | 129 | 6.7% |
| Droylsden East | 128 | 6.6% |
| Mossley | 128 | 6.6% |
| St. Peter's | 117 | 6.0% |
| Dukinfield | 112 | 5.8% |
| Hyde Werneth | 107 | 5.5% |
| Denton North East | 106 | 5.5% |
| Droylsden West | 104 | 5.4% |
| Hyde Newton | 102 | 5.3% |
| Stalybridge South | 92 | 4.7% |
| Ashton Waterloo | 86 | 4.4% |
| Longdendale | 86 | 4.4% |
| Hyde Godley | 84 | 4.3% |
| Ashton Hurst | 82 | 4.2% |
| Audenshaw | 81 | 4.2% |
| Dukinfield Stalybridge | 74 | 3.8% |
| Denton West | 71 | 3.7% |
| Denton South | 57 | 2.9% |
| Unknown | 47 | 2.4% |
| Total | 1,939 | 100.0% |

Source: Tameside Council Tax data 01/04/2014

- 7.3 The table above shows the number and percentage of empty homes by ward in Tameside as at April 2014.
- 7.4 Over 80% of the borough's empty homes are positioned in Council Tax Band A and B. With a social housing waiting list of around 6000 families, bringing these empty homes back into use can help address the housing need in Tameside.

Figure 2: Empty Homes by Council Tax Band

| Council Tax Band | No. of Empty Homes | Proportion |
|------------------|--------------------|---------------|
| Band A | 1,307 | 61.0% |
| Band B | 446 | 20.8% |
| Band C | 234 | 10.9% |
| Band D | 83 | 3.9% |
| Band E | 51 | 2.4% |
| Band F | 12 | 0.6% |
| Band G | 10 | 0.5% |
| Band H | 1 | 0.0% |
| Total | 2,144 | 100.0% |

Source: Tameside Council Tax data 07/10/2014

- 7.5 The table above shows the number and percentage of empty homes in the borough by Council Tax Band.
- 7.6 Changes in the law have allowed local authorities to charge higher levels of council tax for long term empty homes. By the removal of the discretionary discount previously applied to empty homes and a premium applied to homes that have been empty for more than 24 months it is hoped to incentivise owners to bring their properties back into use.
- 7.7 The number of empty homes account for over 2.7% of the dwellings in the borough. Therefore, addressing the empty homes issue can have a far-reaching and positive impact on the supply of affordable housing across Tameside and help plug the housing need gap at the same time.
- 7.8 Empty homes can also create wider social problems including vandalism, anti-social behaviour, crime and arson, which detract from the amenity of an area. This can increase demand on public services through complaints and required action by the Council, Police and Fire Service.
- 7.9 The Council receives approximately 430 complaints each year with regards to empty properties suggesting that they cause concern to our local communities and problems within our neighbourhoods.
- 7.10 The Affordable Homes Programme 2012-15 provided £100 million to kick start the national Empty Homes Programme. In March 2012 a Greater Manchester consortium bid secured just over £5 million from this programme. To date Tameside Council has received £260,000 investment to deal with empty homes locally.
- 7.11 If successful, the programme will bring 3,300 empty homes back into use nationally by March 2015, 461 residential properties back to life across Greater Manchester with Tameside committed to returning 50 homes back into use as part of the local programme. The programme is anticipated to continue for 2015-18 with Homes and Communities Agency mainstream funding.
- 7.12 The introduction of the New Homes Bonus provides a financial incentive for local authorities to tackle the problem of empty homes. However, information about empty home owners is limited, and the default position for most local authorities is to use enforcement powers to manage the associated problems.
- 7.13 Tameside Council has been working with a number of partners and stakeholders to develop approaches which will help to bring empty homes back into use. Funding secured through the Greater Manchester Combined Authority bid has been matched by Ashton Pioneer Homes and New Charter Housing Trust.
- 7.14 Effective partnership working with Registered Providers has enabled 70 empty homes to date located throughout the borough to be brought back to life through leasing and repair or purchasing and repair schemes.
- 7.15 Housing supply could also be increased by allowing changes to the use of buildings from commercial to residential to take place more easily. In December 2012 a publication acknowledged that empty commercial properties are a significant problem for many town centres. Where there is strong housing demand it is viewed that surplus empty commercial property could be put to better use as housing.
- 7.16 Legislation introduced at the end of May 2013 relaxed the rules on when planning permission is needed for change of use. The new rules are intended to assist regeneration and get empty and under-used buildings back into productive use.

- 7.17 Tameside Council is working with two owners whose commercial buildings have been empty for significant periods of time. Grant applications have been submitted that if successful will yield approximately £300,000 of investment that will help convert the two sites into 18 units of affordable housing.

Conclusions

1. Tameside has high levels of empty properties compared to its Greater Manchester counterparts.
2. Homes and Communities Agency grants and other financial incentives such as New Homes Bonus mean that it is now in the Council's financial interest to take this matter seriously.

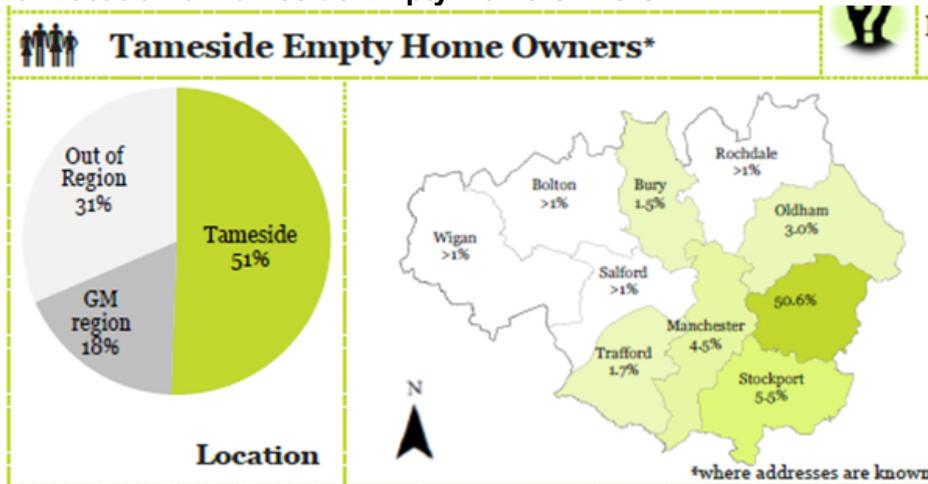
Recommendations

1. That engagement work with owners of empty commercial properties is supported with a view to increasing the number of commercial to residential conversions in the borough.
2. In order to engage with as many empty home owners as possible, advertisement notices be included on Council Tax letters signposting people to the scheme.

University of Salford

- 7.18 A unique partnership between Tameside Council and the University of Salford has provided the opportunity for the Council to develop innovation around engagement with support for owners to bring their homes back into use. This can be achieved by intelligent use of data and behavioural insight.
- 7.19 The Knowledge Transfer Partnership is funded by Innovate UK and AGMA's Homelessness Prevention Fund, with close partnership work between the University of Salford and AGMA, to explore new routes of engagement and deliver services differently.
- 7.20 The aim is to understand the barriers preventing empty home owners returning their properties back into use and looking at owners from a community perspective, understanding their behaviours, characteristics and service needs. Applying psychological insights into human behaviour to help explain decision-making, understanding how owners behave in order to tailor the engagement and use effective communication to nudge owners into action.
- 7.21 Previous engagement practices have been reactive and formal with untargeted communication and driven by enforcement which has alienated owners and proved ineffective.
- 7.22 A database of empty home owners has been created via the Knowledge Transfer Partnership with the University of Salford to develop an academic understanding of the needs of the owners and the reasons preventing them from returning their properties back into habitable use.
- 7.23 This has helped to identify that there are clusters of empty homes around town centres and develop a picture of the greatest density of empty homes. It has helped to identify that 15% of empty home owners are on low incomes and 70% live within Greater Manchester.

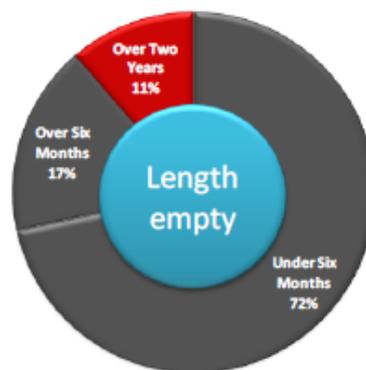
Figure 3: Location of Tameside Empty Home Owners



- 7.24 The figure above shows a map and pie chart detailing where Tameside empty home owners live. Over 50% of Tameside empty home owners reside within the borough which indicates there is no apparent geographical reason preventing the properties coming back into use.
- 7.25 It has also identified that 11% of empty homes have been vacant for over two years, which are classed as long-term empty. Data also shows that 17% have been empty for over six months and 72% have been empty for less than six months.

Figure 4: Length of Time Homes Have Been Empty

Only 11% of empty homes are long-term empty
 89% potential 'quick wins' - owners needing advice, signposting to support



Apr-14

- 7.26 The figure above shows the percentage of empty homes that have been empty for over two years, over six months and under six months.
- 7.27 It is important to target the 89% of owners whose properties have been empty for less than two years as the property may not have fallen into a bad state of disrepair and could be brought back into use in a relatively short space of time.
- 7.28 The research gathered has been used to develop and frame an empty home engagement strategy consisting of four stages: initiate, engage, support and assist. This process has helped to build better relationships leading to improved engagement with empty home owners.
- 7.29 A Tameside website was launched in September 2013 which has proved very effective with over 1,600 hits and empty home events have been attended by 120 of the owners. Social media has been utilised via a twitter account #emptytoplenty and 83 owners have sought advice from the team.

Conclusions

3. Working with the University of Salford has enabled Tameside Council to develop an innovative and sustainable approach towards support, consultation and engagement with empty home owners.
4. Evidence led research undertaken by the Council has been used to develop and frame the empty homes engagement strategy locally and across Greater Manchester.

Recommendations

3. That the success and best practice from the Knowledge Transfer Partnership project be evaluated and shared with partners.
4. That a portfolio of successful case studies be created and promoted through inclusion on the Council website to encourage recruitment.

Enforcement

- 7.30 Over the last 18 months the Council's preferred approach to addressing empty home ownership has been through engagement, intelligent use of existing data and behavioural insight. This approach is linked to choices and options available to empty home owners where their homes are in danger of becoming long term problems.
- 7.31 It is important to try to discover the deep rooted reasons why homes are empty in order to help or signpost individuals. Enforcement action is used as a last resort after all other possible options have been explored and utilised.
- 7.32 The Council has engaged and consulted with the owners of empty homes in an attempt to understand why they are empty and the barriers that prevent them from coming back into use. On-line surveys and events with key stakeholders and partners about empty homes have also been held.
- 7.33 Proactive work to understand why homes are empty and attempts to reach agreements have taken place across Tameside, with targeted work in areas where there are clusters of empty homes.
- 7.34 Over half of empty home owners have indicated that their properties are empty as they require renovation with two thirds not actively trying to sell or let. Affordability of renovation works and waiting for the right time to sell were other reasons cited for properties remaining empty.
- 7.35 Where agreement cannot be reached and for more entrenched problems and behaviours there are a range of powers available to local authorities to take action against owners. Options include service of Notice under a range of powers to require the owner to carry out repairs or improvements to address the poor condition or amenity of the property.
- 7.36 Potential powers include: the Housing Act 2004, if there are hazards that present a risk to neighbours or those who may be expected to visit the property; the Environmental Protection Act 1990, if the condition of the property is such that it is causing a statutory nuisance; and the Building Act 1984, if the building is dangerous or seriously detrimental to the safety or amenity of the area.
- 7.37 Other powers include the Town and Country Planning Act 1990, if the property is unsightly and an Empty Dwelling Management Order to work in agreement with the owner to bring a property back to use, which may involve taking over the management of the property for up to seven years.

- 7.38 The Enforced Sales Procedure can be used if there are outstanding debts, to recover the debts and to force the sale of the property or making a Compulsory Purchase Order to acquire the property and ensure its reuse or redevelopment.
- 7.39 The effective use of enforcement for entrenched empty homes has been utilised by the Council to address problems with residential properties. There are cases where action has been taken by using a joined up enforcement approach between Planning, Building Control and Housing Standards.

Figure 5: Before and After Photographs



- 7.40 The images above show the improvements that can be achieved through Council action.
- 7.41 Section 215 Notices can be issued and served on the owner and legal deputy requiring improvements to be made to the house and grounds. The Town and Country Planning Act 1990 can also be used if the condition of the property is considered to be adversely affecting the area.

Conclusions

5. Enforcement action is used as a last resort after all other possible options have been explored and utilised.
6. The Council has a range of options when action is needed against owners of unoccupied properties.

Recommendations

5. Joint working is further developed between the Council, the Police and the Fire Service to address and tackle the problems of empty homes.

Registered Providers

- 7.42 The Council has been working in close partnership with Ashton Pioneer Homes and New Charter Housing Trust via the Empty Homes programme to increase provision of affordable homes and reduce the number of empty homes.
- 7.43 Housing Associations entering the private rented sector introduce an element of competition, which has the ability to drive up management standards and performance. This can minimise the poor practices of the minority of non-compliant landlords operating in the borough.
- 7.44 The partnership has been further enhanced through the provision of the New Homes' Bonus. Based on the numbers the partnership has completed to date and before the end of the year, an approximate £400k for New Homes' Bonus will be generated over the next six years.

- 7.45 Ashton Pioneer Homes operate a lease and repair scheme which offers an easy and accessible way to secure the improvement of empty dwellings and achieve a guaranteed rental income from an empty home. The scheme enables eligible owners of empty homes to retain ownership whilst entering into an agreement to lease their property to Ashton Pioneer Homes for an initial six year period.
- 7.46 Once confirmed Ashton Pioneer Homes will make the necessary repairs to bring it back to a habitable standard, source suitable tenants, let the property and manage the tenancy. Future repairs and management costs are deducted from the rental income.
- 7.47 Eligibility for this scheme depends upon the condition of the property and estimated rental income. The property must have been empty for more than six months. Properties suitable for the scheme have been identified via collaborative work with the Council. These include homes that are of a size and type necessary to meet the housing needs of the area.
- 7.48 Other benefits include a full property management service including gas and electricity checks; buildings insurance; repairs service; no responsibility for Council Tax charges; free from Empty Property enforcement proceedings; and the property being returned to the owner at the end of the lease term in a good condition.
- 7.49 New Charter Housing Trust may be willing to purchase empty homes direct from owners and carry out the necessary repairs in order to bring them back into use, if the property has been empty for six or more months and they wish to sell. The price New Charter may pay will take into account the cost of any repairs required.
- 7.50 New Charter does not have to access mortgage finance and there is no chain involved in the purchase. Owners do not have to worry about renovating their empty home or incur estate agents fees, unless the house is already on the market with an agent.
- 7.51 This type of scheme can help tackle the problem of empty homes in the borough and support local housing needs. It is equally important to make the best possible use of the borough's social stock by continuing to address under occupation and overcrowding wherever possible.
- 7.52 A pro-active approach to engagement work with empty home owners has taken place via public events involving the Council, Registered Providers, the Fire and Rescue Service and energy providers with future events planned.

Figure 6: Example of proactive engagement



- 7.53 The images above show a postcard sent to over 2,000 empty home owners inviting them to attend a public event in August 2014. The consultation events have been very effective with over 60 home owners supported to bring their homes back into use.

- 7.54 The current funding programmes for Greater Manchester empty homes work ends on 31 March 2015. It is important that a Greater Manchester consortium approach to Affordable Homes Programme funding for empty homes continues.
- 7.55 A consortium approach reduces risk to individual partners by managing resources across a broad programme and connecting them to advice and support; enables shared capacity and expertise on issues such as enforcement options; and opens up possibilities around simplified procurement processes on a collective basis.
- 7.56 The consortium approach will also enable work with partners to maximise the collective capacity available to engage with owners and work with them to secure their commitment, share and explore alternative sources of investment linked with town centre regeneration and local neighbourhood approaches.

Conclusions

- 7. An increased partnership approach with our Registered Providers has contributed to the ongoing success of the Empty Homes Programme in Tameside.
- 8. There has been an increased provision of affordable homes and a reduction in the number of empty homes in the borough.

Recommendations

- 6. Further development work through joint working with district colleagues on a flexible revolving fund for empty properties.
- 7. That a Greater Manchester consortium approach to Affordable Homes Programme funding for empty homes beyond April 2015 continues to retain the momentum and approach adopted by the Council and its partners.

8. CONCLUSIONS

- 8.1 Tameside has high levels of empty properties compared to its Greater Manchester counterparts.
- 8.2 Homes and Communities Agency grants and other financial incentives such as New Homes Bonus mean that it is now in the Council's financial interest to take this matter seriously.
- 8.3 Working with the University of Salford has enabled Tameside Council to develop an innovative and sustainable approach towards support, consultation and engagement with empty home owners.
- 8.4 Evidence led research undertaken by the Council has been used to develop and frame the empty homes engagement strategy locally and across Greater Manchester.
- 8.5 Enforcement action is used as a last resort after all other possible options have been explored and utilised.
- 8.6 The Council has a range of options when action is needed against owners of unoccupied properties.
- 8.7 An increased partnership approach with our Registered Providers has contributed to the ongoing success of the Empty Homes Programme in Tameside
- 8.8 There has been an increased provision of affordable homes and a reduction in the number of empty homes in the borough.

9. RECOMMENDATIONS

- 9.1 That engagement work with owners of empty commercial properties is supported with a view to increasing the number of commercial to residential conversions in the borough.
- 9.2 In order to engage with as many empty home owners as possible, advertisement notices be included on Council Tax letters signposting people to the scheme.
- 9.3 That the success and best practice from the Knowledge Transfer Partnership project be evaluated and shared with partners.
- 9.4 That a portfolio of successful case studies be created and promoted through inclusion on the Council website to encourage recruitment.
- 9.5 Joint working is further developed between the Council, the Police and the Fire Service to address and tackle the problems of empty homes.
- 9.6 Further development work through joint working with district colleagues on a flexible revolving fund for empty properties.
- 9.7 That a Greater Manchester consortium approach to Affordable Homes Programme funding for empty homes beyond April 2015 continues to retain the momentum and approach adopted by the Council and its partners.

| | |
|--|--|
| Report To: | OVERVIEW (AUDIT) PANEL |
| Date: | 23 November 2015 |
| Executive Member / Scrutiny Panel: | Cllr Maria Bailey Chair of Place Scrutiny Panel Councillor Peter Robinson, Executive Member (Transport and Land Use) |
| Subject: | REVIEW OF GROUNDS MAINTENANCE |
| Report Summary: | The Chair to Place Scrutiny Panel to comment on the Executive Response (Appendix1) to the Scrutiny review of the Grounds Maintenance and the recommendations made to support future services – Appendix 2 . |
| Recommendations: | That the Overview (Audit) Panel note the Executive Response to the recommendations detailed in section 9 of Appendix 1 . |
| Links to Community Strategy: | This review supports the Community Strategy priorities relating to 'Supportive Tameside' and 'Attractive Tameside'. |
| Policy Implications: | The review itself has no specific policy implications. Should the recommendations of this report be accepted by the Tameside Council's Executive, the relevant services will need to assess the policy implications of putting individual recommendations in place. |
| Financial Implications: (Authorised by the Section 151 Officer) | There are no direct financial implications as a result of this report. |
| Legal Implications: (Authorised by the Borough Solicitor) | The Council needs to assure itself that resources are being used efficiently and effectively to deliver priority services. It may be that as we go forward and the Council needs to deliver services with 30% less budget that the services and/or recommendations are no longer deliverable and this needs to be kept under review so there is a clear rationale. |
| Risk Management: | Reports of Scrutiny Panels are integral to processes which exist to hold the Executive of the authority to account. |
| Access to Information: | The background papers relating to this report can be inspected by contacting Paul Radcliffe by:  Telephone: 0161 342 2199  e-mail: paul.radcliffe@tameside.gov.uk |

Post Scrutiny - Executive Response

In Respect of: Scrutiny Review of Grounds Maintenance
Date: 13 August 2015
Executive Member: Councillor Peter Robinson (Transport and Land Use)
Coordinating Officer: Nick Sayers, Head of Environmental Operations and Greenspace

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|---|-----------------------|--|------------------------|---------------------|
| 1. The Council's working relationship with Green Charter is further enhanced to support future tree inspections and to ensure a consistent approach is adopted for a range of issues such as fly tipping. | Accepted | We have recently tendered for the Arboriculture work for Green Charter and await their decision. They also accompany our cleansing teams when they carry out the zonal sweeps within their Housing Estates. Neighbourhood Services and Waste Services work in partnership with New Charter to identify evidence found within any illegal dumping and also carry out enforcement as part of their monthly Action Day's. | Nick Sayers | Ongoing |

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|--|-----------------------|---|------------------------|---------------------|
| 2. In order to enhance community involvement with the maintenance of the borough's greenspaces the Council look to increase the promotion, marketing and publicity of grounds maintenance schemes and extend the remit of the community growing project. | Accepted | Greenspace have a volunteer conservation programme which is circulated to members and included on the Council website and social media. This programme offers a wide range of operational activities and attracts volunteers from across the borough. The Service also engages with larger businesses i.e. British Gas, Brother UK who as part of their volunteer days carry out tasks across the Borough. "Diggin Tameside" is working with further groups across the Borough including schools, community groups and resident associations. | Nick Sayers | Ongoing |
| 3. The Youth Offending Team explores working closer with community groups and voluntary organisations to identify future areas of work in the borough. | Accepted | Alongside the work with Greenspace, the Youth Offending Team works with a number of local churches across the borough, a community centre and one of the allotment sites in the borough. The YOT has also worked on the grounds of some of the local authority run buildings such as the Linden Centre, the Denton Centre and plans are in place to complete some work at Jubilee Gardens. Specific placements have been arranged for young people in a range of local charity shops in Ashton under Lyne and Hyde and work has been completed with the Dogs Trust to look at specific opportunities for young people to work with them. | Sally Dickin | Ongoing |

| Recommendations | Accepted/ Rejected | Executive Response | Officer Responsible | Action By (Date) |
|---|-----------------------|--|------------------------|---------------------|
| 4. In order to help young people build their skills the Youth Offending Team look to create links with housing associations to offer more varied work. | Accepted | The Youth Offending Team currently works with New Charter to complete identified tasks on some of their empty properties in preparation for new tenants moving in. This tends to be, but is not exclusively, the flats that are occupied by young people through the Local Authority. There is scope for this work to be built upon and opportunities for young people to get involved in additional pieces of work are always being sought. | Sally Dickin | Ongoing |
| 5. Options are explored to expand the offer between Community Payback with other Council services in order to widen the existing area of work and incorporate maintenance jobs. | Accepted | In additional to the supervised Probation Teams we have now introduced a 'Buddy Up' scheme where low risk offenders are integrated within our operational teams and are mentored by front line staff. This scheme is now being trailed on Saturdays. | Nick Sayers | Ongoing |
| 6. That work is undertaken to expand work and education based partnerships with Registered Social Landlords and land owners across the borough. | Accepted | The recommendation has been accepted with a view that expanding work and education for land owners is a primary goal for the service. However, due to capacity issues there is currently no available option for work to be expanded wider. Work will be ongoing to prepare should the current position change and further options will be explored and considered. | Jane Massam | Ongoing |

APPENDIX 2

1. INTRODUCTION BY THE CHAIR OF THE STRENGTHENING THE ECONOMY AND COMMUNITIES SCRUTINY PANEL

- 1.1 I am very pleased to present this review of Grounds Maintenance undertaken by the Strengthening the Economy and Communities Scrutiny Panel during 2015.
- 1.2 The maintenance of the borough's parks and greenspaces is an integral part to the appearance and physical attractiveness of the borough. Well maintained areas demonstrate a sense of pride and help to make the environment attractive, vibrant and sustainable.
- 1.3 Despite being faced with budget reductions of almost 50% Tameside's Operations and Greenspace Service has made significant operational changes to the way services are delivered across the borough. A direct approach has also been taken to explore a sustainable approach towards grounds maintenance.
- 1.4 The move towards sustainable planting methods includes greater use of turf and the utilisation of perennial shrubs and reducing bedding plants in the borough. This has helped to ensure that Tameside's parks and greenspaces remain attractive and vibrant places throughout the year.
- 1.5 In addition to the service redesign and a greater emphasis on sustainable planting, different ways of working have been adopted to enhance partnerships and introduce a greater involvement of volunteers and community groups to assist with the maintenance of the borough's parks and greenspaces. Working with communities helps improve the borough for the benefit of all.
- 1.6 The new service, which works with community partners such as the Probation Service, is more responsive to and embedded in its communities helping to make the environment cleaner, reduce service demand and support residents and ex-offenders back into work.
- 1.7 The Operations & Greenspace Team have won the Efficiency Award of the Local Government Chronicle Awards 2015 following its radical service redesign to deliver improvements.
- 1.8 On behalf of the Scrutiny Panel, I would like to thank all those who have participated in this review.

2. SUMMARY

- 2.1 The operational practices of the Council's Neighbourhood Operations and Greenspace Team have changed since April 2013 with a clear shift towards multi-functional working, multi-skilled teams and a sustainable approach towards grounds maintenance and planting in the borough.
- 2.2 There has been a greater involvement of community groups and volunteers taking ownership of the greenspaces of their local areas. This is in addition to work on community allotments by Mind, British Heart Foundation and the Stroke Association which has assisted with rehabilitation and recovery programmes.

3. MEMBERSHIP OF THE PANEL – 2014/15

Councillors Whitehead (Chair), Bailey (Deputy Chair), Buckley, Cooper, Drennan, Fowler, A Holland, Kinsey, I Miah, Ryan, T Smith, Sweeton, F Travis, Welsh, White.

4. TERMS OF REFERENCE

Aim of the Review

- 4.1 To explore the effectiveness of a sustainable approach to grounds maintenance and the impact that an increase in volunteers and community groups has had on the borough.

Objectives

- 4.2
- 1) To explore the impact that changes have had on operational practices of the Neighbourhood Operations and Greenspace team
 - 2) To consider the effectiveness of sustainable planting within the borough
 - 3) To examine the effects of an increased involvement of community groups and volunteers
 - 4) To explore new initiatives, such as the community allotments project
 - 5) To examine the work of partners including Community Payback, Tameside College and New Charter
 - 6) To produce workable recommendations for the Council and partners

Value for Money/Use of Resources

- 4.3 This review will support the corporate priority 'Place' by promoting cleaner, greener and safer neighbourhoods, strengthening town centres and supporting a cultural offer that attracts people to the borough.

Equalities Issues

- 4.4 Over the past 18 months Tameside's Operations and Greenspace Service has changed the way services are delivered across the borough. With budget reductions of nearly 50% and limited resources demand has remained at the same level. Different ways of working and operating has been adopted with increased partnership work and a greater use of volunteers and community groups. This has helped to tackle unemployment, isolation and mental health issues and get resident's active.

People and Place Scorecard

- 4.5 The following targets from the People and Place Scorecard relate to the Grounds Maintenance review.

| | |
|------------------|---------------------------------------|
| Strong Community | - Get on Well Together / Volunteering |
|------------------|---------------------------------------|

5. METHODOLOGY

- 5.1 The Panel met with Nick Sayers, Head of Neighbourhood Operations and Greenspace, Tameside MBC, to receive an overview of grounds maintenance in the borough.
- 5.2 The Panel met with Nicola Marshall, Greenspace Development Manager, to understand the extent of community engagement and the role of volunteers.
- 5.3 The Panel met with Barry Wilson, Assistant Community Payback Operations Manager to receive information on their contribution to the maintenance of the borough's greenspaces.
- 5.4 The Panel met with Sally Dickin, Deputy Head of the Youth Offending Team and Jamie Cannon, Youth Offending Team Practitioner, to receive information on their contribution to the maintenance of the borough's greenspaces.

- 5.5 The Panel met with Jane Massam, Tameside College, to learn about the partnership work between the College and the Greenspace team.
- 5.6 The Panel met with David Wrigley, Head of Green Charter and Clean Care, to hear about their sustainable approach to grounds maintenance.

6. BACKGROUND TO THE REVIEW

- 6.1 The re-design of Neighbourhood Operations & Greenspace Services has created new ways of working which has changed the way services are delivered and further developed job roles.
- 6.2 The utilisation of man power and improvements to equipment has ensured that standards across the borough have been maintained. A flexible and reactive approach has been adopted towards issues that arise in the borough in order to tackle hot spots and areas of concern.
- 6.3 This review has explored the effectiveness of the changes to operational practices and the impact that an increase in support and volunteering has had on the maintenance of the borough's parks and greenspaces.

7. REVIEW FINDINGS

Operations and Greenspace

- 7.1 Despite budget reductions there have been improvements to the maintenance of the borough's parks and greenspaces through better use of resources, efficient use of machinery, teams of multi-skilled staff and a sustainable approach to grounds maintenance.
- 7.2 In addition to grounds maintenance the Council's Neighbourhood Operations & Greenspace service is also responsible for a number of front line services such as street cleansing, playgrounds, countryside and parks.
- 7.3 In the past each function was managed and delivered by the separate District Assembly areas, however, as part of the service re-design all services have become centrally managed.
- 7.4 The teams have four tractors and eight ride on mowers covering an area of 1.2million square metres every fortnight. A zonal approach is used which consists of ten equally loaded zones with all jobs in an area combined and undertaken at the same time.
- 7.5 Additional budget savings have resulted in the reduction of two multi-skilled teams. There are three multi-skilled teams covering the North part of the borough and three for the South, with the majority of staff based at Hyde depot. The co-location of staff has helped create and deliver a consistent approach to grounds maintenance across the borough.
- 7.6 In order for the service to maintain all areas effectively a shift was made towards the use of turf and sustainable planting methods. Sustainable planting is now used across Tameside in the borough's parks and greenspaces, utilising perennial shrubs and bedding plants as opposed to seasonal planting methods.

Figure 1: Sustainable Planting in the Borough



- 7.7 The images above show examples of the sustainable planting methods used in Tameside.
- 7.8 The restructure highlighted the benefits that are achievable by encouraging communities to take action and ownership for their local areas. Work has been undertaken to increase engagement with residents with a view to working with key partners and establishing friends groups.
- 7.9 Partnership work with Tameside College has enabled an NVQ in Horticulture to be offered providing students with an opportunity of practical work within the borough to enhance their theoretical studies. Students can use an allotment in Hyde and up to eight students work in Stamford Park on a weekly basis.
- 7.10 Other partnership work includes Routes to Work, Job Centre Plus, New Charter Housing Trust and corporate responsibility days from businesses such as British Gas, Brother, Royal Bank of Scotland and TSB.
- 7.11 There is a Service Level Agreement with the Community Payback Team who assist with cutting vegetation across ten hotspots in the borough with involvement from the Council's Youth Offending Team.
- 7.12 Collaborative work with Green Charter is also carried out, particularly around wider and cross cutting issues such as Japanese Knotweed and Tree Management. However, this could be supported further via a common tree policy and management system so that both service areas provide a consistent response.

Conclusions

1. Improvements have been made to parks and greenspaces through better use of resources and a sustainable approach to grounds maintenance.

Recommendations

1. The Council's working relationship with Green Charter is further enhanced to support future tree inspections and to ensure a consistent approach is adopted for a range of issues such as fly tipping.

Community Engagement

- 7.13 A variety of friends groups and volunteers are actively engaged with their local environment and help carry out a wide range of tasks including maintenance work, event planning, leading walks and educational visits. Positive feedback has been received from those involved and the public who benefit from their hard work.
- 7.14 Corporate volunteering programmes have been increased with groups working on particular projects. Conservation work provides an opportunity to do something completely different and can help with team building projects. The companies can also benefit from a greater presence in the area and giving something back to the local community.

Figure 2: Volunteer Statistics over a 12 Month Period

| | Volunteer Hours | Corporate Hours |
|-----------------------|-----------------|-----------------|
| November 2013 | 1332 | |
| December | 1176 | 24 |
| January 2014 | 1494 | |
| February | 1296 | 48 |
| March | 1422 | 36 |
| April | 1296 | 108 |
| May | 1224 | |
| June | 1536 | 210 |
| July | 1776 | |
| August | 1470 | 120 |
| September | 1362 | 108 |
| October | 1548 | 114 |
| Total | 16932 | 768 |
| Monetary Value | £140,535 | £6,374 |

- 7.15 Volunteers make a vital contribution to the maintenance of the borough's parks and greenspaces. The table above shows the hours worked by volunteers and corporate volunteers over a 12 month period with the equivalent monetary value.
- 7.16 Close links with Public Health have been created to look at common aims and ways greenspaces can be promoted and utilised as a venue for people to improve their health and encourage more informal outdoor exercise.
- 7.17 Projects are being developed for walking trails, increasing health walks and creating more community growing spaces with targeted provision for areas in the greatest need which will assist with the maintenance of the borough's greenspaces. Work is also being carried out with Active Tameside for the development of a run/walk route around Stalybridge Country Park.
- 7.18 Collaborative work with colleagues in the Neighbourhood Team and Pennine Care has helped to deliver a family walk for members of the Zest group in Hattersley. The event was developed to encourage participation with the events programme and to create a sense of ownership for the local greenspace.
- 7.19 Events are held in the borough's greenspaces every weekend of the year and also school holidays through working with volunteers to encourage community involvement. These free, local events are easily accessible for residents and appeal to a broad section of society. Events range from large family fun days in parks to hikes across the countryside.
- 7.20 The approaches outlined above will help to ensure that the borough's parks and greenspaces are being maintained and instil a sense of community pride and ownership. They encourage people to spend time outdoors, meet others in the community and improve people's mental and physical health.
- 7.21 There is a high demand for Allotments within Tameside with a waiting list for all sites demonstrating that there is a keen interest in growing fruit and vegetables. The Service encourages projects such as the new community garden at Waterloo Park and the Orchard at Hyde Park. The Operations and Greenspace team are supporting colleagues in the Neighbourhood Teams with the Diggin' Tameside project.
- 7.22 Community plots are provided on existing sites for organisations such as MIND, the British Heart Foundation and the Stroke Association which assists with people's recovery programmes and rehabilitation.

Conclusions

2. Friends groups and volunteers are becoming more engaged with their local environment carrying out a wide range of maintenance tasks.
3. Close links with the Public Health team have been created in addition to joined up work with Neighbourhood Teams and Pennine Care to promote Tameside's greenspaces.

Recommendations

2. In order to enhance community involvement with the maintenance of the borough's greenspaces the Council look to increase the promotion, marketing and publicity of grounds maintenance schemes and extend the remit of the community growing project.

Youth Offending Team

- 7.23 The Youth Offending Team (YOT) has been working closely with the Greenspace Team to get involved with the maintenance of local parks. Young people, aged twelve to seventeen, have been involved with the upkeep of flower beds, trimming and pruning of bushes, edging of grass verges and path clearing.
- 7.24 Job specifications for some parks have been set and agreed, incorporating the aforementioned tasks and the frequency with which they need to be performed. The YOT has agreed that a group of young people will support upkeep and perform agreed tasks on a minimum of a weekly basis.
- 7.25 The work is carried out in areas where the young people live to improve attachment, respect and sense of belonging to their community. Working alongside others can also help create an improved sense of value and worth.
- 7.26 Once the YOT have completed a session at one of the parks, a description of the tasks undertaken and work completed is forwarded to the Operations Supervisor. The Operations Supervisor can request specific tasks in direct response to events in the community, for example removal of leaves from playground areas or football pitches following a bad storm.

Figure 3: Leaf Collection and Flower Bed Preparation at Oxford Park



- 7.27 The images above show the positive contribution carried out by young people in community parks.
- 7.28 Young people involved with the YOT must all complete a number of hours of reparation that can vary from two hours to a maximum of thirty six hours. This work is completed throughout the course of their order and is often undertaken in small groups; in some instances it is necessary for the work to be completed on a one to one basis.

- 7.29 Sessions last for a period of two hours outside of the school day and the Greenspace team provide young people with the necessary safety equipment and tools. Young people who complete unpaid work hours dedicate twenty five per cent of their time to education, training and employment.
- 7.30 An offer for young people aged sixteen and seventeen, who are made the subject of an Unpaid Work Requirement, is currently under development. This provision has previously been delivered by the Probation Service, however, changes in funding streams has meant that the YOT will now be providing unpaid work hours.
- 7.31 This change is designed to ensure that the young people receive some form of educational input when completing their hours and can evidence that time spent completing their order has helped them to progress their skills and knowledge, supporting them to become positive members of their community.
- 7.32 Work is ongoing with the Greenspace team to look at how the YOT can use the links that they have with Tameside College to help tailor make the offer to young people. A programme is due to be established that results in some form of accreditation for young people and utilises the work completed in the parks as evidence towards accreditation.

Conclusions

4. The Youth Offending Team has been working closely with the Greenspace programme by assisting with the maintenance of local community parks.

Recommendations

3. The Youth Offending Team explores working closer with community groups and voluntary organisations to identify future areas of work in the borough.
4. In order to help young people build their skills the Youth Offending Team look to create links with housing associations to offer more varied work.

Community Payback

- 7.33 The Probation Trust is now run by Purple Futures via a partnership headed by Interserve, a support service and construction company, with Addaction, who deal with drug and alcohol misuse, a social enterprise company and Shelter.
- 7.34 During 2014 Community Payback completed over 10,320 hours work on behalf of Tameside Council. If these hours were converted to the minimum wage this would equate to a cost of £67,080.
- 7.35 Necessary tools, fuel, transport and supervisory costs are included in the annual contribution made by Community Payback to facilitate the partnership. Monthly meetings are held where work undertaken is assessed and schedules of work are discussed and disseminated.
- 7.36 Jobs include cut backs, clearances and litter picking, which is divided into six zones, with work completed three days a week over a two week period. This helps to provide clean and safe environments throughout the borough for the public to enjoy.
- 7.37 Work is carried out across the borough in groups of up to ten offenders that are managed by a Probation supervisor. Larger tasks are allocated double groups who can be directed to hotspots in the borough.

- 7.38 Suitable low risk offenders are identified as part of the 'Buddy Up' Scheme and integrated within the Operational Teams. These individuals are managed by Operations and Greenspace frontline staff.
- 7.39 Following the completion of their community hours the service has received some excellent feedback from offenders with some opting to continue as volunteers.
- 7.40 Partnership work is carried out with Manchester College who work with offenders and assist them in gaining NVQ's. The Operations and Greenspace team are currently looking at various tasks to assist with the rehabilitation of offenders completing their unpaid work.
- 7.41 This approach helps improve community outcomes in addition to assisting people to return to work following a prison sentence. Offenders gain valuable work experience at the same time as obtaining qualifications and remaining out of the criminal justice system.

Conclusions

- 5. During 2014 Community Payback completed over 10,320 hours work on behalf of Tameside Council.
- 6. It can be beneficial to the local community for offenders who are subject to a Community Punishment Order to complete the appropriate work in the borough where they reside.

Recommendations

- 5. Options are explored to expand the offer between Community Payback with other Council services in order to widen the existing area of work and incorporate maintenance jobs.

Tameside College

- 7.42 During the 2014/15 academic year, Tameside College has offered a Horticulture course for its students. A partnership with the Council has been created to provide a practical element to the course to compliment the academic offer.
- 7.43 The relationship between Tameside College and the Council allows students to make use of local parks and sports fields as a resource which in turn assists the Council in maintaining the borough's parks and greenspaces.
- 7.44 There are 7 full-time students studying Horticulture at Level 1 or 2, aged between 16 and 50. They work on a weekly basis at an allotment in Hyde Park and Stamford Park. Horticulture taster sessions are offered to entry level students studying different courses who work alongside the full-time students on a weekly basis at Stamford Park.
- 7.45 Prospects Horticulture is undertaken by up to 7 young students aged between 16 and 22 who benefit from practical teaching environments and there are 14 Pathways Students aged 16 to 18 with Special Educational Needs. They carry out occasional work at Stamford Park and with Tameside Countryside Rangers.
- 7.46 Engagement work to promote the course has been undertaken at career events across the borough. Promotional material has been sent to secondary schools in Tameside and surrounding areas with greater use of social media, such as Facebook and Twitter.
- 7.47 A programme of weekly tasks is created which includes, pruning, planting, landscaping, bedding borders, weeding, leaf clearing and general tidy up. This model provides students with an insight into how a park is managed, what is involved in delivering Council services whilst maintaining parks and public areas.

Figure 4: Tameside College Students Horticultural Work



- 7.48 The images above show work undertaken by Tameside College students.
- 7.49 The partnership ensures students have access to practical activities which is essential for high quality teaching, learning and assessment. Combined with the real work environment, this makes the experience the students receive one of the best models for delivery of a Horticultural course in the country.
- 7.50 The standards of Horticulture in Stamford Park are very high and the students are involved in a wide range of activities. A validation visit from City and Guilds has commended the renovation work and new planting opportunities that the students are taking part in.
- 7.51 The partnership has provided a wealth of learning opportunities and experiences for the students. They are making a real difference and having a positive impact on their local environment.

Conclusions

7. In partnership with the Council, Tameside College offer a Horticultural course to students with a practical work element in the borough's parks and greenspaces.

Recommendations

6. That work is undertaken to expand work and education based partnerships with Registered Social Landlords and land owners across the borough.

Green Charter

- 7.52 Green Charter is part of the New Charter Housing Trust Group and was created in 2012 to deliver Grounds Maintenance services. The team is located on Globe Lane, Dukinfield with local work carried out by seven teams covering the entire footprint across the borough.
- 7.53 In addition to a core number of permanent staff, a selection of seasonal staff are employed during the busy summer months for approximately 26 weeks on a 45 hour weekly contract. They are active members of the team and are involved in team building activities.
- 7.54 The teams provide a cut and collect service during the first cut in March and then a mulching system which disperses the grass across the areas cut. This is done fortnightly until September/October after which time winter maintenance work is undertaken.
- 7.55 The team have access to hand held equipment and ride on and pedestrian mowers which are hired through an existing Service Level Agreement. Efficiency savings have been made which are invested in equipment and other service improvements.

- 7.56 Grounds maintenance services are provided for other departments within the New Charter Group and also to wider organisations such as other housing providers and neighbouring authorities.
- 7.57 All staff have received additional training to undertake tree work although any specialist work is sub contracted to an approved contractor. Permanent staff are provided with the opportunity to partake in a Horticultural NVQ which takes 12-18 months to complete.
- 7.58 The service is always looking for ways to improve and the views of customers are collected through resident monitors and a scrutiny group. Results show that service satisfaction has improved from under 30% prior to 2012 to over 92%.

Conclusions

- 8. Green Charter is part of the New Charter Housing Trust Group and was created in 2012 to deliver grounds maintenance services.

8. CONCLUSIONS

- 8.1 Improvements have been made to parks and greenspaces through better use of resources and a sustainable approach to grounds maintenance.
- 8.2 Friends groups and volunteers are becoming more engaged with their local environment carrying out a wide range of maintenance tasks.
- 8.3 Close links with the Public Health team have been created in addition to joined up work with Neighbourhood Teams and Pennine Care to promote Tameside's greenspaces.
- 8.4 The Youth Offending Team has been working closely with the Greenspace programme by assisting with the maintenance of local community parks.
- 8.5 During 2014 Community Payback completed over 10,320 hours work on behalf of Tameside Council.
- 8.6 It can be beneficial to the local community for offenders who are subject to a Community Punishment Order to complete the appropriate work in the borough where they reside.
- 8.7 In partnership with the Council, Tameside College offer a Horticultural course to students with a practical work element in the borough's parks and greenspaces.
- 8.8 Green Charter is part of the New Charter Housing Trust Group and was created in 2012 to deliver grounds maintenance services.

9. RECOMMENDATIONS

- 9.1 The Council's working relationship with Green Charter is further enhanced to support future tree inspections and to ensure a consistent approach is adopted for a range of issues such as fly tipping.
- 9.2 In order to enhance community involvement with the maintenance of the borough's greenspaces the Council look to increase the promotion, marketing and publicity of grounds maintenance schemes and extend the remit of the community growing project.
- 9.3 The Youth Offending Team explores working closer with community groups and voluntary organisations to identify future areas of work in the borough.

- 9.4 In order to help young people build their skills the Youth Offending Team look to create links with housing associations to offer more varied work.
- 9.5 Options are explored to expand the offer between Community Payback with other Council services in order to widen the existing area of work and incorporate maintenance jobs.
- 9.6 That work is undertaken to expand work and education based partnerships with Registered Social Landlords and land owners across the borough.

This page is intentionally left blank