

STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 24 July 2019
Time: 1.00 pm
Place: Committee Room 1 - Tameside One

Item No.	AGENDA	Page No
1.	WELCOME AND 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.	URGENT ITEMS	
4.	ITEM FOR EXCLUSION OF PUBLIC AND PRESS To determine any items on the agenda, if any, where the public are to be excluded from the meeting.	
5.	MINUTES OF THE PREVIOUS MEETING The Minutes of the meeting of the Strategic Commissioning Board held on 26 June 2019 to be signed by the Chair as a correct record.	1 - 10
6.	FINANCIAL CONTEXT	
a)	MONTH 2 CONSOLIDATED REVENUE MONITORING REPORT To consider the attached report of the Executive Member for Finance and Economic Growth / Director of Finance.	11 - 22
7.	COMMISSIONING FOR REFORM	
a)	FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH BUSINESS CASE To consider the attached report of the Executive Member for Adult Social Care and Population Health / Interim Director of Commissioning / Clinical Lead for Mental Health	23 - 36
b)	NEW SUPPORTED LIVING SCHEMES - ACCOMMODATION FOR PEOPLE WITH A LEARNING DISABILITY To consider the attached report of the Executive member for Adult Social Care and Population Health / Director of Adult Services	37 - 50

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Michael Garraway, Democratic Services Business Manager, to whom any apologies for absence should be notified.

Item No.	AGENDA	Page No
c)	UPDATE ON ROUGH SLEEPING IN TAMESIDE & THE "A BED EVERY NIGHT" SERVICE To consider the attached report of the Executive Member for Housing, Planning and Employment / Assistant Director of Operations and Neighbourhoods	51 - 58

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Michael Garraway, Democratic Services Business Manager, to whom any apologies for absence should be notified.

STRATEGIC COMMISSIONING BOARD

26 June 2019

- Present:** Dr Ashwin Ramachandra (Chair) – NHS Tameside and Glossop CCG
Councillor Bill Fairfoull – Tameside MBC
Councillor Warren Bray – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Dr Jamie Douglas – NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Dr Christine Ahmed – NHS Tameside and Glossop CCG
- In Attendance:** Stephanie Butterworth Director of Adult Services
Richard Hancock Director of Children's Services
Pat McKelvey Head of Mental Health & Learning Disabilities
Ali Rehman Integrated Performance & Intelligence Service
Manager
Jessica Williams Interim Director of Commissioning
- Apologies for Absence:** Councillor Brenda Warrington – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Councillor Oliver Ryan – Tameside MBC
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG
Dr Asad Ali – NHS Tameside and Glossop CCG

1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2 MINUTES

Consideration was given to the minutes of the meeting of the Strategic Commissioning Board held on 28 April 2019.

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 28 April 2019 be approved as a correct record and signed by the Chair.

3 STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST – CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 31 MARCH 2019

Consideration was given to a report of the Director of Finance which stated that for the 2018/19 financial year the Integrated Commissioning Fund had spent £588,974k, against a net budget of £589,000k. Meeting financial control totals and delivering an underspend of £26k. This overall underspend at a global level had only been possible as a result of non-recurrent financial interventions and it should be noted that contained within this position are several directorates with significant overspend, including Children's Services which has spent £8,043k in excess of budget. Against an authorised deficit position of £23,370k, the actual deficit position at the Integrated Care Foundation Trust was £23,348k, £22k better than target.

The Director of Finance reported that 94% of savings target had been met with the short fall of £2,062k having been addressed non-recurrently to ensure that financial control totals were met.

RESOLVED

That the year-end financial position across both the Strategic Commission and the Integrated Care Foundation Trust be noted.

4 QUALITY ASSURANCE

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

The Director of Quality and Safeguarding referred to a learning disability mortality review from which emerging learning themes included an Annual Health Check Uptake and Quality of Health Action plans. Good Practice themes identified included; Reasonable Adjustments and the use of the Hospital Passports. Each of these would be incorporated into improving practice shared directly with relevant Providers, GPs, or commissioners for appropriate real time action.

RESOLVED

That the report be noted.

5 PERFORMANCE UPDATE

Consideration was given to a report of the Assistant Director Policy, Performance and Communications providing the Strategic Commissioning Board with a Health and Care performance update.

The Assistant Director for Policy, Performance and Communications highlighted information contained within the Health & Care Dashboard which included exception reporting for measures which are areas of concern, such as where performance was declining and/or off target. Additionally Members were advised on other intelligence / horizon scanning including updates on issues raised by Strategic Commissioning Board Members. A more detailed review of performance across a number of measures was reported in a thematic area based on the latest published data at the end of March 2019.

Members were advised the A&E performance for April was 86.0% for Type 1 & 3 which was below the target of 95% nationally. Underlying demand continued to grow, a consequence of increased acuity including the beginning of a seasonal effect, and increased bed occupancy. There had been a decline in referrals to treatment within 18 weeks. This was primarily due to local GP referrals, but also increases from commissioners outside of Trafford and Manchester, including ENT, cardiology and paediatrics.

Members of the Strategic Commissioning Board sought assurances over the actions taken to alleviate the rise in demand for MRI and Non Obstetric Ultrasound at the Salford Royal Foundation Trust. Members were reassured that those patients waiting 52 weeks or over for treatment were progressing and underlying issues had been resolved.

RESOLVED

That the report be noted.

6 ONE EQUALITY SCHEME ANNUAL REVIEW 2019

Consideration was given to a report of the Executive Leader / Executive Member for Lifelong Learning, Culture and Heritage / Assistant Director of Policy, Performance and Communications detailing the annual review of the One Equality Scheme.

The Assistant Director of Policy, Performance and Communications advised that the One Equality Scheme 2018-22 is the first joint equality scheme of Tameside & Glossop Strategic Commission (Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group). Such arrangements had enabled the successfully establishment of a joint approach and shared vision for the equality and diversity of residents, patients and service users across Tameside and Glossop. The scheme sets out how the Council and CCG strived to reduce the impact of inequality and improve the lives of the most vulnerable members of our communities, committed to ensure that our ethos towards equality and diversity is embedded within everything we do to design and delivery a range of services.

RESOLVED

That the Executive Cabinet be recommended to approve the draft of the One Equality Scheme Annual Review 2019 for publication.

7 REQUIREMENTS FOR REVIEW OF CHILD DEATHS IN GREATER MANCHESTER

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Director of Quality and Safeguarding / Ashwin Ramachandra (Chair) – NHS Tameside and Glossop CCG which outlined the arrangements required for Tameside Local Authority and Tameside & Glossop Clinical Commissioning Group to meet the statutory requirement for reviews of deaths of all children 0-18 years. The report detailed suggested reporting structures for the child death review process to GM Health and Wellbeing Boards.

The Director of Quality and Safeguarding reported that recommendations contained within the report had been produced and agreed on behalf of the Greater Manchester Directors of Children's services and Directors of Nursing CCGs and Directors of Population Health to scope the current arrangements; and to make recommendations as to changes required to meet the statutory guidance for the review of child deaths

Members were advised that following revisions to guidance in 2108 a review had been undertaken to ensure that commissioners and providers of health and social care services within Greater Manchester were clear of the statutory requirement for reviews of deaths of all children 0-18 years to be carried out, to ensure that there are clear reporting structures of the findings of deaths of children and young people, to have clear procedures in place to use data gathered, through various review arrangements, to use information gathered to prevent further deaths and ensure that effective services are commissioned and provided to families who have suffered bereavement through the death of a child.

RESOLVED

- (i) That Health Commissioners and Providers across Greater Manchester are required to understand and implement systems to ensure mortality reviews of all children who have died within their services are carried out using a multi-agency model of review, including commissioners and providers of public health services, be noted and approved.**
- (ii) That Partners other than health services to understand the requirement of practitioners in their agencies to participate in all mortality reviews as necessary be noted and approved.**
- (iii) That a review of procedures and services within acute trusts by health providers and commissioners to ensure that services to meet the needs of families where the death of a child has occurred are effective, be noted.**

- (iv) That agreed information sharing between health providers and Child Death Overview Panels to ensure that all reviews of deaths of children are shared with Child Death Overview Panels, be noted and approved.
- (v) That revision of current sudden unexplained deaths of children policy and mortality review policies to ensure that information sharing and involvement in reviews of deaths of children include the sudden unexplained deaths of children paediatric staff as necessary be noted and approved.
- (vi) That agreement is required across CCG areas of whether there is a perceived need for a discrete role of designated doctor for child deaths including funding arrangements if this is necessary, be noted and approved.
- (vii) That the agreement of continuation of current funding arrangements for sudden unexplained deaths of children by all 10 CCG areas, be noted and approved
- (viii) That the agreement reached between sudden unexplained deaths of children service and acute trusts about the management and review of some cases of unexpected deaths which may occur within the acute trust setting be noted and approved.
- (ix) That responsibility for Governance arrangements for CDOP to be transferred to Health and Wellbeing Boards be noted and approved.
- (x) That the continued agreement for the funding of CDOP administrators be noted and approved.
- (xi) That the agreement that current arrangements for funding of the CDOP administrator role are reviewed across Greater Manchester to ensure that there is capacity to carry out revised role and to ensure that databases can be maintained, be noted and approved.
- (xii) That the joint decision making as to the most appropriate holder for the transfer of budgets for CDOP from LSCBs to alternative arrangements for CDOP. This includes budgets for maintaining databases, be noted and approved.
- (xiii) That the continued support for the current Greater Manchester CDOP arrangements from commissioners of health services and their partners be noted.
- (xiv) That the role of public health partners in leading CDOPs roles needs to be established, be noted.

8 PRIMARY CARE NETWORKS - DEVELOPMENT UPDATE

Consideration was given to a report of Dr Kate Hebden and Dr Vinny Khunger, CCG Governing Body GPs and the Interim Director of Commissioning, setting out the proposals for the establishment and early delivery phase of Primary Care Networks within Tameside and Glossop. The report set out setting out the proposed strategic direction for the development and implementation of Primary Care Networks and the role of Networks, within an Integrated Neighbourhood, in the delivery of the Primary Care within the Locality Plan; and seeking approval of the alignment of the roles of Integrated Neighbourhood Clinical Leads and Primary Care Network Clinical Directors

It was explained that on 10 January 2019, the NHS Long Term Plan had been published. This was followed on the 31 January 2019 by 'Investment and Evolution: A five year framework for GP contract reform to implement the NHS Long Term Plan' that set out a number of fundamental changes to the GP contract from 1 April 2019 including the introduction of the Network Contract Direct Enhanced Service creating Primary Care Networks. The Strategic Commission and Primary Care Committee were required to approve Primary Care Network registration forms and coverage and to confirm arrangements to NHS England by 31 May 2019.

The footprint of established Neighbourhoods was the Strategic Commission's ambition for Primary Care Networks in Tameside and Glossop. This was due to the significant and extensive work the neighbourhoods had carried out to build community health, social care, children's integrated teams, social prescribing, community safety partnerships amongst others, with General Practice at the heart. There had been many successes to date by these Neighbourhoods and established collaboration across those footprints.

RESOLVED

- (i) That the approval process and governance via Primary Care Committee on 22 May 2019 be noted**
- (ii) That the construct of five Primary Care Network applications approved and the associated investment across the Integrated Commissioning Fund; both the s75 funding approved at SCB in March and the funding within the In Collaboration element of the Integrated Commissioning Fund, be noted**
- (iii) That the proposed strategic direction, set in sections 5 and 6 of the submitted report, for development and implementation of Primary Care Networks and the role of Networks, within an Integrated Neighbourhood, in the delivery of the Primary Care within the Locality Plan be approved.**
- (iv) That the relationship between individual practices, Primary Care Networks, Integrated Neighbourhoods and the Locality, illustrated at paragraph 5.3 of the submitted report including the role, responsibility and differentiation of each of these and their respective place for the delivery of proactive and preventative care for our population be noted.**
- (v) That the alignment of the roles of Integrated Neighbourhood Clinical Leads and Primary Care Network Clinical Directors the need to review the clinical sessions of the Integrated Neighbourhood posts in light of the appointment of the Primary Care Network Clinical Directors be approved.**

9 INITIAL EVALUATION OF FOUR GREATER MANCHESTER (GM) FUNDED TRANSFORMATION SCHEMES

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Interim Director of Commissioning detailing the initial evaluation by the University of Manchester of four transformation schemes, which had received funding from the Greater Manchester Health and Social Care Partnership (GMHSCP).

The University of Manchester had been selected as an independent evaluation partner with a remit to analyse the success of the Care Together programme and specifically, the transformation schemes funded by the Health and Social Care Partnership. The Care Together partnership had identified Greater Manchester Transformation Schemes that had not being reviewed since being commissioned by the Strategic Commissioning Board. The report provided details of an interim evaluation on the following:

- Extensive Care Service
- Integrated Neighbourhood Pharmacy
- Community IV Therapy
- Support at Home.

The evaluation had sought to understand impacts on patients and service users via patient questionnaires or alternative qualitative approaches. However, health and well-being outcomes had not been quantitatively assessed. It was stated that Community IV Therapy and Integrated Neighbourhood Pharmacy were releasing financial benefit. The Support at Home scheme had not been able to demonstrate financial benefit due to increasing pay, nor was it yet possible to determine how this is translated into a more efficient model of care and reductions in demand. The Extensive Care Service was unable to evidence benefits on the wider system though it was considered that there had been insufficient time to demonstrate a change in referral criteria.

RESOLVED

- (i) That the evaluation of these four schemes was the initial part of an overall evaluation for Tameside and Glossop Transformation programme be noted**
- (ii) That the progress of all four schemes to date and recognise that further embedding of the services is required before an accurate evaluation can take place, be noted**
- (iii) That the continuation of all four schemes as currently funded for the final year of the GM transformation programme be approved.**

- (iv) **That the full evaluation of GM transformation programme be brought to a future meeting of the Strategic Commissioning Board.**

10 ICFT CONTRACT OUTCOMES

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health/ Interim Director of Commissioning which outlined proposed key outcome measures, which should they be achieved, would provide an additional £1m of income for the Integrated Care Foundation Trust in 2019/20.

Each of the outcome measures supported life course priorities for Tameside and Glossop and alignment to the Corporate Plan. The measures had been developed in partnership with the Integrated Care Foundation Trust. An Integrated Care Foundation Trust Contract meeting group, to be chaired by the Interim Director of Commissioning would undertake responsibility for determining appropriate trajectories and targets

RESOLVED

- (i) **The key outcomes required by the Integrated Care Foundation Trust be noted**
- (ii) **The responsibility for determining appropriate trajectories /targets lies with the Integrated Care Foundation Trust Contract meeting group be noted.**
- (iii) **That subject to the outcome trajectories being met that this will result in an additional payment of £1m for the Integrated Care Foundation Trust in 2019/20, be noted**

11 ALLOCATION OF £1.154 MILLION ASC WINTER PLANS FUNDING FOR 2019-20

Consideration was given to a report of Dr Douglas, Governing Body GP (Ageing Well) / Director of Adult Services introduced a report that sought approval for the delegation to the Director of Adult Services to approve the allocation of funding to voluntary and community sector organisations in consultation with the Director of Operations at the Integrated Care Foundation Trust. Further delegation was sought for the Director of Adult Services for the use of contingency funding to support additional related pressures and proposals that may emerge during the year that would ensure the most appropriate system wide benefits were delivered.

From October 2018 Councils that provided Adult Social Care to support winter pressures for 2018/19, received an allocation of the funding based on the Adult Social Care Relative Needs formula. In January 2019 the Department for Health and Social Care confirmed that the same level of funding (£1.154 million) would be allocated for 2019/20 to assist with pressures faced by the health and social care system over the next winter period. Funding for all proposals to be approved by the Director of Adult Services were to be financed from the total £1.154 million allocation.

The report detailed a number of schemes which sought to reduce social isolation, support people to remain living safely at home and to promote a timely and safe discharge from hospital as follows:

- Block booking 10 transitional care home bed
- In-house home care service
- Trusted Assessor Post in the Integrated Urgent Care Team
- Additional Social Worker Capacity
- Additional Occupational Therapy / Manual Handling Capacity
- Housing Officer based in the Integrated Urgent Care Team
- Projects with the voluntary and community sector
- Winter Package for Reablement

- Offer the Community Response Service (CRS) to avoid admissions and support safe discharge.

RESOLVED

- (i) That the proposals detailed in section 2 of the submitted report with indicative allocations for each proposal provided in Appendix 1 to the report, be approved.
- (ii) That the Director of Adult Services be authorised to approve the allocation of funding to voluntary and community sector organisations (section 2.8) when the proposals are confirmed and agreed with the Director of Operations at the ICFT.
- (iii) That the use of contingency funding to support additional related pressures and proposals that may emerge during the year be approved to ensure the most appropriate system wide benefits are delivered. All proposals to be financed from the total £1.154 million allocation within the financing arrangements of any contingency requirements that may emerge.

12 ESTABLISHMENT OF A SINGLE HANDED CARE TEAM FOLLOWING CONSULTATION

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Director of Adult's Services that sought authorisation to proceed with the establishment of a single handed care team for an initial two year period following a formal consultation process.

The Director of Adult's Services informed the Board that it was the intention to establish a single handed care team to address the perception of social care, hospital and community based assessors, support providers and service users that many care and support interventions which require manual handling could only be delivered safely through the provision of two carers. The purpose of the team would be to reduce the instances of double up staffing in order to undertake safe manual handling activities associated with the provision of care and support.

A consultation exercise had been undertaken for eight weeks ending 15 April 2019, with 38 responses received. Forty per cent of respondents identified themselves as being in receipt of double handed care after they were actively sought by the Council's support at home providers. Responses elicited a range of views from concern and anxiety through to openness to a different approach.

The proposal was estimated to realise annual savings of £1.1 million by 2021/22 based on an estimated non recurrent investment of £0.525 over the period 2019/20 to 2021/22.

RESOLVED

- (i) That the establishment of a single handed care team be approved.
- (ii) That the non-recurrent sum of up to £0.525 million phased over 2019/20 to 2021/22 to support the establishment of a single handed care team be approved.

13 PERMISSION TO SPEND - TENDER FOR THE PROVISION OF A INDEPENDENT MENTAL CAPACITY ADVOCACY SERVICE

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Director of Adult's Services that sought authorisation to re-tender the Independent Mental Capacity Advocacy (IMCA) service on behalf of Tameside, Stockport and Oldham Council on an annual budget of £181,312, split equally between the three Local Authorities, an annual cost of £60,437 to commence on 1 April 2020.

Since the Mental Capacity Act 2005 came into force on 1 April 2007, Tameside had jointly commissioned IMCA provision with Oldham MBC and Stockport MBC. The current five year contract had been in place since 1 April 2015 with Together for Mental Wellbeing providing the

service. Each council contributed exactly one third of the contract price. A Service Level Agreement (SLA) between the three councils has been in place throughout, formalising commissioning and contractual arrangements and managing funding streams. Subsequent performance monitoring had continued along these lines and a close working relationship between the three Councils had been developed.

The Independent Mental Capacity Advocacy Service operated generically across a wide variety of service users with mental capacity issues, including people with learning disabilities, dementia, mental health needs and acquired brain injury. Staff practitioners and medics alike make referrals across the three Councils and their local health partners.

RESOLVED

- (i) That the re-tender the Independent Mental Capacity Advocacy (IMCA) Service for a five year period with a termination period of six month be approved.**
- (ii) That that delegated authority is confirmed for the Director of Adult Services to approve the contract award following the tender.**

14 TENDER FOR SUPPORTED LIVING FOR ADULTS WITH A LEARNING DISABILITY LIVING IN THEIR OWN HOME

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Director of Adult's Services that sought authorisation to tender five contracts for the Provision of Supported Living for Adults with a Learning Disability in Their Own Homes, with a contract commencement date of 1 April 2020.

It was explained that the Learning Disability Supported Living Contracts supported 290 people across 36 properties in the Borough. The accommodation ranged from shared houses to extra care schemes with individual flats. The contracts deliver 24 hour support in terms of a whole life approach that enables people to develop daily living skills and independence, have access to their local community and activities and maintain their health and wellbeing.

The Director of Adults Services advised Members that the re-tender would be carried out via the Greater Manchester Ethical Learning Disability and Autism Flexible Purchasing System which was for high-quality providers that had a track record in delivering person-centred and outcome-focused packages which would support people with learning disabilities and autism to be independent at home, learn new skills and connect with others.

RESOLVED

That approval be given to tender five contracts for the Provision of Supported Living for Adults with a Learning Disability in Their Own Homes.

15 16+ LEAVING CARE SERVICES – SUPPORTED AND INDEPENDENT LIVING SERVICES DYNAMIC PURCHASING SYSTEM (SAILS DPS) – PLACEMENTS NORTHWEST REVIEW.

Consideration was given to a report of the Deputy Executive Leader for Children and Families and the Director of Children's Services updating Members on the 16+ Leaving Care Services for looked after children accessed via Placements North West.

Placements North West acted as a strategic commissioning service which supported the development of sufficient placements for Looked after Children and Care Leavers across the North West. Tameside Joint Commissioning and Performance Management Team had been lead commissioners in developing the Supported and Independent Living Services Dynamic Purchasing System on behalf of the other Local Authorities.

Issues relating to the quality of suppliers attempting to join the Supported and Independent Living Services Dynamic Purchasing System were considered at a North West Commissioners meeting held on 19 July 2018, where it was agreed to suspend the Supported and Independent Living Services Dynamic Purchasing System in order to carry out a review of its operation. Following review and consultation North West Commissioners recommended to replace the current system with a Flexible Purchasing System with a higher specification and more rigorous evaluation criteria.

RESOLVED

- (i) That the utilisation of the second year of the approved extension period to allow for Placements North West to establish the procurement process for the new Flexible Purchasing System, transfer of existing suppliers to the new Flexible Purchasing System and any contingency planning, be noted.**
- (ii) That the securing by Placements North West and regional commissioners of a procurement team who will work on a new purchasing system, acknowledging that Placements North West will be leading on the project, be noted.**
- (iii) That the establishment by Placements North West of a working group to develop the revised standards and due diligence for the new Flexible Purchasing System, be noted.**
- (iv) That the establishment by Placements North West and regional commissioners of a consultation process with the market and Care Leavers, be noted.**
- (v) That further work is being undertaken by Placement North West to understand these providers and their current activity and Tameside will review placement activity for the borough, be noted.**
- (vi) That a subsequent report will be completed in respect of the FPS and Tameside Councils sign up to the new agreement, be noted.**
- (vii) That the improving the standard and quality of accommodation for Care Leavers should be deemed an essential priority of any commissioning arrangements, be noted.**

CHAIR

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Report to:	STRATEGIC COMMISSIONING BOARD
Date:	24 July 2019
Councillor Ryan /	Executive Member for Finance / Economic Growth
Officer of Strategic Commissioning Board	Kathy Roe – Director Of Finance – Tameside & Glossop CCG and Tameside MBC
Subject:	STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST – CONSOLIDATED 2019/20 REVENUE MONITORING STATEMENT AT 31 MAY 2019
Report Summary:	<p>For the 2019/20 financial year the Integrated Commissioning Fund is currently forecasting net spend of £619,213k against a net budget of £613,693k, a forecast over spend of £5,520k.</p> <p>Two months into the new financial year, this first report is an early look at emerging issues. A detailed monitoring report will be prepared at month 3 but there are already some significant budgetary pressures in Children's Services, and continuing income shortfalls in Growth and Operations and Neighbourhoods. Urgent action is needed to address these pressures or identify additional savings if the financial plan for 2019/20 is to be delivered..</p>
Recommendations:	Members are asked to note the Month 2 forecast for the Strategic Commission 2019/20 financial plan.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>This report provides the month 2 consolidated financial position statement at 31 May 2019. The report at Appendix 1 provides further detail on the emerging budget pressures.</p> <p>It should be noted that the Integrated Commissioning Fund (ICF) for the Strategic Commission is bound by the terms within the Section 75 and associated Financial Framework agreements.</p>
Legal Implications: (Authorised by the Borough Solicitor)	Given the implications for each of the constituent organisations this report will be required to be presented to the decision making body of each one to ensure good governance.
How do proposals align with Health & Wellbeing Strategy?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Health and Wellbeing Strategy
How do proposals align with Locality Plan?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Locality Plan
How do proposals align with the Commissioning Strategy?	The Integrated Commissioning Fund supports the delivery of the Tameside and Glossop Strategic Commissioning Strategy
Recommendations / views of the Health and Care Advisory Group:	A summary of this report is presented to the Health and Care Advisory Group for reference.
Public and Patient Implications:	Service reconfiguration and transformation has the patient at the forefront of any service re-design. The overarching objective of Care Together is to improve outcomes for all of our citizens whilst

creating a high quality, clinically safe and financially sustainable health and social care system. The comments and views of our public and patients are incorporated into all services provided.

Quality Implications:

As above.

How do the proposals help to reduce health inequalities?

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

What are the Equality and Diversity implications?

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

What are the safeguarding implications?

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

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

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

Risk Management:

Associated details are specified within the presentation

Access to Information :

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

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



Telephone:0161 342 5609



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

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



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



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

1. BACKGROUND

- 1.1 This report provides an overview on the financial position of the Tameside and Glossop economy to 31 May 2019. Supporting details for the whole economy are provided in the main body of the report at Appendix 1.
- 1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group.
- 1.3 It should be noted that the report also includes details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust. This is to ensure members have an awareness of the overall Tameside and Glossop economy position. Reference to Glossop solely relates to health service expenditure as Council services for Glossop are the responsibility of Derbyshire County Council.
- 1.4 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:
 - Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT)
 - NHS Tameside and Glossop CCG (CCG)
 - Tameside Metropolitan Borough Council (TMBC)

2. FINANCIAL SUMMARY

- 2.1 For the 2019/20 financial year the Integrated Commissioning Fund is currently forecasting net spend of £619,213k against a net budget of £613,693k, a forecast over spend of £5,520k.
- 2.2 Two months into the new financial year, this first report is an early look at emerging issues. A detailed monitoring report will be prepared at month 3 but there are already some significant budgetary pressures in Children's Services, and continuing income shortfalls in Growth and Operations and Neighbourhoods. Urgent action is needed to address these pressures or identify additional savings if the financial plan for 2019/20 is to be delivered.

Children's Services

- 2.3 Children's services is currently forecasting an overspend of £4,258k in 2019/20. The significant aspect of the projected variance relates to placements expenditure. The number of looked after children when establishing the 2019/20 budget was 648 (December 2018). However, Members should note that the number of looked after children has since increased to 685 at 31 May 2019 – an increase of 5% during this period. The projection assumes the current cost of all existing placements for the remainder of the financial year with an assumption for a further slight increase in month 3, again for the remainder of the year.
- 2.4 The directorate is evaluating a number of initiatives to reduce the number and related costs of looked after children, the details of which will be reported in further detail at period 3 monitoring. These include:
 - targeting earlier intervention to support children and families via existing embedded service initiatives such as edge of care and family group conferencing
 - a redesign of the Family Intervention Service to deliver intensive support at the early signs of family breakdown
 - increasing the seniority level for the approval of residential placements to ensure all other care options have been considered
 - an urgent review of care provision sufficiency within the borough
 - the implementation of a completed placements commissioning strategy review
 - a review of the existing local authority residential estate for potential change of provision of one home to a short term assessment unit with a focus on either rehabilitation back to

home and/or family or to support the identification of appropriate longer term placement arrangements

- the evaluation of an in borough planned / emergency respite unit to prevent family breakdown and admission to care
- a targeted senior management lead review of discreet cohorts of Looked After Children is now underway to ensure current placement arrangements, care plans and legal status are appropriate to need.

In addition, the now stabilised directorate senior leadership team will be reviewing the number and duration of budgeted posts within the service establishment to reduce the level of projected expenditure for existing vacant positions.

3. RECOMMENDATIONS

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

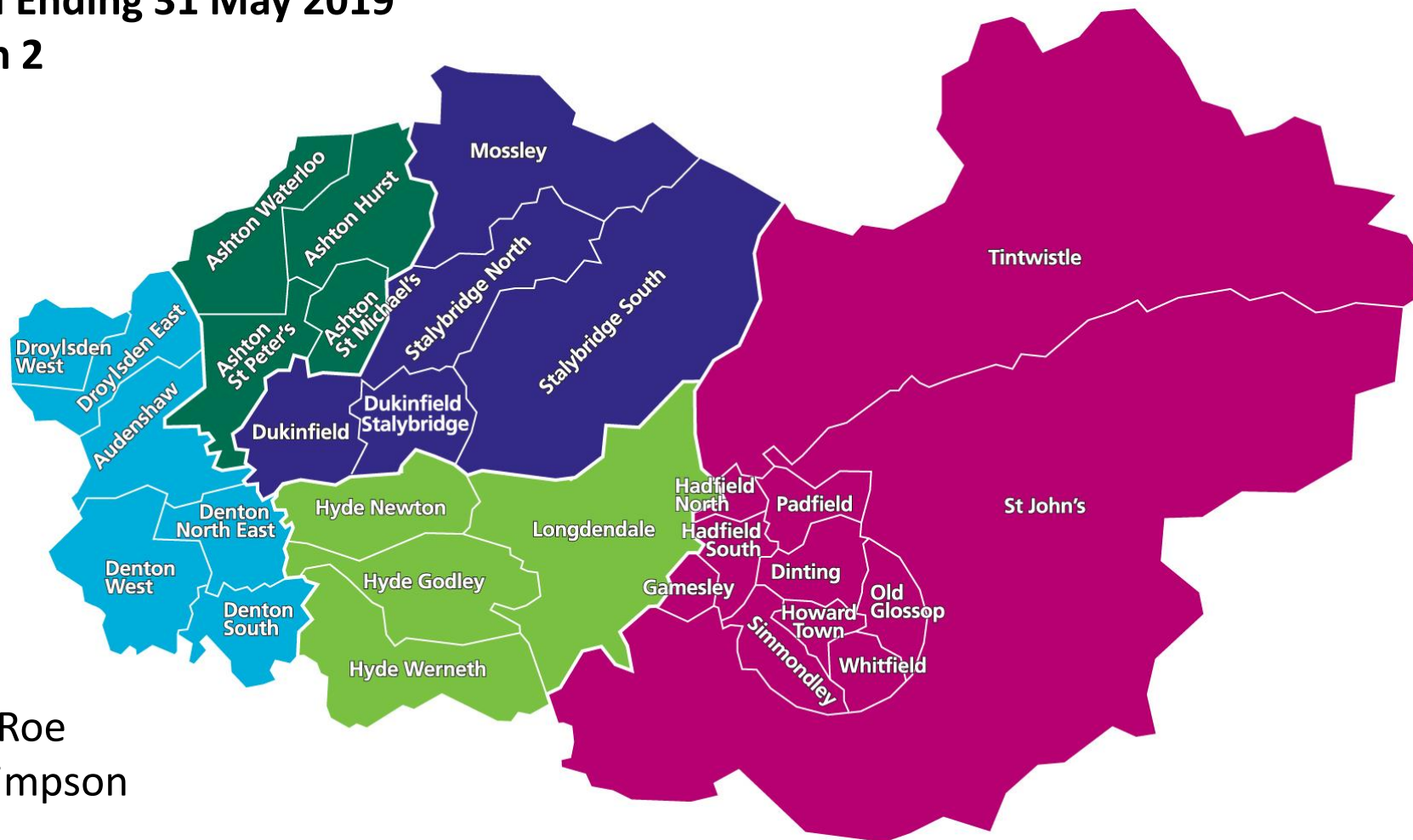
Tameside and Glossop Integrated Financial Position

financial monitoring statements 2019/20

Period Ending 31 May 2019

Month 2

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Kathy Roe
Sam Simpson

Integrated Financial Position Summary Report

Economy Wide Financial Position	3
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Note:

The values in this report have been presented in £'000s. All values reconcile exactly in it lowest denomination, however, on presentation there may be some minor rounding differences in the variance calculations as a result of reporting the values at a higher level.

Tameside & Glossop Integrated Economy Wide Financial Position

£1,985k

CCG TEP Shortfall

The CCG financial plans for 2019/20 included a £1,985k post optimism gap related to the delivery of TEP schemes

£3,535k

TMBC Pressures

Expenditure on Children's Services and income short falls in Growth, Operations and Neighbourhoods

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

Message from the DOFs

After a challenging year, the 2018/19 outturn position was successfully delivered in line with plan. This was a significant achievement, given we started the year forecasting an over-spend in excess of £10m, but we must not lose sight of the fact that many of the savings were only delivered non recurrently. Last year's outturn position also included some significant one-off income and spend in a number of areas was significantly in excess of budget.

Two months into the new financial year, this first report is an early look at emerging issues. A detailed monitoring report will be prepared at month 3 but already we are seeing some significant budgetary pressures in Children's Services, and continuing income shortfalls in Growth and Operations and Neighbourhoods. Urgent action is needed to address these pressures or identify additional savings if the financial plan for 2019/20 is to be delivered.

Financial plans for 2019/20 were approved in February and March 2019 (including a change to the CCG surplus to facilitate drawdown of accumulated surplus in 2020-21). There remains a significant savings target to be delivered this year, and work has already commenced to identify further savings for 2010/21 and beyond. Identified and proposed savings will continue to be subject to scrutiny through the 'Star Chamber' process and regular updates will be provided as part of the integrated finance report throughout the year.

Forecast Position £000's	Forecast Position		
	Net Budget	Net Forecast	Net Variance
CCG Expenditure	416,890	418,875	(1,985)
TMBC Expenditure	196,803	200,338	(3,535)
Integrated Commissioning Fund	613,693	619,213	(5,520)
ICFT - post PSF Agreed Deficit	(5,686)	(5,686)	0
Economy Wide In Year Deficit	(5,686)	(5,686)	0

Tameside & Glossop Integrated Commissioning Fund

For the 2019/20 financial year the Integrated Commissioning Fund is currently forecasting net spend of £619,213k against a net budget of £613,693k, a forecast over spend of £5,520k.

Forecast Position £000's	YTD Position			Forecast Position		
	Budget	Actual	Variance	Budget	Forecast	Variance
Acute	35,871	35,871	(0)	215,354	215,354	0
Mental Health	6,069	6,069	0	36,046	36,046	0
Primary Care	12,937	12,889	48	85,468	85,461	7
Continuing Care	2,995	2,991	4	18,003	17,987	16
Community	5,474	5,471	4	32,846	32,845	1
Other CCG	3,409	3,466	(57)	24,009	24,033	(24)
CCG TEP Shortfall (QIPP)	0	0	0	0	1,985	(1,985)
CCG Running Costs	715	713	1	5,164	5,164	0
Adults	6,222	3,785	2,437	37,333	37,313	20
Children's Services	8,093	8,326	(233)	48,556	52,814	(4,258)
Education	(24,300)	(24,738)	438	6,005	6,216	(211)
Population Health	2,682	2,245	437	16,092	16,080	12
Operations and Neighbourhoods	32,445	33,134	(688)	50,672	51,468	(796)
Growth	1,471	441	1,029	8,825	9,400	(575)
Governance	5,032	5,819	(787)	9,193	8,972	221
Finance & IT	802	524	278	4,809	4,809	0
Quality and Safeguarding	23	(8)	31	136	136	(0)
Capital and Financing	0	0	0	4,116	4,116	0
Contingency	946	1,818	(873)	5,674	4,281	1,393
Corporate Costs	899	1,527	(628)	5,392	4,733	659
Integrated Commissioning Fund	101,785	100,343	1,441	613,693	619,213	(5,520)

Tameside & Glossop Integrated Commissioning Fund

Forecast Position £000's	Forecast Position				
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance
CCG Expenditure	416,890	0	416,890	418,875	(1,985)
TMBC Expenditure	521,805	(325,002)	196,803	200,338	(3,535)
Integrated Commissioning Fund	938,695	(325,002)	613,693	619,213	(5,520)

Children's Services £4,258k

The significant aspect of the projected variance relates to placements expenditure. The number of looked after children when establishing the 2019/20 budget was 648 (December 2018). However, Members should note that the number of looked after children has since increased to 685 at 31 May 2019 – an increase of 5% during this period. The projection assumes the current cost of all existing placements for the remainder of the financial year with an assumption for a further slight increase in month 3, again for the remainder of the year.

The directorate is evaluating a number of initiatives to reduce the number and related costs of looked after children, the details of which will be reported in further detail at period 3 monitoring. These include:

- targeting earlier intervention to support children and families via existing embedded service initiatives such as edge of care and family group conferencing
- a redesign of the Family Intervention Service to deliver intensive support at the early signs of family breakdown
- increasing the seniority level for the approval of residential placements to ensure all other care options have been considered
- an urgent review of care provision sufficiency within the borough
- the implementation of a completed placements commissioning strategy review
- a review of the existing local authority residential estate for potential change of provision of one home to a short term assessment unit with a focus on either rehabilitation back to home and/or family or to support the identification of appropriate longer term placement arrangements
- the evaluation of an in borough planned / emergency respite unit to prevent family breakdown and admission to care
- a targeted senior management lead review of discreet cohorts of Looked After Children is now underway to ensure current placement arrangements, care plans and legal status are appropriate to need.

In addition, the now stabilised directorate senior leadership team will be reviewing the number and duration of budgeted posts within the service establishment to reduce the level of projected expenditure for existing vacant positions.

Tameside & Glossop Integrated Commissioning Fund

Operations & Neighbourhoods

The 796k projected overspend mainly relates to:

Highways & Transport – Continuing pressures from last year due to under recovery of income on car parks. Delays in the construction of new car parks, additional construction costs and lower than forecast income on other car parks is generating budget pressures.

Markets – There is a continued shortfall in income from Ashton Market due to the ongoing development works in Ashton Town Centre.

Growth

The £575k projected overspend mainly relates to:

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

Estates - budget pressures relate to a shortfall in income due to vacant industrial units and delays recruiting surveyors for marketing industrial units. There have also been additional security costs at Plantation Industrial Estates.

CCG QIPP

The CCG Financial Plan for 2019/20 reported that financial control totals would be met, but that there was material risk associated with the achievement of QIPP. The £1,985k variance on CCG expenditure represents the post optimism gap on CCG TEP schemes.

We are optimistic that over the next few months we will be in a position to reduce reported risk and that by the end of the year we will be able to deliver against the control total. A more detailed CCG QIPP report will be presented to Finance and QIPP assurance group alongside this report.

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Forecast Position £000's	Forecast Position				
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance
A: Section 75 Services	361,928	(46,735)	315,193	320,686	(5,493)
B: Aligned Services	323,250	(94,199)	229,051	228,915	136
C: In Collaboration Services	253,518	(184,068)	69,450	69,612	(162)
Integrated Commissioning Fund	938,695	(325,002)	613,693	619,213	(5,520)

Acute

Overall forecast is currently zero variance, however month 1 data has indicated some overspends and resulted in some contractual challenges. It is too early to draw any conclusions or establish trends at this stage.

Education

The projected over spend relates to School Transport due to an increase in children eligible for Special Educational Needs statutory support. The pressure is being partially offset by vacant posts.

Prescribing

Data for April is not yet available, however the actuals for January to March 2019 were significantly different to past trends and forecasts. A deep dive into prescribing will be reported in a future month.

Tameside & Glossop Integrated Care NHS Foundation Trust

Financial Performance Metric	Month 2			YTD			Outturn
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000s
Normalised Surplus / (Deficit) Before PSF	(2,363)	(2,333)	29	(4,602)	(4,576)	26	(25,220)
Provider Sustainability Fund (PSF)	236	236	0	472	472	0	4,727
Financial Recovery Fund (FRF)	740	740	0	1,480	1,480	0	14,807
Surplus / (Deficit)	(1,387)	(1,357)	29	(2,650)	(2,624)	26	(5,686)
Trust Efficiency Savings	610	499	(111)	1,205	1,155	(50)	11,850
Use of Resources Metric	3	3		3	3		3

Tameside and Glossop Integrated care NHS Foundation Trust

- Page 2
- Revenue** - The Trust has agreed a control with NHS Improvement of **c.£5.686m** after Financial Recovery Fund (FRF) and Provider Sustainability Funding (PSF). For the financial period to **31st May 2019**, the Trust has reported a net deficit of **£2.333m** pre FRF and PSF, which is broadly in line with plan.
 - Trust Efficiency Programme (TEP)** - the Trust has a TEP target in 2019/20 of **£11.850m** including carried forward schemes from 2018/19. During month 2 the Trust delivered **£499k** against a plan of **£610k** reporting an underachievement of **c.£111k** in month. The Trust is forecasting at month 2 to deliver **c.£10.767m** by the end of the year. Schemes are being developed across the Trust to mitigate the shortfall.
 - Agency cap** - The Trust has an agency cap of **c.£9.454m**, but a plan of **£7m**. During Month 2 the Trust spent **£469k** against a plan of **£477k**, reporting an underspend of **£8k** and reporting significantly below the cap.

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Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 24 July 2019

Executive Member / Clinical Lead / Officer of the Single Commission Councillor Wills Executive Member for Adult Social Care and Population Health
Dr Vinny Khunger, Clinical Lead for Mental Health
Jessica Williams, Interim Director of Commissioning

Subject: **FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH BUSINESS CASE**

Report Summary: As part of the Tameside and Glossop Mental Health Investment Plan, agreed by SCB in January 2018, this final business case requests allocation of the previously agreed investment in mental health developments to meet the expected standards required within the Five Year Forward View for Mental Health 2016, which have been reiterated in the NHS Ten Year Plan 2019. These are:-

1. Early Intervention in Psychosis – increasing capacity within the Early Intervention Team
2. Psychological Therapy (IAPT) – increasing capacity to provide interventions for common mental health disorders
3. Crisis Care – providing alternatives to admission and expanding integrated support for mental health within physical healthcare services.

Recommendations: To confirm that the previously identified funding can be allocated to three proposals as follows:-

Proposal	2019/20	2020/21	2021/12	
Early Intervention in Psychosis Team capacity	£100,000	£200,000	£200,000	
IAPT Practitioner capacity	£159,000	£259,000	£349,000	
Mental Health Crisis Care	£395,500	£1,268,000	£1,268,000	

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

Budget Allocation (if Investment Decision)	£1,092m 2019/20 (£437.5k) Less £1,292m 2020/21 £435k More £1,260m 2021/22
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	S75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g.	Evidence underpinning proposals demonstrate VFM when

Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	implemented in other locations.
Additional Comments <p>The investment outlined in this proposal is congruent with both national and local MH Strategy and recurrent budgets are incorporated in the CCGs financial plans including the recurrent consequences of GM Transformation funding included in this business case. It is important that the model is delivered within the budgets identified and performance is closely monitored to ensure the outcomes are in line with both qualitative and quantitative expectations.</p> <p>A degree of caution must be exercised regarding the planned timeline for implementation as difficulties in recruitment and retention could impede pace of development and resources must be flexed accordingly to allow for this whilst continuing pursuing the wider development of IAPT, EIP and Crisis Care.</p> <p>It is worth noting that whilst the overall agreed investment envelope over the next 3 years doesn't change, the original planned start dates have. This is particular with the MH Crisis care whereby there is likely to be a slippage of £437k in 19/20 which is off set in the following year for the full year effect of £435k.</p>	

Legal Implications:
(Authorised by the Borough Solicitor)

Members should be satisfied that the Business Plan set out in this report is sufficiently robust to deliver the outcomes required and ensure value for money before agreeing the above recommendations.

Recommendations / views of the Health and Care Advisory Group:

There was unanimous support from HCAG for this proposal.

Public and Patient Implications:

This development is in line with the learning from people with lived experience and links to the work we have been doing to co-produce the neighbourhood mental health development.

Quality Implications:

If the investment is released the accessibility and quality of mental health for patients will be improved.

How do the proposals help to reduce health inequalities?

This new development directly relates people who are struggling with their mental health. This investment improves parity of esteem, improving access to mental health.

What are the Equality and Diversity implications?

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

What are the safeguarding implications?

There are no safeguarding implications associated with this report.

What are the Information Governance implications?

There are no information governance implications associated with this report.

Has a privacy impact assessment been

Not applicable.

conducted?

Risk Management:

Risks will be identified and managed by the implementation team.

What is the evidence base for this recommendation?

National Five Year Forward View for Mental Health and the NHS 10 Year Plan

Is this recommendation aligned to NICE guidance or other clinical best practice?

The business case is based on a range of NICE Guidance regarding mental health and national requirements to deliver NICE Concordat Care.

How will this impact upon the quality of care received by the patient?

If additional funding for mental health support is committed access to and quality of care for patients will be improved.

Access to Information :

The background papers relating to this report can be inspected by contacting Pat McKelvey.



Telephone: 07792 060411



Email: pat.mckelvey@nhs.net

1.0 INTRODUCTION

In January 2018 the Strategic Commissioning Board agreed to:

- a. commit to improving the mental health of the Tameside and Glossop population by agreeing to prioritise increasing investment in mental health to improve parity of esteem;
- b. commit to prioritise investment in mental health services from now until 2021 and that this would be done on a phased basis in order to support the following objectives:-
 - Affordability;
 - Development of robust business cases for each scheme;
 - Phased approach to building complex services;
 - Recognition of the time lag in recruitment to mental health posts.

The following table is a refreshed version of the table agreed by SCB in January 2018. This summarises all the income streams and financial commitments:-

Source of MH Funding	2018/19	2019/20	2020/21	2021/22
Baseline budgets	40,388	41,273	42,204	43,647
GM MH Transformation Funding	219	438	438	0
Care Together Transformation Funding	187	280	280	93
Local Authority Transformation Funding	389	432	0	0
Total Source of Funds:	41,183	42,423	42,922	43,740
PH Investment Fund - Health and Wellbeing College	60	80	20	0
PH Investment Fund - Employment Support Workers	44	175	175	131
PH Investment Fund MH Key Workers	25	100	100	75
Self-management Education budget (CCG baseline)	27	27	27	27
Total Source of Funds including Public Health	41,338	42,805	43,244	43,973
Application of MH Funding	2018/19	2019/20	2020/21	2021/22
<u>Committed MH Expenditure in Baseline Budgets</u>				
Pennine Care FT core contract	23,341	23,805	24,301	25,190
Individualised commissioning	7,350	7,552	7,760	7,973
Prescribing	3,294	3,385	3,478	3,573
Other	4,297	4,383	4,474	4,637
Total Commitments:	38,282	39,125	40,012	41,374
<u>Proposed New Mental Health Investment</u>				
Increasing access to MH support for children & young people	308	554	804	1,552

IAPT Plus/Psychological therapies	550	640	740	830
Early Intervention in Psychosis	180	350	450	450
Neighbourhood Developments	208	550	550	571
AMPH, Recovery	211	251	251	251
Mental Health Crisis	478	833	833	1,268
LD Transforming Care	200	200	200	200
Neurodevelopmental Adult	70	170	170	170
Dementia in neighbourhoods	134	275	275	275
Specialist Perinatal Infant MH	0	224	224	224
Health and Well-being College	60	80	80	80
PH Investment Fund MH Key Workers	25	100	100	75
MH Employment Support Workers	25	175	175	175
Total Proposed New MH Investment:	2,449	4,402	4,852	6,121
Grand Total of Proposed MH Expenditure/Investment:	40,731	43,527	44,864	47,495

2.0 AMBITIONS FOR 2019/20

Further work has taken place within the locality, in Greater Manchester and with partner CCGs in the Pennine Care footprint. From this learning a range of ambitions are being taken forward in 2019/20. These are:

2.1 Increase opportunities for people to stay well in the community

Through the Neighbourhood Mental Health Development

- Prototyping of new co-produced collaborative model in Hyde for people who have not always received the support they are looking for. Focus is life-changing, asset based, coaching support
- Big Life appointed as lead organisation for the Neighbourhood MH Team to be established by 1 October 2019, when team will expand to reach Glossop and Stalybridge, rolling out in Ashton and Denton in early 2020
- Psychological therapy offer agreed and additional posts funded
- Existing resources to be integrated later in year including Minds Matter service and Pennine Care Access team plus some Healthy Minds workers
- Through Delivering the Five Year Forward View for Mental Health priorities
 - Develop plan for roll out in two Long Term Conditions in 2019/20
 - Improving achievement of psychological therapy (IAPT) standards - access, waiting times and recovery
 - Achieving standards in Early Intervention in Psychosis
- Through Developing an Integrated Dementia Pathway and increasing support in the Community
 - Integrated Pathway Team Leader has been appointed to lead teams across acute and community, mental and physical health
 - Integration of dementia practitioners into neighbourhood teams is underway.
- Refreshing our Integrated Perinatal Infant Mental Health Pathway
 - Reviewing local pathway in line with GM standards and new GM Specialist Perinatal Community Mental Health Team.

- Expanding Neurodevelopmental provision
 - Increase capacity in autism team to reduce diagnosis waiting times and increase support
 - Increase capacity in ADHD support and mental health support for people with a learning disability through creating a dedicated psychological therapy lead in the Neighbourhood Mental Health Team.

2.2 Increase opportunities to get help before/during a crisis

- Expand easy access to early support through MH Crisis Drop Ins in neighbourhoods
- Agree a viable local crisis care model (Safe Haven and Home Treatment Team) to provide extended assessment, short term crisis support and reduce and shorten in-patient admissions
- Agree requirements to deliver a STORM pathway - suicide assessment and intervention pathway
- Within PCFT, identify opportunities to increase access to support through our Community Mental Health Teams
- Expand crisis options to include Safe Haven, expanded Home Treatment Team and expand Liaison Mental Health on the Tameside Hospital site
- Deliver actions agreed in the Suicide Prevention Strategy

2.3 Make effective use of secondary care

- Reduce the numbers short stay admissions through above
- Expand capacity and capability of Home Treatment Team to increase this option as an alternative to admission
- Continue multiagency efforts to reduce Delayed Transfers of Care
- Identify best use of resources to effectively support older people with serious mental illness
- Take forward options to establish specialist dementia care home/beds to reduce DTOC and improve care closer to home for people with very complex dementia.

Subject to approval of this business case, Tameside and Glossop Strategic Commission will press ahead with the implementation of the final three services previously approved in January 2018. Each is described in detail in sections 3 – 5.

3.0 PROPOSAL REGARDING EARLY INTERVENTION IN PSYCHOSIS

3.1 **Background** – Implementing the Five Year Forward View for Mental Health clearly outlined expected delivery in relation to this population, and this is further supported by the NHS 10 Year Plan (section 3.92).

- By 2020/21, adult community mental health services will provide timely access to evidence-based, person-centred care, which is focused on recovery and integrated with primary and social care and other sectors.
- This will deliver at least 60% of people with first episode psychosis starting treatment with a NICE-recommended package of care with a specialist early intervention in psychosis (EIP) service within two weeks of referral.
- National expectations regarding the achievement of access and quality standards against three Levels.

3.2 The Early Intervention Team within Tameside and Glossop has expanded over recent years following investment in order to move towards achieving compliance with NICE standards in line with the Mental Health Five Year Forward View.

3.3 Following the last round of additional investment in 2017/18 the service is currently achieving the national access and waiting time targets however there are continuing pressures within the team which are impacting on the achievement of quality standards in relation to the provision of a NICE approved package of care for individuals assessed as requiring interventions from the service. These pressures are primarily around care coordination, employment support, physical health screening and interventions and provision of family therapy.

3.4 **Investment Proposal**

It is proposed to invest as follows:

	2019/20	2020/21	2021/22
Early Intervention in Psychosis	£100,000	£200,000	£200,000

3.5 This will sustain the current achievement of the access and waiting time standard and move the local service from Level 1 to Level 2. This will be achieved by expanding the current team through adding:

- a dedicated assessment function is developed within the service through the provision of 1 WTE Band 6 practitioner from additional funding and be supplemented by 1 WTE Band 6 practitioner from existing care coordination resources.
- additional support from an additional 1 WTE band 4 administrator, which will alleviate the amount of administration currently being carried out by medical staff and care coordinators
- capacity of appropriately trained support staff to deliver physical health and employment and education interventions needs to be increased, therefore an additional 0.6 WTE Band 3 support worker will enable the team to provide a range of physical health interventions
- skilled employment support worker/coach seconded from the TMBC Employment and Skills Team to work within EIT. This would be undertaken on an SLA basis and funded via a recharge to PCFT
- a proportion of the requested additional investment is utilised to employ an equivalent of a staff grade doctor on a part time basis. This will allow more capacity for outpatient appointments, therefore reducing waiting times and supporting timely diagnosis.

Standards Addressed

3.6 The national Early Intervention in Psychosis Standards have been developed from recommendations in key literature, research and in consultation with a range of stakeholders. These have included a wide range of sources, along with the perspectives of researchers, policy makers, professionals working in early intervention in psychosis services, people who receive care from services and their loved ones.

3.7 These standards are for service providers and commissioners of mental health services to help them ensure they provide high quality care to people experiencing their first episode of psychosis and their loved ones. The standards detailed here focus on the function and ethos of early intervention in psychosis services, and are applicable to all early intervention in psychosis services.

3.8 The Early Intervention in Psychosis Standards are as follows

	16/17	17/18	18/19	19/20	20/21
% of people receiving NICE Concordat treatment within 2 weeks of referral	50%	50%	53%	56%	60%
Specialist EIP provision in line with NICE recommendations	All services complete baseline self-assessment	All services graded at level 2 by year end	25% of services graded at least level 3 by year end	50% of services graded at least level 3 by year end	60% of services graded at least level 3 by year end

3.9 Level Descriptor

4	Top performing
3	Performing well
2	Needs improvement
1	Greatest need for improvement

The level is calculated using a scoring matrix which considers:

- performance against the NICE concordant elements of EIP care (effective treatment domain, six indicators);
- timely access (timely access domain, one indicator) and;
- the recording of outcome measures (well managed service domain, one indicator)

At the present time Tameside and Glossop services are rated at Level 1. This additional investment will ensure that Level 2 compliance is achieved, with features of Level 3. This is in line with 82% of other Early Intervention Services within the North region. There is an annual review of services and, once all the developments have been established, further investment may need to be considered alongside other mental health priorities.

4.0 PSYCHOLOGICAL THERAPIES (IAPT)

4.1 Background

Mental ill health is Britain's biggest social problem. Depression and anxiety disorders are serious conditions and have a major impact on how well an individual is able to function. A recent World Health Organization study concluded that the impact of depression on a person's functioning was 50% more serious than angina, asthma, diabetes and arthritis. At present, 40% of disability is due to depression and anxiety. Despite the prevalence of depression and anxiety disorders and the fact that mental health problems account for nearly 40% of people on incapacity benefit and a third of all GPs' time, only a third of people with diagnosable depression and less than a quarter of those with anxiety disorders are in treatment. The IAPT (Improving Access to Psychological Therapies) service has been commissioned to address this need with targets for access as planned out in the Five Year Forward View (FYFV) expect the access level to rise from 16% in 2016/17 to 25% by 2020/21.

4.2 Investment Proposal

The business case proposes to extend the availability of resource within the Healthy Minds Service both through additional capacity, and in utilising digital technology to enhance the local offer. In addition, integration between psychological therapies and long term

conditions teams is integral to the growth in the service, meeting the needs of the MH5YFV for addressing inequalities within physical health provision.

4.3 It is proposed that the following funding is invested:

	2019/20	2020/21	2021/22
IAPT	£159,000	£259,000	£349,000

- In a digital health program to support access and recovery, supervised by qualified practitioners
- In additional staffing in the Healthy Minds Service (IAPT Step 2 and Step 3) to support increased access and integration with physical health services

4.4 **Standards Addressed**

By 2020/21, there will be increased access to psychological therapies, so that at least 25% of people with common mental health conditions access services each year. The majority of new services will be integrated with physical healthcare.

4.6 This investment should enable us to achieve the prevalence targets in line with the national expectations, while also harnessing digital technology to improve efficiency of current commissioned services. The expected increase in prevalence is listed below

Objective	16/17	17/18	18/19	19/20	20/21
	15.8%	16.8%	19%	22%	25%

4.5 In parallel, we will maintain and develop quality in services; including meeting existing access and recovery standards so that 75% of people access treatment within six weeks, 95% within 18 weeks; and at least 50% achieve recovery across the adult age group (Implementing the 5 Year Forward View for Mental Health 2017).

5.0 **CRISIS CARE**

Background

5.1 The Five Year Forward View for Mental Health establishes “A 7 day NHS – right care, right time, right quality” as its first priority for action. The report finds that in respect a mental health crisis:

“If you feel unwell in the evening, during the night or at weekends and bank holidays there is no choice but to go to A&E. There’s no support out there during these times. It’s crucial that this is changed for the benefit of service users, their families and carers”

5.2 Finding alternatives to acute admission to mental health wards is crucial, not least because of the high cost of inpatient care. From a service user and carer perspective, feedback always confirms that, for the most part, people prefer to receive care and support outside of a hospital setting, remaining closer to their homes and support networks.

Proposed Model

5.3 In line with the priorities identified in the FYFV and in order to support the provision of more robust alternatives to admission and the development of an enhanced Liaison Mental Health Service significant additional investment is required in the following areas:-

Home Treatment and Safe Haven proposal

5.4 Fidelity with the CORE model for Crisis Resolution Home Treatment services demands 24/7 service availability, whereas the clinical demand for planned home visits for half of those 24 hours, in the late evening and night time, is exceptionally low. Conversely the

current pattern of admission is heavily weighted (persistently more than 70%) towards the evening and night. A Safe Haven offer is proven to be effective in rebalancing and regularising the threshold to admission over 24 hours with the net effect of reducing total admissions. It is proposed therefore that safe haven become a new facet and the principle activity of the new HTT “out of hours” enhancement to staffing that has to be made to be CORE compliant in respect of 24/7 cover.

- 5.5 The model proposed focuses on the provision of a Safe Haven within an enhanced integrated Home Treatment offer which, if resourced through the night, would support the CCG in moving towards compliance with the FYFV targets for Home Treatment Teams by providing a 24/7 service offer and addressing gaps in the skill mix within the HTT service offer to allow the provision of a broader range of interventions that can be provided more intensively. This model would also expand the reach of the crisis offer to support individuals who experience a mental health crisis or acute mental distress but who would not meet the current threshold for either admission or Home Treatment and only require a brief crisis intervention.
- 5.6 In order to move towards compliance with Core Fidelity standards for Crisis Resolution Home Treatment Teams and to provide sufficient capacity to enable intensive home treatment to be offered as a robust alternative to admission it is proposed that additional investment is provided in order to enhance the Home Treatment Team staff team as follows:
- Dedicated Consultant Psychiatrist and Medical secretary
 - Dedicated CBT therapist
 - Occupational Therapist
 - Team Administrator
 - Peer/wellbeing support workers
- 5.7 These additional practitioners will extend the skill mix within the team and facilitate the provision of a range of medical, psychological and social interventions that are integral to the delivery of the core fidelity model but are not currently provided by the HTT. Providing a broader offer of interventions will enable the precipitating factors of an individual’s crisis to be explored and comprehensively addressed. This will support individuals to enhance their resilience and coping strategies in order to reduce the likelihood of future crisis occurring and enable more effective self-management.
- 5.8 As proposed for the Safe Haven it is anticipated that peer and wellbeing support workers will be employed by a third sector partner and subcontracted to work within the service to support an integrated pathway offer.
- 5.9 This will significantly increase our compliance against the national recommendations for establishment based on our population

Core Fidelity Staffing Mix	Current funded establishment WTE	Proposed Establishment WTE
Psychiatrist		0.6
Band 7 Team Manager	1	1
B6 Nurse	8.77	8.77
B5 Nurse	0.8	0.8
Occupational Therapists		1
Clinical or counselling psychologists		0.6

Core Fidelity Staffing Mix	Current funded establishment WTE	Proposed Establishment WTE
Social Workers		
Service users employees		
Pharmacists		
Approved Mental Health Professionals		
Family Therapists		
Accredited Cognitive Behavioural Therapists		
Non-medical prescribers		
Support Workers/other non-qualified	1	4
Admin	0	1
Total clinical 'visiting' staff HTT	10.05	17.77
Weighted population	272k	
Recommended staff WTE based on 14:150k	25.39	
Gap	15.34	7.62

5.9 **All age Liaison Mental Health Offer**

The 'Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care' implementation guide for adults and older people (NICE 2016) stipulates that Where the hospital has a 24/7 ED, then it should have a core 24 service level as a minimum to ensure 24/7 mental health cover.

5.10 The core 24 model provides the following functions on a 24/7 basis. This includes consultant psychiatrists being available 24/7 (on-call out of hours) to:

- Provide a response to mental health crises in EDs and inpatient wards within one hour and to all urgent ward referrals within 24 hours.
- Complete a full biopsychosocial assessment and formulation and contribute to treatment and collaborative care plans
- Offer brief evidence-based psychological interventions as inpatient or short-term outpatient follow-up
- Work with general hospital teams to reduce length of stay in general hospitals and improve follow-up care, particularly for older adults
- Provide advice and support to general hospital staff regarding mental health care for their patients
- Provide specialist care for older adults

5.11 The implementation guide goes on to detail the workforce capacity and skill mix required to deliver a Core 24 liaison model as follows:

- This model has adequate staff to cover a 24/7 rota
- This model has fewer medical staff than any of the other models
- Consultant psychiatrists should have expertise in common presentations, for example mental health problems in older people and drug and alcohol use
- Proportionately, this model has the highest number of nurses within it. The out-of-hours rota is nurse-led, with on-call consultants accessible during these hours.

- 5.12 The current Liaison Mental Health Service offer for Tameside General Hospital would need to be significantly enhanced to enable all of the Core 24 standards to be met however the addition of dedicated consultant psychiatry provision with associated medical secretary support and two additional mental health practitioners would enable the service to achieve the majority of the standards with the exception of the provision of brief evidence based psychological interventions. It is anticipated the planned additional investment in the Healthy Minds service focusing on provision of psychological interventions for individuals with a range of Long Term Conditions (LTC) would enable individuals who are referred to the Liaison Mental Health Service to be signposted for appropriate interventions via this route as required.
- 5.13 The Core 24 model does not reference specific interventions for children and young people either in the Emergency Department or when admitted to a paediatric ward however it is intended that an enhanced all age liaison service offer would provide comprehensive assessment and support to children and young people as well as adults and older people. It is envisaged that effective pathways will also be developed between the liaison service and the emerging Children and Young People's Crisis Response Pathway in order to ensure that appropriate and age appropriate support can be provided for children and young people experiencing a mental health crisis.
- 5.14 In order to move towards compliance with Core 24 standards and enable the development of a comprehensive All Age Liaison offer it is proposed that the existing Liaison Mental Health Service provision for adults and older people are realigned under a single service manager which would be funded through additional investment. This will support the development of effective emergency and urgent care pathways and enable skill sharing and development across the service to facilitate effective resource allocation and utilisation.

Proposed Investment

	2019/20	2020/21	2021/22
Crisis Care	£395,500	£1,268,000	£1,268,000

- 5.15 This funding includes non-recurrent set up costs estimated at £78,500 which includes a proportion of capital investment to support the relocation of the Home Treatment Team to the hospital site, alteration to Whittaker day hospital to develop it into a multifunctional area to accommodate the safe haven and alterations to the existing Liaison Mental Health team accommodation to create additional capacity for expansion.
- 5.16 **Standards Addressed**
The national expectation is that the following standards will be addressed by 2020/21
- 5.17 All areas will provide crisis resolution and home treatment teams (CRHTTs) that are resourced to operate in line with recognised best practice – delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute in-patient admissions.
- 5.18 Out of area placements will essentially be eliminated for acute mental health care for adults.
- 5.19 All acute hospitals will have all-age mental health liaison teams in place, and at least 50% of these will meet the 'Core 24' service standard as a minimum (Implementing the 5 Year Forward View for Mental Health (NHS England 06/17)).
- 5.20 The NHS Ten Year Plan includes emergency mental health support expectations:
- 24/7 community-based mental health crisis response for adults and older adults is available across England by 2020/21

- All hospitals will have an all-age mental health liaison service in A&E and inpatient wards by 2020/21, 50% meeting the Core 24 standard, increasing to 70% by 2023/24, and 100% thereafter
- Single point of access for those in crisis through NHS 111 and timely, universal mental health crisis care for everyone – specialist and community – including post-crisis support.
- Increase alternative forms of provision for those in crisis including sanctuaries, safe havens, crisis cafes, crisis houses and acute day care services.
- Specific waiting time targets for emergency mental health services will take effect from 2020. Ambulance staff will be trained and equipped to respond effectively to people in a crisis

5.21 The developments outlined above will provide a 24 hour community based response and a robust community treatment pathway for those experiencing a mental health crisis will reduce the pressures for in-patient care. The need to place patients in out of area acute mental health beds should be eliminated.

Outcomes & Benefits

5.22 The expected outcomes and benefits of these developments are as follows:-

5.23 Improvement in the delivery of care to those experiencing first episode psychosis, and meeting level 2 NICE compliance as required by national mandate

5.24 Major outcomes identified as part of the Single Commission's Quality, Innovation, Productivity, and Prevention (QIPP) agenda in particular:

- better service user and carer experience
- reduced demand for acute inpatient provision
- reduced demand for specialist mental health inpatient provision
- prevention of inappropriate hospital admissions
- prevention of admissions to care homes
- reduction in inappropriate drug prescribing

5.25 It is anticipated that as the cost savings from reduced unscheduled admissions will ultimately allow movement of money within the system that ensures the implementation is sustainable in the first instance, and cost saving in the medium and long terms.

5.26 This proposal has the potential to create cost savings to the wider health and social care economy. Around one-third of people with LTCs, such as diabetes, cardiovascular disease and respiratory disease, will also experience a common mental health problem, with an even higher proportion experiencing poor mental health. Coexisting mental and physical health problems are associated with a poorer prognosis and considerably higher healthcare costs.

5.27 It is well documented that the provision of a comprehensive liaison mental health service offer will have wide ranging benefits for service users, their families and carers, service providers and the wider health economy.

5.28 The key anticipated benefits from increased investment in an all age liaison mental health offer include:

- a reduction in inappropriate general hospital inpatient admissions
- a reduction in attendances at ED
- improved discharge planning and coordination resulting in shorter lengths of stay and reduced delayed transfers of care

- an overall improved experience of services resulting from care provided by well-trained and knowledgeable general hospital staff who are not necessarily trained as mental health specialists but can more readily recognise mental health needs
- clearer referral routes and a better understanding of how to access help in the community.

6.0 RECOMMENDATIONS

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

Report to:	STRATEGIC COMMISSIONING BOARD	
Date:	24 July 2019	
Reporting Member / Officer of Strategic Commissioning Board	Councillor Eleanor Wills – Executive Member , Adult Social Care and Population Health Stephanie Butterworth – Director of Adult Services	
Subject:	NEW SUPPORTED LIVING SCHEMES – ACCOMMODATION FOR PEOPLE WITH A LEARNING DISABILITY	
Report Summary:	<p>The demand for supported living schemes in Tameside is now outstripping supply – there are currently 11 people on the waiting list held in Adult Services by its Accommodation Options Group, and there are 7 people identified for transition in the next two years from Children’s Services requiring 24 hour support who need to be planned for. In addition, the number of people with a learning disability living in costly out of borough places has increased recently, primarily due to the lack of supported accommodation capacity locally to meet need – there is a real concern that without increasing capacity such costly placements will very quickly become long term and the opportunity to return people to supported living in the borough will be lost.</p> <p>This report outlines two schemes that have been discussed over the past six months and will be made available for use by Adult Services in the next 3-18 months, subject to approval from Strategic Commissioning Board to progress the two schemes.</p> <p>Adult Services considers that the savings offered outweighs the loss of flexibility resulting from entering into longer term arrangements for new accommodation schemes.</p>	
Recommendations:	<ol style="list-style-type: none">1. That approval is given to progress two accommodation schemes – Melbourne Street (Stalybridge) and Hart Street (Droylsden) – to increase capacity in the borough for the provision of supported living for adults with a learning disability to live in their own homes.2. That authority is given to the Director of Adult Services to agree terms in consultation with the Borough Solicitor to enter agreements to use two schemes – Melbourne Street (Stalybridge) and Hart Street (Droylsden) - to deliver 24 hour supported accommodation for people with a learning disability subject to STAR advising on application of the Public Contracts Regulations 2015 before any further work undertaken.3. That approval is given to provide the support in each scheme by the in-house Long Term Support Service.	
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	Integrated Commissioning Fund	Section 75
	Decision Required By	Strategic Commissioning Board / Executive Cabinet

Organisation and Directorate	(TBC)
Budget Allocation	Tameside MBC – Adult Services The related rent and service charges levied by landlords within tenancy agreements with service users will be financed via housing benefit. However, any related void periods will need to be stringently managed as these will be a cost to the Adult Services revenue budget.

Additional Comments

It is essential that the recommended accommodation schemes are progressed urgently should approval to do so be granted. As explained in the report the accommodation will support the delivery of an approved Adult Services savings scheme in the current financial year relating to the resettlement of service users currently supported in higher cost out of borough placements and young adults that will transition from Children's Services requiring intensive support. The level of savings to be delivered in 2019/20 is £191,000 increasing to £254,000 in 2020/21.

Alternative proposals to deliver these levels of savings will need to be identified if the provision of the related accommodation is delayed.

Legal Implications:

(Authorised by the Borough Solicitor)

The Council will be committed to long term obligations with the housing providers. This can include financial obligations, for example, where units are stood empty, however, most of the Council's obligations in these types of agreement tend to centre around the Council supporting the occupants with their tenancies and day to day property management, such as fire alarm testing and reporting required repairs, to keep the properties safe and well maintained. There is usually little room in the initial term to bring the agreement to an end, if, for example, the arrangement was not working, however, these agreements generally envisage the parties working together, reviewing the operation of the agreement and resolving any differences. This should support the success of the schemes and mitigate any financial implications.

STAR should separately consider the application of the Public Contracts Regulations 2015 to these transactions.

How do proposals align with Health & Wellbeing Strategy?

The proposal aligns with the Starting Well, Living Well and Ageing Well programmes

How do proposals align with Locality Plan?

The service links into the Council's priorities for People:-

- Help people to live independent lifestyles supported by responsible communities.
- Improve Health and wellbeing of residents
- Protect the most vulnerable

How do proposals align with the Commissioning Strategy?	This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly: - Creating the right care model so that people with long term support needs have the opportunity to build independence skills and reduce dependency on the health and social care system
Recommendations / views of the Health and Care Advisory Group:	This report has not been presented at HCAG
Public and Patient Implications:	Those accessing the service have been identified as having eligible needs under the Care Act 2014
Quality Implications:	The accommodation will support quality outcomes for people to be able to live in their own home
How do the proposals help to reduce health inequalities?	The service delivers whole life support to vulnerable adults including ensuring individuals have access to a healthy lifestyle and routine medical checks
What are the Equality and Diversity implications?	There are no negative equality and diversity implications associated with this report, see the Equality Impact Assessment at Appendix A .
What are the safeguarding implications?	There are no safeguarding implications associated with this report. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.
What are the Information Governance implications?	Personal data relating to the occupants of the properties, as well as in relation to officers of the Council, will be held by the two housing providers. The Council will potentially hold personal data relating to the employees or contractors of the housing providers. The housing providers and the Council must comply with the provisions of the General Data Protection Regulation and the Data Protection Act 1998 in relation to their handling of this data and this will be further underpinned by relevant and appropriate provisions governing the handling of data in the management agreements. .
Has a privacy impact assessment been conducted?	A privacy impact assessment has not been carried out.
Risk Management:	It is essential that, with the challenges of tighter budgets in the future and the personalisation of adult social care and with it the exercising of increased individual choice and control, a diverse market across the social care sector is stimulated to meet need. Adopting a strategic approach that works closely with existing and future providers of social care support is essential in supporting delivery within tighter budget controls whilst implementing this exciting policy direction. A change to larger supported living schemes at a time of austerity has the potential to generate significant savings whilst managing growing demand. While there are risks with the schemes in

entering into long term arrangements and in relation to poor service delivery, these will be managed by working closely with the providers and operation of management agreements. These risks also need to be balanced against the risk of not fulfilling statutory and legal duties to provide support services if the quantity of supported accommodation is not increased.

Risks will be identified and managed by the implementation team.

Access to Information:

APPENDIX A	Equality impact assessment
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The background papers relating to this report can be inspected by contacting the report writer, Trevor Tench:



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1. INTRODUCTION

- 1.1 The Council has a proud record of supporting people with a learning disability who have complex needs requiring 24 hours per day support in ordinary housing – in both group homes and in larger schemes of self-contained flats. This started in the early 1990s with supporting people to move out of institutional care - both from long stay hospitals and local authority hostels - into ordinary housing in the community with the support required to meet assessed needs.
- 1.2 The demand for supported living schemes in Tameside is now outstripping supply and there is therefore a need to expand the amount of supported accommodation schemes to meet this. There are currently eleven people on the waiting list held by Adult Services Accommodation Options Group (AOG) along with seven people identified for transition from Children's Services in the next two years all of whom require 24 hour support daily. In addition, the number of people with a learning disability living in costly out of borough placements has increased recently, primarily due to the lack of capacity in services locally to meet need. There is a real concern that without increasing capacity such costly placements will very quickly become long term and the opportunity to return people to supported living in the borough will be lost.
- 1.3 The Council continues to face significant budgetary challenges and has therefore been reviewing its models of service delivery, looking at new and innovative approaches to deliver services whilst reducing the cost of provision significantly. One significant area of service delivery, and therefore adult social care budget, is the delivery of 24 hour supported living for people with a learning disability which has been reviewed over the last five years.
- 1.4 In particular, the provision of support in shared houses in groups of two, three or four people has been subject to a slow revolution with the move to larger schemes of self-contained flats offering 24 hour support to people with complex needs. This has seen the successful introduction of three such schemes at Town Lane, Carlton Springs and Saint Anne's House – all three schemes have successfully challenged the need for group living for a number of people who have complex needs delivering some fantastic outcomes and thereby significantly improving the quality of lives of people living for the first time in their own flats.
- 1.5 The growth of larger schemes has in some part been due to some of the issues associated with group living where significant resource is required to support people to live together, particularly where living so closely can lead to disagreements and flash points that require careful and timely responses to managing arguments and personal behaviours. To mitigate this risk it is often the case that double cover is put in place to ensure safety for all concerned, i.e. co-tenants and staff. Larger supported accommodation schemes allow the delivery of support to meet assessed needs appropriately, and deliver savings over group living schemes as economies of scale allow lower unit costs.
- 1.6 Adult Services constantly reviews the accommodation it uses to provide support to people and has over the past 12 months recognised that a number of properties currently being used are no longer fit for purpose and do not match the ambition Adult Services has for the people it supports. The Accommodation Options Group (AOG) has identified some ten properties currently that are no longer fit for purpose and provide some compromise in maximising outcomes for individuals. Not all the people living in group homes need to remain living in group situations and are ready, with the appropriate support, to move into their own self-contained accommodation in larger schemes with access to 24-hour support.
- 1.7 Based on the success of larger supported living schemes comprising individual flats developed initially across adult social care groupings Adult Services have been looking at opportunities to apply this approach further, delivering the benefits of self-contained accommodation for people, increasing the capacity of accommodation in the Borough to

meet needs locally, and exploring the potential to make significant savings. In addition, where it is clear that service users benefit from being supported in group living situations, options are being explored to replace housing stock that is no longer fit for purpose with new properties that will support people's needs in the longer term.

2. PROPOSAL

- 2.1 Based on the need to increase capacity to meet existing and future need as outlined in Section 1 of this report, it is proposed that in increasing the accommodation needs of the existing and future learning disability population in Tameside that new schemes of self-contained flats in larger schemes and fit for purpose group homes be sourced.
- 2.2 The ambition of Adult Services is to seek modern accommodation, either existing property built within the last ten years or totally new build schemes that meet existing and future needs. No longer should the service compromise its ambition for the people it supports by accepting properties that are simply just "good enough" to provide a short-term solution to prevalent pressures rather than developing long term answers that provide "homes for life".
- 2.3 Discussions are ongoing with a number of providers in relation to accommodation needs of all adult groups, but in relation to supported accommodation for people with a learning disability two schemes have emerged over the past six months that fit the ambition of Adult Services, namely:
- A scheme of up to 14 self-contained flats at 28-36 Melbourne Street in the centre of Stalybridge that will be owned and offered through the local provider "Homes for Life".
 - A scheme of 5 new build self-contained flats that will be developed on a plot of land on Hart Street in Droylsden – this accommodation will be managed and run by Care Housing Association.

Homes for Life - Stalybridge Scheme

- 2.4 Homes for Life is a Limited Company owned and operated by Michael and David Cowell with whom the Council has worked successfully in a number of smaller supported housing schemes along with a larger a block of self-contained flats in Town Lane, Denton.
- 2.5 The proposal is that Homes for Life will acquire an existing development with 14 self-contained flats in the one building located in the centre of Stalybridge town centre (28-36 Melbourne Street) which will then be made available to the Council for use by people with a learning disability. Homes for Life have indicated that this accommodation can be made available within the next 3 to 6 months.
- 2.6 It is proposed that the Council would be allocated the whole building and this arrangement will be covered by a Management Agreement – this will be based on similar arrangements currently in place between the Council and Homes for Life in relation to the supported living scheme at Town Lane in Denton. The individual flats will be covered by individual tenancies between Homes for Life as the landlord and the people supported by the Council who will be direct tenants.
- 2.7 The flats were built within the last 10 years and would provide a very good standard of accommodation for the target service user group.
- 2.8 It is proposed that support in the scheme will be delivered by the in-house Long Term Support (LTS) Service which has experience of successfully delivering larger schemes of self-contained accommodation in the borough.
- 2.9 Using previous knowledge on similar schemes at Beaumont House and Carlton Springs which are operated by the LTS Service this project will not fall into the "care home" category

as each service user has a tenancy for their own individual flat. A fire risk assessment will be devised with the landlord for each flat and normal fire evacuation procedures will be adopted to get people out of their flats in the case of a fire in the building.

Care Housing Association – Hart Street, Droylsden

- 2.10 Care Housing Association do not currently operate any properties in Tameside, but have been working with a local building firm to deliver a new build scheme on Hart Street in Droylsden. Care Housing develops supported living properties across England for vulnerable people, work on a not-for-profit basis within the social housing sector and seeks to provide accommodation and housing management services. As a Registered Provider (RP) with the Regulator for Social Housing they aim to continue to develop happy, sustainable homes for the benefit of vulnerable people and help them increase their quality of lives by promoting choice, individuality and independence.
- 2.11 It is proposed that the Council would be granted 100% nomination rights for this new build property of five flats, and this arrangement will be covered by a Management Agreement which has been produced with support from colleagues in Legal Services as part of the ongoing discussions on this project. The individual flats will be covered by individual tenancies between the tenants and Homes for Life as the landlord.
- 2.12 The flats will be built in the next 12-18 months and from discussion on the plans will provide a very good standard of accommodation for the target service user group.
- 2.13 The proposal again is that the support in the scheme will again be delivered by the in-house LTS Service. The scheme will build further capacity in the borough to potentially meet the demand currently identified.
- 2.14 As with the above scheme this project will not fall into the “care home” category as each service user will have a tenancy for their own individual flat. A fire risk assessment will be devised with the landlord for each flat and normal fire evacuation procedures will be adopted to get people out of their flats in the case of a fire in the building

3 VALUE FOR MONEY

- 3.1 These two schemes have been identified as part of wider plans to build supported living capacity to support people to live in their own homes in the borough.
- 3.2 The schemes will house a number of people identified to return from costly out of borough placements who are the subject of one of the current Adult Services saving schemes for 2019-20. The particular target will be to resettle a number of people back to the borough, and deal with some of the existing waiting lists held by AOG.
- 3.3 This particular savings scheme is dependent on the provision of new accommodation to meet the targets set, and it is important to note that the accommodation offered is the first that has become available in the 12 months that this savings project has been worked on.
- 3.4 The additional accommodation outlined is therefore critical in delivering the £191,000 savings proposal in 2019/20 (increasing to £ 254,000 in 2020/21) identified in relation to resettling people back to the borough from costly out of borough placements.
- 3.5 Supporting people in larger schemes of self-contained flats not only offers better quality independent living for individuals, it allows the delivery of 24 hour support in a far more cost-efficient way, and is certainly far more cost effective than being placed in high cost residential placements out of borough.

- 3.6 The additional capacity supporting more people in the borough will require more staff – new jobs will therefore also be created locally, and the people being supported will be spending their income in the local areas of Stalybridge and Droylsden.

Homes for Life – Melbourne Street, Stalybridge

- 3.7 Homes for Life are in the process of purchasing the property in Stalybridge Town Centre and given the outlay are looking for an initial agreement for up to twenty years – an agreed break clause at ten years has yet to be agreed as discussions are at an early stage. This will be in line with the agreement reached with the Council on the other larger property of self-contained flats owned by Homes for Life at Town Lane in Denton.
- 3.8 The rent for the flats will be set at the current rate for the flats at Town Lane which stand at £191 per flat per week. In consultation with the Council's Property Management Team this level of rent, whilst at the higher end, is not unusual where supported accommodation is being made available for people with a learning disability. The rents at Town Lane have been consistently met by Housing Benefit throughout the life of the scheme.
- 3.9 As the Council will be providing a housing management function at the proposed scheme service charges will be added to the rent schedule to fund the additional work required in recognition of the delivery of these duties – such charges will be in line with those currently levied by the Property Management Team on similar schemes they operate.
- 3.10 **Care Housing Association – Hart Street Droylsden** - Care Housing Association, working with their builder locally, are in the final stages of progressing the development of the new build five flat scheme on land at Hart Street in Droylsden. They are looking for an initial agreement with the Council for up to ten years but there will be available an option to break at 6 years
- 3.11 The rent for each flat will be set at £150.25 per week, with services charges for housing management activity set at £87.69 on top of this. The total weekly rent for each flat will therefore be £241.64. Again, in consultation with the Council's Property Management Team confirmation has been given that such rent levels are comfortably achievable where supported accommodation is being made available for people with a learning disability.
- 3.12 Care Housing Association will provide the housing management function at the property so the rents and service charges will be directed in their entirety. The Council will be liable to cover the cost of any voids (i.e. empty units), however, this is considered to be a low risk because of the demand for the accommodation.

4 ALTERNATIVES CONSIDERED

- 4.1 There are three main options moving forward:

- Close the service
- The “do nothing” approach
- Expand the portfolio of accommodation to meet existing and future needs of the learning disabled population in Tameside.

Service Closure

- 4.2 The service user group is largely people with a learning disability who have complex needs and who will need intensive support for the remainder of their lives. The number of people who need this service is increasing as a result of young people moving out of Children's Services, lack of accommodation capacity forcing an increased number of people being placed in costly accommodation, and increased life expectancy of this group as a result of advances in health care and other technology. Any cessation of this service would be likely

to result in support having to be provided in individual properties or via institutional accommodation. In both cases this is likely to be more expensive. As a result it is simple to conclude that closure of the service is not desirable and unlikely to be popular or viable.

“Do Nothing” Approach

- 4.3 This would mean that Adult Services would continue to deliver support people in the existing accommodation stock. However, this means that service users who are in need of accommodation will be reliant on tenancies becoming available in that stock. Vacancies in group homes can take some considerable time to fill given the detailed compatibility work required between the existing tenants and the person being referred – filling individual flats can be done very quickly – hence the preference to develop larger schemes of self-contained flats rather than group homes.
- 4.4 Given the existing demand being experienced from children going through transition to adult services, increasing demand from people coming into the service where long-term family support has broken down, and people living longer the “do nothing” approach means that the Council will become increasingly reliant on costly out of borough residential places. Not only would this be a poor response for those users who find themselves in the position that the only option is for them to move to a residential placement outside of the area that they have been brought up in, it would be financially very difficult for the Council given the excessive cost of out of borough placements.
- 4.5 With the increasing demand for accommodation, legislation directing people to be supported to live in their own homes for as long as possible, and the financial efficiency of supporting people to live in the borough rather than in expensive residential placements away from the locality –as a result the option to do nothing is not a viable one.

Expansion of Available Accommodation

- 4.6 There is a clear need to increase the amount of supported accommodation to meet the pressure of demand currently which will grow in the coming years, particularly with the young people transitioning to adult services.
- 4.7 In addition to meeting current and increasing demand, ten properties currently being used in Adult Services are not fit for purpose and need replacing.
- 4.8 The two schemes will enable the resettlement of a number of people from out of borough placements and put much needed additional capacity into the borough.

5 EQUALITIES

- 5.1 It is not anticipated that there are any negative equality and diversity issues with this proposal, see EIA available at **Appendix 1** to the report.

6 RISK MANAGEMENT

- 6.1 Any risks of poor service delivery will be mitigated by close monitoring of the service by close working relationships between officers representing the Council and the two accommodation providers to ensure that the agreements are being fully met and that subsequently people accessing the accommodation enjoy the agreed quality of accommodation.
- 6.2 There is a significant risk that not expanding the quantity of supported accommodation available for people with a learning disability to meet growing demand will mean that the Council would not fulfill its statutory and legal duty to provide support services in appropriate settings in a homely environment whilst meeting eligible needs.

- 6.3 There is a risk in the Council entering long term arrangements surrounding the two schemes. The justification for entering into longer term commitments on these two schemes is to reflect the ambition of Adult Services to source modern accommodation, either existing property built within the last ten years or totally new build schemes that meet existing and future needs alongside wherever possible offering “homes for life”. Schemes such as these two offer opportunities to deliver significant savings and going forward operate at the optimum level of financial efficiency in supporting people with complex needs requiring 24 hour support in their own homes. The Council is clear that this very vulnerable group of people, who are increasing in numbers, will require support for the rest of their lives - the modern high quality accommodation proposed will allow people to live in their own self-contained living space rather than shared arrangements that in the majority of cases wouldn't be their chosen living arrangement.
- 6.4 There is a financial risk to the Council in relation to covering any voids, however, this risk is mitigated by the demand for the accommodation as set out above. These types of agreement also tend to give rise to a financial liability for the Council upon the happening of certain events e.g. damage to the property by an occupant where the cost of repair is not recoverable from the occupant. Such risks should be managed through close working with the providers and through support from LTS.

7 CONCLUSION

- 7.1 This report seeks approval to progress the two accommodation proposals in the centre of Stalybridge and at Hart Street in Droylsden – both schemes will delivering high quality self-contained living environments offering the opportunity to deliver cost effective services for people requiring long term 24 hour support.
- 7.2 The two schemes will support the delivery of £191,000 as part of the Adult Services savings proposal in 2019/20, increasing to £ 254,000 in 2020/21.
- 7.3 In supporting progression of these two schemes the Council is making a strong commitment to meeting the needs of people with a learning disability by prioritising the continuation of the provision of 24 hour supported living service.

8 RECOMMENDATIONS

- 8.1 As set out on the report cover.

APPENDIX A

Equality Impact Assessment

Subject / Title	New Supported Living Schemes – Accommodation for People with a Learning Disability
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Team	Department	Directorate
Joint Commissioning and Performance Management	Adults	Adults

Start Date	Completion Date
7 May 2019	7 May 2019

Project Lead Officer	Trevor Tench
Contract / Commissioning Manager	Denise Buckley, Giovanna Surico-Hassall
Assistant Director/ Director	Stephanie Butterworth

EIA Group (lead contact first)	Job title	Service
Trevor Tench	Head of Commissioning	Adult Services – Commissioning and Performance
Denise Buckley	Contracts and Commissioning Officer	Adult Services – Commissioning and Performance
Giovanna Surico-Hassall	Team Manager	Operations – Adult Services
Adam Lomas	Assistant Team Manager	Operations – Adult Services

PART 1 – INITIAL SCREENING

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

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

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

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or

small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

1a.	What is the project, proposal or service / contract change?	The proposal is enter into agreements for two new supported living schemes in Stalybridge and Droylsden to meet the current demand for accommodation for people with a learning disability
1b.	What are the main aims of the project, proposal or service / contract change?	<p>This would be the first step in increasing the amount of available supported accommodation for people with a learning disability to live in their own homes in the community.</p> <p>There is a need to increase capacity to meet current and future demand, and address some immediate issues around existing properties no longer being fit for purpose in relation to meeting people's presenting needs.</p> <p>The two schemes will support the delivery of one of Adult Services savings schemes which targets a saving of £195,000 per year.</p>

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.				
Protected Characteristic	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Age	✓			The service is for adults 18+. Those under 18 will have access to care and support via children's services
Disability	✓			The service is for adults with a learning disability. Adults who do not have a learning disability will access adult services if they have an eligible need as per the Care Act 2014

Ethnicity			✓	
Sex			✓	
Religion or Belief			✓	
Sexual Orientation			✓	
Gender Reassignment			✓	
Pregnancy & Maternity			✓	
Marriage & Civil Partnership			✓	
Other protected groups determined locally by Tameside and Glossop Strategic Commission?				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Mental Health	✓			Service users may have a secondary mental health support need in addition to their learning disability. Individuals whose primary need is mental health, will access other appropriate services
Carers	✓			The service supports carers to plan the long term needs of the person they support along with crisis support
Military Veterans			✓	
Breast Feeding			✓	
Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? <i>(e.g. vulnerable residents, isolated residents, low income households, those who are homeless)</i>				

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

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

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
			✓
1e.	What are your reasons for the decision made at 1d?	The increased provision of accommodation will allow access to appropriate provision, offer more choice and control over the support individuals need to improve and better manage their wellbeing, contributing to improved experiences and outcomes. The service is open to anyone who meets the criteria.	

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	24 July 2019
Executive Member/Reporting Officer:	Cllr Gerald P Cooney – Executive Member (Housing, Planning and Employment) Emma Varnam – Assistant Director, Operations & Neighbourhoods
Subject:	UPDATE ON HOMELESSNESS, ROUGH SLEEPING IN TAMESIDE & THE "A BED EVERY NIGHT" SERVICE
Report Summary:	This report provides an update on rough sleeping in Tameside, the work undertaken to tackle rough sleeping & the “A Bed Every Night” (ABEN) service.
Recommendations:	<p>Strategic Commissioning Board to receive the report with following recommendations for Cabinet:</p> <ol style="list-style-type: none">1. to acknowledge the success of the ABEN and wider rough sleeping service and to support to the development of work of the service.2. Agree to the immediate identification of an alternative venue for the ABEN Service.3. Cease the delivery of ABEN Service at Ryecroft Library and transfer to a new location as soon as practically possible.4. to acknowledge the welcome announcement of financial support for the ABEN from the GM Joint Commission Board allowing for a joined up response across the public sector of healthcare and housing need.
Corporate Plan:	Provision of services for rough sleepers supports the corporate plan by helping some of the most vulnerable residents of the borough to live well through nurturing communities.
Policy Implications:	Provision of services for rough sleepers contributes significantly to the delivery of the Council's “Preventing Homelessness Strategy 2018-2021” in tackling rough sleeping head-on and providing positive long-term outcomes for those accessing the service. This strategy was approved by the Council in September 2018.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>The ABEN service is currently funded in its entirety by grant funding which has been confirmed to run until at least June 2020. If this funding ceases after June 2020 a review of the service provided within Tameside will need to be carried out. As stated in the report, the service also receives an additional grant: Rough Sleeping Initiative funding from MHCLG which funds specific schemes.</p> <p>Currently, the costs of using Ryecroft Hall are funded through ABEN, however any set up costs of a new hub would need to be assessed once an appropriate building has been identified.</p>
Legal Implications: (Authorised by the Borough Solicitor)	Whilst there is no statutory requirement to provide overnight accommodation for rough sleepers unless they meet the criteria set out in the Homelessness Reduction Act 2017 (with effect from 3 April 2018), Central and Local Government strategy is to work

to devise mechanisms to reduce numbers, and so any funding received to support these strategies must be used appropriately and in accordance with the same. Data is required to be collated and analysed under the Act, and so compliance with strategies is monitored nationally. It would be helpful to demonstrate that whilst a priority service it is providing value for money on the significant cost avoidance it achieves particularly for partner organisations.

Risk Management:

Failing to provide services aimed at tackling rough sleeping could lead to a rise in the number of rough sleepers across the borough and an increase in vulnerability for those at risk of rough sleeping.

Access to Information:

APPENDIX 1	infographic of key info re bed for a night service.
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The background papers relating to this report can be inspected by contacting the report author John Gregory – Head of Community Safety & Homelessness:



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1. INTRODUCTION

- 1.1 Homelessness and rough sleeping have significantly increased over the past decade, both regionally and nationally as well as locally within Tameside. Government figures show that there were 1768 people sleeping rough in England in 2010, a figure which rose to 4677 by 2018.
- 1.2 Although the figures are much higher in city centre locations, every town & borough in the UK has its own rough sleeping problem – in Tameside, there were 7 people rough sleeping across the whole borough in 2012, but this had risen to 42 by 2017.
- 1.3 There are many reasons why some people end up sleeping rough – poverty, unemployment, drug & alcohol addiction, debt, family breakdowns, mental health and a wide range of other issues can result in our most vulnerable residents being on the street with no prospect of obtaining a place to live or even a bed for the night.
- 1.4 Local Authorities have a statutory duty to house certain people who are homeless, but this duty does not cover people who are considered “intentionally homeless” or who do not have a “priority need” – for example those who have been evicted for failing to pay rent, or for tenancy issues related to drug/alcohol issues. Some people have no recourse to public funds, and as such the Authority is unable to house them, which can also result in people having no other option but to sleep rough.
- 1.5 Sleeping rough brings with it a wide range of risks for people who are already extremely vulnerable. Spending just one night on the streets will make a person feel unwell. Spending numerous nights out – with little or no prospect of getting off the streets, can very quickly lead to serious physical and mental health problems. If addiction is the primary cause of someone rough sleeping, then sleeping rough will tend to increase their use of drugs or alcohol in order to mask the situation they find themselves in. Even those with no addiction issues can very quickly be drawn into drug and/or alcohol use once they start sleeping rough.
- 1.6 Rough sleepers are also vulnerable to abuse & exploitation and are much more likely to become victims of crime.
- 1.7 Rough sleeping is a key priority contained within the Tameside corporate plan under the heading of “nurturing communities”.
- 1.8 Rough sleeping was likely to continue to increase in Tameside and across Greater Manchester unless significant action was taken.

2. ROUGH SLEEPING INITIATIVE

- 2.1 In 2018/19, Tameside Council successfully applied for a grant under a new scheme announced by the Ministry of Housing, Community & Local Government (MHCLG) – the “Rough Sleeping Initiative” (RSI).
- 2.2 The 2018/19 grant was £309,115 and was used to implement several schemes designed to tackle rough sleeping in Tameside during 2018/19.
- 2.3 The schemes funded by this grant include the employment of specific members of staff tasked with co-ordinating work to tackle rough sleeping, additional outreach workers, additional accommodation units, winter provision and a rent guarantor scheme.
- 2.4 The RSI work has been closely monitored by MHCLG and Tameside has recently been granted a further £420,000 for 2019/20.

3. “A BED EVERY NIGHT” (ABEN)

- 3.1 When he was elected as Mayor of Greater Manchester in May 2017, Andy Burnham made tackling homelessness and rough sleeping a top priority. As part of his pledge to tackle rough sleeping, he started the Mayor’s Homelessness fund – a charitable fund designed from the outset to help deal with homelessness & rough sleeping across Greater Manchester.
- 3.2 In Spring 2018, the GM Mayor approached all 10 GM authorities with a proposal to introduce an innovative new scheme called “A Bed Every Night” (ABEN). The Mayor asked for assistance from the Authorities in offering a bed in a safe, warm environment every night between 1 November 2018 and 31 March 2019 for anyone who was rough sleeping.
- 3.3 Funding for the scheme would come from the Mayor’s homeless charity, but the scheme would be managed and operated by each individual GM Local Authority. Authorities were free to design their own services, without excessive interference from the Combined Authority.
- 3.4 Every winter, until the winter of 2017/2018, Tameside, along with all other Local Authorities was statutorily obliged to provide shelter for all rough sleepers if the temperature fell below freezing. The opportunity to extend this provision throughout the winter months was seen as a significant opportunity to provide a much improved winter service for rough sleepers in Tameside.
- 3.5 Work commenced over the summer of 2018 to design an ABEN service for Tameside and to identify premises in which rough sleepers could be accommodated. Working with the third sector, two church halls – St Christopher’s in Ashton and Union Church in Hyde - were identified as appropriate buildings & agreement was reached with both churches that they would be used alternately for the ABEN provision in Tameside for the six month proposed period of the scheme.
- 3.6 Provision at the Churches was basic; single camp beds in a dormitory style with very little in the way of luxury, but service users would be provided with clean bedding, a place to wash & shower, and a basic meal in the evenings and mornings. The service would only be available between 9.00pm and 9.00am, but would be open every night, irrespective of the weather conditions.
- 3.7 In the last week of October 2018, an official rough sleeper count was carried out & 36 individuals were found to be sleeping rough in Tameside – 6 less than the count earlier in the year, but still a significant number. It was unknown at this time how popular the ABEN service was likely to become, but 20 bed spaces were immediately available for male rough sleepers, with provision for the much smaller number of females to be given in bed & breakfast accommodation.
- 3.8 Through November, the number of people accessing the service quickly grew. In mid-December, it became clear that the space available in the churches would soon be insufficient & that a further building was required if the Council were to fulfil its commitment to provide a bed every night for all rough sleepers.
- 3.9 After considering – and rejecting – a number of possible options, the old library building in the grounds of Ryecroft Hall was identified as a suitable location. The building had only recently been vacated by a pupil referral unit, it was in good condition, was safe and easily accessible. There was also enough room to accommodate any additional rough sleepers who could not be accommodated at the church halls.

- 3.10 Beds and supplies were taken to the Ryecroft building during the week before Christmas, but no-one was accommodated there until the new year, when numbers of people presenting as rough sleeping started to rise again.
- 3.11 By late February, the service (across all sites) was accommodating between 32 and 36 people every night. In addition to the simple fact that these individuals were accommodated overnight, the service started to demonstrate a number of other longer term advantages.
- 3.12 Many of the rough sleepers had not had any kind of home for a number of years, but having access to the ABEN scheme allowed them to start to form some routines in their lives – routines which many of them had struggled to build for a long time.
- 3.13 Having the majority of the boroughs rough sleeping population in one or two places every night allowed the Homelessness team to build support around the service users much more effectively than they had ever done before. Drug & alcohol rehabilitation, housing options, welfare support and physical & mental health services could all be delivered to the service users whose previous chaotic lifestyles meant they were often unable to attend appointments and would often “fall off the grid”.
- 3.14 Most significantly of all, however, was the opportunity to work regularly and importantly build trust with service users to try to get them into more permanent accommodation. It is this area of work, which is probably the most significant success of the service. Since 1 November 2018, more than 40 ABEN service users have been moved into more permanent accommodation, and no longer need the short-term hostel accommodation offered by the ABEN service.
- 3.15 A large proportion of the success of the Tameside ABEN scheme is down to the assistance of a number of charitable partners, who have brought not just help and assistance, but also a breadth of knowledge of the Tameside rough sleeping population, and the ability to connect with even the most entrenched rough sleepers – some of whom would not want to engage with “officials”.
- 3.16 The service has also evolved since starting in November 2018. In the early days, some rough sleepers were excluded from the scheme because of choices they made. For example, there was no provision for couples, or rough sleepers with pets. As the service continued to develop, provision for both these groups was established.
- 3.17 A rough sleepers count was carried out in the last week of March 2019, and in 6 months, the number of rough sleepers in Tameside had fallen by 2/3rds from 36 to 12. A further count was carried out on the night of 30/31 May, and the number had fallen further to 9.
- 3.18 No other programmes in recent years have led to such a significant reduction in the numbers of rough sleepers in Tameside, and the Tameside scheme has been praised by the Combined Authority as a trailblazing scheme which has had an overwhelmingly positive effect.
- 3.19 Please see **Appendix A** for the ABEN Infographic.

4. CONTINUATION OF THE ABEN SERVICE

- 4.1 The initial request from the GM Mayor was for the ABEN service to operate as a pilot scheme during the winter months of November 2018 to March 2019.
- 4.2 As the successes of the service became more and more apparent, by early February, Authorities across Greater Manchester were beginning to realise that ending the service in

March would cause serious problems for the service users, who would likely go back to sleeping rough, with all the problems associated with returning to the streets. Discussions started to take place about how to continue the service beyond 31 March 2019.

- 4.3 In Mid-March, Andy Burnham announced that he was attempting to identify additional funding streams which would allow the service to continue throughout the year. In the meantime, he announced that funding would continue, so that the service could remain operational until the end of May 2019.
- 4.4 In late May 2019, the Mayor announced further additional funding which would allow ABEN to move into “phase 2”. The funding will remain in place until 1 June 2020, so the service now has a clear 12 months ahead, to allow authorities to build on the significant successes of the first phase.
- 4.5 Continuation of the ABEN service also contributes significantly to the delivery of the Council’s “Preventing Homelessness Strategy 2018-2021” in tackling rough sleeping head-on and providing positive long-term outcomes for those accessing the service. This strategy was approved by the Council in September 2018.

5. ISSUES

- 5.1 The scheme has not been without its problems, however. The rough sleeping population contains a number of individuals with serious addiction issues, mental health problems, criminal histories and other problems, which in many cases have been the cause of their homelessness in the first place. These issues can and do occasionally result in minor instances of disorder and anti-social behaviour occurring both inside and outside the ABEN sites.
- 5.2 Understandably, local residents living close to the ABEN sites, have expressed their concerns about a homeless hostel opening close to their homes. Some have been quite vocal in expressing their concerns, particularly in relation to the proximity of the site to a public park and children’s playground. Protests have been held, a petition has been organised and residents have written to local Elected Members and MPs with their concerns.
- 5.3 Measures have been put in place in an attempt to alleviate the residents’ concerns. The site is now staffed by security guards during the day as well as at night, to prevent service users from hanging around outside the building or in the vicinity of the park. Residents are carefully selected for the Ryecroft site in an attempt to ensure only the most settled individuals stay there until they can be rehoused.
- 5.4 Despite these measures, however, Residents continue to express their concerns. Had the service ended as planned on 31 March 2019, this would no longer be an issue, but with the announcement that the service has now been extended to June 2020, the use of Ryecroft library now needs to be immediately reviewed.
- 5.5 To further compound the current accommodation issues, Union Church in Hyde have now given notice that they can no longer allow their church hall to be used for the ABEN service, as they require the hall for their own use over the summer.
- 5.6 The search is on for a more appropriate premise from which to operate the ABEN service. Any such move needs to be carefully planned in order to minimise any potential disruption to local residents and to the ABEN service users.

- 5.7 There are currently a number of empty and unused nursing homes within the borough. These homes could provide a suitable location for the service, providing the locations are deemed appropriate & the buildings are fit for purpose.
- 5.8 It should also be noted that all ABEN service users are accommodated within the service as their only other option would be to sleep rough, with all the risks associated with rough sleeping. Any change in location would, therefore require the new location to be complete and ready before any service users were asked to leave Ryecroft. Failing to do so would lead to serious issues for some very vulnerable individuals.

6. THE WIDER HOMELESSNESS PICTURE

- 6.1 Rough sleeping is not the only issue faced by the homelessness service and, in fact, could be considered to be the “tip of the iceberg”.
- 6.2 Multiple issues such as poverty, universal credit, rogue landlords, domestic breakdowns and abuse have led to a significant rise in the numbers of families and individuals becoming homeless or at risk of becoming homeless.
- 6.3 In 2017, 560 people or families were officially homeless in Tameside – a figure which was more than double that of two years previously and which is set to continue to rise over the next few years. 160 families are currently living in temporary accommodation with demand for homes greatly outstripping supply.
- 6.4 Tameside Council commissions its homelessness service and that commission is currently held by Jigsaw Homes (formerly New Charter). Since New Charter was amalgamated with Jigsaw Homes, there is uncertainty about Jigsaw Homes continuing to provide this service beyond the end of the current contract in 2020.

7. THE FUTURE OF THE ABEN SERVICE

- 7.1 The TMBC Homelessness service has ambitions for the ABEN service to be a part of a cutting edge provision for rough sleepers which not only provides them with an initial place to stay, but which also wraps services around the hostel provision & works with individuals to tackle their problems, improve their health & wellbeing and get them back into suitable long-term housing.
- 7.2 Now that ongoing funding has been confirmed, together with the RSI funding, these ambitions are much more realistic and the Head of Service is keen to progress with the further development of these proposals.
- 7.3 Once a new ABEN site has been identified, the proposal is that the site becomes a permanent rough sleeping “resource”, staffed day and night with skilled people who are able to engage with the rough sleeping community & offer whatever support is needed. Establishment of the resource centre will be based on the recognition of the complex nature of the problems which lead to rough sleeping and will employ an early intervention model in tackling these issues & supporting people not only back into housing, but in improving their quality of life over the long term, rather than just the short term. The recent announcement of support from the GM Joint Commissioning Board will ensure that healthcare needs will be met in a timely and holistic manner and ensure that homeless families and individuals have appropriate care preventing an escalation of conditions.
- 7.4 A number of options for “move-on” accommodation are also currently being explored. If additional move-on accommodation can be identified, this will reduce the number of people

accessing the ABEN service & will go some way towards accommodating rough sleepers in a more permanent location, rather than the simple hostel-like provision in ABEN.

8. RECOMMENDATIONS

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