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STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 18 December 2019
Time: 1.00 pm
Place: Committee Room 1 - Tameside One

Item No.	AGENDA	Page No
1.	WELCOME AND APOLOGIES To receive any apologies for the meeting from Members of the Strategic Commissioning Board.	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Strategic Commissioning Board.	
3.	MINUTES OF THE PREVIOUS MEETING The Minutes of the meeting of the Strategic Commissioning Board held on 27 November 2019 to be signed by the Chair as a correct record.	1 - 4
4.	FINANCIAL CONTEXT	
a)	MONTH 7 INTEGRATED FINANCE REPORT To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	5 - 14
5.	COMMISSIONING FOR REFORM	
a)	CORE FUNDING – VOLUNTARY, COMMUNITY FAITH AND SOCIAL ENTERPRISE SECTOR (VCFSE). To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Leads for Primary Care / Director of Commissioning.	15 - 38
b)	PRIMARY CARE WORKFORCE STRATEGY To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Leads for Primary Care / Director of Commissioning.	39 - 54
c)	20/21 PROVIDER COMMISSIONING INTENTIONS To consider the attached report of the Executive Member, Adult Care and Population Health / CCG Chair / Director of Commissioning.	55 - 60

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Carolyn Eaton, Principal Democratic Services Officer, 0161 342 3050 or carolyn.eaton@tameside.gov.uk, to whom any apologies for absence should be notified.

6. URGENT ITEMS

To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.

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

Agenda Item 3

STRATEGIC COMMISSIONING BOARD

27 November 2019

Comm: 1.00pm

Term: 1.40pm

Present:	Dr Ashwin Ramachandra – NHS Tameside and Glossop CCG (Chair) Councillor Warren Bray – Tameside MBC Councillor Gerald Cooney – Tameside MBC Councillor Bill Fairfoull – Tameside MBC Councillor Leanne Feeley – Tameside MBC Councillor Oliver Ryan – Tameside MBC Councillor Brenda Warrington – Tameside MBC Councillor Eleanor Wills – Tameside MBC Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer for NHS Tameside and Glossop CCG Carol Prowse – NHS Tameside and Glossop CCG Asad Ali – NHS Tameside and Glossop CCG Dr Vinny Khunger – NHS Tameside and Glossop CCG Dr Christine Ahmed – NHS Tameside and Glossop CCG
In Attendance:	Sandra Stewart – Director of Governance & Pensions Kathy Roe – Director of Finance Jeanelle De Gruchy – Director of Population Health Jayne Traverse – Director of Growth Ian Saxon – Director of Operations & Neighbourhoods Richard Hancock – Director of Children’s Services Tom Wilkinson – Assistant Director of Finance Emma Varnam – Assistant Director of Operations & Neighbourhoods Simon Brunet – Head of Policy, Performance & Intelligence Debbie Watson – Assistant Director of Population Health

Apologies for Councillor Allison Gwynne – Tameside MBC Absence:

42 DECLARATIONS OF INTEREST

There were no declarations of interest.

43 MINUTES

RESOLVED

RESOLVED
That the minutes of the meeting of the Strategic Commissioning Board held on 23 October 2019 be approved as a correct record and signed by the Chair.

44 MONTH 6 INTEGRATED FINANCE REPORT

Consideration was given to a report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance providing an overview on the financial position of the Tameside and Glossop economy in 2019/20. For the year to 31 March 2020 the report forecast that service expenditure would exceed the approved budget in a number of areas, due to a combination of cost pressures, shortfalls in income and non-delivery of savings.

It was explained that for the 2019/20 financial year the Integrated Commissioning Fund was forecast to spend £617.914 million, against an approved net budget of £617.425 million. The forecast overspend at month 6 was now £0.489 million, which was an improved position from the previous month, but masked significant and increased pressures in Children's Services, which was forecasting expenditure to be £6.674 million in excess of budget. Pressures remained in Acute, Mental Health and Growth services, with further pressures emerging in Adults. The forecast position for Operations and Neighbourhoods had improved significantly as a result of a one-off return of reserves from GMCA in respect of the Levies. Further detail on the economy wide position was included in an Appendix to the report.

Members were further advised in respect of changes to mobile phone financing arrangements. Historically, mobile phone handsets had been purchased by service areas outright at the beginning of the contract, with line rental/call costs paid monthly over a period of 2 or 3 years. Whilst it was generally more cost effective to buy the handsets up front, outright purchase by services resulted in uneven spend across financial years.

Purchasing options for mobile phones had recently been reviewed as part of the current replacement programme and it had been identified that significant cost savings could be achieved by purchasing mobile phones outright at the beginning of the contract period. However, rather than a one-off charge to services, it was proposed that reserves were utilised to fund the initial purchase. Services would then be charged over the life of the contract, smoothing the impact on revenue budgets, and replenishing the reserves.

RESOLVED:

- (i) That the significant level of savings required during 2019/20 to deliver a balanced recurrent economy budget together with the related risks, which are contributing to the overall adverse forecast, be acknowledged;
- (ii) That the significant financial pressures facing the Strategic Commissioning Board, particularly in respect of Children's Social Care and Operations & Neighbourhoods, and Growth, be acknowledged; and
- (iii) That the proposed changes to mobile phone financing arrangements, as detailed above, be approved subject to the agreement of the Executive Cabinet at its meeting immediately following this meeting of the Strategic Commissioning Board.

45 ENGAGEMENT UPDATE

Consideration was given to a report of the Executive Leader / CCG Chair / Director of Governance and Pensions providing the Strategic Commissioning Board with an update on the delivery of engagement and consultation activity in the last two years.

Members were informed that much of the work was undertaken jointly, co-ordinated through the Tameside and Glossop Partnership Engagement Network (PEN), by NHS Tameside and Glossop Clinical Commissioning Group, Tameside Council and Tameside and Glossop Integrated Care NHS Foundation Trust. However, it was noted that each of the three agencies had undertaken work individually, where necessary and appropriate for the purposes of specific projects. Engagement was relevant to all aspects of service delivery, all the communities of Tameside and Glossop, and wider multi-agency partnership working. The approach was founded on a multi-agency conversation about 'place shaping' for the future prosperity of the area and its communities.

Members extended their thanks and congratulations to the joint, integrated Policy, Performance and Communications teams for their hard work and support.

RESOLVED

That the content of the report be noted and the future engagement and consultation activity with the communities of Tameside and Glossop, be supported.

It was explained that NHS T&G CCG working in partnership with NHS Tameside and Glossop Integrated Care Foundation Trust and Manchester University NHS Foundation Trust, would develop a pathway that incorporated a community based Lung Health Check service, delivered on a mobile unit sited within neighbourhoods to an agreed National Standard Protocol. National funding for the provision of a local service, in line with National Standard Protocol would be provided at an estimated cost of £6.3 million plus £55,000 for a project manager.

The intention of the programme was to:

- Increase identification of lung cancer and support early diagnosis (at an earlier stage); and
- Improve outcomes: increased one year survival and reduce the number of preventable deaths from diagnosing cancer at an earlier stage. Survival rates were better the earlier it was diagnosed, so there needed to remain a strong focus on prevention and early better diagnosis.

It was further explained that NHSE England set a challenging timeline for implementation of the local programme which was outlined in the report.

The national protocol did not dictate a specific model for LHC delivery, provided the standards in the protocol were met. Learning and insight from other established LHC services was built in to support a locally designed, delivery model. Key stakeholders (including clinicians within secondary and primary care) and local people were involved in the planning phase to co-design the right delivery model and design principles for NHS T&G CCG.

Members were informed that, following extensive engagement and consultation with key stakeholders and members of the public, the preferred model of delivery for NHS T&G CCG was to provide Lung Health Checks, smoking Cessation and CT scans all in one place (One Stop) on a Mobile Unit based within neighbourhoods.

Participants would be invited for a LHC via the Manchester University NHS Foundation Trust (MFT) service on GP endorsed letter heads. Practices would provide a list of eligible participants following a data extract from their systems using a Data Quality search template developed by GM Shared Services (Data sharing agreement in place). LHS participants who smoked will receive smoking cessation advice and support from a specialist nurse, while they were on the mobile unit. The LHC service would establish strong links with local services to ensure that participants continued to receive support from local services within the community.

NHS T&G ICFT in partnership with MFT, would proactively manage the service on behalf of NHS T&G CCG to an agreed service specification, a copy of which was appended to the report, and in line with the National Protocol.

RESOLVED

- (i) **That the Strategic Commissioning Board endorse and approve the preferred model of delivery for the Targeted Lung Health Checks within the Strategic Commissioning organisation;**
- (ii) **That the Strategic Commissioning Board recommend that NHS T&G CCG vary the service specification into NHS T&G ICFT's contract for governance and assurance purposes; and**
- (iii) **That the Strategic Commissioning Board recommend that the NHS T&G CCG be accountable to Greater Manchester Cancer Alliance and National Cancer, for delivery of the local service.**

CHAIR

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Agenda Item 4a

Report To:	STRATEGIC COMMISSIONING BOARD
Date:	18 December 2019
Executive Member / Reporting Officer:	Cllr Ryan – Executive Member (Finance and Economic Growth) Ashwin Ramachandra – Lead Clinical GP Kathy Roe – Director of Finance
Subject:	STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST – CONSOLIDATED 2019/20 REVENUE MONITORING STATEMENT AT 31 OCTOBER 2019 AND FORECAST TO 31 MARCH 2020
Report Summary:	<p>With a gross budget for 2019/20 in excess of £945m, as at month 7 the Integrated Commissioning Fund has a forecast net spend of £620m, against a net budget of £619m. The forecast overspend of £0.514m is primarily driven by Children's Services, Growth, Operations and Neighbourhoods and CCG TEP shortfall, offset by contingency and capital financing. The overall position is relatively stable this month with minimal movements across all service areas. Further detail on the economy wide position is included at Appendix 1.</p> <p>The forecast has deteriorated slightly from last month by £25k. This movement relates to an increase in the shortfall of TEP of £25k, which is due to the recent review of the Star Chambers schemes.</p>
Recommendations:	Members are recommended to :
	<ol style="list-style-type: none">1. Acknowledge the significant level of savings required during 2019/20 and beyond to deliver a balanced recurrent economy budget together with the related risks which are contributing to the overall adverse forecast.2. Acknowledge the significant financial pressures facing the Strategic Commission, particularly in respect of Children's Social Care, Acute, Operations & Neighbourhoods, and Growth.
Links to Community Strategy:	Budget is allocated in accordance with the Community Strategy
Policy Implications:	Budget is allocated in accordance with Council Policy
Financial Implications: (Authorised by the Section 151 Officer & Chief Finance Officer)	This report provides the 2019/20 consolidated financial position statement at 31 October 2019 for the Strategic Commission and ICFT partner organisations. For the year to 31 March 2020 the report forecasts that service expenditure will exceed the approved budget in a number of areas, due to a combination of cost pressures, shortfalls in income and non-delivery of savings. These pressures are being partially offset by savings and additional income in Capital and Financing, Corporate and Contingency budgets which may not be available in future years. The report emphasises that there is a clear urgency to implement associated strategies to ensure the projected funding gap in the current financial year is addressed and closed on a recurrent

basis across the whole economy. The Medium Term Financial Plan for the period 2019/20 to 2023/24 identifies significant savings requirements for future years. If budget pressures in service areas in 2019/20 are sustained, this will inevitably lead to an increase in the level of savings required in future years to balance the budget.

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

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

There is a statutory requirement for the Council to deliver a balanced budget whilst ensuring all services deliver value for money. 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 and to enable the two organisations to determine how the budget gap will be addressed.

Risk Management:

Associated details are specified within the presentation.
Failure to properly manage and monitor the Strategic Commission's budgets will lead to service failure and a loss of public confidence. Expenditure in excess of budgeted resources is likely to result in a call on Council reserves, which will reduce the resources available for future investment. The use and reliance on one off measures to balance the budget is not sustainable and makes it more difficult in future years to recover the budget position.

Background Papers:

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

 Telephone:0161 342 5626

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

 Telephone:0161 922 4624

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

1. BACKGROUND

- 1.1 This report aims to provide an overview on the financial position of the Tameside and Glossop economy in 2019/20 at the 31 October 2019 with a forecast projection to 31 March 2020. Supporting details for the whole economy are provided in **Appendix 1**.
- 1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The total gross revenue budget value of the ICF for 2019/20 is currently £945 million.
- 1.3 It should be noted that the report also includes details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust. This is to ensure members have an awareness of the overall Tameside and Glossop economy position. Reference to Glossop solely relates to health service expenditure as Council services for Glossop are the responsibility of Derbyshire County Council.
- 1.4 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:
 - Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT)
 - NHS Tameside and Glossop CCG (CCG)
 - Tameside Metropolitan Borough Council (TMBC)

2. FINANCIAL SUMMARY

- 2.1 As at 31 October 2019 the Integrated Commissioning Fund is forecasting to spend £620m against an approved net budget of £619m, **an over spend of £0.514m**. This is primarily driven by Children's Services, Growth, Operations and Neighbourhoods and CCG TEP shortfall, offset by contingency and capital financing. The overall position is relatively stable this month with minimal movements across all service areas.

The forecast has deteriorated slightly from last month by £25k. This movement relates to an increase in the shortfall of TEP of £25k, which is due to the recent review of the Star Chambers schemes. Whilst pressures continue to remain within Children's services the forecast remains unchanged as a detailed review of demand, initiatives and revised forecast will be taken to the Executive Cabinet on 27th November. Further detail is included at **Appendix 1**.

3. RECOMMENDATIONS

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

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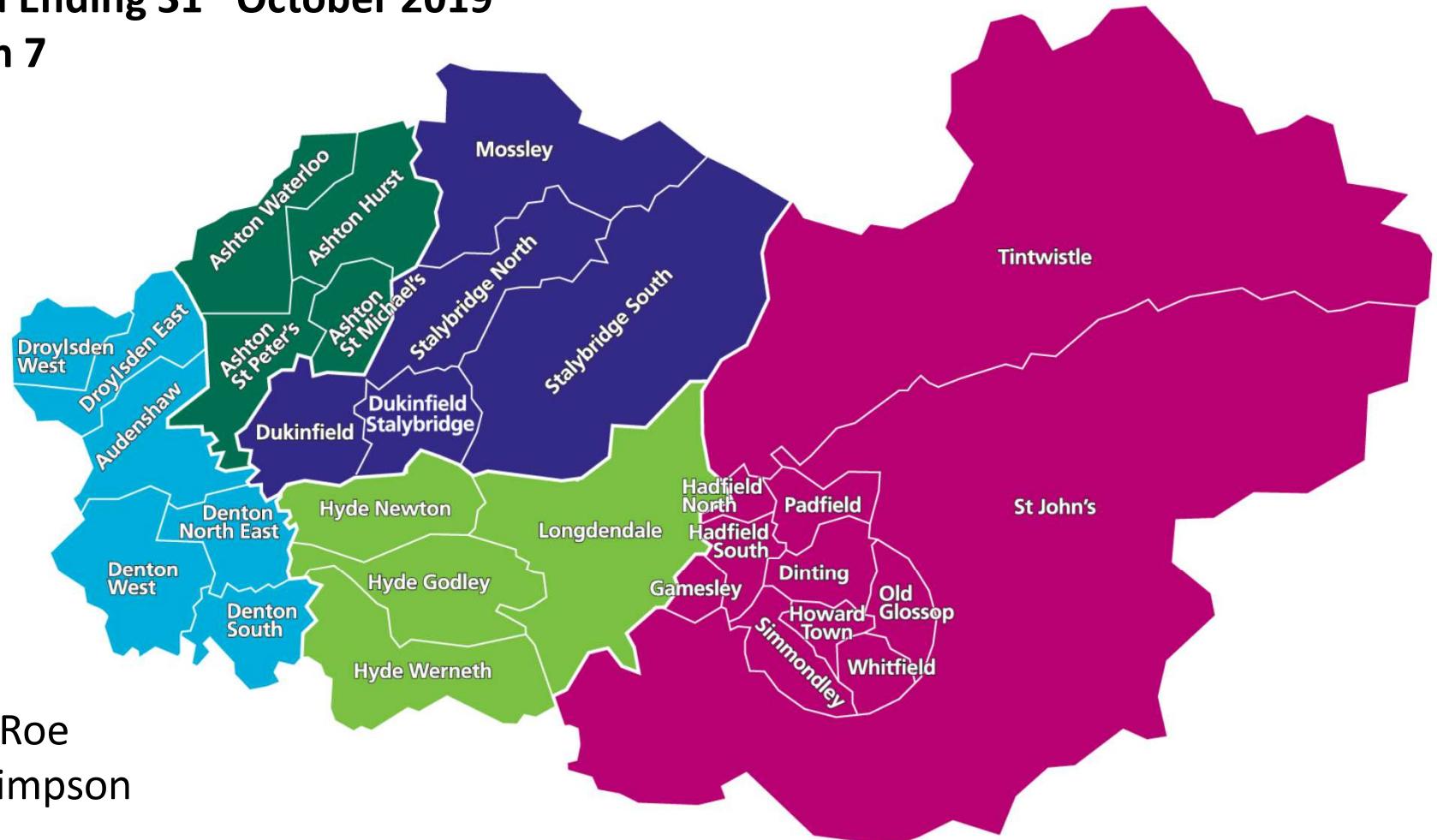
Tameside and Glossop Integrated Financial Position

financial monitoring statements

Period Ending 31st October 2019

Month 7

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Kathy Roe
Sam Simpson

Integrated Financial Position Summary Report

Economy Wide Financial Position	3
Tameside and Glossop Integrated Commissioning Fund	4 – 5
Integrated Care Foundation Trust	6

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.

Tameside & Glossop Integrated Economy Wide Financial Position

£6.7m

Children's Services

Children's services continue to report significant pressures following unprecedented levels of demand.

Placement costs remain the driver to forecast being excess of approved budget

Message from the Directors of Finance

In addition to the future saving plans, there continues to be challenges in the economy that require attention to achieve the financial position in 2019/20. Whilst Children's Services remains the most significant financial risk, it is important that other service areas do not lose focus on what is expected of them.

We are optimistic for delivery in 2019/20, although the risk of winter pressures on front line services will remain for the next few months.

The ICFT continues to forecast that the agreed control total will be met.

After the Star Chamber review this month, there will be renewed vigilance on supporting TEP schemes, to ensure the economy, continues to sustain the financial position.

Mental Health £601k

The key drivers of overspend relate to Individualised Commissioned (IC) packages of Care, NCA's and the PCFT Step Down Unit.

To comply with NHS planning guidance for 2019/20, the CCG has to demonstrate increased expenditure in mental health through the Mental Health Investment Standard (MHIS). Forecast spend shows that the CCG will be MHIS compliant for 2019/19.

Because of changes around the categorisation of dementia and learning disabilities we are forecasting that MH spend will increase by 5.8%, which is the minimum required under MHIS.

£514k

ICF Pressure

The overall forecast outturn has worsened since last month by £25k. The position is relatively stable with minimal movements across all service areas. We are optimistic that this will improve in the months to come.

Forecast Position £000's	Forecast Position		
	Net Budget	Net Forecast	Net variance
CCG Expenditure	421,732	422,141	(409)
TMBC Expenditure	196,803	196,908	(105)
Integrated Commissioning Fund	618,535	619,049	(514)
ICFT - post PSF Agreed Deficit	(5,686)	(5,686)	0
Economy Wide In Year Deficit	(5,686)	(6,200)	(514)

Tameside & Glossop Integrated Commissioning Fund

With a gross budget for 2019/20 in excess of £945m, as at month 7 the Integrated Commissioning Fund has a forecast net spend of £620m, against a net budget of £619m. The forecast overspend at month 7 is £514k which has worsened by £25k from last month. This movement relates to an increase in the shortfall of TEP of £25k, which is due to the recent review of the Star Chambers schemes.

Forecast Position £000's	YTD Position			Forecast Position			Variance	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
Acute	124,219	125,373	(1,153)	214,207	215,138	(930)	(626)	(304)
Mental Health	22,833	22,924	(92)	38,064	38,665	(601)	(640)	39
Primary Care	47,578	47,293	285	84,966	84,700	266	177	89
Continuing Care	8,856	8,095	761	16,317	15,937	380	463	(83)
Community	19,114	19,101	13	33,520	33,522	(2)	(3)	1
Other CCG	18,079	18,004	75	29,494	28,607	887	629	258
CCG TEP Shortfall (QIPP)	0	0	0	0	409	(409)	(384)	(25)
CCG Running Costs	2,437	2,326	111	5,164	5,164	0	0	0
Adults	21,778	29,324	(7,546)	37,333	37,973	(640)	(640)	(0)
Children's Services	28,324	34,266	(5,942)	48,556	55,230	(6,674)	(6,674)	(0)
Education	3,503	(62,817)	66,320	6,005	6,046	(41)	(41)	(0)
Individual Schools Budget	0	61,695	(61,695)	0	0	0	0	0
Population Health	9,387	5,935	3,452	16,092	16,327	(235)	(235)	0
Operations and Neighbourhoods	29,533	42,094	(12,561)	50,627	49,857	770	770	(0)
Growth	5,229	8,174	(2,945)	8,964	9,806	(842)	(842)	0
Governance	5,395	9,922	(4,527)	9,248	9,090	158	158	0
Finance & IT	4,137	3,267	870	7,092	6,359	733	733	(0)
Quality and Safeguarding	79	108	(29)	136	136	0	(0)	0
Capital and Financing	2,101	(6,066)	8,167	2,803	(680)	3,483	3,483	0
Contingency	2,634	(3,377)	6,011	5,316	2,293	3,023	3,023	0
Corporate Costs	2,702	3,256	(554)	4,631	4,471	160	160	0
Integrated Commissioning Fund	357,919	368,898	(10,979)	618,535	619,049	(514)	(489)	(25)

Tameside & Glossop Integrated Commissioning Fund

	YTD Position			Forecast Position			Variance	
	Budget	Forecast	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
A: Section 75 Services	163,883	167,681	(3,798)	282,731	283,872	(1,141)	(1,023)	(118)
B: Aligned Services	172,838	185,550	(12,712)	266,601	263,352	3,249	3,208	41
C: In Collaboration Services	21,197	15,666	5,532	69,203	71,825	(2,622)	(2,673)	52
Integrated Commissioning Fund	357,919	368,897	(10,978)	618,535	619,049	(514)	(489)	(25)

Acute £930k

The position has deteriorated in M7 by a further £304k. This can partly be attributed to increased charges for critical care patients at Manchester FT.

The CCG are now an associate to the Leeds Teaching Hospital Trust contract which has saved time and resources in validating NCA data. We are looking at replicating this approach with other local North Trusts.

Manchester FT is reporting a movement of £35k from month 6. Data shows that the CCG has been charged for a critical care patient with 5 organs supported costing £170k. This patient along with other critical care activity has contributed to the CCG spending £328k in Month 6 on critical care at MFT. The forecast has been increased to account for this exceptional activity. The forecast for DC/EL areas has reduced which offsets the critical care pressure.

Although there is no movement in the forecast for Stockport FT, a third T&G CCG patient has been admitted to the Devonshire Unit. There was some contingency within the month 6 position to cover this eventuality, so this contingency has now been released to cover this admission.

The NCA budget has reduced in Month 7 as the CCG in light of the Leeds THFT associate contract. Work is underway to review the methodology for preparing the NCA forecasts.

Children's Services £6,674k

Since budgets were set, we are already seeing an increase of 10% which as at early November 19 stands at 717 placements. The implications of this increase is currently subject to a comprehensive review in order to determine the revised projected outturn position at 31 March 2020 together with the related implications on future year budget allocations.

Independent Sector

After reviewing Hyde Physio invoices, one invoice previously labelled as April activity actually related to March. Nothing was accrued so this is a £55k pressure.

ABL invoices are currently £3k under expected value.

We are contracting with a new provider, More Life. This has resulted in a pressure of £20k.

Pioneer has increased by £32k and is based on increased activity for Nerve Conduction studies and spinal procedures.

Palliative Care

The CCG has received additional non-recurrent funding in 19/20 for Adult and Children and Young People's Hospices and Palliative Services. T&G CCG received £119k for 19/20 non-recurrently and is a share of £25 million nationally.

Tameside Integrated Care Foundation Trust Financial Position

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Financial Performance Metric	Month 7			YTD			Outturn Plan £000s
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	
Normalised Surplus / (Deficit) Before PSF	(1,855)	(1,985)	(130)	(16,113)	(16,106)	7	(25,220)
Provider Sustainability Fund (PSF)	473	473	0	2,127	2,127	0	4,727
Financial recovery Fund (FRF)	1,481	1,481	0	6,663	6,663	7	14,807
Surplus / (Deficit)	99	(31)	(130)	(7,323)	(7,316)	7	(5,686)
Trust Efficiency Savings	1,138	921	(218)	5,573	5,481	(93)	11,580
Use of Resources Metric / Risk Rating	3	3		3	3		3

NHSI Feedback - Given the current **financial deficit** it is likely that the Trust will be rated

Requires Improvement

- Revenue** - The Trust has agreed a control with NHSI of **c.£5.686m** after Financial Recovery Fund (FRF) and Provider Sustainability Funding (PSF); for the financial period to **31st October 2019**, the Trust has reported a net deficit of **£0.031m** post FRF and PSF, which is **£130k** above plan.
- Trust Efficiency Programme (TEP)** - The Trust has a target in 2019/20 of **£11.580m** including carried forward schemes from 2018/19. The Trust is forecasting at Month 7 to deliver **c.£11.432m** by the end of the year, this is deterioration in month of c£95k. Schemes are being developed across the Trust to mitigate the shortfall of **c.£242k (2.09%)**.
- Agency cap** - The Trust has an agency cap of **£9.454m**, but a plan of **£7m**. During Month 7 the Trust spent **£477k** against a plan of **£641k**, reporting an underspend of **£164k** and YTD the Trust is reporting spend of **£3.264m** against a plan **£4.389m**, an underspend of **£1.125m**
- Capital** – Capital expenditure is behind plan by **c.£671k** in month and **c.£844k** year to date.
- Cash** – The cash balance was **£93k** adverse to plan at the end of Month 7. The Trust has received confirmation that it will receive Q2 FRF in November (M8) and Q2 PSF will follow in December/January.

Capital servicing capacity – The degree to which generated income covers financial obligations. If any Trust has a deficit and also any borrowing, this will always be at 4.

Liquidity - Days of operating costs held as cash or cash equivalents. To improve to just 3 (Requires Improvement) – the Trust would need to spend at least £6m less.

I&E margin - Degree of surplus/(deficit). The Trust deficit, at current income levels would need to be c. £17m less than it currently is i.e. around £2m.

Distance from financial plan - Variance between the planned and actual I&E position. The Trust **MUST** achieve this, by achieving the control total, the Trust can score a 1 and help to offset the others.

Agency spend – Distance from cap, this is the something the Trust **MUST** achieve and is currently achieving.

Agenda Item 5a

Report to:	STRATEGIC COMMISSIONING BOARD								
Date:	18 December 2019								
Reporting Member / Officer of Strategic Commissioning Board	Councillor Eleanor Wills – Executive Member Adult Social Care and Population Health Dr Ashwin Ramachandra CCG Governing Body Chair Stephanie Butterworth – Director of Adult Services								
Subject:	CORE FUNDING – VOLUNTARY, COMMUNITY, FAITH AND SOCIAL ENTERPRISE SECTOR (VCFSE)								
Report Summary:	Further to funding of the VCFSE sector in previous years to support the sector to grow and develop community services to support the work of the Strategic Commission, this report is to summarise and seek authorisation for the continuation of previous arrangements for the core funding for the period 2019-2022.								
Recommendations:	<p>That SCB approve funding with Age UK (Tameside) and Tameside, Oldham and Glossop Mind is continued for one year from 1 April 2019.</p> <p>That an additional sum of £100,565 non recurrent grant funding is awarded to Age UK for 2019/20 only.</p> <p>That funding with Action Together is continued for a further three years from 1 April 2019.</p> <p>That the level of funding identified in Section 6.1 (table 1) of the report is agreed for the specified period from 1 April 2019 in line with the standard conditions of the Council.</p> <p>That market testing is undertaken during 2019/20 to inform future funding decisions with a view to awarding funding for three years. On completion of the market tests consideration is given to delegate authority to the Director of Adult Services to award the core funding.</p>								
<table border="1"><tr><td>Integrated Commissioning Fund Section</td><td>Section 75</td></tr><tr><td>Decision Required By</td><td>Strategic Commissioning Board</td></tr><tr><td>Organisation and Directorate</td><td>Tameside MBC and Tameside & Glossop CCG</td></tr><tr><td>Budget Allocation</td><td>Tameside MBC – Adult Services : £ 367,568 Tameside MBC – Population Health : £ 79,400 Tameside and Glossop CCG : £ 34,140</td></tr></table>	Integrated Commissioning Fund Section	Section 75	Decision Required By	Strategic Commissioning Board	Organisation and Directorate	Tameside MBC and Tameside & Glossop CCG	Budget Allocation	Tameside MBC – Adult Services : £ 367,568 Tameside MBC – Population Health : £ 79,400 Tameside and Glossop CCG : £ 34,140	<p>Additional Comments</p> <p>Section 6.1 (table 1) of the report provides details of the existing agreement annual values per provider, together with the associated funding arrangements.</p> <p>The total annual value of all three agreements is £481,108</p> <p>The sum of £ 380,543 is within 2019/20 directorate budget allocations.</p> <p>The proposed additional 2019/20 non recurrent grant allocation of £100,565 for Age UK will be financed via additional Better</p>
Integrated Commissioning Fund Section	Section 75								
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Care Fund inflation funding allocated to Adult Services via NHS England. The inflation funding was awarded subsequent to the 2019/20 Council budget approved by Members on 26 February 2019.

It is essential that Members have assurance that the stated providers are fundamental to health and social care integration across Tameside and Glossop, are delivering required outcomes and that the proposed grant values demonstrate value for money.

The report also recommends that market testing is undertaken during 2019/20 to inform future funding decisions with a view to awarding funding for three years. On completion of the market tests consideration is given to delegate authority to the Director of Adult Services to award the core funding

Members should therefore note that the award of funding from 1 April 2020 will be subject to the available budget in each financial year. It is therefore essential that funding agreements include an appropriate termination notice period should this need to be enacted.

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

The previous partnership agreements came to an end on 31 March 2019 therefore resulting in a breach of CPR Rule 9.

There is a risk of challenge from other organisations that this funding is made available to the three organisations to support their key functions, but this risk will be reduced in respect of the two one year contracts as the intention is to market test those areas. Members need to be satisfied this is the most appropriate way of funding this support to vulnerable people, and should also be aware that should other proposals be put forward from other parts of the voluntary sector that they do not close their minds to potential support for them.

The Council's general responsibilities for the care and support of vulnerable persons are set out in Part 1 of the Care Act 2014. Promoting individuals' wellbeing with assistance from the voluntary sector is therefore an important tool for local authorities who must always ensure that their overriding fiduciary duty to the public purse is well served when complying with their statutory duties, in this case the care and support of vulnerable persons.

**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?**

The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities;
- Commission for the 'whole person'.

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

This report has not been presented to HCAG

Group:

Public and Patient Implications:

Those accessing the service have been identified as having eligible needs under the Care Act 2014, or are assessed as requiring preventative services to delay eligibility and entrance to eligible services.

Quality Implications:

These services support quality outcomes for people to be able to continue living well in their own homes and local communities.

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.

What are the Equality and Diversity implications?

There are no negative equality and diversity implications associated with this report, see Appendix 1

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? Has a privacy impact assessment been conducted?

Information governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider.

A privacy impact assessment has not been carried out.

Risk Management:

Risks will be identified and managed by the implementation team.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer Janine Byron, ATM Community Engagement and Market Development:

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 e-mail: janine.byron@tameside.gov.uk

1. INTRODUCTION

- 1.1 There are a wide range of voluntary, community, faith and social enterprise (VCFSE) organisations operating in Tameside which provide a variety of services and reflect the cultural diversity of the community. The organisations range from small, informal, self-help organisations which operate entirely through voluntary effort and fund raising, to large organisations providing specialist services with funding from the Council and other sources.
- 1.2 The voluntary sector in Glossop receives some funding from Tameside and Glossop CCG primarily for service delivery with a small contribution to High Peak CVS for infrastructure. However, the main funding for the VCFSE falls within the responsibility of Derbyshire County Council (DCC) and is funded through devolved Public Health Budgets to form part of the Public Health locality programme. Partners are brought together across the statutory sector and VCS to determine what local priorities to invest in, look for opportunities to join-up work locally and bring in additional external funding. This local partnership, of which the Bureau is a member, can decide where to invest the time limited grants.
- 1.3 The Bureau for example was awarded grant funding to support delivery of the life skills project, a service that provided support for people with mental ill health, complex life issues and autism. This service provided an onward referral route for the Social Prescribing team. Grants are awarded every 12 months, with funding for this particular scheme ending in June 2019. This report only covers the VCFSE in Tameside.
- 1.4 The local VCFSE organisations provide a variety of individual and group services. Individual services include advice, information, domiciliary and social care services. Group services include day services, self-help groups, specialist support, recreational and social services which are complementary to the Council's offer.
- 1.5 The voluntary sector also make a considerable contribution to collective services such as advocacy and campaigning work, the development of community awareness, and supporting community initiatives.
- 1.6 The VCFSE sector therefore provides a very substantial contribution already to the delivery of community services in the borough. There are also many organisations providing general advice on a range of welfare issues that do not relate to a specific user group but are often the initial point of contact for people needing help. Many of these organisations meet the needs of particular ethnic groups and therefore fulfil a special role in supporting people's needs for some form of welfare provision.
- 1.7 The key aspects of the VCFSE sector's role in providing services in the local community are that they often involve service users in running the services; they are generally informal; they rarely deter members of the public because of any perceived official status; and can be flexible, innovative and respond to needs identified in the community.
- 1.8 The Care Act 2014 confirmed duties in relation to information and advice (including advice on paying for care), prevention and well-being; market shaping; assessments (including carers' assessments); national minimum threshold for eligibility; personal budgets and care and support plans; safeguarding and universal deferred payment agreements. The VCFSE sector is crucial in supporting the Council in meeting its responsibilities, particularly in relation to prevention and well-being, information and advice, market shaping and carers.
- 1.9 The Council faces significant budgetary challenges over the coming years and has reviewed its models of service delivery, looking at new and innovative approaches to deliver services whilst reducing the cost of provision significantly. The VCFSE sector is an important element in helping the Council deliver savings and looking at delivering support in different ways to support people to live well at home.

2. BACKGROUND

- 2.1 Statutory and independent agencies have increasingly come to work in an environment where partnership agreements for the delivery of some services have been utilised.
- 2.2 In Tameside, three partnerships have been operating for many years with Age UK Tameside (Age UK), Action Together, and Tameside, Oldham and Glossop Mind (Mind).
- 2.3 Partnership agreements, from a national perspective, tend to be with larger, national organisations that have well developed infrastructures. This is borne out with the agreements the Council has in place with both Age UK and Mind – both organisations have a very firm local base but are linked both practically and reputationally with their national bodies and as such can draw on their national resource whilst delivering a grounded local response. The other consideration was that both organisations had clear profiles in relation to specific service user groups i.e. older people and mental health.
- 2.4 In Tameside, however, the principle of entering into a partnership agreement was extended to a key local organisation in relation to Action Together (previously Tameside Third Sector Coalition (T3SC), the Volunteer Centre Tameside (VCT) and Community Voluntary Action Tameside (CVAT). The partnership was agreed in recognition of the key function they have delivered over many years as an infrastructure organisation, working closely with the Council to support and develop the local voluntary sector to increasingly provide a variety of supports to local citizens. Whilst not working with a specific user group, Action Together was very much associated with the voluntary sector and has been recognised widely as the umbrella organisation for the sector in Tameside.
- 2.5 Notwithstanding the above, in each case the justification for entering the partnership agreement was the close working relationship that had developed with each organisation over many years and the mutual benefits this close working had brought to the citizens of Tameside. The agreements recognised the scope working with key voluntary organisations can have in influencing joint development; policy and practice are worked out in tandem; shared risk where innovative projects are being developed; a sharing of expertise and resources; and an enhancement of the credibility of any project. The agreements and ongoing working relationships ensure there is clarity of purpose and objectives, a sharing of common values, and clarity of responsibilities between agencies.
- 2.6 With each of the three agreements, the central theme was the confirmation of the Council providing some core funding, which for many years prior to the partnership agreements had been provided via grant arrangements, which afforded each organisation a level of security in terms of longer term planning as the funding underpins their core infrastructure operating costs. However, in agreeing the funding the three organisations in discussion with the Council agreed the delivery of some core activity – all of which was detailed in the agreement and is set out in Section 3 of this report.
- 2.7 It is proposed that in relation to Age UK Tameside and Tameside, Oldham and Glossop Mind funding continue for the period April 2019 to 31 March 2020 to continue the excellent work delivered to date whilst supporting the Council in meeting its responsibilities under the Care Act. It is proposed that arrangements commence to facilitate market tests for the wider VCFSE sector to ensure appropriate consultation and consideration is made to other providers with the award being given to the best bid and offer of provision.
- 2.8 It is proposed that funding for Action Together continue for the next three years due to the organisation being the only infrastructure support agency for voluntary, faith and social enterprise groups in Tameside and also the accredited volunteer centre in the borough.

3. CURRENT SITUATION

Age UK Tameside

- 3.1 The Council has a proud history of working with Age UK Tameside over the past thirty years. Age UK Tameside is committed to serving the needs of older people across the borough and works proactively to review service models and make adaptations to service options in order to meet the changing needs of the growing population locally of older people. The Council has worked closely with Age UK and this has been formalised in previous partnership agreements, the last being to run for a period of two years until 31 March 2019.
- 3.2 Age UK Tameside was established for the following purposes and for the benefit and well-being of the public and/or older people of Tameside:
- Preventing or relieving the poverty of older people
 - Advancing education
 - Preventing or relieving sickness, disease or suffering in older people (whether emotional, mental or physical)
 - Promoting equality and diversity
 - Promoting the human rights of older people in accordance with the Universal Declaration of Human Rights
 - Assisting older people in need by reason of ill-health, disability, financial hardship, social exclusion or other disadvantage
- 3.3 Age UK has worked with the Council to redesign its service offer over the years, often responding to the changing profile of needs being presented along with the tightening of financial resources available. Over the last few years Age UK has been providing the following range of services to older people:
- Information and Advice
 - Community Dementia Service
 - Community Support
 - Falls Prevention
 - Mental Health Recovery Support Service
- 3.4 The ambition to develop Age UK's base at Katherine Street, Ashton, into a Centre for Independent Living or 'Lifestyle Centre' moving away from the perception of delivering 'services' determined by diagnosis or contractual obligations, and instead offering a range of solutions centred around the needs and circumstances of the individual has been achieved and is well established.
- 3.5 The Centre offers an information and resource point which incorporates demonstrations, access to IT and support to build confidence in the use of the internet and social networking using hand held technology. This is in partnership with O2 and commenced in April 2019. The target market is older people who do not meet the threshold of statutory support; however, their health and lifestyle may put them at risk of losing their independence and ultimately need more costly interventions. Age UK make full use of their cafe and food provision providing an opportunity for 131 club members to meet together, socialise and enjoy a range of activities.
- 3.6 The Centre offers variety, fun and companionship, a place to learn new skills and maintain existing skills. It is a place where people make a positive contribution and build a sense of community within the broader community. Age UK involve a range of community groups, voluntary and health care organisations to support their work thereby providing a choice of activities designed within the "5 Ways to Well-Being". Examples include:

- Offering a balanced menu of food, prepared to meet people's needs
 - Light exercise e.g. balance and stability, indoor bowling, armchair exercise, music and dance
 - Social occasions e.g. tea dances, members coffee mornings, trips and social outings e.g. donkey sanctuary, nature trails etc.
 - Receive information and advice on matters that affect them including financial resilience
 - Facilitate organised activities offering social activity or interest e.g. dog therapy, theatre groups, personal trainers etc.
 - Arrange transport if this will facilitate engagement
 - Work with families if concerns about an individual are identified
 - Development of an outside dementia friendly garden space which will include a sensory garden, an opportunity to plant, grow to use produce in the kitchen to improve health and wellbeing.
- 3.7 The existing Community Support Service will identify and support people in the community who may lack the confidence or ability to engage with the lifestyle centre, by the delivery of signposting, referral and intervention to relieve/prevent loneliness and isolation within the community where they live. The aim of the Service is to provide appropriate levels of support, as determined via an assessment to people, to all client groups, aged 50+, who may be at risk of isolation or are struggling to maintain daily living with a view to supporting them to regain their independence, reconnect with the community, develop skills, have a safe discharge from hospital, regain confidence etc. in order to live the life that they wish.
- 3.8 Age UK is committed to work with community groups, who, by their own admission would benefit from the support of Age UK Tameside in terms of engaging new members and supporting group leaders. Community groups will be invited to share Age UK's building thereby developing it as a resource to be fully used outside traditional office hours and in the interests of the wider community
- 3.9 The partnership between TMBC and Age UK has for many years driven change in how services to older people are best delivered – the work in delivering the "Lifestyle Centre" is just the most recent example of this in action.

3.10 Information and Advice Service Performance and Outcomes 2018/2019

- During the financial year 2018/2019 the Information and Advice Service worked with 800 older people with 200 of these clients case work undertaken in the home due to their limited ability to access the service in the community.
- The Service secured a total of £1,260,095.72 in unclaimed benefits directly to older people which related in the main to Attendance Allowance, Disability Living Allowance, Carers Allowance, Personal Independence Allowance and Employment and Support Allowance, this work involves intensive case management.
- The service also helped older people secure housing benefit and pension credits as well as blue badges and other types of non-monetary assistance to support their ability to live independently.
- The service is delivered from the Age UK Tameside Ashton Centre with other drop in type surgeries offered at Diversity Matters North West and the Grafton Centre both based in Hyde, this enables them to offer a more localised service for older people living in these areas.
- The Service is also available in a range of community languages to be able to meet the needs of black, asian, minority ethnic and refugee (BAMER) communities these include Urdu, Punjabi and Spanish within Age UK Tameside's own staff team and Bangla provided through a partner organisation. The service is delivered from an established partner charity already providing a range of services to BAMER communities as such the service benefits from the existing trusting relationships that exists.

- The service provides telephone support and advice on a range of issues including consumer rights, legal support and Age UK Tameside work with people to identify the best service for them whilst retaining their status as an independent advisor, this has included power of attorney, will making and securing care home and other types of respite support.
- The service supports older people to access financial entitlements to help them live safe and well in their own homes as long as they are able to and part of the service delivery supports older people to understand their entitlements as they can feel uncertain and anxious to claim the financial support and assistance they need.
- As a result of accessing the service older people tell us they are better able to manage their household budgets, pay for care and housekeeping support, fund outside activities where they can meet other people and socialise, feel safer in their homes and make informed choices when living in their own home is no longer an option.

3.11 Dementia Support Services Performance and Outcomes 2018/2019

- During the financial year 2018/2019, the Dementia Support Service supported 106 people living with dementia and their carers from across Tameside and reached 200 people through road show activities, group talks and events raising awareness of issues around dementia, help seeking and support services.
- The service offered advice and information about living with dementia through drop in sessions offered at the Ashton Centre and the Graton Centre on a regular basis with other pop up drop ins at The Together Centre @ Loxley House and Ashton Market. These sessions are used to listen to older people about their own unique experience of either living with dementia or caring for a loved one and people are referred and sign posted for screening, to other carers support service and community resources that may be helpful to them now and in the future.
- Age UK Tameside provide more intensive support for people who feel unable to access the help they need immediately and need time to come to terms with the diagnosis and help to understand what it is they need, how and where they can access it. This can range from accessing courses about dementia, making changes in the home to create a dementia friendly environment, tools and techniques to de-stress or making some adjustments so they can continue the hobbies and interests they had prior to the diagnosis.
- Age UK Tameside house a monthly carer's information session in partnership with the memory clinic and provide an activity session for people living with dementia in another part of the Centre so that carers can access the support knowing their loved one is being looked after and not too far away from them.
- An evaluation of a pilot carer's course which was developed with Tameside, Oldham and Glossop Mind was completed towards the end of last year. Throughout 2018/2019, 30 carers of people living with dementia attended the course and the evaluation feedback was used this to shape the content and the focus of the course for the future.
- The course focuses on the needs of carers, how they can maintain their resilience and emotional wellbeing and not become lost and alone in the role and responsibilities of caring.
- The service offers a weekly wellbeing activity session for people living with dementia and their carers, all of which are aligned to the 5 Ways to Wellbeing and have included music making, singing, cake decorating, dance classes, creative arts and memory games. Activities are offered on an 8 week rolling programme, the group is member led in terms of them shaping the next 8 week programme with new activity ideas so they get to try different activities.
- The service links in with the Alzheimer's Society and Carers Centre through established referral pathways with access to shared resources to enable people are able to access the right services as their needs change.

3.12 Community Support Services Performance and Outcomes 2018/2019

- The Community Support service supported 132 older people in their own homes, the Service has an open referral system and older people in need of hospital aftercare support are prioritised.
- The Service offers up to 6 hours support and is person-led with clients choosing how best this will work for them which can be 6 weekly 1-hour sessions. The service has its own wellbeing assessment to enable clients to think about and identify their support needs and how best to use the time they have with the service, the broad categories are hospital aftercare, support to maintain independence at home, support to access social or leisure activities, support to access local community facilities, support to due to a fall and befriending type support.
- During the assessment clients identify up to two support goal outcomes they want to achieve, and these are assessed again at the end of the support so clients can see the progress they have made.
- Clients who access this service are often lonely and isolated and may have become stuck because of this, others have experienced a bereavement or another life changing event that has made them anxious and unsure of themselves or their routines and lives have become disordered.
- Over the course of the year the service has helped older people to establish their routines like taking medication, healthy eating plans and mealtime plans. The service has also assisted older people to use local transport again, shop for groceries, attend local clubs and activities, access falls prevention programmes, access counselling and improve their self-care.
- For clients who need practical types of support once this is underway and clients feel things are changing for them because they have regained control of their lives, they are able to move on from the service and build on their success.
- The service does continue to work with people whilst they are waiting to access more specialist support like counselling or falls prevention as often, they have other issues going on that the service can support them with.
- For those older people who move into clubs and activities the service offers transition support, by attending the club for the first time with them, practicing the route if using public transport, talking to organisers to ensure they receive a great welcome and provide follow on calls to ensure the club or activity is working out well. Some clients start to attend clubs and activities provided by the charity and as such transition support is carried out within the Centre alongside the wider Be Well Team.
- These are older people who access the service in need of longer term support as identified through the assessment, for these clients the service has designed a "My Life" story book to encourage clients to revisit happier times and to think about themselves in the now and where they would like to be. There are also some subtle activities around barriers and resistance to encourage change. The service works with clients over the 6 week period and refers to other befriending type services once this is completed.

Action Together

- 3.13 The Council has a longstanding and positive working relationship with the voluntary sector and Action Together. Historically, the Council has supported Action Together with core funding to support the delivery of their roles as the only infrastructure support agency for the VCFSE sector in Tameside.
- 3.14 The 'core infrastructure offer' is funded by both the Council and the Clinical Commissioning Group. The funding pays for staffing, on costs and overheads that enables Action Together to provide an infrastructure service for VCFSE groups and potential volunteers in Tameside and give the basic infrastructure to attract additional funding and develop new projects for our local population. In 2018-19 Action Together were able to bolster this initial investment by £758,000 through additional commissioned work, external grants projects and services giving well over a £1:4 return on investment.

- 3.15 Based on the Council's Corporate Plan in relation to Starting Well, Living Well and Ageing Well, and also the Local PACT agreement, the vision is to enable:
- A new relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
 - An asset-based approach that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits.
 - Behaviour change in our communities that builds independence and supports residents to be in control.
 - A place-based approach that redefines services and places individuals, families, communities at the heart.
 - A stronger prioritisation of wellbeing, prevention and early intervention
 - An evidence led understanding of risk and impact to ensure the right intervention at the right time.
 - An approach that supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations.
- 3.16 In delivering the Health and Wellbeing service it is agreed that there are three key stakeholders to whom Action Together aims to support:
- Small Voluntary, Community and Faith Sector (VCFS) groups (with an annual income, approximately, of under £100,000)
 - Medium to large VCFS organisations (with an income above £100,000),
 - Commissioners and strategic leads from statutory partners (including TMBC/Public Health, CCG) and Healthwatch
- 3.17 Each will require a different level, type and/or frequency of support from the Partner Provider depending on their needs, aspirations, competence and capacity at any given point. For example a small group may require significant intense capacity building support during its early stages to decide on an appropriate structure to ensure it has the appropriate policies and procedures in place, whereas they may subsequently require less support once they begin their delivery. Larger groups often require only limited support until they are looking at significant investment opportunities through, for example, tendering and collaboration.
- 3.18 The key elements of the Health and Social Care Service traditionally provided by Action Together is as follows:
- Capacity Building Support for VCFS Groups and Organisations
- Encourage and support VCFS organisations to deliver health, wellbeing, social care services
 - Signpost organisations towards appropriate sources of support (funding, specialist support, quality assurance, tendering, policy etc.), internally and where appropriate externally
 - Provide funding information and advice to VCFS providers, including support with tendering opportunities
 - Promote training opportunities for VCFS service providers that increase their knowledge and skills
 - Work with VCFS providers to implement quality systems, develop business plans and improve governance, to ensure that they are more robust and able to maintain and increase delivery of services.

Support to Health and Social Care Joint Planning and Commissioning Structures - the voluntary sector as a conduit to communities and as a service provider.

- Facilitating and supporting appropriate VCFS health and social care providers to feed into and feedback within health and social care partnership arrangements, including:
 - e-based communication
 - Identifying and supporting VCFS sector representation (where appropriate)
- Supporting and facilitating opportunities for VCFS groups and public sector commissioners and policy makers to discuss and develop service solutions
- Provide opportunities for VCFS groups to develop relationships with one another in order to consider their contribution to the health economy and in addressing health inequality in the borough
- Ensure that equalities, diversity and under-represented groups are represented in local health and social care planning, development and commissioning through consultation

Access to Information, Consultation and Engagement

- Actively deliver an e-based policy and communications function for VCFS service providers that will include:
 - Appropriate research and policy briefings and information; de-mystifying NHS/Public Sector language and informing VCFS providers of important developments that affect them and their users
 - Consulting and engaging appropriately on health and social care developments with VCFS networks and where possible wider communities

3.19 In addition, the agreement incorporated the following in relation to the activity previously delivered by Volunteer Centre Tameside:

- To provide support to prospective and actual volunteers to maximise the number of active Tameside volunteers.
- To provide support for volunteer co-ordinators to help develop and sustain the volunteering experience for Tameside Volunteers.
- To provide infrastructure support for organisations and projects (from the voluntary, community and statutory sectors) that involves volunteers to maximise the number of opportunities available for Tameside Volunteers.
- To undertake strategic developmental, policy and promotional work and continually develop and review the Tameside Volunteering Strategy to enable a flourishing Volunteers culture across Tameside

3.20 Whilst incorporating these key elements the Council and Action Together agreed that the revised agreement would additionally emphasise some key roles that the work would include:

- A pro-active approach to stimulating the market within the voluntary and community and faith sectors to build capacity, with the aim of being more specific about its role within the sector
- Promotion of a leading role in the development of the voluntary, community and faith sector.
- Develop performance monitoring models to provide clear outcome indicators, supporting the influence the merged organisation has on the sector
- Creation of a clear and recognisable identity and brand for the new organisation.

3.21 The Council restated its aim to work in partnership with Action Together to continue to develop the local VCFSE sector recognising that the local market has a key role to play to support the Council to deliver against the current drivers nationally, the greater emphasis on personalised services in the future and the continuing focus on prevention and early intervention.

3.22 The partnership between the Council and Action Together has, for many years, driven significant sustainable growth of voluntary organisations operating in the borough, providing essential support to a wide variety of user groups both above and sub-threshold, as well as supporting the growth and support of volunteering opportunities.

3.23 Performance and Outcomes 2018/2019

- Creating fostering and utilising partnerships

The partnership resource enables Action Together to contribute to systems change, working with leaders from the public sector and VCFSE to develop thinking about strategy, delivery and impact. Recent examples include

- Action Together have worked with the Council, the wider public sector and VCFSE to develop a PACT for Tameside which is the agreement around how we will work together to have the maximum impact.
- They work across GM to influence policy that affects the offer in Tameside. e.g. working at the GM moving executive to ensure the Local Delivery Pilot (LDP) reflects the Tameside picture and works locally with partners to develop this further in the borough.
- Direct work with local teams and initiatives that contribute to the Corporate Plan e.g. working with population health around alcohol reduction, supporting local engagement and design, working to develop the food network, the research around this and engaging key local agencies in this work. Working with the Community Safety Partnership to develop routes for engagement with local homeless charities; and support the development of local place-based networks 'Community Explorers' for engagement and intelligence purposes.

- Organisational Development

Action Together work directly with local VCFSE groups to help to build their governance, financial capability, policies and practice, and to identify and secure resources. During the financial year 2018-19 Action Together directly supported 141 VCFSE groups through the core offer with:

- information, advice, and guidance.
- intensive or specialist organisational development support.i.e business planning / strategic planning and asset transfer.
- training, learning and support to improve their skills e.g. safeguarding, basic bookkeeping, GDPR.
- funding advice and support.

- Volunteering

Action Together provide a volunteer brokerage service that enables residents wanting to volunteer with routes into opportunities either face to face (for people who cannot access online opportunities easily) and online. They work with organisations that have volunteers to support them to improve their support, and raise the profile of volunteering through their networks and outreach with key agencies in the borough including colleges, Ingus and the Job Centre.

- During 2018-19 Action Together received 1,137 volunteering inquiries online, and via the volunteer centre.
- 611 people were matched to volunteering roles or given a 1:1 appointment.
- In total 429 people went on to volunteer.

- Representing a conversion rate of over 70%.

- Investment

Over recent years Action Together has developed its grant giving mechanisms, and portfolio to encourage a more strategic approach to small grant giving in the borough.

- During 2018-19 Action Together distributed a total of £71,000 in small grants to local VCFSE groups.
- This funding came from a variety of sources, including their own projects (Tameside 4 Good and Ambition for Ageing), and Council funding from Children, Young People and Families and Community Safety. In addition to this, the investment monies under the Community Wellbeing Programme, invested an additional £408,000 into projects that support wellbeing in the borough.

- Added Value

- The core funding provided by the Council enables Action Together to develop complimentary workstreams that bolster their capacity to deliver the core offer and meet additional needs by attracting additional investment, recent examples of this include:

- Healthwatch Tameside

Action Together are commissioned to deliver the Healthwatch contract, and the NHS Complaints element of this. As the local consumer champion for health and care services Healthwatch benefits from their independence, and links to both local people and the health and care economy. With the link, there is a benefit to having a clear and simple way to refer people to services in communities, and via VCFSE groups. Last year Healthwatch collected 229 patient stories about the service they have received, responded to 142 requests for information on health and care services from members of the public.

- Community Wellbeing Programme.

Action Together are commissioned to deliver the Social Prescribing, and Asset Based Community Development (ABCD) programmes for Tameside, including a significant VCFSE investment programme. This has been an opportunity to deliver a social prescribing programme that has the right elements to make it most effective, i.e. genuine links and capacity building for the VCFSE groups being referred to, and investment to ensure they can deal with the new demand. It has also enabled them to focus on community development so that they can genuinely catalyse more community action in our neighbourhoods. This project has bolstered the core offer and provided much more capacity to deliver better infrastructure as well as quality ABCD. Action Together have worked directly with over 800 clients with long term conditions over the last 18 months, and has supported hundreds of local community projects, and VCFSE groups to deliver more.

- Ambition for Ageing

This was the forbearer for the Community Wellbeing Programme including each of the same elements, but on a smaller scale and with a focus on older people. The project has been a resounding success, supporting 70+ VCFSE groups per annum to create sustainable projects, and 120 local people per annum who have experienced social isolation and/or loneliness.

3.24 Priorities for this financial year

- Action Together are currently working on developing several key workstreams that will contribute to the delivery of the Corporate Plan, and continue to develop the infrastructure offer for the future including:
 - **PACT** – creating a development plan that embeds the ways of working together as business as usual. One example of this is the ambition to use the learning from the Community Wellbeing Programme to develop a strategic investment programme for the VCFSE, pooling the grant investment to respond to the needs of VCFSE groups, and the local population.
 - **Embedding social prescribing** in the local health and care system, working with the newly formed Primary Care Networks (PCN's) and local commissioners to develop a longer-term plan for this, that doesn't lose focus on supporting the VCFSE to respond.
 - Cementing the role of Action Together and the wider VCFSE sector in the public sector reform work happening locally and at GM in order to use their expertise and that of VCFSE colleagues to shape local plans.

Tameside, Oldham and Glossop Mind (Mind)

3.25 Over the past three decades the Council has provided core funding for Mind working at all times very closely to design and deliver services that would benefit people experiencing mental health difficulties. Originally, this work has often been in conjunction with Tameside and Glossop Clinical Commissioning Group (and its predecessor organisations) and Derbyshire County Council – this has at times been a difficult arrangement as the agreements with Mind have had, throughout the period, needed to adjust to pressures felt by one, two or all the commissioning partners. Due to a number of factors and changes within the commissioning landscape, funding previously contracted to Tameside, Oldham and Glossop Mind from both Derbyshire CC and T&G CCG no longer form part of this funding. The Council has been working to support Mind in their ability to continue with their purpose within Tameside.

3.26 Mind had, for many years, delivered various service responses to the people of Tameside – these responses had become rather traditional in their nature. Following a national review of mental health services it became clear to commissioners that a wellbeing centre should be one of the cornerstones of a modern mental health service with a focus on wellbeing and prevention for all people. Given the profile and expertise of Mind, along with premises close to the centre of Ashton, a decision was made to work in partnership with the organisation, already one of the key stakeholders in the review process, to provide the necessary resources and guidance to shift the provision to that of a wellbeing centre.

3.27 Since then the focus of Mind's services has become increasingly preventative with a focus on wellbeing, co-production, social inclusion and recovery.

3.28 Furthermore, Mind has become increasingly proactive in seeking out alternative funding streams and partnership working with a range of third sector and other mainstream providers. On the back of funding received from National Mind some two years ago to employ an allotment worker, Mind has expanded its Kitchen Garden project and has since successfully delivered a two year pilot to widen this provision out to people with learning disabilities and other marginalised groups across a number of sites. This project is now listed on the approved list of day services and is operating on the basis of funding from personal budgets and direct payments. Whilst this service is still running it is now done so via Greenscape Bloom project who lead and work with Mind for Mental Health input. Recent additional funding bids Mind have secured are to deliver a suicide prevention

service via a Reaching Communities bid, a children, young people and family activities via a Children in Need bid and counselling to blue lights personnel via National Mind.

3.29 Mind provides a non-stigmatised wellbeing centre, promoting early intervention and prevention of mental health issues and improved wellbeing for all. The service will include information, support and signposting, recruitment of volunteers, partnership working and public events to achieve these objectives.

3.30 The service is available to people of all ages in Tameside, and is “person-centred” which means it will not give advice or tell someone what to do but rather offer support and space for people to work through issues at their pace in their own ways and will include:

- Information and signposting face-to-face and phone support – at least 5 days a week from 10.00 – 16.00
- Recruitment of 25 volunteers from Tameside and Glossop population and mental health training and support provided to these volunteers
- At least 12 open-access health and wellbeing events delivered from the wellbeing centre
- Income of £20k+ generated to support additional mental health and wellbeing services for Tameside residents

3.31 The partnership with Mind, as with both Age UK and Action Together has been successful over many years. The work the Council has done with Mind to deliver in partnership their current range of services has been recognised by National Mind as really good practice and has been held up for development across local Mind organisations nationally. However, the priority in the work has always been that delivered locally and the citizens of Tameside have been the real beneficiary of the partnership work the Council has been engaged in with Mind over many years.

3.32 Performance and outcomes for 2018/2019

- Core funding supports some of the work with population health providing multimedia access to information, advice and mental health related services in Tameside. In the past year Mind have distributed 2,800 information sheets and resource booklets around mental health and related issues through the wellbeing hub and over 600 copies of the bimonthly wellbeing column. Social media presence has increased with currently 1,750 subscribers to the weekly E-update.
- Mind have also been able to leverage the capacity provided by the Council wellbeing agreement to bring additional funding to benefit Tameside residents such as the Together Project, bringing in over £200,000 of Big Lottery funding to provide innovative support services for people at risk of suicide.
- This year, Mind has hosted nearly 2300 visitors to the wellbeing hub of which over 1200 went on to access services.

Wellbeing Hub

- The Hub is available to callers and visitors to the office/café and meets the needs of nearly 500 telephone callers a week and 1000's of visitors every year. These people call to find out about support for mental health needs, to find information on services for adults and to seek someone who will listen and help them through the complex world of health and social care. Additionally, the Hub provides an affordable community venue for those looking to hire rooms.
- The welcome offer includes a team of volunteers and staff members and the provision of multiple wellbeing events.
- In the last year Mind have hosted 15 micro sessions on a wide range of subjects including origami, sleep and relaxation, self-empowerment, drumming, Fire Service

home safety, healthy eating, food labelling, meditation, Tai chi, numerology and lifestyle coaching.

- In the current year so far Mind have supported the recently bereaved, people at risk of losing custody of their children and many people completely new to the field of social care in understanding what's available to them and their loved ones. This can be done in safety with the added value of being sited with trained counsellors and clinical staff so that the help on offer can change as people's issues present themselves.
- Mind have a good awareness in BAMER communities, 40% in a recent survey said they had attended the Wellbeing centre, and this is built upon to continue co-designing and co-producing wellbeing solutions that are sustainable and reach everyone in Tameside who may need them.
- A focus group ('service advisory group') is being developed to help plan a programme of improving the experience of anyone who needs help, by looking again at the information on offer, the resources used, working practices and achieved outcomes.
- In 2019/2020, plans are in place to deliver the following wellbeing sessions to clients and members of the general public. These will commence September 2019 and attendance is expected to be 5-10 clients per session:
 - Gentle yoga
 - Mindfulness
 - Drama
 - Arts and crafts
 - Horticulture sessions
 - Good mood food cookery
 - Anger management
 - Confidence and self-esteem
 - Stress and anxiety
- Plans are in place to introduce new technological solutions to help people efficiently receive information about mental health. Opportunities will be given to volunteers and apprentices to work in the welcome team which will assist in achieving paid work in the future. Many volunteers have successfully gained employment through this pathway.
- Integral to this will be embedding the fundamental ethos of listening and talking. The belief that a conversation with people is the start of the journey of self-recovery which can lead to preventing social isolation, it challenges the stigma of needing support and can stop situations escalating.

Café

- The café serves an average of 7,000 home cooked healthy meals each year. This will be increased over the next year by the introduction of the new college and more courses being run by the Training Academy.
- The café has hosted 24 volunteers over the last 3 years with 4 going on to paid employment in hospitality and 2 have set up their own business using the skills that they have learned at Topaz Café. The remaining are either still volunteering, retired or have gained other employment. Volunteer capacity in the kitchen will be increased by 4 this year.
- Volunteers will be provided with relevant training in food safety and customer service and the full complement of 15 will be maintained through normal recruitment channels.
- In terms of outcomes, volunteers who have been living with anxiety and/or depression have since gone onto employment or have built enough confidence to start to seek employment. Volunteers range from school leavers; students; older

people; people with mental health issues; learning disabilities; or retired people who are socially isolated.

- Training includes; how to cook; how to save money by not wasting food and quick and simple meals for the family.
- The Hive serves food to families while they are waiting for counselling, courses or activities. This offer includes a £1.00 meal to help people who are on low income or food poverty.
- Support with the facilitation of a number of community groups such as; diversity café to help with language barriers when going out to eat and build confidence to ask questions; a menopause café so ladies can get information and understanding of the menopause and a Natter Chatter café to encourage people to talk to one another.

4 OPTION APPRAISAL

Cease Arrangements with the Identified VCFSE Sector Providers

4.1 Whilst a consideration, the cessation of the close working arrangements developed (either formally or informally) over many years and the associated funding is not viewed as being a realistic option. The people offered support by these three providers are among the most vulnerable groups supported in the community by the Council, and the support they offer fit centrally with a number of the responsibilities covered by the Care Act including promoting personal well-being, prevention (stopping problems before they start or get worse), and providing information, advice and advocacy.

4.2 The Council has invested a great deal of effort and financial support to these key voluntary organisations over many years to ensure their continued presence and delivery of support to the people of Tameside which is viewed as being essential. The return on this investment continues to be high (regularly delivering over and above mutually agreed service delivery levels) and provides the Council with good value for money. On this basis the ceasing of funding and the close partnership working would indicate ceasing these arrangements would have a very negative impact on the people of Tameside.

Tender the Work Out

4.3 The undertaking of a tendering exercise in relation to the existing relationships with the three providers would not be considered appropriate given the high investment made by the Council to develop the current levels of service provision.

4.4 Age UK, Action Together and Tameside, Oldham and Glossop Mind are recognised nationally and by the local community as key organisations providing support to vulnerable people in their specific user area and no other organisations operating locally have such a profile, or anywhere near the same level of recognition, in Tameside. In relation to Action Together, who are very much a locally based organisation, no other organisation in the area is in a position to provide the network support to the VCFSE sector that it currently does.

4.5 All three organisations provide services that surpass the agreement requirements and are considered by the service user group to be of a high quality.

4.6 All three organisations contribute essential elements of the preventative agenda. Service User feedback indicates that people who use the services report consistently high levels of satisfaction with the service and support offered by the projects. Case studies and data is available from the author if required.

Continue Partnership with VCFSE

4.7 The three existing arrangements have proved very successful for both the Council and the three organisations. However, it is recognised that a further market test is required in order to ensure that all VCFSE organisations are considered and have the opportunity to express

an interest in the provision of these services. This will ensure both best value outcomes for people in the borough and supporting the financial viability of local VCFSE organisations.

- 4.8 In relation to Age UK Tameside and Tameside, Oldham and Glossop Mind, it is proposed that arrangements commence to facilitate market tests for the wider VCFSE sector to ensure appropriate consultation and consideration is made to other providers with the award being given to the best bid and offer of provision. It is proposed that funding is approved for three years to provide the successful providers some financial security upon which to plan their service offer.
- 4.9 On completion of the market tests, consideration is given to delegate authority to the Director of Adult Services to award the core funding.
- 4.10 In relation to Action Together, it is proposed that funding continue for the next three years effective from 1 April 2019 due to the organisation being the only infrastructure support agency for voluntary, faith and social enterprise groups in Tameside and also the accredited volunteer centre in the borough.
- 4.11 Conversations regarding the core agreements have taken place with STAR procurement. The process of completing the exemption request forms and associated documentation has been completed and supporting documents are included in the final report for Strategic Commissioning Board. The Council will work jointly with STAR procurement to meet governance requirements.
- 4.12 STAR procurement will be included in the market test facilitation and all governance procedures and processes will be adhered to.

5. PROPOSAL

- 5.1 That existing funding arrangements with Age UK (Tameside), Tameside, Oldham and Glossop are approved for one year from 1 April 2019.
- 5.2 That existing funding arrangements with Action Together are approved for three years from 1 April 2019.
- 5.3 Given the continued reductions of funding available to the Council over the last few years, and the ongoing uncertainty of funding in the future, any new arrangements will have a clear three month "no fault" termination clause that will allow either party to withdraw from the agreements. This would allow the Council to withdraw from the proposed arrangements if required at any point in the future.
- 5.4 The agreements with the three organisations will be based on the current contractual terms and conditions used within the Council, with slight modifications to reflect the spirit of partnership. It will include the majority of the standard clauses, safeguarding, general data protection regulations, freedom of information, equality & non-discrimination, and termination clauses (fault and a three month no-fault termination clause), etc.
- 5.5 The agreements will be drafted to allow the Council to modify the services required based on the needs of the population of Tameside, i.e. the inclusion of additional schedules for specific pieces of work which will be delivered under the overarching terms and conditions. It is intended that the structure of the agreements will be based on the following format:
 - The Agreement including contract particulars
 - The terms and conditions
 - Schedule 1 – The organisations charitable objectives

- Schedule 2 – Core services required
 - Schedule x – additional specific piece of work (as appropriate)
 - Schedule y – additional specific piece of work (as appropriate)
- 5.6 Each specific piece of work will have its own value and clearly defined outcomes to allow the Council to check the performance of the organisation.
- 5.7 Performance management meetings will be quarterly but may be amended based on a risk assessment of the organisation and the value of work/partnership agreement.

6. FINANCIAL SUMMARY

- 6.1 The proposal is to progress agreements on the basis of existing annual levels of the Council and Clinical Commissioning Group's core funding being maintained as detailed in table 1 :

Table 1

Provider	Organisation / Directorate	Budget £ 000
Age UK	Tameside MBC – Adult Services	141,863
	Tameside MBC – Adult Services (one year grant)	100,565
	Tameside MBC – Population Health	34,400
	Total	276,828
Tameside, Oldham and Glossop MIND	Tameside MBC – Adult Services	50,000
Action Together	Tameside MBC – Adult Services	75,140
	Tameside MBC – Population Health	45,000
	Tameside & Glossop – CCG	34,140
	Total	154,280

- 6.2 In addition specific funding has been identified for voluntary sector organisations to support them at a time where funding has been seriously challenged, at the same time that the development of the community offer is a mainstay of the Care Together programme. Many organisations are reporting that they are facing significant financial challenges, among them Age UK, who have reported that they have had to review, redefine and significantly reduce their offer locally in order to stabilise the business. It is proposed that an additional grant £100,565 is made to Age UK for the current year to finalise their work on stabilising the business and complete their restructure and embed their new local offer.
- 6.3 Any risks to the ongoing functioning of Age UK would place significant pressure on the local economy and potentially on the local health and social care economy. Age UK have provided clear plans on how they will invest the funding to maximise the impact of the funding on their new offer.
- 6.4 In relation to inflationary uplifts, the agreement with Action Together will state clearly that the Council will review the funding with effect from 1 April in each year, but that there will be no guaranteed increase to the funding as any review will need to take account of the budget available.

7. CONTINUATION OF FUNDING

- 7.1 Performance monitoring over the last few years confirm that all three providers have delivered good quality, personalised services to a variety of vulnerable service users. Each organisation has impressed in the way they have delivered increasingly progressive and flexible services. As shown in Section 3 of the report, such has been the quality of the performance monitored that approval has been given to extend the existing agreements over many years, with discussion agreeing ongoing service development and improvement, working very much in partnership to highlight the best ways to deliver against changing need, changing expectations, and reductions in funding locally.
- 7.2 The proposal in this report will require approval for the continuation of funding arrangements with all three voluntary organisations. This extension would allow for the continuity of provision by the key VCFSE organisations who have worked closely with the Council to develop high quality responsive service responses for vulnerable people in Tameside.
- 7.3 The core funding is included in the budget for the current financial year in line with the detail outlined in Section 6.1.
- 7.4 The report recommends that market testing is undertaken during 2019/20 to inform future funding decisions with a view to awarding funding for three years. On completion of the market tests consideration is given to delegate authority to the Director of Adult Services to award the core funding.
- 7.5 Members should note that the award of funding from 1 April 2020 will be subject to the available budget in each financial year. It is therefore essential that funding agreements include an appropriate termination notice period should this need to be enacted.

8. EQUALITY IMPACT ASSESSMENT

- 8.1 The conclusion is that given that the proposed changes are largely contractual in nature and designed to facilitate the improved functioning of key organisations locally there is not expected to be anything other than a positive impact upon people who fall within the protected characteristics of gender, pregnancy and maternity, age, sexual orientation, disability, gender reassignment, ethnicity, religion or belief and civil partnership and marriage. See the EIA at Appendix 1.

9. RISK MANAGEMENT

- 9.1 Any risks of poor service delivery will be mitigated by close monitoring of the service to ensure that assessed need is being met.
- 9.2 There is a significant risk that ceasing the provision of this service will mean that the Council would not fulfill its statutory and legal duty to provide the service and meet eligible needs.
- 9.3 In order to ensure that there is no risk of challenge and to ensure that all CPR rules and regulations are met, the funding for Age UK Tameside and Tameside, Oldham and Glossop Mind will be for a period of one year. Plans will be put in place to ensure that arrangements to carry out the necessary market research and tests will take place within this financial year to ensure that there are no other organisations in Tameside which could match the profile or have the existing infrastructure in place to deliver the activities required.

10. CONCLUSION

- 10.1 This report sets out a case for funding arrangements arrangements with Age UK, Tameside, Oldham and Glossop Mind and Action Together.
- 10.2 The justification for continuing the agreements reflect the close working relationship that has developed with each organisation over many years and the mutual benefits this close working has brought to the citizens of Tameside.
- 10.3 With each of the three proposed agreements, the central theme is the confirmation of the Council providing some core funding which will afford each organisation a level of security in terms of longer term planning as the funding underpins their core infrastructure operating costs. The funding will be provided on the basis of delivery of the core activity set out in Section 3 of this report.
- 10.4 These three organisations as representatives of the local VCFSE sector are key organisations in the supporting the Council in delivering its responsibilities in relation to the Care Act and in particular the changes introduced from April 2015, specifically their significant contribution to:
 - The duty of prevention and wellbeing to prevent or delay the need for care
 - The duty to provide information and advice, including about paying for care
 - The extension of eligibility criteria to include carers
 - The duty to shape the local care & support market

11. RECOMMENDATIONS

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

APPENDIX 1

Equality Impact Assessment

Subject / Title	Core Funding Voluntary, Community, Faith and Social Enterprise (VCFSE)	
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Team	Department	Directorate
Joint Commissioning and Performance Management	Adults	Adults

Start Date	Completion Date
9 May 2019	9 May 2019

Project Lead Officer	Trevor Tench
Contract / Commissioning Manager	Janine Byron
Assistant Director/ Director	Stephanie Butterworth

EIA Group (lead contact first)	Job title	Service
Trevor Tench	Head of Commissioning	Adult Services – Commissioning and Performance
Janine Byron	Assistant Team Manager – Market Development	Adult Services – Commissioning and Performance

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?	Further to funding of the VCFSE sector in previous years to support the sector to grow and develop community services to support the work of the Council, this report is to summarise and seek authorisation for the next round of core funding for the period 2019-2022.
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1b.	What are the main aims of the project, proposal or service / contract change?	That funding with Age UK (Tameside) and Tameside, Oldham and Glossop Mind is continued for a further two years. That funding for Action Together is continued for a further three years. That the level of funding identified in Section 6 of the report is agreed for the three year period in line with the standard conditions of the Council.
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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 primarily for adults 18+. Those under 18 will have access to care and support via children's services
Disability	✓			The service is for adults who primarily don't have an eligible need.
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	✓			The service is for adults who primarily don't have an eligible need.

Carers	✓			The service supports carers to identify support options for people who do not meet criteria for statutory services.
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? (e.g. <i>vulnerable residents, isolated residents, low income households, those who are homeless</i>)				
Group <i>(please state)</i>	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 continuation of these existing sub threshold services 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 but primarily to those people who do not meet the need for statutory services.	

Agenda Item 5b

Report to:	STRATEGIC COMMISSIONING BOARD		
Date:	18 December 2019		
Executive Member:	Executive Member Eleanor Wills – Executive Member (Adult Social Care and Population Health)		
Clinical Lead:	Dr Alison Lea and Dr Kate Hebden		
Reporting Officer:	Jessica Williams – Director of Commissioning		
Subject:	PRIMARY CARE WORKFORCE STRATEGY		
Report Summary:	<p>This is the Tameside and Glossop Primary Care Workforce Plan 2020-2025. It provides a comprehensive overview of the key priorities across Tameside and Glossop in terms of our Primary Care Workforce, in the context of our current position and our ambitions to make Tameside and Glossop a place that people come and stay to work.</p> <p>This strategy has been developed using a collaborative integrated system approach. The respective detailed Delivery Plan will be formulated in the same way to ensure we have a consistent and effective programme of workstreams that are done once for the workforce that we are concerned with in terms of this particular strategy. This also ensures that this Primary Care Workforce Strategy aligns to the Locality Workforce Plan that is already in place and which encompasses the wider workforce, including that to deliver the Care Together transformation programme.</p>		
Recommendations:	<ol style="list-style-type: none">1. Approve this as the Tameside and Glossop Primary Care Workforce Strategy 2020-2025, including the key principles and priorities that have been set out.2. Approve the Academy construct as the accountable vehicle for coordination and management of the Delivery Plan.3. Agree to regular progress updates and assurance to be received by Primary Care Committee.		
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	Budget Allocation (if Investment Decision)	N/A	
	CCG or TMBC Budget Allocation	N/A	
	Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	N/A	
	Decision Body – SCB Executive Cabinet, CCG Governing Body	N/A	
	Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	No direct financial implications for the Integrated Commissioning Fund. The paper looks at a workforce employed by GP practices across T&G.	

While this is indirectly funded through co-commissioned Primary Care budgets, there is no impact on CCG budgets at this time.

Additional Comments

Legal Implications:
(Authorised by the Borough Solicitor)

The LGA and the Social Care Institute for Excellence have joined up to produce an accessible and practical resource that supports local systems in fulfilling their ambition of integration.

<https://www.local.gov.uk/achieving-integrated-care-15-best-practice-actions-0>

A system-wide workforce strategy will ensure there is appropriate capacity and capability across all local settings to meet the ambition and goals of the local integrated care system.

System leaders should undertake workforce planning in partnership - and not in isolation - working with local provider organisations across health and care. Local workforce strategies should be cross-sectoral in nature; including public, independent and voluntary sectors. They should address:

- existing and future recruitment needs and retention challenges
- the state of the local labour market
- the skills and training required to work in new settings and in new ways
- the advent and roll-out of new roles, such as link workers or care navigators
- the availability of local resources for workforce development and training.

Using a whole-system approach to workforce planning will ensure local providers and commissioners are working in partnership to address workforce shortages. This would include developing innovative and shared opportunities for recruitment and retention – and avoiding competition for staff. Including the independent sector in social care is of particular importance to the growth of homebased and community care and reablement. The strategy should reflect the need to develop an integrated workforce by creating opportunities for professionals from multiple settings and agencies to learn from each other, and plan solutions and interventions together. This is likely to produce integrated training programmes and rotational placements in different sectors. Involvement of local education providers in the development of the workforce strategy recognises that they too play an important part in building local workforce capacity and capability.

How do proposals align with Health & Wellbeing Strategy?

Improving access to primary care services for the whole population.

How do proposals align with Locality Plan?

An integrated system approach to planning a resilient workforce within primary care, delivering more care in an 'out of hospital' setting.

How do proposals align with the Commissioning Strategy?	Integrated system strategy for primary care workforce development.
Recommendations / views of the Health and Care Advisory Group:	N/A
Public and Patient Implications:	Improving access to primary care services through a wider skill mix of workforce and an enhanced offer using digital technology.
Quality Implications:	Increased resilience in the workforce, improving access to services.
How do the proposals help to reduce health inequalities?	Increased range of access options for patients into primary care services for all including advice on self-management of conditions and symptoms. Consideration for the wellbeing and resilience of the workforce.
What are the Equality and Diversity implications?	Consideration for a range of more flexible working options to enable people to come to work, return to work and stay in work.
What are the safeguarding implications?	Risk assessment for patient safety, lone worker and data sharing to be carried out for all work programmes as part of the plan delivery.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	All digital solutions will be implemented in line with Information Governance requirements. N/A
Risk Management:	Risk assessment for patient safety, lone worker and data sharing to be carried out for all work programmes as part of the plan delivery.
Access to Information:	The background papers relating to this report can be inspected by contacting Janna Rigby:  Telephone: 07810 500757  e-mail: janna.rigby@nhs.net



Tameside and Glossop Primary Care Workforce Plan 2020-2025

(V2)

1. INTRODUCTION/ SETTING THE SCENE

This is the Tameside and Glossop Primary Care Workforce Plan 2020-2025. It provides a comprehensive overview of the key priorities across Tameside and Glossop in terms of our Primary Care Workforce, in the context of our current position and our ambitions to make Tameside and Glossop a place that people come and stay to work.

This strategy has been developed using a collaborative integrated system approach. The respective detailed Delivery Plan will be formulated in the same way to ensure we have a consistent and effective programme of workstreams that are done once for the workforce that we are concerned with in terms of this particular strategy. This also ensures that this Primary Care Workforce Strategy aligns to the Locality Workforce Plan that is already in place and which encompasses the wider workforce, including that to deliver the Care Together transformation programme.

1.1 National Context

The **NHS Long Term Plan** sets out to ‘boost’ out of hospital care, reduce pressure on emergency hospital services and digitally-enable primary and outpatient care. Each of these aims will require primary and community care providers to have the capacity and capabilities in order for them to be deliverable.

Similarly, the **Interim NHS People Plan** focuses on:

- Making the NHS the best place to work
- Improving the leadership culture
- Tackling the nursing challenge
- Delivering 21st Century Care
- A new operating model for workforce

Chapters 2 (Workforce) and 3 (Workload) of the **GP Forward View** acknowledge the need to expand and support GP and wider primary care staffing, and to reduce practice burdens and help release time.

In December 2017, **Health Education England (HEE)** published a draft health and care workforce strategy for England.¹

The strategy is underpinned by six key overarching principles:

- securing the supply of staff that we need to deliver high quality care;
- training, educating and investing in the workforce to give new and current staff the professional flexibility and adaptability to meet the needs of patients;
- providing career pathways for all staff rather than just ‘jobs’;
- ensuring that people from all backgrounds have the opportunity to contribute to, and benefit from, healthcare;
- ensuring that NHS in its entirety is a modern model employer with flexible working patterns, career structures, and reward mechanisms; and
- ensuring that in the future service, financial and workforce planning are intertwined.

In 2017, HEE also launched the Star Tool (figure 1) which provides a framework to guide workforce transformation within local teams. This online tool provides tools, training materials and case

¹ Health Education England (2017). Facing the Facts Shaping the Future: A draft health and care workforce strategy to 2027.

studies within five areas; supply, up-skilling, new roles, new ways of working and leadership. Each of these areas are also reflective of the national workforce priorities and programmes.



Figure 1: Health Education England Star Tool

Each of these national documents reinforce and support the key priorities for a resilient workforce in Tameside and Glossop where we are taking an integrated system-wide approach to supporting our primary care workforce.

1.2 Regional Context

The **Greater Manchester Primary Care Workforce Strategy** has a clear ambition to ensure that everyone has the opportunity to proactively manage their own physical health and wellbeing. To do this, they will have access to high quality integrated care, underpinned by the best possible technology, a sustainable workforce and an estate that is fit for purpose. The GM PC workforce strategy recognises the primary care workforce as one of the key enablers to achieving the ambition for improving the physical and mental health outcomes of people across the population, while reducing health inequalities.

We know that the current primary care workforce model is no longer sustainable. We need to explore new models of care that utilise the breadth of skills across primary care with patients at the centre. The national and local direction of travel will see a shift of activity from secondary care into the community and this is likely to put increased pressure on primary care. This will also present opportunities for new roles and career pathways.

Primary care must transform to meet the current demand as well as future challenges, to reduce unwarranted variation in quality of care, be financially sustainable and offer attractive career options.

As experts in continuity of care, primary care professionals are in a unique position to lead and champion population health and to deliver a health and care system that focuses on prevention, early intervention and self-care.

We will expand the traditional concept of primary care, going beyond general practice to create a much wider system that will help us achieve our broader, long-term vision for Greater Manchester. We know economic prosperity is strongly linked to the health and wellbeing of our population and primary care will play a key role in ensuring GM residents benefit from the positive health impact from robust and co-ordinated primary care.

Health Education England North West (HEENW) provide regional level support to Primary Care providers which includes:

- Continuing Professional Development (CPD) cash allocation to support non-medical staff development in general practice
- Applications to Advanced Practitioner Programmes
- Places on the General Practice Nurse Leadership for Quality Programme
- Funding to support the developing role of the Physician Associate
- Non-medical prescribing places for primary care
- Funding to support the role of the Nurse Associate, utilising apprenticeship routes

1.3 Local Context

Primary Care in Tameside and Glossop is made up of 37 General Practices, 65 Community Pharmacies, 38 Dental Practices and 28 Optometrists.

The primary focus of this plan will be to meet the workforce challenges within general practices, however longer term planning will also include wider primary care.

The **Care Together** transformation programme set the scene for integration across the locality, with evidence showing the true system benefits of this way of working since 2015. Transformation programmes which received funding through the Care Together programme, and with additional transformation funding through GM, included the Patient Centred Care programme and the introduction of Clinical Pharmacists working within general practice.

Primary Care Networks (PCNs) in Tameside and Glossop have been established since 1st July 2019, in line with the PCN Directed Enhanced Service (DES) specification. The five PCNs have been developed to align with the existing geographical footprints of the already existing Integrated Neighbourhoods. Our PCNs will play a central role to enabling this workforce plan to be realised both in terms of the roles that are specifically funded through the DES to provide additionality of workforce across the networks, and in terms of providing the benefit of scale and economies for existing and new staffing roles to deliver the new operating model.

Skill mix

Through the investment provided by the GPFV, we have supported a number of practices to expand the remit of their administrative staff with Medical Assistants and Care Navigator roles. The PCN DES in 2019/20 directed investment into Networks for Clinical Pharmacists and Social Prescribing Link Workers. We took a system response to protecting the existing workforce delivering these roles, securing employment through a series of hosting arrangements between PCNs and the employing organisations.

In 2020/21, the PCN DES specification will require Primary Care Networks to further expand the additionality of their workforce and will include Physician Associates and First Contact Practitioners. 2021/22 will see this extend to Paramedics.

Key system leaders to drive the delivery of this plan will therefore be the PCN Clinical Directors, PCN managers and of course Practice Managers.

Connecting to GM programmes and opportunities to bring funding and resources into T&G will support and enhance delivery of the programmes of work that will deliver this plan.

2. WHAT IS OUR PRIMARY CARE WORKFORCE CURRENTLY?

The GMC Workforce Report published 24th October 2019, tells us that UK healthcare is more reliant than ever on overseas doctors. In 2019, for the first time, more non-UK graduates joined the medical register than British-trained doctors.

However, retention of all doctors remains a challenge. Workload pressures and workplace cultures that don't always offer enough support are among the factors that cause significant numbers of doctors – from the UK as well as overseas – to leave the medical register.

Tameside and Glossop

Given the strategic drive for delivering more, high quality care closer to home, we need to have detailed understanding of primary care workforce and the possibility to support increasing 'out of hospital' care.

Clinical

The clinical workforce contributing to delivery of care for patients of a registered population in Tameside and Glossop includes the team employed within general practice as well as Community Services, such as District Nurses, Midwives, Podiatrists and Physiotherapists. It is just as important to ensure that the wider team is recognised within this strategy, as it is for those employed and working within our individual general practices if we are to achieve our ambition to deliver care closer to home and to build a greater level of provision for patients outside of the hospital setting.

Non-clinical

The non-clinical workforce are key partners to the team, taking on increasing responsibilities and adapting to constant change. Our Practice Managers are critical as non-clinical leaders and resilience within this role as well as support to develop and transform individuals delivering this role will ensure the resilience of primary care. Particularly with the introduction of Primary Care Networks, which will significantly change the way in which general practice will provide care in the future.

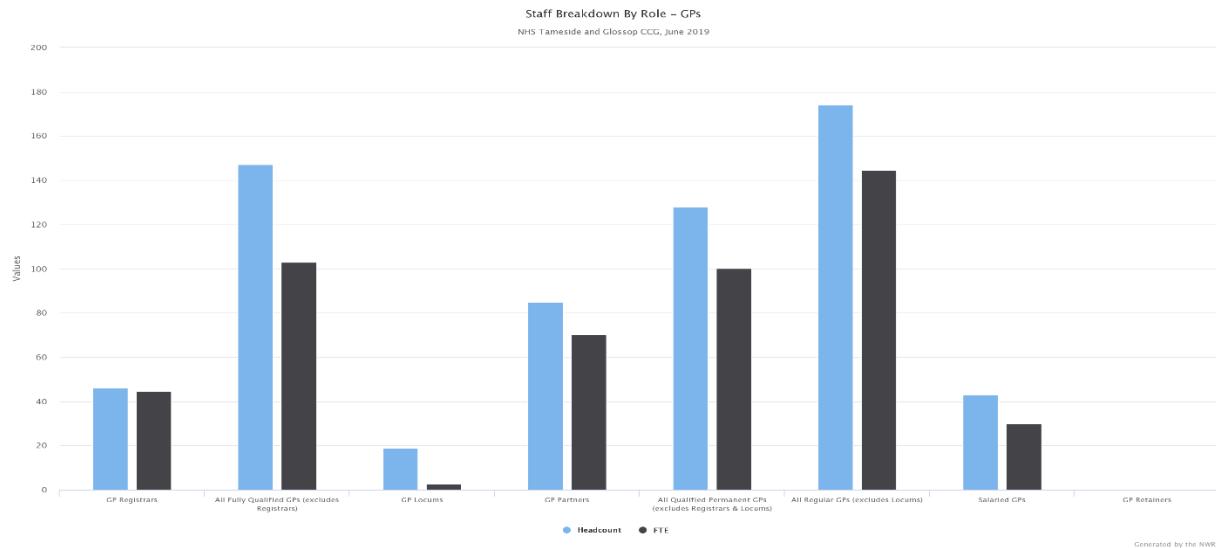
In addition to the non-clinical leadership and management, the administrative roles are also crucial as the first point of contact for patients, navigating patients into the most appropriate appointments and ensuring that documentation, including patient records and referrals, are maintained and processed correctly.

Data

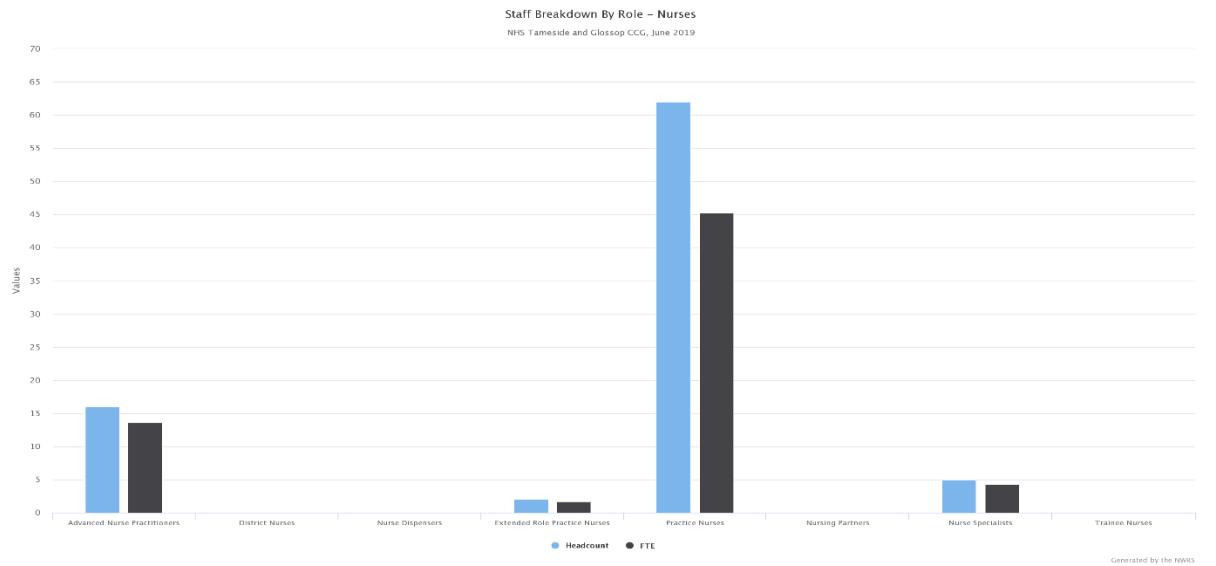
It is often difficult to capture primary care workforce data, which is dependent on returns completed by general practice through the NWRS (National Workforce Reporting System) which is managed by NHS Digital.

The latest published data (June 2019) shows that there is an emerging skill mix across practices and the range of roles being built into practice teams is growing over time. The total reported headcount of staff across primary care is 710, however many of these work on a part time basis. The gender split within this workforce is broadly consistent with both regional and the north west, with females accounting for more than 4 in 5 of the total workforce.

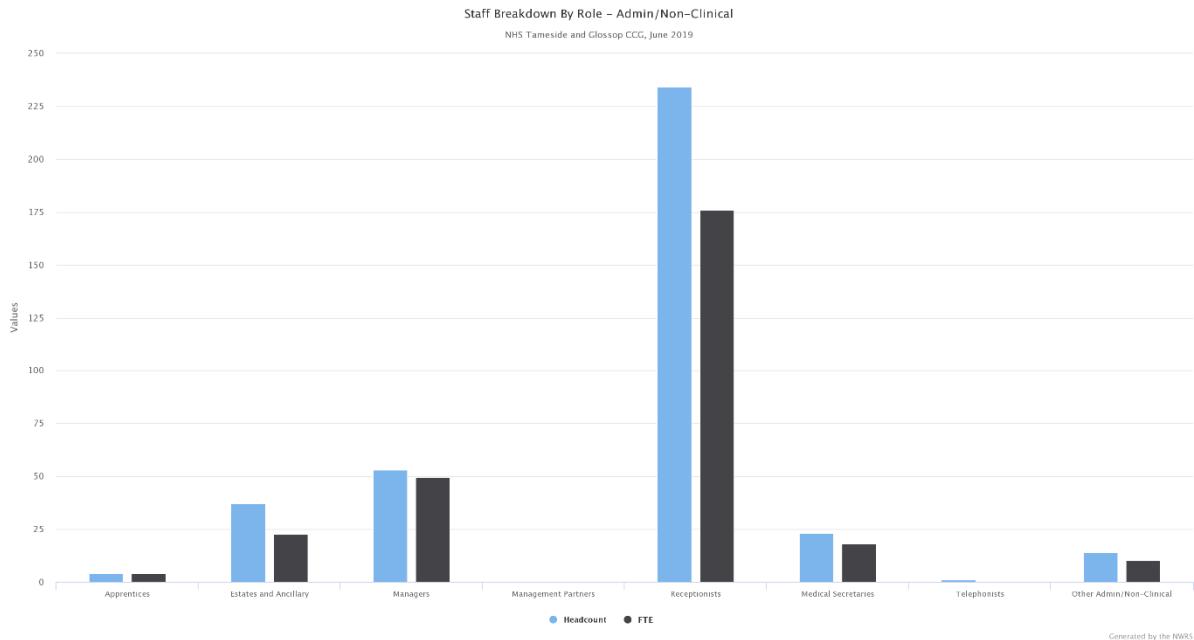
Profile of our workforce GPs



Nurses



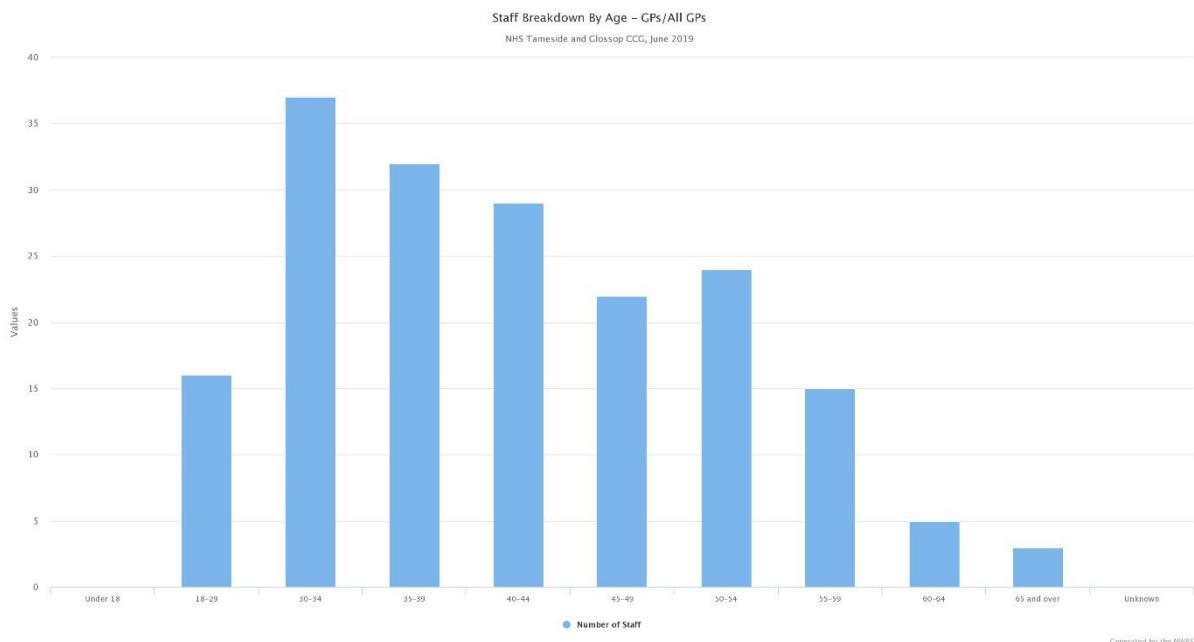
Non-clinical staff



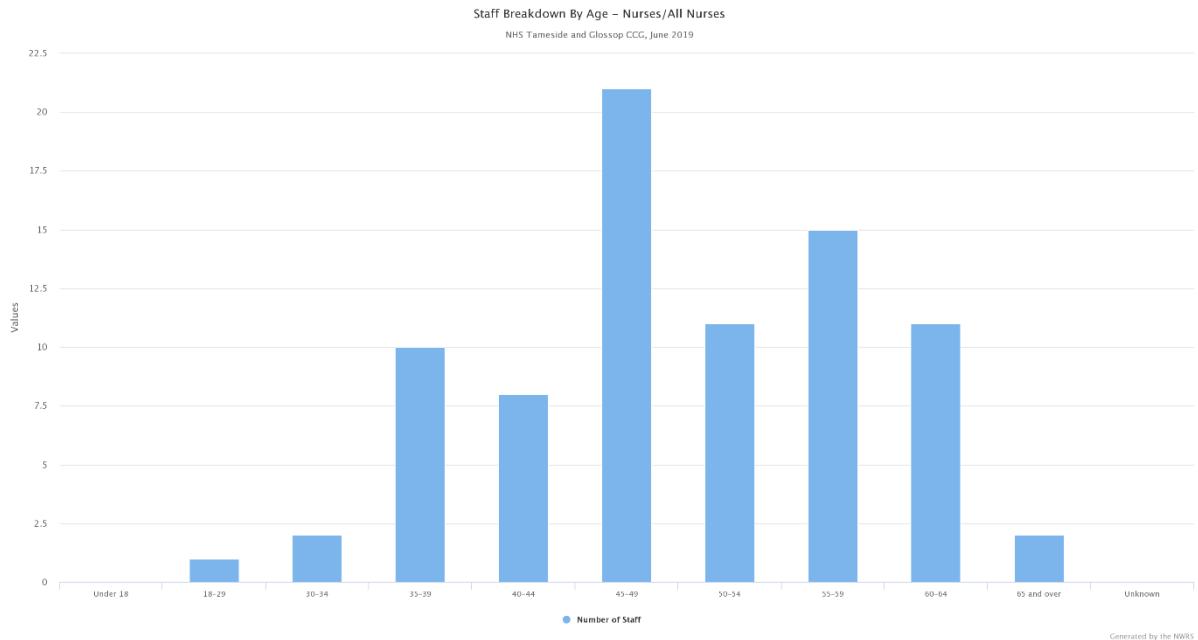
The age profile of the general practice workforce across Tameside and Glossop, particularly for nurses, is older than the regional average with up to 50% of our nursing workforce aged 55 or above. This profile is similar for the GP workforce, with a similar proportion aged 50 or above; showing the proportion of these groups who may be considering retirement in the next 5-10 years.

The administrative workforce has a much more evenly spread age profile with a heartening proportion aged 18 to 34. Retention and development of these individuals will be key to retaining a resilient workforce with local knowledge able to take on the challenges as primary care transformation takes place.

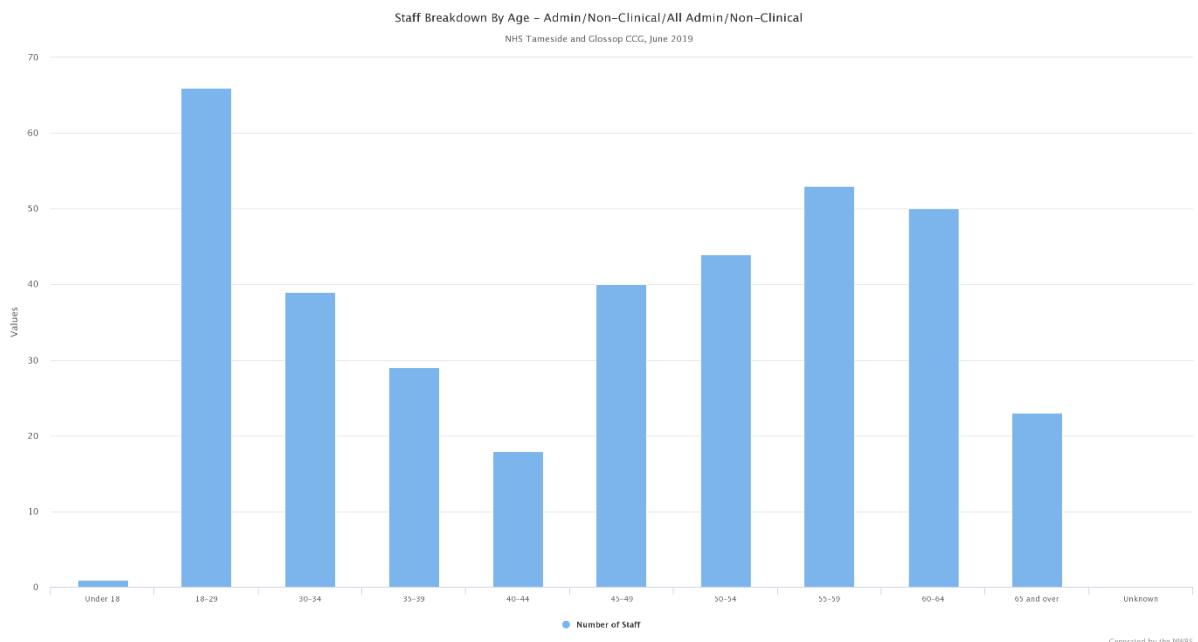
Age profile of our workforce GPs



Nurses



Non-Clinical Staff



3. OUR VISION

In response to the national, regional and local drivers outlined, and considering the challenges faced across primary care in Tameside and Glossop, the vision for primary care workforce is:

To create the environment for our primary care workforce to thrive and be resilient; to enable provision of high quality care for the population of Tameside and Glossop.

The key themes, reflecting those set out in the GM Primary Care Workforce Plan, to enable delivery of this vision are:

- Focus on recruitment and retention
- Grow our Own
- Career development opportunities
- Training and Education

Our ambition is to create a sustainable primary care workforce, delivering our neighbourhood/network model of care that is wrapped around the needs of people and their communities while improving population health outcomes.

4. DELIVERY PLAN OVERVIEW

4.1 Recruitment and retention

We will work to understand what attracts and deters clinicians from coming into and staying in practice and agree targeted activities to address and influence. This will include different support options for partnership and salaried GPs, promoting existing HEE schemes and applying for available funding to support GP retention across the range of GP groups.

We will promote the GP Retainer Scheme to support GP returners or those looking for a different route to manage their work-life balance a tailored career programme, to maintain their place in practice.

We will support practices and PCNs through HEE/ other schemes to support nurses to consider a career in primary care and to develop flexible career paths to enable them to do that including portfolio roles.

We will encourage flexible working conditions, including home working and use of digital access to attract individuals with a wider range of options.

We will also celebrate our workforce to ensure they are made to feel valued, as they should be.

4.2 Grow our Own

We will create opportunities within our workforce redesign to explore how we can capitalise the opportunities to assist local young people to develop skills and employment, including apprenticeships and preceptorships.

We will invest and support the ‘grow our own’ culture by working with local schools, Further Education (college) and Higher Education (universities) to ensure people from all backgrounds have better access to careers in primary care.

We will deliver a GPN Foundation Programme/ Preceptorship for our General Practice Nursing workforce. This will be delivered as a single programme across acute, community and primary care settings over two years. This will provide the opportunity for those coming into the nursing workforce to gain a breadth of skills and experience, preparing them for substantive employment in general practice.

4.3 Career development opportunities

We will encourage and support the development of opportunities for portfolio careers for GPs and Nurses to support flexibility and interests throughout their career.

We will build good working relationships with our workforce to identify those with interested in taking on wider responsibilities including clinical leadership for the system.

4.4 Training and education

Enhanced Training Hub (ETP) (non-medical workforce)

We are very fortunate in Tameside and Glossop to have an Enhanced Training Practice (ETP) in our area, delivered by Millgate Medical Practice in Denton. The purpose of these hubs is to promote health career and employment opportunities within the health economy which is both sensitive to local priorities but also helps contributes to and strengthens current career engagement developments and capacity supported by NHS organisations and the wider health economy.

The objectives for the hubs include:

- To forge and accelerate effective partnerships to engage with schools, other education providers and community network groups in promoting the full range of healthcare careers and employment opportunities, seeking to attract a wide range of talent and embedding this type of activity as core to organisation community commitment.
- Share best practice in relation to career engagement between the organisations within the health economy and build upon any current activity which is already demonstrating impact but can extend its reach and value.
- Increase and efficiently manage work experience opportunities within the health economy, leading to an increase in work experience provision from their current baseline.

We will utilise the ETP to deliver a number of our programmes for the non-medical workforce for and on behalf of our practices and PCNs.

Current education and networking offers in the locality

There are a range of existing training and education options for the workforce in T&G; locally practices are supported to attend monthly TARGET (Time for Audit, Research, Guidance, Education and Training) sessions which are managed through the TARGET Steering Group. TARGET hosts sessions for GPs and Nurses and a separate Admin topic on a regular basis.

In addition, there is a monthly Practice Nurse Forum, Health Care Support Workers Forum and a Practice Managers Forum led by the CCG. Recent reviews of each of these forums tells us that these are highly valued support networks for these staff groups.

With the expanding skill mix within primary care, we will develop the same offer for our growing workforce of Advanced Clinical Practitioners (ACPs).

We will establish a detailed baseline of existing training and education activity across the clinical and non-clinical skill mix.

Community of Practice

A vision for the System across Tameside and Glossop health and social care is to develop a strong community of practice and one of the vehicles we are exploring with partner organisations across the locality is through our innovative approach to place based undergraduate clinical and non-clinical education and learning. These innovative opportunities are established around the needs of our patients and local population.

5. PRIMARY CARE ACADEMY

We will create a T&G Academy which will be the lynchpin for the range of provision and programmes of work that will be delivering on our ambition, providing a governance structure to ensure that progress and risks are held in a central place but also to 'own' the strategic leadership needed to drive forward this key agenda.

The Academy form and function will be developed through the existing system-wide governance to ensure that its structure and infrastructure has the capacity and capability to deliver.

The remit of the Academy will include both clinical and non-clinical workforce.



In order for the Academy to be a successful vehicle for delivery of our ambitions for workforce development, a level of resource and investment will be required.

6. PRIMARY CARE NETWORKS

Primary Care Networks have a key role to play, each being a collective of employing organisations and able to employ workforce for their network population. The PCN DES has provided general practices with the contractual leverage to work together in different way to the way that they have done traditionally.

The PCNs have created a new operating layer for general practice and requires high quality, innovative practice managers with the skills to manage and lead complex business and implement clinical change. The Academy will work with partners and training providers to support the professional development of practice managers and explore opportunities for efficient and shared administrative services.

There are numerous opportunities for PCNs to utilise their collective workforce to improve equality of access and provision of services to their population. Commissioning at a PCN, rather than individual practice, level in the future will also require a different response to how services will be delivered.

Working at scale as a Network also provides greater resilience and recruitment and retention opportunities.

7. DIGITAL

Currently most people access primary care services face to face and one to one, however we know that the way people want to access services is likely to change over time. Developments in the digital technology will provide convenient ways for people to access advice and care.

Embracing digital technology will require a culture change for patients and our workforce. We will support our workforce to enable them to work with new technologies and innovations while continuing to provide quality services that are accessible to all.

Digitally enabling primary care will not only allow the workforce to focus their expertise where it is needed, it will also enable people to be in charge of their own health, enabling health and care experts to provide more targeted support.

Digital technology will also enable the workforce to provide care and services in a much more flexible way, improving their work-life balance and improving both recruitment and retention.

Current areas of digital development within general practice include:

- Online consultations
- NHS App
- Video consultations (in progress)

8. WIDER PRIMARY CARE

It is important to recognise the wider contribution to the health and care system, with primary care also being delivered in community pharmacies, opticians and dentists. These providers deliver a significant contribution to the pressures and demands for health care services.

Community Pharmacy

The Greater Manchester Pharmacy Strategy outlines the pharmacy workforce response to meet the demands of the changing landscape for our patients and to delivery excellent healthcare. The approach for transforming pharmacy services for Greater Manchester is already responding to these demands:

- The national Clinical Pharmacist programme working in practice and dealing with patients face-to-face. Locally we have delivered this through our transformation workstreams.
- Developing and promoting the role of pharmacy teams to deliver health and wellbeing advice to prevent ill health, including supporting seamless care via community pharmacies. This will contribute to reducing pressures in General Practice and wider urgent care.
- Supporting people with dementia and their carers to live well with dementia
- Improving patient and public safety by acting on and sharing information about medical incidents relating to controlled drugs, identifying medicines related admissions to hospital and promoting antimicrobial stewardship
- Application of medicines optimisation principles in key therapeutic areas of priority in Greater Manchester
- Better transfer of information across care interfaces and referral to services to support patients taking their medicines
- Standardising pharmacy services across Greater Manchester to improve efficiency and ensure that patients receive the same quality of service irrespective of where it is accessed
- Standardising clinical support and back office services
- Completion of the community pharmacy workforce assessment to determine current and future workforce needs

Optometry

Optometry has been identified as an integral part of primary care and benefitting of development. Most primary eye care is already delivered in optician practices. In Tameside and Glossop there is a Minor Eye Conditions Service provided by primary care optometry, providing access to urgent eye care services close to home at local optical practices. This provision has reduced demand for General Practice, A&E and secondary care, whilst utilising the skills of the optometric workforce.

Dental

The GM Dental Strategy emphasises the importance of ensuring that the developing workforce profile address the changing profile of the population need and HEE continue to monitor and commission specialist dental training posts. Significantly, this will address needs in Special Care Dentistry and Paediatric Dentistry, with further work to address the known deficit in capacity for Restorative Dentistry. The key to success will be determined by the effective engagement of the GM dental team and the effective use of skill mix.

A number of GM procurements have been undertaken in the last 12 months to take steps to improve this picture.

The GM dental workforce has begun its transformation of care in localities, which looks at improving quality and opening up practices to older people to support patients with dementia; improving dental care for older people unable to access services in a primary care setting.

Targeted programmes including Baby Teeth DO Matter, Healthy Gums DO Matter and the Practice School Buddy Scheme have allowed dentists to engage with specific groups where healthy mouths have a greater impact.

Standardisation of clinical records with access to summary care records will allow dentists to deliver patient treatment in synergy with other healthcare professionals.

9. HOW WILL WE KNOW IF WE HAVE BEEN SUCCESSFUL?

This plan will demonstrate delivery of the vision through a number of outcomes over the next five years.

We will enable a primary care workforce that:

- Is diverse, with a skill mix that is able to respond proactively to local population needs
- Has a robust training and development infrastructure in order to facilitate workforce development across all primary care and in every locality
- Is responsive to the changing needs of staff, offering flexible working options in order to retain our workforce
- Is able to interface across all of primary care as well as with local care organisations, secondary care and wider public services
- Is clear in its contribution to the Tameside and Glossop ambition to improve population health outcomes
- Is able to maximise the opportunities to work to their full potential

10. CONCLUSION

A resilient workforce is key to the delivery of high quality, safe care and provision. This strategy sets out both the challenges and opportunities within Tameside and Glossop to ensuring that our workforce feels resilient and valued, to be delivered via a number of workstreams, programmes and initiatives. A detailed Delivery Plan will be devised to set out the ways in which this strategy will be implemented with the Primary Care Workforce, Training and Education Group/ Academy accountable for the coordination and progress.

Agenda Item 5c

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	18 December 2019
Executive Member:	Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)
Clinical Lead:	Dr Ashwin Ramachandra – CCG Chair
Reporting Officer:	Jessica Williams – Director of Commissioning
Subject:	TAMESIDE & GLOSSOP COMMISSIONING INTENTIONS 2020-21
Report Summary:	<p>This report sets out our Commissioning Intentions for all partners in 2020-21.</p> <p>Commissioning intentions provide a basis for constructive dialogue between Commissioners and Providers of Health and Social Care services to inform business planning and contracting. They are intended to set the strategic context to drive improved outcomes for patients and guide the design and delivery of care within available resources.</p>
Recommendations:	The SCB is asked to note the content and approve the distribution to Partners
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	Budget Allocation (if Investment Decision) CCG or TMBC Budget Allocation Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration Decision Body – SCB Executive Cabinet, CCG Governing Body Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Additional Comments There are no financial consequences associated with this as these are purely commissioning intentions
Legal Implications: (Authorised by the Borough Solicitor)	This report reflects a statement of intent for the commissioning of contracts during 2020–21 by the Tameside and Glossop CCG. Compliance with the framework for joint governance arrangements of the Council and Glossop CCG will be required. The roll out of a series of integrated contracting and funding mechanisms is anticipated to incentivise the achievement of interconnected health and social care outcomes. Adverse legal implications may arise where the commissioning of individual contracts take place outside this statement of intent, and in those cases clear reasons should be given for any deviation from the new commissioning model. Additionally whilst the report records no financial implications it

	will be necessary for these commissioning intentions to be managed within financial budget.
How do proposals align with Health & Wellbeing Strategy?	Aligned with the outcomes of the Corporate Plan
How do proposals align with Locality Plan?	Aligned with the outcomes of the Locality Plan
How do proposals align with the Commissioning Strategy?	The paper is aligned with the NHS Long Term Plan
Recommendations / views of the Health and Care Advisory Group:	This group would not review the commissioning intentions
Public and Patient Implications:	As per Corporate Plan
Quality Implications:	As per Corporate Plan commitments
How do the proposals help to reduce health inequalities?	Clear focus on system-wide commitment to prevention and reducing health inequalities
What are the Equality and Diversity implications?	As per Corporate Plan
What are the safeguarding implications?	None identified
What are the Information Governance implications? Has a privacy impact assessment been conducted?	None identified
Risk Management:	None identified – intentions only
Access to Information:	<p>The background papers relating to this report can be inspected by contacting the report writer</p> <p>Martin Ashton, Associate Director of Commissioning</p>  e-mail: martinashhton@nhs.net

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November 2019

Dear _____,

TAMESIDE & GLOSSOP COMMISSIONING INTENTIONS 2020-21

This letter sets out, in high level terms, how Tameside & Glossop Strategic Commission intends to commission services from its main Providers in 2020-21. Where appropriate, detailed commissioning intentions will be developed with key Providers over the next few months. We will ensure all contracts include the required 'must do' expectations as set out in national and local contracting and commissioning guidance, the details of this will be shared through provider specific contract negotiations.

1. KEY POLICY DRIVERS

1.1 Tameside and Glossop Corporate Plan and Tameside and Glossop Locality Plan

The ambition of the T&G Strategic Commission is to ***significantly raise healthy life expectancy in Tameside and Glossop through a place-based approach to better prosperity, health and wellbeing underpinned by a financially sustainable health and social care economy.***

To achieve this, Providers will be asked to address the relevant system-wide priorities of the T&G corporate plan and associated work programmes

1. Very best start in life where children are ready to learn and encouraged to thrive and develop.
2. Aspiration and hope through learning and moving with confidence from childhood to adulthood.
3. Resilient families and supportive networks to protect and grow our young people.
4. Opportunities for people to fulfil their potential through work, skills and enterprise.
5. Modern infrastructure and sustainable environment that works for all generations and future generations.
6. Nurturing our communities and having pride in our people, our place and our shared heritage.
7. Longer and healthier lives with good mental health through better choices and reducing inequalities.
8. Independence and activity in older age, and dignity and choice at the end of life.

1.11 Key Work programmes

1.12 Starting Well

- Maternity: Maternal Mental and Physical Health, reducing smoking at time of delivery
- Improve school readiness and child development
- Improve education and employment

- Improve Parent Infant Mental Health
- Improve physical Health: Oral health, physical activity, long term conditions in children and young people
- Develop effective support programmes for children and young people with Special Educational Additional Needs and Disabilities
- Social Resilience – Early Help, reducing adverse childhood experience, reducing Looked After Children.

1.13 Living Well

- Transition into adulthood.
- Reduce victims of domestic abuse
- Increase access, choice and control in emotional and mental self-care and wellbeing.
- Increase physical and mental healthy life expectancy
- Decrease smoking prevalence
- Increase levels of physical activity
- Reduce drug and alcohol related harm.
- Reduce the impact of poverty
- Improve access to good quality employment.

1.14 Ageing Well

- Increase the number of people helped to live at home
- Reduce hospital admissions due to falls
- Increase levels of self-care and social prescribing.
- Prevention support outside the care system.

1.2 The NHS Long Term Plan

All Providers are asked to work with partners to implement the ambition of the NHS Long Term Plan; taking note of the Implementation Framework, which sets out further detail on how the commitments in the Long Term Plan will be delivered (see appendix).

1.3 GM Health and Social Care Partnership Delivery Plan

All Providers are asked to work with partners to implement the ambition of the GM Health and Social Care Partnership (GMHSCP) Delivery Plan 2020-24. This plan represents the GM system's implementation strategy for the GMHSCP Prospectus and incorporates the GM response to the NHS Long Term Plan and the commitment to The Greater Manchester Unified Model of Public Services

2. NEW COMMISSIONING MODELS

The Strategic Commission is developing a series of integrated contracting and funding mechanisms with its principle partners to incentivise the achievement of interconnected health and social care outcomes which meet the needs of the Tameside and Glossop population. This will include the development and agreement of shared system-wide outcomes.

2.1 Increasing investment into General Practice

The Strategic Commission is committed to increasing the recurrent financial commitment to General Practice via the development of an innovative series of outcomes-based investment 'bundles'. This will include further enhancing partnership working within our neighbourhoods.

3. PRINCIPLES OF WORKING

3.1 Prevention and Population Health

We are committed to a fundamental shift in the health outcomes of our population and recognise that to achieve this the whole system needs to work together. We will go further, faster and address persistent inequalities. We will work with Providers and GMHSCP to incorporate proactive, predictive, and personalised prevention. This will recognise the substantial contribution from the wider determinants of health like education, housing, employment, environment and security.

3.2 Personalised Care

The Strategic Commission will work with all partners to develop a Comprehensive Model for Universal Personalised Care (UPC) as outlined by NHS England. As key partners, Providers will be asked to commit to all relevant components of the UPC model which are intended to improve health and wellbeing outcomes, quality of care and maximise value for money.

3.3 An equal partnership with the Voluntary Community, Faith and Social Enterprise Sector

We want to ensure that people and communities are genuinely in control of their health and wellbeing. This requires an integrated response that focusses on preventative approaches and a shift away from the medical model of illness towards a model of care which considers the expertise and resources of people and their communities. We recognise that the VCFSE sector are vital delivery components of a modern public service.

3.4 Developing a Public Service Reform approach

The Public Service Reform principles define our way of working with residents and partners. Public services need to be designed around people's needs and expectations; and be relatable to personal experiences this means:

- A new relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
- An asset based approach that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits.
- Behaviour change in our communities that builds independence and supports residents to be in control
- A place based approach that redefines services and places individuals, families, communities at the heart
- A stronger prioritisation of wellbeing, prevention and early intervention
- An evidence led understanding of risk and impact to ensure the right intervention at the right time
- An approach that supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations.

4. TAMESIDE AND GLOSSOP FINANCIAL CONTEXT 2020/21

The delivery of clinically safe services and achievement of financial sustainability is of utmost importance to provide our economy with future stability and enable the continuation of our transformation journey. In 2019/20 we are on track to achieve financial balance and meet our £11m savings target. However it should be noted that only 37% of savings schemes will be delivered recurrently this year, pushing a pressure into 2020/21.

The Strategic Commission has developed a 5-year financial model which incorporates demographic changes to support the objectives of our Corporate Plan and the requirements of the NHS Long Term Plan. In this plan our QIPP target is expected to increase by 14% to £12.5m next year. While we already have some savings schemes in place, these are not sufficient to fully address the long term recurrent gap

In recognition that significant new savings and efficiencies are required, the strategic commissioner has initiated a "Star Chamber" process. These "Star Chamber" reviews involve detailed, director level scrutiny and monitoring of all budgets and savings proposals to further reduce the recurrent gap in 2020/21 and beyond.

Alongside this internal savings programme, we want to work with partners to identify and support innovative approaches to manage demand, deliver efficiency and maximise productivity. This programme will be supported by a venture fund to develop evidence backed 'invest to save' initiatives. Successful schemes will be designed to deliver improved population outcomes in the

most cost effective way possible, while moving the economy as a whole towards long term financial sustainability.

I hope you find our commissioning intentions letter helpful. We will set up a series of discussions to firm up on the detail to support this letter and in the meantime, please do not hesitate to contact me should you wish to discuss further.

Yours sincerely

A handwritten signature in black ink, appearing to read "Jessica Williams".

Jessica Williams
Director of Commissioning

cc. Ashwin Ramachandra, Co-Chair
 Assad Ali, Co-chair
 Steven Pleasant, Chief Executive / Accountable Officer