

Public Document Pack



ASHTON-UNDER-LYNE · AUDENSHAW · DENTON · DROYLSDEN · DUKINFIELD · HYDE · LONGDENDALE · MOSSLEY · STALYBRIDGE

STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 12 February 2020
Time: 1.00 pm
Place: Committee Room 1 - Tameside One

Item No.	AGENDA	Page No
1.	WELCOME AND APOLOGIES FOR ABSENCE To receive any apologies for the meeting from Members of the Panel.	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Panel.	
3.	MINUTES OF THE PREVIOUS MEETING The Minutes of the meeting of the Strategic Commissioning Board held on 22 January 2020 to be signed by the Chair as a correct record.	1 - 2
4.	FINANCIAL CONTEXT	
a)	MONTH 9 INTEGRATED FINANCE REPORT To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	3 - 18
b)	BUDGET CONVERSATION 2020-21 To consider the attached report of the Executive Leader/Executive Member Finance and Economic Growth/Joint Chairs CCG/Director of Governance and Pensions/Assistant Director, Policy, Performance and Communications.	19 - 40
5.	COMMISSIONING FOR REFORM	
a)	LOCALLY COMMISSIONED SERVICES - 2020/21 DEVELOPMENTS To consider the attached report of the Executive Member, Health, Social Care and Population Health / Director of Commissioning.	41 - 50
b)	MENTAL HEALTH ESTATES To consider the attached report of the Executive Member, Health, Social Care, and Population Health / Director of Commissioning / Director of Growth.	51 - 58
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.

This page is intentionally left blank

Agenda Item 3

STRATEGIC COMMISSIONING BOARD

22 January 2020

Comm: 1.00pm

Term: 1.20pm

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 Allison Gwynne – Tameside MBC
Councillor Joe Kitchen – 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
Dr Asad Ali – NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Dr Christine Ahmed – NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside and Glossop CCG

In Attendance:	Sandra Stewart	Director of Governance & Pensions
	Stephanie Butterworth	Director of Adults Services
	Ian Saxon	Director of Operations & Neighbourhoods
	Richard Hancock	Director of Children's Services
	Jessica Williams	Director of Commissioning
	Tom Wilkinson	Assistant Director of Finance
	Ilys Cookson	Assistant Director, Exchequer Services
	Sarah Threlfall	Assistant Director, Policy, Performance and Communications
	Debbie Watson	Assistant Director, Population Health
	Sarah Exall	Consultant Population Health

53 DECLARATIONS OF INTEREST

There were no declarations of interest.

54 MINUTES

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 18 December 2019 be approved as a correct record with the addition of Councillor Kitchen to the list of persons present in his ex officio capacity as Chair of Council Business.

55 PERMISSION TO SPEND: TENDER FOR THE PROVISION OF A HEALTH IMPROVEMENT SERVICE

Consideration was given to a report of the Executive Member Adult Social Care and Population Health / CCG Chair / Director of Population Health / Consultant in Public Health, which outlined the proposed approach to the re-commissioning of Health Improvement Services with an annual budget of £1,092,000. The report sought authorisation to tender the service for new contracts to

start on 1 October 2020. The Council were working with STAR procurement to re-tender the service.

The report gave details of:

- the case for change;
- consultation and engagement;
- proposed new model;
- value for money;
- contracting proposal;
- alternatives considered and discounted;
- equalities; and
- risk management.

RESOLVED

That the Strategic Commissioning Board:

- (i) **Approves the tender for the Health Improvement Service to commence 1 October 2020 for a five year period with a termination period of six months; and**
- (ii) **That approval be given for the Director of Public Health to approve the contract award following the tender, subject to compliance with the Council's Procurement Standing Orders.**

56 CORPORATE PLAN PERFORMANCE UPDATE

Consideration was given to a report of the Executive Leader / Joint CCG Chairs / Director of Governance and Pensions, which provided an update on progress to implement and embed the Corporate Plan Performance Monitoring Framework across Tameside & Glossop Strategic Commission.

The report provided some key headlines in terms of any changes in performance since the last report in October 2019. The updates scorecard was appended to the report, showing the position as at 29 November 2019.

It was explained that, of the 56 indicators being measured in the Corporate Plan; 45 could be measured against the national average. Of these 45 indicators; 12 were performing better than the national average, 26 were performing worse than the national average and 7 were in line with it. The key changes in performance were outlined in the report.

RESOLVED

That the content of the report and the progress being made across the range of indicators, be noted.

57 URGENT ITEMS

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

CHAIR

Report To:	STRATEGIC COMMISSIONING BOARD
Date:	12 February 2020
Executive Member / Reporting Officer:	Cllr Ryan – Executive Member (Finance and Economic Growth) Dr Ash 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 DECEMBER 2019 AND FORECAST TO 31 MARCH 2020
Report Summary:	<p>With a gross budget for 2019/20 in excess of £948m, as at month 9 the Integrated Commissioning Fund has a forecast net spend of £619.6m, against a net budget of £617.2m. The forecast overspend of £1.550m is primarily driven by Children's Services, offset by contingency and capital financing. Further detail on the economy wide position is included at Appendix 1.</p> <p>The forecast has got worse from last month by £1.252m, mainly due to increased costs in Children's Services.</p>
Recommendations:	<p>Members are recommended to :</p> <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, and Growth.3. Approve the acceptance of the Urban Tree Challenge grant funding set out in paragraph 2.4.4. Note the write offs of irrecoverable debt for the period 1 October to 31 December 2019.
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 December 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

 e-mail: tracey.simpson@nhs.net

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

 Telephone: 0161 922 4624

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

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 December 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 £948 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 December 2019 the Integrated Commissioning Fund is forecasting to spend £619.6m against an approved net budget of £618.1m, **an over spend of £1.550m**. This is primarily driven by Children's Services, Growth, Acute and CCG TEP shortfall, offset by contingency and capital financing, Primary Care and Continuing Care. The deteriorating position this month is due to an increase in Children's Services costs. Further detail is included at **Appendix 1**.

Children's Social Care Services

- 2.2 While the overall size of the Looked After population has been relatively stable since Month 6 (709 at 15 Jan), the forecast position has deteriorated by a further £1,697k at Month 9. This is largely due to changes in the placement mix and includes:

- Increased number of higher tier placements
- Exceptional costs for specialist bespoke provision.
- Significant rise in legal costs/complexity of court activity
- The number of young people in transitional placements.

- 2.3 In seeking to address these issues, work is actively under way to implement the Placement Sufficiency Plan, focusing on improvements across strategic commissioning, placement procurement and brokerage, contract management and quality assurance. Alongside this, the Placement and Permanence panel is individually reviewing each placement.

Urban Tree Challenge Fund

- 2.4 The Operations & Neighbourhoods Directorate have been offered a grant of £92k from the Urban Tree Challenge Fund to plant and establish urban or peri-urban trees. The grant requires match funding which can be met from the existing budgets for labour and equipment in Operations and Greenspace. Members are asked to approve acceptance of this grant.

3. IRRECOVERABLE DEBTS

- 3.1 **Appendix 2** details the Council's irrecoverable debts over £3,000 that have been written off in the period 1 July to 30 September 2019.

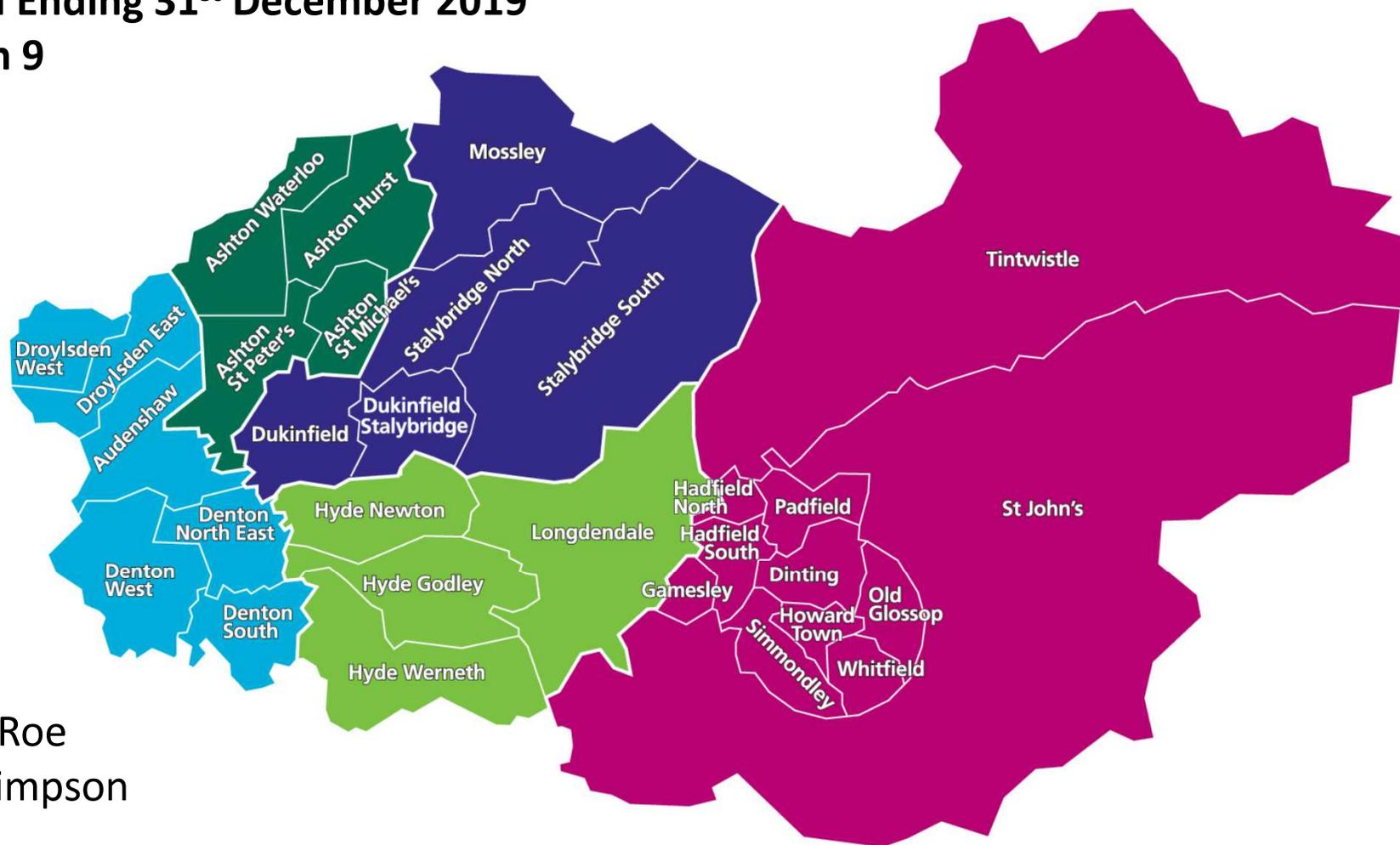
4. RECOMMENDATIONS

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

Tameside and Glossop Integrated Financial Position

financial monitoring statements

Period Ending 31st December 2019
Month 9



Page 7

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

Children's Services **£8,353k**

Children's services continue to present the most significant financial risk to the Integrated Commissioning Fund, both for the 2019/20 forecasts and future year budgets.

At M9 the size of the pressure has increased again as a result of an increase in the number of higher tier placements and increased legal costs.

QIPP **£11,000k**

As of M9 we are confident that the CCG QIPP target of £11m will be achieved in full in 2019/20.

As such net risk reported to NHSE has been reduced to zero.

Message from the Directors of Finance

While this report focuses on the M9 financial position for 2019/20, a significant portion of our time at the moment is focused on planning for 2020/21 and beyond.

At the time of writing, NHS planning and operational guidance has not yet been published. But irrespective of this, we know that next year will be another challenging year financially. Provisional targets based on our Long Term Plan and assuming receipt of FRF at the ICFT, show that savings of £55.24m are required across the economy in 2020/21 (£12.50m CCG, £9.46m ICFT & £33.28m TMBC).

We already have a programme of savings schemes and initiatives in place across the economy, which will help towards delivery of our savings targets. But it is clear that more work is required to fully address the long term recurrent gap.

The Tameside and Glossop system has an excellent track record of joint working, underpinned by robust governance, effective relationships and a clear focus on the importance of integration.

It is important that this momentum and the spirit of joint working continues into the new financial year, as we seek to identify and deliver new savings. Financial Improvement Board and the TEP Assurance Group will be key to delivery of new savings at the ICFT, while Star Chamber and Finance & QIPP Assurance Group will perform a similar role within the Strategic Commissioner.

Forecast Position £000's	Forecast Position		
	Net Budget	Net Forecast	Net variance
CCG Expenditure	421,272	421,272	0
TMBC Expenditure	196,803	198,353	(1,550)
Integrated Commissioning Fund	618,075	619,625	(1,550)
ICFT - post PSF Agreed Deficit	(5,686)	(5,686)	0
Economy Wide In Year Deficit	(5,686)	(7,236)	(1,550)

Tameside & Glossop Integrated Commissioning Fund

With a gross budget for 2019/20 in excess of £948m, as at month 9 the Integrated Commissioning Fund has a forecast net spend of £619.6m, against a net budget of £618.1m. The forecast overspend at month 9 is £1.550m which is £1.2m deterioration from last month. This movement is due mainly to a significant deterioration in the forecast outturn position for Children's Social Care Services.

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
Acute	214,112	0	214,112	215,255	(1,143)	(906)	(236)
Mental Health	38,064	0	38,064	38,881	(817)	(830)	13
Primary Care	84,927	0	84,927	84,661	265	616	(351)
Continuing Care	15,823	0	15,823	15,521	302	631	(329)
Community	33,520	0	33,520	33,512	8	9	(1)
Other CCG	29,662	0	29,662	28,278	1,384	480	904
CCG TEP Shortfall (QIPP)	0	0	0	0	0	(101)	101
CCG Running Costs	5,164	0	5,164	5,164	(0)	0	(0)
Adults	84,285	(46,974)	37,311	37,951	(640)	(640)	0
Children's Services	53,632	(5,199)	48,432	56,785	(8,353)	(6,674)	(1,679)
Education	26,348	(20,343)	6,005	6,046	(41)	(41)	(0)
Individual Schools Budgets	119,128	(119,128)	0	0	0	0	0
Population Health	16,262	(170)	16,092	16,327	(235)	(235)	0
Operations and Neighbourhoods	78,840	(28,213)	50,627	49,857	770	770	(0)
Growth	42,940	(33,811)	9,129	9,972	(843)	(842)	(0)
Governance	74,156	(64,926)	9,229	9,042	187	87	100
Finance & IT	9,259	(2,167)	7,092	6,764	328	268	60
Quality and Safeguarding	440	(304)	136	136	(0)	(0)	0
Capital and Financing	10,788	(7,986)	2,803	(1,300)	4,103	3,913	190
Contingency	5,551	(235)	5,316	2,293	3,023	3,023	0
Corporate Costs	5,104	(473)	4,631	4,480	151	175	(24)
Integrated Commissioning Fund	948,003	(329,928)	618,075	619,625	(1,550)	(298)	(1,252)
CCG Expenditure	421,272	0	421,272	421,272	0	(101)	101
TMBC Expenditure	526,731	(329,928)	196,803	198,353	(1,550)	(197)	(1,353)
Integrated Commissioning Fund	948,003	(329,928)	618,075	619,625	(1,550)	(298)	(1,252)

Tameside & Glossop Integrated Commissioning Fund

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
A: Section 75 Services	329,322	(47,044)	282,278	283,275	(997)	(1,172)	175
B: Aligned Services	398,101	(99,918)	298,183	264,584	33,600	3,345	30,255
C: In Collaboration Services	220,580	(182,966)	37,613	71,766	(34,152)	(2,471)	(31,682)
Integrated Commissioning Fund	948,003	(329,928)	618,075	619,624	(1,550)	(298)	(1,252)

Primary Care **£265k**

The delegated position is currently reporting an underspend of £453k. £384k of this relates to 18/19 cross year (mainly estates).

Enhanced Services (£52k under) are the main driver of the PCDC underspend. Most of this relates to Minor surgery, where there has been a continual year on year downward trend. The reasons for this are currently the subject of further investigation.

Offsetting the PCDC underspend is a £213k over spend on Primary Care IT, relating to the purchase of equipment. While this presents as a pressure this year, it will help to enable savings in the future.

Acute **£1,143k**

While we have overspend with Manchester FT, The Christie and Pennine Acute, this is offset by underspend at Stockport and other providers. Meaning that overall spend with associates is broadly in line with plan and enabling the release of £500k towards QIPP.

Independent Sector (£925k over) is the main driver of overspend in Acute. Pressures at Spa Medica (£422k) and Optegra (£141k) are driven by the increased demand for Ophthalmology services, due to an aging population and introduction of new procedures.

Overspend with BMI (£188k) relates to T&O, where RTT is a known issue for NHS providers. Increased activity at Hyde Physio (£154k over) is forecast to continue and may actually increase once the outcome of Physio First are better understood.

Children's Services **£8,353k**

While the overall size of the Looked After population has been relatively stable since M6 (709 at 15th Jan), the forecast position has deteriorated by a further £1,697k at M9. This is largely due to changes in the placement mix and includes:

- Increased number of higher tier placements
- Exceptional costs for specialist bespoke provision.
- Significant rise in legal costs/complexity of court activity
- The number of young people in transitional placements.

In seeking to address these issues, work is actively under way to implement the Placement Sufficiency Plan, focusing on improvements across strategic commissioning, placement procurement and brokerage, contract management and quality assurance. Alongside this, the Placement and Permanence panel is individually reviewing each placement.

Mental Health **£817k**

While we have a pressure in the core MH directorate (driven by OOA placements), this is offset by reduced MH spend in other areas. For example a reduction in Cat M prices for MH drugs and fewer S117 placements within continuing care.

We are on track to meet our obligations under the Mental Health Investment Standard.

Tameside Integrated Care Foundation Trust Financial Position

Financial performance metric	Month 9			YTD			Annual
	Plan (£000)	Actual (£000)	Variance (£000)	Plan (£000)	Actual (£000)	Variance (£000)	Plan (£000)
Normalised Surplus/(Deficit) before PSF & FRF	(£2,170)	(£2,146)	£24	(£20,056)	(£20,044)	£12	(£25,220)
PSF	£472	£472	£0	£3,072	£3,072	£0	£4,727
FRF	£1,480	£1,480	£0	£9,624	£9,624	£0	£14,807
Surplus/(Deficit) post PSF	(£218)	(£194)	£24	(£7,360)	(£7,348)	£12	(£5,686)
Capital Expenditure	£577	£500	(£77)	£2,958	£1,755	(£1,203)	£3,826
Cash and Equivalents	£1,220	£1,930	£710				£1,220
Trust Efficiency Savings	£1,167	£1,011	(£157)	£8,051	£7,598	(£452)	£11,580
Use of Resources Metric	3	3		3	3		3

Summary

- **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 December 2019**, the Trust has reported a net deficit of **£194k** post FRF and PSF, which is **£24k (fav.)** better than plan.
- **Forecast Position** – The Trust is forecasting to achieve its control total. The Trust is working closely with its commissioners to address activity and acuity related pressures.
- **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 9 to deliver **c.£11.701m** by the end of the year, this is an improvement in month of **c£134k**.
- **Agency cap** - The Trust has an agency cap of **£9.454m**, but a plan of **£7m**. During Month 9 the Trust spent **£439k** against a plan of **£739k**, reporting an underspend of **£300k** and YTD the Trust is reporting spend of **£4.119m** against a plan **£5.669m**, an underspend of **£1.550m**.
- **Capital** – Capital expenditure is behind plan by **c.£77k** in month and **c.£1.203m** year to date.
- **Cash** – The cash balance is above plan at Month 9 due to receiving a late Q2 PSF payment.

APPENDIX 2

IRRECOVERABLE DEBTS OVER £3000

1 October 2019 to 31 December 2019

Note individuals are anonymised

REF:	DEBT:	FINANCIAL YEAR(S)	BALANCE	REASON
12032379	Council Tax	2015 – 2016 £567.84 2016 – 2017 £816.16 2017 – 2018 £884.00 2018 – 2019 £837.50 2019 – 2020 £314.65	£3420.15	Debt Relief Order granted 21/08/2019
12783694	Council Tax	2006 – 2007 £19.92 2008 – 2009 £199.68 2009 – 2010 £465.95 2010 – 2011 £418.50 2011 – 2012 £93.07 2012 – 2013 £254.78 2013 – 2014 £146.96 2014 – 2015 £45.34 2015 – 2016 £321.44 2016 – 2017 £781.19 2017 – 2018 £165.58 2018 – 2019 £359.86 2019 – 2020 £71.14	£3343.41	Debt Relief Order granted 06/08/2019
COUNCIL TAX		SUB TOTAL – Debt Relief Order	£6763.56	
16130493	Council Tax	2000 – 2001 £340.03 2001 – 2002 £878.08 2002 – 2003 £910.30 2003 – 2004 £968.26 2004 – 2005 £998.84 2005 – 2006 £1048.29 2006 – 2007 £212.92	£5356.72	Bankruptcy Order made 04/02/2016
COUNCIL TAX		SUB TOTAL – Bankruptcy	£5356.72	
COUNCIL TAX IRRECOVERABLE BY LAW TOTAL			£12,120.28	
65508891	Business Rates	Butterworth Marketing Services Ltd Part Ground Floor Beta House Alpha Gate Drive Manchester Road Denton M34 3SH Company Dissolved 29/05/2018	2016 – 2017 £3954.00 2017 – 2018 £2063.81	£6017.81
65576795	Business Rates	Intuitive Foods Ltd Part Ground Floor Beta House Alpha Gate Drive Manchester Road Denton M34 3SH Company Dissolved 20/08/2019	2018 – 2019 £6889.77	£6889.77
65579534	Business Rates	Block G (22 to 29) BW Company Ltd 124 Stamford Street Ashton under Lyne OL6 6XJ Company Dissolved 30/04/2019	2016 – 2017 £3016.42 2017 – 2018 £2656.20 2018 – 2019 £2736.00 2019 – 2020 £221.75	£8630.37

65533187	Business Rates	Easy Salons Denton Ltd Unit 21C Crown Point North Shopping Park Worthington Way Denton M34 3JP Company Dissolved 04/06/2019	2017 – 2018 £1472.78 2018 – 2019 £3710.50	£5183.28
65582851	Business Rates	Jungle Junction Ltd Duke Street Denton M34 2AN Company Dissolved 06/08/2019	2017 – 2018 £9786.00 2018 – 2019 £7594.52	£17,380.52
BUSINESS RATES		SUB TOTAL – Company Dissolved	£44,101.75	
65558360	Business Rates	W M Quinn Group Ltd Park Road Dukinfield SK15 1TA Company in Liquidation 25/10/2018	2016 - 2017 £18,766.45 2017 - 2018 £33,769.50 2018 – 2019 £29,138.33	£81,674.28
65569148	Business Rates	Grey Mare (Glossop) Gun Inn 2 Market Street Hollingworth SK14 8LN Company in Liquidation 22/05/2019	2018 – 2019 £5383.77	£5383.77
65436613	Business Rates	C L Trading Ltd Units 3 – 7 Littlemoss Business Park Littlemoss Road Droylsden M43 7EF Company in Liquidation 19/06/2019	2019 – 2020 £8288.02	£8288.02
65523845 65523876	Business Rates	Essential Learning Company Ltd 200A Market Street Hyde SK14 1HB Company in Liquidation 08/02/2019	2018 – 2019 £6792.01	£6792.01
65544545	Business Rates	Bonilla Enterprise Ltd Gun Inn 2 Market Street Hollingworth SK14 8LN Company in Liquidation 18/06/2018	2017 – 2018 £1756.01 2018 – 2019 £1730.38	£3486.39
BUSINESS RATES		SUB TOTAL – Company in Liquidation	£105,624.47	
65017548 65461381 65527144	Business Rates Anonymised as an individual	65017548 2015 – 2016 £1223.79 2016 – 2017 £1609.85 2017 – 2018 £856.70 65461381 2014 – 2015 £3634.72 65527144 2015 – 2016 £1034.85 2016 – 2017 £3531.07	£11,890.98	Bankruptcy Order made 27/07/2018
65516533	Business Rates Anonymised as an individual	2016 – 2017 £87.15 2017 – 2018 £1843.26 2018 – 2019 £2021.16	£3951.57	Bankruptcy Order made 25/05/2018

65583090	Business Rates Anonymised as an individual	2018 – 2019 £4826.30	£4826.30	Bankruptcy Order made 15/03/2019
BUSINESS RATES		SUB TOTAL – Bankruptcy	£20,668.85	
65517574	Business Rates	Paton Brown (Sales Promotions) Ltd Units 6 – 7 Alexandria Court Alexandria Drive Ashton under Lyne OL7 0QN Company Voluntary Arrangement 27/03/2019	2018 – 2019 £13,805.00	£13,805.00
65060849	Business Rates	Carpetright PLC 18 – 28 Stockport Road Denton M34 6AB Company Voluntary Arrangement 30/04/2018	2018 – 2019 £4476.33	£4476.33
BUSINESS RATES		SUB TOTAL – Company Voluntary Arrangement	£18,281.33	
65537011	Business Rates	R Etchells & Sons Ltd Unit 3 The Glover Centre Egmont Street Mossley OL5 9PY Company in Administration 23/12/2016	2016 – 2017 £2067.60 2017 – 2018 £1543.37	£3610.97
BUSINESS RATES		SUB TOTAL – Company in Administration	£3610.97	
BUSINESS RATES IRRECOVERABLE BY LAW TOTAL			£192,287.37	
81820102	Overpaid Housing Benefit Anonymised as an individual	04/10/2015 – 12/09/2016 £4041.03	£4041.03	Bankruptcy Order made 30/05/2019
OVERPAID HOUSING BENEFIT		SUB TOTAL – Bankruptcy	£4041.03	
OVERPAID HOUSING BENEFIT IRRECOVERABLE BY LAW TOTAL			£4041.03	
4002544	Sundry Debts Highways Works	Carillion Construction Malthouse Elevator Road Trafford Park Manchester M17 1BR Company in Liquidation 15/12/2018	2015 – 2016 £19,440.78	£19,440.78
SUNDRY DEBTS		SUB TOTAL – Company in Liquidation	£19,440.78	
SUNDRY DEBTS IRRECOVERABLE BY LAW TOTAL			£19,440.78	

DISCRETION TO WRITE OFF OVER £3000

65536261	Business Rates Anonymised as an	2015 – 2016 £5886.00 2016 – 2017 £5808.00 2017 – 2018 £439.83	£12,133.83	Absconded, no trace
----------	---------------------------------------	---	------------	------------------------

	individual			
65525766	Business Rates Anonymised as an individual	2016 – 2017 £4568.19 2017 – 2018 £1418.36	£5986.55	Absconded, no trace
65532504	Business Rates Anonymised as an individual	2016 – 2017 £3247.29 2017 – 2018 £2217.25	£5464.54	Absconded, no trace
BUSINESS RATES		SUB TOTAL – Absconded, no trace	£23,584.92	
65499829 65447408	Business Rates Anonymised as an individual	65499829 2014 – 2015 £3034.85 2015 – 2016 £291.38 65447408 2012 – 2013 £2789.29 2013 – 2014 £1043.80	£7159.32	Deceased 27/04/2018, no estate
BUSINESS RATES		SUB TOTAL – Deceased, no estate	£7159.32	
65516762 65423365	Business Rates	Car Sales (Dukinfield) Ltd Unit 2, 69 Park Road Dukinfield SK16 5LX Recovery Exhausted, no longer trading	2014 – 2015 £5765.24 2015 – 2016 £6454.00 2016 – 2017 £4041.77	£16,261.01
BUSINESS RATES		SUB TOTAL – Recovery Exhausted	£16,261.01	
BUSINESS RATES DISCRETIONARY WRITE OFF TOTAL			£47,005.25	
681678	Sundry Debts, Residential Care charges	2015 – 2016 £9283.51	£9283.51	Deceased 26/02/2016, no estate
4002576	Sundry Debts, Residential Care charges	2015 – 2016 £6128.32 2016 – 2017 £9163.96 2017 – 2018 £8444.13	£23,736.41	Deceased 20/09/2017, no estate
4006086	Sundry Debts, Residential Care charges	2013 – 2014 £551.69 2014 – 2015 £8830.49 2015 – 2016 £5927.29 2016 – 2017 £313.81	£15,623.28	Deceased 20/06/2016, no estate
4020439	Sundry Debts, Residential Care charges	2018 – 2019 £3440.80	£3440.80	Deceased 12/03/2019, no estate
4012975	Sundry Debts, Residential Care charges	2016 – 2017 £1748.30 2017 – 2018 £3143.75	£4892.05	Deceased 19/08/2017, no estate

4017994	Sundry Debts Residential Care Charges	2016– 2017 £8322.16 2017 – 2018 £6105.64	£14,427.80	Deceased 05/09/2019, no estate
4015770	Sundry Debts, Homecare Charges	2015 – 2016 £3535.56 2016 – 2017 £4551.53 2017 – 2018 £2227.44	£10,314.53	Deceased 18/06/2017, no estate
713630	Sundry Debts, Residential Care and Homecare Charges	2011- 2012 £1790.24 2014 – 2015 £877.00 2016 – 2017 £490.87 2017 – 2018 £3450.53 2018 – 2019 £2908.78 2019 – 2020 £1368.68	£10,886.10	Deceased 05/09/2019, no estate
SUNDRY DEBTS		SUB TOTAL – Deceased, no estate	£92,604.48	
4016407	Sundry Debts, Overpayment of Carers Allowance	2015 – 2016 £5307.42	£5307.42	Recovery Exhausted
SUNDRY DEBTS		SUB TOTAL – Recovery Exhausted	£5307.42	
SUNDRY DEBTS DISCRETIONARY WRITE OFF TOTAL			£97,911.90	

SUMMARY OF UNRECOVERABLE DEBT OVER £3000

IRRECOVERABLE by law	Council Tax	£12,120.28
	Business Rates	£192,287.37
	Overpaid Housing Benefit	£4041.03
	Sundry	£19,440.78
	TOTAL	£227,889.46

DISCRETIONARY write off – meaning no further resources will be used to actively pursue	Council Tax	NIL
	Business Rates	£47,005.25
	Overpaid Housing Benefit	NIL
	Sundry	£97,911.90
	TOTAL	£144,917.15

This page is intentionally left blank

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	12 February 2020
Executive Reporting Officer:	Member/ Councillor Brenda Warrington, Executive Leader of Tameside Council Councillor Oliver Ryan, Executive Member for Finance & Economic Growth Dr Ashwin Ramachandra (Joint Chair of NHS Tameside & Glossop CCG) Dr Asad Ali – (Joint Chair of NHS Tameside & Glossop CCG) Sandra Stewart – Director of Governance & Pensions Sarah Threlfall – Assistant Director - Policy, Performance & Communications
Subject:	BUDGET CONVERSATION 2020-21
Report Summary:	<p>It is important that Tameside and Glossop Strategic Commission (Council and CCG) understand the priorities of the public – local residents, businesses, patients and service users. A public engagement exercise was launched between 13 December 2019 and 15 January 2020 to understand their priorities for spending within the context of the financial challenges facing public services. This engagement took the form of a conversation with the public on providing sustainable public services for the future, and encouraging residents to see themselves as citizens, not just consumers of services. The public were encouraged to leave comments and feedback through the Big Conversation including ideas and suggestions for saving money and improving services. The conversation has also been undertaken via attendance at existing meetings/forums supported by a communications campaign.</p> <p>This report covers four key elements:</p> <ol style="list-style-type: none">1. Outlines the results of the Budget Conversation 2020/21 and the communication / publicity conducted to promote the consultation (Section 2.0 to 4.0)2. Details key findings from thematic engagement and consultation in 2019. This review of all thematic activity in 2019 pulls out key and cross-cutting themes that will have relevance to future priorities and spending plans (Section 5.0)3. Feedback from engagement with Scrutiny Panels (Section 6.0)4. Proposals for the statutory consultation with business rate (NNDR) payers (specific local government requirement) (Section 7.0)
Recommendations:	It is recommended that the Strategic Commissioning Board note the content of the report.

- Links to Corporate Plan:** An effective conversation with the public informs the budget setting process and ensures the budget aligns with the priorities of local people and the organisation's Corporate Plan.
- Policy Implications:** The budget reflects the policy choices that the Council and CCG intends to pursue. The outputs from the conversation with the public will inform the budget setting for 2020/21 and in turn that budget will have implications for future policy.
- Financial Implications:** The feedback from the budget conversation will be reported to members and will be considered as part of the setting the Councils budget. The final report will be considered at the Council at the meeting on 25 February 2020.
- Legal Implications:** The Council is under a statutory duty to consult ratepayers under section 65 of the Local Government Finance Act 1992 and the Non-Domestic Ratepayers (Consultation) Regulations 1992
- Risk Management :** The Council and CCG have statutory duties to engage and consult with the public. Failure to engage on the spending priorities and proposed changes to the budget could lead to challenge and negative public attitude.
- Access to Information :** The background papers relating to this report can be inspected by contacting Jody Smith, Policy & Strategy Service Manager, Governance and Pensions.



Telephone: 0161 342 3710



e-mail: jody.smith@tameside.gov.uk

1. BACKGROUND

- 1.1 This report provides the findings from the conversation on the 2020/21 budget for Tameside & Glossop Strategic Commission (Tameside Metropolitan Borough Council and NHS Tameside & Glossop Clinical Commissioning Group). The Strategic Commission continues to face major financial challenges - we have had to save £160 million in the last 6 years. We have to save a further £33 million over this year and next to balance the budget.
- 1.2 The Budget Conversation approach supports the public (local residents, businesses, patients and service user) in understanding the tough choices and decisions required when shaping the Strategic Commission budget and also to understand the public's priorities.
- 1.3 This report covers four key elements:
1. Outlines the results of the Budget Conversation 2020/21 and the communication / publicity conducted to promote the consultation (Section 2.0 to 4.0). This was the second time an engagement exercise focussing on identifying the priorities of the public in terms of the budget has been undertaken by the Strategic Commission jointly as two organisations as opposed to the Council alone. All work to deliver the Budget Conversation has been undertaken within existing staff budgets.
 2. Details key findings from thematic engagement and consultation in 2019. This review of all thematic activity in 2019 pulls out key and cross-cutting themes that will have relevance to future priorities and spending plans (Section 5.0)
 3. Feedback from engagement with Scrutiny Panels (Section 6.0)
 4. Proposals for the statutory consultation with business rate (NNDR) payers (specific local government requirement) (Section 7.0)

2. EXECUTIVE SUMMARY

- 2.1 The key headlines from the Budget Conversation 2020/21 are:
- Undertaken between 13 December 2019 and 15 January 2020
 - Information on the Budget Conversation was directly e-mailed to over **30,000** individual contacts
 - Information was shared directly with over **100** groups / networks.
 - **41** Budget Conversation social media posts reached our followers **50,661 times**
 - A total of **859** engagements. This is based on:
 - **282** survey responses
 - **536** contacts at dedicated engagement, drop-in sessions and other meetings
 - **17** e mails
 - **1** letter in The Reporter
 - **23** social media responses
 - The key themes emerging from the Budget Conversation are outlined below. These are based on the full range of feedback received during the Budget Conversation including survey responses and wider comments (e.g. feedback and drop-in sessions, e mails, social media and letters)

Suggested spending priorities for the Tameside & Glossop Strategic Commission in 2020/21 and future years

- Education and Schools
- Older People Social Care
- Healthcare Services in General
- Maintenance of Roads and Highways
- Children's Social Care
- Street Cleanliness/Fly-tipping
- Emergency Services: Police And Fire

- Mental Health Services
- Primary Care Specifically: GPs, Dentists, Pharmacies, Opticians
- Waste/Recycling
- Investment in Town Centres
- Public Transport
- Youth Clubs and Leisure Facilities

Ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue¹

- Working Practices and Culture should be More Efficient
- Work Closer with Other Councils or Public Sector Partners such as Police, Hospital, Fire Service or Voluntary Sector
- Preventative Early Help Investment to Save Money on Service Costs in the Future
- Encourage Volunteering and Community Action
- Reiteration of Spending Priorities Identified in Previous Question
- Increase Fees, Charges or Fines
- Work with or Support Local Businesses
- More Effective or Better Advertising and Communication
- Reduce or Stop Outsourcing
- Utilise Existing Owned Buildings Better

The full list of themes emerging from the Budget Conversation survey can be found at **Appendix A**.

3. BUDGET CONVERSATION

- 3.1 The Budget Conversation was launched on 13 December 2019 and finished on 15 January 2020. Due to stipulations around the pre-election period the Budget Conversation had to be launched following the General Election which took place on 12 December 2019 – reducing the originally planned engagement period from eight weeks to four weeks.
- 3.2 The conversation was used to educate and inform the public on the Strategic Commission's budget and its financial challenges whilst also allowing feedback and ideas on how services can be improved and savings made. The conversation focussed primarily on two questions:
- What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2020/21 and future years?
 - Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?
- 3.3 The Budget Conversation was open to all as everyone has the right to contribute their views on what they feel our priorities should be now and in future years. The public were provided with an opportunity to leave comments and feedback through the Big Conversation – available on both the Council and CCG websites. Dedicated webpages to the Budget Conversation were created explaining all aspects of the conversation with links to the feedback form. A dedicated email account was also provided to enable public / service users / businesses to submit any comments.

¹ This list excludes those who stated no comment / provided no answer to this question (33.3%) and those who made a one off comment relating to a specific topic which could not be analysed within a wider theme (5.7%)

- 3.4 Postcards were also available in Libraries, Children's Centres and Civic buildings for those who wished to submit their comments in writing / via post.
- 3.5 The conversation also took place through attendance at a number of meetings / forums and was promoted extensively via existing groups / networks (further detail at 3.10 to 3.12).
- 3.6 A series of information slides were produced providing context to the Budget Conversation and the considerations the Strategic Commission must take into account to deliver a balanced budget. These covered:
- The total amount of money spent by the Strategic Commission and the savings required
 - Change in funding over time – decreased significantly
 - Where the Strategic Commission's money comes from: Government, Business rates, Council Tax and Income.
 - How the Strategic Commission currently spends its money – examples
 - The Strategic Commission's main spending areas and examples of services provided
 - Examples of helping to address challenges facing the area
 - Examples of new ways we have delivered services and are investing in the future, based around co-operative approaches to working

In addition to being hosted on the dedicated webpages these slides were also presented at the meetings / forums where Budget Conversation was discussed.

- 3.7 The conversation with Glossop residents related only to health services commissioned by Tameside & Glossop Strategic Commission. Engagement material was tailored accordingly.

Communications/Promotion

- 3.8 To support the engagement activity, a full programme of communications was undertaken. This included infographics used to help explain the Strategic Commission's budget and spend. These were used on social media, the web pages and other publicity material.
- 3.9 The following channels were used to communicate to the public and wider stakeholders (including staff) that the engagement was taking place:
- Press Release
 - Tameside Council and Tameside & Glossop CCG websites
 - Twitter
 - Facebook
 - Leader's Blog
 - Leader's Column and other articles in Tameside Reporter and Manchester Weekly News
 - Staff Portal
 - Chief's Executive Brief
 - Wire
 - Public sector partner's newsletters, e-mails, websites etc.
 - Partnership Engagement Network
 - Purple Wi-Fi Mailing List
 - Big Conversation Mailing List
 - Information Ambassador's Network Mailing List
 - Tameside Food Partnership Mailing List
 - Tameside Tobacco Free Partnership List

Engagement

- 3.10 In addition to promotion through written communications the Budget Conversation was also promoted in a number of other ways. These include via:

- Partnership Engagement Network - a network of **377** contacts public, patients, stakeholders, partners and voluntary and community sector.
- Big Conversation - **143** members of the public who have signed up to receive regular updates on consultations and engagement opportunities across Tameside and Glossop.
- Purple Wi-Fi - a list of over **29,000** members of the public who have accessed the free Wi-Fi service across Tameside and agreed to receive marketing emails. This was sent on two occasions, once in December and once in January.
- All Patient Neighbourhood Groups were contacted and engaged in regards to the Budget Conversation.

3.11 The Budget Conversation was also promoted via existing groups / networks. Information was sent directly to **over 100** groups / networks. Service areas / commissioning teams across the Strategic Commission were also encouraged to share details widely across Tameside & Glossop.

3.12 During the budget conversation we have endeavoured to engage with people from all equality groups. Engagement has been undertaken across all age groups – including young, working age and older people. **5** dedicated engagement sessions and **8** drop-in sessions were also undertaken. The drop-in sessions were held at Tameside libraries, Ashton Market (Wellbeing Corner), and Dukinfield Town Hall which enabled engagement with a variety of different community groups / service users who use those facilities. Details of these sessions and the key themes arising from these are outlined within Section 4.0 of this report.

4. BUDGET CONVERSATION ANALYSIS

4.1 Analysis of the budget conversation and key themes emerging from this are outlined in section 4.0. these are based on feedback taken from:

- **282** survey responses
- **17** e mails
- feedback from **5** dedicated engagement and **8** drop-in sessions
- **23** social media comments
- **1** letter in the reporter

Survey

4.2 A total of **282** people completed the Budget Conversation survey.

4.3 **Appendix B** outlines the achieved sample compared to the Tameside & Glossop population.

4.4 Table 1 details the achieved sample from the survey by postcode sector compared to the Tameside & Glossop population. The achieved sample figures are based on the **76%** of respondents who provided a valid Tameside & Glossop postcode sector in response to Question 2: Please select the first part of your postcode from the options below.

Table 1: Achieved Sample by Postcode Sector

Postcode Sector	Tameside & Glossop Households ² (%)	Achieved sample (%)
M34 – Denton / Audenshaw	18.5	14.5
M43 – Droylsden	9.0	4.2
OL5 – Mossley	4.6	7.0
OL6 – Ashton (Hurst / St. Michaels)	11.6	17.3
OL7 – Ashton (Waterloo / St. Peters)	6.6	9.3
SK14 – Hyde	18.2	17.8
SK15 – Stalybridge	10.9	16.8
SK16 - Dukinfield	7.7	8.9
SK13 - Glossop	12.7	4.2

- 4.5 The tables above detail the achieved sample from the survey, against the Tameside & Glossop population. Respondents who did not specify a particular characteristic have been removed from these figures. This has not impacted on considering their views just reporting their demographic profile.
- 4.6 Weighting the data to account for over and under-sampling of particular sections of the population is not necessary, given that the budget conversation was available via the Big Conversation web pages on both the Council and CCG websites. It was open to all residents / members of the public and was not a fixed/controlled sample. No personal data was collected as part of the consultation process.
- 4.7 A total of **282** respondents also stated their interest in the consultation (Question 1). **216** of respondents (**76.6%**) were a resident of the area. Responses are detailed in table 2.

Table 2: Respondent's interest in consultation

Interest in Issue	%
I am a resident of the area	76.6
I work in the area	5.3
I spend my free time in the area	0.0
I have family in the area	0.0
I am an employee of either Tameside Council, Tameside and Glossop Clinical Commissioning group, or another public sector organisation based in the area	7.1
I am a representative or member of a charity or voluntary group based in the area	1.1
Other	9.9

- 4.8 The Budget Conversation asked two key questions:
- What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2020/21 and future years?
 - Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?
- 4.9 The key themes arising from each of the key questions are outlined in Tables 3 and 4 below. A full table of the themes identified are available at **Appendix A**.

² Figures are based on the number of households in each postcode sector area.

Table 3: What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2020/21 and future years?

Theme	No	%
Education and Schools	62	22.0
Older People Social Care	59	20.9
Healthcare Services in General	55	19.5
Maintenance of Roads and Highways	49	17.4
Children's Social Care	46	16.3
Street Cleanliness/Fly-tipping	40	14.2
Emergency Services: Police and Fire	28	9.9
Mental Health Services	27	9.6
Primary Care Specifically: GPs, Dentists, Pharmacies, Opticians	26	9.2
Waste/Recycling	24	8.5
Investment in Town Centres	24	8.5
Public Transport	24	8.5

Table 4: Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?³

Theme	No.	%
Working Practices and Culture should be More efficient	44	15.6
Work Closer with Other Councils or Public Sector Partners such as Police, Hospital, Fire Service or Voluntary Sector	26	9.2
Preventative Early Help Investment to Save Money on Service Costs in the Future	22	7.8
Encourage Volunteering and Community Action	20	7.1
Reiteration of Spending Priorities Identified in Previous Question	16	5.7
Increase Fees, Charges or Fines	14	5.0
Work with or Support Local Businesses	13	4.6
More Effective or Better Advertising and Communication	12	4.3
Reduce or Stop Outsourcing	12	4.3
Utilise Existing Owned Buildings Better	11	3.9

4.10 Cross tabulation of results by demographic group has not been undertaken due to small numbers by individual category, making meaningful analysis not possible.

Engagement & Drop In Sessions

4.11 As detailed at 3.12, 5 dedicated engagement sessions were also undertaken as part of the Budget Conversation. The key themes arising from these sessions are outlined in Table 5 below.

³ This list excludes those who stated no comment / provided no answer to this question (33.3%) and those who made a one off comment relating to a specific topic which could not be analysed within a wider theme (5.7%)

Table 5: Key Themes from Engagement Sessions

Group / Organisation	No. Attending	Key Themes
Tameside Youth Council	12	<ul style="list-style-type: none"> • Education and Learning • Children's Social Care
Tameside College	11	<ul style="list-style-type: none"> • Mental Health • Youth Centres • Sports Clubs and Leisure • Neighbourhoods and Communities • Communications and Engagement
People First Tameside	18	<ul style="list-style-type: none"> • Adults and children's social care • Medicines and GPs/GP surgeries • Public transport options • Waste collection • Street lights • Highways • Museums and libraries
Ashton Sixth Form College (1)	14	<ul style="list-style-type: none"> • Mental Health • Children's Social Care
Ashton Sixth Form College (2)	11	<ul style="list-style-type: none"> • Public transport, particularly regularity of services. • Access to sports pitches. • Closure of youth clubs and loss of opportunities for young people to socialise • Roadwork disruption. • Increasing bin collections and cracking down on fly-tipping. • Teaching young people financial management skills.

In addition, 8 drop in sessions were also held. The drop in sessions were also publicised by the hosting organisation to maximise participation amongst their members / target audience. The attendance at the drop in sessions is detailed in Table 6.

Table 6: Attendance at Drop in Sessions

Group / Organisation/Location	No. Engaged (Approximate)
Hattersley Library	25
Ashton Market Wellbeing Corner (1)	100
Stalybridge Library	20
Ashton Library	35
Ashton Market Wellbeing Corner (2)	60
The Grafton Centre	70
Ashton Market Wellbeing Corner (3)	40
Time of Our Life Group	120

The engagement sessions and drop in sessions resulted in **536** engagements.

Other Feedback Methods

- 4.12 In addition to feedback received through the direct survey and via engagement / drop in sessions, there were other methods by which comments were received. These include social media (23) and e mails (17).
- 4.13 In total 41 posts promoting the Budget Conversation were made across Tameside & Glossop Strategic Commission social media channels (Twitter and Facebook) during the engagement period. Information detailing the reach of these posts is outlined in Table7.

Table 7: Social Media – Number of Posts, Impressions and Performance

Social Media Platform	No. of posts	Impressions	Shares	Replies	Likes
Twitter	39	45,049	23	14	22
Facebook <i>(Post was pinned to top of Tameside Council page)</i>	2	5,612	7	9	3

- 4.14 It is important that this feedback is also collated and fed into the engagement process. Table 8 below details the key themes taken from social media, direct e mails and letters appearing in The Reporter across the Budget Conversation engagement period.

Table 8: Key Themes from Other Feedback Methods

Theme
Littering or rubbish on the streets/Street Cleanliness
Waste/Recycling
Public Transport
Communicating, educating and engaging with residents
Investment in markets specifically
Digital infrastructure including council website
Primary care: GPs, dentists, pharmacies, opticians
Neighbourhoods/Communities General
Transport infrastructure, i.e. traffic management, roundabouts, cycle lanes
Community safety
Focus on Core/Vital Services
Investment in town centres

5. THEMES FROM WIDER CONSULTATION & ENGAGEMENT OPPORTUNITIES

- 5.1 Tameside & Glossop Strategic Commission regularly engage and consult with the public, patients, stakeholders, partners and the voluntary & community sector to understand their views on various issues.
- 5.2 Key engagement headlines for Tameside & Glossop Strategic Commission from 2019 include:
- Facilitated 13 thematic Tameside and/or Glossop engagement projects
 - Received over 1,500 engagement contacts (excluding attendance at events / drop-ins)

- Delivered three Partnership Engagement Network (PEN) conferences attended by nearly **200** delegates
- Promoted **45** regional or national consultations where the topic was of relevance to and/or could have an impact on Tameside and/or Glossop
- Achieved Green Star (with the highest possible score of 15 out of 15) in the 2018/19 public and patient participation CCG Improvement and Assessment Framework (IAF)

5.3 Responses to all thematic engagement and consultation activity is thoroughly analysed and the outputs used to inform the specific project related to that piece of work. Clearly common themes occur across the different thematic engagement activity. Similarly the strategic engagement work through the Partnership Engagement Network (PEN) provides an insight into views and opinions outside of the topic specific thematic work. These cross-cutting themes help to provide a direction of travel and underpinning understanding of needs and aspirations.

5.4 Below is a summary of the key cross-cutting themes identified in 2019.

Children and Young People

- Support for young people including learning opportunities and apprenticeships
- More support from Tameside Families Together and children's services on a number of topics, including emotional, mental health, behavioural support and information about Autism
- Focus on long-term support at the lower level to prevent need for intensive interventions
- More help, support and opportunities for children, young people and families
- Raising standards and quality of services

Health and Care Services

- Availability of appointments for key services, and waiting times, including GP appointments.
- Support with overall wellbeing and to help people keep themselves healthy and having the knowledge of what services are in my area
- Service providers and professionals listening to patients and service users
- Knowledge of what services are available and how to access them
- More investment in mental health services, especially men's and pregnant women's mental health issues; prevention, tackling stigma and peer support.
- Focus on long-term support at the lower level to prevent need for intensive interventions

Older People

- Better social care provision and access to social care is needed.
- Concerns about ageing population – more support for older people to reduce need for care.
- Services to provide support for dementia/ Awareness raising and communication about dementia
- Person-centred care: focus on the individual and their needs. People should have choice over their care/ care should be person-centred; being listened to is important.

Poverty

- Impact of service changes on low income households, including those with long term conditions and families
- Help with financial management and other issues for those at greatest risk
- Council should offer additional financial help towards housing adaptations, hospital discharge, home repair and support to vulnerable home owners

Accessibility / Involvement

- Availability of public transport giving access to services (routes and evenings/weekends); transport costs, including the cost of public transport

- Parking at or close to service points – accessible and affordable
- Infrastructure for electric vehicles/ Pedestrianised areas/ Cycling infrastructure
- Importance of local services and knowledge/signposting of those services
- Development of digital services but don't forgot older people and those with learning disabilities. Digital skills are important for carrying out tasks such as applying for jobs; universal credit and other government sites e.g. NHS.
- Involve people from different communities and cultures in events and projects

Investment and Development

- Public Priorities for Spending: Museums and Galleries; Art and heritage training and courses; promotion of cultural and heritage events; local studies and archives and; spaces for community group meetings.
- Protection of green spaces and the environment; Increased fines for people breaching Public Space Protection Orders
- Invest in town centres: work with local businesses to generate footfall, shopping etc. keep towns tidy, utilise empty shops and reduce parking charges

Co-production

- The Council should work alongside educational establishments; joint working opportunities across the health and social care sector; and support resident and volunteer run projects. Public/private/third sector need to work together.

6. SCRUTINY PANEL ENGAGEMENT

- 6.1 All Scrutiny Panel members were provided with an opportunity to attend one of two budget briefing sessions held on 14 and 15 January 2020. This follows on from a mid-year budget position update received at panel meetings held in September 2019. The independence of scrutiny enables members to seek assurances on budget planning, process and priorities for 2020/21 and beyond. It can also be considered appropriate for budget priorities to inform future scrutiny activity and work programmes.
- 6.2 A number of points were discussed with regards to demand pressures on statutory services along with the tailoring of financial priorities to a neighbourhood model. Detail of the discussions have been drafted in a letter of the Scrutiny Chairs to the Executive Member for Finance and Economic Growth; and the Director of Finance – Section 151 Officer, see **Appendix C**. It is the request of Scrutiny that points raised are to be considered in advance of the 2020/21 budget report being finalised. The scrutiny budget letter will also be appended to a Scrutiny Update report tabled at the joint meeting of Executive Cabinet and Overview Panel on 12 February 2020.

7. STATUTORY RATE PAYERS CONSULTATION

- 7.1 The Council has a statutory duty to consult with businesses and other representatives of non-domestic ratepayers on its annual spending proposals for 2020/21. Our proposed plans for carrying out this consultation are detailed below.
- 7.2 Businesses along with the public have already had the opportunity to partake in the budget conversation exercise as detailed in this report.
- 7.3 Table 8 details the proposed timetable for activity. Due to the timings of Executive Cabinet and Full Council, the amount of time for consultation is limited. We therefore propose to send out an email pre-warning organisations of the impending consultation one week prior to commencement.

Table 8: Proposed Timetable for Rate Payers Consultation of the 2019/20 Budget

Task	Date
Send email to the following pre-notifying them about the statutory budget consultation commencing on 5 February 2020: <ul style="list-style-type: none"> • Business rate payers database of email addresses provided by Exchequer • Business representative organisations • Live, Work and Invest members • Town team chairs for onward distribution 	29 January 2020
Send 2 nd email to: <ul style="list-style-type: none"> • Business rate payers database of email addresses provided by Exchequer • Business representative organisations • Live, Work and Invest members • Town team chairs for onward distribution Informing them that the consultation is open. The consultation will be held on Survey Monkey and a direct link to the survey will be included in the emails to businesses etc.	On publication date of draft Executive Cabinet papers on Council's website
Advertise the consultation on the Live, Work, Invest webpage http://www.liveworkinvest.com/ for wider engagement beyond business rate payers for their views on the draft budget	On publication date of draft Executive Cabinet papers on Council's website
Draft budget report to Executive Cabinet	12 February 2020
Deadline for responses to the consultation	4pm on 14 February 2020 (length of consultation period due to timings of Executive Cabinet and Full Council)
Feedback report on the findings from the consultation (to be written and incorporated into the final report for Full Council when approved)	14 February 2020
Final budget to Full Council for approval	25 February 2020

7.4 The question for the 2020/21 budget is:

Tameside's business community is being invited to have its say on the council's draft budget proposals for the next financial year (2020/21). We are seeking your views on how we intend to use our resources. The budget includes the Council's saving proposals 2020/21 and these are set out in the budget report which is available to view at the following link

8. NEXT STEPS

8.1 The findings from the budget conversation exercise will be used, in conjunction with other considerations, to inform the Council's budget setting process. The council's budget will be set at Full Council on 25 February 2020.

8.2 Feedback on the results will also be provided to the public, staff, partners and engaged groups and a summary infographic report produced and shared on Tameside Council's and NHS Tameside & Glossop CCG's websites.

9. APPENDICES

9.1 The following appendices are included as part of this report:

- **Appendix A – Key Themes from Budget Conversation Survey**
- **Appendix B – Achieved Survey Sample**
- **Appendix C – Scrutiny Panel Budget Letter**

10. RECOMMENDATIONS

10.1 As set out on the front of the report.

APPENDIX A

KEY THEMES FROM BUDGET CONVERSATION SURVEY

What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2020/21 and future years?		
Theme	No.	%
Education and Schools	62	22.0%
Older People Social Care	59	20.9%
Healthcare Services in General	55	19.5%
Maintenance of Roads and Highways	49	17.4%
Children's Social Care	46	16.3%
Street Cleanliness/Fly-Tipping	40	14.2%
Emergency Services: Police and Fire	28	9.9%
Mental Health Services	27	9.6%
Primary Care: GPs, Dentists, Pharmacies, Opticians	26	9.2%
Waste/Recycling	24	8.5%
Investment in Town Centres	24	8.5%
Public Transport	24	8.5%
Streetlights	23	8.2%
Other: Examples of "Other" Include Specific Spending Suggestions Outside of the Council's Remit such as "TV Licence" or "Armed Forces"; Specific Revenue Raising Suggestions and Non-Specific Answers such as "Good"	20	7.1%
Parks and Greenspace	20	7.1%
Hospital Services	20	7.1%
Community Safety	16	5.7%
Transport Infrastructure, i.e. Traffic Management, Roundabouts, Cycle Lanes	15	5.3%
Educate People about Self-Care	13	4.6%
Drainage and Grids	12	4.3%
Libraries	12	4.3%
Housing	12	4.3%
Car Parking	11	3.9%
Neighbourhoods/Communities General e.g. Create Strong Communities, Improve Communities, Build Communities	11	3.9%
Support for People with Disabilities	10	3.5%
Leisure Facilities	10	3.5%
Youth Facilities such as Youth Clubs	8	2.8%
Investment in Job Creation and Training	8	2.8%
Early Intervention to Prevent Later Problems	8	2.8%
Enforcement on Violations such as Benefit Fraud, Parking Infringements	8	2.8%
Clean Air/Air Pollution	8	2.8%
Homeless People	7	2.5%
Nurseries and Early Years	6	2.1%
Reduce Business Rates	5	1.8%
Support for Vulnerable People in General	5	1.8%
Integration of Health and Social Care Services	5	1.8%
Focus on Core/Vital Services	5	1.8%
Addressing Poverty	5	1.8%
Community Care	4	1.4%
Museums/Galleries/Arts/Culture/Cultural Events	4	1.4%
Investment in Markets	4	1.4%

APPENDIX A

KEY THEMES FROM BUDGET CONVERSATION SURVEY

What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2020/21 and future years?		
Theme	No.	%
Employ More Staff	4	1.4%
Communicating, Educating and Engaging with Residents	3	1.1%
Dog Fouling	3	1.1%
No Comment/Full Stop/Single Letter/N/A	3	1.1%
Income Collection	3	1.1%
Investment in Towns other than Ashton	2	0.7%
Reduce Councillor Related Expenses	2	0.7%

Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?		
Theme	No.	%
the top response was where residents left this section blank not offering any suggestions or comment	94	33.3%
Working Practices and Culture should be More Efficient	44	15.6%
Work Closer with Other Councils or Public Sector Partners Such as Police, Hospital, Fire Service or Voluntary Sector	26	9.2%
Preventative Early Help Investment to Save Money on Service Costs in the Future	22	7.8%
Encourage Volunteering and Community Action	20	7.1%
Reiteration of Spending Priorities Identified in Previous Question	16	5.7%
Other: Examples of "Other" Include Specific Suggestions Such as "Bring Back Sit And Wait Appointments", "Re-Use Medication Patients Haven't Used", "Tea, Coffee And Food Vending Machines/Cafes In Local Libraries" and Politically Focussed Comments	16	5.7%
Increase Fees, Charges or Fines	14	5.0%
Work with or Support Local Businesses	13	4.6%
More Effective or Better Advertising and Communication	12	4.3%
Reduce or Stop Outsourcing	12	4.3%
Utilise Existing Owned Buildings Better	11	3.9%
Current Services should Work in a More Integrated Fashion	10	3.5%
Reduce Business Rates	9	3.2%
Should Not Have Built Tameside One/Vision Tameside	9	3.2%
Use Digital Services or Technology to Increase Efficiency	9	3.2%
Invest in Services	9	3.2%
More Rigid Enforcement of Existing Fines, Fees and Charges	9	3.2%
Reduce Elected Members Expenses	8	2.8%
Recycling of Waste	8	2.8%
Reduce Senior Management	8	2.8%
Reduce Number of Elected Members	7	2.5%
Organise Events to Attract People to Tameside and Raise Revenue	7	2.5%
Financial Transparency	7	2.5%
Reduce Number of Staff	6	2.1%
Free or Reduced Fee Car Parking	6	2.1%
Listen to and Engage with the Public More	6	2.1%

APPENDIX A

KEY THEMES FROM BUDGET CONVERSATION SURVEY

Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?		
Theme	No.	%
Reduce Staff Wages or Benefits	5	1.8%
Increase Number of Front-Line Staff	5	1.8%
Encourage Self-Care	5	1.8%
Don't Prioritise Ashton for Resources and Spending	4	1.4%
Bring Derelict Buildings Back into Use	4	1.4%
Less Health Service Capacity and Resource Spent on "People That Don't Need It", i.e. People Presenting at A&E without Critical Condition	4	1.4%
Reduce or Maintain Council Tax	3	1.1%
Generally Reduce Waste/Be More Efficient without Specific Ideas or Suggestions	3	1.1%
Enforced Volunteering	3	1.1%
Enforcement Against Benefit Fraud	3	1.1%
Increase Council Tax	2	0.7%

This page is intentionally left blank

APPENDIX B

ACHIEVED SAMPLE COMPARED TO THE TAMESIDE & GLOSSOP POPULATION

Demographic Group	Tameside & Glossop Population (%)	Achieved Sample (%)
Sex		
Male	49.1	35.6
Female	50.9	55.6
Prefer to self-describe	Not available	1.5
Prefer not to say		7.3
Age¹		
Under 18	21.9	0.6
18 – 29	14.5	11.2
30 – 49	26.3	42.7
50 - 64	19.8	29.2
65+	17.5	16.3
Ethnicity		
White	91.8	93.9
BME	8.2	6.1
Religion		
No Religion	24.0	36.0
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	64.2	52.5
Buddhist	0.2	0.5
Jewish	0.0	0.0
Sikh	0.0	0.0
Hindu	1.3	1.0
Muslim	3.9	1.5
Any other religion	N/A	8.5
Sexual Orientation		
Heterosexual / straight	Not available	78.1
Gay man		1.5
Gay woman / lesbian		1.5
Bisexual		3.5
Prefer not to say		12.9
Prefer to self-describe		2.5
Disability		
Yes	20.5	31.2
No	79.5	68.9
Carer		
Yes	10.9	33.2
No	89.1	66.8
Armed Forces Member / Ex-Member		
Yes	Not available	4.5
No		92
Prefer not to say		3.5
Marital Status		
Single	34.8	28.2
Married / Civil Partnership	44.4	53.5
Divorced	13.2	5.9
Widowed	7.5	3
Prefer not to say	Not available	9.4

¹ Based on those respondents who provided an exact age to enable categorisation

This page is intentionally left blank

APPENDIX C

SCRUTINY PANEL BUDGET LETTER

Chairs of the Scrutiny Panels

Councillors Teresa Smith and Mike Glover

Councillor Oliver Ryan
Executive Member
Finance and Economic Growth

Tameside One
Market Place
Ashton-under-Lyne
OL6 6BH

Ms Kathy Roe
Director of Finance – Section 151 Officer

email: paul.radcliffe@tameside.gov.uk
Ask for Paul Radcliffe
Direct Line 0161 342 2199
Date 17 January 2020

Dear Councillor Ryan and Ms Roe,

Consultation with Scrutiny Panels regarding the 2020/21 Budget

We write in response to the budget consultation meetings held on 14 and 15 January 2020, at which an opportunity was provided for all scrutiny members to receive a comprehensive overview of the planning and monitoring process associated with budget setting for 2020/21 and beyond. In addition to mid-year budget monitoring information presented to Scrutiny Panels in September 2019, the sessions have enabled members to seek further assurances on the Strategic Commission's approach to setting a balanced budget and to mitigate risk or exposure to any external or unforeseen financial pressures.

This letter provides an account of discussions captured from the meetings. It is also hoped that the Budget Consultation ending 15 January 2020, has been successful in gaining resident insight on a range of priorities for the Strategic Commission. Please pass our thanks to the Assistant Director of Finance for the helpful summary, with a request that consideration be given to the points raised in the meetings prior to the budget report being finalised.

Having now entered the final months of a four year funding plan, it was reported that the Council has recently received notification of a single year financial settlement for 2020/21. This in itself brings a level of uncertainty and it remains important that a consistent approach is taken to support the long-term aim of system-wide stability. It is accepted that greater levels of confidence and assurance can be achieved should a longer funding plan be granted by the government to local authorities beyond the next financial year.

It was pleasing to hear that a number of financial monitoring mechanisms are in place, with Star Chambers providing a good example of effective in-year challenge. Plans to develop this further are encouraging and members agree with the future approach to align spending priorities to themes set within both the Corporate Plan and NHS Long-Term Plan. It is accepted that financial integration towards a neighbourhood model will provide additional opportunities to tailor a range of spending priorities to local areas and communities. It is important that this work is supported by a robust evidence base which allows for priorities to be shared with, and informed by, a range of stakeholders.

During 2019/20 the Scrutiny Panels have continued to review the ability of services to improve outcomes for residents while at the same time deliver value for money. The Council continues to face high levels of demand on statutory services and members are supportive of a short-term need

APPENDIX C

SCRUTINY PANEL BUDGET LETTER

to allocate additional financial resource to Children's Services. Concerns were raised on the Council's ability to sustain budget increases of this nature and the use of reserves. Improving outcomes for children and vulnerable residents remains a pressure and Scrutiny will continue to work with services to review the impact of sustainability projects. Members discussed the positive impact that preventative services and partnerships can have in promoting the wellbeing of children and families in Tameside.

Recent scrutiny activity has focused on improving outcomes for looked after children through good foster placements and the Council's role to improve quality and standards in the private rented sector. Points were made on the resilience of budgets to deal with any additional short-term pressures that may arise in these areas and the approach to improve long-term outcomes with financial sustainability.

A number of questions were asked on health budgets and the need for greater investment in mental health services. Ms Roe informed members that the mental health budget is receiving a greater uplift for 2020/21 when compared with other services. The impact of poor mental health is now widely acknowledged, with high prevalence when assessing the demand on services. Conversations are also ongoing with school leaders to consider how combined services can best support the mental health and wellbeing needs of young people. Members agreed that this may require a change in funding options and to consider the impact of commissioned services. It is hoped that greater opportunities will arise during the coming year to broaden and strengthen the provision of mental health services across each neighbourhood.

Members appreciate that the Council has limited ability to increase revenue when taking account of the relatively low base levels for Council Tax and Business Rates, which is also further exacerbated by the economic and health needs of residents. It is felt that the strategic direction for growth and investment have an important role to play going forward. Mr Wilkinson advised that the Growth directorate has received additional investment to progress strategic priorities. The development of separate housing and estate strategies is welcomed and it was viewed that work in related areas needs to deliver inclusive growth across all communities.

The Executive has remained supportive of Scrutiny reporting methods which ensure findings and recommendations are shared in a timely manner and to prevent delay. Scrutiny will continue to seek assurances and identify suitable opportunities to inform local, regional and national decision making. Examples of this include responding to consultations and to review shared learning opportunities made available by the Local Government and Social Care Ombudsman. Where necessary, Scrutiny will remain mindful of any associated financial implications.

It was encouraging to hear that all decisions made through the Strategic Commission continue to remove duplication and promote the effective use of pooled resources. With a need to plan past 2021, scrutiny members are supportive of the aim to encourage transparency in budget conversations and request that a future mid-year financial update be arranged at the panel meetings. The information presented will also be used to inform scrutiny work programme priorities where appropriate.

Yours sincerely,

Councillor T Smith - Chair to Integrated Care and Wellbeing Scrutiny Panel

Councillor M Glover – Chair to Place and External Relations Scrutiny Panel

Report to: STRATEGIC COMMISSIONING BOARD

Date: 12 February 2020

Executive Member: Councillor Eleanor Wills, Executive Member for Health, Social Care and Population Health

Clinical Lead: Dr Kate Hebden, Governing Body GP for Primary Care & Dr Vinny Khunger, Governing Body GP for Mental Health

Reporting Officer: Jessica Williams, Director of Commissioning

Subject: **LOCALLY COMMISSIONED SERVICES – 2020/21 DEVELOPMENTS**

Report Summary: The Locally Commissioned Services (LCS) framework in Tameside and Glossop is series of services commissioned from general practice but which are over and above core primary care contract and nationally developed Directed Enhanced Services (DES). Many of these services have been in place for many years however for 2019/20 we undertook significant review and redesign of these services, framing services within a series of 'bundles', each with a set of outcomes for an area of care.

This approach was designed with the intention of creating a framework for continually increasing the level and transparency of investment in general practice and to focus on collective delivery priorities, standards of delivery and to address unwarranted variation. Although currently commissioned from individual practices the introduction of Primary Care Networks creates the potential to commission on a neighbourhood basis. This accelerates the way unwarranted variation across practices can be managed and also supports provision across a population which could support workforce and estate challenges.

This paper gives an update on the 2019/20 launch and sign up to the LCS framework and outlines proposals for the inclusion of three additional care bundles from 2020/21 covering access, mental health and partnership working.

Recommendations:

1. SCB is asked to NOTE the launch and sign up to the LCS framework in 2019/20.
2. SCB is asked to SUPPORT the ongoing development of a recurrent model for increased discretionary funding for general practice and wider primary care which builds on our successful partnership working to date and has a focus on addressing unwarranted variation of provision and outcomes across our population.
3. SCB is asked to APPROVE (that within the s75 funding) & RECOMMEND TO CCG the additional bundle proposals as set out in this report and approved the launch of these in February and March for practice review and sign up for delivery from 1 April 2020.
4. SCB is asked to APPROVE (that within the s75 funding) & RECOMMEND FOR APPROVAL TO CCG the delegation, the ongoing management and oversight of

these bundles, in line with the management of the existing LCS framework, to the LCS Working Group.

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

Budget Allocation (if Investment Decision)	£3,037,000
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	£1,522,500 – s75 (SCB to determine) £727,500 – In Collaboration (recommendation to CCG) £787,000 - There is a commitment to the funding of this however this is pending clarification through the planning guidance as to whether this is CCG baseline or an additional allocation. In 18/19 and 19/20 this funding stream was a non-recurrent allocation of GP Forward View funding.
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	This paper proposes a realignment of existing budgets. It is not seeking additional budget approval over and above that already contained within the 5 year plan. Rather it seeks to improve alignment and goal congruence between General Practice and the strategic objectives of the CCG. Therefore while there are no direct savings associated with the change, it should help to drive value across the system.

Additional Comments

Legal Implications:

(Authorised by the Borough Solicitor)

This is an extension of the existing LCS commissioned framework and therefore there are no additional legal implications.

How do proposals align with Health & Wellbeing Strategy?

The proposal in this paper aligns to the delivery of strong primary care provision in general practice and across our Neighbourhoods.

How do proposals align with Locality Plan?

Delivery of primary care, including the expansion of the range of provision in primary and community services forms a key part of the Locality Plan.

How do proposals align with the Commissioning Strategy?

High quality general practice and the reduction of unwarranted variation for our population is a key priority of our commissioning strategy.

Recommendations / views of the Health and Care Advisory Group:

HCAG and PCC received the overview of these bundles and supported the inclusion of these as part of the LCS framework from 2020/21.

Public and Patient

The drive to achieve improvements in health and care across

Implications: primary care is intended to make the most of every opportunity to give people the right support close to where they live with the key principles of people powered change and care delivered by population based models.

Quality Implications: The delivery of services through this Locally Commissioned Service framework will support the drive to reduce variation across practices and improve quality of primary medical services for our registered population.

How do the proposals help to reduce health inequalities? High quality general practice is a key driver to reducing health inequalities for our population.

What are the Equality and Diversity implications? There are no equality and diversity issues; Primary Care Networks will have 100% population coverage.

What are the safeguarding implications? There are no additional safeguarding implications, safeguarding policies in place around existing practice contracts would apply.

What are the Information Governance implications? Has a privacy impact assessment been conducted? There are no additional information governance implications, the policies in place around existing practice contracts would apply.

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

Access to Information: The background papers relating to this report can be inspected by contacting the report writer Tori O'Hare

 Telephone: 07920 086397

 e-mail: tori.ohare@nhs.net

1. INTRODUCTION

- 1.1 The Locally Commissioned Services (LCS) framework in Tameside and Glossop is a series of services commissioned from general practice but which are over and above the core primary care contract and the nationally developed Directed Enhanced Services (DES). Many of these LCS services have been in place for many years however for 2019/20 we undertook significant review and redesign of these services, framing services within a series of 'bundles', each with a set of outcomes for an area of care.
- 1.2 This approach was designed with the intention of creating a framework for continually increasing the level and transparency of investment in general practice and to focus on collective delivery priorities, standards of delivery and to address unwarranted variation. Although currently commissioned from individual practices the introduction of Primary Care Networks creates the potential to commission on a neighbourhood basis. This accelerates the way unwarranted variation across practices can be managed and also supports provision across a population which could support workforce and estate challenges.
- 1.3 The established bundles in place from 2019/20 within the LCS framework are:
- Prevention, Identification and Management of Long Term Conditions
 - Palliative, End of Life and Frailty
 - Quality Improvement
 - Alternative to Hospital/Clinic Based Services
 - Public Health Services (Tameside practices only)
- 1.4 There is an existing recurrent LCS budget of £2.4m, funded from across both the core CCG allocation and the Primary Care Delegated Commissioning (PCDC) allocation. The LCS framework is also supporting the delivery of a number of Neighbourhood led priorities.
- 1.5 This paper gives an update on the 2019/20 launch and sign up to the LCS framework and outlines proposals for the inclusion of additional care bundles from 2020/21.

2. 2019/20 LAUNCH AND SIGN UP

- 2.1 The five bundles launched in 2019/20 have been received positively and have sign up by practices as follows:

Specification	Sign Up
Prevention, Identification and Management of Long Term Conditions	37 practices
Palliative, End of Life and Frailty	37 practices
Quality Improvement	37 practices
Alternative to Hospital/Clinic Based Services	varies by specification, between 25 and 36 practices – includes coverage across all 5 neighbourhoods
Public Health Services (Tameside practices only)	varies by specification, between 26 and 31 practices – includes coverage across all 4 neighbourhoods

3. PROPOSAL FOR ADDITIONAL BUNDLES FROM 2020/21

- 3.1 The original design of this LCS Framework was to increase investment and transparency of investment in general practice and to improve health provision across general practices for patients. Three additional bundles are proposed for inclusion from 2020/21; these are set

out in sections 4-6 of this paper. The funding (value and source) agreed with finance for each are as follows:

Bundle	£	Funding Source
Access	787,000	There is a commitment to the funding of this however this is pending clarification through the planning guidance as to whether this is CCG baseline or an additional allocation. In 18/19 and 19/20 this funding stream was a non-recurrent allocation of GP Forward View funding.
Mental Health	250,000	This bundle will be funded from the existing LCS budget, this budget is split funded between core CCG allocation and the Primary Care Delegated Commissioning allocation on a 59%:41% ratio basis.
Partnership	2,000,000	There is an existing Commissioning Improvement Scheme budget of £1.375m, with Primary Care Delegated Commissioning growth funding providing the additional £625k.

4. ACCESS BUNDLE

4.1 Primary Care Committee approved a two year Access Outcomes Framework in 2018/19 which is in place until 31st March 2020. This has been reviewed and refreshed and is proposed as an LCS bundle from 2020/21. The focus of this bundle remains as the continued improvement of the range of access, timing and modes of access, use of digital approaches however has been refreshed to reflect current strategy and more recent national and regional priorities. This bundle supports practices to understand patient experience and requirements and to implement change as required.

4.2 The qualifying standard of the current Access Outcomes Framework is proposed to remain, this is the delivery of services, which meet the national definition of 'reasonable needs' throughout core hours. In the specification this will be documented as:

"The qualifying requirement for sign up to the Access Bundle is full practice sign up to their Primary Care Network (PCN) and the requirements of the PCN DES. This therefore includes meeting of reasonable needs, as set out in the NHSE guidance letter of December 2017 (GP Access: expectations in respect of extended and core hours), for 100% of the population across core hours of 8am to 6.30pm each of Monday to Friday (excluding Bank Holidays).

4.4 This is not to say every practice must be open throughout core hours but that 100% of the population are able to access the types and range of services outlined above. This provision may be delivered by individual practices or be subcontracted, though in line with the contract must be with appropriate approval by the commissioner, to a neighbouring practice, across the PCN or alternative provider. Where reasonable needs are subcontracted this should be following discussion with PPG and be delivered in a location which is geographically reasonable for patients but does not have to be the registered practice.

4.5 Periods of subcontracting must be approved by the commissioner in line with the practice contract.

4.6 Practices are also required, working as a PCN, to consider the development of services and service provision across that practice membership to support improved outcomes and address unwarranted variation for patients."

- 4.7 A series of indicators sit within this bundle, addressing local priorities for access and digital provision. The same day reporting of access and the management of demand is also included as this data supports system management of demand where an automated data set is not otherwise available.
- 4.8 These indicators are being finalised by a task and finish group and therefore are still subject to small change however for SLT review and comment are currently drafted as:

Access:

Patients whose health concern will not wait until the next routine appointment to be **offered same day/next day access** to a primary medical clinician; this may be a telephone, email, online or face to face appointment within the practice, across the PCN, Primary Care Access Service, community pharmacy or optometry as appropriate. Guidance on self-care should be included where appropriate.

For patients <5yrs and >75yrs and for all age Looked After Children this should be provided same day within core hours i.e. up to 6.30pm. Practices should also have a system for identifying priority patients for whom this would also be appropriate.

The retention of an indicator around time of day of appointments offered remains in place for discussion through the task and finish group.

Reporting:

To provide daily reporting on same day demand; this is an email return (template provided) which indicates the resilience within the practice on the day and should be emailed to tgccg.primarycarereporting@nhs.net. This acknowledges there will be a number of approaches to managing appointments and same day demand within practices however ensures the importance of primary care is recognised as part of the total system demand management and within the system resilience response made daily to GM. This report should be emailed daily from sign up to the framework.

The expansion of this indicator to cover how practices use and act on this information, including an action plan to implement change where demand management indicates this may be required remains in place for discussion through the task and finish group.

Digital:

Practices must offer online consultation access to their patients. This could be via a dedicated online consultation system or by other electronic means.

Practices (including through PCN delivery) to develop their digital offer, to include use of video consultations, as an alternative means of access.

- 4.9 This bundle will be commissioned at practice level to reflect registered population however delivery on a PCN footprint is supported.

5. MENTAL HEALTH BUNDLE

- 5.1 The LCS working group has been in discussion with Mental Health commissioners and agreed the development of plans for further investment in Mental Health provision in general practice. This bundle will provide support to general practice for mental health services, and is designed to secure improvements in physical health care for people with Severe and Enduring Mental Illness (SMI) within primary care via SMI Health Checks. This would secure local delivery of the national guidance to CCG “improving physical healthcare for people living with severe mental illness in primary care”.

5.2 The proposed Mental Health bundle for 2020/21 is designed to register and offer health checks, and health Action plans, to all adults with a Severe and Enduring Mental Illness (SMI). As a minimum the health check should include:

- A collaborative review with the patient and carer (where applicable) of physical and mental health with referral through the usual practice routes if health problems are identified, including:
 - health problems
 - chronic illness and systems enquiry
 - physical examination
 - behaviour and mental health
 - specific syndrome check
- A check on the accuracy and appropriateness of prescribed medications
- A review of communication needs, including how the person might communicate pain or distress
- A review of family carer needs
- Support for the patient to manage their own health and make decisions about their health and healthcare, including through providing information in a format they can understand and any support they need to communicate.
- Recording of SMI National standards for SMI Health Checks
 - PH 1. BMI OR Height AND Weight
 - PH 2. Blood Pressure
 - PH 3. Blood Lipids inc. Cholesterol OR QRisk
 - PH 4. Blood Glucose OR HbA1c
 - PH 5. Alcohol Consumption Status
 - PH 6. Smoking Status

5.3 This bundle will be commissioned from Primary Care Networks (PCNs) with payment for collective achievement from a PCN of a 60% threshold (this may be reviewed each year to match national expectations) and is based on proportional share of registered patients on the SMI registers.

5.4 Based on current data this could indicate the following potential funding into each PCN.

PCN	% of Tameside and Glossop register	Finance
Ashton	24	£60,000
Denton	19	£47,500
Glossop	12	£30,000
Hyde	30	£75,000
Stalybridge	15	£37,500
		£250,000

6. PARTNERSHIP BUNDLE

6.1 Tameside and Glossop has established successful partnership working over the past five years as evidenced by significant improvements in key performance metrics across the health and social care system. This is due to strong working arrangements between many key stakeholders including primary care, ICFT, VCFS, mental health and commissioners. This proposal aims to continue this success by supporting collaborative working among all stakeholders in the wider health economy.

- 6.2 The GP Contract reform document, “Investment and evolution: A five-year framework for GP contract reform to implement *The NHS Long Term Plan*” describes Primary Care Networks (PCNs) as being “intended to dissolve the historic divide between primary and community health services” and that the PCN boundary marks “the extent of PCN accountability for the health and wellbeing of a defined place”.
- 6.3 This Partnership LCS bundle, through the development of a Partnership Investment Fund takes forward the existing Commissioning Improvement Scheme (CIS) structure and sets it in the context of updated national strategy and the PCN DES. The Partnership Investment Fund will be £2m (using existing CIS allocation and growth funding) for investment across neighbourhoods. This will be allocated on a weighted capitation basis to reflect the population size and demographic variation across neighbourhoods.
- 6.4 Based on list size information at 1st July 2019, this would see the Partnership Investment Fund split as follows:

Ashton	£464,980
Denton	£403,677
Glossop	£242,896
Hyde	£568,556
Stalybridge	£319,890
	£2,000,000

- 6.5 The delivery plans for this Partnership Investment Fund will be considered in the context of our locality estates, digital and workforce strategies.
- 6.6 The intention is that from April 2021, this bundle will replace the current Commissioning Improvement Scheme (CIS). This bundle is being proposed from April 2020 giving PCNs the option to sign up to this from that date, therefore replacing the CIS with immediate effect. Existing CIS projects will transfer across to this fund where the PCN (following evaluation) elects to continue these projects, and therefore immediately increasing funding available to each Neighbourhood. The investment should reflect the needs of each Neighbourhood with spend to deliver direct patient benefit.
- 6.7 This Partnership bundle builds on the CIS principles and a joined up system focus on the health and wellbeing of a geographical population articulated through a co-designed Neighbourhood Plan to involve all parts of the system. This Neighbourhood Plan will form the basis for use of the Investment Fund and will maximise the workforce, direct patient provision and support staff, irrespective of employer, to improve outcomes and address unwarranted variation across the population.
- 6.8 The Partnership bundle aligns to the Tameside and Glossop Primary Care Workforce Strategy and will support the development of primary care workforce and the breadth of roles in primary care in conjunction with, and aligned to, the Primary Care Academy. This will include a strong focus on education, training and ensure supervision in place for the expanding workforce structure.
- 6.9 The Partnership Investment Fund, through the Partnership bundle, will be commissioned from the PCN however the visibility of neighbourhood decision making, including the PCN Board, will be required.
- 6.10 The use of the fund is to be determined by each neighbourhood, through the PCN Board and in conjunction with the Neighbourhood Team with approval and oversight of the investment through Primary Care Committee to ensure alignment to other commissioned services and system delivery. The evaluation of the Partnership bundle is recommended

be managed through Primary Care Committee and Primary Care Delivery and Improvement Group, supported by Commissioning Business Managers and with a clear focus on outcomes.

- 6.11 The use of the fund will need to show alignment to the Tameside and Glossop Corporate Plan (“Our People - Our Place - Our Plan”) and reflect neighbourhood priorities, supported by the Strategic Commission Neighbourhood Scorecard. For 2020/21 the investment focus will be required to include system delivery of the five Network Specifications:
- Structured Medications Review and Optimisation
 - Enhanced Health in Care Homes, to implement the vanguard model
 - Anticipatory Care requirements for high need patients typically experiencing several long term conditions, joint with community services
 - Personalised Care, to implement the NHS Comprehensive Model
 - Supporting Early Cancer Diagnosis

From 2021/22 this will also include the further two Network Specifications:

- CVD Prevention and Diagnosis; and
- Tackling Neighbourhood Inequalities

The fund will also need to deliver a proactive approach to MDTs, including co-ordination role to maximise use and outcomes of these meetings.

- 6.12 Although this LCS bundle is proposed from April 2020 the development of Neighbourhood Plan and associated spend proposals, including the submission for consideration through Primary Care Committee, will be the priority in the early part of the year. The implementation of schemes, where different to existing CIS projects, will therefore be seen later in the year.

7 RECOMMENDATIONS

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

This page is intentionally left blank

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 12 February 2020

Executive Member/Reporting Officer: Executive Member, Health, Social Care and Population Health
Jessica Williams, Director of Commissioning
Jayne Traverse, Director of Growth

Subject: **MENTAL HEALTH ESTATES**

Report Summary: This report outlines some of the long standing estates pressures faced by mental health services in Tameside and Glossop. There are three main reasons for this – inadequate historical investment in estates through the contract; pressures in space in primary care and the community; increasing demand. With challenging performance targets the services are constantly battling to secure good quality, sustainable delivery space and this is impacting on performance and quality of patient care.

This report sets out the proposal to retain occupancy at Ashton Primary Care Centre (APCC) to ensure high quality space is available for mental health service delivery. This would reduce significant pressures on mental health services and would utilise space which the CCG is already paying for, whether occupied or void.

Historically the Primary Care Trust took on the long term lease plus agreement with LIFT Co. for Ashton Primary Care Centre (APCC) and Glossop Primary Care Centre (GPCC). Both are Community Health Partnership buildings but the financial liability lies with the CCG. Trafalgar Surgery vacated APCC in December 2018 and since then a total of 289.54sqm has been left unoccupied. When space is unoccupied the CCG still hold financial liability and incur the costs.

Recommendations: SCB are asked to agree to proposal to retain and utilise the void space at APCC for mental health delivery and authorise the associated finances with a review after 12 months.

SCB are also asked to agree that this review can be taken through the Strategic Estates group and not come back through SCB.

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

Budget Allocation (if Investment Decision)	£167,900 (notional budget movement, rather than new investment outside financial position)
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	S75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB

<p>Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons</p>	<p>Under the terms of the LIFT contract, the CCG is responsible for paying the full rent on any vacant space in the Primary Care Centre (which runs into the early 2030's).</p> <p>As such, moving mental health services into the empty space will have minimal impact on CCG budgets in net terms – there may be an increase in utility costs once the space is occupied, but this is not expected to be material. In a similar way the occupation of this space may increase wear and tear on the building, potentially increasing dilapidations costs in the future.</p> <p>In the event that some external party were to come forward to rent the space and pick up the costs of occupation, the CCG would make savings on void costs. The market rent for this space would be £168k p.a.</p> <p>Therefore there is a potential opportunity cost associated with using this space as proposed. But as things stand, there is no obvious fee paying tenant who would take on this space, reducing the value of any opportunity cost.</p>
---	--

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

The CCG are seeking to have the currently unused space dedicated as a Mental Health Suite. The funding of the same will be met from the CCG's existing budget. The CCG is intending to secure the use of this space by way of entering into a formal agreement with NHS property services. It is important that any estates decisions are part of a strategy so that resources can be used effectively. There needs to be a clear plan as to how this space will be used going forward as it may be better used by an external clinical service which can bring additional funding into the Health economy and support the running of services.

What is the evidence base for this recommendation?

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

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

Yes – based on range of NICE Guidance re mental health and requirements to deliver NICE Concordat Care.

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

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

How do proposals align with Health & Wellbeing Strategy?	The proposal aligns with the Developing Well, Living Well and Working Well programmes.
How do proposals align with Locality Plan?	This proposal supports the achievement of: <ul style="list-style-type: none"> • Healthy Lives (early intervention and prevention) • Locality based services; for people who need regular access to health and social services, these will be fully integrated in localities, offering services close to people's homes. Enabling self-care: improving skills, knowledge and confidence of people with long-term conditions or with on-going support needs to self-care and self-manage.
How do proposals align with the Commissioning Strategy?	This supports the commissioning priorities for improving population health particularly; Supporting positive mental health in all that we do.
Recommendations / views of the Health and Care Advisory Group:	This section is not applicable as the report is not received by the Health and Care Advisory Group.
Public and Patient Implications:	The proposal would support increased access to mental health treatment for patients.
Quality Implications:	Mental Health estates pressures are having significant impact on service delivery, patient care and the achievement of CCG targets, agreement of this proposal will reduce these pressures enabling providers to have access to high quality treatment and delivery space therefore improving quality of service for people accessing support.
How do the proposals help to reduce health inequalities?	The proposal would support increased access to mental health treatment and support for patients.
What are the Equality and Diversity implications?	There are no equality and diversity implications associated with this report.
What are the safeguarding implications?	There are no safeguarding implications associated with this report.
What are the Information Governance implications?	There are no information governance implications associated with this report.
Has a privacy impact assessment been conducted?	Not applicable.
Risk Management:	Risks will be identified and managed by the implementation team. Proposal seeks agreement for 12 months at which a full review will take place. This will include managing the risks to quality and continuity of care for patients who are under active treatment in the building.
Access to Information:	The background papers relating to this report can be inspected by contacting Pat McKelvey.

 Telephone: 07792 060411

 Email: pat.mckelvey@nhs.net

1. INTRODUCTION

- 1.1. The Five Year Forward View for Mental Health, published in 2016, represented a major step securing additional investment for mental health in order that an additional one million people could access high quality services by 2020/21.
- 1.2. The NHS Long Term Plan (LTP) renews commitments to transform mental health care and ensure that mental health services extend to support an additional two million people nationally by 2023/24. The LTP Mental Health Implementation Plan provides a framework to ensure this commitment is delivered on a local level.
- 1.3. In January 2018 the Strategic Commissioning Board committed to prioritise investment in mental health services until 2021 on a phased basis, this has contributed to considerable growth in mental health services particularly;
 - Increased IAPT (psychological therapies) practitioner capacity
 - Implementation of a new specialist perinatal mental health community service
 - Integrated Perinatal/Parent Infant Mental Health Pathway
 - Increased access to children and young people's mental health services
 - Implementation of a neighbourhood mental health team to support complex individuals in communities
- 1.4. There is still a lot of work to do at both a national and local level to provide quality and timely mental health care for everyone who needs it, and to tackle inequalities in access, experience and outcomes.
- 1.5. Whilst progress has been made there are numerous challenges and competing pressure faced by staff in the NHS and partners. A significant local pressure is obtaining appropriate estate for the delivery of services.

2. CURRENT SITUATION

- 2.1. Securing appropriate and reliable mental health estates in the community has been a long standing challenge for services. In the past mental health service investment did not always include estates costs as there was an expectation that services would co-locate in primary care or sit within other community services. With pressures on these securing good quality space for delivery is a continuous pressure.
- 2.2. In August a meeting took place with estates and finance colleagues, mental health commissioners and provider representatives. The aim which was to take stock of the estates issues related to our mental health strategy and any service pressures.
- 2.3. This exercise highlighted significant estates pressures across the following services;
- 2.4. **IAPT Psychological Therapies Service (Healthy Minds)** – although the national model requires the co-location of IAPT services in Primary Care they do not currently fall within the model of core primary care services and so there is no contractual obligation on NHS England or clinical commissioning groups (CCGs) to support the premises costs for this service. NHS England released guidance in 2018 which recommends GP practices to house IAPT therapists within their practice premises. The guidance stated practices should offer currently unused space to therapists employed by the IAPT service, or share space they are using for other clinical services with IAPT¹. With additional investment to meet the challenging access targets the service has grown considerably therefore a combination of

¹ <https://www.england.nhs.uk/publication/guidance-on-co-locating-mental-health-therapists-in-primary-care/>

staff numbers increasing to achieve increased access standards and withdrawal of clinic space by GP practices and the council has added additional pressure to the service. Currently our IAPT service is underperforming and is an outlier in Greater Manchester. This has led to considerable scrutiny from both the Greater Manchester Health and Social Care Partnership and NHS England. The IAPT service urgently requires more treatment space in Ashton, Hyde and Stalybridge.

- 2.5. **Early Attachment Service** – this parent infant mental health team is currently operating from Clarence Arcade, a TMBC property. Clarence Arcade was purchased by the Council with a contribution of £400k from the CCG (PCT at the time) on the basis that there would be no rent payable for health teams for ten years. The Early Attachment Service was moved into the Arcade after being given notice at the Denton Centre but it does not meet the needs of the service and is inappropriate for seeing families, particularly following serious incidents at the site. This service requires both delivery space and office space for staff, which will enable co-location with the GM Perinatal Community Mental Health Team.
- 2.6. **GM Perinatal Community Mental Health Team** – this new GM service requires access to appropriate clinic space to see pregnant women and those with young families. The service is expanding and there are dedicated staff for T&G. Currently accessing a bookable clinic room at Ashton Primary Care Centre (APCC) there is a need to co-locate the team with the Early Attachment Service in a secure tenancy.
- 2.7. **Military Veteran Psychological Therapies Service (MVS)** - The MVS service is commissioned at a Greater Manchester level and works in all ten localities, treating people close to home. The clinical team, supported occasionally by administrative staff, have to try and locate appropriate space to treat patient. Again this service often relies on space within GP practices offered for free however this arrangement is not sustainable. The team require easy access to good quality, bookable treatment space in Tameside and Glossop.
- 2.8. Based on advice from Estates leads the following solutions were put forward for exploration and action;
 - Utilising unoccupied space at Mossley clinic. Space was offered at this site, service managers arranged to visit the site for suitability at which point four rooms were offered to support the IAPT service. Unfortunately as the ICFT is managing this space no decisions are being made. This has been escalated and it is hoped to reach a resolution in the near future. This would relieve some pressures for IAPT for the Stalybridge neighbourhood.
 - All of our GP practices were approached to ask for any available space for use for mental health services. Unfortunately there was very little response. As outlined above NHS England guidance encourages practices to have mental health services house mental health support and offer services from the practice, however many practices are also struggling for space and those who do have space are charging for this.
 - Awaiting costs for Enterprise Centre as it generates space 320sqm, unsure how suitable the space if for the service above or how this will be funded.
 - Identify options for a MH suite of rooms in the APCC taking account of IAPT requirements and others listed. Utilise void space at APCC left by Trafalgar surgery move. The CCG have to finance the void space at this site. This is the preferred option, outlined below.

3. MENTAL HEALTH SUITE WITHIN ASHTON PRIMARY CARE CENTRE

- 3.1. Historically the Primary Care Team took on the long term lease plus agreement with LIFT co. for APCC and Glossop PCC. Both are Community Health Partnership (CHP) buildings but the long term financial liability lies with the CCG.
- 3.2. Since December 2018 when Trafalgar Surgery vacated APCC a total of 289.54sqm has been left void. When space is unoccupied the CCG still hold financial liability and incur the costs. The cost of the 289.54sqm void space is £167,900 per annum.
- 3.3. Since April 2019 the Big Life Company has held a short term lease for some of this space for the Neighbourhood Mental Health Team. This was a welcomed temporary solution as otherwise alternative estate would have been sought incurring additional costs. From January 2020 the service will vacate and the space will again become void.
- 3.4. Therefore, it is proposed that this space is committed as a mental health suite for use of all the services outlined above. This would reduce significant pressures on mental health services and would utilise space which the CCG is already paying for, whether occupied or void
- 3.5. It is proposed to issue PCFT with an occupancy lease to manage this space and utilise for service delivery, however funds will be paid directly to CHP by the CCG as per the current arrangements. This will be explicitly outlined in Pennine Care's contract, ensuring absolute clarity that the estate costs are not included in the contract and therefore, should the service move at a later date, the funding will not follow.

4. KEY CONSIDERATIONS:

- Mental Health estates pressures are having significant impact on service delivery, patient care and the achievement of CCG targets
- Historically mental health service estate costs have not always been fully financed
- The CCG have full financial liability for the property whether occupied or void
- The CCG have the option to rent out vacant rooms to try to recover some of the unoccupied space costs, any arrangements to permanently occupy this space could mean a loss of income to the CCG. However over the last 4 years the CCG has only recovered approximately £22,000 from renting out previous void space as bookable
- The space at APCC is very expensive and therefore prohibitive for any tenants
- This proposal will secure good quality space for mental health services and reduce pressures significantly, however some pressures will still exist; Hyde and Stalybridge delivery space in particular so further consideration needs to be given to mental health provision in estates developments in these areas, co-locating with other health, wellbeing and community support is advised e.g. health centres, community hub, GP practices etc.

If this proposal is not authorised immediate support will be required to find feasible solutions.

5. RECOMMENDATION

As per the front of the report.

This page is intentionally left blank