

**EXECUTIVE CABINET**

**Day:** Wednesday  
**Date:** 27 November 2019  
**Time:** 1.00 pm (or at the rise of Strategic Commissioning Board whichever is the later)  
**Place:** Tameside One, Market Square, Ashton-Under-Lyne, OL6 6BH

Item No.	AGENDA	Page No
1.	<b>APOLOGIES FOR ABSENCE</b> To receive any apologies for the meeting from Members of the Executive Cabinet.	
2.	<b>DECLARATIONS OF INTEREST</b> To receive any declarations of interest from Members of Executive Cabinet.	
3.	<b>MINUTES</b>	
a)	<b>EXECUTIVE CABINET</b> To consider the Minutes of the Executive Cabinet meeting held on 23 October 2019.	1 - 8
b)	<b>STRATEGIC COMMISSIONING BOARD</b> To receive the Minutes of the Strategic Commissioning Board meeting held on 23 October 2019.	9 - 12
4.	<b>ITEMS CONSIDERED BY STRATEGIC COMMISSIONING BOARD</b>	
a)	<b>ENGAGEMENT UPDATE</b> To consider the attached report of the Executive Leader / CCG Chairs / Assistant Director Policy, Performance and Communications.	13 - 22
b)	<b>PHASED EXTENSION OF THE NATIONAL LUNG HEALTH CHECKS</b> To consider the attached report of the Executive Member (Adult Social Care and Health) / CCG Chair / Director of Commissioning / Director of Population Health.	23 - 86
5.	<b>CORPORATE RESOURCES ITEMS</b>	
a)	<b>CAPITAL MONITORING PERIOD 6 2019/20</b> To consider the attached report of the Executive Member for Finance and Economic Growth/Director of Finance	87 - 142

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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.

Item No.	AGENDA	Page No
b)	<b>INTEGRATED FINANCE REPORT - MONTH 6 REVENUE BUDGETS</b>	143 - 194
	To consider the attached report of the Executive Member for Finance and Economic Growth / Chair of CCG / Director of Finance.	
6.	<b>SERVICE OPERATIONAL ITEMS</b>	
a)	<b>LOOKED AFTER CHILDREN'S POPULATION SUSTAINABILITY</b>	195 - 224
	To consider the attached report of the Deputy Executive Leader / Director of Children's Services.	
b)	<b>UPDATE ON THE COUNCIL'S ROUGH SLEEPING SERVICE &amp; CHANGE OF LOCATION FOR THE "A BED EVERY NIGHT" PROVISION</b>	225 - 232
	To consider the attached report of the Executive Member Housing, Planning and Employment / Director, Operations and Neighbourhoods.	
c)	<b>HATTERSLEY REVIEW UPDATE</b>	233 - 240
	To consider the attached report of the Executive Member for Finance and Economic Growth / Director of Growth	
d)	<b>WALKING AND CYCLING UPDATE REPORT</b>	241 - 250
	To consider the attached report of Executive Member for Finance and Economic Growth / Director of Growth.	
e)	<b>CORPORATE HEALTH AND SAFETY POLICY</b>	251 - 274
	To consider the attached report of the Executive Member, Neighbourhoods, Community Safety and Environment / Assistant Director Operations and Neighbourhoods.	
f)	<b>LEVY ALLOCATION METHODOLOGY AGREEMENT</b>	275 - 298
	To consider the attached report of the Executive Member Neighbourhoods, Community Safety and Environment / Assistant Director, Operations and Neighbourhoods	
7.	<b>URGENT ITEMS</b>	
	To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

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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.

## EXECUTIVE CABINET

23 October 2019

**Present:** Councillors Warrington (Chair), Cooney, Feeley, Gwynne, Kitchen, Ryan and Wills

**In Attendance:**

Steven Pleasant	Chief Executive
Sandra Stewart	Director of Governance and Pensions
Kathy Roe	Director of Finance
Ian Saxon	Director of Operations and Neighbourhoods
Jeanelle De Gruchy	Director of Population Health
Jayne Traverse	Director of Growth
Stephanie Butterworth	Director of Adult Services

**Apologies for Absence:** Councillors Bray and Fairfoull

### 49 DECLARATIONS OF INTEREST

There were no declarations of interest from Members of Executive Cabinet.

### 50 EXECUTIVE CABINET

#### RESOLVED

**That the minutes of the meeting of the Executive Cabinet meeting held on 25 September 2019 be approved as a correct record and signed by the Chair.**

### 51 STRATEGIC COMMISSIONING BOARD

#### RESOLVED

**That the minutes of the Strategic Commissioning Board held on 25 September 2019 be noted.**

### 52 CORPORATE PLAN UPDATE

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

It was explained that the report provided an update on the 56 indicators being monitored to measure the performance of the Corporate Plan. Key headlines in terms of any changes in performance since the last report in August 2019, were highlighted and a copy of the scorecard was appended to the report, which showed the position as at 9 September 2019.

Board Members were informed 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. Key changes in performance were detailed and discussed.

#### RESOLVED

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

## **53 TAMESIDE AND GLOSSOP LOCAL PILOT – INCREASING PHYSICAL ACTIVITY THROUGH ACTIVE NEIGHBOURHOODS**

The Executive Member (Adult Social Care and Population Health) / CCG Chair / Director of Population Health submitted a report explaining that Greater Manchester had been selected as one of 12 Local Delivery Pilots by Sport England in December 2017. This followed a competitive 12 month application process. The Local Pilot work formed an important strand of the implementation of Greater Manchester Moving and would test and explore what it takes to secure population scale change in physical activity behaviour.

The work would be focused on three key audiences:

- Children and young people aged 5-18 in out-of-school settings;
- People out of work and people in work but at risk of becoming workless; and
- People aged 40-60 with, or at risk of, long term conditions: specifically cancer, cardiovascular disease and respiratory disorders.

Cabinet Members were informed that Tameside and Glossop had been allocated £767,931 towards reducing inactivity amongst residents. The funding had been provided from Sport England via Greater Sport. The local model of delivery implementation plan and the proposed funding mechanisms, with suggested local lead organisations, was presented to Greater Sport in June 2019 and accepted. The report set out the proposed local model of delivery of the programme using the principles of co-design.

### **RESOLVED**

- (i) That the £767,931 funding allocated to Tameside and Glossop from Greater Sport be noted;**
- (ii) The proposed programmes as detailed in Section 5 of the report, and approved by the Strategic Commissioning Board at its meeting on 23 October 2019, be noted;**
- (iii) The proposed funding allocation distribution, as agreed by the Strategic Commissioning Board at its meeting on 23 October 2019 be noted as follows:**
  - **£200,000 of the funding be awarded directly to Action Together from Greater Sport for distribution in communities;**
  - **£96,000 of the funding be awarded directly to High Peak Borough Council from Greater Sport for delivery of Glossop programmes; and**
  - **That £120,000 of the funding be awarded directly to Active Tameside from Greater Sport for scale up of the Live Active Programme; and**
- (iv) That £351,931 allocation to Tameside Council be agreed.**

## **54 MONTH 5 REVENUE MONITORING STATEMENT**

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

It was explained that for the 2019/20 financial year the Integrated Commissioning Fund was forecast to spend of £619 million, against a net budget of £617 million. The forecast overspend at month 5 was now £1.7 million, which was an improvement of £255K. The main key areas for improvement were within Governance and the reduction in the CCGs net risk. Other areas across the CCG and Council had seen very little movement in the forecast outturn from last month. Further detail on the economy wide position was included in an Appendix to the report.

### **RESOLVED:**



- (i) That the significant level of savings required during 2019/20 to deliver a balanced recurrent economy budget together with the related risks which are contributing to the overall adverse forecast, be acknowledged.
- (ii) That the significant financial pressures facing the Strategic Commission, particularly in respect of Children's Social Care, Acute, Operations & Neighbourhoods, and Growth, be acknowledged.

## 55 MODEL PAY POLICY

A report was submitted by the Executive Leader / Executive Member (Lifelong Learning, Equalities, culture and Heritage) / Assistant Director, People and Workforce Development outlining the key statutory changes to pay and conditions effective from 1 September 2019 for all staff who were employed and subject to teachers pay and conditions and recommendations for amendments to update and improve upon the Model Pay Policy 2018.

It was explained that the main purpose of the report was to:

- Advise on the individual changes being introduced by the draft School Teachers' Pay and Conditions Document 2019;
- To inform of the subsequent review undertaken by the Council on its existing 2018 Model Pay Policy, and;
- To seek formal ratification of a revised Model Pay Policy 2019 for teaching staff in schools and centrally based establishments, prior to it being recommended for adoption across school Governing Bodies.

### RESOLVED

- (i) That the Model Pay Policy 2019, as detailed in Appendix 1 to the report, for all staff who are employed within the Education Service, be implemented;
- (ii) That the Model Pay Policy 2019, as detailed in Appendix 1 of the report, be recommended for adoption by all Governing Bodies of community, voluntary controlled and voluntary aided schools within the Borough, and that it applies to all teaching staff employed within these schools;
- (iii) That the national cost of living pay award with effect from 1 September 2019 to all teacher pay ranges and allowances be implemented as follows:

**A 2.75% uplift to the minima, maxima and discretionary pay points of the unqualified, main pay range, upper pay range, leading practitioner pay range, leadership pay range and all allowances (i.e. TLR and SEN allowances).**

## 56 ARMED FORCES COVENANT

The Executive Member (Housing, Planning and Employment) / Assistant Director (Operations and Neighbourhoods), submitted a report explaining that the Council honoured its continued commitment to the Armed Forces Covenant and engagement with ex-service personnel continued to be an integral part of the Council's policy and service delivery. The report set out a vision for future Armed Force's governance and development in Tameside.

Members were informed that the Council had achieved the ambition of gaining the Gold Employer Recognition status in partnership with the Ministry of Defence, an accolade rarely awarded and usually only to organisations with a very substantial military footprint such as garrison towns. Tameside was currently the only local authority in Greater Manchester that had received this award.

Tameside also currently held an Armed Forces Covenant Grant which was Employment and Skills focussed helping to secure high level engineering personnel from military service into the Tameside to help with an identified skills gap. This programme would also enable work with

existing ex-service personnel in Tameside in up skilling and mappings skills learnt during military service into civilian roles.

Inward investment was also enabling the development of a dual site therapeutic horticultural project which, in addition to the places awarded to ex-service personnel, will also provide support for other vulnerable groups or individuals in Tameside with a facility for counselling embedded.

To provide an appropriate infrastructure for this work the recommendation was that the service is formally adopted by the Community Safety and Homelessness department of the Operations and Neighbourhoods Directorate.

Updates to the Military reservist guidance would ensure all Council employees and support staff (non-teaching) in schools had access to a fair and equitable scheme in accordance with the Ministry of Defence guidance and Armed Forces Covenant Gold Award requirements.

A review of the guaranteed interview scheme enhanced the Council's commitment and recognition of the support to those leaving the armed forces (veterans) to fulfil their potential in civilian life. Furthermore, that formal reporting was established through the Executive Member for Lifelong Learning, Equalities, Culture and Heritage to ensure that the work was open to the appropriate level of scrutiny by the Council.

## **RESOLVED**

- (i) That Tameside Council continue to support the Armed Forces Covenant and agree a formal governance structure for this continued work in the Borough;**
- (ii) That the updated Military Reservist Guidance detailed at Appendix 1 of the report be implemented across the Council to replace the current guidance;**
- (iii) That the Military Reservist Guidance be recommended to all schools for adoption by their Governing Body;**
- (iv) That the Recruitment and Selection Procedure Guaranteed Interview Scheme be expanded to include those who had been employed by the Armed Forces. Applicants who would be eligible for the guaranteed interview scheme are:**
  - Applicants who meet the essential criteria set out in the role profile; and**
  - Where the Armed Forces were their last long term substantive employer.**

## **57 MUSEUMS FORWARD PLAN**

Consideration was given to a report of the Executive Member (Lifelong Learning, Equalities, Culture and Heritage) / Assistant Director (Neighbourhoods and Operations), which set out the Museums Forward Plan, Collections Development Policy, Documentation Policy, Care and Conservation Policy and Access Policy, for formal consideration and adoption.

Members were informed that the Council's Museums and Galleries service, part of Cultural and Customer Services, comprised of:

- Portland Basin Museum (Ashton-under-Lyne)
- The Museum of the Manchester Regiment (Ashton-under-Lyne)
- Astley Cheetham Art Gallery (Stalybridge)
- Off-site storage space (Ashton-under-Lyne)

The Service made a significant contribution to the priorities of the Council by: supporting a cultural offer that attracted people to the borough; improving the wellbeing of residents; increasing educational attainment and skills levels; and generally providing safe and welcoming venues for residents and visitors to the borough to enjoy. To attract the necessary external funding to maintain and develop the Museums and Galleries offer, the service must be formally accredited by

Arts Council England. This report set out the requirements of Accreditation and sought approval of the required policies.

The report concluded that the Museums and Galleries service continued to improve its offer, which contributed to Council priorities around starting well, living well and ageing well. Service improvements had been delivered in partnership with external funders such as Arts Council England and the National Lottery Heritage Fund.

In order to attract funding the service must be accredited by Arts Council England. The Accreditation process involved the development of a Forward Plan for the service and policies around its collections that must be adopted by the Council.

Public consultation had been undertaken to inform the Forward Plan. In order to fully deliver the Forward Plan, financial support would be required from partners and for this to be possible Accreditation must be achieved.

#### **RESOLVED**

**That the Museums Forward Plan 2019 to 2024 and the associated policies (Appendices 2 to 5 to the report) be approved, to support reaccreditation by Arts Council England and to enable access to Funding.**

### **58 LOCAL STUDIES AND ARCHIVES FORWARD PLAN**

The Executive Member (Lifelong learning, Equalities, Culture and Heritage) / Assistant Director (Operations and Neighbourhoods) submitted a report setting out the key priorities of the proposed Local Studies and Archives Forward Plan 2019-2024, and sought formal approval of the plan.

It was explained that Tameside Local Studies and Archives Centre was located in a purpose-built environmentally controlled building adjacent to the former Ashton Library on Old Street.

The National Archives is the National body with ministerial governance in place that oversees Archives across the UK. The National Archives act as the professional body for archive services and as such set the standards for best collections care and best practice public access to records.

Tameside Local Studies and Archives Centre is an approved Place of Deposit, meaning the service held certain public records of local interest, such as the council's records. In 2013 The National Archive instigated a National Accreditation Scheme, which formally set out policies and procedures required to be maintained by Places of Deposit.

The Service gained full accreditation in 2018 as it met all the required standards. Accreditation was a reiterative process, meaning that accredited services undergo a Review Stage after 3 years, and full reaccreditation after 6 years. A strong forward plan was important in helping the service maintain high standards and in realising the improvement actions recommended by the Accreditation panel in 2018. It was also essential in demonstrating to the Accreditation Panel how the service would achieve its aims and ambitions and was required for submitting an Accreditation application.

Members were informed that a forward plan for the service had been developed in consultation with the general public, the Greater Manchester Local Studies and Archives Partnership and National Archives' priorities in mind.

#### **RESOLVED**

**That the content of the report be noted and the Tameside Local Studies and Archives Forward Plan covering 2019-2024, as detailed in an Appendix to the report, be formally approved.**

## **59 FOOD SAFETY AND FOOD STANDARDS SERVICE PLAN 2019/20**

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Assistant Director (Operations and Neighbourhoods) providing information on the Food Safety and Food Standards Service Plan for 2019/20. The plan set out the standard of performance that must be achieved by the Operations and Neighbourhoods Directorate in order to maintain high quality health protection. The work of the Service was to successfully balance service delivery between education, encouragement and enforcement.

### **RESOLVED**

**That the content of the report be noted and the Food Safety and Food Standards Service Plan 2019 – 2020, as detailed in an Appendix to the report, be agreed. This is to ensure that the Council meets the requirements of the Food Standards Agency’s ‘Framework Agreement on Local Authority Food law Enforcement’.**

## **60 PROPOSED GODYE GREEN GARDEN VILLAGE – HOMES ENGLAND HOUSING INFRASTRUCTURE FUNDING (HIF)**

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Director of Growth, which provided an update on the proposal to develop a Garden Village at Godley Green.

Members were informed that Godley Green was an area of 127 hectares located south east of Hyde. The vision was to create a vibrant and sustainable new community based on established Garden Village principles. Godley Green was currently in the ownership of 19 landowners. The Council owned 8.6 Hectares in the South East corner of the site. At present, land was primarily used for grazing and equine related businesses including a riding school.

It was explained that Godley Green was ‘the’ key strategic site for Tameside. If it came forward for development through greenbelt release, it had the potential to deliver 25% of the Council’s housing requirements over the Greater Manchester Strategic Framework plan period.

Working with the Godley Green landowners, a locally led public sector intervention of this scale had the potential to deliver up to 2,350 new homes. The transformational change that was proposed by this development would help to satisfy the needs of current and future households across the spectrum of housing types and tenures, from affordable to executive homes as well as providing the step change required that would contribute to the re-balancing of the Tameside housing market. If the site was not promoted for development, the Council would be required to identify alternative sites to meet its future housing requirements.

It was further explained that on 1 February 2018 that the £10 million HIF bid for the proposed Garden Village was successful, subject to further financial assessments of the bid and satisfactory clarifications on all aspects of deliverability. The HIF award for the Godley Green Garden Village was approved on 25 March 2019. The Grant Offer Letter was received on 23 May 2019. This was followed by the Grant Funding Agreement on the 26 June 2019. The current deadline for delivery of the infrastructure was March 2022.

### **RESOLVED**

- (i) That the associated risks relating to entering into the Grant Funding Agreement (GFA) with Homes England (HE) for Godley Green, be acknowledged and accepted;**
- (ii) That authority be provided for the following:**
  - (a) Delegated authority be provided to the Director of Finance in consultation with the Director of Governance and Pensions to accept and enter into the GFA, as attached as Appendix A to the report, on behalf of TMBC and the creation of a £720K budget to be funded by the HE grant.**

- (b) That the Director of Finance be authorised to sign the letter, attached as Appendix B to the report;**
- (c) That delegated authority be provided to the Director of Growth in consultation with the Director of Finance and Director of Governance and Pensions to manage the programme of works associated with the GFA and to drawdown and incur all expenditure related to delivery subject to the necessary executive and key decisions being made in accordance with the legal and financial framework and all progress and performance being reported to Strategic Planning and Capital Monitoring Panel.**

**CHAIR**

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## STRATEGIC COMMISSIONING BOARD

23 October 2019

Comm: 1.00pm

Term: 1.55pm

**Present:** Dr Ashwin Ramachandra – NHS Tameside and Glossop CCG (Chair)  
Councillor Gerald Cooney – Tameside MBC  
Councillor Leanne Feeley – Tameside MBC  
Councillor Allison Gwynne – 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 Jamie Douglas – NHS Tameside and Glossop CCG  
Carol Prowse – NHS Tameside and Glossop CCG

**In Attendance:**

Sandra Stewart	Director of Governance and Pensions
Kathy Roe	Director of Finance
Jeanelle De Gruchy	Director of Population Health
Stephanie Butterworth	Director of Adults Services
Jessica Williams	Director of Commissioning
Ian Saxon	Director of Operations and Neighbourhoods
Jayne Traverse	Director of Growth
Michelle Walsh	Deputy Director, Quality and Safeguarding
Simon Brunet	Head of Policy, Performance and Intelligence

**Apologies for** Councillor Warren Bray – Tameside MBC  
**Absence:** Councillor Bill Fairfoull – Tameside MBC

### 32 DECLARATIONS OF INTEREST

There were no declarations of interest.

### 33 MINUTES

#### RESOLVED

**That the minutes of the meeting of the Strategic Commissioning Board held on 25 September 2019 be approved as a correct record and signed by the Chair.**

### 34 MONTH 5 REVENUE MONITORING STATEMENT

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

It was explained that for the 2019/20 financial year the Integrated Commissioning Fund was forecast to spend of £619 million, against a net budget of £617 million. The forecast overspend at month 5 was now £1.7 million, which was an improvement of £255K. The main key areas for improvement were within Governance and the reduction in the CCGs net risk. Other areas across

the CCG and Council had seen very little movement in the forecast outturn from last month. Further detail on the economy wide position was included in an Appendix to the report.

**RESOLVED:**

- (i) **That the significant level of savings required during 2019/20 to deliver a balanced recurrent economy budget together with the related risks which are contributing to the overall adverse forecast, be acknowledged.**
- (ii) **That the significant financial pressures facing the Strategic Commission, particularly in respect of Children's Social Care, Acute, Operations & Neighbourhoods, and Growth, be acknowledged.**

**35 BI-MONTHLY QUALITY ASSURANCE REPORT**

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / CCG Chair / Director Quality and Safeguarding providing the Strategic Commissioning Board with assurance that robust quality assurance mechanisms were in place to monitor the quality of the services commissioned' to highlight any quality concerns and to provide assurance as to the action being taken to address such concerns.

With regard to the Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT): CQC Inspection Report, it was reported that the Trust was rated as 'Good' overall, across all domains.

In respect of Primary Care, it was explained that a new model of locally commissioned services had been introduced for 2019 – 2021, consisting of a number of bundles for practices to sign up to. One of the bundles was a Quality Improvement (Q1) bundle that all 37 Tameside and Glossop practices had signed up to. It had been designed to further develop and embed quality improvement in the business model of the practices.

In Adult Care, Auden House and Able Care and Support Services had been rated as 'Outstanding', following inspection.

Quality improvement across the system was detailed and particular mention was made of the Red Bag Scheme, which was recognised as a valued initiative across the locality which improved the quality of communication and transfer of information, and, in doing so, supported a safer transition and patient experience.

Details of the Quality Premium Scheme 2017/19 were summarised and it was reported that there would be no Quality Premium Scheme for 2019/20.

**RESOLVED**

**That the report be noted.**

**36 TERMS OF REFERENCE – GREATER MANCHESTER HEALTH AND CARE JOINT COMMISSIONING BOARD**

Consideration was given to a report of the Executive Member (Adult Social Care and Health) / CCG Chair / Director of Commissioning presenting the Terms of Reference for formal adoption.

**RESOLVED**

**That the content of the report be noted and the Terms of Reference for the Greater Manchester Health and Care Joint Commissioning Board, be ratified.**



### **37 TAMESIDE AND GLOSSOP LOCAL PILOT – INCREASING PHYSICAL ACTIVITY THROUGH ACTIVE NEIGHBOURHOODS**

The Executive Member (Adult Social Care and Population Health) / CCG Chair / Director of Population Health submitted a report explaining that Greater Manchester had been selected as one of 12 Local Delivery Pilots by Sport England in December 2017. This followed a competitive 12 month application process. The Local Pilot work formed an important strand of the implementation of Greater Manchester Moving and would test and explore what it takes to secure population scale change in physical activity behaviour.

The work would be focused on three key audiences:

- Children and young people aged 5-18 in out-of-school settings;
- People out of work and people in work but at risk of becoming workless; and
- People aged 40-60 with, or at risk of, long term conditions: specifically cancer, cardiovascular disease and respiratory disorders.

Members were informed that Tameside and Glossop had been allocated £767,931 towards reducing inactivity amongst residents. The funding had been provided from Sport England via Greater Sport. The local model of delivery implementation plan and the proposed funding mechanisms, with suggested local lead organisations, was presented to Greater Sport in June 2019 and accepted. The report set out the proposed local model of delivery of the programme using the principles of co-design.

#### **RESOLVED**

- (i) That the £767,931 funding allocated to Tameside and Glossop from Greater Sport be noted;**
- (ii) The proposed programmes as detailed in Section 5 of the report, be approved;**
- (iii) The proposed funding allocation distribution, as follows, be agreed:**
  - **£200,000 of the funding be awarded directly to Action Together from Greater Sport for distribution in communities;**
  - **£96,000 of the funding be awarded directly to High Peak Borough Council from Greater Sport for delivery of Glossop programmes; and**
  - **That £120,000 of the funding be awarded directly to Active Tameside from Greater Sport for scale up of the Live Active Programme**
  - **That £351,931 be allocated to Tameside Council further to ratification at the meeting of Executive Cabinet, immediately following this meeting.**

### **38 WHEELCHAIR SERVICE – CONTRACT EXTENSION**

A report of the Executive Member (Adult Social Care and Health) / CCG Lead (Ageing Well) /Director of Commissioning was submitted, seeking authorisation for approval to be given to extend the above contract by two years, from 1 April 2020 to 31 March 2022, where this was provided for within the terms of the contract.

The report outlined the service being provided and indicated outcomes being achieved for provision of wheelchairs thereby making the case to extend the current contract as allowed in the existing agreement.

Concerns were raised in respect of difficulties encountered with the current referral process, which the Director of Commissioning agreed to feedback to the provider.

#### **RESOLVED**

**That a contract extension for two years from 1 April 2020 be approved.**

### **39 RIGHT BY YOU**

Consideration was given to a report of the Executive Member (Adult Social Care and Health) / CCG Chair / Director of Commissioning providing a brief update of the new Right By You pilot, which was designed in collaboration between the Person and Community Centred Approaches Team (PCCA) within NHS Tameside and Glossop Integrated Care Foundation Trust, NHS Tameside and Glossop Clinical Commissioning Group and Macmillan.

Board Members were informed that Macmillan Cancer Support would provide funding to establish a community based service for people with Cancer, which focused on similar principles to social prescribing, considering the wider determinants of health and the wider issues affecting their wellbeing.

Beyond the initial funding period there was an expectation from Macmillan that NHS Tameside and Glossop Clinical Commissioning Group provided a commitment to sustain the outcomes from this pilot, pending a full evaluation.

#### **RESOLVED**

- (i) That the delivery of the programme, out outlined in the report, be endorsed;**
- (ii) That the Clinical Commissioning Group signing up to sustain the outcomes of the pilot (assuming its success), be endorsed.**

### **40 FUTURE PROVISION OF NHS 111 SERVICES**

The Executive Member for Adult Social Care and Population Health / CCG Chair / Director of Commissioning submitted a report, which explained that the current contract for NHS111 service in the North West region expired in September 2020. The report proposed how these services should be commissioned in the future.

#### **RESOLVED**

**That the direct award of core NHS111 services to NWAS, be approved in principle, subject to the development and funding of an agreed service specification.**

### **41 CORPORATE PLAN UPDATE**

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

It was explained that the report provided an update on the 56 indicators being monitored to measure the performance of the Corporate Plan. Key headlines in terms of any changes in performance since the last report in August 2019, were highlighted and a copy of the scorecard was appended to the report, which showed the position as at 9 September 2019.

Board Members were informed 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. Key changes in performance were detailed and discussed.

#### **RESOLVED**

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

**CHAIR**

<b>Report to :</b>	<b>EXECUTIVE CABINET</b>
<b>Date :</b>	27 November 2019
<b>Executive Member/Reporting Officers:</b>	Cllr Brenda Warrington – Executive Leader Dr Ashwin Ramachandra / CCG Co-Chair Sandra Stewart – Director Governance and Pensions Sarah Dobson – Assistant Director Policy, Performance and Communications
<b>Subject :</b>	<b>ENGAGEMENT UPDATE</b>
<b>Report Summary :</b>	The report provides the Strategic Commissioning Board and Executive Cabinet with an update on the delivery of engagement and consultation activity in the last two years. Much of the work is undertaken jointly – coordinated through the Tameside and Glossop Partnership Engagement Network (PEN) – by NHS Tameside and Glossop Clinical Commissioning Group, Tameside Council and Tameside and Glossop Integrated Care NHS Foundation Trust. However, it should be noted that each of the three agencies undertake work individual where necessary and appropriate for the purposes of specific projects. Engagement is relevant to all aspects of service delivery, all the communities of Tameside and Glossop, and wider multi-agency partnership working. The approach is founded on a multi-agency conversation about ‘place shaping’ for the future prosperity of our area and its communities.
<b>Recommendations :</b>	The Strategic Commissioning Board and Executive Cabinet are asked to note the contents of the report and support future engagement and consultation activity with the communities of Tameside and Glossop.
<b>Links to Corporate Plan:</b>	Achieving the objectives and priorities of the Corporate Plan is dependent on effective service delivery which meets the needs of local residents. Undertaking engagement and consultation to inform service development makes for better services and improved impact.
<b>Policy Implications :</b>	There are no direct policy implications as a result of this report but the activity outlined ensures policies regarding engagement are delivered. Engagement activity (alongside other considerations) will inform policy development in the relevant thematic areas.
<b>Financial Implications :</b>	There are no direct financial implications as a result of this report.
<b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	
<b>Legal Implications :</b>	Local government, NHS England, CCGs, and NHS trust/foundation trusts all have separate but similar legal obligations to consult or otherwise involve the public. Duties for local government to consider are that of:
<b>(Authorised by the Borough Solicitor)</b>	<ul style="list-style-type: none"><li>• overview and scrutiny</li><li>• public sector equality duty</li></ul>

- health and wellbeing boards
- the legal requirement to hold meetings in public, except where it is permissible to exclude the public.

Due to the democratic accountability of local government, even where there is no legal duty, public consultation is a principle that it continually reinforced. The four main stakeholder groups it is important to reach are:

- service users and the wider public
- clinical staff
- the wider workforce
- local leaders and local politicians.

A well thought through and documented engagement approach, involving the public, communities and other stakeholders, even where there is no obligation by law to do so, is in most circumstances the right thing to do and will ensure services meet the needs of the population. Additionally where possible joint public involvement exercises are encouraged between local government and NHS partners as they reduce the burden on service users and the wider public. Effective communication and involvement throughout will help to build ownership and support for proposals.

**Risk Management :**

The approach and activity outlined in the report ensures that both Tameside Council and Tameside and Glossop Clinical Commissioning Group meet their obligations with regards to engagement and consultation with local communities.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Simon Brunet, Head of Policy of Policy, Performance and Intelligence (Tameside and Glossop Strategic Commission)



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## 1. PURPOSE OF THE REPORT

- 1.1 The report provides the Strategic Commissioning Board and Executive Cabinet with an update on the delivery of engagement and consultation activity in the last two years. Much of the work is undertaken jointly – coordinated through the Tameside and Glossop Partnership Engagement Network (PEN) – by NHS Tameside and Glossop Clinical Commissioning Group, Tameside Council and Tameside and Glossop Integrated Care NHS Foundation Trust. However, it should be noted that each of the three agencies undertake work individual where necessary and appropriate for the purposes of specific projects.
- 1.2 Engagement is relevant to all aspects of service delivery, all the communities of Tameside and Glossop, and wider partnership working. The approach is founded on a multi-agency conversation about ‘place shaping’ for the future prosperity of our area and its communities.

## 2. KEY HEADLINES

- 2.1 The key headlines from 2018/19 are summarised in the box below.

- Facilitated over 39 thematic Tameside and/or Glossop engagement projects
- Received over 6,000 engagement contacts (excluding attendance at events / drop-ins) – 2,600 in 2017, 2,400 in 2018 and 1,200 so far for 2019.
- Delivered seven Partnership Engagement Network (PEN) conferences attended by over 450 delegates.
- Supported 36 engagement projects at the regional and Greater Manchester level
- Promoted 56 national consultations where the topic was of relevance to and/or could have an impact on Tameside and/or Glossop
- Continued to implement the Tameside and Glossop Engagement Strategy, which was co-designed with the Partnership Engagement Network (PEN)
- Continued to develop the Partnership Engagement Network (PEN) family, a database of residents, patients and stakeholders who receive a monthly digest of all live engagement and consultation for them to access from one place.
- Facilitated the NHS England ‘What Matters to You?’ campaign for the second year (an optional national campaign).
- Undertook the first joint budget consultation exercise for Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group
- Delivered three stakeholder ‘summits’ bringing a range of public service leaders, VCFSE groups and public / patient representatives together to guide future planning on key issues – Green Summit (November 2018), Neighbourhood Summit (January 2019) and Co-operative Summit (October 2019).
- Achieved Green Star (with the highest possible score of 15 out of 15) in the 2018/19 public and patient participation Improvement and Assessment Framework (IAF) \*

*(\*) Note: CCG only. The Council and ICFT are not assessed under an engagement IAF.*

2.2 A table listing all engagement activity facilitated, supported or promoted in the last two years is attached at **Appendix 1** for information.

### **3. CROSS CUTTING THEMES**

3.1 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 under-pinning understanding of needs and aspirations.

3.2 Below is a summary of the key cross-cutting themes identified in 2018/19.

- Support for young people including learning opportunities and apprenticeships
- 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
- Raising standards and quality of services
- Development of digital services but don't forget older people and those with learning disabilities
- Availability of appointments for key services, and waiting times
- Service providers and professional listening to patients and service users
- Knowledge of what services are available and how to access them
- Impact of service changes on low income households, those with long term conditions and families
- Help with financial management and other issues for those at greatest risk
- 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
- Concerns about ageing population – more support for older people to reduce need for care
- Person-centred care: focus on the individual and their needs
- 'Tell it once' approach for patients and service users
- Need more mental health services
- Public/private/third sector need to work together
- Better signposting from services to other services

### **4. WHAT MATTERS TO YOU**

4.1 'What Matters to You' is a national campaign led by NHS England that each year encourages and supports more conversations between those who commission health and social care and those who receive it. From 6 June to 31 July 2019, Tameside and Glossop Clinical Commissioning Group (alongside Tameside Council) jointly promoted and facilitated the 'What Matters to You' campaign.

4.2 Feedback cards were circulated across a wide range of platforms such as GP surgeries, voluntary, community, faith and social enterprise (VCFSE) sector organisations, care homes, town halls, local Healthwatch organisations, libraries and Patient Participation Groups (PPG). Those who attended the June 2019 conference of the Partnership Engagement Network were also engaged in a number of workshops.

4.3 In 2019, a total of 142 responses were received, an increase of nearly half on the year previous. The top 10 themes drawn out of the feedback were:

- Availability of GP appointments (a 15% increase on 2018)
- Thank you NHS (a 5% increase on 2018)
- Availability of appointments in general

- Better social care provision and better access to social care (a 2% decrease on 2018)
- More access to mental health, especially men’s and pregnant women’s mental health issue
- Waiting times for referrals (a 4% decrease on 2018)
- Importance of local services and knowledge of those services (a 2% decrease)
- Being listened to (a 9% decrease)
- Overall wellbeing, keeping myself healthy and having the knowledge of what services are in my area (a 10% decrease)
- More investment in the NHS

4.4 The findings from the 2019 campaign have been shared with senior leaders for their use to inform future service improvement.

## 5. PARTNERSHIP ENGAGEMENT NETWORK (PEN)

5.1 At its best, meaningful and effective public and patient engagement is a range of different activities where each element informs the development of specific projects or plan and the whole provides a strategic view to guide forward plans for the area – ‘place shaping’. With this in mind, it was agreed to establish a Partnership Engagement Network (PEN) to deliver a strategic approach to engagement and consultation across Tameside and Glossop.

5.2 There have now been seven Tameside and Glossop Partnership Engagement Network (PEN) conferences. Feedback from the conferences is positive with 9 out of 10 delegates rating them as very good or good overall, and 9 out of 10 delegates saying they were given enough opportunity to express their opinions.

5.3 The table below summarises the topics discussed at each of the conferences.

Conference	Presentations	Workshops
October 2017  (Over 60 delegates)	<ul style="list-style-type: none"> <li>• Partnership Engagement Network Approach</li> <li>• Shared Priorities and Objectives</li> <li>• Care Together</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated Neighbourhoods</li> <li>• Intermediate Care proposals</li> <li>• Patient voice in care and support planning</li> <li>• Mental Health</li> <li>• Preventing Homelessness Strategy</li> <li>• Air quality</li> </ul>
February 2018  (Over 60 delegates *)	<ul style="list-style-type: none"> <li>• Patient Choice</li> <li>• Active Ageing</li> <li>• Partnership Engagement Network Update</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Choice</li> <li>• Active Ageing Strategy</li> <li>• One Equality Scheme</li> <li>• Preventing hateful extremism and promoting social cohesion</li> <li>• Development of a new ‘Compact’</li> <li>• Public Behaviour Change (Self Care Alliance)</li> </ul>

<b>Conference</b>	<b>Presentations</b>	<b>Workshops</b>
June 2018  (Over 80 delegates)	<ul style="list-style-type: none"> <li>• Improving Access to Primary Care</li> <li>• Partnership Engagement Network Update</li> <li>• What Matters to You</li> </ul>	<ul style="list-style-type: none"> <li>• Working Together to Tackle and Prevent Homelessness</li> <li>• Identifying and Supporting Ex-Service Personnel in the Armed Forces Covenant</li> <li>• Increasing Digital Skills and Employment</li> <li>• Prescribing of Over the Counter Medicine</li> <li>• Planning at End of Life</li> <li>• Improving Access to Primary Care</li> </ul>
October 2018  (Over 70 delegates)	<ul style="list-style-type: none"> <li>• Frailty</li> <li>• PEN update</li> </ul>	<ul style="list-style-type: none"> <li>• Frailty</li> <li>• Community Safety</li> <li>• Patient Centred Diagnosis Discussions in Long Term Conditions</li> <li>• Collaborative Practice in Primary Care</li> <li>• Tameside's Big Food Debate</li> <li>• Children's Emotional Health and Wellbeing</li> </ul>
February 2019  (Over 70 delegates)	<ul style="list-style-type: none"> <li>• Corporate Plan</li> <li>• Living Life Well</li> </ul>	<ul style="list-style-type: none"> <li>• Living Life Well (All Attendees)</li> <li>• PEN Development Session (All Attendees)</li> <li>• Loneliness</li> <li>• Greater Manchester Moving Local Delivery Pilot</li> <li>• Corporate Plan</li> <li>• Building a Social Movement around Community Wellbeing</li> <li>• Social Prescribing and Asset Based Community Development</li> </ul>
June 2019  (Over 80 delegates)	<ul style="list-style-type: none"> <li>• Greater Manchester Clean Air Plan</li> <li>• Tackling Dementia in Tameside and Glossop</li> </ul>	<ul style="list-style-type: none"> <li>• Active Neighbourhoods, Greater Manchester Get Moving Campaign</li> <li>• Personalised Care Planning at the End of Life</li> <li>• Tackling Dementia in Tameside and Glossop</li> <li>• New Ways to Access General Practice</li> <li>• Tameside and Glossop Lung Health Checks</li> <li>• Tameside and Glossop Bereavement Booklet</li> </ul>
October 2019	<ul style="list-style-type: none"> <li>• Health Inequalities / Mayors Challenge Fund</li> <li>• Advanced Care Planning – You Said, We Did</li> </ul>	<ul style="list-style-type: none"> <li>• ICFT Health Inequalities – Closing the Gap</li> <li>• Active Parks</li> <li>• ICFT Patient Experience &amp; Service User Engagement Strategy</li> <li>• ICFT Volunteer Strategy</li> <li>• Co-operative Councils</li> <li>• SAMMIE (Smoking, Alcohol, Mobility,</li> </ul>



Conference	Presentations	Workshops
		Mental Health, Isolation and Elderly) campaign.

*(\*) Note: over 80 participants signed up to attend but a large number of apologies were received on the morning due to the adverse weather condition.*

- 5.4 Full feedback reports are available for the conferences are posted on the Partnership Engagement Network (PEN) pages of both the council and CCG website. Similarly, for all thematic engagement and consultation activity a short feedback report is posted on the Big Conversation pages of the Tameside Council website (with links also included on the CCG website).
- 5.5 In addition to the conferences there have been six Partnership Engagement Network (PEN) forums (smaller focused groups). The topics covered by the forums include Palliative and End of Life Care; Age Friendly Tameside; MacMillan Recovery Services; Patient Experience and Equalities; and the joint Engagement Strategy.
- 5.6 Over the last year three large scale stakeholder ‘summits’ have been held on key themes. These bring together a range of public service leaders, members of voluntary, community, faith and social enterprise (VCFSE) groups and public and patient representatives to discuss and guide future planning in those areas. The three events are the Green Summit (November 2018), the Neighbourhood Summit (January 2019) and the Co-operative Summit (October 2019).

## **6. IMPROVEMENT AND ASSESSMENT FRAMEWORK (IAF)**

- 6.1 Each year NHSE undertake an Improvement and Assessment Framework (IAF) regarding for public and patient engagement for every clinical commissioning group. Last year – 2017/18 – NHS Tameside and Glossop Clinical Commissioning Group achieved the top score of Green Star (with four out of the five domains rated as outstanding).
- 6.2 For the 2018/19 assessment Tameside and Glossop Clinical Commissioning Group has been given the top rating – Green Star (with the highest possible score of 15 out of 15) for patient and community engagement. Only 35 out of 195 areas in the country have received Green Star, and Tameside and Glossop is one of only 13 out of 195 go achieve the highest possible score of 15 out of 15.
- 6.3 The Improvement and Assessment Framework (IAF) for public and patient engagement is only undertaken for Clinical Commissioning Groups. However a key element of the evidence base submitted for the 2018/19 assessment was the joint working through the Tameside and Glossop Partnership Network (PEN).
- 6.4 NHS North and NHS England asked Tameside and Glossop to showcase our approach at a number of IAF workshops and webinars to help other Clinical Commissioning Groups (CCGs) across England prepare for this year’s Improvement and Assessment Framework (IAF) for public and patient engagement.

## **7. RECOMMENDATIONS**

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

# APPENDIX 1

The table below summarises engagement and consultation activity in the last two years.

Ref	Topic	Lead
1	Intermediate Care	T&G
2	Urgent Care	T&G
3	Pharmacy Needs Assessment	T&G
4	Tameside Wellness Centre	T&G
5	The Plan for a Safer, Stronger Greater Manchester	GMCA
6	Care Home (on/off contracts)	T&G
7	Museum of Manchester Regiment – to support a funding bid to the Heritage Lottery Fund	T&G
8	NHS England Guidance on Over the Counter (OTC) Prescribing	NHSE
9	Statutory local authority budget consultation with business rate payers	T&G
10	Primary school meals	T&G
11	Open Libraries Plus evaluation and impact review	T&G
12	Over The Counter – to inform response to national consultation	NHSE
13	Working Carers – supporting working carers in the workplace	GMHSCP
14	Hypertension campaign evaluation and impact review	T&G
15	Trans-Pennine upgrade	Highways England
16	Promoting social cohesion and preventing hateful extremism	GMCA
17	Ageing Well Tameside Strategy – engagement to inform the development of the strategy	T&G
18	Personal Health Budgets	NHSE
19	Shared Lives – payment banding (complexity of need) and expanding service to those aged 16+	T&G
20	History Makers (make smoking history in GMCA)	GMCA
21	Transforming the response to Domestic Abuse	MoJ
22	Integrated Communities Strategy Green Paper Consultation	MHC&LG
23	Metrolink Zonal Fares	TfGM
24	Review of Greater Manchester Children’s Hospital	GMHSCP
25	Benign Urology	GMHSCP
26	Consultation on proposed changes to the service specification for Tier 4 Child and Adolescent Mental Health Services (CAMHS)	NHSE
27	Government’s Draft Clean Air Strategy	Defra
28	Planning at End of Life	T&G
29	Cross Country Rail Franchise	DfT
30	NHSE Guidance for which Over the Counter Medicine should not be routinely prescribed	T&G
31	Homelessness Prevention Strategy	Council
32	Hattersley and Mottram Public realm Vision	T&G
33	Beelines	TfGM
34	Reform of the Gender Recognition Act	GEO
35	GM Cardiology Service Redesign Project	GMHSCP
36	GM Respiratory Service Redesign Project	GMHSCP
37	Evidence Based Interventions Consultation	NHSE
38	Infant Feeding	T&G
39	Maternity Services	T&G
40	A new deal for social housing	MHC&LG
41	Consultation on contracting arrangements for Integrated Care Providers	NHSE
42	Insight & Perception Survey	GMHSCP
43	Have your say on taxi and private hire services	TfGM
44	Council Tax Support Scheme	T&G
45	Digital Skills	T&G
46	Housing Assistance Policy	T&G
47	Abnormally invasive placenta services	NHSE

Ref	Topic	Lead
48	Specialised gynaecology surgery and complex urogynaecology conditions service specifications	NHSE
49	Gluten-free food on NHS prescription in England	DHSC
50	Proposed changes to specialised severe intestinal failures services for adults	NHSE
51	Sale of Energy Drinks to Children	DHSC
52	Early Help Review	DCC
53	Calorie labelling for food and drink served outside the home	DHSC
54	Greater Manchester Culture Strategy	GMCA
55	Developing a good Employment Charter for Greater Manchester	GMCA
56	Proposals for the reform of the annual canvas	Cabinet Office
57	Stalybridge Town Centre Challenge	Council
58	Gambling Policy Consultation	Council
59	Developing good jobs and growth: Greater Manchester's Local Industrial Strategy	GMCA
60	Improving Adult Basic Digital Skills	DfE
61	Consultation on proposals to ban the distribution and/or sale of plastic straws, plastic stemmed cotton buds and plastic drink stirrers in England	Defra
62	Same-sex accommodation on in-patient mental health wards	Pennine Care
63	Changes to planning policy and guidance including the standard method for assessing local housing need	MHC&LG
64	Planning reform: supporting the high street and increasing the delivery of new homes	MHC&LG
65	Regulating basic digital skills qualifications	Ofqual
66	Strategy for our veterans: UK government consultation paper	MoD
67	The Big Alcohol Conversation	GMCA / GMHSCP
68	Extremism in England and Wales: call for evidence	CCT
69	Budget Conversation 2019-20	T&G
70	Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs	NHS England
71	Williams Rail Review	DoT
72	Council Tax Charge on Long Term Empty Dwellings	T&G
73	Developing a drug and alcohol strategy for Greater Manchester	GMCA
74	MEC SCN children and young people increasing confidence survey	GMEC
75	Developing a patient safety strategy for the NHS	NHSE
76	What Matters to You	T&G
77	Greater Manchester Spatial Framework	GMCA
78	Police Funding 2019-20	GMCA
79	Improving access to social housing for members of the armed forces	MHC&LG
80	Single Handed Care	T&G
81	Suicide Prevention Campaign Consultation	GMHSCP
82	Relationships education, relationships and sex education and health education	DfE
83	Cataract Survey	HW Derbyshire
84	Greater Sport Physical Activity Survey	Greater Sport
85	Implementing the NHS Long Term Plan - Proposals for possible changes to legislation	NHS England
86	Consultation on consistency in household and business recycling collections in England	Defra
87	Introducing a Deposit Return Scheme for Drinks Containers	Defra
88	Tameside Food Survey	T&G
89	Plastic waste and recycling in Greater Manchester	GMCA
90	Introducing further advertising restrictions of products high in fat, sugar and salt (HFSS) on TV and online	DoHSC
91	Tackling Homelessness	MfHCLG

Ref	Topic	Lead
92	Tameside Parenting Support Survey	T&G
93	Greater Manchester Fire & Rescue Service - Programme of Change	GMCA / GMFRS
94	Serious violence: new legal duty to support multi-agency action	Home Office
95	Healthwatch Tameside NHS Long Term Plan	Healthwatch
96	Deferred Payment Scheme Consultation	T&G
97	Recycle for Greater Manchester Campaign Feedback	Recycle 4 GM
98	Our Pass Opportunities	GMCA
99	Consultation on a new Rent Standard from 2020	Regulator of Social Housing
100	Greater Manchester Clean Air Plan	GMCA
101	Greater Manchester Vascular Services	GMHSCP
102	Children not in school	DfE
103	Greater Manchester Vascular Services Survey	GMHSCP
104	Wheelchair Survey	GMHSCP
105	Adding folic acid to flour	Department for Health and Social Care
106	What Matters to You?	T&G
107	Tameside Museums and Galleries: Planning for the future	T&G
108	Consultation on Proposed PSPO for Moorland	T&G
109	Local Studies and Archives Forward Plan	T&G
110	Shining a Light on Suicide	GMHSCP
111	Higher technical education consultation	DfE
112	Changing Places Toilets	MHCLG
113	Support for victims of domestic abuse in safe accommodation	MHCLG
114	Greater Manchester High Rise Residents Survey	GMCA
115	Redress for purchasers of new build homes and the new homes Ombudsman	MHCLG
116	Restraint in mainstream provision settings and alternative provision	DfE
117	Tenancy deposit reform: a call for evidence	MHCLG
118	Digital-first Primary Care: Policy consultation on patient registration, funding and contracting rules	NHSE
119	Supporting victims and witnesses every step of the way: experiences of police, court and support services	GMP
120	How we should engage and involve patients and the public in our work	Medicines and Healthcare Products Agency
121	VCSE in Greater Manchester – the next 10 years	GM VCSE Devolution Reference Group
122	A new deal for renting: resetting the balance of rights and responsibilities between landlords and tenants	MHCLG
123	Rogue Landlord Database Forum	MHCLG
124	Advancing our health: prevention in the 2020s	Department for Health and Social Care
125	Co-operative Councils Innovation Network Proposals	T&G
126	Transport and the Night Time Economy	GMCA
127	Improving Specialist Care Programme: GM Cardiology Services	GMHSCP
128	Home to School Travel and Transport: statutory guidance	DfE
129	Sprinklers and other fire safety measures in new high rise blocks of flats	MHCLG
130	Electric vehicle charge-points in residential / non-residential buildings	DfT
131	Measures to reduce personal water use	Defra

(T&G – 39; GM/NW – 36; National – 56)

<b>Report to:</b>	<b>EXECUTIVE CABINET</b>
<b>Date:</b>	27 November 2019
<b>Executive Member/Clinical Lead/Officer of Single Commissioning Board</b>	Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health) Dr Asad Ali – CCG Chair Jessica Williams –Director of Commissioning Jeanelle de Gruchy– Director of Public Health
<b>Subject:</b>	<b>TARGETED NATIONAL LUNG HEALTH CHECKS</b>
<b>Report Summary:</b>	<p>Greater Manchester Cancer Alliance and National NHS Cancer Programme, NHS England (NHSE) nominated NHS T&amp;G CCG to be part of the phased extension of the national Targeted Lung Health Check (LHCs).</p> <p>This report outlines the preferred model of delivery for the LHC programme within NHS Tameside and Glossop Clinical Commissioning Group (NHS T&amp;G CCG).</p> <p>NHS T&amp;G CCG working in partnership with NHS Tameside and Glossop Integrated Care Foundation Trust (NHS T&amp;G ICFT) and Manchester University NHS Foundation Trust (MFT), will develop a pathway that incorporates a community based Lung Health Check service, delivered on a mobile unit sited within neighbourhoods to an agreed National Standard Protocol.</p> <p>National funding for the provision of a local service, in line with National Standard Protocol will be provided at an estimated cost of £6.3 million plus £55,000 for a project manager.</p>
<b>Recommendations:</b>	<p>Strategic Commissioning Board endorse and approve the preferred model of delivery for the Targeted Lung Health Checks within Strategic Commissioning Organisation.</p> <p>NHS T&amp;G CCG consider varying the service specification into NHS T&amp;G ICFTs contract for governance and assurance purposes.</p> <p>NHS T&amp;G CCG will be accountable to Greater Manchester Cancer Alliance and National Cancer for delivery of the local service.</p>
<b>Financial Implications:</b> <b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	<p><b>Budget Allocation (if Investment Decision)</b></p> <p>As a nationally funded programme, the lung checks programme would not directly impact upon budgets within the single commissioner over the next 4 years.</p> <p><b>CCG or TMBC CCG</b> <b>Budget Allocation</b></p> <p><b>Integrated Commissioning Fund Section – s75, Aligned, In-</b> s75</p>

## **Collaboration**

**Decision Body** – SCB Executive Cabinet  
**SCB Executive Cabinet, CCG**  
**Governing Body**

### **Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark**

This paper follows on from the initial paper to update the revised profiled trajectory, following the revised start date from October 19 to January 20.

The significant national funding to implement a programme of lung health checks in Tameside and Glossop over a 4 year period will still be available, although the profiling of this may be revised to support the change in activity profiling.

It is likely that the programme will identify residents who require treatment, who we would not otherwise have been aware of in the short term.

Within the long term plan, there is £200k p.a., from 2020, to support funding these additional patients identified by the scheme.

### **Legal Implications:**

**(Authorised by the Borough Solicitor)**

Early intervention is evidentially known to reduce long term costs and generally improve outcomes. It will be important to have effective project management to fully understand the impact throughout both in terms of engagement with public, results and interim impacts on costs and service delivery given the expectation that through the checks a number of residents will be found who require intervention who we would not have known about until their illness required them to seek medical intervention.

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

The proposals align with the Living Well and Working Well and Aging Well programmes for action.

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

The proposals are consistent with the Healthy Lives (early intervention and prevention), enabling self-care, Locality based services strands and planned care services of the Locality Plan.

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

The service follows the Commissioning Strategy principles to:

- Empower citizens and communities;
- Commission for the 'whole person';
- Create a proactive and holistic population health system
- Take a 'place-based' commissioning approach to improving health, wealth and wellbeing
- Target commissioning resources effectively

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

HCAG were supportive and endorsed the approach taken in developing a local delivery model. HCAG to provide clinical


<b>Advisory Group</b>	oversight and support the development of clearly clinical pathways and protocols.
<b>Public and Patient Implications:</b>	<p>Residents who are invited to a Lung Health Check will be provided with information about the service, to explain why the benefits outweigh any risks; this help them make an informed decision about having a Lung Health Check.</p> <p>Targeted Lung Health Checks may identify cancer at an early stage or identify other incidental findings in residents who may not have been aware they have an illness.</p> <p>Many of the cancers identified are at an early stage, are treatable and curable. Residents who have an illness will be supported to manage their condition and have access to interventions to help improve their lifestyle to ensure the best possible outcomes.</p> <p>The National Standard Protocol provides inclusion and exclusion criteria which may limit access to some of our residents. To ensure everyone has access to the support services they need a local campaigns and programmes of work will run alongside the LHCs to raise awareness of the signs and symptoms of cancer (and other health promotion programmes).</p>
<b>Quality Implications:</b>	<p>Adherence to the National Standard Protocol.</p> <p>The national Targeted Lung Health Checks phased extension is estimated to identify 3,400 cancers at an earlier stage (260 within NHS T&amp;G), many of which are treatable with curative surgery, which is anticipated to prevent 1,500 deaths nationally.</p>
<b>How do the proposals help to reduce health inequalities?</b>	Lung cancer is a major contributor to the inequality gap in life expectancy between affluent and deprived areas of the borough. This program aims to reduce early death from lung cancer and thereby contribute to a reduction in the inequality gap.
<b>What are the Equality and Diversity implications?</b>	<p>The proposal will not affect protected characteristic group(s) within the Equality Act.</p> <p>The service will be available to all residents regardless of ethnicity, gender, sexual orientation, religious belief, gender re assignment, pregnancy/maternity, marriage/ civil and partnership.</p>
<b>What are the safeguarding implications?</b>	There are no anticipated safeguarding issues.
<b>What are the Information Governance implications? Has a privacy impact assessment been conducted?</b>	Information Governance protocols will be developed to ensure the safe transfer and keeping of all confidential information between the data controller and data processor. A privacy Impact has assessment has not been carried out.

**Risk Management:**

Risks will be discussed through the agreed governance process to ensure action plans are in place to minimise or mitigate any risks identified.

**Access to Information :**


The background papers relating to this report can be inspected by contacting Louise Roberts, Commissioning Business Manager

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# 1. INTRODUCTION

1.1 The NHS Long Term Plan sets the ambition to increase early diagnosis of cancers with the aim to improve the diagnosis of cancers at an early stage from one in two to three in four. This translates as 55,000 more people each year surviving their cancer for five years or more by 2028.

1.2 As part of this national aim NHS England (NHSE) are supporting 10 sites across England to put into place a targeted Lung Health Check service over a 4-year period from 2019-2023. A national standard protocol (appendix 1) has been published to guide the implementation of this service alongside the recognition that local conditions and pathways will inform the local model. The protocol recognises the risk factors for lung cancer (which include smoking and age) and places a strong emphasis on the importance of linking patients into existing social prescribing teams who can offer advice and support, based on an asset based approach. The standard protocol recognises the importance of smoking cessation services and is very much a key part of this programme

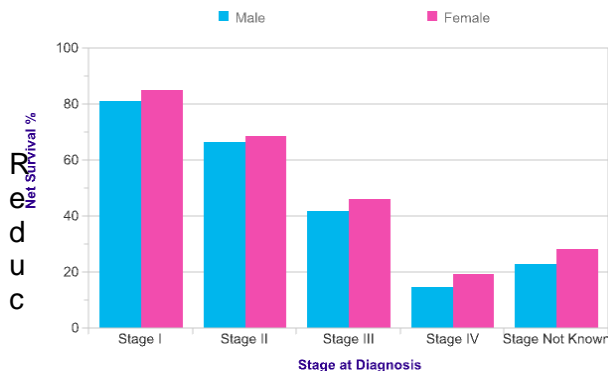
1.3 Tameside & Glossop is the area within the Greater Manchester Cancer Alliance selected as phase 1 of this programme to introduce a Targeted Lung Health Checks service.

1.4 Greater Manchester Cancer Alliance nominated NHS T&G CCG based on the following selection criteria, using Public Health Fingertips data:

- Age Standardised Cancer Mortality rates per 100,000 (Tameside 88.68, GM 63.20 and NHSE 57.68 in 2014-16)
- Directly standardised rates of Lung Cancer per 100,000 and (Tameside 120.6, NW 96.3 and NHSE 78.6)
- Directly Standardised Lung Cancer Death rates per 100,000(Tameside 85.4, NW 69.7 and NHSE 56.3)

1.5 The programme is intended to:

- Increase identification of lung cancer and support early diagnosis (at an earlier stage)
- Improve outcomes: increased one year survival and reduce the number of preventable deaths from but diagnosing cancer at an earlier stage. Survival is better the earlier it's diagnosed, so their needs to remain a string focus in prevention and early better diagnosis.



Stage of diagnosis	Survival from stage of diagnosis (%)	
	One year	Five year
1	80	35
2	60	20
3	40	6
4	20	-

and programmes of work to raise awareness of the signs and symptoms of cancer (and other health promotion programmes) to ensure everyone has access to the support services they need.

## 2. BACKGROUND GREATER MANCHESTER

- 2.1 Lung cancer remains the biggest cause of premature death in Greater Manchester and 80-90% of lung cancers are caused by smoking.
- 2.2 In 2016, a pilot was conducted through the Macmillan Cancer Improvement Partnership (MCIP) and the three Clinical Commissioning Groups in Manchester involving 14 GP practices. This pilot tested a Lung Health Check programme offering people aged 55-74 at high risk of lung disease the opportunity to attend a lung health check. If this found their risk of developing lung cancer was high, they were offered an immediate low dose CT scan that same day. This service was provided in the community in mobile units.
- 2.3 2,541 people attended their lung health check and of these, 1,384 had a scan following the risk assessment. Of those that were screened, 3% had lung cancer. Vitality, of these, 80% were in early stage and 65% had surgical resection (Crosbie et al, 2018).
- 2.4 As part of the Greater Manchester Health and Social Care Partnership (GMHSCP) priority to prevent and detect cancer earlier, a Steering Group, chaired by Dr Richard Preece, oversaw the development of a prototype in collaboration with members of the Macmillan Cancer Improvement Partnership (MCIP) City of Manchester Pilot team, clinicians, commissioners including specialised commissioning, public health consultant expertise, primary care colleagues, the GM tobacco control programme and finance colleagues. This prototype offered a number of minimum standards for a Greater Manchester model and attempted to explore the costs, benefits and capacity implications for a full roll out across the system.
- 2.5 The prototype was presented to relevant stakeholders in late summer 2018. Using cautious interpretation, the total resource implication was modelled as being in the region of £147m. However, only some GM CCGs indicated that they were in a position to consider roll out of LHCs in 2019/20.
- 2.6 The following areas have plans for delivering LHCs in Greater Manchester in 2019/20 or have commenced delivery :
- North Manchester CCG Business Case approved and commenced service delivery in April 2019 (1.51% threshold, 55 – 80 years, current and ever smokers).
  - Salford CCG Business Case approved in December 2017 and commenced service delivery in September 2019 ; initially planned 3% threshold but amended in light of national direction to <1.51%; age range 55 – 74 years; eligibility criteria smokers, ever smokers, smoking status not recorded on clinical systems.
  - Tameside and Glossop CCG chosen as one of the areas nationally (one per Cancer Alliance) to receive funding (£6.3million over 4 years) to deliver lung health checks as per a national protocol (see above; 1.51% threshold, 55 – 74 age range)
- 2.7 Cancer Alliance Planning guidance states: 'The expectation is that no additional local projects will start outside of the National Programme from 2020/21 onwards' pending the four year evaluative period'.
- 2.8 A GM LHC steering group was established on 18 June 2019, members included representatives from Providers, Commissioners, Health and Social Care Partnership, Specialised Commissioning and GM Cancer Alliance to ensure services align across GM.
- 2.9 The models that have emerged/are emerging in the 3 CCGs in Greater Manchester are slightly different and the system may benefit from a discussion about if and how local protocols could be standardised, and how we can collectively evaluate the programmes to ensure we continue to learn from this emerging area of practice, building on the strong foundations that the Manchester pilot has already created.

2.10 A Greater Manchester steering group chaired by Sarah Price between commissioners, public health, specialised commissioning and providers will ensure the complexities of commissioning this programme and the interdependencies within the system to deliver the best outcomes for residents. The group established a Greater Manchester governance structure for LHCs and will liaise with Specialised Commissioning in NHSE as the costs of any treatment will be funded up by them and will need building into commissioning plans from 19/20.

### 3. BACKGROUND TAMESIDE & GLOSSOP

3.1 The SROs for the local programme implementation are Jeanelle de Gruchy and Jessica Williams from the Strategic Commission and Trish Cavanagh from T&GICFT. The SROs are being supported via a project team consisting of:

- Debbie Watson and Louise Roberts – T&G Strategic Commission
- Jackie McShane and Angela Brierley – T&G ICFT
- Susi Penney and Adrian Hackney – GM Cancer

A local Steering group was established on the 07<sup>th</sup> May 2019 to develop a delivery plan. Representatives from GM Cancer were members of the project steering group with clear lines of accountability for governance arrangements between the Alliance and CCG.

3.2 NHSE England set a challenging timeline for implementation of the local programme as outlined below:

Action	Key Date	T&G Status
National Event – Leeds (sharing and learning event and outlined plans for next phased extension of LHCs)	17 January 19	✓
GM Focus Meeting	17 April 19	✓
Outline delivery plan to be submitted to the regional team	23 April 19	✓
National Collaboration Event - London	2 May 19	✓
Finalise delivery plan (draft submit to Cancer Alliance)	3 May 19	✓
First T&G Monthly Steering Group	7 May 19	✓
Cancer Alliances to submit delivery plans to the regions	21 May 19	✓
British Thoracic Society Imaging Training	September 19 and November 2019	22 people attended in November
National Collaboration Event - Manchester	18 September 19	✓
National Lung Health Checks Programmes start to go live	October 19	January 20
National Collaboration Event - Leeds	15 January 20	

3.4 The national protocol does not dictate a specific model for LHC delivery, provided the standards in the protocol are met. Learning and insight from other established LHC services was built in to support a locally designed, delivery model.

3.5 Key stakeholders (including clinicians within secondary and primary care) and local people were involved in the planning phase to co-design the right delivery model and design principles for NHS T&G CCG.

### 3.6 Using data from T&G Primary Care records local modelling shows:

Stage			Comment
Total eligible population	54,613	100.0%	Aged 55-74/364
Ever smoked	20,207	37.0%	Of Total eligible population
Appointments booked	12,124	60.0%	Take Up of Ever Smoked
Non attendees	970	8.0%	Of Appointments Booked
LHC's performed	11,155	92.0%	Of Appointments Booked
Positive LHC's	6,247	56.0%	Of LHC's analysed
Excluded from CT scan	187	3.0%	Of Positive LHC's
Initial CT scans performed	6,059	97.0%	Of Positive LHC's
Indeterminate - require second scan 3 months	860	14.2%	Of Initial CT Scans performed
Indeterminate - require second scan 12 months	860	14.2%	Of Initial CT Scans performed
Negative CT Scan - 24 months follow-up	5,005	82.6%	Of Initial CT Scans performed

#### Activity Impact of Cancers Identified

Findings			Comment
Patients needing clinical investigation (following first scan, three months follow-up and 12 months follow-up)	357	5.9%	Of Initial CT Scans performed (including patients requiring investigation after second scan)
Cancers found	182	50.8%	Of Needing clinic investigation
24 months follow-up	5,005	82.6%	Of Initial CT Scans performed
Patient needing clinical investigation followign 24 month scan	120	2.4%	Of 24 month scans
Cancers found at 24 months follow-up	79	65.5%	Of Needing clinic investigation
Total cancers found	260	N/A	Including those found at initial, 3, 12 and 24 months scans

3.7 Local task and finish groups were established to develop a local service model, these included:

- Service Model Options appraisal
- Estates
- Clinical Pathways and Incidental findings
- Communications, Engagement & Marketing
- IT, Data Flow, Information Governance
- Participant & Primary Care Literature
- Activity and Financial modelling
- Service model development to include Partnership working with managed service provider

3.8 Due to the unique nature in which the GM Cancer Alliance is commissioned in GM, local commissioners are working with GM Cancer colleagues and NHSE within an agreed governance process for the flow of funding into the CCG and to give assurance that the project is delivering against the NHSE standard protocol.

## 4. RISKS/ISUES AND CHALLENGES

4.1 The main risk relates to delivery of this innovative LHC program with an emerging evidence base as outlined below:

- **At present there is no national screening programme for Lung cancer in the UK.** This is because:
  - it isn't clear that screening can save lives from lung cancer
  - the tests have risks
  - they can be expensive<sup>1</sup>

<sup>1</sup> Cancer Research UK <https://www.cancerresearchuk.org/about-cancer/lung-cancer/getting-diagnosed/screening>

- **Risks associated with Low dose CT scans** - Tests like this have risks. The lungs are very sensitive to radiation and frequent scans might cause lung damage. Tests can also find lung changes that look like cancer and need to be checked by further tests, such as a biopsy. These further tests can also have risks.
- **Lung screening might also cause over diagnosis** – Over diagnosis means that some lung cancers found through screening might never become life threatening. So it is possible that some people go on to have lung cancer treatment that they would never have needed. And of course they have the side effects and anxiety that anyone having cancer treatment goes through. In the design of the programme and working alongside Researchers, it will be important to balance the benefits of the screening programme with the risk of over diagnosis

4.2 The main risks to implementing the program that were considered throughout the planning and design process are listed below:

- **Implementation timescales** – There is an expectation that all the initial Lung Health Checks will be complete by March 2021 to enable all follow up scans to be completed by March 2023 to enable a full evaluation of the programme.
- **Capacity for scanning and reporting** - There is a lack of Specialist Thoracic Lung Radiologists nationally. NHSE Cancer provided additional training courses and are reviewing workforce and recruitment issues at a National level.
- **Financial risk** – The funding envelope available includes a fixed element for staffing and a variable amount based on agreed trajectories. The local modelling is based on the national modelling and assumptions; this may differ within NHS T&G in real terms. Each project will receive £264 per CT scan to cover variable service line costs to include: CT scanning including the cost of providing mobile capacity, Teleradiology, Consumable costs associated with the lung health check and travel and other costs including legal.

#### **NHS Tameside and Glossop CCG**

£55,000 also provided to support Project management in addition to the variable costs shown below

	<b>£000's</b>				
	<b>19/20</b>	<b>20/21</b>	<b>21/22</b>	<b>22/23</b>	<b>Total</b>
<b>Annual</b>	1,660	1,831	1,533	1,361	6,385

- There will be additional costs to the Health and Social economy in diagnosing and treating other incidental findings. NHSE Cancer will continue to review the funding envelope.
- **Clinical Workforce capacity** – Lung Health Check Nurses, Thoracic Radiologists
- **Demand management** – Managing the activity and demand across GM to ensure sufficient capacity for tertiary treatment and surgery. There will be increased demand into primary care and other support services.
- **Focus on smoking cessation** – Access to specialist smoking cessation support and pharmacotherapy; with the levels of current prevalence of smoking being the second highest in GM, NHS T&G CCG would need to ensure every smoker undertaking a LHC has access to support.
- **Impact on Cancer waiting time standards** – ensure everyone on the lung pathway has access to timely diagnostics and treatment.

- **Organisational reputation** - Cancer Alliance Data, Evidence and Analysis Service (CADEAS) will support with evaluation (6 key evaluations: barriers and enablers, replicability and scalability, impact and patient outcomes, health inequalities and participation experience and satisfaction). NHS T&G CCG will need to build in QA tools locally and build the local programme to ensure NHS T&G CCG adhere to the T&G agreed design principles.

## 5. LOCAL DELIVERY MODEL

- 5.1 Following extensive engagement and consultation with key stakeholders and members of the public the preferred model of delivery for NHS T&G CCG is to provide Lung Health Checks, Smoking Cessation and CT scans all in one place (One Stop) on a Mobile Unit based within neighbourhoods.
- 5.2 The preferred model of delivery is similar to the 'One Stop' model Commissioned by North Manchester CCG from MFT (MFT are also the tertiary surgical provider across GM). North Manchester CCG are the Lead provider for the acute contract of which NHS T&G CCG are associates.
- 5.3 LHCs in Salford CCG are provided on a mobile unit with CT scans provided at Salford Royal NHS Foundation Trust, this alternative model was the less favourable option within NHS T&G CCG.
- 5.4 NHS T&G CCG working in partnership with NHS Tameside and Glossop Integrated Care Foundation Trust (NHS T&G ICFT) and Manchester University NHS Foundation Trust (MFT), will develop a pathways and protocols for delivery of community based Lung Health Checks, delivered on a mobile unit sited within neighbourhoods to an agreed National Standard Protocol. It is proposed that investment is transacted to NHS T&G ICFT to establish a Lung Health Check Programme within NHS T&G CCG.
- 5.5 The provision of the Lung Health Checks within the community will align to local campaigns to help raise awareness of the signs and symptoms of Lung Cancer, following feedback from various stakeholders.
- 5.6 Participants will be invited for a LHC via the MFT service on GP endorsed letter heads. Practices will provide a list of eligible participants following a data extract from their systems using a Data Quality search template developed by GM Shared Services (Data sharing agreement in place).
- 5.7 LHC participants who smoke will receive smoking cessation advice and support from a specialist nurse, while they are on the mobile unit. The LHC service will establish strong links with local services to ensure that participants continue to receive support from local services within the community.
- 5.8 NHS T&G ICFT in partnership with MFT will proactively manage the service on behalf of NHS T&G CCG to an agreed service specification (Appendix 2) and in line with the National Protocol.
- 5.9 Service operational procedures will be in place concerning the process and data collection in line with National timelines and requirements. NHS T&G CCG, GM Cancer Alliance and NHSE Cancer will have monitoring processes in place to ensure the service is running in line with the service specification incorporating all elements of the Standard Protocol.
- 5.10 Clinical pathways will be in place between primary, secondary and tertiary services to manage incidental findings and ensure people have access to the services they need in the most appropriate setting.

## **6. CONCLUSION**

- 6.1 The preferred model of delivery in line with the agreed specification and in line with the National Protocol is planned to commence in January 2020.
- 6.2 Following endorsement and approval of the preferred model by Strategic Commissioning Board; the delivery, mobilisation and implementation of the Lung Health Check programme will be monitored through the agreed governance process.
- 6.3 NHS T&G CCG consider varying the service specification into NHS T&G ICFTs contract for governance and assurance purposes.

## **7. RECOMMENDATIONS**

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

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# Targeted Screening for Lung Cancer with Low Radiation Dose Computed Tomography

Standard Protocol prepared for the Targeted Lung Health Checks Programme



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## **Targeted Screening for Lung Cancer with Low Radiation Dose Computed Tomography**

Standard Protocol prepared for the NHS England Targeted Lung Health Checks Programme

Version number: 1.1

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1	Background and Introduction .....	6
1.1	Targeted Screening for Lung Cancer Standard Protocol .....	6
1.2	Definitions .....	6
1.3	Aims.....	6
1.4	Capacity and infrastructure.....	7
2	Clinical governance .....	8
2.1	Clinical governance structure .....	8
2.2	Description of key clinical roles .....	9
2.3	Responsibilities .....	9
3	Assessment Process .....	11
3.1	Initial invitation.....	11
3.2	Participant journey .....	11
3.3	Risk assessment .....	12
3.4	Information for participants .....	13
3.5	Consent process .....	14
3.6	Pathways for new symptoms.....	15
4	Low Dose Computed Tomography Acquisition and Reading .....	16
4.1	CT equipment and volumetry software requirements.....	16
4.2	CT Image Acquisition Protocol .....	16
4.3	Exposure factors .....	17
4.4	Image reconstruction.....	17
4.5	Image Interpretation .....	17
4.6	Thoracic CT reader .....	17
4.7	Volumetric Analysis.....	19
5	Repeat Low Dose Computed Tomography .....	20
5.1	Scan intervals.....	20
6	Non-attendance and Exiting the Programme .....	21
6.1	Non-attendance.....	21
6.2	Exiting the programme .....	21
7	Management of findings .....	22
7.1	Lung Nodule Management and Follow-up/Further Diagnostics .....	22
7.2	Multidisciplinary team meetings.....	22
7.3	Low Dose Computed Tomography Review MDT or Pulmonary Nodule MDT .....	22
7.4	Management by Lung Cancer Service.....	23
8	Communication of results .....	24
8.1	Process .....	24
8.2	Serious findings.....	24
8.3	Letters.....	24
8.4	Telephone .....	24
8.5	Timeframe.....	24
8.6	General .....	24
9	Low Dose Computed Tomography Data Management .....	26
9.1	Collection .....	26
9.2	Handling.....	26
9.3	Inputting .....	26
9.4	Consent.....	26
9.5	Dataset.....	26

10 Evolution of the Standard Protocol for the Targeted Lung Health Checks Programme 27

    10.1 Updating the Standard Protocol ..... 27

11 References ..... 28

Appendix A ..... 29

Acknowledgements ..... 30

# 1 Background and Introduction

## 1.1 Targeted Screening for Lung Cancer Standard Protocol

- 1.1.1 The purpose of this standard protocol is to ensure that there is a consistent and equitable approach to the provision and monitoring of targeted screening for lung cancer across England.
- 1.1.2 This document is designed to outline the service and quality indicators expected by NHS England to ensure that a high standard of service is provided. It therefore sets out the specific recommendations and standards that services are expected to meet.
- 1.1.3 The standard protocol is not for a systematic population screening programme. Any proposal to develop and run such a whole population programme would be made by ministers based on UK National Screening Committee (UKNSC) advice in the normal way. Rather this is an innovative mechanism by which the NHS intends to ensure that the identification, testing and surveillance of participants at high risk of lung cancer is done to very high and consistent standards.
- 1.1.4 Lung Health Check programmes offering low dose computed tomography (LDCT) should adhere to this standard protocol for targeted lung cancer screening.
- 1.1.5 Lung Health Check programmes may be titled to maximise participation, recognising that words like “cancer” may put participants off.

## 1.2 Definitions

- 1.2.1 Although targeted screening for lung cancer and population-based screening follow the same basic protocol, they differ in terms of intent and scope.
- 1.2.2 A national population-based screening programme covers the entire population and selects participants from a complete national electronic register, usually based on broad demographic criteria. Participants are invited and those agreeing are offered tests if at high enough risk. In England the service specifications, standards and data requirements are written by Public Health England (PHE) and delivered by the NHS via the section 7a agreement. The services are quality assured by PHE. All this in line with English health policy on advice from the UKNSC.
- 1.2.3 A targeted lung cancer screening programme selects participants from a local population at high risk of lung cancer and offers LDCT to eligible subjects. They report to NHS England and funding is through a variety of routes.
- 1.2.4 Programmes may involve other health interventions to increase cost effectiveness and in this context, are often referred to as “Lung Health Checks”.

## 1.3 Aims

- 1.3.1 The primary aim is to reduce mortality from lung cancer. This must be achieved with minimum physical and psychological harm. To do this the programmes should be delivered to meet or exceed nationally set standards and pathways that:
  - define who should be invited (the cohort);

- have robust (preferably electronic) mechanisms to invite the cohort and recall for those that require surveillance or a routine screen after an interval;
- describe measures to improve uptake and reduce inequalities (while honouring the principle of informed choice);
- provides appropriate information for participants to allow them to make an informed choice about participating including recognition of any risks associated with the test itself and possible outcomes, such as referral for invasive procedures and any risks associated with that;
- describes the tests to be carried out;
- define the results of the tests including positive (abnormality), negative and indeterminate;
- describes (or points at) the follow up diagnostic and treatment pathways (e.g. NICE, British Thoracic Society) for all the categories of tests (including negative);
- are delivered and supported by suitably trained, competent, clinical and non-clinical staff who, participate in recognised on-going Continuing Medical Education, Continuous Professional Development, and External Quality Assessment (EQA) schemes;
- describes the level of training required for staff delivering all aspects of the programme;
- specify agreements to submit data as required, to allow for monitoring and operate within a framework of relevant data sharing permissions to enable pooled analyses to inform further design improvement;
- facilitate QA and audit activities;
- follow QA advice to improve the service;
- use the agreed common data records and definitions;
- describe how smoking cessation is integrated into the programme; and
- facilitate research studies into lung cancer early detection and screening.

## 1.4 Capacity and infrastructure

1.4.1 There should be sufficient capacity and infrastructure to deliver the programme including:

- community facilities for siting of mobile CT scanners, if required;
- primary care facilities for supporting assessments for eligibility and health checks;
- scanning capacity;
- radiology reporting;
- clinical service for work up of referred participants;
- clinical service for treatment of participants;
- smoking cessation support and advice; and
- administrative support for the programme including data collection, collation and submission.

1.4.2 The implementation of the programme should be aligned with local services. This will involve working with regional and local healthcare management including:

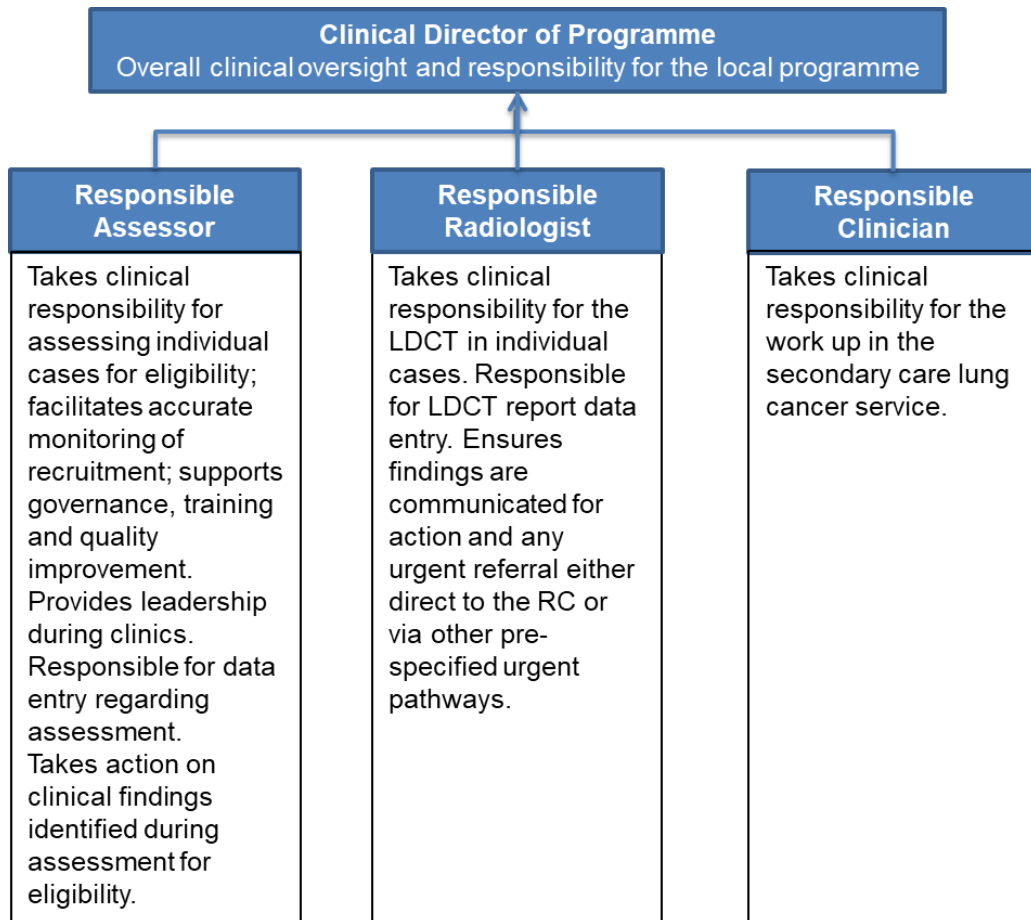
- Regional Office, NHS England;
- Cancer Alliances;
- STPs;
- CCGs;
- Local NHS Trusts; and
- Local Authorities.

## 2 Clinical governance

### 2.1 Clinical governance structure

2.1.1 Each programme will need to have in place robust clinical governance to ensure the effective delivery of care to patients who are invited to participate. This section outlines the key clinical roles which each programme will need to have in place.

**Figure 1: Targeted Screening for Lung Cancer Clinical Governance Structure**





## 2.2 Description of key clinical roles

- 2.2.1 **Clinical Director of Programme (DP):** There should be a single clinical director who takes overall responsibility for the safety of patients involved in the programme, including verifying the procedures for selection, scanning, acting on findings and communicating with participants. These procedures should include failsafe mechanisms to ensure that decisions to recall participants for assessment are actioned, including reminders for individuals who fail to attend.
- 2.2.2 **Responsible Assessor (RA):** There should be a named clinician who is responsible for the leadership of the process to select and assess the individual cases for entry into the programme, the lung health check and the risk assessment for lung cancer. The clinician can be a doctor, nurse or other professional with the appropriate clinical authority and accountability, from either the local primary or secondary care team. They will continually oversee and monitor the clinical programme, the management of participants and provide day to day leadership of the clinical service. They will ensure:
- appropriate action is taken when clinical findings are identified as part of the assessment for eligibility and during any add-on investigations such as spirometry and assessing cardiovascular risk. This may include further management in primary and/or secondary care.
  - clinical data and information is entered into the appropriate clinical system with a focus on data completeness;
  - improvements and corrective actions are implemented to support governance, training and improve quality;
- 2.2.3 **Responsible Radiologist (RR):** There should be a named radiologist who is responsible for the LDCT in individual cases and will normally be the first-read radiologist. The radiologist should urgently refer either direct to the rapid access lung clinic/ named consultant or via other urgent pathways in secondary care. The radiologist will accurately monitor reporting performance, and act on these results to support governance, training and improve quality. They will be responsible for data entry relating to the LDCT report and ensure findings are communicated for action.
- 2.2.4 **Responsible Clinician (RC):** There should be a named secondary care respiratory physician who is responsible for managing the referrals into the rapid access lung clinic and coordinating the clinical work up of participants in secondary care. This will normally be the respiratory physician who works in the lung cancer service and who receives referrals from the programme.

## 2.3 Responsibilities

- 2.3.1 The expected responsibilities of all roles should be followed as a minimum, ensuring governance is effective with a consistent approach across sites.
- 2.3.2 **Skills:** Professionals involved in screening assessment are expected to fulfil the requirements for individual professional training and for their continuing professional development. They should carry out assessments and procedures regularly, so they can maintain their skills and competence.
- 2.3.3 **Audit:** The DP is responsible for ensuring that the assessment process is appropriately carried out by all RAs, RRs adhere to the protocols and clinical work-up by RCs is monitored. This should be confirmed by audits of individual RA assessment performance, including:
- number of assessments performed (RAs);

- quality of data entry (RAs, RRs); and
- adherence to details of this protocol (RAs, RRs and RCs).

2.3.4 **National audit:** The DP is responsible for ensuring that all data are available for inclusion in a national audit with the purpose of comparing the programmes and measuring the overall success and impact. Data submission will be according to a national minimum dataset and submission is mandatory.

2.3.5 **Reporting:** The DP reports to NHS England through the Cancer Alliance Board.

2.3.6 **Steering group:** The DP, RAs, RRs and RCs will normally come together through a programme steering group, chaired by the DP. Membership of the programme steering group should include representatives drawn from primary care, Public Health and patient advocates. There should be access to expertise relevant to the Lung Health Check e.g. in smoking cessation, data collection etc.

**Table 1: Summary of key responsibilities**

Responsibilities	DP	RA	RR	RC
Ensure the assessment process is appropriately carried out by all RAs	√			
Adherence to details of the standard protocol		√	√	√
Quality of data entry		√	√	
Ensure the data is available for inclusion in a national audit	√			
Report to NHS England through the Cancer Alliance Board	√			

### 3 Assessment Process

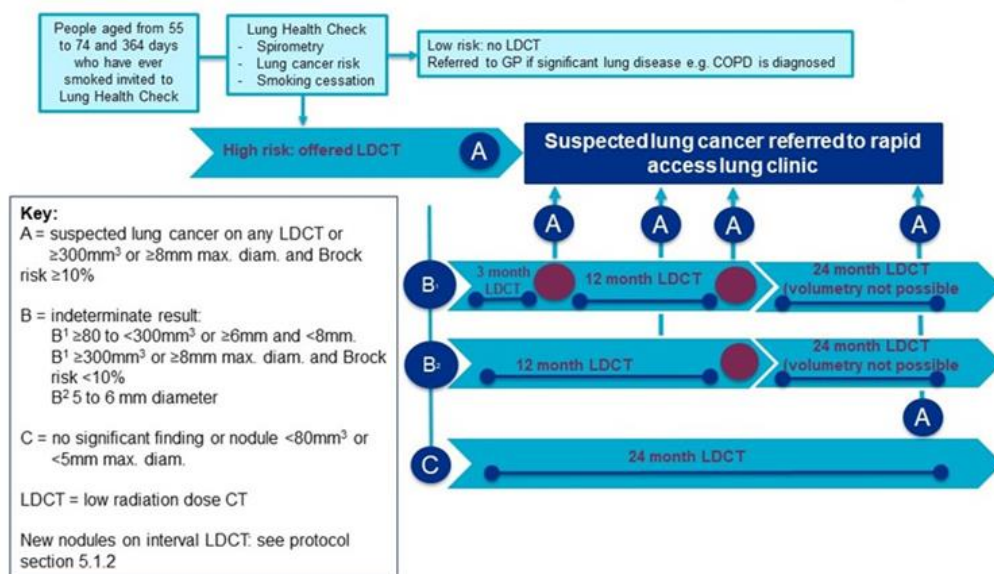
#### 3.1 Initial invitation

- 3.1.1 Participants aged between 55 and 74 and 364 days of age at the date of the first low dose CT scan, registered with a GP practice who have ever smoked will be invited for a Lung Health Check. Those who attend will be assessed to calculate their individual risk of developing lung cancer.
- 3.1.2 Invitation to attend for an assessment for suitability for LDCT may be by correspondence or telephone via primary or secondary care, or by offering assessment in a mobile setting in high-risk areas, as part of a Lung Health Check.
- 3.1.3 Individuals will be assessed for eligibility criteria by confirming medical, social and employment history and risk factors for lung cancer. Validated lung cancer risk assessment tools may be used to better quantify risk.
- 3.1.4 Where necessary, reasonable changes should be made to the approach to ensure the service is accessible to all, including those with physical and learning disability and mental illness e.g. easy read documentation, engaging key worker in invitation [1].
- 3.1.5 NHS translation services should be available where required for individuals without adequate English language skills (see 3.9).
- 3.1.6 Participants who have difficulty understanding the purpose of the programme should be able to access the programme (see 3.9).

#### 3.2 Participant journey

- 3.2.1 Figure 2 illustrates the participant journey for both those assessed at the Lung Health Check as low risk of developing lung cancer and those at high risk. Appendix A provides a more detailed clinical pathway.

**Figure 2: High level participant pathway**



3.2.2 At the Lung Health Check, the participant will have a spirometry test and a discussion to assess the participant’s individual lung cancer risk. This will include questions about smoking habits and they will also be offered smoking cessation advice and treatment. Those at low risk do not require a CT scan.

3.2.3 Any participant assessed as being at high risk of lung cancer will be invited to an immediate low-dose CT scan. The scan will show one of three things:

- i. No significant findings or nodules <80mm<sup>3</sup> or 5mm max diameter;
- ii. Indeterminate results; or
- iii. Something that requires further investigation.

Results	Action
No significant findings or nodules <80mm <sup>3</sup> or 5mm max diameter	Second scan 24 months later
Indeterminate result	Second scan 3 months later, with follow up scan 12 months later
Requires further investigation	Referred to local specialist lung clinic

3.2.4 Participants with an abnormal spirometry result or other non-cancer related symptoms will be referred to their GP.

### 3.3 Risk assessment

3.3.1 Assessment of risk of lung cancer is essential to maximise the cost effectiveness of the intervention. There are a number of methods and further research may identify which is the best. This will form part of the evaluation of the Targeted Lung Health Check Programme.

3.3.2 The Targeted Lung Health Check Programme will use the Prostate Lung Colorectal and Ovarian (PLCO)<sub>M2012</sub> risk prediction model and the Liverpool Lung Project (LLP) version 2 [2, 3] to select participants to be offered a LDCT. The American PLCO<sub>M2012</sub> model has been adapted for use in the UK to reflect UK ethnic groups.

3.3.3 The latest evidence suggests that a risk threshold of ≥1.51% risk of lung cancer over 6 years is the minimum threshold for PLCO<sub>M2012</sub> and ≥2.00% risk of lung cancer over 5 years for LLPv2 [4, 5]. However, the latter has only been shown in modelling studies and may lead to substantially more LDCTs. Thus, a risk threshold for LLP of ≥2.5% is proposed.

3.3.4 This standard protocol uses two thresholds to identify participants: a risk threshold of ≥1.51% risk of lung cancer over 6 years as the minimum threshold for PLCO<sub>M2012</sub>; and ≥2.5% risk of lung cancer over 5 years for LLPv2.

3.3.5 The factors used in these models that would need to be collected are shown in the table below.

**Table 2: Factors included in two multivariable risk prediction models**

LLPv2: $\geq 2.5\%$ risk	PLCO <sub>M2012</sub> : $\geq 1.51\%$ risk
Age	Age (years)
Gender	Education level
Smoking duration (years)	Body mass index
Previous pneumonia/ COPD/ emphysema/ bronchitis/ TB	COPD/ chronic bronchitis/ emphysema
Occupational asbestos exposure	Personal history of lung cancer
Previous history of malignancy	Family history of lung cancer
Previous family history of lung cancer; and relative's age at onset i.e. <60 y or >60 years; whether first degree relative	Ethnicity <sup>1</sup>
	Smoking status
	Average number of cigarettes smoked per day
	Duration smoked (years)
	Years having ceased smoking

3.3.6 For the purposes of the Targeted Lung Health Checks Programme, participants satisfying either LLPv2 or PLCO<sub>m2012</sub> are to be considered eligible for a low-dose CT provided they meet the inclusion criteria in 3.3.7 and do not have any of the exclusion criteria listed in 3.3.8.

**3.3.7 Inclusion criteria:**

- Aged range from 55 to 74 and 364 days;
- Willing and able to undergo LDCT; and
- PLCO<sub>m2012</sub> risk of  $\geq 1.51\%$  over 6 years or LLP<sub>ver2</sub> 5-year risk of  $\geq 2.5\%$ .

For the Targeted Lung Health Checks Programme, due to its duration, at point of referral participants must be at least 55 years of age, and no older than 74 years and 364 days.

**3.3.8 Exclusion criteria:**

- Participant does not have capacity to give consent (standard criteria for assessing capacity apply);
- Full thoracic CT scan within the last 12 months or planned, for clinical reasons, in the next 3 months (Note, may still be included if CT essentially equates to a baseline scan and there are no other exclusion criteria);
- Weight exceeds restrictions for scanner (>200kg);
- Participant unable to lie flat; or
- Poor physical fitness such that treatment with curative intent would be contra-indicated; this may require a second opinion or advice from the local lung cancer MDT.

3.3.9 Participants previously assessed at below the threshold for LDCT, but who may meet eligibility criteria as they become older and/or accumulate pack years of smoking, should be reassessed at 2-year intervals.

## 3.4 Information for participants

3.4.1 Written and/or video information should be provided at all stages, with specific information on what is involved. For those eligible for LDCT, this should include the risks and benefits of the test. This should be followed by a discussion between the

<sup>1</sup> referred to as 'Race' in the original PLCO<sub>M2012</sub> risk model

individual and the clinician to facilitate informed decision-making and subsequent acceptance/decline of the test.

- Participant information leaflets should clearly state the risks and benefits of screening. Such information should have participant contributors as part of any team compiling it – not just healthcare professionals.
- The focus should be on informed choice.
- Information should be available at all relevant points throughout the pathway.
- A trained interpreter should be available during appointments where the functional language is not English.
- Participants with learning disabilities should be provided with appropriate support to enable them to understand all processes and results.
- All information will be provided in accessible font sizes and in plain English.
- Flexible appointments and all reasonable adjustments will be made for screening participants with learning disabilities.

3.4.2 As part of a Lung Health Check, both eligible and ineligible participants should be offered spirometry and advised on smoking cessation. Some of these participants may then go on to a lung cancer screening CT scan.

3.4.3 Smoking cessation advice should be incorporated into written correspondence and should be face-to-face where participants attend. Enhanced smoking cessation interventions are also encouraged including the use of pharmacotherapy.

3.4.4 Current smokers not meeting the inclusion criteria for LDCT, should be offered smoking cessation support.

### 3.5 Consent process

3.5.1 Consent for CT screening should be taken by a suitably trained clinician or non-clinician, familiar with the risks and benefits of the process. Participants should be informed that:

- The primary purpose for undergoing CT is to identify lung cancer at a stage when there may be options for curative treatment. An estimated chance of finding a lung cancer should also be provided;
- If lung cancer is identified; the participant will be directly referred to an appropriate lung cancer service and be managed according to the National Optimal Lung Cancer Pathway;
- The purpose of the scan is not to identify diseases other than lung cancer. However, if other significant conditions are identified that require action, then either an appropriate referral will be made and/or the GP and participant will be informed. Action on incidentally detected conditions will follow NICE guidance;
- Indeterminate pulmonary nodules requiring repeat CT or further investigation are often benign, appropriate estimated individual probability of malignancy should be determined;
- LDCT uses radiation with information about the associated risks;
- A negative CT scan does not exclude the possibility of having lung cancer in the future. Participants should be informed about the need to report future symptoms of lung cancer if they develop;
- That cancer may be identified that would not have led to harm (over diagnosis);
- That there are some risks of harm relating to the further investigation and treatment of findings on the CT;

- That protocols will be followed that minimise harms from over diagnosis, further investigation and false positives; and
- That they will be asked to consent the retention of clinical data and radiological images for evaluation and future research purposes, under the correct governance procedures. (However, participants not wishing to provide this level of consent would not be stopped from participating in this programme.)

### 3.6 Pathways for new symptoms

- 3.6.1 Participants at high risk of lung cancer often have comorbidities that cause symptoms; these may be unrelated to cancer and in the circumstances described below, in 3.65 permit continuing with the LDCT screen.
- 3.6.2 Those presenting with respiratory infection should be booked in for a deferred appointment in 6 weeks' time, to avoid false positive results. Evidence of respiratory infection will be assessed at time of appointment, including cough, new or changed sputum colour or volume, breathlessness, wheeze, chest pain, fever, sore throat and coryza.
- 3.6.3 If the individual presents with the following symptoms they should proceed directly to an urgent CT of the neck, thorax and abdomen with administration of intravenous contrast. This may be in a mobile scanning unit or urgently through the secondary care service:
- persistent haemoptysis;
  - signs of superior vena cava obstruction (SVCO) (Face and/or neck and/or arm swelling, raised and non-pulsatile JVP);
  - stridor; or
  - signs of malignant cord compression (new onset back/shoulder pain, sensory and/or motor deficit, urinary and/or faecal incontinence, gait abnormalities).
- 3.6.4 If potential participants present with symptoms consistent with exacerbation of COPD or other chronic pulmonary conditions, they should proceed with the LDCT.
- 3.6.5 Participants who meet eligibility criteria for a LDCT but who have the following features or symptoms, as described in NICE referral criteria, should proceed with LDCT to avoid delay:
- cough;
  - fatigue;
  - dyspnea;
  - chest pain;
  - weight loss;
  - appetite loss;
  - persistent or recurrent chest infection;
  - finger clubbing;
  - supraclavicular lymphadenopathy or persistent cervical lymphadenopathy;
  - chest signs consistent with lung cancer; or
  - thrombocytosis.
- 3.6.6 Those ineligible should be managed according to the NICE NG12 cancer recognition and referral guidelines. Local arrangements for requesting urgent chest X-rays and direct referral for CT may reduce delays.



## 4 Low Dose Computed Tomography Acquisition and Reading

### 4.1 CT equipment and volumetry software requirements

- 4.1.1 The minimum specification is for a sixteen channel multi-detector CT, fixed site or mobile, and calibrated according to the manufacturer's specifications, capable of delivering low radiation dose protocols (see below). Most modern scanners exceed this specification and will achieve this.
- 4.1.2 Volumetric software should be used for assessment of pulmonary nodules and should remain constant to allow accurate comparison of volumes. Software updates should be recorded.
- 4.1.3 The supplier should provide evidence that the upgrade provides the same measurements or ensure that the user is prompted to re-measure nodules from preceding scans if the software upgrade provides altered (and likely improved) measurement capability.
- 4.1.4 Volumetric software must be directly or indirectly integrated into PACS systems, capable of automated image retrieval of historical imaging.
- 4.1.5 Other desirable features are high automated segmentation accuracy rates (>85%), automated volume doubling time calculation, and automated structured reporting.
- 4.1.6 If computer aided detection (CAD) systems are used, they should only be used in a concurrent or second reader format. A false positive rate of <2 per case is desirable for CAD systems.

### 4.2 CT Image Acquisition Protocol

- 4.2.1 **Subject Position:** Participants should lie supine on the CT table with arms above their head and thorax in the midline of the scanner. Subject comfort should be optimised, and maximal inspiration rehearsed prior to the scan to minimise motion during the CT. Imaging should be performed during suspended maximal inspiration. No intravenous contrast material will be administered.
- 4.2.2 **Localiser:** Sites should use their standard scanogram to localise the start and end positions of the scan. The frontal localiser should be performed in the PA projection and at the lowest possible setting to minimize breast dose.
- 4.2.3 **Volumetric CT scan:** The lung parenchyma (lung apices to bases) must be scanned in its entirety in a single cranio-caudal acquisition. The field of view selected as the smallest diameter as measured from widest point of outer rib to outer rib large enough to accommodate the entire lung parenchyma. Thin detector collimation ( $\leq 1.25\text{mm}$ ) will be used.



### 4.3 Exposure factors

- 4.3.1 Radiation exposures will be as low as possible whilst maintaining good image quality. The CT dose index (CTDIvol) must be kept as low as possible with the effective radiation dose well below 2 mSv. The kVp and mAs settings will be varied according to participant body habitus. The height and weight of participants will be used to enable accurate selection of exposure factors. Ultra LDCT should be used where available and considered to be of equivalent diagnostic sensitivity to LDCT.

### 4.4 Image reconstruction

- 4.4.1 Image reconstruction should be standardised and used for any subsequent follow-up examinations where possible, with particular emphasis on ensuring that slice thickness, reconstruction increment, and reconstruction algorithm are identical.
- 4.4.2 Slice thickness should be  $\leq 1.25\text{mm}$ . An example of reconstruction parameters used in low-dose screening CT are outlined in table 2.
- 4.4.3 If iterative reconstruction is used, this should be kept constant at follow up.

**Table 3: Reconstruction parameters for LDCT**

Reconstruction algorithm	Reconstruction slice thickness	Reconstruction increment	Reconstruction FOV
Moderate spatial frequency/soft tissue	1mm	0.7mm	Entire lung parenchyma

### 4.5 Image Interpretation

- 4.5.1 Image interpretation should be performed on systems which permit scrolling through the data set with variable thickness and orientation using multi-planar reformations (MPR) and Maximum Intensity Projection. Where volumetry is used, radiologists should check for appropriate segmentation of nodules.
- 4.5.2 All reconstructed scan data (according to minimum requirement for volumetric analysis) acquired from the participants should be archived and retained at a local or central site.

### 4.6 Thoracic CT reader

#### 4.6.1 Requirements

Lung cancer screening CT reading requires both unique skills as well as those that overlap with clinical thoracic CT reading.

- Radiologist readers must regularly attend and lead at their local lung cancer MDT.
- Readers who do not lead the lung cancer MDT must report a substantial number of thoracic CTs annually as part of their normal clinical practice (>500), including a significant proportion of lung cancer CTs.
- Readers must be familiar with the use and limitations of nodule volumetry software and apply the BTS guidelines for nodule management in their usual practice.

- CT readers should attend education programmes on nodule management and LDCT screening as part of continuous professional development and training.

#### 4.6.2 Quality Assurance

Each programme should have a documented quality assurance mechanism in place for CT reading. QA for CT reading may include:

- Stipulating and ensuring a minimum level of training and expertise of readers;
- Ensuring initial CT reads of radiologists without experience of LDCT screening are reviewed by more experienced readers (e.g. first 50 cases);
- Periodic review of CT readers reports by expert panels;
- Review of all initial MDT referrals of readers without experience of LDCT screening by more experienced readers; or
- Evaluation of all readers' recall rates, false positive rates and false negative rates, with identification of outliers.

#### 4.6.3 Lung Nodule Characterisation

The nodule size threshold for characterization is  $\geq 5\text{mm}$  or  $80\text{mm}^3$ . Where multiple nodules are detected, at least two nodules, including the largest nodule, and where possible all nodules  $>200\text{mm}^3$ , should be recorded. Smaller nodules may be characterised for research purposes. All new nodules on interval LDCT  $\geq 30\text{mm}^3$  or  $\geq 4\text{mm}$  max diameter should be reported as this determines scan interval in these nodules (see 4.6.3.1). At the last screen, all nodules including any new nodules should be reported as a further follow up LDCT may be indicated.

4.6.3.1 Nodules should be characterised in detail as follows (where multiple nodules are detected, at least two, including the largest should be characterised):

- Site (lobe, juxta-pleural, perifissural), volume, density and presence or absence of spiculation or a benign pattern of calcification.
- Nodule type should be classified as solid (SN), part-solid nodules (PSN) or pure ground glass nodules (pGGN).
- SN with benign features (such as popcorn calcification, intrapulmonary lymph nodes etc.) should be disregarded and may be mentioned in the report at the discretion of the reporter.
- The total number of nodules and other findings should be recorded.
- At follow up, nodules should be classified as old or new. New nodules should be differentiated from nodules present on prior CT, but previously ignored. There are different thresholds for nodule follow up for new nodules (section 5.1.2).
- Baseline scans that show nodule(s) that are  $<80\text{mm}^3$  or  $5\text{mm}$  max diameter should be classified as negative.

4.6.3.2 Readers should flag all cases where CTs are non-diagnostic or suboptimal (e.g.: due to motion artefact or inadequate coverage). Protocols should be in place for efficient recall of these participants.

#### 4.6.4 Other findings

Programmes should have protocols in place for reporting and management of incidental findings (see section 7.4). Narrative/descriptive reports should be avoided. Clinically insignificant findings should either not be reported or clearly identified as such. An emphasis should be placed on reporting of findings where there are proven interventions for participant benefit.

## 4.7 Volumetric Analysis

- 4.7.1 Nodules should be measured using semi-automated volumetry. Where volumetry segmentation is not possible or judged to be inaccurate, maximal axial manual diameter measurements should be recorded on lung window settings, excluding any spiculation. Manual adjustment of volumetric analysis should be avoided as this may introduce unquantified variability.
- 4.7.2 Subsequent scans should measure volume in the same nodules and a volume doubling time (VDT) calculated for each where an increase  $\geq 25\%$  has occurred. A less than 25% increase may be within the margin of error. Where volumetry is not possible, the growth rate should be based on visual assessment or diameter measurements, accepting that this can be less accurate.
- 4.7.3 3D reformats showing reliable nodule volume segmentation, including size and VDT calculation where appropriate, should be sent to PACS. This assists with the reading process at follow up and ensures that the information is efficiently conveyed to the lung cancer or nodule MDT for relevant cases.

## 5 Repeat Low Dose Computed Tomography

### 5.1 Scan intervals

- 5.1.1 Nodule management should be protocolised and based upon the BTS 2015 pulmonary nodule guidelines [6] and NICE guidelines for the management of lung cancer [7]. Where local or regional programmes choose to modify nodule management guidelines, this should be clinically justifiable.
- 5.1.2 Participants with a CT scans showing nodules are managed according to nodule size. Volumetry is the preferred method except where not possible, when the maximum axial diameter is used. Note size thresholds change where nodules were not previously seen on a previous CT. Box 1 shows how the nodule size affects follow-up interval and referral.

Box 1:

Baseline CT Nodule size (measure)	Interval CT(s)	Final CT
No nodules		24 months
<80mm <sup>3</sup> or <5mm max. diam.		24 months
≥80 to <300mm <sup>3</sup>	3 months	12 months
≥6mm and <8mm max. diam. (volumetry not possible)	3 and 12 months	24 months
5 to 6 mm max. diam. (volumetry not possible)	12 months	24 months
≥300mm <sup>3</sup> or ≥8mm max. diam. and Brock risk <10%	3 months / 12 diam. only	12 months / 24 diam. only
≥300mm <sup>3</sup> or ≥8mm max. diam. and Brock risk ≥10%	Refer	
<b>New nodules found on any interval CT</b>		
<30mm <sup>3</sup> or <4mm max. diam.	No change to FU	
≥30mm <sup>3</sup> <300mm <sup>3</sup>	3 months	12 months
≥4mm <8mm (volumetry not possible)	3 and 12 months	24 months
≥300mm <sup>3</sup> /≥8mm	Refer	

- 5.1.3 Interval surveillance scans for stable PSN and pGGN should occur at 1, 2 and 5 years (the latter if annual or biennial screen not planned due to exit from the programme). For programmes that do not plan to scan beyond 1 or 2 years, appropriate handover and recommendations should be made to the local respiratory service for continued management of these nodules. Similar processes should be in place for continued management of new nodules identified at the end of the programme.

## **6 Non-attendance and Exiting the Programme**

### **6.1 Non-attendance**

- 6.1.1 First-time attendance should be facilitated by offering LDCT that is easily accessible for the subject e.g. mobile scanners in community settings; easy transport links.
- 6.1.2 The process of changing appointments should be straightforward for those who request this.
- 6.1.3 There should be a formal process for contacting non-attenders.
- 6.1.4 Feedback from non-attenders should be sought to evaluate the reasons and improve access.

### **6.2 Exiting the programme**

- 6.2.1 Subjects exit the programme at 75 or 76 years of age (depending on whether the timing of the final LDCT is 12 or 24 months from baseline).
- 6.2.2 Subjects should have assessment of co-morbidity and fitness to confirm continued eligibility. This may be at the screening visit or via confirmation of eligibility through the subjects GP. They should exit the programme if no longer eligible.

## 7 Management of findings

### 7.1 Lung Nodule Management and Follow-up/Further Diagnostics

- 7.1.1 The protocol for management of participants with significant findings should follow the BTS 2015 pulmonary nodule guidelines and NICE guidelines for the management of lung cancer.

### 7.2 Multidisciplinary team meetings

- 7.2.1 There are two multidisciplinary meetings that are relevant. All programmes should have access to these MDTs:
- The LDCT Review MDT, which may also include the pulmonary nodule MDT. Here the management of all findings other than those previously identified as requiring urgent referral by the RR are discussed and management plans are devised and communication with the participant and any healthcare professionals coordinated. Pulmonary nodules may also be managed or referred to a separate Pulmonary Nodule MDT (see 7.3).
  - The Lung Cancer MDT, where the outcome of investigation of higher risk nodules and suspected lung cancer is discussed, and treatment planned.
- 7.2.2 All pulmonary nodules that are suspicious should be discussed at the LDCT Review or Pulmonary Nodule MDT; these include:
- nodules that are  $\geq 300\text{mm}^3$  or  $\geq 8\text{mm}$  diameter with a  $\geq 10\%$  chance of malignancy by Brock score; these usually require a PET-CT for further evaluation; and
  - nodules that show significant growth after interval LDCT.
  - Note that nodules that only require repeat CT as a further test should be managed by radiologists within the programme and do not require discussion at MDTs. (unless a second opinion is being sought).

### 7.3 Low Dose Computed Tomography Review MDT or Pulmonary Nodule MDT

- 7.3.1 Nodules requiring a PET-CT or that show growth will be managed within the clinical service. Management, in brief, will follow BTS guidelines:
- Nodules with confirmed VDT  $> 600$  days can be referred back for annual LDCT.
  - Nodules with VDT 400-600 days, surveillance or biopsy / resection can be offered depending on participant preference.
  - Nodules with VDT  $< 400$  days should be further investigated (e.g. PET-CT, percutaneous biopsy, lung resection, according to participant preference).
  - For PSN, any change in morphology or growth of solid component ( $\geq 2\text{mm}$ ) as well as a Brock risk of malignancy of  $> 10\%$  should prompt consideration of a histological diagnosis and definitive management. Such lesions have a better prognosis, so further observation may be indicated to avoid over diagnosis.
  - For pGGN, any change in morphology or growth of solid component ( $\geq 2\text{mm}$ ) as well as a Brock risk of malignancy of  $> 10\%$  should prompt consideration of further imaging follow-up or histological diagnosis and definitive management, noting the very good prognosis of these lesions and potential for over diagnosis.

- 7.3.2 Nodules with a Herder risk score <10% will be referred for annual screening. The Herder tool is validated risk calculator that incorporates findings from FDG-PET scans (available in BTS pulmonary nodule app).

## 7.4 Management by Lung Cancer Service

### 7.4.1 Referral

LDCT suspicious for lung cancer will receive a consultant upgrade into the suspected lung cancer rapid assessment and diagnosis pathway [8]. This will be done immediately by the responsible radiologist who will ensure this information is passed to the responsible clinician and copied to the GP.

### 7.4.2 Incidental findings

Minor incidental findings are common on LDCT and have the potential to cause increased unnecessary investigations and anxiety to participants. Incidental finding reporting, and management should be based on the following principles:

- The finding should be clinically significant.
- Clinically insignificant findings should not be reported to the GP or participant.
- There should be agreement between the LDCT targeted lung cancer screening programme and primary care as to the nature and benefit of the recommended interventions.
- Recommendations for clinical correlation by primary care of CT findings should be avoided, and if made, should be specific.

#### 7.4.2.1 Incidental findings can be broadly categorised as follows:

- Major findings that may be life threatening should prompt direct referral for admission to hospital by the LDCT targeted lung cancer screening programme.
- Findings mandating urgent referral (e.g. significantly dilated aortic aneurysm).
- Findings indicative of cancer at another site which should prompt urgent referral via the cancer pathway upgrade process.
- Other non-cancer findings requiring referral to secondary care (e.g. significant fibrotic interstitial lung disease).
- Non-cancer findings that may require management in primary care (e.g. minor bronchiectasis).
- Other findings that may prompt NICE recommended assessment to be done, where they have not been included in the assessment performed by the RA (e.g. significant coronary calcification on CT may prompt recommendation for cardiovascular Q-Risk assessment).
- Findings that are usually not directly associated with a beneficial intervention and that do not require communication (e.g. bronchial wall thickening).

#### 7.4.2.2 Incidental findings will be reviewed by the LDCT Review MDT and clear recommendations will be made to the relevant clinicians and to the participant.

#### 7.4.2.3 There should be a policy agreed between the targeted lung cancer screening service and primary care about management of LDCT findings, including the referral process for incidental findings.

## **8 Communication of results**

### **8.1 Process**

- 8.1.1 Subjects will be sent communication about the results of the LDCT and spirometry as shown in Appendix A.

### **8.2 Serious findings**

- 8.2.1 Potentially serious findings will be acted on immediately and more indeterminate findings followed up as required.

### **8.3 Letters**

- 8.3.1 Standard letters have been prepared, adapted from the UKLS and Lung Screen Uptake randomised controlled trials.
- 8.3.2 The outcome of the LDCT should be communicated by standard letter to the GP (preferably electronic to facilitate audit) with a copy of the CT report, with the action taken, if any, included.
- 8.3.3 The outcome should be communicated to the participants by standard letter, except in the unusual circumstance where direct admission is arranged. Letters will not include details of serious findings; this will be explained at clinic visits.

### **8.4 Telephone**

- 8.4.1 There should be a support line for optional contact with an experienced nurse or administrator, based locally in primary or secondary care.
- 8.4.2 Telephone communication may also be offered as well as communication by letter.
- 8.4.3 There should be an advice line for participants to phone for further information and clarification when they receive their results.

### **8.5 Timeframe**

- 8.5.1 The outcome should be communicated within a maximum of 2 weeks from the LDCT. Safety net processes should be in place to ensure that findings requiring urgent referral are flagged and communicated appropriately.

### **8.6 General**

- 8.6.1 Generic, non-personalised, information about programmes should be available on the public NHS website.
- 8.6.2 For participants who are being given a “normal” result, the possible effect of over-reassurance will be mitigated by including information about continued risk of lung



cancer (which may be provided as a percentage based on a multivariable model), the importance of not ignoring red flag symptoms and the importance of not smoking.

## **9 Low Dose Computed Tomography Data Management**

### **9.1 Collection**

9.1.1 Data should be collected by the local team in a format that will allow submission to the National Cancer Registration and Analysis Service.

### **9.2 Handling**

9.2.1 All data will be handled in adherence to the Data Protection Act 1998 and Information Governance (IG) legislation. Audit trails will be in place in order to fully trace data entry and edit.

### **9.3 Inputting**

9.3.1 Inputting of data will comply with information governance legislation.

### **9.4 Consent**

9.4.1 Written consent will be obtained from participants.

9.4.2 At the time of consent participants will be informed of the purpose of data collection and intentions for its use.

### **9.5 Dataset**

9.5.1 A minimum mandatory dataset has been agreed.

## **10 Evolution of the Standard Protocol for the Targeted Lung Health Checks Programme**

### **10.1 Updating the Standard Protocol**

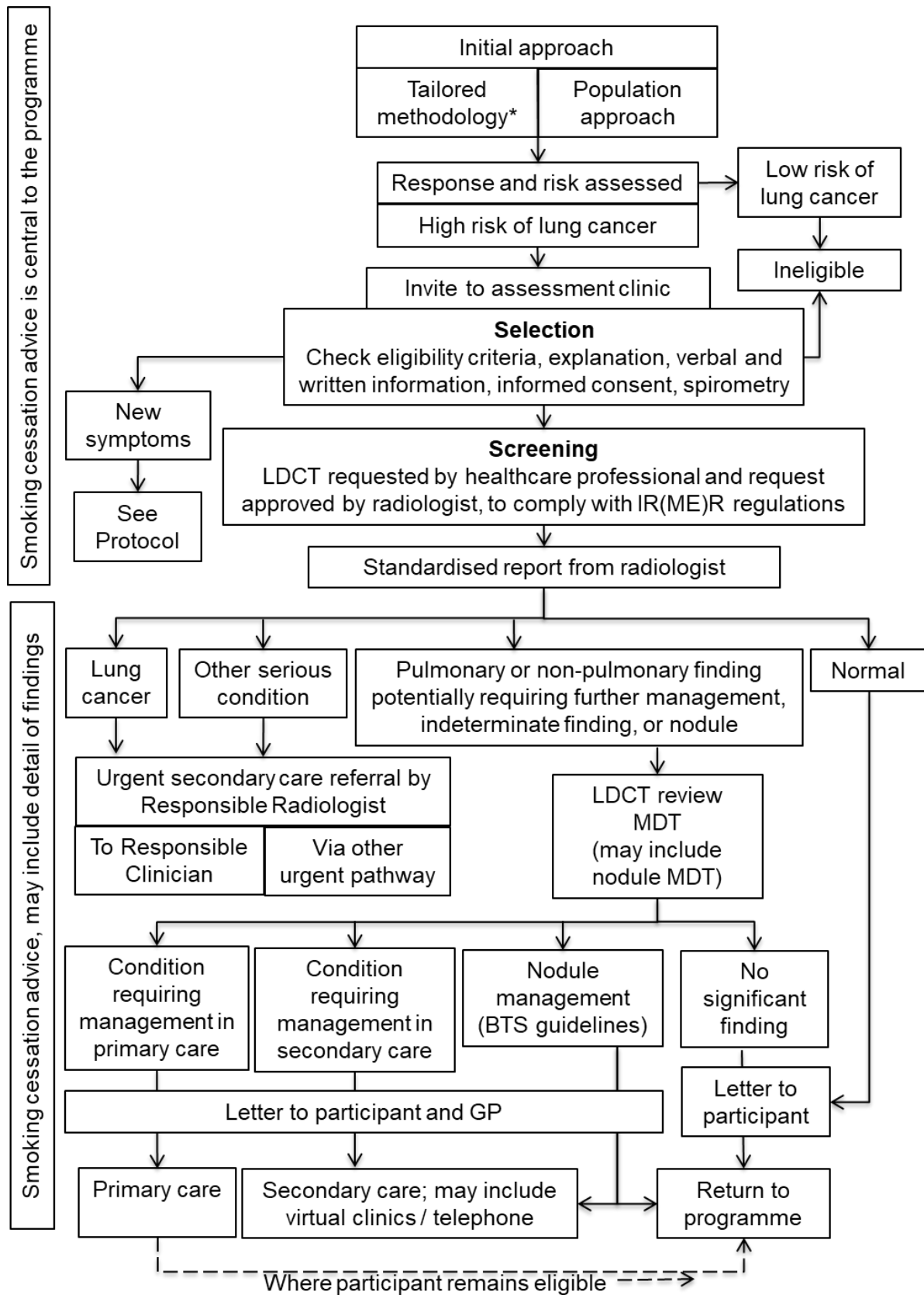
- 10.1.1 It is recognised that this Targeted Screening for Lung Cancer with Low Radiation Dose Computed Tomography and Standard Protocol prepared for the Targeted Lung Health Checks Programme will evolve over time.
- 10.1.2 This will be influenced by the Cancer CEG Lung Sub-Group in its role as an Expert Advisory Group for the Targeted Lung Health Checks Programme tasked with providing expert advice, support and guidance to the evaluation of the programme, implementation of the Standard Protocol, and bringing knowledge and expertise on innovation and developments which would impact on lung cancer outcomes.
- 10.1.3 Furthermore, as findings from the Dutch-Belgian NELSON randomised controlled trial emerge [9], and further work is done on interpreting these data and findings, this document will also adapt in line with this thinking.
- 10.1.4 It should also be noted that advice and consultation with the UKNSC will be ongoing and will also influence future iterations of this documentation.

## 11 References

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## Appendix A

Patient pathway from invitation, through LDCT, and follow up:



## Acknowledgements

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## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification</b>	NHS Tameside and Glossop Community Based Lung Health Checks
<b>Service</b>	Phased Extension of the National Lung Health Checks within NHS Tameside and Glossop CCG
<b>Commissioner Lead</b>	NHS Tameside and Glossop CCG
<b>T&amp;G ICFT (Provider)Lead</b>	NHS Tameside and Glossop Integrated Care Foundation Trust.
<b>Period</b>	January 2020 to March 2023
<b>Date of Review</b>	March 2023

#### 1. Population Needs

#### 2. Outcomes

##### 2.1 NHS Outcomes Framework Domains & Indicators

The Targeted Lung Health Check (TLHC) service which is being commissioned involves identifying people between the ages of 55 – 74 and 364 days who have ever smoked. These people will be invited for a lung health check and a low dose CT scan (where necessary) for the earlier detection and treatment of lung cancer and earlier identification of other respiratory disease. The service fits with Domains 1, 2, 4, and 5 of the NHS Outcomes Framework.

<b>Domain 1</b>	Preventing people from dying prematurely
<b>Domain 2</b>	Enhancing quality of life for people with long-term conditions
<b>Domain 4</b>	Ensuring people have a positive experience of care
<b>Domain 5</b>	Treating and caring for people in safe environment and protecting them from avoidable harm

##### 2.2 Locally Defined Outcomes

The objective of the programme is to achieve the requirements outlined in the Targeted Lung Health Checks Standard Protocol <https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf> covering the following areas:

- Early diagnosis and treatment of lung cancer improving current staging diagnosis and improving survival rates.
- Reduction in lung mortality rate
- Early detection and diagnosis of other incidental findings such as cardiac, pulmonary disease as identified through previous lung health check pilots
- Patient monitoring /call back for participants with suspicious lung nodules
- Proactive promotion of participant self-management and smoking cessation
- Increase the number of people who quit smoking
- Reduction in A&E attendances and hospital admissions in future years

## 2.3 Data Collection Requirements

The service provider will be responsible for the collation and submission of TLHC data in line with the minimum dataset (attached) which sits within the Standard Protocol.



PARTIC1.docx



TLHC  
Dataset\_V1.5.xlsx

The Provider will work with Cancer Alliance Data, Evidence and Analysis Service (CADEAS) [http://www.ncin.org.uk/local\\_cancer\\_intelligence/cadeas](http://www.ncin.org.uk/local_cancer_intelligence/cadeas) who will support the service evaluation (6 key evaluations: barriers and enablers. Replicability and scalability, impact and patient outcomes, health inequalities and participation experience and satisfaction). To support this the Provider will be expected to build quality monitoring assessment tools into the programme.

The lung health check is a service for the registered population of NHS Tameside and Glossop CCG who meet the service criteria. The provision of the lung health check service will improve health outcomes and quality of life by enabling more people to be identified at an earlier stage for serious respiratory disease, with a better chance of putting in place positive ways to substantially reduce the risk of respiratory disease morbidity, premature death or disability. The lung health check service is not just a diagnostic service but is part of a wider process that should ensure that people with respiratory problems gain an accurate diagnosis and appropriate treatment and support, including, if they are smokers, support to help them quit.

The Provider will be expected to update Commissioners on the performance of the service against the service outcomes on a quarterly basis through the agreed governance process.

## 3. Scope

### 3.1 Aims and Objectives of the Service

The primary aim of the service is to reduce mortality from lung cancer. The Provider will ensure that a lung health check is offered to people who smoke or who have been previous smokers, aged 55 to 74 and 364 days in line with the standard protocol. The service will also aim to:

- Increase the number of people diagnosed with lung cancer at an early stage by accurately identifying people at an elevated risk of lung cancer who would benefit from having a low dose CT scan
- Increase the number of people registered at their GP with a correct diagnosis of COPD and in receipt of appropriate treatment
- Increased recognition of the number of people at risk of cardiovascular event in the next 10 years, who may benefit from intervention
- Reduce smoking in people within the targeted age group

The service objectives are:

- Correctly inform participants about the lung health check process and the need for a CT scan if lung cancer risk is equal to or above the set risk threshold
- Accurately calculate the lung cancer risk score of all participants
- Provide a high quality baseline Spirometry test to people at high risk of lung health problems
- Correctly assess people's lung health and refer them to the most appropriate service/s based on their diagnosis.
- Provide support and advice about lung health, in particular, the importance of not smoking and encourage people that express any interest in quitting to access smoking cessation therapy, counsellors services or their GP
- Provide a user friendly service to a diverse population of smokers and ex-smokers aged 55-74 and 364



days that results in high levels of customer satisfaction

- Offer all service participant a lung health check which is convenient and accessible
- Ensure that all participants are seen with the timescale set by the CCG & NHSE

The programme scope covers residents who are registered with a GP in NHS Tameside & Glossop CCG.

The Provider will work collaboratively to agree and establish local pathways for all eligible patients to ensure they access the right care, at the right time to meet the person's needs.

### **3.2 Inclusion Criteria:**

- Age range from 55 to 74 and 364 days
- Willing and able to undergo LDCT; and
- PLCOm2012 risk of  $\geq 1.51\%$  over 6 years

### **3.3 Exclusion Criteria:**

- Participant does not have capacity to give consent (standard criteria for assessing capacity apply);
- Full thoracic CT scan within the last 12 months or planned, for clinical reasons, in the next 3 months (Note, may still be included if CT essentially equates to a baseline scan and there are no other exclusion criteria);
- Weight exceeds restrictions for scanner (>200kg);
- Participant unable to lie flat; or
- Poor physical fitness such that treatment with curative intent would be contraindicated; this may require a second opinion or advice from the local lung cancer MDT
- Patients suspected of cancer (should be referred on the two week wait pathway)
- Patients on the Gold Standard Framework end of life register
- Patients who have had a lung cancer diagnosis within the last five years

### **3.4 Service Set Up & Delivery**

The Provider will work with the Primary Care Network / GP Practices to ensure they invite the targeted population as per the agreed data quality search (attached below). Practices are able to run a search on their GP system (search to be developed by the CCG) to share with the Provider/s (in accordance with the data sharing agreement).



Healthy Lung  
Checks Data Quality

The desired expected service start date will be January 2020 when it the first invite letters will be sent out to participants. The exact date is still in the process of being agreed and the decision will take into account capacity at the tertiary centres.

The Provider/s will be required to implement robust booking, scheduling and administration processes and ensure that LHC minimum data requirements are collected across different systems or organisations and stored and transferred securely.

The Provider/s of the lung health check service will set up a system in line with the Standard protocol to provide CT scanning and reporting provision or work in partnership with a CT scan provider. The Provider will set up a process to transfer reports and CT images to Tameside & Glossop ICFT radiology system where necessary. This process will be agreed through the discussion and production of clinical pathways between the provider/s and the CCG. The time scale for image reporting and transfer will also be discussed, agreed and included in the

appropriate service operation procedure.

It is essential that the Provider builds good working relationships with other LHC providers, primary care and tertiary centres across GM. Clinical pathways will need to be developed and agreed to ensure seamless referral and treatment processes between service providers.

### **3.5 Service Preparation**

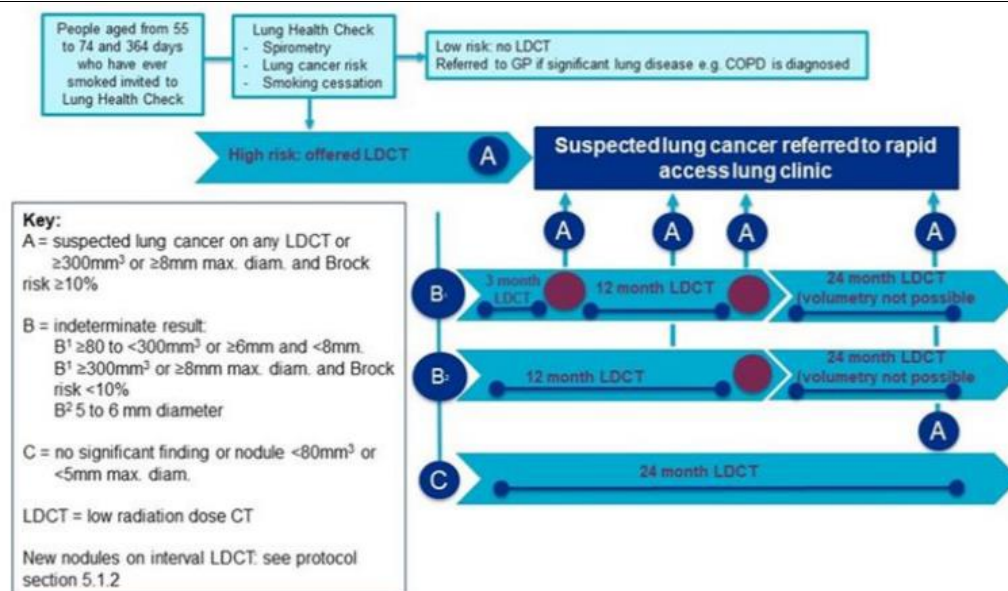
The Provider must ensure a full understanding of the Targeted Lung Health Check Service Protocol and ensure that the protocol is fully adhered to. Areas of concern which must be addressed to ensure excellent service uptake are:

- Participant address is checked as correct
- Process for changing appointments is easy and straight forward
- Follow up process for contacting non-attenders
- Participant is not deceased
- Participant is not an in-patient (participant should be contacted at a later date)
- Participant has not had a thoracic CT within the last 12 months or planned for clinical reasons in the next 3 months

The initial invitation process will be as follows:

1. Participants aged between 55 and 74 and 364 days of age at the date of the first low dose CT scan (LDCT), registered with a GP practice who have ever smoked will be invited for a Lung Health Check. Those who attend will be assessed to calculate their individual risk of developing lung cancer.
2. Invitation to attend for an assessment for suitability for LDCT may be by correspondence or telephone via primary or secondary care, or by offering assessment in a mobile setting in high-risk areas, as part of a Lung Health Check.
3. Individuals will be assessed for eligibility criteria by confirming medical, social and employment history and risk factors for lung cancer. Validated lung cancer risk assessment tools may be used to better quantify risk.
4. Where necessary, reasonable changes should be made to the approach to ensure the service is accessible to all, including those with physical and learning disability and mental illness e.g. easy read documentation, engaging key worker in invitation.
5. NHS translation services should be available where required for individuals without adequate English language skills.
6. Participants who have difficulty understanding the purpose of the programme should be able to access the programme.

The participant journey for both those assessed at the Lung Health Check as low risk of developing lung cancer and those at high risk is shown in the diagram below (Appendix A of the Standard Protocol provides a more detailed clinical pathway).



### 3.6 Capacity & Infrastructure

There should be sufficient capacity and infrastructure to deliver the programme including:

- Community facilities for siting of mobile CT scanners, if required
- Primary care facilities for supporting assessments for eligibility and health checks
- Scanning capacity
- Radiology reporting
- Clinical service for work up of referred participants
- Clinical service for treatment of participants
- Smoking cessation support and advice
- Administrative support for the programme including data collection, collation and submission

The implementation of the programme should be aligned with local services. This will involve working with regional and local healthcare management including:

- Regional Office, NHS England
- Cancer Alliances
- Sustainability and Transformation Partnerships (STPs)
- CCGs
- Local NHS Trusts
- Local Authorities
- Third Sector
- Voluntary Providers
- Social Prescribers

### 3.7 Overview of the Lung Health Check Assessment

The lung health check assessment is an opportunity for people to consider their lung health. Each person qualifying for a lung health check will have a basic examination focusing on lung symptoms, baseline spirometry, Qrisk2 score and have their risk of lung cancer calculated. Those calculated to have a risk of lung cancer above or equal to a set threshold of  $\geq 1.51\%$  will be eligible to enter the low dose CT scan service.

A nurse will interpret the results of the lung health check and use clinical judgment to decide whether or not the participant should visit their GP practice or be signposted elsewhere. The nurse will give reassurance and advice as required and put the patient in touch with on-site smoking cessation intervention as appropriate. The

smoking cessation advisor will ensure robust links with social prescribing providers. The Provider will be responsible for ensuring that results from the lung health check will be electronically processed and will flow into primary care IT systems so that the participant's medical record is updated.

The success of the service will depend upon:

- Attendance at the lung health check
- Correct assessment of lung health & Qrisk2
- Appropriate referral to CT scan
- Structured reporting of CT scans to identify lung cancer, emphysema or coronary disease etc.

### 3.8 Expected Patient Numbers

The expected number of service participants is shown in the table below. The data is based on Tameside & Glossop Demand Modelling taken from primary care data from 21st June 2019. The data search will need to be re-run as the service moves to different localities/neighbourhoods to take into account the service age range of 55 – 74 and 364 days.

Tameside & Glossop Lung Health Checks Activity Modelling			
	Modelled @ 60% Take Up (reflecting other programme results) re-affirmed @ 3/9/19 Steering Group		
Stage			Comment
Total eligible population	54,613	100.0%	Aged 55-74/364
Ever smoked	20,207	37.0%	Of Total eligible population
Appointments booked	12,124	60.0%	Take Up of Ever Smoked
Non attendees	970	8.0%	Of Appointments Booked
LHC's performed	11,155	92.0%	Of Appointments Booked
Positive LHC's	6,247	56.0%	Of LHC's analysed
Excluded from CT scan	187	3.0%	Of Positive LHC's
Initial CT scans performed	6,059	97.0%	Of Positive LHC's
Indeterminate - require second scan 3 months	860	14.2%	Of Initial CT Scans performed
Indeterminate - require second scan 12 months	860	14.2%	Of Initial CT Scans performed
Negative CT Scan - 24 months follow-up	5,005	82.6%	Of Initial CT Scans performed
Activity Impact of Cancers Identified			
Findings			Comment
Patients needing clinical investigation (following first scan, three months follow-up and 12 months follow-up)	357	5.9%	Of Initial CT Scans performed (including patients requiring investigation after second scan)
Cancers found	182	50.8%	Of Needing clinic investigation
24 months follow-up	5,005	82.6%	Of Initial CT Scans performed
Patient needing clinical investigation followign 24 month scan	120	2.4%	Of 24 month scans
Cancers found at 24 months follow-up	79	65.5%	Of Needing clinic investigation
Total cancers found	260	N/A	Including those found at initial, 3, 12 and 24 months scans
Surgery	133	51.0%	Of Cancers found
Stereotactic Body Radiation Therapy (SABR)	32	12.2%	Of Cancers found
Chemo-Radiation	24	9.1%	Of Cancers found
Radiation treatment (XRT)	24	9.1%	Of Cancers found
Surgery and Adj Chemo	20	7.7%	Of Cancers found
No Treatment	12	4.6%	Of Cancers found
Chemo	12	4.6%	Of Cancers found
Best Standard Care	4	1.5%	Of Cancers found

The allocation and booking of LHC appointments will be monitored through weekly CCG mobilising contract meetings (moving to monthly as the service is established). The Provider will communicate and advise the commissioners on the number and proportion of slots booked along with any potential for additional capacity. Contingency plans for overbooking will be developed and agreed based on the business case contingency

amount (TBC by finance lead).

The proposed trajectory for booking appointments within 15 months in the specified time period is shown in **Appendix A**. The modelling in appendix A has also been completed for 24 months but the extension of the service is not yet agreed with NHS England. The time period may change depending on possible service impact on tertiary providers. The Provider will continually link with the GM Cancer Alliance to ensure that the service dovetails with other services across GM and is provided at a safe and manageable pace. The Provider will update Commissioners on service roll out progress and identify and communicate service issues well in advance of them becoming unmanageable.

### **3.9 Initial Contact**

The provider will work with Practices to identify patients in the appropriate age range of 55-74 and 364 days registered with a NHS T&G CCG GP practice. The Provider will identify the name, date of birth, home address and contact details whilst taking into account the inclusion and exclusion criteria within the standard protocol. Patients will then be invited to contact the booking service to agree an appointment for a community based lung health check.

The initial invitation letters and booking of any appointments will be managed by the Provider who will manage the end to end process for this service i.e. booking appointments to patient follow up and treatment if required. This will enable control over the whole pathway and mitigate any issues with onward referral.

### **3.10 Set up at Community Locations**

The Provider will engage with Primary Care throughout the service planning and scheduling stage. The provider will identify suitable service locations that adequately cover the Tameside & Glossop footprint. The service is expected to be delivered in 3-4 locations and will target participants across a number of GP practices in the surrounding area. Practices will be informed well in advance of when their patients will be invited. This will give them time to prepare and run their data download and encourage participants to attend.

The provider will agree locations and duration on site with CCG Commissioners. The locations for service delivery will be selected so that they are convenient for the GP practice's patients to attend. The Provider will work with the Commissioner and in partnership with the CT scan service to agree suitable locations. The final locations at which the service will be delivered will be agreed with the Provider at least six weeks before commencement of the service.

The Provider will make all necessary assessments to ensure that a high quality lung health check service can be delivered safely and securely at the agreed locations. The Provider will work with the Commissioner to agree the schedule of service delivery and ensure that the service is ready to begin delivery at the agreed locations at the agreed times, on the agreed dates.

The Provider will work with the Commissioner and in partnership with the provider of the CT scan service to agree the times and days that the lung health check one stop service will operate.

### **3.11 Service Opening Hours**

The LHC service must be available at convenient times for participants i.e.

- Over 6 days
- Early starts 8am
- Late finishes 8pm
- Weekend working i.e. Saturday morning/afternoon

### **3.12 Pathway Planning**

The Provider will work in partnership with the CT scanner provider to deliver a welcoming, seamless and easily accessible pathway from LHC to CT scan through a one stop service. Participants meeting the criteria for a low dose CT scan will be guided through this process with the intention of minimising worries or concerns.

The Provider will work closely with GM Cancer Alliance and tertiary providers to plan service roll out so that the service is launched in a safe and methodical manner to prevent overburden and saturation of the full lung pathway. The service must not impact on local and GM cancer targets. The schedule will be discussed with the Commissioner and agreed with the NHS England National Team.

The Provider will produce service operational procedures (SOPs) covering all aspects of the LHC pathway both in and out of the service and will also cover incidental findings pathways i.e.

- Chronic Obstructive Pulmonary Disease (COPD)
- Emphysema
- Bronchiectasis
- Cardiovascular conditions
- Gastrointestinal conditions

Less Frequent

- Thyroid disorders
- Adrenal nodules
- Hepatic lesions
- Renal masses

The SOPs will be shared with the Commissioner to provide assurance.

### **3.13 Patient Literature**

Patient literature should be available by request in a number of different formats i.e. braille, different languages, video with subtitles etc. Draft literature must be shared with patient groups and primary care for comments and co-production. Literature must include their rights under the Data Protection Act 2018, describe what information is being shared, how it is used, and the location of the Privacy Notice.

The Provider will ensure maximum uptake by implementing a booking process consisting of:

- Initial text message informing participants that they will be invited for a LHC
- Invite letter and information leaflet explaining the service, the lung health check and CT scan process
- Reminder letter/phone call
- Telephone call or text reminder on the day of the LHC

### **3.14 Arrival for Lung Health Check**

- Participants will warmly welcomed in a non-judgmental way
- Participants will be offered a high quality effective service
- There will be a process in place for dealing with participants who may have a physical or mental disabilities
- Only participants with a pre-booked appointment will be seen
- A person asking for a lung health check who does not have an appointment should be signposted to the booking service, if eligible
- Adequate staffing must be in place to cover the service appointment schedule
- Waiting times must be kept to a minimum (no longer than 30 minutes)
- The participant waiting area will be comfortable and restroom facilities provided

### 3.15 Content of the Lung Health Check & Low Dose CT Consultation

The Provider will deliver a lung health check to each participant in line with the Standard Protocol in an electronic format ensuring that all aspect of the minimum dataset are covered. The data should flow into primary care IT systems in real time.

The LHC will consist of:

- Explanation of the LHC process
- Explanation of low dose CT scan and risk (if required)
- Consent for CT scan (if required)
- If a participant decides not to have a scan this should be recorded
- Consent to share data for service evaluation purposes
- A person that does not consent to their data being used for evaluation purposes is still eligible to have a lung health check but their decision for their data not to be shared must be clearly recorded
- Heart & lung symptom questionnaire
- Calculation of lung cancer risk score\*
- Calculation of QRisk2 score for CVD
- Quality assured spirometry
- Brief consultation with respiratory nurse (including smoking cessation advice) to discuss findings and next steps
- Referral to a smoking cessation counsellor on the mobile unit or an appointment will be made prior to leaving

\*Assessment of risk of lung cancer is essential to maximise the cost effectiveness of the intervention. There are a number of methods and further research may identify which is the best. This will form part of the evaluation of the Targeted Lung Health Check Programme. This standard protocol uses two thresholds to identify participants: a risk threshold of  $\geq 1.51\%$  risk of lung cancer over 6 years as the minimum threshold for PLCOM2012.

Due to their smoking history many participants are likely to have some lung health issues and it is important that **only those with indications of significant respiratory disease** are encouraged to attend their GP practice. The respiratory nurse should use the results of the lung health check and their clinical judgement to decide which of the following options is best suited to the participant. The options are:

Options	Action	Indications
1.Reassure the participant that their lung health check does not indicate the need for further follow-up at this time and that their risk of lung cancer is below the threshold needed for more tests	Participant leaves reassured but aware of the importance of not smoking and does not have a CT scan	Risk score below the threshold, no indications of cardio- respiratory disease, ex-smoker or no interest in smoking cessation support
2.Reassure the participant that their lung health check results do not indicate a need to see their GP but that they would benefit from a low dose CT scan because their risk of developing lung cancer is above the threshold for the scan	Participant goes on to have a CT scan but is not encouraged to visit their GP practice	Risk score is above the risk threshold 1.51% or greater. The lung health check does not indicate cardio-respiratory disease. Ex-smoker or no interest in smoking cessation support.
3.Recommend that the participant contact their GP practice to make an	Participant goes on to have a CT scan and is encouraged to contact their GP practice when	Lung cancer risk score is above the risk threshold 1.51% or greater. Spirometry result or answers to

appointment to discuss their lung health, spirometry or Qrisk2 score and that they also have a low dose CT scan because their risk of developing lung cancer is above the threshold for more tests	they can. The participant is provided with details about how best to contact their practice.	questions indicates a potential new diagnosis of lung disease e.g. COPD. Qrisk2 indicates risk of CV event over next 10 years that may require statin.
4.Recommend that the participant see their GP to discuss their lung health, spirometry or Qrisk2 score but they do not need a low dose CT scan	Participant does not have a low dose CT scan and is encouraged to contact their GP practice when they can. The participant is provided with details about how best to contact their practice.	Lung cancer risk score is below the risk threshold of 1.51%. Spirometry result or answers to questions indicates a new diagnosis of a lung disease e.g. COPD. Qrisk2 indicates risk of CV event over next 10 years that may require statin.
5.Refer the participant to urgently see their GP and use the threshold score to determine whether they should have a low dose CT scan	The respiratory nurse will telephone the participant's GP practice and inform the practice of the need to make an urgent appointment for the participant. The participant will be strongly encouraged to attend their GP practice. The participant may have a low dose CT scan if their risk score is above the threshold.	In exceptional circumstances when the results of the lung health check strongly indicate important undiagnosed disease and urgent action is indicated.
6.Recommend that the participant contact their GP practice / other resource to discuss stopping smoking	With option 6 other options may also apply. Depending upon which of the above Options also applies the person may also have a CT scan or be advised to see their GP because of indications of important respiratory disease.	The participant is a current smoker and has expressed an interest in getting support to quit smoking.

### 3.16 Staff Training & Competence

Before commencement of the service the Provider will ensure that all staff providing the service are fully trained and competent. It is also advisable to offer shadowing to the Respiratory Nurses covering the areas highlighted in the pilot for incidental findings (See section 4.8 above). There would be a benefit from additional enhanced training to ensure that staff are confident to relay sensitive information to participants.

Training must be provided in line with the Standard Protocol and is available via the Cancer Alliance Portal <https://future.nhs.uk/connect.ti/canc/view?objectID=13365584> (registration required) and <https://www.roycastle.org/for-healthcare-professionals/targeted-lung-health-checks/training/>





The Lead Radiologist and Reading Radiologist/s will be required to provide the following information to the NHSE National Team & T&G ICFT before they are permitted to report for the T&G LHC service:

- How often they attend the lung nodule MDT
- How many other MDTs they attend (e.g. general chest) and how often
- Any specific interests (e.g. chest, GI, neuro)
- If BTS guidelines are used in clinical practice for incidental nodules
- If volumetry is used in clinical practice for incidental nodules
- The volumetry software used

The NHSE minimum standards and the LHC key performance outcomes framework (included in appendices in draft) in **Appendix B** must be adhered to by the Lung Health Check Nurses and The Lung Cancer Reading Radiologists and compliance must be overseen by the Responsible Assessor as per the Standard Protocol.

### 3.17 Equipment for LHC

Equipment used for the LHC must be calibrated (where necessary) to collect accurate readings i.e.

- Weighing scales (record in kilograms)
- Blood pressure equipment (recorded in mmHg in patient's right arm, where possible)
- Height (recorded in metres)

The nurse will assess the participants pulse and record regular / irregular. If irregular, and atrial fibrillation not know, this will be highlighted to the GP and AF used in the calculation of Qrisk2 score.

### 3.18 Respiratory Health Questions

The Provider will use a symptom questionnaire covering relevant aspects of the minimum dataset. The Provider will be responsible for ensuring that the answers to each question are recorded electronically on the structured data collection template and this information should flow or interface into primary care IT systems and the relevant Tameside and Glossop ICFT IT systems. Systems must be put in place for easy referral and appropriate transfer of data to third sector and social prescribing service.

### 3.19 Referrals to Smoking Cessation Services

The Provider will ensure that smoking cessation is an integral part of the service and will work with the subcontracted provider to ensure that the relevant aspects of the minimum dataset are recorded i.e. number of referrals verses number of quits. Smoking cessation will record the LHC data electronically and separately from all of their other data. This data will be provided electronically to Tameside & Glossop ICFT on a monthly basis.

### 3.20 Low Dose CT Scan

The low dose CT scan will be provided as part of an integral one stop mobile service. The scanner will comply with the CT equipment and volumetry software requirements and the CT image acquisition within the Standard Protocol.

### **3.21 Administrative Follow-up**

The Provider will ensure:

- A robust record of attendance and outcomes is maintained for all people receiving a lung health check
- Keep a secure database which feeds into the production of reports regarding attendance and a participant's lung health check
- Brief activity report covering each month's activity as a routine electronic data return
- The return will include the number of lung health checks provided, non-attendance and the outcome of the health check
- This information will be presented to the CCG contracting team using an agreed electronic format

### **3.22. Security**

The Provider will be responsible for the security of the mobile unit/s and will work with the subcontracted provider to plan security measures day and night. The security agreement will be agreed and documented in the tender agreement and contract.

## **4. Transfer of Data**

The results of the lung health check will be captured on a data collection template developed by the Provider and approved by the commissioner. For those participants receiving a CT scan, the report and image must be transferred to Tameside & Glossop ICFT radiology system electronically and stored in NHS PACS systems. Data sharing agreements must be in place covering all data sharing and transfer processes across all service providers. The data sharing agreements must be written clearly and unambiguous.

The Provider will develop a reporting framework utilising NHS consultant radiologists (or international equivalents) and use a structured report to categorise the presence or absence of pulmonary nodules, coronary artery disease, emphysema or significant additional findings (NHSE in the process of drafting templates).

There should be sufficient radiology reporting capacity to ensure that reports are available within 14 calendar days of initial scan. Where possible Radiologists should be employed by the service or have the role built into their existing job plans. The reporting of pulmonary nodules will utilise volumetry, computer aided detection software and a nodule management algorithm based on British Thoracic Society (BTS) guidelines.

The Strategic Commission will develop a quality assurance programme for reporting and providing reports to the commissioners.

All data flows must be recorded by the Provider and include the data items being transferred, technology processing these flows, legal consent, and the location of the database.

## **5. Clinical Protocols & Pathways**

Clinical protocols and pathways will be developed by the Provider in collaboration with appropriate colleagues (a sub-group of GPs, respiratory physicians, lung nurses, and radiologists). These will be in place before the commencement of the service.

Patients with a positive scan will be upgraded to the suspected lung cancer pathway within 1 working day of receipt of CT report for diagnostic work up. Patients with significant additional unexpected findings will be referred to an appropriate clinician in accordance with agreed pathways and protocols with the Commissioner.

The Provider will ensure a process is in place for notifying the patient's GP of the action taken.

The Provider will arrange telephone clinic appointments for participants with abnormal findings to fully explain the results and possible actions. These appointments will be followed by a patient letter, and a letter to the participants GP. Where possible standardised GP and patient template letters will be utilised to convey the results and actions of the nurse led LHC and CT scan as appropriate (NHSE templates are available).

## **6. Communication & Engagement**

The provider will be responsible and accountable for the communication & engagement plan that will be developed and implemented in collaboration with the Strategic Commission. It is recognised that the success of this service is supported by a robust engagement strategy across all associated NHS providers, third sector, voluntary services and the local population.

Approach:

The Lung Health Check is promoted as a lung MOT and **not cancer screening**. The key messages and benefits of the lung health check:

- One stop service – everything in one place and CT scan being available immediately
- Accessible and very convenient

The Provider will use patient experience statistics to promote or improve uptake of the service, to include:

- Care and treatment, waiting time, location and communications of the Lung Health Check (LHC)
- Communications prior to CT scan
- Facilities at the LHC
- Would you recommend the service to a friend or family member?

Co-designed well researched patient information will be developed (align with NHSE materials) to include:

- GP invite letter
- Lung Health Check and LDCT scan leaflets
- Online resource portal for practices and patients to access information and resources about the services
- Information video about the lung health check process

### **6.1 Community engagement:**

Co-ordinate community events to include:

- Community networks
- Leafleting and Macmillan bus
- Awareness sessions e.g. Breathe Easy groups
- Bookmakers, Vape/E-Cig shops
- Posters in community venues

### **6.2 GP Engagement:**

GP practices play a pivotal role in communicating and engaging with patients. GP practice staff should proactively talk to their patients encouraging attendance and answering questions about the service.

- Briefing sessions/ staff encouragement
- Waiting room posters
- Messages on prescriptions
- Practice staff answering queries
- Training module to support practices prior to go-live

### **6.3 Media and advertising**

The lung health check has already received a significant amount of local and national media attention. This provides a strong base of recognition from which to continue to promote the service.

- Local video
- Press release, Local radio and TV
- Social media
- Patient stories

## **7. NHS Patient Experience & Satisfaction Survey**

The Provider will ensure that an appropriate Patient Satisfaction Survey is undertaken, asking a minimum of 20% of participants selected at random from each site location. The survey should be in line with Picker Institute Healthcare Commission standardised patient experience questionnaires. <https://www.picker.org/wp-content/uploads/2014/10/Discussion-paper-...-hospital-outpatients.pdf>

A robust complaints procedure must be in place so that participants understand the process. The provider will be expected to log complaints, respond swiftly and identify recurring issues that must be addressed. The provider must follow the procedure outlines in the NHS Constitution for England (2015). <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

## **8. Equality**

### **Data Requirements**

The service will be monitored on the collection of data of the following protected characteristics:

1. Race- Data to be collected referring to ethnicities
2. Disability - Data to be collected referring to type of disability and Data to be collected referring to carer
3. Sex - Data capture to be sensitive to main sub groups of gender and gender self-identification
4. Age
5. Sexual Orientation - Data capture to be sensitive to sub groups within sexual orientation self-identification
6. Religion or Belief - Data to be collected referring to type of religion or belief and sub-groups therein
7. Marriage & Civil Partnership
8. Carers - Data to be collected reflecting type of caring undertaken and details of disability or impairment of those who the carer cares for.
9. Pregnancy and maternity
10. Homelessness - Data to be collected reflecting type of accommodation status.
11. Carers

Although carers and homelessness are not one of the 9 Protected Characteristics they are priority areas for Greater Manchester and collection of this data is important in the planning of future services and monitoring access of current services.

## **9. Finance**

The national team has allocated funding through a two-cost model:

- A fixed amount for each project to cover the cost of the core programme
- A variable amount calculated on the national reported size of the CCG population of 55 to 74-year and 364 days.

Fixed funding:

- Each CCG has funding for core staffing and clinical leadership for the 4-year programme
- CCGs with populations over 55,000 have received additional funding for project and programme management posts
- Funding allocated will ensure the projects have the resources to deliver the clinical service

The financial model uses three nationally agreed averages:

1. 54% of the eligible population of 55 to 74-year olds and 364 days, smoke or have smoked
2. 50% of those who smoke or have smoked, will take up the offer of a lung health check
3. 56% of those who attend a lung health check are at risk and offered a low dose CT

- CT scanning including the cost of providing mobile capacity
- Teleradiology.
- Consumable costs associated with the lung health check
- Travel and other costs including legal

**Fixed funding:**

The table below provides a breakdown of suggested roles based on NHSE assumptions:

Post	Band	WTE	Notes
Clinical posts	Medical consultant	1 wte	10 pa sessions/ week
Specialist lung health check nurse	Band 6	1 wte	
Practice nurse	Band 6	1 wte	Not required in yrs. 3 & 4
PACS support	Band 4	2 wte	
Administrator	Band 3	1 wte	
Project manager	Band 8a	1 wte	
<b>Additional fixed funding for single CCGs with target population over 55,000</b>			
Project manager	Band 8a	1 wte	Tameside & Glossop Doncaster Newcastle Gateshead
Programme manager	Band 8d	1 wte	Newcastle Gateshead

The finances associated with the programme is shown in schedule 3 of the contract.

## 10. Applicable Service Standards

### 10.1 Applicable national standards (e.g. NICE)

The Provider will deliver a lung health check to the adult population of NHS T&G CCG in accordance with the requirements as set out in this specification, in accordance with the National Standard Protocol, current guidelines and legislation.

#### Good Practice Standards

The Provider will comply with:

- Good clinical industry practice which will include but is not limited to: standards for better health, relevant NICE guidance, for example guidance supporting interventions to help people stop smoking

- The baseline spirometry will be undertaken in accordance with the guidance from the Association for Respiratory Technology and Physiology

<http://www.artp.org.uk/en/professional/artp-standards/index.cfm/Quality%20Assured%20Spirometry>

#### Time Standards

The Provider will:

- Ensure that for all people arriving before or on time for their appointment the lung health check begins within 30 minutes of the scheduled appointment time.
- Provide details of the daily attendance at the lung health check service to the weekly (moving to monthly as service develops) CCG contract meeting
- Provide outcome of the nurse led LHC +/- LD-CT within 14 calendar days to the participants GP; but aim to move to real time reporting in the future.

#### Information Management & Technology (IM&T) Requirements

The Provider will

- Enable referral information and reports to be received and delivered in electronic format, as outlined by the commissioner.
- Comply with the Information Governance requirements of NHS T&G CCG and the NHS for personal identifiable data.
- All new information assets and changes to service must be approved via the Change Control Advisory Board at T&G ICFT.

#### Clinical Safety and Medical Emergency Measures

The Provider will ensure that:

- They operate within a clinically safe environment ensuring safe practice and adequate levels of equipment to deal effectively with medical emergencies.
- All staff are appropriately trained and accredited including having a Life Support certificate which meets the standards set out by the Resuscitation Council ([www.resus.org.uk](http://www.resus.org.uk))

#### Quality Requirements of Activity Outputs

The Provider will ensure the participant's GP receives the result of the lung health check to agreed or mandated timescales or in line with clinical appropriateness.

The Provider will communicate any unusual, unexpected, urgent, or clinically significant findings that may require immediate or urgent clinical decisions in accordance with the locally agreed protocol.

#### Clinical Contract Specification - Standards and Equipment

The Provider will ensure that equipment is provided and maintained to an adequate minimum level to fulfill the standards outlined within this specification.

The Provider will carry out daily quality assurance and quality control checks on equipment to ensure minimum standards of operations are maintained in line with legal, professional, industry and manufacturers specifications.

The Provider should use:

- A spirometer which meets the ISO standard 267823
- One-way mouthpieces and nose clips
- Bacterial and viral filters (as indicated in selected patients)

- Height measure and weighing scales – calibrated according to manufacturer’s instructions.

Training and Education

The Provider will deliver education and training for all staff to attain competence and maintain those standards including the provision of professional registration requirements.

Quality Assurance

Undertake quality assurance of the Spirometry equipment in line with assured diagnostic spirometry (ARTP) guidance. This will include quality control checks at least weekly to ensure reliability and reproducibility of results.

Operating Manual

The Provider will have and adhere to an Operating Manual that contains effective policies and procedures covering service specific standards and any regulatory and legislative requirements.

**11. Performance Monitoring**

**Key Performance Indicators from Business Case**

In the process of being developed in line with the Standard Protocol.

**12. Location of T&G ICFT (Provider) Premises**

The Provider’s premises are to be located at agreed community locations. The service will be delivered from suitable mobile units. The locations for service delivery will be convenient for the GP practice’s patients to attend and must also be able to accommodate the size and other requirements of the mobile units, and the participants attending the service. Car parking facilities must be available for participants.

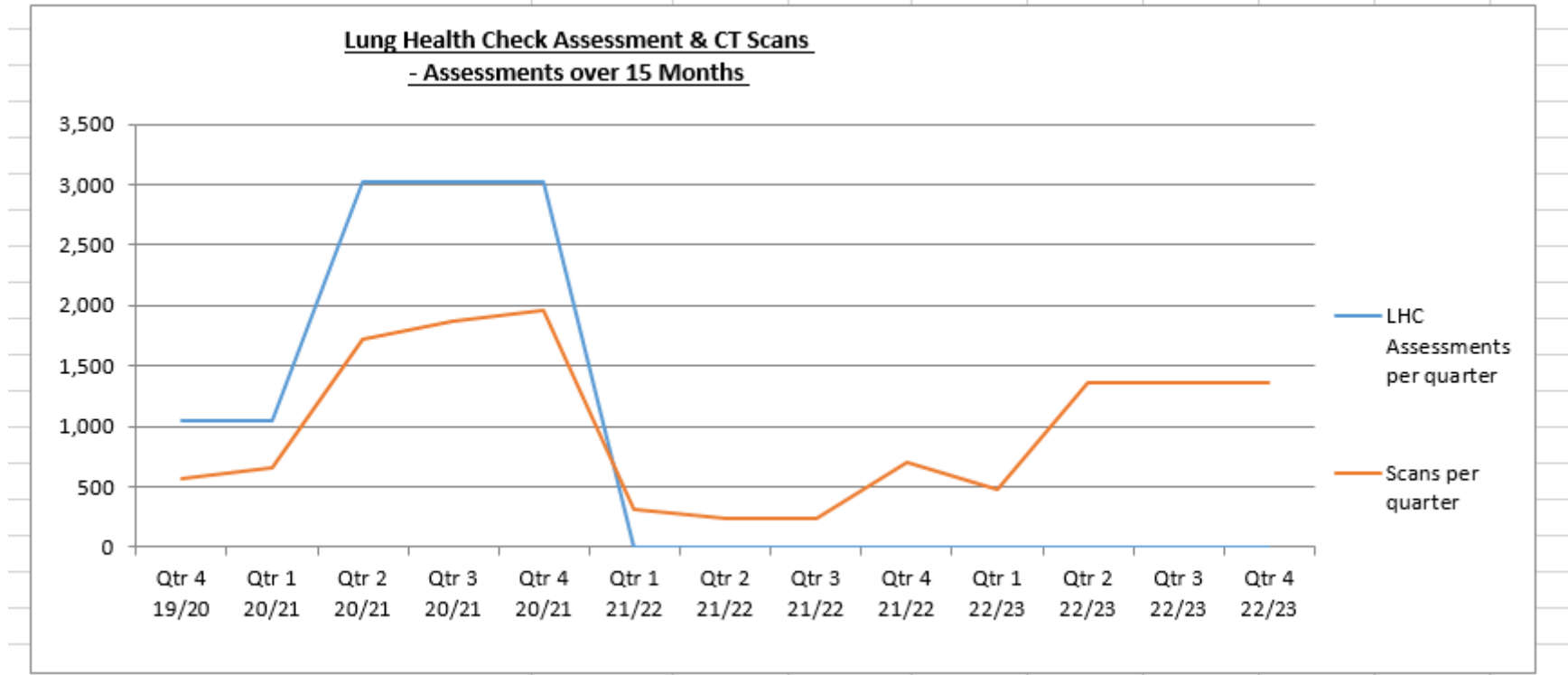
Please refer to the Indicative Activity Plan at **Schedule 2B for** the breakdown of activity (outline draft plan below). The time scales are still in the process of being agreed.



LHC Modelling  
Updated 111019 15

Dates	Activity – Assumes 6 Cohorts each cohort running for 3 months
April 2020 to March 2021	LHC and Initial CT scans performed
January 2020 to January 2022	3 month repeat scan booked (if intermediary results)
January 2021 June 2023	12 month follow-up scan (if had 3 month repeat scan)
October 2021 to March 2023	24 month follow-up scan (if first round of scans clear)

15 Month Profile with 60% Uptake:







## Standard 1: Lung cancer screening nurses

### 1a. Description

Training and experience required for nurses conducting lung cancer screening lung health checks for the Targeted Lung Health Checks programme.

**1b. Cross reference to NHS England Standard Protocol**      Sections 2.2 and 2.3.2

### 1c. Rationale

To make sure nurses delivering the targeted lung health check programme are qualified and experienced. To make sure the service is safe and effective.

### 1d. Definition

Minimum qualifications for nurses:

- Registered with the Nursing and Midwifery Council; and
- Registered with the national Spirometry Register from April 2020

Minimum additional training courses:

- Communicating with high-risk individuals about lung cancer screening
- National consent training
- IR(ME)R for Referrers

### 1e. Metric

100% of nurses conducting Lung Health Checks meet the minimum qualifications and minimum training requirements.

### 1f. Local audit

The Clinical Director of Programme (DP) will ensure all nurses meet the minimum training standard at all times. They will maintain a local minimum training and experience record for nurses delivering lung health checks for the Targeted Lung Health Checks programme.

### 1g. National Audit

The Responsible Assessor will report quarterly against this standard to the Targeted Lung Cancer Health Checks Delivery Group.

### 1h. Training courses

Training courses for nurses not experienced in delivering lung health checks to become qualified to perform Targeted Lung Cancer Health Checks.

## Standard 2: Lung cancer screening radiologists

### 2a. Description

Training and radiological experience required for radiologists reporting low dose CT lung cancer screening scans for the Targeted Lung Health Checks programme.

**2b. Cross reference to NHS England Standard Protocol** Section 4.6.1

### 2c. Rationale

To make sure consultant radiologists delivering the targeted lung health check programme are qualified and experienced. To make sure the service is safe and effective.

### 2d. Definition

Minimum qualifications for consultant radiologists:

- Registered with the General Medical Council (GMC); and
- Fellow of the Royal College of Radiologists (RCR).

Minimum additional training course:

- British Society of Thoracic Imaging (BSTI) Lung Nodule Workshop.

Minimum experience:

- Reporting a minimum of 500 thoracic CTs per annum in their routine clinical practice, a significant proportion of which should be CTs performed for the evaluation of lung cancer.
- Regular attendance at a thoracic MDT meeting (which may include virtual attendance) or be part of a thoracic MDT as part of their routine clinical work.

### 2d. Metric

100% of consulting radiologists reporting thoracic CTs for the Targeted Lung Health Checks programme meet the minimum qualifications and training requirements.

### 2e. Local audit

The Responsible Radiologist (RR) will ensure all radiologists meet the minimum standard at all times. They will maintain a local minimum training and experience record for radiologists reporting low dose CT scans for the Targeted Lung Health Checks programme.

### 2g. National Audit

The Responsible Assessor will report quarterly against this standard to the Targeted Lung Cancer Health Checks Delivery Group.

### 2h. Training course

Training course for radiologists to gain specific experience in reading low dose CT lung cancer screening scans.

## Standard 6: Communications

### 6a. Description

Communication relating to participant invitation, results, referrals and discharge from the programme must comply with the standard protocol. Communication to GPs regarding participants on the programme must as a minimum standard include details of results from lung health check appointment (lung health check assessment, risk assessment, spirometry assessment and smoking cessation or any other lifestyle advice) and low dose CT scan proforma as detailed in Standard 12.

**6b. Cross reference to NHS England Standard Protocol**      Sections 3.1, 3.4 and 8.

### 6c. Rationale

To ensure that all communication relating to invitational approach, results, referrals and discharge from the programme are consistent across the programme.

### 6d. Definition

Communication must comply with the Standard Protocol.  
Communication to GPs programme must as a minimum standard include details of results from lung health check appointment (lung health check assessment, risk assessment, spirometry assessment and smoking cessation or any other lifestyle advice) and low dose CT scan proforma as detailed in Standard 12.

### 6e. Metric

Full compliance with standard communication methods as outlined in the standard protocol.

### 6f. Local audit

The Responsible Assessor will ensure that communication methods meet the minimum standard at all times.

### 6g. National Audit

The Responsible Assessor will report quarterly against this standard to the Targeted Lung Cancer Health Checks Delivery Group.

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<b>Report to:</b>	<b>EXECUTIVE CABINET</b>
<b>Date:</b>	27 November 2019
<b>Executive Member/Clinical Lead</b>	Councillor Ryan – Executive Member for Finance & Economic Growth Ashwin Ramachandra – Lead Clinical GP
<b>Reporting Officer:</b>	Kathy Roe – Director of Finance
<b>Subject:</b>	<b>CAPITAL MONITORING PERIOD 6 2019/20</b>
<b>Report Summary:</b>	<p>This report summarises the 2019/20 capital expenditure monitoring position at 30 September 2019, based on information provided by project managers.</p> <p>The report shows projected capital investment in 2019/20 of £55.484m by March 2020. This is significantly less than the original budgeted capital investment as there is a need to transfer £22.890m from 2019/20 into 2020/21.</p>
<b>Recommendations:</b>	<p>Members are asked to approve the following:</p> <ul style="list-style-type: none"><li>(i) The re-profiling of £22.890m to reflect up to date investment profiles</li><li>(ii) The changes to the Capital Programme as set out in <b>Appendix 1</b></li><li>(iii) The updated Prudential Indicator position set out in <b>Appendix 5</b>, which was approved by Council in February 2019</li><li>(iv) Removal of £0.500m remaining budgets of capital schemes which have come to an end as set out in <b>appendix 11</b>.</li></ul> <p>Members are asked to note:</p> <ul style="list-style-type: none"><li>(i) The current capital budget monitoring position</li><li>(ii) The resources currently available to fund the Capital Programme</li><li>(iii) The updated capital receipts position</li></ul>
<b>Corporate Plan:</b>	The Capital Programme ensures investment in the Council's infrastructure is in line with the Corporate Plan.
<b>Policy Implications:</b>	In line with Council Policies.
<b>Financial Implications: (Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	<p>These are the subject of the report. In summary:</p> <ul style="list-style-type: none"><li>• The forecast outturn for 2019/20 is £55.484m compared to the 2019/20 revised budget of £76.764m</li><li>• Re-profiling of £22.890m into future year(s) to match expected spending profile has been requested.</li></ul> <p>Demand for capital resources exceeds availability and it is essential that those leading projects ensure that the management of each scheme is able to deliver them on plan and within the allocated budget.</p> <p>Close monitoring of capital expenditure on each scheme and the resources available to fund capital expenditure is essential and is</p>

an integral part of the financial planning process. We continue to experience significant delays to a number of projects, resulting in slippage in the programme.

There is very limited contingency funding set aside for capital schemes, and any significant variation in capital expenditure and resources, particularly the delivery of capital receipts, will have implications for future revenue budgets or the viability of future capital schemes.

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


It is a statutory requirement for the Council to set a balanced budget. It is vital that the capital expenditure position is regularly monitored so as to maintain a balanced budget and ensure that the priorities of the Council are being delivered.

**Risk Management:**

The Capital Investment Programme proposes significant additional investment across the borough. Failure to properly manage and monitor the Council's Capital Investment Programme could lead to service failure, financial loss and a loss of public confidence. We continue to experience delays which have a significant adverse impact on the progression of a number of key schemes, including the Vision Tameside project and a number of key Education programmes to deliver additional school places. Funding of the Capital Programme assumes the realisation of some significant Capital Receipts from land and property sales which if not achieved will require the reassessment of the investment programme.

**Background Information:**

The background papers relating to this report can be inspected by contacting Heather Green, Finance Business Partner by:

 Telephone: 0161 342 2929

 e-mail: [heather.green@tameside.gov.uk](mailto:heather.green@tameside.gov.uk)

## 1. INTRODUCTION

- 1.1 This is the second capital monitoring report for 2019/20, summarising the forecast outturn based on the financial activity to 30 September 2019.
- 1.2 The detail of this monitoring report is focused on the budget and forecast expenditure for fully approved projects in the 2019/20 financial year. The approved budget for 2019/20 is £76.764m. Additional schemes will be added to future detailed monitoring reports once business cases have been approved by Executive Cabinet.

## 2. CHANGES SINCE THE LAST MONITORING REPORT

- 2.1 There have been changes to the 2019/20 Capital Programme to the value of £16.536m since the start of the financial year. This includes slippage from Q1 2019/20 of £2.468m. A full breakdown of the changes can be found in **Appendix 1** of this report.

## 3. SUMMARY

- 3.1 The current forecast is for service areas to have spent £55.484m on capital investment in 2019/20, which is £21.280m less than the current capital budget for the year. This variation is spread across a number of areas, and is made up of a number of additional costs due to overspend against a number of specific schemes (£1.610m) less the re-phasing of expenditure in some other areas (£22.890m). Proposed re-profiling of £22.890m into the next financial year is identified within the individual service area tables in **appendices 2 to 7**.
- 3.2 Table 1 below provides a high level summary of capital expenditure by service area.

Table 1: CAPITAL MONITORING STATEMENT – SEPTEMBER 2019				
	2019/20 Budget	Actual to 30 September 2019	Projected 2019/20 Outturn	Projected Outturn Variation
	£000	£000	£000	£000
<b>Growth</b>				
Investment & Development	5,848	1,037	3,100	2,748
Corporate Landlord	421	97	225	196
Estates	114	0	50	64
<b>Operations and Neighbourhoods</b>				
Engineers	13,350	4,467	13,047	303
Vision Tameside	8,708	1,153	3,156	5,552
Environmental Services	3,640	233	2,059	1,581
Transport (Fleet)	260	94	260	0
Stronger Communities	27	0	27	0
<b>Children's</b>				
Education	17,539	2,070	12,850	4,689
<b>Finance &amp; IT</b>				
Finance	5,700	0	5,700	0

<b>Digital Tameside</b>	3,959	999	4,310	(351)
<b>Population Health</b>				
<b>Active Tameside</b>	15,970	5,560	10,360	5,610
<b>Adults</b>				
<b>Adults</b>	1,228	20	340	888
<b>Total</b>	<b>76,764</b>	<b>15,730</b>	<b>55,484</b>	<b>21,280</b>

#### 4. CAPITAL RECEIPTS

- 4.1 With the exception of capital receipts earmarked as specific scheme funding, all other capital receipts are held in the Capital Receipts Reserve and utilised as funding for the Council's corporately funded capital expenditure, together with any other available resources identified in the medium term financial plan.
- 4.2 A reprioritisation exercise was completed in March 2019 and earmarked schemes have been prioritised. There is a current funding gap of £26m (**Appendix 8**), if all earmarked capital schemes were to be progressed, and this gap will increase further if anticipated receipts are not achieved.
- 4.3 Further information on capital receipts can be found in **Appendix 9**.

#### 5. PRUDENTIAL INDICATORS

- 5.1 The CIPFA Prudential Code for Finance in Local Authorities was introduced as a result of the Local Government Act (2003) and was effective from 1 April 2004. The Code sets out indicators that must be monitored to demonstrate that the objectives of the Code are being fulfilled.
- 5.2 The initial Prudential Indicators for 2019/20 and the following two years were agreed by the Council in February 2019. The Capital Expenditure indicator has been updated to reflect the latest position.
- 5.3 The latest Prudential Indicators are shown in **Appendix 10**.

#### 6. CAPITAL SCHEMES - NO SPEND

- 6.1 There are a number of schemes which have been monitored over the financial year 2018-19 which have incurred no spend. There have been no requests made to slip these schemes into financial year 2019-20. These schemes totalling £0.500m will now be removed from the capital programme and returned to be used for capital funding and schemes in prioritisation.
- 6.2 A breakdown of the schemes with no spend can be viewed in **Appendix 11**.



# Contents Page

- Appendix 1- Programme Changes and Summary (Slide 4-6)
- Appendix 2-7- Service Area Detail (Slide 7-43)
- Appendix 8- Financing and Prioritisation Shortfall (Slide 44-48)
- Appendix 9- Receipts (Slide 49)
- Appendix 10- Prudential Indicators (Slide 50-51)
- Appendix 11- Capital No Spend (Slide 52)

# P6 2019/20 Capital Monitoring Summary

- This is the second capital monitoring report for 2019/20, summarising the forecast outturn based on the financial activity to 30 September 2019.
- The detail of this monitoring report is focused on the budget and forecast expenditure for fully approved projects in the 2019/20 financial year. The approved budget for 2019/20 is £76.764m. Additional schemes will be added to future detailed monitoring reports once business cases have been approved by Executive Cabinet.
- The current forecast is for service areas to have spent £55.484m on capital investment in 2019/20, which is £21.280m less than the current capital budget for the year. This variation is spread across a number of areas, and is made up of a number of additional costs due to overspend against a number of specific schemes (£1.610m) less the rephrasing of expenditure in other areas totalling £22.890m.

CAPITAL MONITORING STATEMENT – SEPTEMBER 2019				
	2019/20 Budget	Actual to 30 September 2019	Projected 2019/20 Outturn	Projected Outturn Variation
	£000	£000	£000	£000
<b>Growth</b>				
<b>Investment &amp; Development</b>	5,848	1,037	3,100	2,748
<b>Corporate Landlord</b>	421	97	225	196
<b>Estates</b>	114	0	50	64
<b>Operations and Neighbourhoods</b>				
<b>Engineers</b>	13,350	4,467	13,047	303
<b>Vision Tameside</b>	8,708	1,153	3,156	5,552
<b>Environmental Services</b>	3,640	233	2,059	1,581
<b>Transport (Fleet)</b>	260	94	260	0
<b>Stronger Communities</b>	27	0	27	0
<b>Children's</b>				
<b>Education</b>	17,539	2,070	12,850	4,689
<b>Finance &amp; IT</b>				
<b>Finance</b>	5,700	0	5,700	0
<b>Digital Tameside</b>	3,959	999	4,310	(351)
<b>Population Health</b>				
<b>Active Tameside</b>	15,970	5,560	10,360	5,610
<b>Adults</b>				
<b>Adults</b>	1,228	20	340	888
<b>Total</b>	<b>76,764</b>	<b>15,730</b>	<b>55,484</b>	<b>21,280</b>

# 2019/20 Re-profiling

RE-PROFILING REQUESTED		
	2019/20 Re-profile Q1	2019/20 Re-profile Q2
	£000	£000
<b>Growth</b>		
Investment & Development	0	2,748
Corporate Landlord	0	259
Estates	0	64
<b>Operations and Neighbourhoods</b>		
Engineering Services	1,695	532
Vision Tameside	0	5,552
Environmental Services	0	1,931
Transport	0	0
Stronger Communities	0	0
<b>Children's</b>		
Education	773	4,667
<b>Finance &amp; IT</b>		
Finance	0	0
Digital Tameside	0	639
<b>Population Health</b>		
Active Tameside	0	5,610
<b>Adults</b>		
Adults	0	888
<b>Total</b>	<b>2,468</b>	<b>22,890</b>

It is proposed that the capital investment programme is re-profiled to reflect current information. Proposed re-profiling of £22.890m into the next financial year is identified in within the individual service area tables.

Once re-profiling has been taken into account, capital investment is forecast to be £1.610m more than the capital budget for this year. This forecast overspend includes the following:

- DCMS Wave 2 is forecasting to spend £0.990m in advance of the grant of £2.120m being agreed. It is expected that this grant agreement will be finalised in October, which will reduce this overspend, but until contracts are signed it is being flagged as an overspend.
- Works at Fairlea, Denton and Greenside Lane will overspend by £0.350m due to the extent of works required and the scale of problem becoming more apparent. More extensive works are required and additional site investigation works have been undertaken
- Hospital Car Park overspends of £0.199m due to redesign to comply with the Disabled Access Regulations.
- Retrospective approval of Statutory Compliance works of £0.063m.

# Appendix 1 - Programme Summary

TOTAL APPROVED AND EARMARKED CAPITAL PROGRAMME- SEPTEMBER 2019							
	2019/20 Projected Outturn	2019/20 Budget (Approved)	2019/20 Budget (Earmarked)	2020/21 Budget (Approved)	2020/21 Budget (Earmarked)	2021/22 Budget (Approved)	2021/22 Budget (Earmarked)
	£000	£000	£000	£000	£000	£000	£000
<b>Growth</b>							
Investment & Development	3,100	5,848	9,900	275	0	0	0
Corporate Landlord	225	421	7,937	0	0	0	0
Estates	50	114	1,400	0	0	0	0
<b>Operations and Neighbourhoods</b>							
Engineering Services	13,047	13,350	6,250	6,103	6,000	0	0
Vision Tameside	3,156	8,708	0	0	0	0	0
Environmental Services	2,059	3,640	700	400	0	0	0
Transport	260	260	0	2,406	0	0	0
Stronger Communities	27	27	200	0	0	0	0
<b>Children's</b>							
Education	12,850	17,539	0	984	0	0	0
Children's	0	0	950	0	0	0	0
<b>Finance &amp; IT</b>							
Finance	5,700	5,700	500	0	0	0	0
Digital Tameside	4,310	3,959	0	0	0	0	0
<b>Population Health</b>							
Active Tameside	10,360	15,970	0	0	0	0	0
<b>Adults</b>							
Adults	340	1,228	12,700	0	0	0	0
<b>Total</b>	<b>55,484</b>	<b>76,764</b>	<b>40,537</b>	<b>10,168</b>	<b>6,000</b>	<b>0</b>	<b>0</b>

# Programme Summary - After Re-profiling

## TOTAL APPROVED AND EARMARKED CAPITAL PROGRAMME- SEPTEMBER 2019

	2019/20 Projected Outturn	2019/20 Budget (Approved)	2019/20 Budget (Earmarked)	2020/21 Budget (Approved)	2020/21 Budget (Earmarked)	2021/22 Budget (Approved)	2021/22 Budget (Earmarked)
	£000	£000	£000	£000	£000	£000	£000
<b>Growth</b>							
Investment & Development	3,100	3,100	9,900	3,023	0	0	0
Corporate Landlord	225	162	7,937	259	0	0	0
Estates	50	50	1,400	64	0	0	0
<b>Operations and Neighbourhoods</b>							
Engineering Services	13,047	12,818	6,250	6,635	6,000	0	0
Vision Tameside	3,156	3,156	0	5,552	0	0	0
Environmental Services	2,059	1,709	700	2,331	0	0	0
Transport	260	260	0	2,406	0	0	0
Stronger Communities	27	27	200	0	0	0	0
<b>Children's</b>							
Education	12,850	12,872	0	5,651	0	0	0
Children's	0	0	950	0	0	0	0
<b>Finance &amp; IT</b>							
Finance	5,700	5,700	500	0	0	0	0
Digital Tameside	4,310	3,320	0	639	0	0	0
<b>Population Health</b>							
Active Tameside	10,360	10,360	0	5,610	0	0	0
<b>Adults</b>							
Adults	340	340	12,700	888	0	0	0
<b>Total</b>	<b>55,484</b>	<b>53,874</b>	<b>40,537</b>	<b>33,058</b>	<b>6,000</b>	<b>0</b>	<b>0</b>

# Appendix 1 - Programme Changes and Summary

Changes to the Capital Programme	2019/20	2020/21	2021/22	Total
	£000	£000	£000	£000
<b>Period 3 Fully Approved Capital Programme</b>	<b>60,228</b>	<b>2,636</b>	<b>0</b>	<b>62,864</b>
Period 3 Re-Profiling to 20/21	(2,468)	2,468		
<b>Changes per Executive Cabinet 24 July 2019</b>				
- Disabled Facilities Grant (New Budget)	492			492
- Housing Assistance (New Budget)	200			200
- Adult Services schemes- Funded via DFG (New Budget)	645			645
- Statutory Compliance (Additional Budget)	156			156
- Active Tameside- Floodlights (New Budget)	100			100
- Education S106 (New Budget)	69			69
- Children's Playground (Approval of earmarked budget)	200	400		600
- Ashton Town Hall (Approval of earmarked budget)	100			100
- Education- Devolved Capital Grant (New Budget)	1,030			1,030
- Education- Basic Need Grant (New Budget)	4,843			4,843
- Education- School Condition Grant (New Budget)	1,146			1,146
- Engineers grant (New Budget)	2,723			2,723
<b>Changes per Executive Cabinet 28 August 2019</b>				
- Wellness Centre (Additional Budget)	150			150
<b>Changes per Executive Cabinet 25 September 2019</b>				
- Removal of budget for Playing Field Provision	(102)			(102)
- Microsoft Licencing (New Budget)	1,362			1,362
- Active Medlock (New Budget)	120			120
- Hyde Leisure Extension (New Budget)	570			570
- Strategic Investment in Manchester Airport (New Budget)	5,700			5,700
- Removal of budget for Opportunity Purchase Fund	(500)			(500)
- Highways Maintenance Funding			2,258	2,258
- Fleet Replacement Programme			2,406	2,406
<b>Period 6 Fully Approved Capital Programme</b>	<b>76,764</b>	<b>10,168</b>	<b>0</b>	<b>86,932</b>

Status	Number of Schemes	2019/20 Budget	2020/21 Budget	2021/22 Budget	Total Budget
Approved		76,764	10,168	0	86,932
Earmarked		40,537	6,000	0	46,537
<b>Total</b>		<b>117,301</b>	<b>16,168</b>	<b>0</b>	<b>133,469</b>

# Appendix 2 - Service Area Detail Growth

	2019/20 Budget £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000
<b>Growth</b>					
Investment & Development	5,848	1,037	3,100	2,748	(2,748)
Corporate Landlord	421	97	225	196	(259)
Estates	114	0	50	64	(64)
<b>Total</b>	<b>6,383</b>	<b>1,134</b>	<b>3,375</b>	<b>3,008</b>	<b>(3,071)</b>

Regular detailed reports on progress with the Growth Capital Programme are considered by the Strategic Planning and Capital Monitoring Panel. A detailed breakdown, including prior year spend, future budgets and re-profiling is set out in the next slides. The Growth Capital Programme is currently forecasting that outturn will be £3.008m less than budgeted resources. Re-profiling of £3.071m of budget into 2020/21 has been requested.

The variance on Investment & Development has arisen due to significant delay with the Ashton Old Baths project as there has been further works which have been identified which has added significant time to the delivery programme.

# Service Area Detail - Investment & Development

Investment and Development Capital Programme								Re-profiled Budgets	
Capital Scheme	Spend in prior years £000	2019/20 Budget £000	Future Year Budgets £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000	2019/20 £000	Future Year Budgets £000
Ashton Old Baths Annex	44	2,435	275	32	411	2,024	(2,024)	411	2,299
Disabled Facilities Grant	N/A	2,000	0	933	2,000	0	0	2,000	0
Hattersley Station Passenger Facilities	28	676	0	1	51	625	(625)	51	625
Godley Garden Village	N/A	259	0	29	160	99	(99)	160	99
Housing Assistance	N/A	200	0	0	200	0	0	200	0
Ashton Town Hall	58	139	0	35	139	0	0	139	0
Godley Hill Development	N/A	110	0	0	110	0	0	110	0
Longlands Mill	N/A	21	0	0	21	0	0	21	0
St Petersfield		8	0	7	8	0	0	8	0
<b>Total</b>	<b>130</b>	<b>5,848</b>	<b>275</b>	<b>1,037</b>	<b>3,100</b>	<b>2,748</b>	<b>(2,748)</b>	<b>3,100</b>	<b>3,023</b>

## Reprofiling Requested:

### Ashton Old Baths Annex – (£2.024m)

The project has been delayed due to the contracting of the Design Team through the Bloom Framework. There is now a need to undertake a further asbestos survey, revise the listed building consent (glazing of internal windows) and planning permission, a slight change of location for the substation in order to keep Fleet Street open and changes to the Data Centre specification. This has added significant time to the delivery programme.

### Hattersley Station Passenger Facilities – (£0.625m)

Growth Deal 2 funding is now available up to end of the 2020/21 financial year. The revised scheme programme developed as part of GRIP Stage 4 & 5 Funding Agreement has re-profiled the construction phase of the project (GRIP Stage 6 to 8) into the 2020/21 financial year (July 2020 to March 2021).



# Milestones- Investment & Development

## Scheme – Ashton Old Baths – Phase 3 Project Manager - Nawaz Khan

Key Milestones		Start	Completion
Governance	Planned	Apr 2018	Oct 2018
	Actual	Nov 2018	Dec 2018
Appoint Design Team	Planned	Oct 2018	Jun 2019
	Actual	Apr 2019	Jun 2019
Procurement	Planned	Apr 2019	Nov 2019
	Actual	Apr 2019	
Site works	Planned	Dec 2019	Dec 2020
	Actual		

### Scheme Overview

This is the third phase of the Ashton Old Baths project, this involves the development of the Annex and a new data centre including a new sub station.

### Scheme Status

The project is currently at the evaluation stage with works expected to start on site in December 2019.

	£000	£000
Total Budget		2,755
Prior Years Spend	44	
2019/20 Projection	411	
Future Years Projection	2,299	
Total	2,754	2,754

## Scheme – Hattersley Train Station Passenger Facilities Project Manager - Nawaz Khan

Key Milestones		Start	Completion
Feasibility & Option selection	Planned	Oct 2018	Mar 2019
	Actual	Oct 2018	Mar 2019
Governance & Funding agreement	Planned	Apr 2019	Sep 2019
	Actual	Apr 2019	
Detailed design works	Planned	Oct 2019	Jun 2020
	Actual		
Construction	Planned	Jul 2020	Mar 2021
	Actual		

### Scheme Overview

Provision of a new/refurbished ticket office at Hattersley Rail Station. The funding of the project is from AGMA/TfGM Growth Deal 2.

### Scheme Status

The funding agreement is currently with Northern Rail for signing and sealing, single option development and detailed design will then commence.

	£000	£000
Total Budget		750
Prior Years Spend	74	
2019/20 Projection	51	
Future Years Projection	625	
Total	750	750

# Service Area Detail - Estates

Estates Capital Programme								Re-profiled Budgets	
Capital Scheme	Spend in prior years £000	2019/20 Budget £000	Future Year Budgets £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000	2019/20 £000	Future Year Budgets £000
Mottram Showground (OPF)	57	114	0	0	50	64	(64)	50	64
<b>Total</b>	<b>57</b>	<b>114</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>64</b>	<b>(64)</b>	<b>50</b>	<b>64</b>

# Service Area Detail - Corporate Landlord

Corporate Landlord Capital Programme								Re-profiled Budgets	
Capital Scheme	Spend in prior years £000	2019/20 Budget £000	Future Year Budgets £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000	2019/20 £000	Future Year Budgets £000
Retrofit (Basic Measures)		309	0	0	50	259	(259)	50	259
Building Fabric Works		78	0	0	78	0	0	78	0
Statutory Compliance		34	0	97	97	(63)	0	34	0
<b>Total</b>		<b>421</b>	<b>0</b>	<b>97</b>	<b>225</b>	<b>196</b>	<b>(259)</b>	<b>162</b>	<b>259</b>

## Reprofiling Requested:

### Retrofit (Basic Measures) – (£0.259m)

Under the GM 5 Year Environmental Plan each local authority is required to action a plan in regard to retrofitting heating and lighting systems in buildings and to install low carbon alternatives where viable. We are formulating a plan on a building by building basis in response to this requirement – projected spend will then be profiled against available fund.

# Appendix 3 - Service Area Detail Operations & Neighbourhood

	2019/20 Budget £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000
<b>Operations &amp; Neighbourhoods</b>					
Engineers	13,350	4,467	13,047	303	(532)
Vision Tameside	8,708	1,153	3,156	5,552	(5,552)
Environmental Services	3,640	233	2,059	1,581	(1,931)
Transport (Fleet)	260	94	260	0	0
Stronger Communities	27	0	27	0	0
<b>Total</b>	<b>25,985</b>	<b>5,947</b>	<b>18,549</b>	<b>7,436</b>	<b>(8,015)</b>

Regular detailed reports on progress with the Operations & Neighbourhood Capital Programme are considered by the Strategic Planning and Capital Monitoring Panel. A detailed breakdown, including prior year spend, future budgets and re-profiling is set out in the next slides.

The most significant element of the Operations and Neighbourhoods Capital Investment Programme is the Engineers department, which is currently projecting spend in 2019/20 of £0.303m less than budgeted resource. This variation has arisen due to the Hyde to Mottram cycle scheme being transferred to the Mayor Challenge Fund team at the end of September 2019. There are additional costs of £0.199m for Hospital car parking due to a condition being put in place by the planning department. This scheme is projected to overspend by a total of £0.245m. In 2018/19 overspend of £0.046m was funded from Revenue budget.

Works on Tameside One is currently forecasting that expenditure in 2019/20 will be in line with budgeted resource. Vision Tameside Public Realm is forecasting expenditure to be £5.552m less than forecasted as works are now expected to be completed in the next financial year.

The variance on the Environmental Services Capital Programme is due to an overspend being reported on the Greenside Lane scheme of £0.350m and an underspend being projected for the Replacement Cremators. Greenside Lane is expected to overspend due to the extent of the works identified following additional investigation. An underspend of £0.404m on the replacement cremators scheme is anticipated.

# Service Area Detail - Engineers

Engineers Capital Programme								Re-profiled Budgets	
Capital Scheme	Spend in prior years £000	2019/20 Budget £000	Future Year Budgets £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000	2019/20 £000	Future Year Budgets £000
Street Lighting		2,009	2,000	110	2,009	0	0	2,009	2,000
Principal Roads- Ashton		1,758	0	829	1,758	0	0	1,758	0
Principal Roads- Stalybridge		1,399	0	548	1,399	0	0	1,399	0
Principal Roads- Droylsden		927	0	169	927	0	0	927	0
Principal Roads- Denton		823	0	243	823	0	0	823	0
Principal Roads- Dukinfield		809	0	384	809	0	0	809	0
Principal Roads- Hyde		769	0	444	769	0	0	769	0
Principal Roads- Audenshaw		655	0	286	655	0	0	655	0
Principal Roads- Longendale		583	0	326	583	0	0	583	0
Bridges & Structures		550	0	57	550	0	0	550	0
Principal Roads- Mossley		519	0	354	519	0	0	519	0
Flood Prevention & Repairs	105	432	150	0	100	332	(332)	100	482
Retaining Walls/Mottram & Hollingworth		383	0	282	383	0	0	383	0
Car Parking	996	0	0	155	199	(199)	0	0	0
Other Schemes		1,734	1,695	280	1,564	170	(200)	1,534	1,895
<b>Total</b>	<b>1,101</b>	<b>13,350</b>	<b>3,845</b>	<b>4,467</b>	<b>13,047</b>	<b>303</b>	<b>(532)</b>	<b>12,818</b>	<b>4,377</b>

# Engineers- Reprofilng/Variation Narrative

## **Reprofilng Requested:**

### **Flood Prevention and Repairs - (£0.332m)**

We are running slightly behind as our crews have had to prioritise urgent works due to the continuing poor weather. Access and H&S works has already been commenced. Detailed design for major assets being undertaken by specialist consultants. Operatives have had to be redirected to urgent works due to periods of heavy rainfall which has resulted in slipping £0.332m into 2020/21.

### **Other Schemes- Hyde to Mottram and Hollingworth Cycle Scheme - (£0.200m)**

This Project has been transferred to the Mayor Challenge Fund team at the end of September 2019. This will ensure a co-ordinated design and delivery approach is applied to this funding alongside the Mayor's Challenge Fund. A design workshop is being planned for the end of October, with key stakeholders, to identify the preferred route and agree a programme of works to develop the project in line with Highways England grant condition. Some funding will be needed during this financial year to support design development however works will not commence until 2020/21 – hence the request to slip £200k into the next financial year.

### **Car Parking– Projected Variation (£0.199m)**

There are additional costs of £0.199m for Hospital car parking is projected to incur this year due to a condition being put in place by the planning department. This has resulted in a complete level redesign to comply with Disabled Access Regulations. This project is projected to be overspend by £0.245m. In 2018/19 overspend of £0.46m was funded from Revenue budget. The additional construction costs for Car Park 2 and 2A does not have a 2019/20 capital budget for this scheme and the source of funding is yet to be agreed.

# Milestones- Engineers

## Scheme – Flood Prevention & Repairs Project Manager - James O’Loughlin

Key Milestones		Start	Completion
High level design	Planned	June 2019	Dec 2019
	Actual	July 2019	
Engage contractors	Planned	Jan 2020	Mar 2020
	Actual		
Site works	Planned	April 2020	Dec 2020
	Actual		
Produce update	Planned	Jan 2021	Mar 2021
	Actual		

### Scheme Overview

Flood prevention and repairs to the routes damaged by recent flood events and upgrading of the key drainage inlet structure to increase resilience to the flooding

### Scheme Status

Access and H&S works commenced. Detailed design for major assets being undertaken by specialist consultants. Operatives have had to be redirected to urgent works due to periods of heavy rainfall.

	£000	£000
Total Budget		645
Prior Years Spend	0	
2019/20 Projection	100	
Future Years Projection	545	
Total	645	645

## Scheme – A4670 Corridor Mossley Tameside Project Manager - Jody Hawkins

Key Milestones		Start	Completion
Enhanced street lighting	Planned	July 2019	Dec 2019
	Actual		
Puffin crossing	Planned	July 2019	Dec 2019
	Actual		
Footway widening	Planned	Sept 2019	Dec 2019
	Actual		
Vehicle activated signs	Planned	July 2019	Mar 2020
	Actual		

### Scheme Overview

This is a Department for Transport safer roads project in conjunction with Oldham MBC for the A670 Corridor, Mossley Road Ashton to provide a seamless cross border which will provide a safer user Experience for all.

### Scheme Status

Works on a nearby retaining wall prevented the A670 works from taking place. They have now finished and work will commence soon. Equipment has been ordered and the works are ready to commence.

	£000	£000
Total Budget		200
Prior Years Spend	0	
2019/20 Projection	200	
Future Years Projection	0	
Total	200	200

# Milestones- Engineers

## Scheme – LED Street Lighting Project Manager - Lee Holland

Key Milestones		Start	Completion
Lantern replacement	Planned	April 2020	June 2020
	Actual		
Site works	Planned	April 2020	Dec 2020
	Actual		
Traffic management costs	Planned	July 2020	Sept 2020
	Actual		
Complete works	Planned	Jan 2021	Mar 2021
	Actual		

### Scheme Overview

To replace all the main road street lighting lanterns with new energy efficient LED lanterns in order to reduce the Council's energy consumption and its CO2 emissions.

### Scheme Status

The Procurement Initiation Documents (PID) have been completed and discussions are ongoing with Star Procurement to secure materials using the Highway Lighting Materials Framework. Once agreed TMBC can purchase the equipment required for this project.

	£000	£000
Total Budget		3,600
Prior Years Spend	24	
2019/20 Projection	1,576	
Future Years Projection	2,000	
Total	3,600	3,600

## Scheme – Hospital Car Park Project Manager - Chris Bird

Key Milestones		Start	Completion
Car Park 5	Planned	April 2018	Sept 2018
	Actual	April 2018	Sept 2018
Car Park 3	Planned	July 2018	Aug 2018
	Actual	July 2018	Jan 2019
Car Park 2 and 2A	Planned	June 2018	Sept 2018
	Actual	Mar 2019	

### Scheme Overview

Introduction of five new car parks (with one of these being in two sections denoted as 2 and 2A) in and around Tameside Hospital. During initial discussion car park 1 and car park 4 were removed from schedule due to leasing issues.

### Scheme Status

This Scheme is not fully completed at this point of time. This project has been projected to overspend by 0.245m. £0.046m of this was funded from revenue in 2018/19. If no funding is sorted £0.199m will be reported as a revenue pressure for 2019/20.

	£000	£000
Total Budget		950
Prior Years Spend	996	
2019/20 Projection	199	
Future Years Projection	0	
Total	1,195	950



# Service Area Detail - Vision Tameside

Vision Tameside Capital Programme								Re-profiled Budgets	
Capital Scheme	Spend in prior years £000	2019/20 Budget £000	Future Year Budgets £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000	2019/20 £000	Future Year Budgets £000
Vision Tameside Public Realm	806	4,698	0	39	650	4,048	(4,048)	650	4,048
Vision Tameside	54,682	2,348	0	1,114	2,348	0	0	2,348	0
Ashton Town Centre and Civic Square	3,197	1,504	0	0	0	1,504	(1,504)	0	1,504
Document Scanning		158	0	0	158	0	0	158	0
<b>Total</b>	<b>58,685</b>	<b>8,708</b>	<b>0</b>	<b>1,153</b>	<b>3,156</b>	<b>5,552</b>	<b>(5,552)</b>	<b>3,156</b>	<b>5,552</b>

## Reprofiling Requested:

### Vision Tameside Public Realm – (£4.048m)/Ashton Town Centre – (£1.504m)

Permanent works to complete Phase 2 of Ashton Town Centre are currently programmed to commence in May 2020 (timescale yet to be formally approved). The works to be complete Phase 2 Ashton Town Centre of are expected to take six months. We therefore request that the £1,504,000 is rolled forward into 2020/21 financial year.

For the remaining Public Realm works, the anticipated spend to be claimed for works completed this financial year is £0.650m. We therefore request that the balance of budget, value £4.048m is rolled forward into 2020/2021.

# Milestones- Vision Tameside

**Scheme – Public Realm/Ashton Town Centre**  
**Project Manager - Andrea Wright**

Key Milestones		Start	Completion
Public Realm concept proposals approved at Exec Cabinet	Planned	Oct 2015	Oct 2015
	Actual	Oct 2015	Oct 2015
Works to first four zones	Planned	Apr 2015	Mar 2019
	Actual	Apr 2015	Mar 2019
Works to Warrington Street	Planned	Apr 2019	Nov 2019
	Actual	Apr 2019	
Detailed designs to remaining zones	Planned	Jun 2019	Dec 2019
	Actual	Jul 2019	
Remaining public realm works (subject to approval)	Planned	Mar 2020	Mar 2022

	£000	£000
Total Budget		10,205
Prior Years Spend	4,003	
2019/20 Projection	650	
Future Years Projection	5,552	
<b>Total</b>	<b>10,205</b>	<b>10,205</b>

## Scheme Overview

Ashton Town Centre is currently undergoing a once in a generation period of transformation and significant investment is taking place. The Ashton Town Centre project is intended to underpin current and future opportunities and will:

- Create attractive and high quality public realm for the town centre, providing a gateway into the town and a well-connected setting for the new developments.
- Improve pedestrian connectivity and safety between destinations and transport nodes.
- Manage vehicular volumes and speeds to enhance the environment and safety for both pedestrian and cyclists
- Create a network of attractive existing and new public spaces.

## Scheme Status

The outline proposals for the public realm project was initially approved at the Council's Executive Cabinet meeting in October 2015. The proposals involved the delivery of public realm improvements to 10 specific zones. To date works have been completed to 4 of these zones with the fifth zone (Warrington Street) due for completion at end of November 2019. Works are on going to complete the detailed design of the remaining zones.

# Service Area Detail - Environmental Services

Environmental Services Capital Programme								Re-profiled Budgets	
Capital Scheme	Spend in prior years £000	2019/20 Budget £000	Future Year Budgets £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000	2019/20 £000	Future Year Budgets £000
Replacement of Cremators		2,500	0	0	681	1,819	(1,819)	681	1,819
Fairlea, Denton and Greenside Lane Droylsden	70	580	0	206	930	(350)	0	580	0
Cemetery Boundary Walls	53	207	0	24	207	0	0	207	0
Children's Playgrounds		200	400	0	140	60	(60)	140	460
Oxford Park Play Area		40	0	0	6	34	(34)	6	34
Greenspace Infrastructure 2019	21	36	0	0	36	0	0	36	0
Highway Tree Planting 2019	9	25	0	0	25	0	0	25	0
Sam Redfern Green		17	0	0	17	0	0	17	0
Dukinfield Park Improvements	46	10	0	1	1	9	(9)	1	9
Audenshaw Environmental Improvements		9	0	0	0	9	(9)	0	9
Infrastructure Improvements	52	8	0	2	8	0	0	8	0
Rocher Vale & Hulmes and Hardy Wood	74	6	0	0	6	0	0	6	0
Egmont St Fencing	12	2	0	0	2	0	0	2	0
<b>Total</b>		<b>3,640</b>	<b>400</b>	<b>233</b>	<b>2,059</b>	<b>1,581</b>	<b>(1,931)</b>	<b>1,709</b>	<b>2,331</b>

# Environmental Services- Reprofiting/Variation Narrative

## **Replacement of Cremators – Re-profiling request (£1.819m)**

The procurement of the cremator equipment was carried out in spring 2019, the award was delayed due to legalities and ensuring concerns were acted upon and clarified. The intention was to start the project mid-Summer with completion by November 2019 to avoid and disruption or delay to bereaved families during the Christmas and winter period.

Once the contract had been awarded it became clear that listed building consent would be required due to the extensive nature on the internal fittings and a project manager would be required to oversee the critical, sensitive work. Other preliminary works are required to ensure everything is done in accordance with statutory requirements. As a result listed building consent will not be granted until December 2019, therefore, the project will not commence until March 2020 in order to avoid disruption to the service throughout the peak periods. As a result, a request to re-profile £1.819m to 20/21 is required.

## **Fairlea and Greenside Lane – Projected Variation (£0.350m)**

The cost estimate for Greenside Lane was originally £0.300m but is now expected to be £0.650m. The consultants have estimated the contractor's cost to be £0.470m and there will be fees and contingencies on top of this. The increase in cost is due to the extent of works required and the scale of problem becoming more apparent. More extensive works are required and additional site investigation works have been undertaken. The design of the scheme has had to be changed due to the presence of pylons on site which restrict the methods available. The cost estimate for Fairlea was £0.350m and the works are expected to be met within budget.

# Milestones- Environmental Services

## Scheme – Replacement of Cremators & Mercury Abatement Project Manager - Mike Gurney

Key Milestones		Start	Completion
Governance	Planned	July 2018	Oct 2018
	Actual	July 2018	Oct 2018
Procurement	Planned	Nov 2018	Jan 2019
	Actual	Nov 2018	Jun 2019
Asbestos survey, listed building control	Planned	Oct 2019	Mar 2020
	Actual	Oct 2019	
Contractor on site	Planned	Mar 2020	Oct 2020
	Actual		

### Scheme Overview

Replacement of Cremators, mercury abatement and all auxiliary equipment at Dukinfield Crematorium in order to meet its statutory requirements.

### Scheme Status

The procurement process has been completed with the main contract being awarded. Listed building consent is underway and an asbestos survey will now be completed with contractors expected to start on site 1<sup>st</sup> March 2020.

	£000	£000
Total Budget		2,500
Prior Years Spend	0	
2019/20 Projection	681	
Future Years Projection	1,819	
Total	2,500	2,500

## Scheme – Fairlea & Greenside Lane Project Manager - Nick Sayers

Key Milestones		Start	Completion
Fairlea works	Planned	April 2019	Dec 2019
	Actual	April 2019	
Greenside lane tender	Planned	Oct 2019	Oct 2019
	Actual		
Greenside lane works	Planned	Nov 2019	Mar 2020
	Actual		

### Scheme Overview

This project will prevent further land slippages at 2 sites, Fairlea in Denton and Greenside Lane, Droylsden. Both sites have suffered significant land slippage which has the potential to affect residential dwellings.

### Scheme Status

The majority of works have been completed on the site at Fairlea with the remaining 2 elements due to be finished by December 2019. More extensive works are required at Greenside Lane and additional site investigation works have been undertaken.

	£000	£000
Total Budget		650
Prior Years Spend	70	
2019/20 Projection	930	
Future Years Projection	0	
Total	1,000	650

# Milestones- Environmental Services

**Scheme – Children’s Playgrounds**  
**Project Manager - Nicola Marshall**

Key Milestones		Start	Completion
Preparation of information to tender	Planned	Oct 2019	Oct 2019
	Actual	Oct 2019	
Tender process	Planned	Oct 2019	Dec 2019
	Actual		
Works on site	Planned	Mar 2020	Mar 2021
	Actual		

## Scheme Overview

This project will enhance playgrounds across Tameside, the work will include the replacement of play equipment which is now beyond economic repair and replacing loose fill surfaces with wet pour.

## Scheme Status

Officers are currently working to measure all sites and produce a bill of quantities to be used to go to tender.

	£000	£000
<b>Total Budget</b>		600
<b>Prior Years Spend</b>	0	
<b>2019/20 Projection</b>	140	
<b>Future Years Projection</b>	460	
<b>Total</b>	600	600

# Service Area Detail - Transport

Transport Capital Programme								Re-profiled Budgets	
Capital Scheme	Spend in prior years £000	2019/20 Budget £000	Future Year Budgets £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000	2019/20 £000	Future Year Budgets £000
Transport Services- Fleet Replacement		260	0	94	260	0	0	260	0
Transport Services- Fleet Replacement		0	2,406	0	0	0	0	0	2,406
<b>Total</b>		<b>260</b>	<b>2,406</b>	<b>94</b>	<b>260</b>	<b>0</b>	<b>0</b>	<b>260</b>	<b>2,406</b>

# Service Area Detail - Stronger Communities

Stronger Communities Capital Programme								Re-profiled Budgets	
Capital Scheme	Spend in prior years £000	2019/20 Budget £000	Future Year Budgets £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000	2019/20 £000	Future Year Budgets £000
Libraries In The 21 <sup>st</sup> Century	552	27	0	0	27	0	0	27	0
<b>Total</b>	<b>552</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>0</b>



# Appendix 4 - Service Area Detail Education

	2019/20 Budget £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000
<b>Children's</b>					
Education	17,539	2,070	12,850	4,689	(4,667)
<b>Total</b>	<b>17,539</b>	<b>2,070</b>	<b>12,850</b>	<b>4,689</b>	<b>(4,667)</b>

Regular detailed reports on progress with the Education Capital Programme are considered elsewhere on the Strategic Planning and Capital Monitoring Panel agenda. A detailed breakdown, including prior year spend, future budgets and re-profiling is set out in the next slide. The Education Capital Programme is currently forecasting that outturn will be £4.689m less than budgeted resources. This is due to a combination of delay on a number of schemes and some unallocated funding. Re-profiling of £4.667m of budget into 2020/21 has been requested.

# Service Area Detail - Education

Education Capital Programme								Re-profiled Budgets	
Capital Scheme	Spend in prior years £000	2019/20 Budget £000	Future Year Budgets £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000	2019/20 £000	Future Year Budgets £000
Unallocated Funding Streams		4,506	211	49	1,739	2,767	(2,767)	1,739	2,978
Aldwyn Primary School	142	2,794	0	131	1,394	1,400	(1,400)	1,394	1,400
Alder Community High School	721	1,688	0	543	1,188	500	(500)	1,188	500
Denton Community College		1,370	0	0	1,370	0	0	1,370	0
St John's Dukinfield		1,366	0	128	1,366	0	0	1,366	0
Hyde Community College	546	1,235	300	54	1,235	0	0	1,235	300
Audenshaw High School		1,000	0	-8	1,000	0	0	1,000	0
Devolved Formula Capital		937	0	85	937	0	0	937	0
Mossley Hollins High	720	361	0	0	361	0	0	361	0
Hollingworth Primary		340	0	131	340	0	0	340	0
Russell Scott Primary		320	0	13	320	0	0	320	0
St Anne's Denton Primary		200	0	181	200	0	0	200	0
Hawthorns Primary Academy		180	0	0	180	0	0	180	0
Stalyhill Infants		153	0	111	153	0	0	153	0
Stock Condition Survey		100	0	0	100	0	0	100	0
School Condition Related Works Contingency		100	0	18	100	0	0	100	0
Minor Schemes (Under £100K)		889	473	635	867	22	0	889	473
<b>Total</b>	<b>1,987</b>	<b>17,539</b>	<b>984</b>	<b>2,070</b>	<b>12,850</b>	<b>4,689</b>	<b>(4,667)</b>	<b>12,872</b>	<b>5,651</b>

# Education- Reprofileing Narrative

## **Reprofileing Requested:**

### **Unallocated Funding Streams - (£2.767m)**

A number of funding streams have not yet been allocated to specific projects and are therefore unlikely to be spent in 2019/20.

### **Aldwyn Primary School - (£1.400m)**

The latest estimated build programme envisages completion of this scheme by autumn 2020 once contracts are finalised. The costs of this scheme will need to be apportioned over 2 financial years, which will allow the classroom extension to be completed for Aldwyn & Hawthorns.

### **Alder High School - (£0.500m)**

The second and final phase of the works aims to connect the new block directly to the main school via a new link corridor. Works to improve the security at the main entrance and also to provide external canopies to provide additional dining space also form part of the second phase. These works will need to take place out of school term time and because of the scope of these works, the next available opportunity will be Summer 2020.

# Milestones - Education

## Scheme – Aldwyn & Hawthorns Project Manager - Mark Dempsey

Key Milestones		Start	Completion
Contract to be finalised	Planned	June 2019	Oct 2019
	Actual		
Tender	Planned	Nov 2019	Jan 2020
	Actual		
Additional classrooms	Planned	Feb 2020	May 2020
	Actual		
Completion of works	Planned	June 2020	Oct 2020
	Actual		

### Scheme Overview

Extension of both Aldwyn and Hawthorns schools, to take Aldwyn from 45 pupil intake to 60 which includes a two classroom extension at Hawthorns School.

### Scheme Status

Enabling works at the school have already been carried out and contractual negotiations are ongoing. Once the contract has been signed off the works can commence at the school, ready for completion by October 2020.

	£000	£000
Total Budget		2,936
Prior Years Spend	142	
2019/20 Projection	1,394	
Future Years Projection	1,400	
Total	2,936	2,936

## Scheme – Alder High School Project Manager - Steve Gwilt

Key Milestones		Start	Completion
Internal alterations	Planned	June 2018	Aug 2018
	Actual	July 2018	Aug 2018
4 classroom modular block	Planned	Aug 2019	Aug 2019
	Actual	Aug 2019	Sept 2019
Link corridor	Planned	Oct 2019	Feb 2019
	Actual		
Completion of works	Planned	April 2020	Aug 2020
	Actual		

### Scheme Overview

Increase the pupil intake from 155 to 180. Completion of the expansion works at the school to link the modular classroom to the main school.

### Scheme Status

Works are on going in the completion of the expansion work at the school to link the 4 classroom modular block to the link corridor. Works are expected to be completed by Summer 2020 ready for September 2020 intake.

	£000	£000
Total Budget		2,409
Prior Years Spend	721	
2019/20 Projection	1,188	
Future Years Projection	500	
Total	2,409	2,409

# Milestones - Education

## Scheme – Hyde Community College Project Manager - Steve Gwilt

Key Milestones		Start	Completion
Internal alterations	Planned	Aug 2018	Oct 2018
	Actual	Aug 2018	Oct 2018
Design and tender	Planned	Aug 2019	Dec 2019
	Actual	Aug 2019	
Completion of works	Planned	Mar 2020	Aug 2020
	Actual		

## Scheme – St Johns CE Dukinfield Project Manager - Steve Gwilt

Key Milestones		Start	Completion
Design Stage	Planned	June 2019	Aug 2019
	Actual	Jul 2019	Aug 2019
Contractual agreement signed	Planned	Aug 2019	Sept 2019
	Actual		
Completion of extension	Planned	April 2020	Aug 2020
	Actual		

### Scheme Overview

The school's intake will increase from 210 to 240. Internal alterations have been carried out and the final phase of the project involves the conversion of the former construction shed into 2 science labs and 2 classrooms.

### Scheme Status

Work is well under way in completing the design stage and once the tender has been signed, the SPV can begin to convert the construction shed into five classrooms.

	£000	£000
Total Budget		2,081
Prior Years Spend	546	
2019/20 Projection	1,235	
Future Years Projection	300	
Total	2,081	2,081

### Scheme Overview

A two-classroom extension, increasing the school's intake from 30 to 45. This is the final stage of alterations to move the school from a 1 to 1.5 former entry.

### Scheme Status

Contractual arrangements between the council and the LEP on going and are due to be finalised shortly. A two-classroom mobile was provided over summer 2019 to allow the permanent extension to be completed.

	£000	£000
Total Budget		1,366
Prior Years Spend	0	
2019/20 Projection	1,366	
Future Years Projection	0	
Total	1,366	1,366

# Milestones - Education

## Scheme – Denton Community College Project Manager - Kevin Allsop

Key Milestones		Start	Completion
6 Modular Classroom	Planned	July 2019	Aug 2019
	Actual	July 2019	Sept 2019
Internal Modification	Planned	July 2019	Aug 2019
	Actual	Aug 2019	Sept 2019
Outdoor dining facility improvement	Planned	Nov 2019	Mar 2020
	Actual		

### Scheme Overview

Provide an additional 6 modular semi permanent classroom as well as completing internal modifications to create classrooms from open spaces

### Scheme Status

Works have been completed to deliver the 6 modular classroom as well as the internal modifications, we are yet to be invoiced for this work. The improvements to the outdoor dining facility will commence from November 2019.

	£000	£000
Total Budget		1,370
Prior Years Spend	0	
2019/20 Projection	1,370	
Future Years Projection	0	
Total	1,370	1,370

## Scheme – Audenshaw High School Project Manager - Steve Gwilt

Key Milestones		Start	Completion
Design Stage	Planned	June 2019	Oct 2019
	Actual	July 2019	
Tender	Planned	Sept 2019	Dec 2019
	Actual		
Completion of works	Planned	Jan 2020	Mar 2020
	Actual		

### Scheme Overview

Investigating scheme to provide additional teaching accommodation in the sixth form block and also the provision of additional science and teaching accommodation so the school can offer additional places for September 2020.

### Scheme Status

Design stages are well advanced, once the scope of works have been finalised and tendered, works are expected to start straight away and be completed by March 2020.

	£000	£000
Total Budget		1,000
Prior Years Spend	0	
2019/20 Projection	1,000	
Future Years Projection	0	
Total	1,000	1,000

# Appendix 5 - Service Area Detail Digital Tameside

	2019/20 Budget £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000
<b>Finance &amp; IT</b>					
Finance	5,700	0	5,700	0	0
Digital Tameside	3,959	999	4,310	(351)	(639)
<b>Total</b>	<b>9,659</b>	<b>999</b>	<b>10,010</b>	<b>(351)</b>	<b>(639)</b>

Regular detailed reports on progress with the Digital Tameside Capital Programme are considered elsewhere on the Strategic Planning and Capital Monitoring Panel agenda. A detailed breakdown, including prior year spend, future budgets and re-profiling is set out in the next slide. The Digital Tameside Programme is currently forecasting that outturn will be £0.351m more than budgeted resources. This is due to Wave 2 works undertaken by our Engineers team for which there is no approved capital budget. The Wave 2 Grant has been delayed due to the wider bid gateway reviews that relate to other Greater Manchester authorities. It is expected to be finalised in Quarter 3. Re-profiling of £0.639m of budget into 2020/21 has been requested.

# Service Area Detail - Finance

Finance Capital Programme								Re-profiled Budgets	
Capital Scheme	Spend in prior years £000	2019/20 Budget £000	Future Year Budgets £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000	2019/20 £000	Future Year Budgets £000
Strategic Investment in Manchester Airport		5,700	0	0	5,700	0	0	5,700	0
<b>Total</b>		<b>5,700</b>	<b>0</b>	<b>0</b>	<b>5,700</b>	<b>0</b>	<b>0</b>	<b>5,700</b>	<b>0</b>



# Service Area Detail - Digital Tameside

Digital Tameside Capital Programme								Re-profiled Budgets	
Capital Scheme	Spend in prior years £000	2019/20 Budget £000	Future Year Budgets £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000	2019/20 £000	2020/21 £000
Microsoft Licencing	0	1,362	0	0	1,362	0	0	1,362	0
Tameside Data Centre	21	819	0	0	205	614	(614)	205	614
Laptop Replacement and Windows 10 Deployment		688	0	447	688	0	0	688	0
ICT- Vision Tameside	1,515	678	0	212	678	0	0	678	0
Tameside Digital Infrastructure	1,631	130	0	10	130	0	0	130	0
DCMS Fibre	1,918	120	0	(22)	120	0	0	120	0
CCTV Fibre	81	97	0	51	97	0	0	97	0
Working Differently- IT Hardware & Software	1,534	34	0	31	34	0	0	34	0
Digital By Design	467	31	0	1	6	25	(25)	6	25
DCMS Fibre Wave 2		0	0	269	990	(990)	0	0	0
<b>Total</b>	<b>7,167</b>	<b>3,959</b>	<b>0</b>	<b>999</b>	<b>4,310</b>	<b>(351)</b>	<b>(639)</b>	<b>3,320</b>	<b>639</b>

# Digital Tameside- Reprofiling/Variation Narrative

## **Tameside Data Centre - Re-profiling requested (£0.614m)**

Due to the requirement to align the Data Centre project to the phase 3 Ashton Old Baths (AOB) refurbishment project, the tendering phase for the Data Centre was not able to commence until September 2019. The Phase 3 project was delayed due to the contracting of the Design Team through the Bloom Framework, the need to undertake a further Asbestos survey, revise the Listed Building Consent (glazing of internal windows) and planning permission, a slight change of location for the substation in order to keep Fleet Street open and the Data Centre specification changes. This has added significant time to the delivery programme. It is expected that work will commence in January with the Data Centre ready for occupation June/July 2020.

## **DCMS Fibre Wave 2 – Projected Variation (£0.990m)**

The spend mainly relates to Wave 2 works undertaken by our Engineers Team. The Wave 2 Grant has been delayed due to the gateway reviews relating to the rest of the bid that relates to other Greater Manchester authorities. We have now been notified that a change request will be made to enable the grant to be processed. We expect to be able to make claims for all current and future expenditure from Quarter 3. Works on DCMS Wave 2 have begun but the grant agreement is yet to be finalised as there currently is no budget for this. In order to ensure the required works are completed and grant claimed before the DCMS funding expires (31 March 2021) work on ducting and fibre relating to Wave 2 within Tameside was started at risk by our Civil Engineering Team. Recent communications from DCMS reflect this is expected to be finalised in Quarter 3 of this financial year. To date, estimated spend is £0.990m in 2019/20 and actual spend so far this year is £0.269m.

# Milestones - Digital Tameside

## Scheme – Laptop Replacement & Windows 10 Deployment Project Manager - Julie Hayes

Key Milestones		Start	Completion
Order pre existing contract	Planned	April 2019	June 2019
	Actual	April 2019	June 2019
Set up new laptops and issue to users	Planned	July 2019	Dec 2019
	Actual		

### Scheme Overview

Laptop Replacement & Windows 10 Deployment. The replacement of all older Windows 7 operated laptops with new higher specified Windows 10 devices.

### Scheme Status

Bulk of the laptops were ordered in May as there was an existing contract in place for the purchase of laptops. Balance of laptops will be ordered during October and November. All laptops will be replaced by Christmas.

	£000	£000
Total Budget		688
Prior Years Spend	0	
2019/20 Projection	688	
Future Years Projection	0	
Total	688	688

## Scheme – Tameside Data Centre Project Manager - Tim Rainey

Key Mile stones		Start	Completion
Data Centre Design	Planned	April 2019	June 2019
	Actual	April 2019	June 2019
Project Mobilisation	Planned	July 2019	Sep 2019
	Actual		
Procurement Period	Planned	Oct 2019	Dec 2019
	Actual		
Data Centre complete for occupation	Planned	April 2020	Sep 2020
	Actual		

### Scheme Overview

Tameside Data Centre is a new Data Centre located in Ashton Old Baths, which is all required to provide the services, speeds and connectivity that the Council and our partners will require for the next 5 years.

### Scheme Status

Due to the requirement to align the data centre project to the phase 3 AOB refurbishment project, the tendering phase was not able to commence until September 2019.

	£000	£000
Total Budget		840
Prior Years Spend	21	
2019/20 Projection	0	
Future Years Projection	819	
Total	840	840

# Milestones - Digital Tameside

## Scheme – ICT Vision Tameside Project Manager - Julie Hayes

Key Mile stones		Start	Completion
Fit out for opening	Planned	Jan 2018	Mar 2018
	Actual	Jan 2018	Mar 2018
Review of library technology	Planned	Oct 2018	Mar 2019
	Actual	Oct 2018	Mar 2019
Procure software	Planned	Jan 2019	Mar 2019
	Actual	Jan 2019	Mar 2019
Installation of software	Planned	Jan 2019	Mar 2019
	Actual	Jan 2019	Mar 2019

### Scheme Overview

The provision of infrastructure and technology at Tameside One

### Scheme Status

The project is now nearing its end. All that remains is a review of the technology in use and missing in the library, particularly in the Children's area, and a review of technology across the building now that it has been in use for 6 months.

	£000	£000
Total Budget		2,193
Prior Years Spend	1,515	
2019/20 Projection	678	
Future Years Projection	0	
Total	2,193	2,193

## Scheme – Tameside Data Centre Project Manager - Julie Hayes

Key Mile stones		Start	Completion
Procurement	Planned	Sept 2019	Mar 2020
	Actual		
Project Mobilisation	Planned	Sept 2019	Mar 2020
	Actual		
Installation of software	Planned	Sept 2019	Mar 2020
	Actual		
Completion	Planned	Sept 2019	Mar 2020
	Actual		

### Scheme Overview

This Scheme is to purchase second-user on premise perpetual licenses for replacement Microsoft desktop Office 2016 and associated software, server operating systems and SQL databases

### Scheme Status

This scheme was approved on 25<sup>th</sup> September 2019 from Executive Cabinet. This scheme is going through it initial phase of procurement , design and delivery.

	£000	£000
Total Budget		1,362
Prior Years Spend	0	
2019/20 Projection	1,362	
Future Years Projection	0	
Total	1,362	1,362

# Appendix 6 - Service Area Detail Population Health

	2019/20 Budget £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000
<b>Population Health</b>					
Active Tameside	15,970	5,560	10,360	5,610	(5,610)
<b>Total</b>	<b>15,970</b>	<b>5,560</b>	<b>10,360</b>	<b>5,610</b>	<b>(5,610)</b>

Regular detailed reports on progress with the Active Tameside Capital Programme are considered by the Strategic Planning and Capital Monitoring Panel and are elsewhere on this agenda. A detailed breakdown, including prior year spend, future budgets and re-profiling is set out in the next slide. The Active Tameside Capital Programme is currently forecasting that outturn will be £5.610m less than budgeted resources.

The Tameside Wellness Centre scheme is progressing well following a Council key decision on 27th April 2017. The Tameside Wellness Centre's total scheme value is £16.374m. Construction began in November 2018 with practical completion expected in February 2020.

The Active Hyde Pool extension has recently had extra funding approval at the recent Executive Cabinet meeting on the 25<sup>th</sup> September 2019 of £0.570m which takes the overall budget to £4.034m. The aim of the programme is to provide high quality sports and leisure facilities creating a platform to reduce physical inactivity and supporting the development of a sustainable funding model for Active Tameside.

# Service Area Detail - Population Health

Active Tameside Capital Programme								Re-profiled Budgets	
Capital Scheme	Spend in prior years £000	2019/20 Budget £000	Future Year Budgets £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000	2019/20 £000	Future Year Budgets £000
New Denton Facility	4,574	11,830	0	5,525	9,700	2,130	(2,130)	9,700	2,130
Extension to Hyde Leisure Pool	174	3,860	0	10	400	3,460	(3,460)	400	3,460
Medlock Pitch		120	0	2	110	10	(10)	110	10
Floodlight Replacement Scheme		100	0	0	90	10	(10)	90	10
Wave Machine at Hyde Leisure		60	0	23	60	0	0	60	0
<b>Total</b>	<b>4,748</b>	<b>15,970</b>	<b>0</b>	<b>5,560</b>	<b>10,360</b>	<b>5,610</b>	<b>(5,610)</b>	<b>10,360</b>	<b>5,610</b>

# Active Tameside- Reprofilng Narrative

## **Reprofilng Requested:**

### **Extension to Hyde Leisure Pool - (£3.460m)**

The Contract for the development is currently being prepared in readiness for signing. It is anticipated that works will start on site in January with completion. The project has been delayed due to need to retender the scheme. If the scheme starts in January as predicted then the estimated spend at year end will be £400,000 with the balance re-phased into 2020/21

### **New Denton Facility - (£2.130m)**

The forecast completion date is February which is 4 to 6 weeks ahead of schedule. Orders have been placed for the commercial fit out and contractors will be in site from the 1st November. The first Sport England Drawdown of £1m has been made with a second payment of £455,000 due before the end of the financial year. The final payment of grant will be made at the end of the defects liability period in March 2021. The build programme has been finalised along with an updated Cash flow forecast. A slippage of £2,130,000 into 20120/21 is predicted based on the latest cash flow forecast provided by the developer, Network Space.

# Milestones - Population Health

## Scheme – Denton Wellness Centre Project Manager - Roger Greenwood

Key Milestones		Start	Completion
Start On Site	Planned	Nov 2018	Feb 2020
	Actual	Nov 2018	
Start of the Commercial Fit Out	Planned	Nov 2019	Jan 20
	Actual		
Practical Completion	Planned	Feb 2020	Feb 2020
	Actual		
Operational Building	Planned	Feb 2020	Feb 2020
	Actual		

### Scheme Overview

The Tameside Wellness Centre total scheme value is £16.374m (£13.824m Council investment, £1.5m Sport England grant and a £1.050m grant to Active Tameside)

### Scheme Status

A slippage of £2,130,000 into 20120/21 is predicted based on the latest cash flow forecast provided by the developer, Network Space.

	£000	£000
Total Budget		16,374
Prior Years Spend	4,574	
2019/20 Projection	9,670	
Future Years Projection	2,130	
Total	16,374	16,374

## Scheme – Extension To Hyde Leisure Pool Project Manager - Roger Greenwood

Key Milestones		Start	Completion
Exec Cabinet Decision	Planned	Sept 2019	Sept 2019
	Actual	Sept 2019	Sept 2019
Start Works	Planned	Jan 2019	Jan 2019
	Actual		
Complete Works	Planned	Jan 2021	Jan 2019
	Actual		

### Scheme Overview

The aim of the programme is to provide high quality sports and leisure facilities creating a platform to reduce physical inactivity and supporting the development of a sustainable funding model for Active Tameside.

### Scheme Status

The project has been delayed due to need to retender the scheme. If the scheme starts in January as predicted then the estimated spend at year end will be £0.400m with the balance slipped into 2020/21

	£000	£000
Total Budget		4,034
Prior Years Spend	174	
2019/20 Projection	400	
Future Years Projection	3460	
Total	4,034	4,034



# Appendix 7 - Service Area Detail Adults

	2019/20 Budget £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000
<b>Adults</b>					
Adults	1,228	20	340	888	(888)
<b>Total</b>	<b>1,228</b>	<b>20</b>	<b>340</b>	<b>888</b>	<b>(888)</b>

Regular detailed reports on progress with the Adults Capital Programme are considered by the Strategic Planning and Capital Monitoring Panel agenda. A detailed breakdown, including prior year spend, future budgets and re-profiling is set out in the next slide. The Adults Capital Programme is currently forecasting that outturn will be £0.888m less than budgeted resources. Re-profiling of £0.888m of budget into 2020/21 has been requested.

There are three schemes that will be funded by the Disability Facilities Government grant that was approved on the 24<sup>th</sup> July 2019. These schemes are: Single handed care, Disability assessment centre and Brain in hand.

# Service Area Detail - Adults

Adults Capital Programme								Re-profiled Budgets	
Capital Scheme	Spend in prior years £000	2019/20 Budget £000	Future Year Budgets £000	2019/20 Actual to date £000	2019/20 Projected Outturn £000	2019/20 Projected Outturn Variation £000	Re-profiling to be approved £000	2019/20 £000	Future Year Budgets £000
Oxford Park Development	22	433	0	0	70	363	(363)	70	363
Single Handed Care		375	0	0	100	275	(275)	100	275
Disability Assessment Centre		250	0	0	0	250	(250)	0	250
4C Capital Grants		150	0	0	150	0	0	150	0
Brain In Hand		20	0	20	20	0	0	20	0
<b>Total</b>	<b>22</b>	<b>1,228</b>	<b>0</b>	<b>20</b>	<b>340</b>	<b>888</b>	<b>(888)</b>	<b>340</b>	<b>888</b>

# Adults- Reprofilng Narrative

## **Reprofilng Requested:**

### **Oxford Park Development - (£0.363m)**

The original business case and quote for the extension of Oxford Park was obtained more than 2 years ago and a revised quote was required due to the significant timescale between obtaining the initial quote and the agreement of the capital funding. A new quote was therefore obtained, this time via the LEP, and came in more than double the costs in the original quote. This meant that the capital funding of £445k that was originally agreed is no longer sufficient, nor offering value for money on this development. Alternatives are being investigated in the form of demountable buildings and £0.363m will be re-profiled into 2020/21.

### **Single Handed Care - (£0.275m)**

The Capital Single Handed Care scheme was approved on the 24th July 2019 at executive cabinet. The investment of £0.375m Disabled facilities grant will fund a dedicated team. They will be tasked with instigating whole system change with the aim of reducing the instances of double up staffing in order to undertake safe manual handling activities associated with the provision of care and support. Interviews for the team are scheduled for October and hope to have staff in post by Christmas. The delay in recruiting the staff has resulted in the re-profilng request into next year.

### **Disability Assessment Centre - (£0.250m)**

£250,000 has been allocated for this project from the Adaptations budget from Ministry of Housing, Communities and Local Government. The Housing Adaptations Team and Adult Services are working together to design the interior of the facility which will also include overseeing its' fit-out. The DAS is progressing slowly. It is likely that the DAS will be based in Ashton due to transport links and Tameside One being a place where potential users of the new facility can also go to for assistance. Due to the delay of the project and on-going discussions with the Housing Adaptations Team and Adults team it estimated that the project will commence is the next financial year this has been factored with in the capital monitoring as the budget re-phasing will be allocated to 2020/21.

# Appendix 8 - Financing 2019/20 (Approved & Earmarked Schemes)

Service Area	Grants and Contributions	Revenue Contributions	Prudential Borrowing	Reserves	Receipts	Total
	£000	£000	£000	£000	£000	
<b>Growth</b>						-
Investment and Development	3,156	0	0	14,096	0	17,252
Corporate Landlord	309	0	0	8,049	0	8,358
Estates	0	0	0	1,514	0	1,514
<b>Operations and Neighbourhoods</b>						
Engineers	4,209	0	0	15,391	0	19,600
Vision Tameside	1,363	0	0	5,841	0	7,204
Environmental Services	86	57	0	4,197	0	4,340
Transport	0	260	0	0	0	260
Stronger Communities	0	0	0	227	0	227
<b>Children</b>						
Education	17,470	69	0	0	0	17,539
Children	0	0	0	950	0	950
<b>Finance</b>						
Finance	0	0	5,700	500	0	6,200
Digital Tameside	150	0	0	3,809	0	3,959
<b>Population Health</b>						
Active Tameside	2,642	8	12,200	1,120	0	15,970
<b>Adults</b>						
Adults	1,228	0	0	12,700	0	13,928
<b>Total</b>	<b>30,613</b>	<b>394</b>	<b>17,900</b>	<b>68,394</b>	<b>0</b>	<b>117,301</b>

# Appendix 8 - Financing by year

Proposed Financing at P6	£000	£000	£000
Approved and Earmarked	2019/20	2020/21	Total
Corporate	68,394	11,231	79,625
RCCO	268	-	268
Borrowing	17,900	-	17,900
Contribution	741	-	741
Grant	29,872	4,937	34,809
S106	126	-	126
Specific Receipt	-	-	-
<b>Budgeted Financing</b>	<b>117,301</b>	<b>16,168</b>	<b>133,469</b>
<b>Available Corporate Funding</b>			
Capital Reserve	16,287	-	16,287
Anticipated Receipts	37,000	-	37,000
<b>Total Available Corporate Funding</b>	<b>53,287</b>	<b>-</b>	<b>53,287</b>
Total Approved Schemes requiring Corporate Funding	27,857	5,231	33,088
<b>Resources available after Financing Approved Schemes</b>	<b>25,430</b>	<b>(5,231)</b>	<b>20,199</b>
Earmarked Schemes (as per approved capital programme)	40,537	6,000	46,537
<b>Shortfall of Funding Available to Finance Earmarked Schemes</b>	<b>(15,107)</b>	<b>(11,231)</b>	<b>(26,338)</b>

As illustrated in the above table, there is currently a shortfall of £26.3m. A prioritisation exercise has been completed in order to determine which earmarked schemes can be progressed.

# Prioritisation Exercise Update – September 2019

Approved Schemes - call on future capital receipts	-16,801
Anticipated Capital Receipts - to be sold	37,000
Balance of Anticipated Capital Receipts for new schemes	20,199

Capital Scheme	Value	Remaining Resources £000	Funding Required	Total Score
Statutory Compliance	1,653	18,546	Capital Receipts	BUSINESS CRITICAL
New Children's Home	950	17,596	Capital Receipts	BUSINESS CRITICAL
Woodend Chimney	200	17,396	Capital Receipts	BUSINESS CRITICAL
Fairlea/Denton	300	17,096	To be determined	BUSINESS CRITICAL
Refurbishment of Ashton Town Hall	9,900	7,196	Capital Receipts	16
Pension Fund Building (Droylsden Library)	1,400	5,796	Capital Receipts	11
CCTV	900	4,896	Capital Receipts	11
Property- Refurbishment of Capital Assets	2,500	2,396	Capital Receipts	11
Hyde Town Hall Roof	1,300	1,096	Capital Receipts	11
Parking Enforcement System Upgrade	200	896	Capital Receipts	10
Asset Management Software	500	396	Capital Receipts	10
<b>CUT- OFF BASED ON £37M OF CAPITAL RECEIPTS BEING ACHIEVED</b>				
Hyde Indoor Market Redevelopment	2,500	-2,104	Capital Receipts	9
Crowded Places Pedestrian Safety	250	-2,354	Capital Receipts	9
Tameside Highways Asset Management Plan 20/21-22/23	9,000	-11,354	Capital Receipts	8
Borough Gateways	300	-11,654	Capital Receipts	3
Ashton Library	200	-11,854	Capital Receipts	3
A&E Streaming	700	-12,554	Capital Receipts	2
Total earmarked schemes	32,753			
<b>Funding Shortfall / Additional Capital Receipts to be identified for sale</b>			<b>-12,554 New Capital Receipts Requirement</b>	

# Prioritisation Exercise Update - September 2019

## Self Financing Schemes

Capital Scheme	Value	Funding Required
Fleet replacement (Fleet Reserve)	1,135	Prudential Borrowing
Denton Festival Hall Health Hub	6,900	Prudential Borrowing
Union Street Health Hub	5,500	Prudential Borrowing
Care Together Digital Funding	3,000	Prudential Borrowing
<b>Total Self Financing Schemes (subject to full business case)</b>	<b>16,535</b>	

## Other pressures and schemes since March 2019 Executive Cabinet Prioritisation report which have been approved:

Scheme	Value £000	Funding
Fleet Replacement Programme	2,400	Prudential Borrowing
Hyde Pool Extension	570	Capital receipts or Corporate
Wellness Centre	150	Capital receipts or Corporate
ICT Development	1,400	Prudential Borrowing
Active Medlock	120	Capital receipts or Corporate
<b>Total</b>	<b>4,640</b>	

# Prioritisation Exercise Update - September 2019

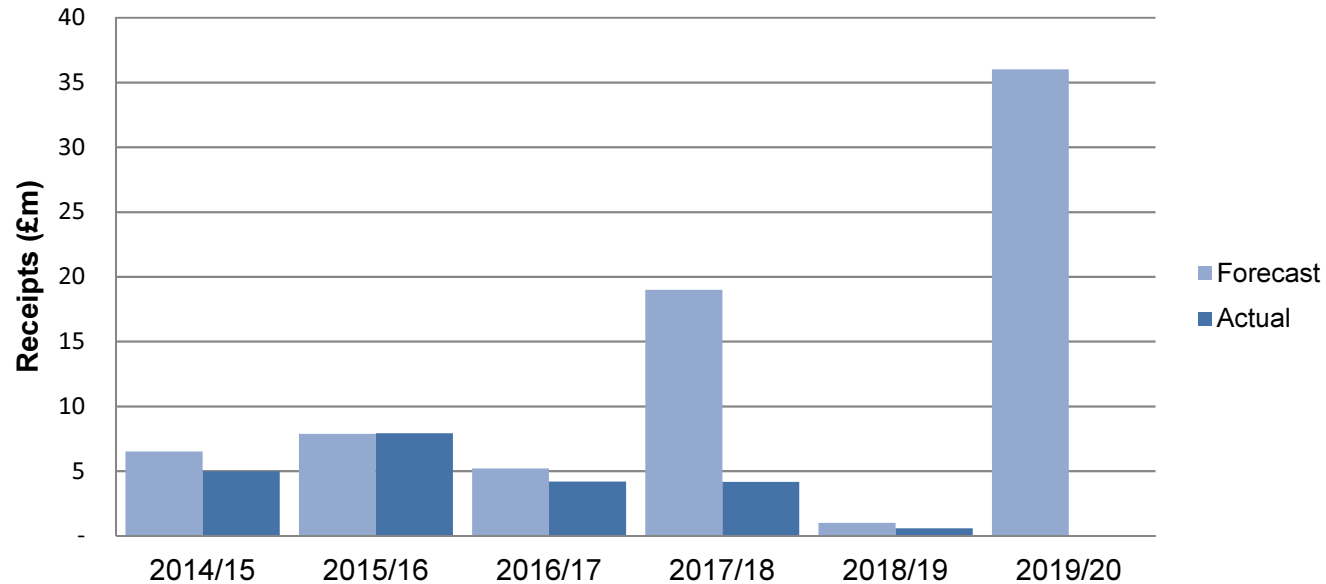
Revised Financing Table following updated Capital receipts level anticipated to be £37m.

Proposed Financing at P6	Total
Corporate	79,625
RCCO	268
Borrowing	17,900
Contribution	741
S106	126
Specific Receipt	-
<b>Total</b>	<b>133,469</b>
<b>Available Corporate Funding</b>	
Capital Reserve	16,287
Available Receipts	37,000
<b>Total Available Corporate Funding</b>	<b>53,287</b>
Total Approved Schemes requiring Corporate Funding	33,088
<b>Surplus after Financing Approved Schemes</b>	<b>20,199</b>
Earmarked Schemes as per prioritisation exercise March 2019 (including business critical schemes)	32,753
<b>Shortfall of Funding Available to Finance Earmarked Schemes</b>	<b>(12,554)</b>
Schemes to be funded by Prudential Borrowing	15,400
Fleet Reserve	1,135



# Appendix 9 - Receipts (forward looking & in year)

## Forecast and Actual Receipts from Fixed Asset Disposals



Officers are continuing with the disposal of development sites that have already been approved or agreed for development and sale, and which are mainly based around the legacy school sites following the Building Schools for the Future along with the sites identified for development by Matrix Homes. These development sites are anticipated to realise approximately £37m in capital receipts over the next 2-3 years.

A review of surplus non-operational Council assets is being undertaken to identify other sites for disposal. Disposals of any further sites are currently on hold pending the approval of the disposals policy.

Receipts achieved in year to 30<sup>th</sup> September are £0.879m.

# Appendix 10 - Prudential Indicators

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
<b>Operational Boundary for External Debt</b>	200,356	111,838	(88,518)
<b>Authorised Limit for External Debt</b>	220,356	111,838	(108,518)

- The Authorised Limit for External Debt sets the maximum level of external borrowing on a gross basis (i.e. excluding investments) for the Council.
- The operational boundary for External Debt comprises the Council's existing debt plus the most likely estimate of capital expenditure/financing for the year. It excludes any projections for cash flow movements. Unlike the authorised limit breaches of the operational boundary (due to cash flow movements) are allowed during the year as long as they are not sustained over a period of time.
- These limits include provision for borrowing in advance of the Council's requirement for future capital expenditure. This may be carried out if it is thought to be financially advantageous to the Council.

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
<b>Upper Limit for fixed</b>	182,611	30,022	(152,589)
<b>Upper Limit for variable</b>	60,870	(88,605)	(149,475)

- These limits are in respect of the Council's exposure to the effects of changes in interest rates.
- The limits reflect the net amounts of fixed/variable rate debt (i.e. fixed/variable loans less fixed/variable investments). These indicators allow the Council to manage the extent to which it is exposed to changes in interest rates.

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
<b>Capital Financing Requirement</b>	182,611	182,611	-

- The Capital Financing Requirement (CFR) measures the Council's underlining need to borrow for capital purpose, i.e. its borrowing requirement. The CFR is the amount of capital expenditure that has not yet been financed by capital receipts, capital grants or contributions from revenue.
- The CFR increases by the value of capital expenditure not immediately financed, (i.e. borrowing) and is reduced by the annual Minimum Revenue Provision for the repayment of debt.

# Prudential Indicators

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Capital expenditure	117,301	15,730	(101,571)

- This is the estimate of the total capital expenditure to be incurred.

Gross borrowing and the capital financing requirement	CFR @ 31/12/18 + increase years 1,2,3	Gross borrowing	Amount within limit
	£000s	£000s	£000s
	182,611	111,673	(70,938)

- To ensure that medium term debt will only be for capital purposes, the Council will ensure that the gross external borrowing does not, except in the short term, exceed the total of the capital financing requirement (CFR).

Maturity structure for borrowing 2019/20		
Fixed rate		
Duration	Limit	Actual
Under 12 months	0% to 15%	0.24%
12 months and within 24 months	0% to 15%	0.25%
24 months and within 5 years	0% to 30%	3.39%
5 years and within 10 years	0% to 40%	2.51%
10 years and above	50% to 100%	93.60%

- These limits set out the amount of fixed rate borrowing maturing in each period expressed as a percentage of total fixed rate borrowing. Future borrowing will normally be for periods in excess of 10 years, although if longer term interest rates become excessive, shorter term borrowing may be used. Given the low current long term interest rates, it is felt it is acceptable to have a long maturity debt profile.

# Appendix 11- Capital No Spend at 30<sup>th</sup> Sept

	2019/20 Budget	Proposals
	£000	
<b>Growth</b>		
<b>Estates</b>		
• Opportunity Purchase Fund	500	Capital Scheme ended, removed from programme
<b>Total</b>	<b>500</b>	

<b>Report To:</b>	<b>EXECUTIVE CABINET</b>
<b>Date:</b>	27 November 2019
<b>Executive Member / Reporting Officer:</b>	Cllr Ryan – Executive Member (Finance and Economic Growth) Ashwin Ramachandra – Lead Clinical GP Kathy Roe – Director of Finance
<b>Subject:</b>	<b>STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST – CONSOLIDATED 2019/20 REVENUE MONITORING STATEMENT AT 30 SEPTEMBER 2019 AND FORECAST TO 31 MARCH 2020</b>
<b>Report Summary:</b>	<p>With a gross budget for 2019/20 in excess of £945m, as at month 6 the Integrated Commissioning Fund has a forecast net spend of £617,914k, against a net budget of £617,425k. The forecast overspend of £489k is a significant improvement from the position at month 5 but is net of a number of significant variances. Further detail on the economy wide position is included at <b>Appendix 1</b>.</p> <p>Children’s Services is now forecasting to exceed the approved budget by £6,674k. This is offset by significant favourable variances including additional investment income, one-off reductions to the Waste and Transport Levies, and the release of contingencies. Additional pressures are emerging in Mental Health and Adults services, alongside existing pressures in Growth. The forecast outturn for Operations and Neighbourhoods has improved due to the one-off reductions to the Levies. Further detail is included at <b>Appendix 2</b>.</p> <p><b>Appendix 3</b> details the Council’s irrecoverable debts over £3,000 that have been written off in the period April to June 2019.</p> <p>The Collection Fund forecast position is reported in <b>Appendix 4</b>.</p>
<b>Recommendations:</b>	<p>Members are recommended to :</p> <ul style="list-style-type: none"><li>(i) Acknowledge the significant level of savings required during 2019/20 to deliver a balanced recurrent economy budget together with the related risks which are contributing to the overall adverse forecast.</li><li>(ii) Acknowledge the significant financial pressures facing the Strategic Commission, particularly in respect of Children’s Social Care and Operations &amp; Neighbourhoods, and Growth; and</li><li>(iii) Approve the proposed changes to mobile phone financing arrangements set out in section 5.</li></ul>
<b>Links to Community Strategy:</b>	Budget is allocated in accordance with the Community Strategy
<b>Policy Implications:</b>	Budget is allocated in accordance with Council Policy
<b>Financial Implications: (Authorised by the Section 151 Officer &amp; Chief Finance</b>	This report provides the 2019/20 consolidated financial position statement at 30 September 2019 for the Strategic Commission and ICFT partner organisations. For the year to 31 March 2020

**Officer)**

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.

**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 :

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## 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 30 September 2019 with a forecast projection to 31 March 2020. Supporting details for the whole economy are provided in **Appendix 1**.
- 1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The total gross revenue budget value of the ICF for 2019/20 is currently £945.377 million.
- 1.3 It should be noted that the report also includes details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust. This is to ensure members have an awareness of the overall Tameside and Glossop economy position. Reference to Glossop solely relates to health service expenditure as Council services for Glossop are the responsibility of Derbyshire County Council.
- 1.4 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:
- Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT)
  - NHS Tameside and Glossop CCG (CCG)
  - Tameside Metropolitan Borough Council (TMBC)

## 2. FINANCIAL SUMMARY

- 2.1 As at 30 June 2019 the Integrated Commissioning Fund is forecasting to spend £617.914m against an approved net budget of £617.425m, **an over spend of £0.489m**. This forecast is an improved position from the previous month but masks significant and increased pressures in **Children's Services which is forecasting expenditure to be £6.674M in excess of budget**. Pressures remain in Acute, Mental Health and Growth services, with further pressures emerging in Adults. The forecast position for Operations and Neighbourhoods has improved significantly as a result of a one-off return of reserves from GMCA in respect of the Levies. Further information on the economy wide position is included at **Appendix 1** and further detail on Directorate areas is at **Appendix 2**.
- 2.2 **Appendix 2** also provides further detail on progress in the delivery of savings for the 2019/20 financial year. Good progress is being made to deliver the required quantum of savings for the year, although some savings remain at risk and are rated red or amber. Just over £1m of planned savings are not expected to be delivered, but alternative savings have been identified to mitigate this.

## 3. IRRECOVERABLE DEBTS

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

## 4. COLLECTION FUND

- 4.1 **Appendix 4** details the current forecast position on the Collection Fund at 31 March 2020. The Council Tax collection fund is expected to retain a surplus of approximately £3.7m at 31 March 2020 due to the brought forward surplus being higher than the original estimate. This surplus will be transferred to the General Fund in 2020/21.
- 4.2 The forecast position on the Non-Domestic Rate (NDR) collection fund is a deficit of approximately £2.8m due to reductions in rateable value across the borough and an increase in unoccupied property relief, with the collapse of Thomas Cook having a significant impact. The Council maintains a smoothing reserve to mitigate the impact of any

unexpected deficits, but any permanent reductions to NDR income will increase pressure on future year budgets.

## **5. CHANGES TO MOBILE PHONE FINANCING ARRANGEMENTS**

- 5.1 Historically, mobile phone handsets have been purchased by service areas outright at the beginning of the contract, with line rental/call costs paid monthly over a period of 2 or 3 years. Whilst it is generally more cost effective to buy the handsets up front, outright purchase by services results in uneven spend across financial years.
- 5.2 Purchasing options for mobile phones have recently been reviewed as part of the current replacement programme and it has been identified that significant cost savings can be achieved by purchasing mobile phones outright at the beginning of the contract period. However, rather than a one-off charge to services, it is proposed that reserves are utilised to fund the initial purchase. Services will then be charged over the life of the contract, smoothing the impact on revenue budgets, and replenishing the reserves.

## **6. RECOMMENDATIONS**

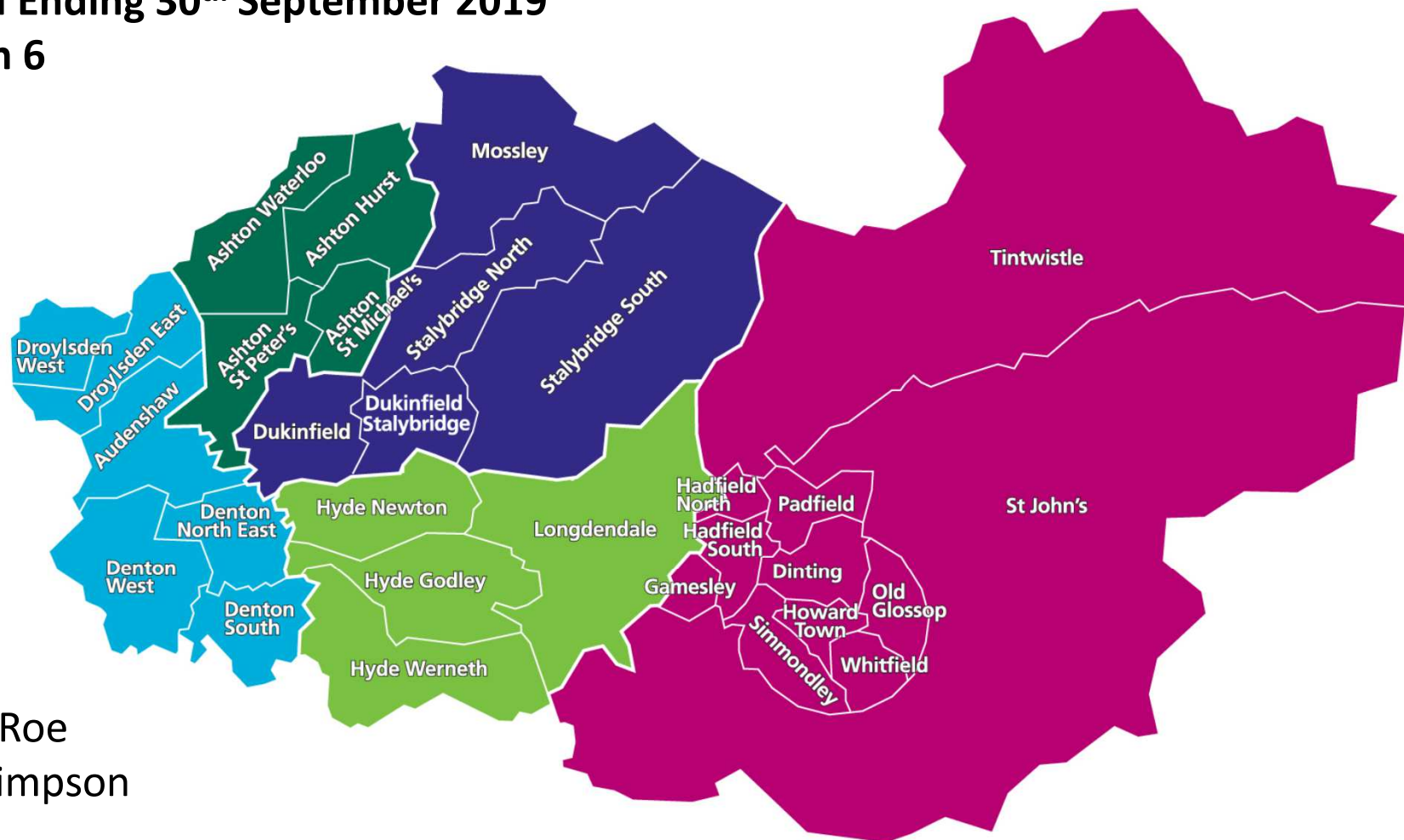
- 6.1 As stated on the front cover of the report.



# Tameside and Glossop Integrated Financial Position

*financial monitoring statements*

Period Ending 30<sup>th</sup> September 2019  
Month 6



Page 147

Kathy Roe  
Sam Simpson

## Integrated Financial Position Summary Report

Economy Wide Financial Position	3
Tameside and Glossop Integrated Commissioning Fund	4 – 5
Children's Services Initiatives	6
Integrated Care Foundation Trust	7

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

## Message from the Directors of Finance

At the halfway point in the financial year, the forecast outturn is beginning to look more positive overall, although it should be noted that this is largely due to a significant one off return of levy reserves from the Greater Manchester Combined Authority (GMCA).

Within the overall forecast position, we continue to experience significant financial pressures, particularly in Children's Social Care services due to increased numbers of looked after children (LAC). The forecast outturn position for Children's of £6.674m in excess of budget reflects an anticipated further increase in LAC numbers by the end of the financial year.

Delivery of in year Targeted Efficiency Plans (TEP) continues to be closely monitored. Good progress is being made in most areas, although some areas of significant risk remain.


The focus on 2020/21 budgets is now accelerating. Funding announcements in September 2019 provide greater clarity for Council budgets in 2020/21, but significant uncertainty remains for future years, making planning for the medium term increasingly difficult. The cost pressures already identified and emerging for future years means there remains a significant gap to close to balance 2020/21.


## Integrated Financial Position


 **£1.177m**

The overall forecast outturn position for the Strategic Commission is on overspend of £0.489m against a net budget of £617.425m.

The overall positive movement since month 5 is net of a number of significant movements including:

 **£2.152m Children's Social Care Services** – adverse movement due to forecast increases in the number of looked after children

 **£1.672m Operations and Neighbourhoods** – improved position due to a one-off return of reserves from GMCA relating to the levies.

 **£1.460m Contingency** – improved position due to a one-off return of reserves from GMCA and the release of contingencies.

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
CCG Expenditure	420,622	0	420,622	421,006	(384)	(649)	265
TMBC Expenditure	524,755	(327,952)	196,803	196,908	(105)	(1,017)	911
<b>Integrated Commissioning Fund</b>	<b>945,377</b>	<b>(327,952)</b>	<b>617,425</b>	<b>617,914</b>	<b>(489)</b>	<b>(1,666)</b>	<b>1,177</b>

# Tameside & Glossop Integrated Commissioning Fund

With a gross budget for 2019/20 in excess of £945m, as at month 6 the Integrated Commissioning Fund has a forecast net spend of £617.914m, against a net budget of £617.425m. The forecast outturn at month 6 is now an overspend of £0.489m, an improvement of £1.2m since period 5. The overall improvement is due to significant one-off reductions to the Waste and Transport Levies, and the release of contingencies. This overall improvement masks a significant deterioration in the forecast for Children's services which is now forecast to exceed the approved budget by £6.674m.

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
Acute	214,407	0	214,407	215,033	(626)	(642)	16
Mental Health	38,058	0	38,058	38,698	(640)	(509)	(131)
Primary Care	85,028	0	85,028	84,851	177	2	175
Continuing Care	16,317	0	16,317	15,854	463	406	57
Community	33,413	0	33,413	33,416	(3)	(3)	0
Other CCG	28,235	0	28,235	27,607	629	746	(117)
CCG TEP Shortfall (QIPP)	0	0	0	384	(384)	(649)	265
CCG Running Costs	5,164	0	5,164	5,164	0	0	(0)
Adults	84,083	(46,750)	37,333	37,973	(640)	(274)	(366)
Children's Services	53,756	(5,199)	48,556	55,230	(6,674)	(4,522)	(2,152)
Education	28,109	(22,104)	6,005	6,045	(41)	(49)	9
Individual Schools Budgets	115,558	(115,558)	0	0	0	0	0
Population Health	16,262	(170)	16,092	16,327	(235)	(280)	45
Operations and Neighbourhoods	78,840	(28,213)	50,627	49,857	770	(902)	1,672
Growth	42,791	(33,828)	8,964	9,806	(842)	(1,046)	204
Governance	74,144	(64,896)	9,248	9,091	158	315	(158)
Finance & IT	9,330	(2,237)	7,092	6,359	733	600	133
Quality and Safeguarding	440	(304)	136	136	(0)	(0)	0
Capital and Financing	10,788	(7,986)	2,803	(680)	3,483	3,217	266
Contingency	5,551	(235)	5,316	2,293	3,023	1,563	1,460
Corporate Costs	5,104	(473)	4,631	4,471	160	361	(201)
<b>Integrated Commissioning Fund</b>	<b>945,377</b>	<b>(327,952)</b>	<b>617,425</b>	<b>617,914</b>	<b>(489)</b>	<b>(1,666)</b>	<b>1,177</b>

# Tameside & Glossop Integrated Commissioning Fund

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
A: Section 75 Services	376,418	(46,820)	329,598	330,621	(1,023)	(817)	(207)
B: Aligned Services	318,978	(100,424)	218,554	215,346	3,208	2,884	324
C: In Collaboration Services	250,008	(180,735)	69,273	71,946	(2,673)	(3,733)	1,060
<b>Integrated Commissioning Fund</b>	<b>945,405</b>	<b>(327,980)</b>	<b>617,425</b>	<b>617,914</b>	<b>(489)</b>	<b>(1,666)</b>	<b>1,177</b>

*Further detail on all service areas is set out in appendix 1 to this report*

## **Growth £842k**

Pressures remain in the Growth directorate relating mainly to shortfalls in budgeted income and additional costs relating to buildings and utilities.

## **Capital Financing £3,483k & Contingency £3,023k**

Interest earned on investments continues to exceed budget and there has been a one-off return of reserves from GMCA which has improved the overall forecast. The amount returned from GMCA is earmarked for investment in bus reform.

## **Operations and Neighbourhoods £770k**

The overall position has improved significantly due to the return of reserves from GMCA. Pressures remain due to shortfalls in car park income and additional costs related to the construction of new car parks.

## **Mental Health £640k**

The forecast outturn position for Mental Health has worsened since period 5 but remains as a forecast overspend of £640k. Most of this pressure relates to Individualised Commissioned packages of care, with two extremely high cost new packages resulting in a significant forecast pressure against the budget.

## **Acute £626k**

Pressures exist within the independent sector and a number of Acute providers continue to over-perform.

## **Children's Services £6,674k**

Increased demand since the 2019/20 budget was approved by the Council is the principal reason for the significant adverse projected outturn variation. There has been an increase of 8%, which as at October 2019 equates to 700 children looked after. The projected outturn includes a further estimated increase of 4% in the number of children looked after to 31 March 2020. This is based on the demand increase during the first six months of 2019/20 adjusted for the estimated number of children that are expected to leave the care system.

# Tameside Integrated Care Foundation Trust Financial Position

Financial Performance Metric	Month 6			YTD			Annual £000
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	
Normalised Surplus / (Deficit) Before PSF	(1,975)	(1,996)	(22)	(14,331)	(13,997)	333	(25,368)
Provider Sustainability Fund (PSF)	315	315	0	1,654	1,654	0	4,727
Financial recovery Fund (FRF)	987	987	0	5,182	5,182	0	14,807
Surplus / (Deficit) post PSF	(673)	(694)	(22)	(7,495)	(7,161)	333	(5,834)
Capital Expenditure	360	225	(135)	924	751	(173)	3,826
Cash and Equivalents	1,220	1,211	(9)				1,220
Trust Efficiency Savings	1,089	1,114	22	4,429	4,566	133	11,580
<b>Use of Resources Metric</b>	<b>3</b>	<b>3</b>		<b>3</b>	<b>3</b>		<b>3</b>

- **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 **30<sup>th</sup> September 2019**, the Trust has reported a net deficit of **£0.694m** post FRF and PSF, which is £22k above plan
- **Trust Efficiency Programme (TEP)** - the Trust has a TEP target in 2019/20 of **£11.580m** including carried forward schemes from 2018/19. The Trust is forecasting at month 6 to deliver **c.£11.337m** by the end of the year. Schemes are being developed across the Trust to mitigate the shortfall of **c.£243k (2.1%)**.
- **Agency cap** - The Trust has an agency cap of **c.£9.454m**, but a plan of **£7m**. During Month 6 the Trust spent **£233k** against a plan of **£622k**, reporting an underspend of **£389k** and reporting below the trust plan cap.
- **Capital** – Capital expenditure is behind plan by **c.£135k** year to date.
- **Cash** – The cash balance was **£9k** better than plan at the end of Month 6, the Trust has received Q1 PSF and FRF in September M6.

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

**Requires Improvement**

# Tameside Integrated Care Foundation Trust Financial Position

Performance Metric - Month 5	Plan YTD	Actual YTD	Annual Plan	Forecast
Capital service cover rating	4	4	4	4
Liquidity rating	4	4	4	4
I&E margin rating	4	4	4	4
I&E margin: distance from financial plan		1		1
Updated agency rating	1	1	1	1
<b>Risk Rating after overrides</b>		<b>3</b>		<b>3</b>

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

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

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

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

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

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# APPENDIX 2 – Strategic Commission Detailed Analysis

## Contents:

<b>Overview of Progress</b>	<b>2 – 5</b>
Local Authority Savings and Pressures	2 - 3
CCG Recovery Plan & TEP Update	4
<b>Service Area Monitoring</b>	<b>5 –32</b>
Adults Services	
Children’s Services – Children’s Social Care	
Children’s Services – Education	
Population Health	
Quality and Safeguarding	
Operations and Neighbourhoods	
Growth	
Governance	
Finance and IT	
Capital Financing, Contingency and Corporate Costs	
Capital Expenditure	
Acute	
Mental Health	
Primary Care	
Continuing Care	
Community	
Other	
CCG Running Costs	

# Local Authority Savings Progress

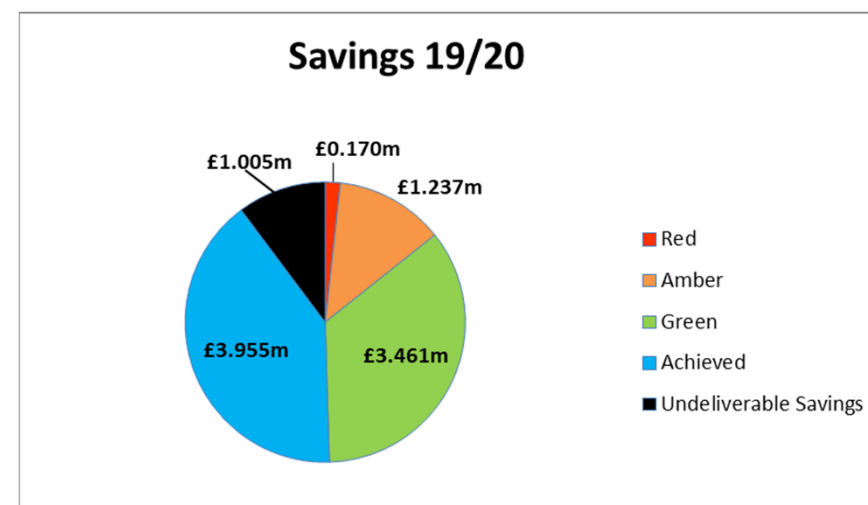
Directorate	Opening Target £000s	Not expected to be delivered £000s	Red £000s	Amber £000s	Green £000s	Achieved £000s	Total forecast savings £000s
Adults	1,778	669	70	747	292	0	1,109
Children's Services	696	0	0	0	696	0	696
Children's - Education	235	0	0	115	0	230	345
Population Health	375	95	0	0	280	0	280
Operations and Neighbourhoods	1,217	0	100	5	511	601	1,217
Growth	285	207	0	0	78	0	78
Governance	1,125	27	0	193	347	558	1,098
Finance & IT	411	0	0	7	693	283	983
Quality and Safeguarding	10	0	0	10	0	0	10
Capital and Financing	1,764	0	0	125	564	1,766	2,455
Contingency	100	0	0	0	0	100	100
Corporate Costs	424	7	0	35	0	417	452
<b>Total</b>	<b>8,420</b>	<b>1,005</b>	<b>170</b>	<b>1,237</b>	<b>3,461</b>	<b>3,955</b>	<b>8,823</b>

## SAVINGS PROGRESS

The 2019/20 Revenue Budget, approved by Full Council on 27 February 2019, included savings targets in respect of a vacancy factor, additional fees and charges, and savings to be delivered by management. Combined with savings identified in previous years, the total savings target for the Council in 2019/20 is £8,420k.

**Vacancy Factor** - The total vacancy factor for the year is £2,387k. As at the end of period 6, total underspends relating to vacant posts were £2,099k, therefore overachieving the annual target.

**Other Savings** – Overall the Council is forecasting to achieve savings of £8,823k against a target of £8,420k, although £1,407k remains rated as Red or Amber with risks to delivery. Savings of £3,461k are rated green and £3,955k already achieved as at the end of September 2019. Just over £1m of planned savings will not be delivered with alternatives now being delivered in place of the original targets.



# Local Authority Pressures

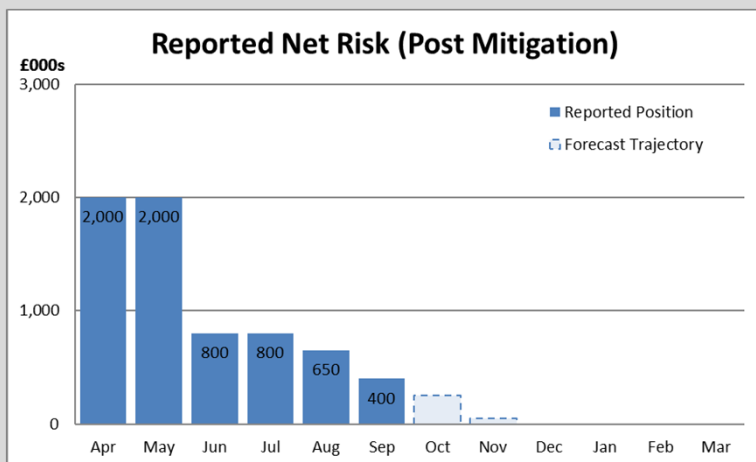
## PRESSURES

The 2019/20 Council Revenue Budget included funding for pressures across the services of £20,166k. As at month 3 total forecast pressures have increased across a number of areas as set out below. Further narrative on increased pressures in each area is included in the narrative for each service later in this report. The main reduction in pressures relates to funding setting aside for increased staffing costs as a result of the implementation of the new NJC pay structure on 1 April 2019. This funding will be used to offset pressures in other areas.

Directorate	Pressures funded in budget £000s	Pressures materialised to date £000s	Total pressures forecast £000s	(Increase)/decrease in pressures £000s
Adults	1,401	701	1,401	0
Children's Services	9,300	7,987	15,973	(6,673)
Children's - Education	631	448	985	(354)
Population Health	67	34	67	0
Operations and Neighbourhoods	1,501	1,026	1,450	52
Growth	741	847	841	(100)
Governance	903	245	705	198
Finance & IT	185	93	185	0
Quality and Safeguarding	0	0	0	0
Capital and Financing	242	242	242	0
Contingency	5,001	2,381	4,417	584
Corporate Costs	194	56	96	98
<b>Total</b>	<b>20,166</b>	<b>14,060</b>	<b>26,361</b>	<b>(6,195)</b>

# 2019/20 Financial Risk & TEP Update: M6 – September 2019

- The CCG has a Targeted Efficiency Plan (TEP, also known as QIPP) target for 2019/20 of £11m.
- In submitted plans at the start of the year, the CCG reported that financial control totals would be met, but that there was material risk (£2m) associated with this.
- Based on the latest assessment of TEP achievement, the CCG is reporting net risk of £400k at M6. An improvement of £250k relative to the M5 position:



- As shown in the chart above we are optimistic that over the next few months we will be in a position to further reduce reported risk.
- The trajectory above assumes that net risk can be reduced internally using CCG resources. However, as part of our wider Integrated Commissioning Fund (ICF), the CCG has entered into a risk share agreement with TMBC. This would allow the Local Authority to increase contributions into the pooled budget, in order to balance the CCG position on a non-recurrent basis if required.

- Any increase in council contribution this year would result in an increased CCG contribution in future years. Therefore it is not appropriate to use the ICF as justification to reduce reported net risk in 2019/20.
- The table below summarises expected achievement at M6, together with a comparison to the position reported last month:

### Planned Savings (before application of optimism bias)

	Recurrent	Non Recurrent	Total	Prior Month	Movement
High Risk	729,833	200,000	929,833	929,833	0
Medium Risk	1,048,000	300,000	1,348,000	1,870,000	-522,000
Low Risk	1,484,848	2,746,401	4,231,249	4,611,320	-380,071
Saving Posted	2,050,969	3,567,002	5,617,971	4,711,900	906,071
<b>Total</b>	<b>5,313,650</b>	<b>6,813,403</b>	<b>12,127,053</b>	<b>12,123,053</b>	<b>4,000</b>

### Expected Savings (after application of optimism bias)

	Recurrent	Non Recurrent	Total	Prior Month	Movement
High Risk	72,983	20,000	92,983	92,983	0
Medium Risk	524,000	150,000	674,000	935,000	-261,000
Low Risk	1,484,848	2,746,401	4,231,249	4,611,320	-380,071
Saving Posted	2,050,969	3,567,002	5,617,971	4,711,900	906,071
<b>Total</b>	<b>4,132,800</b>	<b>6,483,403</b>	<b>10,616,203</b>	<b>10,351,203</b>	<b>265,000</b>

QIPP Target 11,000,000    11,000,000    0

Savings Still to Find 383,797    648,797    265,000

Value of savings about which we are certain (i.e. blue & green schemes) 9,849,220

# Adults Services

A

Adults	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Adults - Out of Hours Team	158	0	158	63	118	40
Adults Senior Management	1,568	(1,159)	409	(2,612)	354	55
BCF	8	(20,339)	(20,331)	(5,486)	(20,331)	0
Community Response Service	1,172	(688)	484	(159)	508	(24)
Funded Nursing Care	1,930	(1,930)	0	49	0	0
Homecare - Support at Home	7,930	(6,031)	1,899	2,424	2,306	(407)
Improved Better Care Fund	1,633	(1,633)	0	506	0	0
Joint Commissioning Service	3,677	(1,221)	2,456	1,418	2,473	(17)
Localities	9,431	(150)	9,281	5,308	9,281	0
Long Term Support	7,289	(416)	6,873	3,762	7,509	(636)
Mental Health	3,882	(486)	3,396	1,839	3,541	(145)
Reablement	2,441	0	2,441	1,169	2,426	15
Residential & Nursing Placements	26,540	(9,437)	17,103	9,605	16,722	381
Sensory Services	293	(48)	245	131	279	(34)
Shared Lives & Property Management	2,565	(717)	1,848	827	1,748	100
Supported Accommodation	11,546	(2,494)	9,052	4,372	9,020	32
Urgent Integrated Care	2,019	0	2,019	985	2,019	0
<b>TOTAL</b>	<b>84,082</b>	<b>(46,749)</b>	<b>37,333</b>	<b>24,201</b>	<b>37,973</b>	<b>(640)</b>

## BUDGET VARIATIONS

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

### Underspends:

- **£740k**- Residential and Nursing Care placements: increased income
- **£100k**- Shared Lives : increased income (£50k) , reduction in staffing costs (£50k)
- **£136k**- Minor variations

## BUDGET VARIATIONS

### Pressures:

- **(142k)**- Town Lane - OOB Resettlement - staffing requirements
- **(145k)**- Mental Health service: over budget on out of hours and agency staff due to lag in recruitment
- **(170k)**- Residential and Nursing Care placements: increased expenditure
- **(490k)**- Long Term support : increase in homemakers assessed hours

## SAVINGS

### Savings Performance:

- **(£26k)** - Review of out of borough LD placements: currently projected to make a part year saving in 2019-20. Currently identifying placements to meet this target as there is scope
- **(79k)**- Oxford Park: will not be delivered as scheme is being reassessed.
- **(164k)**- Review of residential placements: currently not projected to make this saving but identifying placements to meet this target as there is scope
- **(400k)**- Review of manual handling – single handed: currently not projected to make this saving but identifying packages to address the projected shortfall

Scheme	Savings Target 19/20 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Review of out of borough LD placements	125	26		99			99
Oxford Park	79	79					0
Review of residential placements	191	164		27			27
Review of manual handling	540	400	70	70			140
Vacancy Factor	551			551			551
Fees & charges increase 2019/20	292				292		292
<b>Total</b>	<b>1,778</b>	<b>669</b>	<b>70</b>	<b>747</b>	<b>292</b>	<b>0</b>	<b>1,109</b>

# Children's Services – Children's Social Care R

Children's Services	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Assistant Executive Director - Children's Specialist Services	1,238	(2,009)	(771)	1,445	413	(1,183)
Childrens Safeguarding	32,464	(774)	31,691	17,360	36,757	(5,066)
Early Help, Early Years & Neighbourhoods	2,001	(10)	1,991	880	2,010	(20)
Looked After Children	3,623	(1,727)	1,897	1,705	2,006	(109)
Child Protection & Children In Need	5,341	(28)	5,313	2,551	5,472	(159)
Youth Offending Team	8,123	0	8,123	4,201	8,218	(96)
	965	(652)	312	450	353	(41)
<b>TOTAL</b>	<b>53,756</b>	<b>(5,199)</b>	<b>48,556</b>	<b>28,591</b>	<b>55,230</b>	<b>(6,673)</b>

## SAVINGS

Scheme	Savings Target 19/20 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Vacancy Factor	676				676		676
Fees & charges increase 2019/20	20				20		20
<b>Total</b>	<b>696</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>696</b>	<b>0</b>	<b>696</b>

## BUDGET VARIATIONS

### Pressures:

As previously reported, the level of increased demand since the 2019/20 budget was approved by the Council is the principal reason for the significant adverse projected outturn variation. There has been an increase of 8%, which as at October 2019 equates to 700 children looked after. The projected outturn includes a further estimated increase of 4% in the number of children looked after to 31 March 2020. This is based on the demand increase during the first six months of 2019/20 adjusted for the estimated number of children that are expected to leave the care system. Further financial modelling has also taken place on a further increase in demand for the first six months of the 2020/21 financial year, the details of which will be included in the 2020/21 Council budget report and medium term financial planning assumptions of the Strategic Commission. Members should note that there is a separate report on the agenda with supporting context on the related Children's Services Improvement Programme sustainability projects currently in progress. These include :

Strengthening early help and prevention across the locality

-Supporting the spread, scale and sustainability of Team Around the School

-The development of a Family Intervention service) across the continuum of need Early Help, Children In Need, Child Protection, Looked After Children and to also enable Family Group Conference services to intervene at an earlier point on the continuum

-The development of a core multi-disciplinary early help service in each neighbourhood / locality

-The restructure of duty/ locality teams

-The development of residential respite and assessment unit capacity

-The implementation of a Fostering Service improvement plan

-The improvement of LAC sustainability and the implementation of the placements sufficiency action plan for LAC

-The development and enhancement of the Independent Reviewing Officer role to ensure that robust oversight and challenge is provided to children's care planning and that permanency options are considered at the earliest opportunity

-The development of the role of Social Workers and managers in permanency planning to support the most effective progress of children through the care system and where appropriate exit to permanency



# Children's Services – Education

A

Education	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Access & Inclusion	16,110	(13,741)	2,369	7,189	2,529	(160)
Assistant Executive Director - Education	384	(89)	296	54	189	107
Schools Centrally Managed	2,596	(760)	1,836	(4,375)	1,724	112
Schools Centrally Managed - DSG Funded	(1,078)	1,081	3	(58,790)	3	0
School Performance and Standards	538	(294)	245	33	245	(0)
Pupil Support Services	9,558	(8,302)	1,256	3,668	1,356	(99)
<b>TOTAL</b>	<b>28,109</b>	<b>(22,104)</b>	<b>6,005</b>	<b>(52,221)</b>	<b>6,045</b>	<b>(41)</b>

## BUDGET VARIATIONS

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

### Underspends:

- **£139k** - There is a projected under spend in the overall Education service due to utilisation of grant funding and surplus budget identified to support pressures within the overall service.
- **£64k** - Other minor variations.

### Pressures:

- **(£315k)**-SEN Transport - pressure has materialised. A further pressure of £315k is projected for the service in 19/20. The demand for SEN Transport continues to rise. It is suggested the additional savings on teachers retirement pension costs assist in offsetting this additional pressure in-year.
- **(£39k)** -Education Psychology - pressure has materialised. A further pressure of £39k is projected for the service in 19/20. The increase in ECHPs and panel hearings continues.

## SAVINGS

### Savings Performance:

- **0k**- The traded services saving is projected to be achieved due to an increase in traded income from academies, partially negated by a decrease in maintained schools traded income. The change in position since last reporting is due to increase in trade for Education Psychology and the School Library Service.
- **£110k** – There is further reduced demand on the budget for Teachers retirement pension costs. It is suggested that this additional saving is supports the pressure occurring on SEN Transport.
- **£0k** - The Central DSG grant saving has been achieved by reducing initial budget.

Scheme	Savings Target 19/20 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Traded Services to Tameside schools and academies	5	0	0	5	0	0	5
Teachers Pension	130	0	0	110	0	130	240
Central DSG grant	100	0	0	0	0	100	100
<b>Total</b>	<b>235</b>	<b>0</b>	<b>0</b>	<b>115</b>	<b>0</b>	<b>230</b>	<b>345</b>

# Population Health

A

Population Health	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Public Health	16,262	(170)	16,092	4,941	16,327	(235)
<b>TOTAL</b>	<b>16,262</b>	<b>(170)</b>	<b>16,092</b>	<b>4,941</b>	<b>16,327</b>	<b>(235)</b>

## BUDGET VARIATIONS

### Pressures

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

- **(35k)** - Pennine Care contracts- inflation uplift
- **(200k)** – Community Services contract- inflationary uplift due to revised grading on NHS pay scales

## SAVINGS

### Savings Performance:

- **(25k)**- Recommissioning of sexual health services - forecast to be achieved
- **(200k)**- Integrated Drug and Alcohol services - forecast to be achieved
- **(28k)**- Prescribing - forecast to be achieved
- **(27k)**- Vacancy Factor - forecast to be achieved
- **0k**- Reduction to Active Tameside management fee

Scheme	Savings Target 19/20 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Recommissioning of sexual health services	25				25		25
Integrated Drug and Alcohol services	200				200		200
Prescribing	28				28		28
Reduction to Active Tameside management fee	95	95					0
Vacancy Factor	27				27		27
<b>Total</b>	<b>375</b>	<b>95</b>	<b>0</b>	<b>0</b>	<b>280</b>	<b>0</b>	<b>280</b>

# Quality And Safeguarding **G**

Quality and Safeguarding	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Quality & Safeguarding - Adults	116	(32)	84	59	84	(0)
Quality & Safeguarding - Childrens	324	(272)	52	23	52	0
<b>TOTAL</b>	<b>440</b>	<b>(304)</b>	<b>136</b>	<b>82</b>	<b>136</b>	<b>(0)</b>

## SAVINGS

Scheme	Savings Target 19/20 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Vacancy Factor	8			8			8
Fees & charges increase 2019/20	2			2			2
<b>Total</b>	<b>10</b>	<b>-</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>10</b>

# Operations and Neighbourhoods

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Operations & Neighbourhoods	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Operations and Emergency Planning	1,298	(2,578)	(1,279)	(491)	(1,220)	(60)
Community Safety & Homelessness	5,388	(1,806)	3,582	(146)	3,582	0
Cultural and Customer Services	3,529	(332)	3,197	1,240	3,051	147
Design and Delivery	11,470	(9,650)	1,820	3,189	1,842	(22)
Environmental Services Management	31,305	(32)	31,273	25,217	29,697	1,576
Highways & Transport	8,862	(9,660)	(798)	(1,000)	203	(1,001)
Markets	1,040	(1,532)	(492)	(467)	(212)	(280)
Operations and Greenspace	5,979	(447)	5,531	2,705	5,066	466
Public Protection	3,633	(948)	2,685	1,166	2,607	79
Waste Management	5,890	(1,184)	4,706	2,502	4,774	(68)
Youth	446	(43)	403	147	468	(65)
<b>TOTAL</b>	<b>78,840</b>	<b>(28,213)</b>	<b>50,627</b>	<b>34,061</b>	<b>49,857</b>	<b>770</b>

## BUDGET VARIATIONS

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

### Underspends:

- **£64k** – Saving on disposal of street sweepings expected to be achieved from January due to new method of disposal
- **£1,032k** -There are a number of vacancies across Operations and Neighbourhoods. Within Culture & Customer Services there have been difficulties with recruitment however, this service getting closer to being fully staffed. There have also been some vacancies held for a period of time within the Call Centre and Customer Services to allow a full assessment of demand following the move into Tameside One. Within the engineers service there is a large level of vacancies however the saving on this is offset by additional spend on subcontractors. (This is net of vacancy factor)
- **£341k** -One off in year savings on vehicle costs within operations and greenspace have been identified.
- **£311k**- GMCA have approved an adjustment to this year's Transport Levy resulting in a reduction to Tameside of £311k.
- **£1,262k**- GMCA have approved the use of some reserves to reduce the levy cost in this financial year resulting in a one off rebate.

## BUDGET VARIATIONS

### Pressures:

- **(£766k)** – There is a projected shortfall in income from car parks. Of this, (£408k) relates to the new Darnton Road car parks which is in part as a result of delays in these car parks becoming operational. A further (£150K) relates to the non delivery of charges being applied to additional car parks.
- **(£199k)** - Additional construction costs of £199k will materialise in this year relating to the new hospital car parks. This is in part due to the cost of electric charging points.
- **(£165k)** - The cameras on bus lanes are working well as a deterrent to stop people using the bus lanes inappropriately. However this means that there is a projected shortfall in expected income.
- **(£217k)** - Nationally, markets have experienced a decline and alongside this, there is the ongoing development of Ashton Town Centre. Overall, footfall is reduced and the market ground is suffering from a reduction in traders resulting in a shortfall in projected income.
- **(£80k)** - Additional costs incurred for the Tour of Britain and associated events.
- **(£751k)** - Increased spend on subcontractors within the engineers service in order to maintain capacity.
- **(62k)**-Other Minor Variations including increases in skip charges, system upgrades within Transport Services and an increase in security costs for opening and closing the cemeteries.

## SAVINGS

Scheme	Savings Target 19/20 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Recovery of expenditure from new car parks	100		100				100
LED Street Lighting	250				250		250
Review of contracts and purchasing – using STAR/Oxygen	50	0			8	42	50
Advertising on Vehicles	5			5			5
Vacancy Factor	559					559	559
Fees & charges increase 2019/20	253				253		253
<b>Total</b>	<b>1,217</b>	<b>-</b>	<b>100</b>	<b>5</b>	<b>511</b>	<b>601</b>	<b>1,217</b>

Growth	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Development Growth & Investment	315	0	315	(270)	191	124
Employment & Skills	2,068	(882)	1,187	(53)	1,126	60
Estates	1,920	(2,689)	(769)	(443)	(367)	(403)
Investment & Development	2,166	(1,122)	1,044	914	927	117
Planning	1,170	(998)	171	100	468	(296)
Strategic Infrastructure	637	(188)	449	102	368	81
School Catering	2,776	(2,772)	4	(36)	64	(60)
Corporate Landlord	8,414	(2,219)	6,195	2,931	6,673	(478)
Environmental Development	447	(79)	369	136	357	12
BSF, PFI & Programme Delivery	22,878	(22,878)	0	2,673	0	0
<b>TOTAL</b>	<b>42,791</b>	<b>(33,828)</b>	<b>8,964</b>	<b>6,056</b>	<b>9,806</b>	<b>(842)</b>

## BUDGET VARIATIONS

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

### Underspends:

- **£117k** – Expenditure less than budget due to vacancies in Investment and Development recruited to part way through the year.
- **£136k** - Expenditure less than budget due to vacancies in the Estates team. Recruitment is underway and a number of posts have been filled. There is also an over achievement of income on commercial investments.
- **£81k** - Expenditure less than budget due to vacancies in Strategic Infrastructure.

### Pressures:

**Estates budget pressures relate to a shortfall in income due to a number of factors.**

- **(£539k)** - A number of posts have been vacant and this has led to a reduction in the number of chargeable hours within the service. There is also a hold on disposals and there are several vacant industrial units.

**There are budget pressures in Corporate Landlord**

- **(£478k)** - Rental income for tenants in Tameside one will not be realised in the early years. This has been anticipated and will be funded from contingency. There is uncertainty around the costs of operating Tameside One. This is reflected in high forecast spend for gas and electricity. There were additional costs as a result of keeping Two Trees open later in the year than planned.



## BUDGET VARIATIONS

### Planning Services

- **(£296k)** - Fee income from building control fees is less than budget. The planned recruitment of additional staff is underway as following a review of the service. The service plans to undertake another review following this

## SAVINGS

### Savings Performance:

- **(£60k)** Growth savings of £60k will not be delivered in 2019/20 due to delays recruiting staff to review Industrial rents and fewer large scale planning applications being made.
- **(£147k)** Increases in Fees and Charges will not be delivered due to staff vacancies and other issues highlighted above.

Scheme	Savings Target 19/20 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Sponsorship of events	2	0			2		2
Planning fees income	30	30					0
Review of rents and leases	30	30					0
Vacancy Factor 2019/20	76	0			76		76
Fees & charges increase 2019/20	147	147					0
<b>Total</b>	<b>285</b>	<b>207</b>	<b>0</b>	<b>0</b>	<b>78</b>	<b>0</b>	<b>78</b>

Governance	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
<b><u>Governance</u></b>						
<b>Executive and Business Support</b>	1,726	(111)	1,615	666	1,453	161
<b>Democratic Services</b>	1,043	(311)	732	407	732	(0)
<b>Governance Management</b>	174	(88)	86	90	95	(8)
<b>Legal</b>	1,355	(82)	1,273	573	1,385	(112)
	<b>4,298</b>	<b>(593)</b>	<b>3,705</b>	<b>1,737</b>	<b>3,665</b>	<b>41</b>
<b><u>Exchequer</u></b>						
<b>Exchequer Services</b>	64,309	(62,733)	1,576	6,217	1,318	259
	<b>64,309</b>	<b>(62,733)</b>	<b>1,576</b>	<b>6,217</b>	<b>1,318</b>	<b>259</b>
<b><u>People &amp; Workforce Development</u></b>						
<b>People and Organisational Development</b>	3,810	(1,325)	2,484	1,003	2,625	(141)
	<b>3,810</b>	<b>(1,325)</b>	<b>2,484</b>	<b>1,003</b>	<b>2,625</b>	<b>(141)</b>
<b><u>Marketing &amp; Communications</u></b>						
<b>Policy, Performance and Communications</b>	1,728	(245)	1,483	714	1,483	(0)
	<b>1,728</b>	<b>(245)</b>	<b>1,483</b>	<b>714</b>	<b>1,483</b>	<b>(0)</b>
<b>TOTAL</b>	<b>74,144</b>	<b>(64,896)</b>	<b>9,248</b>	<b>9,671</b>	<b>9,091</b>	<b>158</b>

### Underspends

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

- **£553k** – Employee related expenditure including training related expenses is less than budget due to a number of vacant posts and maternity across the service over the course of the year
- **£90k** - Cost Collection for Council Tax and Business rates are forecast under budget

- **£146k** - The Housing Benefit overpayment collection team have collected cash of £701k, this is in excess of expectations which has resulted in an over achievement of the in-year saving allocated, the effect on the revenue account has resulted in the service being able to forecast a reduction in the bad debt provision by £54k, which gives an overall total underspend of £146k in this area.
- **£19k** - Other net minor variations across the individual service areas of less than £50k

### Pressures

- **(£147k)** – Currently there is no forecast draw down of the £120k reserve funding in relation to the Workforce Development Service Review in 19/20 and £27k in relation to the Early Help Module.
- **(£42k)** - Government Grant related income is less than budgeted income target
- **(£71k)** - Projected income is less than budgeted Income target due to non take up of HR, Payroll and Recruitment and various other income streams
- **(£56k)** - There is current forecast spend in relation to Population Health Marketing and Communication activities, where funds are held in reserve
- **(£307k)** - Based on the Housing Benefit Mid-Year Estimate the forecast is currently £307k in excess of budget

### SAVINGS

#### Savings Performance:

- **(£27k)** - Priority Account Service (Oxygen) savings target of £50k will not be fully achieved, current forecast £23k

Scheme	Savings Target 19/20 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Continuous Improvement	550					550	550
Oxygen Finance Project	50	27		15		8	23
Recovering of overclaims/old debts	175			175			175
Vacancy Factor	347				347		347
Fees & charges increase 2019/20	3			3			3
<b>Total</b>	<b>1,125</b>	<b>27</b>	<b>0</b>	<b>193</b>	<b>347</b>	<b>558</b>	<b>1,098</b>

Finance and IT	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
<b>FINANCE</b>						
Financial Management	2,993	(538)	2,455	720	2,234	221
Risk Management & Audit Services	3,554	(1,067)	2,486	559	1,884	602
	<b>6,546</b>	<b>(1,605)</b>	<b>4,941</b>	<b>1,279</b>	<b>4,118</b>	<b>823</b>
<b>IT</b>						
Digital Tameside	2,784	(632)	2,151	1,205	2,241	(90)
	<b>2,784</b>	<b>(632)</b>	<b>2,151</b>	<b>1,205</b>	<b>2,241</b>	<b>(90)</b>
<b>TOTAL</b>	<b>9,330</b>	<b>(2,237)</b>	<b>7,092</b>	<b>2,483</b>	<b>6,359</b>	<b>733</b>

## BUDGET VARIATIONS

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

### Underspends:

- **£268k** – Staffing underspends due to vacancies, timing of recruitment and staff having not taken up the pension option. This includes the combined vacancy factor of £128k.
- **£78k** - Projected reduction in spend on Cashier related payment systems.
- **£171k** - Projected additional MFD Income to the service and spend is anticipated to be lower than budget.

### Pressures:

- **(£319k)** – The Corporate Costs budget covers equipment, software and maintenance for the Council's network, including security and backup software. It also covers the cost of operating system licence for laptops. The overspend is due to increased costs such as the operating system, extra power costs for the Data Centre, Wi-Fi and backup software as well as additional requirements for security systems. Costs have further increased in this area due to the requirement to upgrade essential software for the server infrastructure, which is used by all council systems, in order to remain secure and supported by the supplier.
- **(£37k)** - Other minor variations below £50k.

## SAVINGS

### Savings Performance:

- **£565k** - Insurance Review - Further to actuarial review in 2018/19 savings have been identified in relation to insurance provision.
- **£7k** - External Audit Fees - It is anticipated there will be a further £7k saving on top of the £69k planned saving. This is based on current projected spend.

Scheme	Savings Target 19/20 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Insurance review	150				565	150	<b>715</b>
External audit fees	69			7		69	<b>76</b>
Internal audit restructure	12					12	<b>12</b>
Central DSG grant	50					50	<b>50</b>
Vacancy Factor	128				128		<b>128</b>
Fees & charges increase 2019/20	2					2	<b>2</b>
<b>Total</b>	<b>411</b>	<b>-</b>	<b>0</b>	<b>7</b>	<b>693</b>	<b>283</b>	<b>983</b>

# Capital Financing, Contingency and Corporate Costs

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Capital Financing, Contingency and Corporate Costs	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Capital and Financing	10,788	(7,986)	2,803	(4,129)	(680)	3,483
Contingency	5,551	(235)	5,316	(3,377)	2,293	3,023
Corporate Costs	5,104	(473)	4,631	1,203	4,471	160
<b>TOTAL</b>	<b>21,443</b>	<b>(8,693)</b>	<b>12,750</b>	<b>(6,303)</b>	<b>6,084</b>	<b>6,665</b>

## BUDGET VARIATIONS

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

### Underspends:

- **£2,113k**- Anticipated income from investment in Manchester Airport Group
- **£572k**- Revised Minimum Revenue Position (MRP) calculations
- **£697k**- Anticipated reduction in interest costs due to planned borrowing not being taken up and revised interest projections
- **£50k**- Included within corporate costs are anticipated savings of £50k in respect of the coroners service based on updated projections provided by Stockport MBC.
- **£75k**- Other minor variations under £50k
- **£1,573k**- Release of contingency budgets to offset service overspends
- **£1,450k**- Waste & transport levy one-off benefit in year

### Pressures:

- **(£70k)**- Increase internal interest charges based on final 2018/19 figures
- **(14k)**- Minor Variations transferred from CDC

# Capital Financing, Contingency and Corporate Costs

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## SAVINGS

### Savings Performance:

- **35k** - Pensions Increase Act - These historic pension costs have reduced and it is anticipated there will be a further £35k saving on top of the £90k planned saving. This is based on current projected spend.
- **(£12k)** - Venture Fund no longer being progressed

Scheme	Savings Target 19/20 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Venture fund	12						0
Treasury Investment Income	130			125		255	380
Minimum Revenue Provision (MRP)	375					947	947
Capital Financing	232						0
Manchester Airport Investment (Exec Cabinet Approved Feb 18) £11m investment	1,015				564	564	1128
Income Generation - Increased income from Council Tax Rates	100					100	100
AGMA/GMCA	302					302	302
Pensions Increase Act	90			35		90	125
Review of the Town Council support	25					25	25
Vacancy Factor	7	7					0
<b>Total</b>	<b>2,288</b>	<b>7</b>	<b>0</b>	<b>160</b>	<b>564</b>	<b>2,283</b>	<b>3,007</b>

# Capital Expenditure

- This is the second capital monitoring report for 2019/20, summarising the forecast outturn based on the financial activity to 30 September 2019.
- The detail of this monitoring report is focused on the budget and forecast expenditure for fully approved projects in the 2019/20 financial year. The approved budget for 2019/20 is £76.764m. Additional schemes will be added to future detailed monitoring reports once business cases have been approved by Executive Cabinet.
- The current forecast is for service areas to have spent £55.484m on capital investment in 2019/20, which is £21.280m less than the current capital budget for the year. This variation is spread across a number of areas, and is made up of a number of additional costs due to overspend against a number of specific schemes (£1.610m) less the re-phasing of expenditure in other areas totalling £22.890m.

## CAPITAL MONITORING STATEMENT – SEPTEMBER 2019

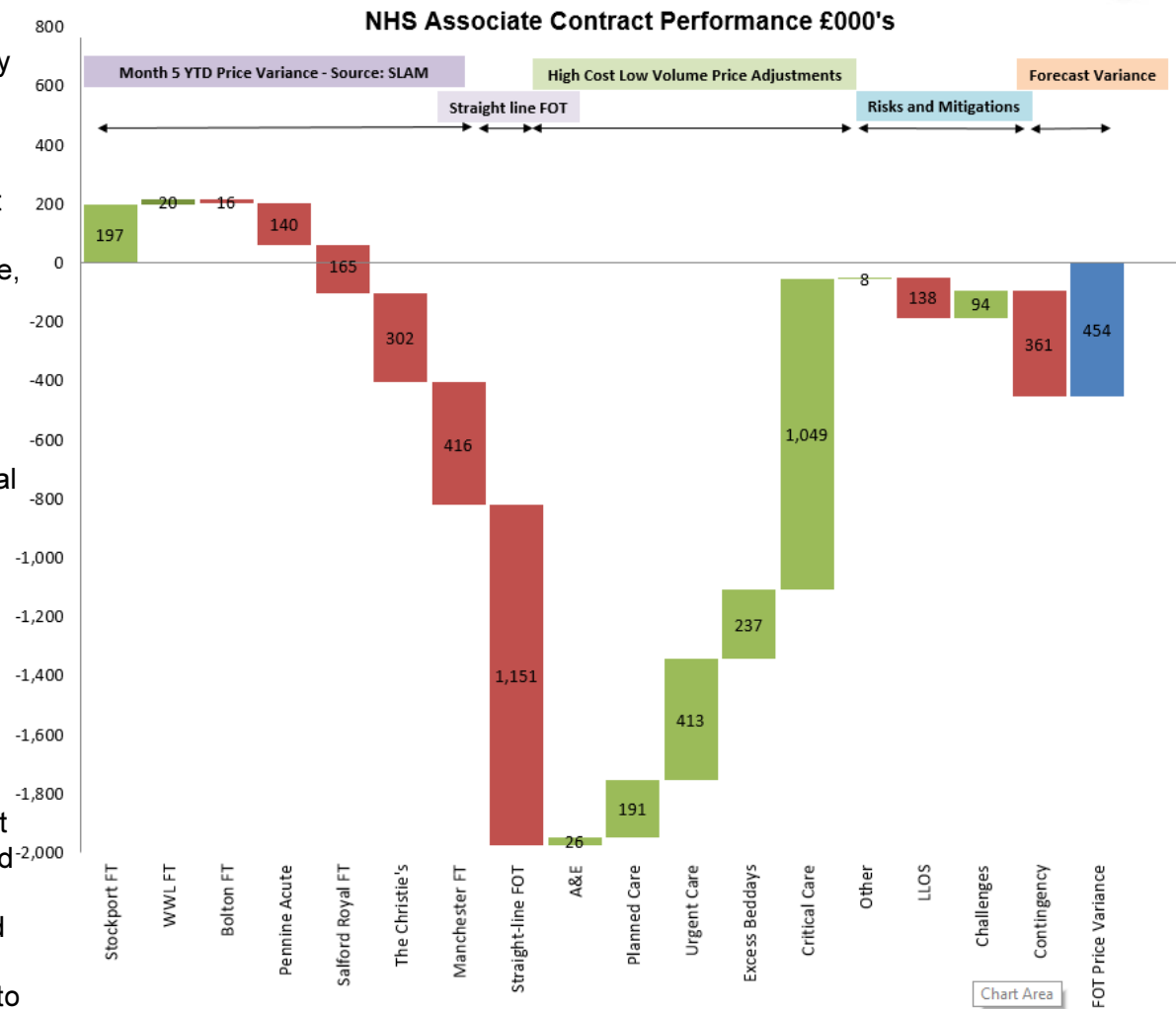
	2019/20 Budget	Actual to 30 September 2019	Projected 2019/20 Outturn	Projected Outturn Variation
	£000	£000	£000	£000
<b>Growth</b>				
Investment & Development	5,848	1,037	3,100	2,748
Corporate Landlord	421	97	225	196
Estates	114	0	50	64
<b>Operations and Neighbourhoods</b>				
Engineers	13,350	4,467	13,047	303
Vision Tameside	8,708	1,153	3,156	5,552
Environmental Services	3,640	233	2,059	1,581
Transport (Fleet)	260	94	260	0
Stronger Communities	27	0	27	0
<b>Children's</b>				
Education	17,539	2,070	12,850	4,689
<b>Finance &amp; IT</b>				
Finance	5,700	0	5,700	0
Digital Tameside	3,959	999	4,310	(351)
<b>Population Health</b>				
Active Tameside	15,970	5,560	10,360	5,610
<b>Adults</b>				
Adults	1,228	20	340	888
<b>Total</b>	<b>76,764</b>	<b>15,730</b>	<b>55,484</b>	<b>21,280</b>



£000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement from M5
<b>Acute Commissioning</b>	<b>99,426</b>	<b>100,221</b>	<b>(795)</b>	<b>200,798</b>	<b>201,278</b>	<b>(480)</b>	<b>7</b>
Tameside & Glossop ICFT	67,995	68,040	(45)	135,991	135,991	0	0
Manchester FT	16,209	16,279	(70)	32,922	33,066	(145)	(221)
Stockport FT	4,741	4,416	325	9,755	9,111	644	87
Salford Royal FT	2,969	3,127	(157)	5,865	6,015	(150)	28
Pennine Acute	1,757	1,954	(197)	3,496	3,690	(194)	110
The Christie	1,021	1,370	(349)	2,028	2,637	(609)	5
BMI Healthcare	1,236	1,312	(76)	2,473	2,634	(161)	(14)
Wrightington, Wigan & Leigh	444	420	24	974	912	62	9
Spamedica	602	781	(179)	1,204	1,499	(295)	(70)
Other Providers	2,451	2,521	(70)	6,092	5,724	368	72
<b>Ambulance Services</b>	<b>4,707</b>	<b>4,698</b>	<b>8</b>	<b>9,450</b>	<b>9,439</b>	<b>11</b>	<b>8</b>
<b>Clinical Assessment &amp; Treatment Centres</b>	<b>795</b>	<b>871</b>	<b>(76)</b>	<b>1,591</b>	<b>1,705</b>	<b>(114)</b>	<b>0</b>
<b>Collaborative Commissioning</b>	<b>187</b>	<b>184</b>	<b>3</b>	<b>252</b>	<b>249</b>	<b>3</b>	<b>0</b>
<b>High Cost Drugs</b>	<b>68</b>	<b>101</b>	<b>(32)</b>	<b>136</b>	<b>182</b>	<b>(46)</b>	<b>0</b>
<b>NCAS/OATS</b>	<b>1,000</b>	<b>1,000</b>	<b>0</b>	<b>2,000</b>	<b>2,000</b>	<b>0</b>	<b>0</b>
<b>Winter Resilience</b>	<b>127</b>	<b>127</b>	<b>0</b>	<b>180</b>	<b>180</b>	<b>0</b>	<b>0</b>
<b>Total - Acute</b>	<b>106,310</b>	<b>107,202</b>	<b>(892)</b>	<b>214,407</b>	<b>215,033</b>	<b>(626)</b>	<b>16</b>

- **Independent sector** – IS contracts are a key driver of overspend within the Acute forecast. Two key specialties stand out:
  - *Ophthalmology*. Spa Medica is forecast to over perform by £295k, while we also have pressures with other ophthalmology providers. The full detail of this pressure was discussed as part of the deep dive report to FQAG in August. The increase in activity is largely attributable to an ageing population, but also because previously untreatable conditions which have recently become treatable.
  - *Orthopaedics*. Pressures at BMI and In Health (CATs) are dominated by MSK. This is a specialty which NHS providers are struggling to meet RTT targets within. Therefore under patient choice, more activity is being generated in the independent sector.
- **Associate Providers** – On the face of things, the forecast for the Acute commissioning cost centre may appear odd. With a forecast over performance of £480k, against a YTD over spend at the mid point of the year of £795k. Performance at associate providers (i.e. NHS providers in Greater Manchester other than the ICFT) lies behind this anomaly. The chart below attempts to explain the movement between YTD position at M5 (the latest data available from providers) and the forecast outturn position:
  - *Stockport FT* - £197k under plan. This is mainly within Day Case and Elective (£158k under in Orthopaedics), Outpatients First of £40k and Outpatient Follow Ups of £15k
  - *WWL FT* - £20k under plan. £106k under plan relates to Elective T&O, which is off set by over performance in Critical Care £11k, Excess Bedday of £15k and Non-Elective T&O of £40k.

- Bolton FT - £16k over plan. This is all critical care which is unusual, T&G had zero critical care activity at Bolton last year.
- Pennine Acute - £140k over plan. The key driver behind the PAHT performance is Ophthalmology, following changes to the sub-contract arrangement with the ICFT previously. But also obstetrics
- Salford FT - £165k over. £179k over in Critical Care, with no other material variances against contract.
- The Christie - £302k over plan. This is completely driven by the two main speciality areas, Clinical Haematology of £171k over plan and £71k in Medical Oncology.
- Manchester FT - £416k over plan. £368k on Critical Care. £105k on Excess Bed days. All other points of delivery are broadly in line with contract.
- At M5 total overspend on associate contracts is £822k (£577k of which relates to critical care including a single patient with 134 days care).
- Based on this data, a straight line extrapolation would result in a forecast over spend of £1,973k, which does not feel intuitively correct.
- As such adjustments have been made for high cost low volume items. Most notably for critical care and excess bed days, which by their very nature are difficult to plan for. But also for urgent and planned care, where high cost admissions have occurred in the first half of the year, which we wouldn't expect to be replicated in the second half of the year (e.g. pain management programme at Salford or unusual/complex procedures).
- Finally we add back risks and mitigations. This includes anticipated costs for long length of patients not yet billed to the CCG, contract challenges for non T&G registered patients and additional contingency in relation to the Christie over performance, Neuro Rehab patients and as a result of concerns around elective and day case activity.
- While the position includes some provision clear RTT backlogs in 19/20. The CCG has seen a 12.6% increase in people on the waiting lists versus the adjusted March 18 baseline. This presents a financial risk to the CCG as while the backlog is cleared.
- After all of above, associate contracts are forecast over performance by £454k, which against a combined plan of £55.4m represents a 0.8% pressure.



	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement from M5
Child & Adolescent Mental Health	232	215	18	325	325	0	0
Improving Access To Psychological Therapies	96	97	(1)	192	193	(1)	(1)
Learning Disabilities	359	358	1	688	688	0	0
Mental Capacity Act	63	58	5	127	124	3	3
Mental Health Contracts	13,037	13,037	0	25,932	25,932	0	0
Mental Health Services - Adults	3,180	3,099	81	6,301	7,093	(792)	(338)
MH - Collaborative Commissioning	1,061	1,062	(1)	1,061	1,061	0	(0)
MH - Non Contracted Activity	37	54	(17)	75	100	(25)	(20)
Mental Health Services - Other	1,029	1,022	7	2,266	2,041	225	225
MH - Specialist Services	411	486	(75)	822	872	(50)	0
Mental Health Transformation	270	270	0	270	270	0	0
<b>Total - Mental Health</b>	<b>19,776</b>	<b>19,760</b>	<b>16</b>	<b>38,058</b>	<b>38,698</b>	<b>(640)</b>	<b>(131)</b>

- To comply with NHS planning guidance for 2019/20, the CCG has to demonstrate increased expenditure in mental health through the Mental Health Investment Standard. Forecast spend in the core Mental Health directorate, together with MH spend in Primary Care, CHC, Community and Acute shows that the CCG will be MHIS compliant for 2019/19. However, because of changes around the categorisation of dementia and learning disabilities we are forecasting that MH spend will increase by 5.8%, which is the minimum required under MHIS.
- As such MHIS could be at risk in the event of significant slippage against any of our current expenditure plans. To safeguard against this, commissioners are in the process of developing a series of non recurrent schemes (e.g. waiting list initiative's and pump prime schemes) which would be available for immediate mobilisation if required.
- At M6 the core MH position is broadly in line with plan. With £75k over spend relating to the additional patients in the Step Down Unit offset by an under spend of £77k relating to Adult Individualised Commissioned (IC) packages of care in the first half of the year.
- While IC packages may be underspending on a YTD basis, September saw two new individual packages of care commissioned at an exceptionally high cost. This included a 2:1 PICU package at a cost of £16k per week with no definite end date, which has resulted in a significant pressure against the budget.
- Across a Pennine Care commissioner footprint, NICHE have recently presented phase 2 findings from their review of the cost of mental health services. Further work is required to establish a definitive position that all 5 commissioners and Pennine Care can agree upon. However once complete the intention is that contracts are re-based in accordance with this definitive version of the truth, which may present a risk to the CCG financial position in future years.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement from M5
Prescribing	18,969	18,956	13	40,753	40,751	2	0
Delegated Co-commissioning	16,813	16,511	303	34,371	34,045	326	203
Out of Hours	1,155	1,299	(145)	2,309	2,454	(145)	0
Local Enhanced Services	988	940	47	1,931	1,882	49	0
Primary Care Investments	681	681	(0)	1,377	1,377	0	0
Primary Care IT	688	596	93	1,376	1,377	(1)	0
Central Drugs	568	591	(23)	1,193	1,239	(46)	(36)
Medicines Management - Clinical	233	228	4	484	480	4	1
Oxygen	224	208	16	477	477	0	0
GP FORWARD VIEW	472	472	(0)	472	472	0	0
Commissioning Schemes	142	150	(8)	285	297	(12)	8
<b>Total - Primary Care</b>	<b>40,933</b>	<b>40,632</b>	<b>301</b>	<b>85,028</b>	<b>84,851</b>	<b>177</b>	<b>175</b>

- **Prescribing** – Based on four months of prescribing data, £522k TEP has been achieved. This is against an annual target of £1,500k, meaning that the current trajectory is encouraging and that we are theoretically on track to meet and exceed our target.
- However caution should be exercised around attainment of savings in future months, because of expected Category M price changes and potential impacts on supply and costs that will be caused by Brexit. Which is making it difficult to accurately forecast future expenditure.
- Pressure caused by items classified as No Cheaper Stock Obtainable (NCSO) seems to have reduced in the last two months but this may escalate as the date for Brexit approaches. It also remains to be seen whether there will be pressure caused by a particularly severe winter.
- The forecast for the remainder of the year does include some contingency relating to Brexit/Cat M and the situation continues to be closely monitored. We are currently forecasting that £1.25m of TEP will be achieved by year end. This includes additional budget (£22k for Q1) provided by NHSE for additional costs incurred in increasing the number of type 1 diabetes patients using flash glucose sensors
- Work continues to maximise TEP achievement this year including further reductions to unnecessary repeat prescriptions, while an additional Technician has been recruited to target prescribing of items which are routinely available over the counter.
- **Delegated Co-Commissioning** – Budgets have been set based on current commitments, and include an anticipated growth in list sizes through the financial year. Against this budget we are forecasting underspend of £326k at M6 (an improvement of £203k since last month). This underspend is generated via a non recurrent benefit in relation to estates which will not impact on delivery of front line services.
- Built into the position is £535k of contingency. A paper looking at how this will be spent was approved at Primary Care Committee in September. New initiatives including GP demand review, expansion of long term conditions function and diabetic foot screening now be funded in line with the CCG's 5 year forward view for primary care.
- **Out of Hours** – The £145k pressure relates to dual running costs following delays in opening the Urgent Treatment Centre.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement from M5
CHC Adult Fully Funded	4,301	3,836	465	10,103	9,838	265	551
CHC Adult Joint Funded	268	246	22	536	472	63	(4)
CHC Adult Personal Health Budgets	1,217	1,051	165	2,434	2,399	34	(292)
CHC Assessment & Support	520	497	23	1,105	1,058	47	(7)
Children's CHC Personal Health Budgets	15	15	(0)	30	16	13	0
Children's Continuing Care Funded Nursing Care	52 1,003	70 974	(18) 29	104 2,006	151 1,918	(47) 88	(9) (184)
<b>Total - Continuing Care</b>	<b>7,375</b>	<b>6,690</b>	<b>686</b>	<b>16,317</b>	<b>15,854</b>	<b>463</b>	<b>57</b>

- At M6 £500k of TEP has been realised against a full year target of £1m. Savings have been achieved as a result of the continued work of the Individualised Commissioning team. The team are continuing to closely monitor and review the appropriate use of fast track and high cost packages of care.
- Budgets are seasonally profiled on the basis of historic activity, with adjustments for provider uplifts and demographic growth. In addition to this, budgets include an assumption of additional activity during winter and incorporate some contingency calculated on the probability of exceptional high cost packages occurring.
- The main reason for our YTD underspend is that we have not had any exceptional high cost patients charged to CHC budgets this year (though there are two exceptional mental health packages being managed by the team). These exceptional packages can cost in the region of £20k per week, making forecasting difficult and meaning an apparent underspend can quickly turn into an over spend. It is on this basis that we are presenting the variance as underspend, rather than moving to TEP.
- Demand continues to be the main driver of uncertainty around Continuing Care. Home of choice, out of area placements, exceptional high cost packages and personal health budgets are all risks that have been factored into the forecast position. The CCG is anticipating that the additional activity will start to appear as the Winter months approach and this has been assumed in our Forecast outturn estimate. Over the Winter months, the impact of additional Winter pressures will be monitored closely and reviewed each month to ascertain if the assumed increase in demand materialises.
- Based on this data we are now confident that Individualised Commissioning will achieve it's full TEP target of £1m. Subject to winter and the emergence of any exceptional high cost patients there is potential for this figure to increase.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement from M5
Community Services	15,798	15,808	(10)	32,250	32,269	(19)	0
Hospices	294	294	(0)	638	638	0	0
Wheelchair Service	181	181	0	438	438	0	0
Palliative Care	43	28	16	87	71	16	(0)
<b>Total - Community</b>	<b>16,316</b>	<b>16,310</b>	<b>6</b>	<b>33,413</b>	<b>33,416</b>	<b>(3)</b>	<b>0</b>

- The majority of the community services budget relates to services provided by the ICFT within the scope of the block contract. Payments are fixed and are not expected to change throughout the year
- Other services have delivered broadly in line with budget. The slight underspend on palliative care relates to a temporary change in working hours of the post holder.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement from M5
Better Care Fund	6,415	6,415	0	12,830	12,830	0	0
Programme Projects	4,463	4,460	3	4,686	4,671	15	11
Property Services	2,185	2,120	65	4,254	4,325	(72)	40
Commissioning Reserve	(305)	0	(305)	2,281	1,631	650	(156)
Patient Transport	596	548	48	1,193	1,180	13	15
Transformation Funding	1,162	1,156	6	1,162	1,162	0	(4)
NHS 111	326	327	(1)	659	668	(9)	8
Safeguarding	258	240	18	519	505	14	(2)
Clinical Leads	153	150	3	340	325	15	0
Nursing and Quality Programme	109	106	3	218	215	3	0
Commissioning - Non Acute	53	24	29	76	76	0	(29)
Interpreting Services	17	17	0	17	17	0	0
<b>Total - Other</b>	<b>15,432</b>	<b>15,565</b>	<b>(134)</b>	<b>28,235</b>	<b>27,607</b>	<b>629</b>	<b>(117)</b>

- **Programme Projects** – Includes the increased contribution to the Integrated Commissioning Fund of £4,200k offset by smaller budget transfers to TEP for unrequired funding.
- **Transformation Fund** – Following increased transformation funding received in 2018/19 the total funding for 2019/20 reduced by £3.8m to accommodate a re-profiling of expenditure on Support at Home. Forecast spend until programme completion has been adjusted accordingly and the outstanding £2,323k will be received equally for each quarter of 2019/20 (£1,156k at Q2)
- **Property Services** – Work is still ongoing relating to outstanding disputes with NHS Property Services (NHSPS) – some of which date back to FY 2017/18 ‘true up’ charges. Budgets and forecasting is based on historic intelligence, with uplifts applied. This may result in a small benefit, should the challenges put into the system, come into fruition. We have an expectation that resolution of historic disputes will contribute to TEP achievement this year.
- **Commissioning Reserve** – This represents in year contingency set aside to manage risk and provide for known pressures. The apparent underspend is required to ensure that the reported CCG position is balanced. This will reduce as TEP achievement increases. Specific contingencies currently in the position include healthier together, overseas visitors, neuro rehab, cancer transformation and GM levy.



	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement from M5
Finance	488	485	3	991	983	7	(3)
Commissioning	445	442	3	909	909	1	(6)
QIPP	0	0	0	893	893	0	0
CEO/Board Office	276	273	3	573	550	23	4
ADMINISTRATION & BUSINESS SUPPORT	127	127	0	341	304	37	5
Corporate Costs & Services	137	134	3	280	280	0	0
IM&T	140	140	0	280	272	8	3
Communications & HR	104	104	0	208	202	6	(4)
Nursing	69	68	1	138	136	2	0
Corporate Governance	63	62	1	126	126	0	0
Chair & Non Execs	65	65	0	111	110	1	7
Estates & Facilities	52	52	0	104	104	0	0
General Reserve - Admin	0	0	0	1	86	(85)	(85)
IM&T Projects	38	36	3	77	78	(2)	76
Contract Management	32	32	0	64	64	0	(0)
Human Resources	21	21	(0)	41	41	0	0
Equality & Diversity	14	14	0	28	26	2	2
<b>Total - CCG Running Costs</b>	<b>2,071</b>	<b>2,053</b>	<b>17</b>	<b>5,164</b>	<b>5,164</b>	<b>(0)</b>	<b>(0)</b>

- The CCG receives an earmarked allocation of £5,164k to fund running costs. We are not allowed to exceed this limit, but any underspend on running costs can be used to offset pressures across the CCG as a whole.
- Savings of £893k have been made in the first half of the year. £787k of this is recurrent and includes:
  - Integration Benefits: Staffing e.g. single CEO, Co-location
  - Corporate Re-organisation (lay members & board)
  - Renegotiated Contracts (e.g. GMSS, Audit, Vodafone)
- From 2020/21 running cost allocations nationally will be reduced by 20%. The recurrent savings above will contribute towards the CCG managing within the 2020/21 allocation.
- Total running costs savings for 19/20 are forecast at £1,034k.



## APPENDIX 3

### IRRECOVERABLE DEBTS OVER £3000

1 July 2019 to 30 September 2019

Note individuals are anonymised

REF:	DEBT:	FINANCIAL YEAR(S)	BALANCE	REASON
13967554	Council Tax	2017 – 2018 £1273.00 2018 – 2019 £1305.00 2019 – 2020 £1550.71	£4128.71	Individual Voluntary Arrangement approved 30/04/2019
16667627	Council Tax	2014 – 2015 £552.09 2015 – 2016 £1036.72 2016 – 2017 £1073.60 2017 – 2018 £1129.36 2018 – 2019 £1187.46	£4979.23	Individual Voluntary Arrangement approved 30/04/2019
12487188	Council Tax	2016 – 2017 £253.64 2017 – 2018 £1129.36 2018 – 2019 £1187.46 2019 – 2020 £1249.03	£3819.49	Individual Voluntary Arrangement approved 26/06/2019
11460452	Council Tax	2010 – 2011 £557.53 2011 – 2012 £251.25 2013 – 2014 £28.33 2014 – 2015 £779.88 2015 – 2016 £974.20 2016 – 2017 £1083.00 2017 – 2018 £1303.58 2018 – 2019 £1371.38 2019 – 2020 £1442.87	£7792.02	Individual Voluntary Arrangement approved 20/06/2019
<b>COUNCIL TAX</b>		<b>SUB TOTAL – Individual Voluntary Arrangement</b>	<b>£20,719.45</b>	
<b>COUNCIL TAX IRRECOVERABLE BY LAW TOTAL</b>			<b>£20,719.45</b>	
65561335 65561304 65561366 65561441 65561625 65561687	Business Rates	BAK Furniture Ltd Unit RM101A Ground Floor Ray Mill Clarence Street Stalybridge SK15 1QP Company Dissolved 09/01/2018	2015 – 2016 £11,411.21 2016 – 2017 £19,771.40 2017 – 2018 £9888.75	£41,071.36
65562857 65561823 65561892 65562437 65562604 65562628 65562673 65562727 65562895	Business Rates	PLAC Ltd Third Floor Ray Mill Stalybridge SK15 1QP Company Dissolved 07/11/2017	2015 – 2016 £15,187.00 2016 – 2017 £23,349.29	£38,536.29
65557084	Business Rates	GK Wholesale UK Ltd Unit 33 Market Arcade The Arcades Warrington Street Ashton under Lyne OL6 7JE Company Dissolved 20/11/2018	2017 – 2018 £8136.74	£8136.74

65571387	Business Rates	Junction 3 Motors Direct Ltd John Street Hyde SK14 2HB Company Dissolved 20/06/2017	2015 – 2016 £498.03 2016 – 2017 £5929.00	£6427.03
65525421	Business Rates	T & L Enterprise Ltd 15 Church Street Royton Oldham OL2 5LG Company Dissolved 10/10/2017	2017 – 2018 £3930.00 2018 – 2019 £5236.19	£9166.19
65543658 65546923	Business Rates	Red 60 Shops Ltd 477A Barlowmoor Road Manchester M21 8AG Company Dissolved 15/01/2019	2017 – 2018 £27,135.51 2018 – 2019 £27,150.87	£54,286.38
65489976	Business Rates	Appliances Centre Ltd Rear 1 <sup>st</sup> Floor 39 – 41Market Street Hyde SK14 2AD Company Dissolved 18/08/2015	2014 – 2015 £4224.00 2015 – 2016 £352.02 2016 – 2017 £2695.54	£7271.56
65502770 65534937 65541959 65553303	Business Rates	Bond Street Shoe Company Ltd 4,20 & 22 – 24 Mercian Mall Ashton under Lyne OL6 7JH & Unit 3 The Arcades Ashton under Lyne OL6 7AD Company Dissolved 28/03/2018	2015 – 2016 £7069.98 2016 – 2017 £30,081.89 2017 – 2018 £40,754.16	£77,906.03
65537837	Business Rates	Indian Ocean Cuisine (North) Ltd 83 Stamford Street East Ashton under Lyne OL6 6QQ Company Dissolved 22/01/2019	2016 – 2017 £4452.62 2017 – 2018 £12,086.57 2018 – 2019 £13,166.22	£29,705.41
<b>BUSINESS RATES</b>		<b>SUB TOTAL – Company Dissolved</b>	<b>£272,506.99</b>	
65464717	Business Rates	F74 Derby Ltd 40 Staveleigh Mall Ladysmith Centre Ashton under Lyne OL6 7JJ Company in Liquidation 22/06/2018	2013 - 2014 £15,293.90 2014 - 2015 £18,328.46	£33,622.36
65567913	Business Rates	Integrity Retail Ltd Unit 3 Manchester Road Hyde SK14 1BA Company in Liquidation 11/06/2019	2018 – 2019 £16,714.08 2019 – 2020 £4152.05	£20,866.13
65391192	Business Rates	M A & J L Hughes Ltd Dog & Pheasant 528 Oldham Road Ashton under Lyne OL7 9PQ Company in Liquidation 24/04/2018	2016 – 2017 £7736.60 2017 – 2018 £5641.00 2018 – 2019 £596.09	£13,973.69
<b>BUSINESS RATES</b>		<b>SUB TOTAL - Company in Liquidation</b>	<b>£68,462.18</b>	
<b>BUSINESS RATES IRRECOVERABLE BY LAW TOTAL</b>			<b>£340,969.17</b>	
7132735	Overpaid Housing Benefit	2013 – 2014, 2015 – 2016, 2016 - 2017 £3809.22 2018 – 2019 £186.95	£3996.18	Individual Voluntary Arrangement

				approved 25/03/2019
7155149	Overpaid Housing Benefit	2012 – 2013, 2013 – 2014, 2014 – 2015 & 2015 – 2016 £4321.89	£4321.89	Individual Voluntary Arrangement approved 21/03/2019
<b>OVERPAID HOUSING BENEFIT</b>		<b>SUB TOTAL – Individual Voluntary Arrangement</b>	<b>£8318.07</b>	
7193897	Overpaid Housing Benefit	2012 – 2013, 2013 – 2014, 2014 – 2015 & 2015 – 2016 £3137.89	£3137.89	Debt Relief Order granted 07/11/2016
<b>OVERPAID HOUSING BENEFIT</b>		<b>SUB TOTAL – Debt Relief Order</b>	<b>£3137.89</b>	
<b>OVERPAID HOUSING BENEFIT IRRECOVERABLE BY LAW TOTAL</b>			<b>£11,455.96</b>	

**DISCRETION TO WRITE OFF OVER £3000  
1 April 2019 to 30 June 2019  
Note individuals are anonymised**

16055828	Council Tax	2012 – 2013 £243.69 2013 – 2014 £859.42 2014 – 2015 £946.40 2015 – 2016 £961.72 2016 – 2017 £998.60 2017 – 2018 £518.38	£4528.21	Deceased 12/07/2009, no estate
17223106	Council Tax	2014 – 2015 £884.17 2015 – 2016 £961.72 2016 – 2017 £998.60 2017 – 2018 £693.09	£3537.58	Deceased 29/11/2017, no estate
<b>COUNCIL TAX</b>		<b>SUB TOTAL – Deceased, no estate</b>	<b>£8065.79</b>	
<b>COUNCIL TAX DISCRETIONARY WRITE OFF TOTAL</b>			<b>£8065.79</b>	
7099933	Overpaid Housing Benefit	2008 – 2009, 2009 – 2010 & 2010 – 2011 £9300.06	£9300.06	Deceased 17/05/2018, no estate
7000511	Overpaid Housing Benefit	2001 – 2002 & 2002 -2003 £4285.84	£4285.84	Deceased 29/04/2017 no estate
7001484	Overpaid Housing Benefit	2004 – 2005, 2005 – 2006, 2006 – 2007, 2007 – 2008, 2008 – 2009 & 2009 – 2010 £6610.45	£6610.45	Deceased 16/07/2018 no estate
7174654	Overpaid Housing Benefit	2003 – 2004 & 2014 – 2015 £3682.41	£3682.41	Deceased 21/01/2017 no estate
7159145	Overpaid Housing Benefit	2015 – 2016 & 2016 - 2017 £5474.71	£5474.71	Deceased 14/08/2016 no estate

7092257	Overpaid Housing Benefit	2011 – 2012, 2012 – 2013 & 2016 – 2017 £3892.83	£3892.83	Both Parties Deceased 21/02/2018 & 23/07/2018, no estate
<b>OVERPAID HOUSING BENEFIT</b>		<b>SUB TOTAL – Deceased, no estate</b>	<b>£33,246.30</b>	
7221730	Overpaid Housing Benefit	2012 – 2013, 2014 – 2015 & 2015 - 2016 £5296.74	£5296.74	Absconded, no trace
<b>OVERPAID HOUSING BENEFIT</b>		<b>SUB TOTAL – Absconded, no trace</b>	<b>£5296.74</b>	
<b>OVERPAID HOUSING BENEFIT DISCRETIONARY WRITE OFF TOTAL</b>			<b>£38,543.04</b>	
494658	Sundry Debts, Residential Care charges	2008 – 2009 £3738.77 2009 – 2010 £1244.58	£4983.35	Deceased, 20/04/2011, no estate
399575	Sundry Debts, Residential Care charges	2008 – 2009 £3649.16	£3649.16	Deceased 10/10/2008, no estate
566007	Sundry Debts, Residential Care charges	2011 – 2012 £6472.45 2012 – 2013 £2260.44 2013 – 2014 £770.04 2014 – 2015 £247.58	£9750.51	Deceased 12/08/2014, no estate
4000803	Sundry Debts, Residential Care charges	2012 – 2013 £12,677.25	£12,677.25	Deceased 17/03/2015, no estate
547123	Sundry Debts, Residential Care charges	2008 – 2009 £6233.60 2009 – 2010 £497.60 2010 – 2011 £1594.28 2011 – 2012 £549.14	£8874.62	Deceased 15/03/2012, no estate
598088	Sundry Debts, Residential Care charges	2010 – 2011 £2632.57 2011 – 2012 £4927.11	£7559.68	Deceased 14/01/2015, no estate
4007573	Sundry Debts Overpaid Direct Payment	2015 – 2016 £30,005.91	£30,005.91	Deceased 14/11/2018, no estate
<b>SUNDRY DEBTS</b>		<b>SUB TOTAL – Deceased, no estate</b>	<b>£77,500.48</b>	
<b>SUNDRY DEBTS DISCRETIONARY WRITE OFF TOTAL</b>			<b>£77,500.48</b>	

**SUMMARY OF UNRECOVERABLE DEBT OVER £3000**

IRRECOVERABLE by law	Council Tax	£20,719.45
	Business Rates	£340,969.17
	Overpaid Housing Benefit	£11,455.96
	Sundry	NIL
	<b>TOTAL</b>	<b>£373,144.58</b>

DISCRETIONARY write off – meaning no further resources will be used to actively pursue	Council Tax	£8065.79
	Business Rates	NIL
	Overpaid Housing Benefit	£38,543.04
	Sundry	£77,500.48
	<b>TOTAL</b>	<b>£124,109.31</b>

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# APPENDIX 4 – Collection Fund Update

## Council Tax

The Council has a significant historic surplus on the Council Tax Collection Fund, due to collection rates exceeding expectations. For 2019/20 the budget assumes the transfer of this surplus (as estimated in January 2019) to the General Fund, which resulted in a budgeted deficit for the 2019/20 financial year. Excluding this transfer, the Council Tax collection fund is expected to break even in 2019/20.

The actual surplus at 31 March 2019 was higher than the estimate, resulting in a forecast residual surplus on the collection fund at 31 March 2020. This will be transferred to the General Fund in 2020/21.

## Non-Domestic Rates (NDR)

The 2019/20 budget assumed a small deficit on the NDR collection fund due to an increase in reliefs which are offset by additional grants. As at period 6, the NDR collection fund is forecast to be in deficit by £2.8m at the end of the financial year. This is in part due to a reduction in rateable values across the borough, and also due to an increase in unoccupied property relief, with the collapse of Thomas Cook having a significant impact. The Council maintains a smoothing reserve to mitigate the impact of unexpected deficits on NDR income, however any permanent reductions to NDR income will place further pressure on future budgets.

	BUDGET 1920			Forecast M6		
	31 March 2019			31 March 2019		
	Council Tax £000	NDR £000	Total £000	Council Tax £000	NDR £000	Total £000
<b>(Surplus)/deficit for the year</b>	<b>13,272</b>	<b>908</b>	<b>14,180</b>	<b>12,661</b>	<b>2,150</b>	<b>14,811</b>
Balance brought forward	(17,003)	657	<b>(16,346)</b>	(17,003)	657	<b>(16,346)</b>
(Surplus)/deficit for the year	13,272	908	<b>14,180</b>	12,661	2,150	<b>14,811</b>
<b>(Surplus)/Deficit carried forward</b>	<b>(3,731)</b>	<b>1,565</b>	<b>(2,166)</b>	<b>(4,342)</b>	<b>2,807</b>	<b>(1,535)</b>
<u>Share of (surplus)/deficit</u>						
The Council	(3,143)	1,549	<b>(1,593)</b>	(3,657)	2,779	<b>(878)</b>
Mayoral Police and Crime Commissioner	(424)	0	<b>(424)</b>	(493)	0	<b>(493)</b>
GM Fire and Rescue Authority	(165)	16	<b>(149)</b>	(191)	28	<b>(163)</b>
<b>Total (Surplus)/Deficit</b>	<b>(3,731)</b>	<b>1,565</b>	<b>(2,166)</b>	<b>(4,342)</b>	<b>2,807</b>	<b>(1,535)</b>

# APPENDIX 4 – Collection Fund Update

	BUDGET 1920			Forecast M6		
	31 March 2019			31 March 2019		
	Council Tax £000	NDR £000	Total £000	Council Tax £000	NDR £000	Total £000
<b>Income</b>						
Income from Council Tax	(110,947)		<b>(110,947)</b>	(111,570)		<b>(111,570)</b>
Income from NDR		(58,074)	<b>(58,074)</b>		(57,135)	<b>(57,135)</b>
<b>Total Income</b>	<b>(110,947)</b>	<b>(58,074)</b>	<b>(169,021)</b>	<b>(111,570)</b>	<b>(57,135)</b>	<b>(168,705)</b>
<b>Expenditure</b>						
<u>Council Tax</u>						
The Council	91,579		<b>91,579</b>	91,579		<b>91,579</b>
Mayoral Police and Crime Commissioner	12,355		<b>12,355</b>	12,355		<b>12,355</b>
GM Fire and Rescue Authority	4,795		<b>4,795</b>	4,795		<b>4,795</b>
<u>NDR</u>						
The Council		51,805	<b>51,805</b>		51,805	<b>51,805</b>
GM Fire and Rescue Authority		523	<b>523</b>		523	<b>523</b>
Allowance for cost of collection		287	<b>287</b>		291	<b>291</b>
Transitional Protection Payments		942	<b>942</b>		937	<b>937</b>
Increase/(decrease) in:						
Allowance for non-collection	2,219	1,744	<b>3,963</b>	2,231	1,615	<b>3,846</b>
Provision for appeals		2,773	<b>2,773</b>		3,259	<b>3,259</b>
Surplus/deficit allocated/paid out in year:						
The Council	11,329	899	<b>12,228</b>	11,329	846	<b>12,175</b>
Mayoral Police and Crime Commissioner	1,397		<b>1,397</b>	1,397		<b>1,397</b>
GM Fire and Rescue Authority	545	9	<b>554</b>	545	9	<b>554</b>
<b>Total Expenditure</b>	<b>124,219</b>	<b>58,982</b>	<b>183,201</b>	<b>124,231</b>	<b>59,285</b>	<b>183,516</b>
<b>(Surplus)/deficit for the year</b>	<b>13,272</b>	<b>908</b>	<b>14,180</b>	<b>12,661</b>	<b>2,150</b>	<b>14,811</b>



<b>Report To:</b>	<b>EXECUTIVE CABINET</b>
<b>Date:</b>	27 November 2019
<b>Executive Member/Reporting Officer:</b>	Councillor Bill Fairfoull – Deputy Executive Leader (Children and Families) Richard Hancock – Director of Children’s Services
<b>Subject:</b>	<b>LOOKED AFTER CHILDREN SUSTAINABILITY PROJECTS</b>
<b>Report Summary:</b>	This report seeks to outline and contextualise the range of activity underway or planned within and across services, in order to best support the appropriate and effective management of the Looked After (Children in Care) population in Tameside.
<b>Recommendations:</b>	That support is given to the development of the 7 projects to make the LAC population sustainable, subject to further detail and costing estimates.
<b>Links to Corporate Plan:</b>	The work outlined sits under the Starting Well Programme and strongly aligns to the Resilient Families and Supportive Networks priority.
<b>Policy Implications:</b>	The paper directly links to the Corporate Plan, the Early Help Strategy for Tameside. Furthermore, as the Starting Well Partnership establishes, it is understood Early Help will be a partnership priority.
<b>Financial Implications:</b>	<p>Current spend on Looked After Children’s placements is approx. £6m in excess of budget. If trends over the previous 12 months continue, spend in this area could potentially increase by a further £6m p.a (to a total in excess of £40m). This is clearly unsustainable and the initiatives outlined in this report will aim to both contain future growth and also reduce current placement numbers by approximately 10% by April 2021.</p> <p>The areas of activity outlined in this report require investment in both Revenue and Capital terms. The Revenue investment requirement is currently estimated at c£2m and will provide key support infrastructure to mobilise the initiatives outlined. It is likely that an element of this investment will be for an initial fixed term period, rather than ongoing recurrent investment. Further detail will be provided as individual project details are worked through.</p> <p>Discussions are also taking place with CCG colleagues to ensure that the required investment is factored into the Strategic Commission’s medium term financial plan.</p> <p>The Capital investment implications have not yet been quantified, pending the outcome of discussions currently taking place through the Property subgroup which is undertaking a full review of all Children’s Services estate.</p> <p>Detailed Cost Benefit Analysis will be worked through for each proposal evidence bases from around the country where these are available. This will quantify the expected return on investment over the medium and longer term.</p>

It is imperative that robust monitoring arrangements are in place to monitor progress against target reductions in spend and activity (particularly activity in high cost placement types) and regular updates will be provided.

**Legal Implications:**

The Council has a statutory duty to deliver efficient and effective services within a balanced budget. If the current rate of demand on children's services and our approach to such demand doesn't change the Council will effectively be bankrupt within 18 to 24 months.

This report sets out approaches that other councils have implemented to address demand and ensure able to meet statutory duties within budget. Importantly if the recommended actions are delivered not only will the service be significantly cheaper they deliver better outcomes.

In terms of Governance the Executive Member for Children's Services has a statutory duty and right to be sighted on these projects and their delivery and that needs to be reflected as technically he is required to answer any questions raised at Council. There should also be regular updates.

**Risk Management:**

Each project will be closely managed by a multi-disciplinary implementation team working to a named lead officer, reporting to the Assistant Director and Director of Children's Services. Regular reports will also be presented to the SLT.

**Background Information:**

The background papers relating to this report can be inspected by contacting Richard Hancock:



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e-mail: [richard.hancock@tameside.gov.uk](mailto:richard.hancock@tameside.gov.uk)

## 1. PURPOSE

- 1.1 The purpose of this report is to outline and contextualise a range of activity underway or planned across services, to effectively manage and make sustainable the Looked After population in Tameside.
- 1.2 This activity comprises of 7 key projects that will contribute towards achieving sustainability in our Looked After cohort.
- 1.3 The report presents a business case explaining the rationale and initial plan to reallocate existing resources; as well as making further investment and invest to save proposals.
- 1.4 The Power Point slide pack at **Appendix 1** provides an overview of this proposal.

## 2. CONTEXT – TAMESIDE LAC POPULATION

- 2.2 In Tameside the rate of Looked After Children remains high. On top of this, the mix of placement type of our LAC cohort is problematic, both in terms of local authority expenditure and quality of outcome for children and families.
- 2.3 Tameside's LAC number is currently at 710. Assuming there is no change of activity on last 6 months – there will be 756 LAC by the end March 2020; then 802 by end of September 2020.
- 2.4 Taking into account the age profile of our LAC these numbers can be revised to, 741 by end March 2020; then 784 by end of September 2020. This is due to the number of LAC turning 18 and therefore ceasing to be in local authority care.
- 2.5 Whilst children in Tameside at the point they enter care are appropriately assessed as in need of this intervention, it is clear that the number of children in our care is disproportionate when compared to statistical neighbours.

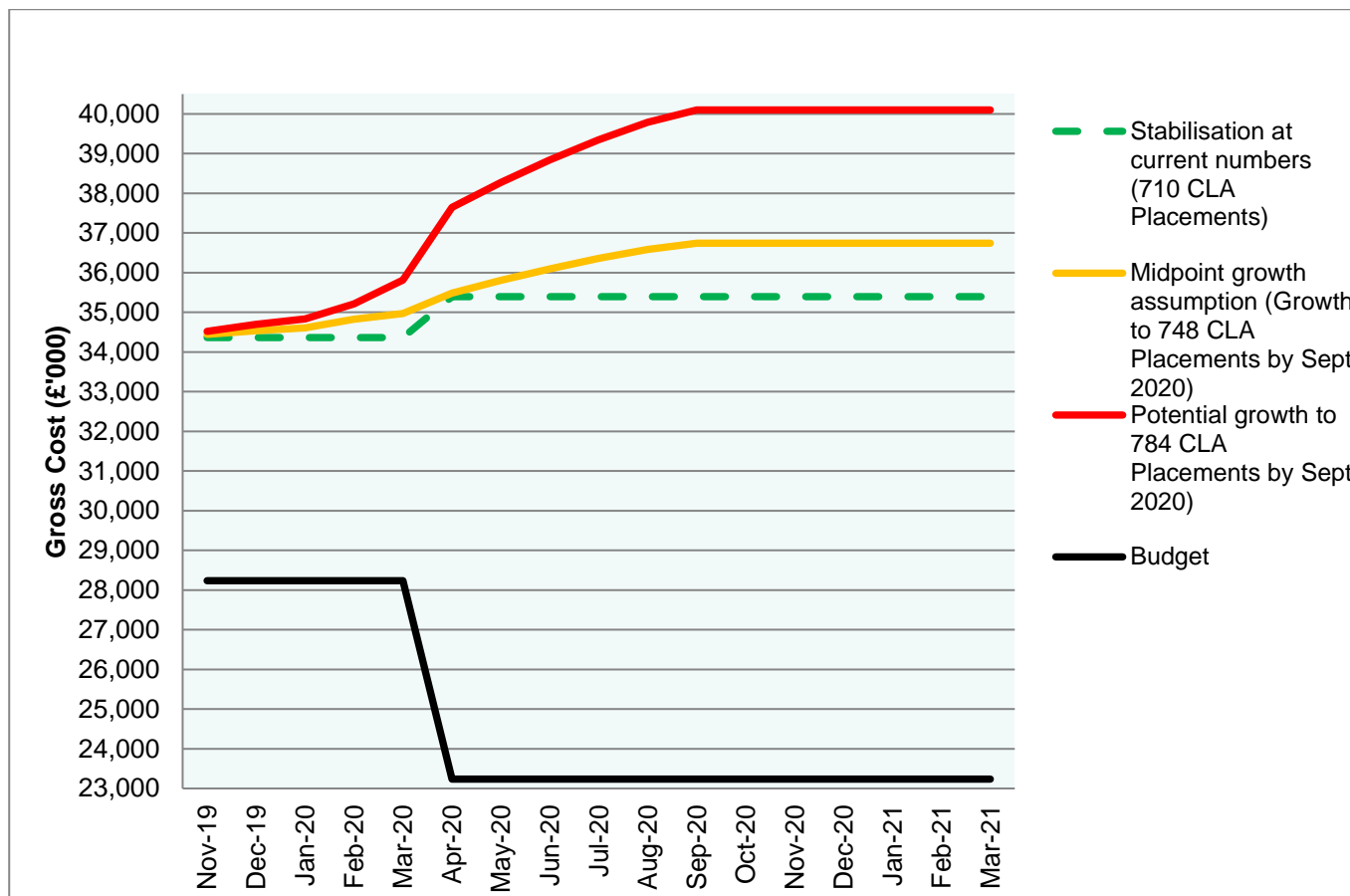
### LAC indicative cost growth

- 2.6 The table below gives a breakdown of the nationally available comparators for placement types.

			6 months	12 months
	At 30 Sept 19 Actual T profile	At 30 Sept 19 T to SN profile	At 31 Mar 20 T to SN profile	At 30 Sept 20 T to SN profile
Foster placements	447	527	550	582
Placed for adoption	28	23	24	25
Placement with parents	71	46	48	51
Other placement in the community	21	12	13	13
Secure units, children's homes and semi-independent	114	82	86	90
Other residential settings	7	20	21	22
Residential schools	0	0	0	0
Other placement	21	0	0	0
	710	710	741	784

- 2.7 The chart below shows the indicative growth in cost for the LAC cohort for the projections mentioned above at section 2.

2.8 It shows the projected case mix / placement profile based on the last 30 LAC placements. This has been weighted more towards a residential setting assumption for prudence purposes and taking account of current market capacity by placement type.



The current MTFP contains a Children's budget reduction of c£5m. This is being reviewed and updated in light of the current position and estimated future demand.

N.B. Rise at April 2020 = 3% inflationary increase

The figures do not factor in impacts of new initiatives at this stage (i.e. the projects outlined in this report)

### 3. CHALLENGES

3.1 In light of the above, our three key challenges to make the LAC cohort sustainable are:

1. **Reduce the need for local authority care.** This will be done by strengthening prevention work and improving children's progress through care. Families require more practical support earlier to prevent cases from escalating.
2. **Stabilise the existing LAC cohort.** We currently have too many expensive placements, and too many that are placed out of borough. We can stabilise placements by ensuring there is appropriate support and respite provision for both families on the Edge of Care and fostering placements nearing placement breakdown. This will include therapeutic support and support for families so that children can remain with them safely.
3. **Step down those children for whom it is safe and appropriate to do so.** Too many children remain in care for too long and only leave at the age of 18. This will be through improved care/permanency planning and a range of step-down options: e.g. Special Guardianship Orders or fostering.

#### 4. OUTLINE OF 7 PROJECTS NEEDED

4.1 The report outlines 7 key projects that will help us to achieve sustainability for our Looked After Children cohort.

- **Project 1: Develop a model of core, multi-disciplinary Early Help service in each neighbourhood/ locality**
- **Project 2: Develop a Family Intervention Service (FIS) across the continuum of need and enable the Family Group Conference services to intervene at an earlier point on the continuum.**
- **Project 3: Develop the Team Around the School (TAS) approach**
- **Project 5: Positive Futures model (Respite/Assessment Units)**
- **Project 6: Fostering Service Improvement**
- **Project 7: Placements Review & LAC Sufficiency**

4.2 The below table shows how each project will contribute towards our three key challenges.

	1 Early Help	2 Family Support Service	3 Team Around School+	4 Duty / Locality	5 Positive Futures	6 Foster Carers	7 Placements Review
Reduce in flow	✓	✓	✓	✓	✓		
Stabilise / move to permanence		✓		✓	✓	✓	✓
Step down		✓		✓	✓	✓	✓

#### Investment Summary

4.3 The overall cost for implementing each project is currently estimated to be in the regions of £2m. Additional to this estimate is the need for estates (£950k capital budget already earmarked). This will largely be for the Respite Unit and Assessment Unit (see project 5).

4.4 The below table shows a breakdown of the estimated cost across the 7 projects:

Sustainability Project Reference		Estimated Revenue Investment	Estimated Capital Investment
		£ Million	£ Million
1	Early Help & Prevention - Neighbourhoods		
2	Family Intervention Service	0.80	
3	Team Around The School Plus	0.05	
4	Duty / Locality Restructure		
5	Positive Futures - Respite / Assessment	0.56	0.95
6	Fostering Service Improvement	0.15	
7	Placements Review and Sufficiency	0.63	
<b>Total</b>	NB this currently includes an anticipated Health/CCG element to be agreed which it is anticipated will reduce this to circa 2.0M	<b>2.190</b>	<b>0.95</b>

## **5. PROJECT 1: DEVELOP A MODEL OF CORE, MULTI-DISCIPLINARY EARLY HELP SERVICE IN EACH NEIGHBOURHOOD/ LOCALITY**

- 5.1 The aim of this project is to develop the offer of Early Help and prevention by establishing better partnership working from multi-agency teams who will work with families in their neighbourhood area. Families will be able to access support in their community from professionals who know are able to respond to a wide range of needs in one place.
- 5.2 To implement this we will need to create 4 neighbourhood teams based in each Tameside locality (North, East, South, West). The teams will be made up of social care, health, police, education and VCF sector professionals who will work in partnership with one another. Each neighbourhood team will be able to build on local assets, and develop strong local intelligence.
- 5.3 Wrap-around support will be woven into each neighbourhood, which will help us to prevent the escalation of cases.
- 5.4 This model aligns with the 'Smarter, Stronger, Sooner, Safer' way of working as outlined in the Early Help Strategy.
- 5.5 What is required to develop the Early Help and prevention offer is namely the 4 Neighbourhood Hubs. Input from estates to ensure that there is a base in each locality. The model itself requires multi-agency buy-in and support to ensure that it is implemented properly
- 5.6 The impact of implementing this model will be a long-term reduction in the need for higher tier, statutory interventions, including bringing children into care.

## **6. PROJECT 2: DEVELOP THE FAMILY INTERVENTION SERVICE (FIS)**

- 6.1 The Family Intervention Service will be developed to provide practical support and diversionary work to prevent admissions into care. It will do this by de-escalating risks across the continuum of need. Currently our offer is made up of Early Help and Edge of Care support. This is leaving a gap in the Child in Need, Child Protection and LAC stages.
- 6.2 The new model will provide a broader offer across the continuum of need to cover those children who are further up the scale of need, from Level 2 to Level 4, with focus on ongoing support. This means the service will be able to intervene at an earlier point no matter what the level of need is.
- 6.3 Support will be available from 8am to 8pm on weekdays and during weekends as well. The current Family Group Conference model will be extended across the service and all levels of need.
- 6.4 Families will be supported by the same worker if or when they are stepped up and down the continuum, allowing them to build up a better relationship and bank of knowledge about the family. They will be given practical support such as attending vital appointments. This is in-keeping with 'do with, not to' principle as outlined in the Public Service Reform principles.
- 6.5 The estimated total cost of additional investment required is £0.083 million in 2019/20 for part year implementation, increasing to £ 0.503 million in 2020/21. In terms of practical input, developing the Family Intervention Service will require project management support, and support from HR, Finance, Workforce Development and Estates.

- 6.6 It is anticipated that the impact of implementing this will be a medium-term reduction in the need for higher-tier, statutory interventions, including the need for children to be admitted into care. With ongoing support for families earlier on, we will see more stepping down of cases and a reduction in step-ups/ escalation of cases. Finally we will see a reduction in the rate of repeat referrals into the service, because families will be able to access support more easily.

## **7. PROJECT 3: DEVELOP THE TEAM AROUND THE SCHOOL (TAS) APPROACH**

- 7.1 Roll-out of the Team Around the School approach will speed up to include all schools, colleges and nurseries and enhance the role of current TAS professionals in identifying support for children & young people. It will enable education providers to confidently support children and families to prevent escalation and provide the right support at the right time.
- 7.2 So far the model is well-established and has been well-received by secondary schools. It has prevented the need for children to move into statutory services and improved outcomes for children and families.
- 7.3 The current plan is to have 60 schools involved by December 2019. This will then be rolled out to all schools, with particular emphasis on ensuring that primary schools are on board. This project will extend this to pre-schools, ensuring that we can support the very youngest who are presenting with need for support.
- 7.4 Investment is needed to speed up the roll-out and to fully embed the TAS approach in schools through co-ordinator roles. The current cost estimate for this is £50,000. Support from HR and Finance is required to initiate the roll-out and secure co-ordinators.
- 7.5 Being able to identify the need to support children sooner, the medium-term impact is expected to be a reduction in the need for higher-tier, statutory interventions, formal Early Help interventions, Child in Need support and for children to come into care. It is anticipated that there will be an increase in stepping down of cases, a reduction in cases being stepped up, and a reduction of repeat referrals into the service.

## **8. PROJECT 4: RESTRUCTURE OF THE DUTY/LOCALITY TEAMS**

- 8.1 This project will be to restructure the duty and locality teams to remove the extra 'step' in the care process for children and young people. The overall aim is to reduce the number of changes of social worker that children experience throughout their interaction with children's social care. By having fewer changes, social workers will be able to spend more time with children, build up a better banks of knowledge of their needs and wishes, and also through neighbourhood working, professionals working with children across multiple agencies will build up better contacts and relationships.
- 8.2 The current arrangement is that when a referral is received at the MASH, this is passed to the duty team for assessment, and then to locality for intervention, and finally to the LAC team (if appropriate). These teams are currently centrally located in the Denton Centre.
- 8.3 The new model will merge the current locality teams and duty teams into a single service and in phase two move out to be based in each locality. This will remove one 'hand-off' by combining the duty and locality team functions.
- 8.4 This restructure will be carried out in two phases:
- Phase 1: a restructure of the duty and locality teams to remove a step in the process.
  - Phase 2: a complete move to locality working, with teams based in each of the four neighbourhood holding a neighbourhood-based caseload.

- 8.5 This model, particularly phase 2, is closely aligned with the Early Help neighbourhood model (see Project 1).
- 8.6 Phase 1 of the restructure is a no-cost, streamlining process, whereas Phase 2 will require investment in order to have each of the neighbourhood teams based in their locality. Initially this project will require project management input, support from HR and Workforce Development, and in the longer term Estates and Finance will be needed to complete the implementation.
- 8.7 The impact of this new model will be to improve the continuity of work with families, enable social workers to build strong relationships, reduce reassessments and enable better management oversight of cases. It supports more effective case management for: Children in Need, Child Protection cases and Looked After Children. It is anticipated that this will enable and support cost avoidance and savings.

## **9. PROJECT 5: POSITIVE FUTURES MODEL (RESPITE/ASSESSMENT UNITS)**

- 9.1 'Positive Futures', a Tameside development of a well recognised and regarded approach to effectively working with the 11 years plus cohort, will provide a respite/short break facility, an assessment unit and emergency short break/fostering placement provision. This will be delivered by an outreach team of key workers.
- 9.2 The objective to implementing this model is to prevent placement breakdown, and allow children who are at risk of being brought into care to safely remain at home. The model will work alongside the existing Edge of Care and Family Support Service.
- 9.3 The target recipients of this model will be children and young people aged 11 and over.
- 9.4 Respite Unit:
- Will provide up to 72-hour short breaks – planned and emergency
  - This is an alternative option to admitting a child into care, and instead stabilise their circumstances and support them
  - Children will be allocated a key worker who will remain attached throughout the outreach work and post-respite break
  - Speech and language, psychological and police (prevent criminalisation) support will also take place here
- 9.5 Assessment Unit:
- Will comprise of 1 emergency and 3 assessment beds for a period of up to 12 weeks, integrated with key workers as above.
  - This will reduce the number of out-of-area placements, improve initial assessment and planning and will help retain connections with family and community.
- 9.6 There will be better decisions and oversight of support for the child/young person, with a clear focus on stepping down cases safely. This makes the children/young people involved less likely to remain in expensive, out of area placements and more likely to be supported through fostering placements.
- 9.7 Current estimates of the cost of implementing Positive Futures will be £560,000 and input from Estates, HR, Finance, Workforce Development and project management is essential for implementing the model.
- 9.8 The medium-term impact will be a reduction in the need for higher-tier/statutory interventions, including admissions into care. It will also mean increased step-down, reduced step-up and a reduction in repeat referrals. This will particularly reduce the number of children aged 11 and over entering care.



## **10. PROJECT 6: FOSTERING SERVICE IMPROVEMENT**

- 10.1 The fostering service improvement plan looks to increase the number of foster carers in Tameside through a new model tailored to the current demand, including the varying demographics of the LAC cohort. It aims to increase the number of children with more complex needs who can be fostered in Tameside, instead of having to be moved out of borough or into the independent sector in order to have their needs met.
- 10.2 It will also bring in an enhanced payment and support model for carers. A new recruitment and retention model will be introduced, including targeted recruitment for specialist foster carers. The plan will also set out how we will address barriers to fostering from other angles – for example recognising foster-friendly businesses.
- 10.3 Under the plan, out-of-hours support from the Family Intervention Service (Project 2) including weekends will be made available, as well as creating access pathways to the Positive Futures model (Project 5) to stabilise existing fostering placements.
- 10.4 Finally a bid for Lottery funding is planned to introduce the Step Up/Step Down fostering model and we will explore options for a Greater Manchester collaboration on the Mockingbird fostering model as well.
- 10.3 An estimated investment of £150,000 is required to implement the improvements. Support from the Communications Team is also needed, particularly with foster carer recruitment campaigns.
- 10.4 The expected impact that this project will have is that we will increase the number of Tameside carers to allow Tameside children to remain in the area, including those with more complex needs. The model also supports the delivery of LAC placement sufficiency (see project no. 7 below).

## **11. PROJECT 7: PLACEMENTS REVIEW & LAC SUFFICIENCY**

- 11.1 This project involves the review of all current placements by the end of 2019 to ensure that all of our Looked After Children are in the right placement, at the lowest possible cost and shortest amount of time.
- 11.2 This will be carried out by a multi-agency panel, who will look at all cases with a view to move them to permanence (for example exploring Special Guardianship Orders). They will also address any existing issues with cases such as drift and delay, and allocate Personal Advisers to young people earlier.
- 11.3 Additional business support will support the multi-agency panel with decision-making, official minutes and ensure that actions are followed up.
- 11.4 Our Placement Sufficiency Plan will be implemented, supporting improved strategic commissioning, placement procurement and brokerage, managed market, quality assurance and contract management both locally and GM wide.
- 11.5 An estimated investment of £630,000 is required to implement this project. This investment includes introducing additional Business Support Capacity.
- 11.6 The intended impact of this review will be a medium-term reduction in the need for residential placements for Looked After Children. This will bring us more in line with our statistical neighbours in terms of placement make-up. It will improve the matching of placements to children's needs. It will increase the availability of step-down placement

options. Quality Assurance of cases will reduce readmission and future long-term costs. Finally it will contribute to reducing the number of Looked After Children in Tameside.

## **12. TIMELINE AND IMPACT**

- 12.1 Impact on the Looked After population and associated spend will be achieved by the cumulative impact of the above measures in terms of the overall number of LAC, demographic of the LAC cohort, placement mix and time spent in care.
- 12.2 Projections based on the current 710 number suggest that doing nothing will lead to 784 LAC by September 2020. It is anticipated that implementation of the 7 projects in addition to the range of activity already in place will reduce this projection to 748 by September 2020. Whilst exact predictions are difficult to make given the number of variables, success will be measured by the cumulative impact of these measures on Looked After numbers and placement mix.
- 12.3 We would therefore aim to:
- Reduce the Looked After population to 650 by April 2021
  - Reduce the proportion of residential placements from 16% to 13% by October 2020

## **13. RECOMMENDATION**

As set out at the front of the report

**Appendix 1  
Looked After Children (LAC)  
population  
7 sustainability projects  
Executive Cabinet  
27 November 2019**

# Challenges (1)

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- **To reduce the need for Local Authority Care, enhance prevention and improve progress through Care.**
- Drivers of current Looked After numbers include:
  - Impact of austerity. National and regional rises (particularly in older cohorts)
  - The impact of an Inadequate judgement - increasing referrals and lowering thresholds
  - Our previous notably low levels of LAC, Child Protection and Early Help activity
  - Entrenched and previously unaddressed issues leading to family breakdown- particularly neglect and domestic abuse.
  - Poor historical response from agencies, leading to significant “legacy” issues
  - A necessary period of focusing on getting basic statutory requirements in place
  - Capacity, stability and quality of workforce
  - A need for more practical support for families and children throughout the continuum of need- to prevent escalation.
  - No respite provision as an alternative to taking children into care
  - A lack of suitable provision locally to meet increased needs- to much out of Borough activity
  - Permanency planning which requires improvement

# Challenges (2)

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- **Stabilise current / move to permanence (incl. re-profile)**
  - We have too many children in expensive placements, and too many out of the borough. This is a combination of the age profile, complexity and level of need of our LAC cohort and a lack of suitable placements locally
  - Not enough provision for those on the cusp of family or placement breakdown- respite
  - Need for more and better local fostering placements (including specialist fostering and a creating a fostering friendly Borough)
  - A need for better mental health support to deal with the impact of trauma
  - A need for children to be able to stay in the Borough to be assessed and supported to go home wherever possible- assessment unit
  - Not enough support for families and children in their homes and neighbourhoods
- **Step down (safely)**
  - Too many children remain in care too long and only leave care at 18
  - A need to properly resource the effort to get children out of care earlier where safe and needs can be met
  - A need for a range of step down options- Special Guardianship Orders, fostering step up/ step down



# Case studies – demonstrate the complexity of need which exists and the impact of historic ineffective interventions/missed opportunities

## Case study 1

- 12 years old.
- 18 contacts and 4 referrals since 2010. CP once, then LAC.
- Domestic violence, chaotic parenting, poor mental health (parents and child), self-harm (incl. ODs), substance misuse, CSE risk, association with negative influencers (seeking belonging).
- Two residential placements. 1<sup>st</sup> - £4,100 week, 2<sup>nd</sup> (therapeutic) - £6,173 week.
- Therapeutic placement having a positive impact.

## Case study 2

- Two boys 14yrs and 17yrs
- 19 contacts and 6 referrals since 2012  
4 Children and Family Assessments which led to no further action. Child in need once and Child protection plan once now Looked After.
- Domestic violence, drug and alcohol misuse, neglect allegations of sexual abuse
- 14yr old in residential placement £3,500 but placement is fragile.
- Placement being sort for 17yr old to be in semi independence.

## 1 – EARLY HELP & PREVENTION AT A NEIGHBOURHOOD LEVEL

Create multi-disciplinary neighbourhood teams providing wrap around support for children and families

### Key elements:

- Creation of 4 neighbourhood teams in localities- social care, health, police, schools and voluntary sector working in partnership.
- Support provided in communities building on local assets, driven by local intelligence and woven into the neighbourhood.
- Providing wrap around support to prevent escalation.
- Safer, smarter, stronger model.
- Estates driven.

### Resources:

Four neighbourhood hubs

### Other:

Multi agency development and implementation Group/Board

### Impact:

Longer term reduction in need for higher tier/statutory interventions, including care

## 2 – FAMILY INTERVENTION SERVICE

Establish a Family Support Service to provide practical support and diversionary work to prevent admissions – de-escalating risk, across the continuum of need

### Key elements:

- Currently offer is Early Help and Edge of Care leaving a gap at Child in Need, Child Protection and LAC.
- New model to provide a broader offer across the continuum of need, from tier 2 through to tier 4, with a focus on ongoing not in/out support
- Support from 8am till 8pm on weekdays, and at weekends as well
- Same worker will support family when / if they move up or down the continuum
- Practical help – e.g. take people to appointments. Do with, not to.
- Family Group Conference model extended

### Resources:

£ 800,000

### Other:

Project Management  
HR  
Finance  
Work Force Development  
Estates

### Impact:

Medium term reduction in need for higher tier/statutory interventions including Care. Increased step down,



### 3 – TEAM AROUND THE SCHOOL PLUS

Speed up and enhance the role out the current Team Around the School model to all schools, colleges and nurseries (including PVIs)

#### **Key elements:**

- Enables schools to confidently support children and families preventing escalation and providing the right support at the right time
- Well established and well received by secondary schools- preventing the need to move into statutory services and improving outcomes for children and families
- Current plan is to have 60 schools on stream by December 2019
- Roll out to all schools, with a focus on getting more primaries on board.
- Also moving into pre school – supporting the very youngest.
- Investment needed to speed up the roll out/fully embed in schools through co-ordinator roles.

#### **Resources:**

£ 50,000

#### **Other:**

HR

Finance

#### **Impact:**

Medium term reduction in need for higher tier/statutory interventions, formal Early Help, Child in Need, including Care.

Increased step down, reduced step up, reduced repeat referrals.

## 4 – DUTY / LOCALITY RESTRUCTURE

Stage 1. Restructure the duty and locality teams to remove a step in the process  
Stage 2. Move to true locality working with teams based in each of the four neighbourhoods holding a neighbourhood based cohort / caseload

### **Key elements:**

- Closely aligned with Early Help neighbourhood model
- Aim is to reduce the number of changes of social worker children experience
- Four locality plus four duty teams currently centrally located, will merge and move out to locality in longer term
- Current arrangement = referral received at MASH, passed to Duty teams for assessment, then to Locality Team for intervention then to LAC team.
- Removes one handoff by combining duty and locality team functions.

### **Resources:**

£ – £ 0 (costs in longer term)

### **Other:**

Current base is Denton Centre.

Offices required in all four neighbourhoods.

Project Management

Estates

HR

Finance

Work Force Development

### **Impact:**

Improves continuity of worker, builds relationships, reduces reassessment and enables better management oversight.

Supports more effective case management for Children in Need, Child Protection and LAC, which in turn enables and supports cost avoidance and savings.

## 5 – POSITIVE FUTURES (RESPITE / ASSESSMENT)

Deliver a respite / short break facility, an assessment unit and emergency/short break fostering, supported by an outreach team/key workers. Objective to prevent placement breakdown, and to allow children to remain at home and avoid admission into care. Works alongside Edge of Care and Family Support Service – target 11years plus.

### Key elements:

#### Respite

- Up to 72 hour short breaks – planned and emergency
- Provides an alternative to taking a child into care to stabilise and support
- Key worker allocated and remains attached doing outreach work post-respite break.
- Speech and language; psychology and police (prevent criminalisation)
- Assessment with family, and further support through fostering service

#### Assessment

- 1 emergency and 3 assessment beds for up to 12 weeks, integrated with Key workers as above
- Reduces out of area placement and keeps connection with family and community
- Better decisions and oversight- clear focus on step, down less likely to remain in expensive out of borough placements, support through fostering

### Resources:

£ – £ 560K million

### Other:

Project Management  
Estates  
HR  
Finance  
Work Force Development

### Impact:

Medium term reduction in need for higher tier/statutory interventions including Care.  
Increased step down, reduced step up, reduced repeat referrals.  
Reduces number of 11 year plus entering Care

## 6 – FOSTERING SERVICE IMPROVEMENT

Increase the number of foster carers through a new model tailored to current need, cohort demographics and an enhanced payment and support model. Increase number of children with more complex needs fostered in Tameside

### **Key elements:**

- A modernised, fit for purpose fostering offer which keeps Tameside children in Tameside
- New recruitment and retention model
- Targeted recruitment for specialist foster carers (retainer payments)
- Change cohort mix to better match need and LAC demographics
- Work with businesses / partners – e.g. IKEA – with a buddy scheme
- Foster friendly businesses (recruitment from the staff – local placements)
- Out of hours support from Family Support Service incl. weekends. Plus access to Positive Futures
- Potential bid to Lottery fund for step/step down fostering model and looking at a collaboration across GM for Mockingbird model

### **Resources:**

£ – £ 150,000

### **Other:**

Communication Team

### **Impact:**

Increased number of Tameside carers for Tameside children. Increased number of children with more complex needs fostered in Tameside. Supports delivery of placement sufficiency – see No 7 below.

## 7 – PLACEMENTS REVIEW & SUFFICIENCY

Review all placements to ensure children are in the right placement, at the lowest possible cost for shortest possible time – whilst at all time maintaining safeguarding duty.

### Key elements:

- Management review of all LAC placements by end of 2019.
- Tackling drift and delay
- Multi-agency panel looking at cases with view to move to permanence
- Managed market – brokerage and QA (key to sufficiency plan) local and GM wide
- QA reduces readmission and future long term costs
- Additional business support for decision tracking to ensure actions followed up
- Maximise placed with parents and Special Guardianship Orders (with review post discharge)
- Earlier allocation of Personal Advisors (PAs)

### Resources:

£ – £ 630,000

### Other:

Business support capacity

### Impact:

Medium term reduction in need for residential placements for LAC. Move closer towards statistical neighbour placement demographics. Improved matching of placements to child's needs. Increased availability of step down placement options. Reduced number of LAC.

A multi faceted and coordinated approach is required, in order to safely and appropriately reduce the need for Local Authority Care. To stabilise the current cohort, progress children's through to permanency more effectively, step children down where appropriate and provide for a range of placements to best meet children's assessed needs. The 7 projects support these objectives as shown below.

	1 Early Help	2 Family Support Service	3 Team Around School+	4 Duty / Locality	5 Positive Futures	6 Foster Carers	7 Placements Review
Reduce in flow	✓	✓	✓	✓	✓		
Stabilise / move to permanence		✓		✓	✓	✓	✓
Step down		✓		✓	✓	✓	✓

Page 216

# Investment Summary

Sustainability Project Reference		Estimated Revenue Investment	Estimated Capital Investment
		£ Million	£ Million
1	Early Help & Prevention - Neighbourhoods		
2	Family Intervention Service	0.80	
3	Team Around The School Plus	0.05	
4	Duly / Locality Restructure		
5	Positive Futures - Respite / Assessment	0.56	0.95
6	Fostering Service Improvement	0.15	
7	Placements Review and Sufficiency	0.63	
<b>Total</b>	NB this currently includes an anticipated Health/CCG element to be agreed which it is anticipated will reduce this to circa 2.0M	<b>2.190</b>	<b>0.95</b>



# Invest / Resources

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- £ investment required – £ 2 million (approx.)
- Estates required (£ 950k capital budget already earmarked)
  - Respite facility
  - Assessment unit
- Business Support -additional resource for placement decision tracking and follow up



In support of the above there is targeted improvement activity in a range of areas, including:

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- The development and enhancement of the Independent Reviewing Officer role to ensure that robust oversight and challenge is provided to Looked After children's care planning and that permanency options are considered at the earliest opportunity
- The development of the role of Social Workers and managers in permanency planning to support the most effective progress of children through the care system and where appropriate exit to permanency



# Timeline and Impact

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The next three slides show firstly the proposed timeline for decision, planning, implementation and delivery of cost avoidance/savings for each project and secondly a projection of Looked After child's numbers and associated costs

It should be noted as detailed earlier that a multi faceted and coordinated approach as proposed, is required, in order to safely and appropriately reduce the need for Local Authority Care. To stabilise the current cohort, progress children's through to permanency more effectively, step children down where appropriate and provide for a range of placements to best meet children's assessed needs.

Impact on the Looked After population and associated spend will therefore be achieved by the cumulative impact of these measures in terms of the overall number, the demographics of the LAC cohort, the placement mix and the time spent in care

Projections below based on current 710, suggest that do nothing will lead to 784 LAC by September 2020. It is anticipated that the implementation of the 7 projects in addition to the range of activity already in place will reduce this projection to 748 by September 2020 following which a steadily reducing number of LAC is anticipated.

Whilst exact predictions are difficult to make given the number of variables, success will be measured by the cumulative impact of these measures on LA numbers and placement mix -we would therefore aim to :

- **Reduced the Looked After population to 650 by April 2021.**
- **Reduced the proportion of residential placements from 16% to 13% by October 2020**

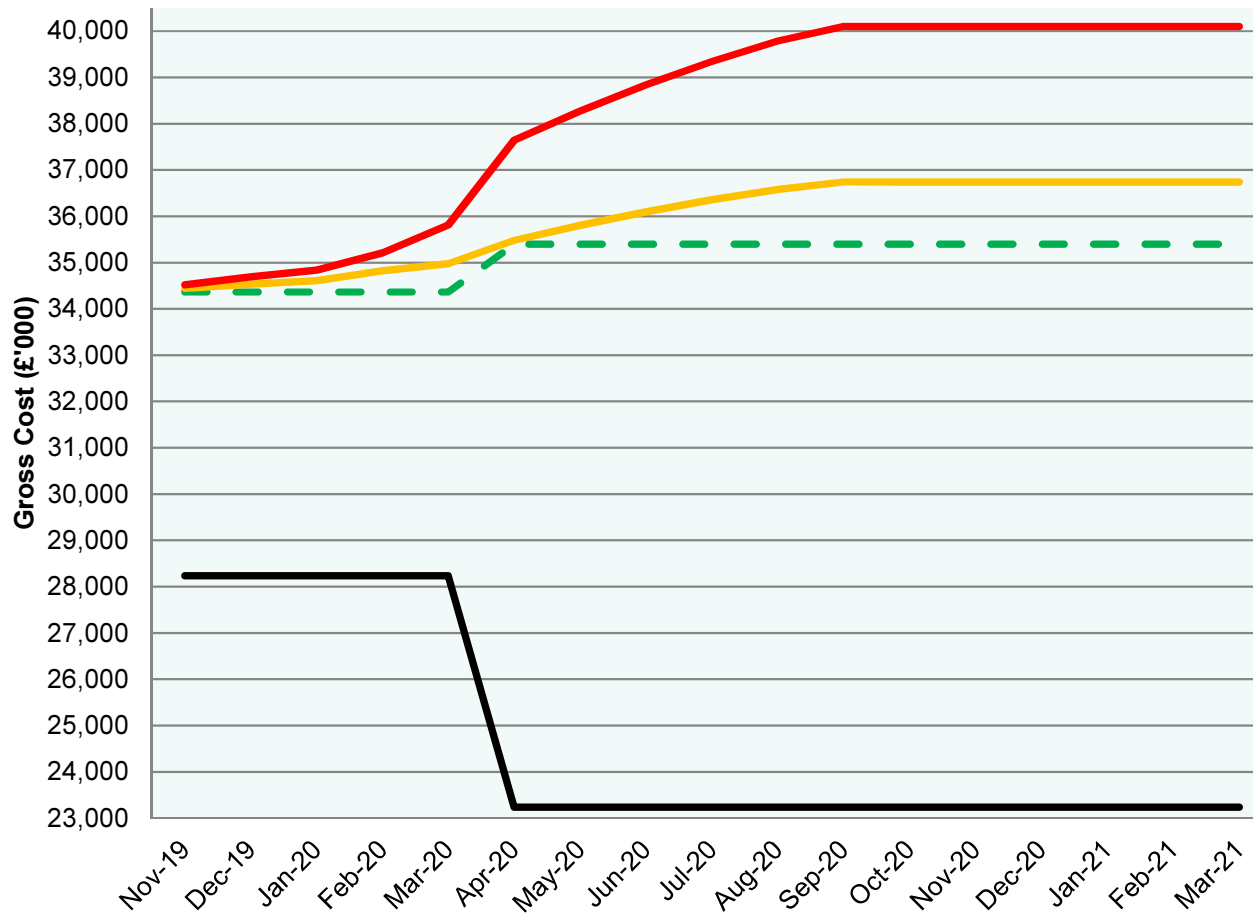


# Timeline

	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21
1: Early Help			D	P	P	P	P	P	P	P	P	I	I	I	I	I	I	S	S	S
2: Family Support Service	D		P	P	I	I	I	I	I	I	I	I	S	S	S	S	S	S	S	S
3: Team Around School	D	P	I	I	I	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
4: Duty/Locality	D	P	P	P	P	I	I	I	I	S	S	S	S	S	S	S	S	S	S	S
5: Positive Futures	D					P	P	I	I	I	I	I	I	S	S	S	S	S	S	S
6: Fostering	D			P	P	P	I	I	I	I	I	I	S	S	S	S	S	S	S	S
7: Placements	D	I	I	I	I	S	S	S												

D = Decision. P = Planning. I = Implementation. S = Cost Avoidance/Savings.

# LAC Indicative Cost Growth



Case mix / placement profile is based on the last 30 LAC placements. This has been weighted more towards a Residential setting assumption for prudence purposes and taking account of current market capacity by placement type.

The current MTFP contains a Children's budget reduction of c£5m. This is being reviewed an updated in light of the current position and estimated future demand.

N.B. Rise at April 2020 = 3% inflationary increase

\*The figures do not factor in impacts of new initiatives at this

- Stabilisation at current numbers (710 CLA Placements)
- Midpoint growth assumption (Growth to 748 CLA Placements by Sept 2020)
- Potential growth to 784 CLA Placements by Sept 2020)
- Budget

# Our Looked After Children (LAC) Population

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- LAC numbers currently at 710
- Assuming no change on last 6 months =
  - 756 by end March 2020; then
  - 802 by end of September 2020
- Add in benefit of above average number reaching 18 year olds in next 12 months =
  - 741 by end March 2020; then
  - 784 by end of September 2020
- Potential further benefit of moving to statistical neighbour placement profile in terms of age and placement type.

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<b>Report to:</b>	<b>EXECUTIVE CABINET</b>
<b>Date:</b>	27 November 2019
<b>Executive Member/Reporting Officer:</b>	Councillor Gerald Cooney – Housing, Planning and Employment Ian Saxon – Director, Operations & Neighbourhoods
<b>Subject:</b>	<b>UPDATE ON THE COUNCIL'S ROUGH SLEEPING SERVICE &amp; CHANGE OF LOCATION FOR THE "A BED EVERY NIGHT" PROVISION</b>
<b>Report Summary:</b>	This report summarises the work carried out over the last 12 months to reduce rough sleeping in Tameside & outlines a proposal to move the existing "A Bed Every Night" (ABEN) provision from Ryecroft Library to St Anne's Resource Centre
<b>Recommendations:</b>	<p>That the success of the Homelessness Team in significantly reducing rough sleeping across the borough is recognised &amp; approval is given to continuing the service into its next phase which will look to prevent homelessness &amp; rough sleeping in a more sustainable way, keeping rough sleeping figures as low as possible for the foreseeable future.</p> <p>That approval is given to commence work on the St Anne's building in preparation for moving the ABEN service.</p>
<b>Corporate Plan:</b>	Reducing rough sleeping across the borough contributes towards the corporate priority of living well.
<b>Policy Implications:</b>	Reducing rough sleeping also positively supports the work in implementing the Council's strategy to prevent homelessness.
<b>Financial Implications: (Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	Funding has been identified from grants that have been received and could be utilised to implement this project, but it is necessary that the costs are individually identified and a correct estimate of the costs is reviewed. No additional corporate funding will be required.
<b>Legal Implications: (Authorised by the Borough Solicitor)</b>	The Diocese has very strict legal framework for such matters and it is highly unlikely that they will allow any building works or delivery of the service in advance of legal agreements/licenses being in place. Accordingly, it will be necessary for Estates and Legal to be engaged on this work expediently.
<b>Risk Management:</b>	Failing to provide an adequate service for rough sleepers brings a significant risk of harm to the rough sleeping population & an increased risk that criminal behaviour & anti-social behaviour associated with rough sleeping will continue to increase. Failing to move the ABEN service from Ryecroft Library brings a risk of increased issues in the local area & an increase in complaints from local residents.

**Access to Information:**

The background papers relating to this report can be inspected by contacting: John Gregory, Head of Community Safety & Homelessness

 Telephone: 0161 342 3520

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## **1. INTRODUCTION**

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

## **2. TAMESIDE COUNCIL’S APPROACH TO TACKLING THE PROBLEM**

- 2.1 In autumn 2018, Tameside Council started to develop a range of approaches & interventions with the specific aim of reducing rough sleeping across the borough – initially through the introduction of hostel type accommodation, but also with a longer-term aim of providing appropriate permanent accommodation for people who are, or at risk of sleeping rough.

### **Rough Sleeping Initiative**

- 2.2 In 2018/19, Tameside Council successfully applied for a grant under a new scheme announced by the Ministry of Housing, Community & Local Government (MHCLG) – the “Rough Sleeping Initiative” (RSI).

- 2.3 The 2018/19 grant was £309,115 and was used to implement several schemes designed to tackle rough sleeping in Tameside during 2018/19.
- 2.4 The schemes funded by this grant include the employment of specific members of staff tasked with co-ordinating work to tackle rough sleeping, additional outreach workers, additional accommodation units, winter provision and a rent guarantor scheme.
- 2.5 The RSI work has been closely monitored by MHCLG and Tameside has recently been granted a further £420,000 for 2019/20.
- “A Bed Every Night” (ABEN)**
- 2.6 When he was elected as Mayor of Greater Manchester in May 2017, Andy Burnham made tackling homelessness and rough sleeping a top priority. As part of his pledge to tackle rough sleeping, he started the Mayor’s Homelessness fund – a charitable fund designed from the outset to help deal with homelessness & rough sleeping across Greater Manchester.
- 2.7 In Spring 2018, the GM Mayor approached all 10 GM authorities with a proposal to introduce an innovative new scheme called “A Bed Every Night” (ABEN). The Mayor asked for assistance from the Authorities in offering a bed in a safe, warm environment every night between 1 November 2018 and 31 March 2019 for anyone who was rough sleeping.
- 2.8 Funding for the scheme would come from the Mayor’s homeless charity, but the scheme would be managed and operated by each individual GM Local Authority. Authorities were free to design their own services, without excessive interference from the Combined Authority.
- 2.9 Every winter, until the winter of 2017/2018, Tameside, along with all other Local Authorities was statutorily obliged to provide shelter for all rough sleepers if the temperature fell below freezing. The opportunity to extend this provision throughout the winter months was seen as a significant opportunity to provide a much improved winter service for rough sleepers in Tameside.
- 2.10 Work commenced over the summer of 2018 to design an ABEN service for Tameside and to identify premises in which rough sleepers could be accommodated. Working with the third sector, two church halls – St Christopher’s in Ashton and Union Church in Hyde - were identified as appropriate buildings & agreement was reached with both churches that they would be used alternately for the ABEN provision in Tameside for the six month proposed period of the scheme.
- 2.11 Provision at the Churches was basic; single camp beds in a dormitory style with very little in the way of luxury, but service users would be provided with clean bedding, a place to wash & shower, and a basic meal in the evenings and mornings. The service would only be available between 9.00pm and 9.00am, but would be open every night, irrespective of the weather conditions.
- 2.12 In the last week of October 2018, an official rough sleeper count was carried out & 36 individuals were found to be sleeping rough in Tameside – 6 less than the count earlier in the year, but still a significant number. It was unknown at this time how popular the ABEN service was likely to become, but 20 bed spaces were immediately available for male rough sleepers, with provision for the much smaller number of females to be given in bed & breakfast accommodation.
- 2.13 Through November, the number of people accessing the service quickly grew. In mid-December, it became clear that the space available in the churches would soon be insufficient & that a further building was required if the Council were to fulfil its commitment to provide a bed every night for all rough sleepers.

- 2.14 After considering a number of possible options, the old library building in the grounds of Ryecroft Hall was identified as a suitable location. The building had only recently been vacated by a pupil referral unit, it was in good condition, was safe and easily accessible. There was also enough room to accommodate any additional rough sleepers who could not be accommodated at the church halls.
- 2.15 Beds and supplies were taken to the Ryecroft building during the week before Christmas, but no-one was accommodated there until the New Year, when numbers of people presenting as rough sleeping started to rise again.
- 2.16 By late February, the service was accommodating between 32 and 36 people every night. In addition to the simple fact that these individuals were accommodated overnight, the service started to demonstrate a number of other longer term advantages.
- 2.17 Many of the rough sleepers had not had any kind of home for a number of years, but having access to the ABEN scheme allowed them to start to form some routines in their lives – routines which many of them had struggled to build for a long time.
- 2.18 Having the majority of the boroughs rough sleeping population in one or two places every night allowed the Homelessness team to build support around the service users much more effectively than they had ever done before. Drug & alcohol rehabilitation, housing options, welfare support and physical & mental health services could all be delivered to the service users whose previous chaotic lifestyles meant they were often unable to attend appointments and would often “fall off the grid”.
- 2.19 Most significantly of all, however, was the opportunity to work regularly with service users to try to get them into more permanent accommodation. It is this area of work which is probably the most significant success of the service. Since 1 November 2018, more than 40 ABEN service users have been moved into more permanent accommodation, and no longer need the short-term hostel accommodation offered by the ABEN service.
- 2.20 A large proportion of the success of the Tameside ABEN scheme is down to the assistance of a number of charitable partners, who have brought not just help and assistance, but also a breadth of knowledge of the Tameside rough sleeping population, and the ability to connect with even the most entrenched rough sleepers – some of whom would not want to engage with “officials”.
- 2.21 The service has also evolved since starting in November 2018. In the early days, some rough sleepers were excluded from the scheme because of choices they made. For example, there was no provision for couples, or rough sleepers with pets. As the service continued to develop, provision for both these groups was established.
- 2.22 A rough sleepers count was carried out in the last week of March 2019, and in 6 months, the number of rough sleepers in Tameside had fallen by 2/3rds from 36 to 12. A further count was carried out on the night of 30/31 May, and the number had fallen further to 9.
- 2.23 On 26 September 2019, another count was carried out & the number of rough sleepers had fallen again – this time to 2.
- 2.24 No other programmes in recent years have led to such a significant reduction in the numbers of rough sleepers in Tameside, and the Tameside scheme has been praised by the Combined Authority as a trailblazing scheme which has had an overwhelmingly positive effect. The reduction in numbers in Tameside has been significantly better than any other Greater Manchester Authority to date.

### **3. THE NEED TO MOVE THE SERVICE**

- 3.1 Now that the service has been successfully established, there is a need to move to a more suitable location which will allow the Rough Sleeping Team to continue to develop the service and provide an appropriate hub for the service. The Team have ambitions beyond the early successful reduction in rough sleeping numbers and a better location for the service will allow further creative ideas and interventions to be developed in an appropriate environment.
- 3.2 Despite capacity issues and a lack of specialism in estates management, managers from the Community Safety & Homelessness team conducted an extensive search for a property which was suitable to house the ABEN service.
- 3.3 A property was identified on the Plantation Industrial Estate off Whitelands Road in Ashton-under-Lyne. Although this property was an empty industrial unit, initial surveys were carried out, and it was concluded that, with the right changes to the layout of the building, the Plantation unit could potentially house the ABEN service.
- 3.4 When the project was costed out, however, it was estimated that it would cost in excess of £250,000 to make the building suitable for use – an amount which was considered prohibitively expensive.
- 3.5 A further search was conducted in an effort to identify a suitable building which could house the ABEN element of the service & following negotiations throughout late September & early October with the Roman Catholic Diocese of Salford and the local Catholic Priest, an opportunity has arisen for the service to potentially move to a building adjacent to St Anne's Church on Burlington St in Ashton-under-Lyne.
- 3.6 The building identified as a potential ABEN location was previously occupied by Tameside Council and used as an adult learning centre. The building was vacated by the Council approximately 10 years ago and has remained unoccupied since then, but initial inspections of the building have shown that it is in a serviceable condition and that, with some minor updates and refresh works, it would be an ideal location for the ABEN service.

### **4. THE FUTURE OF THE ROUGH SLEEPING SERVICE**

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

- 4.4 Alongside the obvious benefits to the rough sleeping service, the Church are in the process of developing the ground floor area of the building into a community “hub”, including a café where anyone from the local community can attend, have a meal, carry out voluntary work etc. Alongside this community hub, the residents of the ABEN hostel will be welcome to spend the day in the ground floor area, receive support & address any ongoing welfare needs.
- 4.5 Prior to moving the service, some work is required to bring the building up to a modern, residential standard. Fire alarms, for example, will need to be refreshed, showers & laundry facilities need to be installed and the building needs decorating & carpeting.
- 4.6 Meetings with the Diocese have been extremely positive & the Council have received approval to carry out more detailed assessments of the required work.
- 4.7 The Head of Service is acutely aware of the need to move the service as soon as practically possible & early indications from contracted surveyors are that the service could potentially move into St Anne’s in time for Christmas 2019. With this in mind, the Service should be able to move out of Ryecroft Library by 31 December 2019 at the latest, but with the aim of moving out by Christmas 2019.
- 4.8 Lease arrangements have been discussed in detail with the Diocese, and they have shown recognition that the Council will be making a capital investment in the improvements to the building and as such will allow the Council to use the building in exchange for a peppercorn rent. Work is underway in drafting a suitable lease which protects both parties & ensures clarity over which body is responsible for which elements of running the building during the period of the lease.
- 4.9 The final costs of the move have not yet been calculated, but funding has been identified within existing budgets to cover the cost of the move.

## **5. RECOMMENDATIONS**

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

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<b>Report to:</b>	<b>EXECUTIVE CABINET</b>
<b>Date:</b>	27 November 2019
<b>Executive Member/ Reporting Officer:</b>	Councillor Oliver Ryan Executive Member for Finance and Economic Growth Jayne Traverse – Director of Growth
<b>Subject:</b>	<b>HATTERSLEY REGENERATION REVIEW</b>
<b>Report Summary:</b>	<p>The report updates the Executive Cabinet on the governance review to enhance the delivery process concerning the regeneration of the Hattersley Estate.</p> <p>The report also outlines the key aspects of the Collaboration Agreement between TMBC, Onward Homes and Homes England, and the operational business plan produced by Barratt Homes relating to the overarching Development Agreement between TMBC &amp; Onward Homes.</p>
<b>Recommendations:</b>	<p>It is recommended that Executive Cabinet:</p> <ul style="list-style-type: none"><li>(i) Notes the success and positive progress made towards delivering the estate regeneration programme in Hattersley.</li><li>(ii) Recommends the nomination and approval for the Executive Member for Finance and Economic Growth to act as Hattersley Land Board Member on behalf of TMBC.</li><li>(iii) Recommends that Executive Cabinet authorises and provides delegated authority to the Executive Member for Finance and Economic Growth to make decisions on behalf of TMBC at the Hattersley Land Board pursuant to the provisions of the Collaboration Agreement and in consultation with the Director of Growth and Director of Finance and to seek further governance if any decisions require a substantial change to the nature of the project.</li><li>(iv) Recommends that Executive Cabinet authorises and provides delegated authority to the Director of Growth in consultation with the Director of Governance &amp; Pensions and Director of Finance to agree terms and enter into an Agreement relating to the delivery of Public Realm works to Hattersley between Onward Homes and TMBC.</li><li>(v) Recommends that Executive Cabinet authorises and provides delegated authority to the Director of Growth in consultation with the Executive Member for Finance and Economic Growth, the Director of Governance &amp; Pensions and the Director of Finance to undertake the role of accountable body and accept and incur all financial expenditure relating to the delivery of the £3.7m Public Realm programme of works as within the provisions of the Development Agreement for Hattersley.</li><li>(vi) Recommends that Executive Cabinet authorises Delegated authority provided to the Director of Growth in consultation</li></ul>

with the Director of Governance & Pensions and the Director of Finance to review, amend and approve Base (Barratts) Annual Business Plan linked to the Development Agreement provided that further governance will be required should a change to the Business Plan result in a substantial change to the nature of the project.

- (vii) That Annual performance reporting updates to be provided to Executive Cabinet for information in relation to the delivery of the Public Realm programme at Hattersley. In addition the capital budget will be added to the Growth Directorate Capital Monitoring reports.

**Corporate Plan:**

The Council's ambitions for the regeneration of the Hattersley area are reflected in the Corporate plan by aspiring to build successful lives, strong and resilient new communities, invest in a local and vibrant economy and promote healthy lives in a revitalised area.

**Policy Implications:**

The redevelopment of Hattersley area is essential for a range of social and economic reasons in order to create a sustainable community and a new vibrant centre. The enhanced delivery programme will bring in new people, new spending power and new jobs to make the area of Hattersley much more self-sufficient.

**Financial Implications:**

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

There are no direct financial implications as a result of this report. Monitoring of the business plan needs to continue to ensure that everything is kept within the available funds.

The monitoring of the public realm will be included within the overall Council capital programme to ensure the scheme is delivered and managed within the approved budget.

Following completion of all the planned works any remaining monies will need to be allocated according to the collaboration agreement.

**Legal Implications:**

**(Authorised by the Borough Solicitor)**

This requires Cabinet approval as reflected in the requirements set out in the original collaboration agreement approved by Cabinet.

**Risk Management:**

Barratts will through the development agreement want to clawback public realm funding in the event there is a breach, including failure to hit milestones or outcomes.

There is also a wider reputational risk to the Council with Onward Homes and Homes England if there is not a successful delivery of the agreed regeneration programme through the Collaboration Agreement. Other risks are considered within the body of the report.

**Access to Information:**

Information relating to this report can be inspected by contacting the report writer, Gregg Stott Interim Assistant Director of Growth and Nawaz Khan, Economic Growth Lead



**Background Information:**

The background papers relating to this report can be inspected by contacting Nawaz Khan.



Telephone: 0161 342 2723



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## 1. INTRODUCTION

- 1.1 The Hattersley estate was built in the early 1960s by Manchester City Council to rehouse tenants decanted from inner-city areas such as Gorton that were subject to 'slum clearance'. Hattersley was originally home to around 15,000 people – the second largest overspill estate in Greater Manchester. By 2006 the population had declined to around 6,600 and suffered from socioeconomic isolation, unemployment, spatially-concentrated poverty, crime, housing vacancies, physical neglect and territorial stigma.
- 1.2 In 2006 Manchester City Council transferred housing stock in Hattersley to Peak Valley Housing Association with an agreement that only a radical change of image and the injection of significant investment would succeed in regenerating the Hattersley area.
- 1.3 The regeneration of Hattersley has been driven by a partnership between Peak Valley Housing Association (now Onward Homes), Tameside Council, English Partnerships (now Homes England). The parties entered into an agreement to govern the financial and land input required to facilitate the regeneration as well as setting out the roles of each of the parties. This agreement is named the Collaboration Agreement.
- 1.4 The Collaboration Agreement is overseen by the Collaboration Board (known colloquially as the Hattersley Land Board) whose membership should comprise of one representative from each of Onward Homes, Homes England and the Council. Other attendees comprise of local residents and local Councillors as well as other representatives of Onward Homes, Homes England and the Council.

## 2. REVIEW OF HATTERSLEY REGENERATION

- 2.1 A recent review of Hattersley Regeneration & Governance has been undertaken to enhance delivery processes including that across the contractual framework of the overarching Collaboration Agreement, Residential Development Agreement & Commercial District Centre Agreement (split into phases for delivery).
- 2.2 Overall there has been significant success achieved under Hattersley Regeneration. It is important to note that whilst not specifically covered under the contractual framework and the focus of the report as above, there has been a huge amount of wider investment, delivery and success provided including:
  - Hattersley Station - in 2016 Hattersley Road West were re-aligned towards the station. The scheme improved rail passenger usage from the station by approximately 24% year on year and in 2017/18 the numbers went above 80,000 for the first time.
  - Creation of jobs, training & skills opportunities provided for the area
- 2.3 In addition to the key deliverables outside of the Collaboration there also remains key projects being looked at and developed including site of the former District Centre located on Hattersley Road East and further continued investment into the Hattersley Train Ticket Office.

### **Collaboration Agreement**

- 2.4 Overall there has been significant success and progress made in delivering the main objectives of the Collaboration Agreement in Hattersley since 2006. Key delivery includes:
  - New Homes - Barratts are planning to build 656 homes in total with a total of 414 sold to date. Their aim is to complete the build programme within the next three years (2021).

- Refurbishment of existing homes - Onward have demolished in excess of 900 residential properties and undertaken the refurbishment of a further 1475 homes and completed development of 155 new homes.
- New District Centre - Phase 1 which includes Tesco's and the Hub building with offices, library and community facilities was completed in 2011.

- 2.5 Whilst the objectives of the Collaboration Agreement have largely been met, there still remains the delivery of a new District Centre for Hattersley under the provisions and as part of the Collaboration Agreement. Onward Homes entered into a Development Agreement with Maple Grove Developments Limited, for development of the site at Stockport Road/Ashworth Lane, with a new retail park. Planning permission was secured in February 2018. Effectively, this development would form the second phase of the new District Centre for the area and is on land owned by Onward (the first phase District Centre was completed in 2011 including Tesco's and the Hub).
- 2.6 TMBC are currently considering a proposal put forward by Maple Grove around the new District Centre above and which may be subject to another report.
- 2.7 Under the Collaboration Agreement and as per the current business plan there is a total of £0.969m remaining in the Hattersley regeneration programme that has not been allocated to any project, together with £3.809m of expenditure that has been committed against projects that haven't been completed, expended or materialised. Some of which will need to be reallocated or transferred into the main fund but £3.7m is ring fenced for Public Realm. The Hattersley Land Board is responsible for the funds sitting within the provisions of the Collaboration Agreement but under the agreement with the Council acting as the Accountable Body.
- 2.8 There is no long stop date to the Collaboration Agreement other than the date the stock transfer had to take place. When the agreement ends which inevitably it will, any surplus funds remaining will be split in the agreed proportions across the partners (TMBC 35.85%, Onward 63.62%, Homes England 0.53%).

#### **Development Agreement with BASE (Barratts)**

- 2.9 Alongside the Collaboration Agreement sits the Development Agreement with BASE (Barratts). It provides Barratts with a licence to build on the land and sell the properties. The freehold remains with the landowner until the properties are sold. The vast majority of the housing development sites are owned by Onward Homes. It has been recognised that the collaboration between the partners and the approach to controlling the land and releasing it for development to Barratts under licence has been one of the key success factors.
- 2.10 The operational aspect of the Development Agreement is through a Business Plan. It is produced on an annual basis by Barratts in consultation with the Council, Onward Homes and Homes England. Once agreed, it is signed by all the partners. A review/update of the 2019 business plan is due to start in October 2019 with the view of informing, presenting and seeking approval of the Business Plan for 2020. The long stop date for the Development Agreement is December 2021, by which time Barratts believe they will have completed their housing delivery programme in Hattersley.
- 2.11 The original Development Agreement set out provisions for a programme of Public Realm works to be delivered by Barratts. However through negotiations and a variation to the Agreement with the Council and Onward Homes, Barratts agreed to provide a total budget of £4m (in phases as development sites are drawn down) towards a ring fenced Public Realm programme and agreed by all partners to be delivered on an estate wide basis.

- 2.12 The programme and delivery of public realm works has to be agreed between Onward and the Council pursuant to the provisions of the Development Agreement. This review will enhance the delivery of public realm works.
- 2.13 An overarching public realm masterplan was produced (see Appendix 1) with an extensive programme of public consultation held in 2018 with local residents, businesses and other stakeholders. The consultation identified a number of key priorities for the area especially with regards to the quality of life issues including the urgent need to address lack of formal and informal play and recreational spaces, and finding a solution to the growing number of parking and highway issues. There are a number of public realm projects being developed between the Council and Onward Homes to deliver on the public consultation outcomes.
- 2.14 Further to the identified priorities of the consultation and to drive investment and delivery of the public realm programme, it is recommended that an agreement relating to such public realm works is created and entered into between Onward Homes & TMBC (within the provisions of the Development Agreement). This agreement will identify specific project leads, agreed outputs/milestones, funding and delivery arrangements. Whilst at a practical level this already takes place between partners, the agreement will further enhance the ability to deliver on key schemes.
- 2.15 Development Agreement – The total budget for public realm is £4m of which £3m has been received and a further £1m is expected either on the drawdown of development sites 23, 24 and 28 (all owned by Onward Homes) or the long stop date 31 Dec 2020 whichever is the sooner. £300k has been spent on public realm programme and project development to date.
- 2.16 The proposed agreement relating to public realm work allows for Onward and the Council to produce a strategic plan for the public realm programme and, agree on the individual projects and their implementation. Overall programme delivery and specific project update reports will be provided to Hattersley Land Board for information. Annual reports on performance will also be provided to Executive Cabinet.

### **3. RECOMMENDATIONS**

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

# APPENDIX 1 – Public Realm Masterplan



- Improved Streets**
  - Introduce street trees and landscaping
  - Enhanced pedestrian and cycle provision
  - Reduce traffic speeds
  - Provide parking improvements where necessary
  - Improve signage and wayfinding
- Gateways**
  - Create a sense of arrival
  - Strengthen the character and identity of Hattersley
  - Improve key junctions
- Enhanced Green Routes**
  - Improved recreational routes
  - Encourage connection to wider network of walking, cycle and bridal paths
- Improved network of paths within Hattersley**
  - Increased lighting and security
  - Improved surface treatment
- Increase Play Opportunities**
  - Opportunity for selected existing play provision to be improved
  - New opportunities for play to be identified west of Stockport Road

Improved pedestrian experience	Slower vehicular speed & safer roads	Improved habitats & access to nature	Enhanced streets	Defined gateway	Enhanced green space	Improved cycle experience	Opportunities for sports	Community events space	Improved connections & way-finding

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<b>Report to:</b>	<b>EXECUTIVE CABINET</b>
<b>Date:</b>	27 November 2019
<b>Executive Member:</b>	Cllr Allison Gwynne - Executive Member (Neighbourhoods, Community Safety and Environment)
<b>Reporting Officer:</b>	Emma Varnam - Assistant Director (Operations and Neighbourhoods)
<b>Subject:</b>	<b>MAYORS CHALLENGE FUND – WALKING AND CYCLING UPDATE REPORT</b>
<b>Report Summary:</b>	<p>The purpose of this report is to provide an update on the Mayor's Challenge Fund Walking and Cycling Programme. The report focuses on the on-going work to raise the profile of the programme in order to promote the clear benefits that will be gained from this initiative. The report also provides a high level programme of the first schemes which could be delivered if approved.</p>
<b>Recommendations:</b>	<p>It is recommended that Executive Cabinet:</p> <ul style="list-style-type: none"><li>(i) Agree, in principle, to adopt the design approach set out in section 5 for all future walking and cycling schemes.</li><li>(ii) Agree to launch the programme of consultation as set out in section 6.</li><li>(iii) Agree to the high level programme set out in section 7.</li></ul>
<b>Corporate Plan:</b>	The schemes set out in this report support the objectives of the Corporate Plan.
<b>Policy Implications:</b>	In line with policy.
<b>Financial Implications:</b> <b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	<p>This report provides an overview of the Mayor's Challenge Fund Walking and Cycling Programme. Delivering the Cycling and Walking Schemes with funding through the GM Mayor's Challenge Fund will contribute to a number of the Council's corporate priorities and objectives, in particular the Health and Wellbeing of Tameside's Residents. Delivery of cycling and walking schemes in Tameside directly relates to the delivery of the GM Cycling and Walking Commissioner's "made to move" report and TfGM's 2040 Transport strategy.</p> <p>The combined value of Schemes approved at Programme Entry is £12.5m (with one Scheme still awaiting approval valued at £2.2m, which if approved takes total value to £14.7m).</p> <p>The combined value of the 11 schemes at Programme Entry level is £12.5m, which includes total estimated MCF funding of £9.257m and total estimated match funding of £3.243m. The match funding for each scheme and criteria followed for identifying and reprioritising match funding for each scheme is yet to be established and work is currently underway for this. The assumption made is that match funding will come from existing corporate budgets and grants already on the approved capital programme. Work is also being carried out to establish a clear audit trail of funding sources for each scheme with no additional</p>

corporate funding currently being requested.

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


The Council has a statutory duty to deliver services efficiently and effectively within budgets. These projects will need to be carefully managed as they require match funding with the expectation that there will be no call on corporate funding. Nevertheless there needs to be clear understanding as to where these budgets are coming from.

**Risk Management:**

Key risks are highlighted in section 8 of the report.

**Access to Information:**

The background papers relating to this report can be inspected by contacting Lee Holland, Head of Design and Delivery.

 Telephone: 0161 342 3978

 e-mail: [lee.holland@tameside.gov.uk](mailto:lee.holland@tameside.gov.uk)



## 1. INTRODUCTION

- 1.1 The purpose of this report is to provide an update on the Mayor's Challenge Fund Walking and Cycling Programme. The report focuses on the work which is underway to raise the profile of the programme in order to promote the clear benefits that will be gained from this initiative. The report also provides a high level programme of the first schemes which could be delivered if approved.

## 2. BACKGROUND

- 2.1 The Mayor's Walking and Cycling Challenge Fund (MCF) was established in 2018 and the ten Greater Manchester local authorities were first asked to submit programme entry funding bids in June 2018.
- 2.2 £160 million was made available over four financial years (2018 to 2022) to fund walking and cycling infrastructure schemes.
- 2.3 The aim of the programme is to kick start the delivery of the Greater Manchester Walking and Cycling Commissioner's Made to Move strategy and to make Greater Manchester (GM) a city region where walking and cycling are the natural choices for shorter journeys.
- 2.4 The Made to Move strategy sets out a 15-step plan to transform GM and was adopted unanimously by Greater Manchester Combined Authority (GMCA) in January 2018.
- 2.5 The Bee Network is GM's proposed new walking and cycling network which aims to connect every neighbourhood across all ten local authority areas in GM. The plan shows GM's ambition for walking and cycling and should help guide GM's delivery of related infrastructure over the coming years – some of which will be via the MCF.
- 2.6 Tameside Council has actively sought to secure funding through a number of tranches of the MCF.
- 2.7 To date Tameside Council has successfully secured Programme Entry Status for schemes submitted at Tranches 1, 4 and 5 of the MCF and is currently awaiting a decision on a scheme submitted for Programme Entry at Tranche 6.
- 2.8 Programme Entry status means approval in principle with the majority of the funds still subject to the submission and approval of a successful business case.

## 3. FUNDING UPDATE

- 3.1 **Appendix 1** sets out those schemes which currently have Programme Entry Status. The combined estimated value of these 11 schemes is:

Total Estimated MCF Funding	£9,257,603
Total Estimated Match Funding	£3,243,187
Total Estimated Scheme Cost	£12,500,790

- 3.2 Additionally the Council is awaiting a decision on the outcome of a Tranche 6 submission for a scheme which has an estimated value of circa £2.2m. This decision is expected on the 29 November 2019.
- 3.3 There is an expectation that further schemes will be submitted, for Programme Entry Status, in the future.

#### 4. SCHEME DETAILS

- 4.1 As part of the MCF programme all ten local authorities have established the desired strategic walking and cycling networks. The MCF provides the opportunity to continue to connect and grow this network known as the “Bee Network” across GM.
- 4.2 Tameside Council are currently developing the following high profile schemes which will help to revolutionise travel on foot or bike throughout the Borough:

Scheme	Concept Proposals
Ashton North	Shared streetscape scheme to improve linkages into the town centre, reduce through traffic on the A6043 Wellington Rd / Albion Way and provide segregated cycle facilities and improved pedestrian access. Part of the wider £50million Vision Tameside regeneration project.
Ashton South	The Council are considering options to trial pocket parks in Ashton Town Centre.
Crown Point, Denton	Complex 4-way traffic junction improvement and introduction of cycle lanes.
A57 – East / West connectivity from Manchester to High Peak	Super highway improvements.
Chadwick Dam	Early implementation of improved walking and cycling connectivity to connect residential areas to Tameside Hospital and local schools.

- 4.3 **Appendix 1** contains a complete list of all schemes which have currently secured Programme Entry status.

#### 5. DESIGN PRINCIPLES

- 5.1 In order to ensure the Council’s bids are successful and compliant with MCF requirements a strong working relationship has been established between TfGM, MCF and officers from the Council’s Design and Delivery – Walking and Cycling Project team.
- 5.2 Design in the highway and traffic engineering sector is dominated by the need to comply with standards and guidance. Some requirements are standards and guidance, whilst some requirements are legal, hence obligatory, and some requirements are stipulated by individual highway authorities.
- 5.3 In order to comply with MCF requirements it is important that schemes are designed to best meet the needs of all users.
- 5.4 A key principle of the MCF is that walking and cycling should be viewed as a mainstream transport option. It is important that we therefore take walking and cycling seriously and do not consider them a delay-inducing factor on motor traffic or an ambient benefit.
- 5.5 The eight key principles to be considered during the design development process for MCF schemes are as follows:
- (i) Streets should be places where people choose to spend time socialising rather than just save time passing through
  - (ii) Street design should focus on moving people rather than traffic
  - (iii) Dedicated separate space should be provided for walking and for cycle traffic
  - (iv) People should feel safe, relaxed and secure on the street and not just in the car

- (v) People should feel they can stroll without delay and linger without issue
- (vi) Protection and priority should be given to people cycling and walking at junctions
- (vii) Health benefits should be highlighted and quantified for all street improvements
- (viii) Walking, cycling and public transport should go hand in hand.

5.6 In order to deliver consistent and high quality schemes the Council intends to embed this approach to design, where appropriate, in delivery of all future walking and cycling schemes.

## 6. STAKEHOLDER ENGAGEMENT

6.1 Increased promotional activity is underway to help raise the profile of the MCF across the borough. This work includes the development of a new website, increased activity on social media and presentations at various community forums.

6.2 Engagement with local residents and stakeholder groups is necessary to consider the potential benefits and impacts that could be associated with schemes.

6.3 The engagement process is an opportunity to ensure that schemes meet the needs of existing and potential new users to ensure a successful outcome in terms of the number of future users.

6.4 It is anticipated that the scale and method of communication will vary for the different schemes being developed. Consideration will be given to the nature of the scheme, location, impact on neighbours and classification of the public highway impacted upon.

6.5 In order to support the timely delivery of the MCF programme the Council intends to hold a series of stakeholder consultation events at a number of local venues. The purpose of these events will be to ensure stakeholders have an opportunity to comment on the concept designs for individual MCF schemes. A DRAFT consultation leaflet is attached at **Appendix 2**.

6.6 These events will also help provide useful information about the benefits of walking and cycling and actively promote other projects and resources available to stakeholders. This approach will help to promote a greater interest in the MCF, help start to change behaviours and the culture of walking and cycling in the borough.

6.7 The Council will also organise a Members' Development briefing to ensure all local members are fully aware of the walking and cycling initiatives being developed.

## 7. PROGRAMME

7.1 The designs for 2 of the MCF schemes are well advanced. These two schemes are Chadwick Dam and Hill Street.

7.2 Subject to agreement from TfGM, and successful consultation and publication of TRO's, we could see the first Tameside MCF schemes on site in April – June 2020 as shown in Table 1.

**Table 1**

Milestone	Target Date
Concept designs complete	November 2019

Consultation	January 2020
Detailed designs complete	February 2020
TRO's complete	February 2020
On site	June 2020

- 7.3 In addition concept designs are largely complete for two further schemes (Ross Lave Lane and Rayner Lane) which, subject to landowner approval, could potentially be on site by July – September 2020.

## **8. RISK MANAGEMENT**

- 8.1 Following completion of a successful Programme Entry submission a Risk Potential Assessment is carried out for each MCF scheme, to determine an appropriate appraisal process for the business case. This ensures that full scrutiny can be given to major, high-risk schemes, whereas a simplified process can be applied to minor, low-risk schemes.
- 8.2 Failure to deliver the programme after securing funding could impact on the future success of bids from the MCF. Robust monitoring processes and procedures have therefore been put in place in order to comply with TfGM's grant funding regime.
- 8.3 Failure to engage effectively with all relevant stakeholders is a potential reputational risk. In addition failure to promote the benefits of walking and cycling could lead to an underuse of the new provision and failure to maximise the benefits delivered by the programme.

## **9. CONCLUSION**

- 9.1 It is important that MCF schemes are developed with community support and engagement, therefore local member involvement is key to establish a successful outcome.
- 9.2 In order to maximise the benefit of walking and cycling it is important that the design principles set out in Section 5 are applied, where appropriate, to any future schemes.
- 9.3 Future funding opportunities should be exploited in order to maximise the benefits of walking and cycling for our communities.

## **10. RECOMMENDATIONS**

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

Tameside Council's Approved Programme Entry Schemes

Scheme Ref.	Tranche No.	Scheme Name	Town(s)	Scheme Description	MCF Funding (Estimated at Programme Entry) £	Match Funding (Estimated at Programme Entry) £
006	1	Hill Street	Ashton-under-Lyne	Contraflow cycle lane, punch through and cycle improvements.	110,000	110,000
007	1	Clarendon Road	Audenshaw	Cycle connectivity and crossing improvements.	1,650	1,650
009	1	Chadwick Dam	Stalybridge	Path widening, link to schools and hospital, traffic free route and quiet streets.	75,000	75,000
010	1	Stamford Drive	Ashton-under-Lyne / Stalybridge	Quiet street route (2km) and crossings.	55,000	55,000
020	1	Rayner Lane	Audenshaw / Droylsden	Surface existing footpaths, bridleways and low trafficked roads linking with existing facilities at ends and at Metrolink stop.	137,500	137,500
023	1	Warrington Street	Ashton-under-Lyne	Contraflow, punch through x 2, route through pedestrian area.	7,000	7,000
026	1	Ross Lave Lane	Denton	Improve surface to allow use for commuters. Crosses M60 and avoids use of Windmill Lane. Part of the TPT and NCN 62.	220,000	220,000
035	4	Crown Point	Denton	Package of measures to improve pedestrian crossing movements. Cycle provision with protected space reduced carriageway widths with fully segregated routes on the A57. Review of vehicle movements to restrict right hand turns.	2,500,000	42,000
001	5	Ashton North (VTP 3)	Ashton-under-Lyne	Streetscape scheme though town (Wellington Road / Albion Way). Segregated cycle facilities and improved pedestrian access.	3,400,453	2,595,037
036	5	Ashton West Link Bridge	Audenshaw	New pedestrian / cycle bridge over Manchester Road and Metrolink.	1,382,000	0
048	5	Ashton Town Centre South	Ashton-under-Lyne	Pedestrian public realm improvements and east / west cycle connectivity.	1,369,000	0
				<b>TOTAL</b>	<b>9,257,603</b>	<b>3,243,187</b>
				<b>TOTAL ESTIMATED SCHEME COSTS</b>	<b>£12,500,790</b>	





Greater Manchester's cycling  
and walking network

Consultation on the schemes  
proposed in Tameside



How can I give my views on the proposed changes?

Copy to go here when received.

Awaiting copy for  
this panel



"More people travelling on foot or by bike is a by-product of creating better places to live, work and socialise. The improvements to Tameside will make life easier for people who want to be able to make local trips on foot or by bike, leaving the car at home."

Chris Boardman  
Greater Manchester's Cycling and Walking Commissioner

New proposed schemes in Tameside

**Chadwick Dam** - This scheme aims to extend the cycling and walking provision that was recently installed and completed in 2019, to improve the connections from Chadwick Dam towards Ridge Hill, Mellor Road, Tameside Hospital, Mossley Road and the residential areas to the north of Ashton. A new crossing on Mossley Road is proposed to improve access between the park and Rose Hill Road to the north.

**Hill Street / Victoria Street / Trafalgar Square** - This proposed improvement will provide cycle connectivity between the A627 Cavendish Street and the A6017 Stockport Road in Ashton. This will include a contraflow cycle lane to facilitate cycle movements in both directions and cycle linkages at existing no-through roads.

**Warrington Street** - This scheme aims to improve the cycle connectivity north to south through the centre of Ashton, including a contraflow cycle lane, and will provide access towards the market ground. This scheme will need to be integrated with the works currently being completed in Ashton Town Centre and with the other Mayor's Challenge Fund schemes in Ashton.

**Stamford Drive** - This scheme aims to deliver an improved environment for the local neighbourhoods south of the A635 Stamford Street, between Ashton and Stalybridge. Using a 'Filtered Neighbourhood' approach to reduce the speed of vehicles, and to reduce rat-running by through traffic, will create an environment that is safer and easier for pedestrians and cyclists to negotiate. This will provide an east - west route away from the busy A635, as well as improving the environment for local residents.

**Clarendon Road** - A new crossing of Audenshaw Road is proposed, for walkers and cyclists, to connect Clarendon Road with Kershaw Lane in Audenshaw. This will improve both east to west and north to south connectivity to link existing facilities, routes and neighbourhoods.

**Rayner Lane** - This off-highway route will improve links between residential areas in Droylsden and Audenshaw and improve the connection towards the Ashton Moss Metrolink stop.

**Ross Lave Lane** - Improvements are proposed on this section of the Trans Pennine Trail from Penny Lane in Stockport to residential areas in Denton. This will create a more attractive route for cyclists and a more accessible path for all users.

**A57 Crown Point** - This scheme will address the first stage of the A57 Bee Network corridor through Tameside, which forms a key east to west route between Manchester and Derbyshire. The Crown Point junction in Denton will be re-modelled to provide protected space and facilities for cyclists on the approaches and at the junction itself and the wide pedestrian footways will be retained or improved. This will significantly reduce potential conflict between cyclists and motor traffic. Segregated cycle facilities will continue along the A57 either side of the junction.

**Ashton North** - This scheme forms part of the next stage of the ongoing Public Realm works, to the north of Ashton town centre, to promote economic growth and investment. The scheme will provide improved links between the new Tameside One Council Offices, town centre, the train station and the new Transport Interchange and will reduce the severance impact of through traffic movements on the A6043 Wellington Road / Albion Way corridor. Cycle facilities will be provided to travel along this east to west route as well as improved pedestrian and cycle crossings to access the town centre itself. Traffic speeds will be reduced to tackle air quality and to improve road safety.



**Ashton Town Centre South** - Cycle routes will be established, into and through the town centre, and the environment will be enhanced in favour of pedestrians, reducing speed limits and removing unnecessary street furniture. Additional cycle parking will make cycling more attractive and accessible to a wider range of people. The scheme will support increased levels of walking and cycling and promote economic growth and improve links to public transport.

**Retail Park Link Bridge** - A new bridge is proposed across the A635 Manchester Road and the Ashton Metrolink line. This will link existing walking and cycling routes to the north and south and will link residential areas to the adjacent retail park.







<b>Report to:</b>	<b>EXECUTIVE CABINET</b>
<b>Date:</b>	27 November 2019
<b>Executive Member/ Reporting Officer:</b>	Cllr Allison Gwynne – Neighbourhoods, Community Safety and Environment Emma Varnam – Assistant Director, Operations and Neighbourhoods
<b>Subject:</b>	<b>CORPORATE HEALTH AND SAFETY POLICY</b>
<b>Report Summary:</b>	The Corporate Health and Safety Policy has been reviewed and amended to comply with our duty under section 2(3) of the Health and Safety at Work (etc) Act 1974.
<b>Recommendations:</b>	That the Health and Safety Policy be taken to Employee Consultation Group for comments and approval and then subsequently adopted by the Council.
<b>Corporate Plan:</b>	Living Well – Improving the wellbeing for our population
<b>Policy Implications:</b>	There is a legal duty on employers to have a Health and Safety Policy. Failure to have such a policy in place is a breach of section 2(3) of the Health and Safety at Work (etc) Act 1974
<b>Financial Implications: (Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	There are no direct financial implications.
<b>Legal Implications: (Authorised by the Borough Solicitor)</b>	There is a legal duty on employers to have a Health and Safety Policy under section 2(3) of the Health and Safety at Work (etc) Act 1974.
<b>Risk Management:</b>	The failure to have an appropriate Health and Safety Policy would impact on the safety of employees, service users and members of the public who may be affected by the Council's undertakings, and could result in accidents, injuries, increased absence levels, adverse publicity, civil claims and prosecution.
<b>Access to Information:</b>	The background papers relating to this report can be inspected by contacting Sharon Smith, Head of Public Protection  Telephone: 07854163189  e-mail: <a href="mailto:sharon.smith@tameside.gov.uk">sharon.smith@tameside.gov.uk</a>

## **1. INTRODUCTION**

- 1.1 Employers have a duty, under section 2(3) of the Health and Safety at Work (etc) Act 1974, to have a documented policy regarding the health and safety at work of their employees, which is reviewed appropriately.
- 1.2 A Health and Safety Policy should comprise three main sections:
  - The Statement of Intent
  - Organisation, which is a summary of the organisational responsibilities for managing health and safety, and;
  - Arrangements, how health and safety is actually being managed.
- 1.3 The Policy should be brought to the attention of employees along with any changes made.
- 1.4 The Policy is intended as the overarching health and safety policy for the organisation and must be supported in any service or school specific arrangements which may be put in place.
- 1.5 The existing Health and Safety Policy has not been reviewed since 2009 and does not accurately reflect the arrangements which the Council currently has in place for managing Health and Safety.
- 1.6 The Policy has now been reviewed and amended, with a draft attached in **Appendix 1** for adopting by the Council.

## **2. SUMMARY OF MAIN CHANGES**

- 2.1 The format of the Policy document has been edited to include all the health and safety arrangements within one section.
- 2.2 The Statement of Intent has been amended to document a commitment to the policy and its implementation by all the Directors in addition to the Chief Executive.
- 2.3 Organisational responsibilities for managing Health and Safety have been updated to reflect the structural changes which have taken place since the previous policy review. It will be clear to anyone reading the policy what their responsibilities in relation to health and safety are, and where other duties lie.
- 2.4 The Health and Safety Arrangements section concisely outlines what the Organisation actually does in order to effectively manage health and safety and includes reference to the appropriate legislation.

## **3. RECOMMENDATION**

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

# Health and Safety Policy

2019



 NHS  
Tameside and Glossop  
Clinical Commissioning Group

## Contents

Health and Safety Policy - Statement of Intent .....	4
Part 1: Introduction.....	6
Part 2: Organisation and Responsibilities .....	7
2.1 Introduction .....	7
2.2 Single Leadership Team.....	7
2.3 Delegation of responsibilities.....	7
2.4 Responsibilities of the Single Leadership Team (SLT).....	7
2.5 Corporate Health and Safety Group .....	8
2.6 Directorate Health and Safety Groups .....	8
2.7 Responsibilities of Head Teachers and Service Unit Managers (SUM) within each School/Service .....	8
2.8 Occupational Health Service .....	9
2.9 Employee Responsibilities.....	9
2.10 Responsibilities of the Health and Safety Team .....	9
2.11 Contractors .....	10
Part 3: Health and Safety Arrangements .....	11
3.0 Management of Health and Safety .....	11
3.1 Accident Reporting .....	11
3.2 Accident Investigation .....	12
3.3 Alcohol and Drug Abuse.....	12
3.4 Asbestos .....	12
3.5 Confined Spaces.....	12
3.6 Construction .....	13
3.7 Contractors.....	13
3.8 Dealing with Aggression and Violence.....	13
3.9 Display Screen Equipment (DSE).....	14
3.10 Driving Council Vehicles .....	14
3.11 Electrical Safety .....	14
3.12 Enforcement Action .....	15
3.13 Fire and Emergency Arrangements .....	15
3.14 First Aid and Training.....	15
3.15 Gas Installations and Appliances .....	15
3.16 Hazardous Substances.....	15
3.17 Health Surveillance and Occupational Health .....	16
3.18 Health and Wellbeing.....	16
3.19 Legionella .....	16
3.20 Lifts and Lifting Equipment.....	16
3.21 Lone Working & Personal Safety .....	17
3.22 Manual Handling.....	17

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 2 of 24	TMBC H&S Team	HS Policy

3.23	New or Expectant Mothers.....	17
3.24	Noise at Work .....	17
3.25	Personal Protective Equipment (PPE) .....	17
3.26	Protection (Safety of the Public).....	18
3.27	Risk Assessment .....	18
3.28	Safe Systems of Work .....	18
3.29	Safety Signs and Signals .....	18
3.30	Smoking .....	18
3.31	Stress .....	19
3.32	Sun Safety .....	19
3.33	Training .....	19
3.34	Vibration .....	19
3.35	Welfare Facilities .....	20
3.36	Work Equipment .....	20
3.37	Work at Height.....	20
3.38	Working on or near the Highway.....	20
3.39	Young Persons .....	20
Appendix 1 – TMBC/CCG Health and Safety Management System – HSG 65 .....		21

DRAFT

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 255	TMBC H&S Team	HS Policy

# Health and Safety Policy - Statement of Intent

The Organisation accepts its responsibilities as an employer to ensure as far as reasonably practicable the health, safety and welfare of employees, those in its care and anyone else who may be affected by its activities.

**To comply with the statement of intent, the Organisation has these objectives:**

- To set and keep high standards of health and safety at its workplaces and for staff undertaking duties for the Organisation;
- To identify risks and set up programmes to remove or reduce these risks;
- To provide adequate controls of the health and safety risks arising from work activities and to ensure that all staff know about these standards;
- To ensure that all staff are competent to undertake their tasks and receive the necessary information, instruction, and supervision to enable them to work safely;
- To consult with all employees on matters affecting their health and safety;
- To monitor and review working practices at each workplace, office or other location;
- To ensure that staff are empowered to contribute positively to their own and others health, safety and well-being;
- To provide and maintain safe plant, machinery and equipment;
- To ensure the safe handling and use of substances;
- To foster a positive health and safety culture;
- To maintain safe and healthy working conditions;
- To revise and update this policy (as necessary) at regular intervals;

The Health and Safety Policy is to be implemented across the Organisation and as required, in our dealings with Partners, Contractors, Suppliers and all users of our services.

**The Chief Executive/Accountable Officer:**

- Fully endorses this policy and accepts the duties and obligations imposed by legislation.
- Has appointed competent people to advise the Organisation on measures needed to meet the law and check the implementation of this policy.
- Will ensure that all employees are encouraged to produce high standards of health and safety and that suitable and sufficient resource are provided to meet these standards.
- Will ensure that the Organisation is committed in promoting a positive health and safety culture throughout all service areas.

**This policy will be reviewed at least every 2 years to make sure it reflects changes in the organisation, health, safety and welfare legislation, taking into account guidance from the Health and Safety Executive**



**S. Pleasant**  
Chief Executive / Accountable  
Officer



**Date: September 2019**

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 2 of 6	TMBC H&S Team	HS Policy

## The Directors, Assistant Directors and Governing Bodies:

- Will ensure that Directorate/School health and safety documentation is prepared and revised as often as necessary.
- Will ensure that effective arrangements exist to identify hazards and assess associated risks within their School/Service areas and to take suitable steps to remove or reduce significant risks.
- Will ensure there are suitable arrangements to help Head Teachers, managers and staff follow the policy and procedures of the Organisation.
- Will ensure that all employees within the Directorate Group/School are suitably informed and are aware of the Organisation's health and safety policy and Directorate/School procedures.
- Will ensure that all accidents, incidents and near misses, within their responsibility, are reported.
- Will review all such reports, ensuring that a full investigation is carried out and action taken where necessary.

### Directors Statement of Commitment

Directors recognise and accept their critical role in ensuring there is provision for the effective implementation of The Organisation's Health and Safety Management System within their Directorate. All confirm their commitment to the Statement of Intent and the compliance of their Directorate with the Organisation's Health and Safety Management System.

Directorate	Director	Signature
Adults	Stephanie Butterworth	
Children's	Richard Hancock	
Commissioning	Jess Williams	
Finance	Kathy Roe	
Governance & Pensions	Sandra Stewart	
Growth	Jayne Traverse	
Operations & Neighbourhoods	Ian Saxon	
Population Health	Dr Jeanelle de Gruchy	
Quality & Safeguarding	Gill Gibson	

## Part 1: Introduction

- 1.1 This is the Health and Safety Policy of Tameside Metropolitan Borough Council and Tameside and Glossop CCG (collectively referred to as The Organisation) as required by section 2(3) of the Health and Safety at Work (etc) Act 1974 as amended. It outlines the Organisation's overarching strategic health and safety management system.
- 1.2 The policy applies to all employees, contractors, visitors, clients, service users, pupils and partner organisations in so far as the Organisation has control over their work activities. Where agency workers, volunteers and those on work experience or training schemes are engaged in the workplace, they will be treated as employees for the purpose of health and safety and the same level of care and protection afforded them as other employees.
- 1.3 The provisions contained within this policy will ensure that health and safety is an integral part of the corporate risk management process.
- 1.4 The Organisation's health and safety arrangements are driven by Legislation, Approved Codes of Practice, HSE guidance and industry best practice.
- 1.5 The Organisation's Safety Management System takes the approach of HSG65 following a cycle of plan, do, check, act. This is illustrated in Appendix 1
- 1.6 Directorates, Service Units and Schools may document their own procedures and arrangements to demonstrate how they will manage health and safety as part of everyday operational issues. These arrangements must be in support of the application of this Policy and must be developed and implemented in consultation with the Health and Safety Team and Union colleagues.
- 1.7 Trades Unions have a fundamental role to play in the various Health and Safety Group meetings. This is recognised and supported.
- 1.8 Matters of policy, be that updates, issues or concerns, are brought before and discussed at Employment Consultation Group (ECG).
- 1.9 The Health and Safety Policy will be reviewed every two years or sooner as necessary.
- 1.10 Comments, suggested amendments etc. should be addressed to the Health and Safety Manager, contact number 0161 342 2523.

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 2 of 8	TMBC H&S Team	HS Policy



## Part 2: Organisation and Responsibilities

### 2.1 Introduction

The Organisation fully accepts its responsibilities as an employer to, as far as is reasonably practicable, protect the health and safety of all employees or members of the public who might be affected by its activities. To this end, outlined below, are the key responsibilities of both the strategic leadership and operational management structures.

The Organisational chart can be found [here](#).

### 2.2 Single Leadership Team

2.2.1 The Single Leadership Team all have responsibility and take the lead in ensuring the communication of health and safety duties and benefits throughout the Organisation.

2.2.2 The Council Services are divided into Directorates, Services and Service Units. Each Directorate is led by a Director.

2.2.3 Directorates are as follows;

- Adults
- Children's
- Commissioning
- Finance
- Governance & Pensions
- Growth
- Operations & Neighbourhoods
- Population Health
- Quality & Safeguarding

### 2.3 Delegation of responsibilities

Outlined below are the key responsibilities of the Single Leadership Team which are in turn delegated via the Assistant Directors to Service Unit Managers, Head Teachers, Team Leaders, Supervisors and others who may have a responsibility for the safe working of a group or of individual employees.

### 2.4 Responsibilities of the Single Leadership Team (SLT)

Ian Saxon, Director Operations & Neighbourhoods, is named as the Strategic Health and Safety Lead for the Organisation.

- Ensure that the management of risk is clearly identified and programmes are implemented to eliminate, reduce and control these.
- Set health and safety performance standards.
- Ensure employees receive suitable and sufficient information, training, instruction and supervision on workplace hazards to enable them to undertake their work requirements in a safe and healthy manner.
- Ensure sufficient time and resources are allocated to carry out tasks in a safe manner.
- Ensure an effective, competent management structure is provided.
- Ensure the workforce is engaged in the promotion and achievement of safe and healthy work systems and practises through effective communication.
- Ensure consideration and integration of good health and safety management within business decisions.

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 259	TMBC H&S Team	HS Policy

- Ensure there is a systematic approach to health and safety management with clear lines of responsibility, which is reviewed on a regular basis.
- Ensure that access to competent health and safety advice is available and the management of occupational health and safety is reviewed on a regular basis.

## 2.5 Corporate Health and Safety Group

The objectives of the Corporate Health and Safety group are as follows:

- To establish a collective understanding of the Organisation's values and vision in health and safety.
- To promote Health and Safety awareness to all employees.
- To promote a positive health and safety culture as well as an effective management system.
- To provide leadership and direction on planning, implementing, monitoring and reviewing the Organisation's health and safety policy.
- To develop the Organisation's health and safety policies and procedures in line with current legislation to achieve continuous improvement.
- To ensure that all necessary health and safety information and training are provided to staff as required in order for them to safely perform their duties.
- To ensure all formal means of communication in the interest of health and safety.
- To monitor accidents.
- To deal with matters of concern.
- To produce reports for the Single Leadership Team.

## 2.6 Directorate Health and Safety Groups

The objectives of the groups are as follows:

- To provide a forum for discussion on work related ill health, safety and welfare issues.
- To discuss Health and Safety training requirements within the Directorate/Service.
- To discuss reports submitted from Health and Safety Representatives.
- To discuss Health and Safety policy/procedural issues.
- To peruse Health and Safety Audits/Inspection Reports and offer comments.
- To peruse a general analysis of reported occurrences/injury/disease and assist to identify preventative techniques.

## 2.7 Responsibilities of Head Teachers and Service Unit Managers (SUM) within each School/Service

- Ensure implementation and adherence to the Health and Safety Policy.
- Ensure effective systems are identified, managed, monitored, maintained and reviewed to control actual and residual risks.
- Ensure that Safe Systems of Work are devised, developed, recorded, maintained and reviewed which have included active staff participation in their development.
- Ensure that training, information, instruction and supervision needs are identified, provided, recorded and reviewed for staff to undertake their work in a safe and healthy manner.
- Ensure and develop positive communication, co-operation, participation and engagement of staff including consultation with workplace health and safety representatives in occupational health and safety matters.
- Ensure all accidents, incidents, dangerous occurrences and near misses are investigated and reported.
- Ensure that periodic inspections and audits of all work activity are undertaken, recorded and acted upon where necessary.
- Engage the services of the Occupational Health provider in line with guidance.
- Ensure that adequate resources (inclusive of sufficient timescales) are made available to achieve high standards of health and safety.

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 260	TMBC H&S Team	HS Policy

- Consult with the Health and Safety Team in establishing the need for further health and safety measures.
- Ensure that Directors, Assistant Directors and Governing Bodies are kept up to date on all health, safety and welfare matters within their Directorate or School.

## 2.8 Occupational Health Service

The Occupational Health Service supports the organisation in managing employee attendance by:

- Advising employees/managers on fitness for work and return to work strategies
- Providing advice and guidance on health issues
- Advising on and providing any necessary health surveillance
- Where necessary and by arrangement, providing individual medical assessments and advice on individual risk assessments
- Providing a specialist physiotherapy and counselling service;
- Screening all applicants for posts to assess fitness for employment.

## 2.9 Employee Responsibilities

- To read and understand the Health and Safety Policy and comply with the prescribed arrangements.
- Take all reasonable care for the health, safety and welfare of themselves and others who may be affected by their work.
- To co-operate in meeting the needs of all health and safety legislation, related codes of practice and safety instructions.
- Not intentionally or recklessly interfere or misuse anything provided in the interests of health, safety and welfare.
- Use any equipment or substance in accordance with any training or instruction given by their employer.
- Report to their employer any serious or imminent danger.
- Report any shortcomings in the employer's protective health and safety arrangements.
- To use Personal Protective Equipment (PPE) issued by the Organisation for their protection.
- Accept responsibility for good housekeeping in the area in which they are working.
- Report all accidents, incidents and near misses.
- Be aware of, understand and follow all emergency procedures.

## 2.10 Responsibilities of the Health and Safety Team

- To review, research, develop and produce occupational health and safety policies, guidelines and working procedures in consultation and liaison with managers and trade unions.
- To investigate and report upon accidents, incidents, cases of occupationally related disease and dangerous occurrence and to interrogate all reports of accidents, incidents and dangerous occurrence, producing statistics to identify trends within service groups.
- Identify, devise, produce and provide a variety of training courses, or source via a competent third party, to ensure compliance with legislation including provision of Authority-wide health and safety training programmes.
- To visit the Organisation's establishments and worksites within the Borough to monitor and review safe working practices and conditions.
- To exercise the authority to stop any works which pose a risk of serious injury.
- To undertake health and safety audits of a sample of Service Units and Schools within the Borough
- To assist Service Units in the monitoring of Contractors working on behalf of the Organisation.
- To provide a one stop shop for advice, information and support on occupational health and safety issues.
- To assist Managers in the development of Service Risk assessments.
- To maintain records and produce reports as required by various bodies.
- To liaise with the Health and Safety Executive, Fire Service and other enforcement agencies on behalf of the Organisation.

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 261	TMBC H&S Team	HS Policy

- To liaise, collaborate and co-operate with Trade Union representatives, Risk Management and Insurance Services within the Organisation and attend health and safety committees within the Organisation as an ex-officio advisor.

**2.11 Contractors**

- All contractors working for the Organisation must comply with appropriate rules governing their work and provide risk assessments and method statements and follow safe systems of work.
- Contractors are responsible for their own workforce and for ensuring they work safely.
- The Organisation will exercise its authority to stop any works being undertaken by contractors where unsafe practices are observed or which pose a risk of serious injury.

DRAFT

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 262	TMBC H&S Team	HS Policy

## Part 3: Health and Safety Arrangements

### 3.0 Management of Health and Safety

The Organisation is committed to ensuring that a high level of health and safety performance is established, maintained and promoted throughout the organisation and in the work it undertakes.

The Health and Safety Team continues to develop, produce and implement a Corporate Occupational Health and Safety Management system in accordance with HSG 65.

Directorates, Service Units and Schools are required to endorse and implement the Corporate Health and Safety Management System within their localised operational health and safety arrangements.

Managers and Head Teachers are responsible for ensuring suitable and sufficient risk assessments, safe working practises, appropriate information, instruction, training and supervision and an inspection/audit regime are in place for their Service's/School's activities. The Health and Safety Team will advise and support Managers in this.

### 3.1 Accident Reporting

The Organisation is committed to complying with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), the Social Security Administration Act 1992 and The General Data Protection Regulation 2016.

In order to achieve this, the reporting and investigation of accidents must be timely, accurate, complete and consistent. All reporting must be submitted to the Health and Safety Team on the Accident/Dangerous Occurrence Report Form and must be in line with The Council's Accident and Dangerous Occurrence Reporting Procedure. All staff should be familiar with this procedure which can be found [here](#).

The Health and Safety Team will review all accidents, incidents, near misses, diseases and dangerous occurrences which are reported.

What should be reported?

Work Related Accident	A separate, identifiable, unintended incident which causes physical injury to an employee and happened as a result of or in connection with work.
Accident involving a member of the public	As above, and has resulted in an injury to the member of the public, service user, pupil for example.
Near Miss	An incident which, under slightly different circumstances, could have resulted in injury or death.
Occupational Disease	A diagnosed disease linked to occupational exposure to specified hazards.

The Health and Safety Team are responsible for determining and submitting the details to the HSE of those instances which are reportable in accordance with RIDDOR.

The Health and Safety Team must be informed by the quickest means in the event of a serious incident. Contact telephone 0161-342 3671/2523

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 11 of 263	TMBC H&S Team	HS Policy

### 3.2 Accident Investigation

All reasonable steps will be taken to identify the root cause of the accident or dangerous occurrence and whenever possible, remedial measures will be taken to prevent recurrence.

An initial investigation will be undertaken by the person responsible for the area or work activity concerned. In more serious cases a subsequent investigation will be made by Senior Management in conjunction with the Health and Safety Team.

### 3.3 Alcohol and Drug Abuse

The Organisation is committed to ensuring a safe, healthy and productive working environment which includes minimising problems arising from the misuse of drugs, alcohol and/or substances at work. If any employee or contractor is known to be, or strongly suspected of being, affected by alcohol or drugs they are to be removed from the workplace. Employees are not permitted to bring substances of abuse into the workplace.

The Organisation requires that any employee or contractor who is required to take prescription substances that may affect their performance at work must inform their supervisor immediately. Alternative duties may be allocated to these employees and they must be prohibited from driving/operating plant or equipment and working at height.

Appropriate support and assistance is offered to those who misuse drugs, alcohol and/or substances. The same level of support is given as to any other employee experiencing any other type of ill health.

The Organisations Guidelines for the Identification and Management of Drug, Alcohol and Substance Misuse at Work can be found [here](#).

### 3.4 Asbestos

The Organisation is committed to complying with the statutory requirements of the Control of Asbestos Regulations 2012. It acknowledges the health hazards arising from exposure to asbestos and is committed to protecting employees and others who are potentially exposed to asbestos, as far as is reasonably practicable.

Any employee whose work activity may lead to them being exposed to asbestos will be provided with suitable and sufficient information, instruction and training.

All premises retain an Asbestos register which holds details of the presence, if any, of asbestos. This must be made available to all employees and in particular to contractors arriving to undertake work on the premises.

Queries relating to asbestos should be directed to the Health and Safety Team.

### 3.5 Confined Spaces

The Organisation is committed to complying with the legislative requirements of The Confined Spaces Regulations 1997.

A Confined Space is defined in HSE L101, the ACOP, as a space which is substantially (though not always entirely) enclosed and has one or more of the specified risks present or it can be reasonably foreseen may occur.

Employees shall not be permitted to enter a confined space unless they have been trained, an adequate assessment of the conditions has been made, suitable control measures are in place and a documented safe system of work is being followed. Air sampling and monitoring shall be carried out and suitable rescue and escape arrangements must be put in place.

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 2 of 4	TMBC H&S Team	HS Policy



### 3.6 Construction

The Organisation is committed to complying with the legislative requirements of the Construction Design and Management (CDM) Regulations 2015.

As a client under CDM 2015 the Organisation will make suitable arrangements for managing a project including making sure:

- Other duty-holders are appointed as appropriate;
- Sufficient time and resources are allocated;
- Relevant information is prepared and provided to other duty-holders;
- The principal designer and principal contractor carry out their duties; and
- Welfare facilities are provided.

It is accepted that on some projects the Organisation may carry out the role of more than one duty-holder and that where this is the case this will be done in a way that secures health and safety.

### 3.7 Contractors

The Organisation, in its engagement of contractors, recognises the need for an effective management control system to ensure the health and safety of all persons affected by contract works.

In this respect the Organisation will make arrangements to select contractors who:

- Can demonstrate that they use competent and adequately trained employees;
- Use plant and equipment that is serviced and maintained;
- Have health and safety responsibilities clearly defined and appropriate systems in place for communication on all health and safety matters; and
- Undertake suitable and sufficient supervision and monitoring of their staff and health and safety performance.

Information to enable contractors working on the Organisation's premises to undertake their work in a safe manner will be provided by the Service Unit Manager/Head Teacher responsible for contracting the work.

A permit to work system is in operation in all of the Organisation's buildings and the contractor is obliged to follow this system. Further information on this can be found [here](#).

The Organisation will monitor the health and safety performance of contractors and maintain lists of suitable, approved contractors for future works.

Where the Construction (Design and Management) Regulations 2015 apply, appropriate arrangements should be in place to manage the construction project in accordance with legislative requirements including the appointment of Principal Designer and Principal Contractor.

### 3.8 Dealing with Aggression and Violence

The Organisation will not tolerate violence and aggression towards its staff by any person.

Any threat should be taken seriously and should be reported and recorded on the Incidents of Violence or Aggression Report Form so that any necessary action can be taken to further safeguard staff. Training will be provided with dealing with incidents of violence and managers may also wish to provide further training as required to meet with the needs of the employees who may be potentially exposed to more difficult circumstances

The Violence and Aggression Guidelines and report form are available [here](#).

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 265 of 265	TMBC H&S Team	HS Policy

### 3.9 Display Screen Equipment (DSE)

The Organisation is committed to complying with the legislative requirements of the Health and Safety (Display Screen Equipment) Regulations 1992.

The Organisation will take all reasonable steps to secure the health and safety of employees who work with Display Screen Equipment including computers, laptops and PDAs.

Guidelines and a specific risk assessment template for Visual Display Units/Display Screen Equipment Users can be found [here](#).

### 3.10 Driving Council Vehicles

The Organisation is committed to complying with the general requirements of the Health and Safety at Work etc. Act 1974, The Management of Health and Safety at Work Regulations 1999 and, the Provision and Use of Work Equipment Regulations 1998, as they apply to vehicles.

The Organisation will ensure that all persons driving vehicles are suitably informed, instructed, trained, licensed and insured. The Organisation will ensure that procedures are in place for the checking of licences and insurance documentation of its employees.

The Organisation requires drivers to be in a fit physical state. Licence holders are under a statutory obligation to notify the Licensing Agency as soon as they become aware that they have any medical condition which could affect safe driving either at the time or in the near future. Certain medical conditions are a potential risk in those who drive others either voluntarily or as part of their work. If members of staff are required to drive as part of their job description, medical clearance will be sought as appropriate.

Construction sites under the Organisation's control will have speed restrictions, segregated pedestrian rights of way, separated vehicle movements and, where necessary, a vehicle banksman will be used to escort the vehicle to designated areas.

Further information can be found in the Drivers Handbook, Version 2, issued 2016.

### 3.11 Electrical Safety

The Organisation is committed to complying with the legislative requirements of the Electricity at Work Regulations 1989 and the Provision and Use of Work Equipment Regulations 1998.

Managers of buildings must ensure that hardwire electrical testing is carried out.

The Organisation has in place an arrangement to ensure that all portable appliances are inspected and tested by competent contractors on a regular basis.

Managers will ensure that all employees are aware of the process of carrying out informal visual user checks and inspections before using any appliance and the process by which defects are reported.

Employees should not bring their own appliances in from home for use in the work place. They become liable for portable appliance testing and must then be treated in the same way as any piece of work equipment provided by the Organisation, with particular reference to service and maintenance.

Further guidance can be found [here](#).

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 266	TMBC H&S Team	HS Policy



### 3.12 Enforcement Action

If a legal notice is received by Services for whatever reason (for example, as a result of accident/injury or through enforcement action by the HSE/Fire Service) they should notify their Assistant Director/Governing Body immediately and send a copy to the Health and Safety Team.

The Health and Safety Manager will notify the Chief Executive/Accountable Officer, the Borough Solicitor and other relevant persons.

### 3.13 Fire and Emergency Arrangements

The Organisation is committed to complying with the Regulatory Reform (Fire Safety) Order 2005 and does so by ensuring that a Fire Risk Assessment to the standard specified by PAS79 is completed for all Organisation owned buildings and all buildings where the Organisation's work activities are taking place. Head Teachers are responsible for ensuring a Fire Risk Assessment is in place in schools.

The Organisation will prepare written Emergency Procedures for reasonably foreseeable incidents.

Fire and emergency procedures are in place within the Organisation and building managers will ensure regular periodic evacuation drills are carried out and recorded.

All means of escape, fire detection/alarm systems and fire equipment are fully maintained and serviced in addition to being subject to regular visual inspection.

All employees who would require assistance or specific arrangements in place to safely evacuate in the event of an emergency, be that on a temporary or permanent basis, will have a Personal Emergency Evacuation Plan for Staff (PEEPS) completed with them by their Manager. Appropriate arrangements will then be put in place.

Further guidance on Fire Prevention and Control along with a PEEPS assessment template can be found [here](#).

### 3.14 First Aid and Training

The Organisation provides first aid services and facilities for employees to at least the minimum standards as required by the Health and Safety at Work (First Aid) Regulations 1981.

Notices indicating the location of first aiders and first aid facilities are displayed in all buildings and managers are responsible for ensuring that all employees are informed of the first aid arrangements for their workplace.

First aid boxes are provided in each building and in all vehicles.

Further information on First Aid in the Organisation and training providers can be found [here](#).

### 3.15 Gas Installations and Appliances

The Organisation is committed to complying with the Gas Safety (Installation and Use) Regulations 1998.

The Organisation will ensure that gas installations and appliances are safe and do not pose a risk to the health or safety of persons. All gas installations and appliances will be maintained by competent Gas Safe registered engineers.

### 3.16 Hazardous Substances

The Organisation is committed to complying with the legislative requirements of the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and other relevant guidance.

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 267	TMBC H&S Team	HS Policy

Every manager in charge of employees shall ensure that any substance/process, which is hazardous to health, has been adequately assessed before purchasing the substance or allowing the process to start.

The COSHH risk assessment produced will identify suitable and sufficient control measures and these will be communicated and implemented to ensure the health and safety of personnel who could be affected by using the substance.

The COSHH guidelines can be found [here](#).

### 3.17 Health Surveillance and Occupational Health

The Organisation, through an appointed contractor, provides an Occupational Health service for its employees. Managers will refer staff to occupational health as required and in line with guidance.

Managers shall identify, through risk assessment, those members of staff who may be exposed to noise, asbestos, vibration or other such chemical, physical or biological hazards and include them in the ongoing programmes of health surveillance.

### 3.18 Health and Wellbeing

The Organisation aims to promote a holistic, proactive approach to managing health and wellbeing issues at work. It also aims to encourage occupational safety and health practitioners to work with others, particularly occupational health and human resources specialists, to improve employees' work performance and reduce sickness absence through:

- Identifying and addressing the causes of workplace injury and ill health.
- Addressing the impact of health on the capacity of employees to work, e.g. support those with disabilities and health conditions, and rehabilitation.
- Promoting healthier lifestyles and therefore making a positive impact on the general health of the workforce.

The Organisation will provide employees with information and create opportunities for them to engage in such topics as healthy eating, physical exercise and wellbeing campaigns.

### 3.19 Legionella

The Organisation accepts its duty to manage the risk presented by the release of Legionella bacterium in hot and cold water systems within premises for which it is the duty holder.

The Organisation will assess, prevent and control risks associated with the legionella bacteria and subsequent development of Legionnaires Disease from work activities and water systems on its premises through an L8 compliant regime.

More information regarding the arrangements in place is set out in the Organisation's Legionella Guidelines which can be found [here](#).

### 3.20 Lifts and Lifting Equipment

The Organisation is committed to complying with the legislative requirements of the Lifting Operations and Lifting Equipment Regulations 1998.

All lifting operations will be planned and managed appropriately. Any lift or lifting equipment (including hired equipment) used within the Organisation will be properly maintained and periodically examined every six months for equipment used to lift people and all accessories, and every twelve months for other lifting equipment.

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 268	TMBC H&S Team	HS Policy

For all lifting equipment, the Service Manager/Head Teacher should ensure that systems of maintenance and inspection are in place, acted upon, recorded and monitored.

### 3.21 Lone Working & Personal Safety

The Organisation recognises the increased risks to lone workers. Risk assessments should be carried out to identify any employees who may be required to work alone, regularly or on an occasional basis.

Managers will ensure that there are appropriate systems in place to account for the whereabouts of employees whilst they are working alone, and that there are appropriate control measures to reduce the risks they may face.

Employees who are working alone will be provided with the necessary equipment to make contact or be contacted by in case of emergency or to ensure they have returned either to their home or work base safely after this period of work alone.

Further guidance can be found in the 'Lone Working Guidelines' [here](#).

### 3.22 Manual Handling

The Organisation is committed to complying with The Manual Handling Operations Regulations 1992 (as amended).

Managers will be responsible for identifying all those activities within their work area which involve manual handling and the employees who carry out these tasks their working day.

The Manager will ensure arrangements are made to reduce the risk to employees' health through manual handling tasks by, so far as reasonably practicable, eliminating or reducing them to a minimum.

Employees who habitually carry out manual handling operations will be provided with suitable and sufficient training in lifting techniques.

Further Manual Handling Guidance can be found [here](#).

### 3.23 New or Expectant Mothers

The Organisation recognises the increased risks to new and expectant mothers. Managers will, once notified that an employee is pregnant, review existing workplace risk assessments and work activities and appropriate alterations or modifications will be made as appropriate.

Guidance for Managers and Employees can be found [here](#).

### 3.24 Noise at Work

The Organisation is committed to complying with the legislative requirements of the Control of Noise at Work Regulations 2005.

The Organisation will ensure that, where necessary, noise assessments are completed by a competent person, they are reviewed periodically and that appropriate control measures are introduced.

Noise exposure shall also be considered during the selection of new plant and equipment.

Further Guidance can be found [here](#).

### 3.25 Personal Protective Equipment (PPE)

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 269 of 11	TMBC H&S Team	HS Policy

The Organisation is committed to complying with the legislative requirements of the Personal Protective Equipment Regulations 1992.

Managers are responsible for specifying the protective clothing or equipment required in written risk assessments, or safe systems of work. In the first instance, as far as is reasonably practicable, risks to health and safety will be eliminated or reduced at source and PPE used as a last resort.

Where the need for PPE cannot be avoided it will be provided to employees free of charge and they will be given information, instruction and training in its proper use. Facilities for storing and washing PPE where necessary will also be provided.

### **3.26 Protection (Safety of the Public)**

The Organisation will conduct its undertakings in such a way as to ensure, so far as is reasonably practicable, that members of the public are not endangered by work carried out by its employees, wherever the works take place.

Public Protection will be considered in the risk assessments for all activities and works undertaken by The Organisation and any contractors it engages.

### **3.27 Risk Assessment**

The Organisation is committed to complying with the requirement under The Management of Health and Safety at Work Regulations 1999 to carry out a suitable and sufficient assessment of all risks to the health and safety of its employees and others, resulting from its work activities. The risk assessment process is about identifying significant, foreseeable risks and The Organisation will ensure that its risk assessment procedure will identify, assess and control those risks.

Managers/Head Teachers will ensure that risk assessments are completed for all significant hazards and that appropriate control measures are put in place. They are also responsible for communicating the findings of risk assessments to employees and anyone else who may be affected by them such as contractors.

Those completing risk assessments must be competent to do so and familiar with the activity to which the risk assessment applies.

The Health and Safety Team can, on request, offer support and assistance with the risk assessment process.

Further guidance on Risk Assessments can be found [here](#).

### **3.28 Safe Systems of Work**

Where an activity is deemed to be high risk with various aspects/processes Managers will, in consideration of the risk assessment, document a safe system of work ensuring that employees fully understand all aspects, hazards and controls of the task. This may also be referred to as a method statement or safe working practice.

### **3.29 Safety Signs and Signals**

The Organisation is committed to complying with the Health and Safety (Signs and Signals) Regulations 1996 and will ensure that where necessary suitable and sufficient signs and signals are provided to indicate safe conditions, prohibitions, mandatory control measures and specific hazards.

### **3.30 Smoking**

The Organisation has a no smoking policy. There is no smoking allowed by any person in any building or vehicle that the Organisation is a duty holder for, owns or has hired.

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 270	TMBC H&S Team	HS Policy

The Organisation's Smoke Free Policy and advice for employees who wish to give up smoking can be found on the Intranet [here](#).

### 3.31 Stress

The Organisation's guidelines advise managers and employees on how to recognise the signs and symptoms of stress. Managers and Head Teachers are required to take into account the risks of stress when carrying out work risk assessments.

The Organisation is committed to developing a work environment and culture where employees can be open about issues of mental health without fear of stigma. Moreover, the Organisation aims to provide supportive measures in the workplace for employees who may be or are recovering from issues of mental ill-health.

The guidelines and a stress risk assessment template can be found [here](#).

### 3.32 Sun Safety

Exposure to ultraviolet (UV) radiation from the sun can cause skin damage including sunburn, blistering, skin ageing, and in the long term can lead to skin cancer. UV radiation is considered an occupational hazard for employees who work outdoors and will be included in risk assessments for outdoor work activities.

The Organisation, as a responsible employer, will provide outdoor workers with suitable work wear, i.e. long sleeved shirts and trousers, and also hats with neck protection. Employees are expected to take sensible steps to minimise their exposure to UV radiation by adhering to the stipulations in 'Outdoor Workers Sun Protection Guidelines', which can be found [here](#).

### 3.33 Training

The Organisation accepts its duty under section 2(2) c of the Health and Safety at Work etc Act 1974 to provide such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of its employees.

All new starters will be given a health and safety induction relevant to their place of work and the work activities they are undertaking. Training will be provided in the event that employees are required to undertake a new process, use a new piece of equipment or similar.

Health and safety training will be primarily identified during the Annual Development Review and 'One to One' meetings between staff and their line manager. Each person will receive training relevant to their level of responsibility for their work function and as required by legislation.

Training should be refreshed every 3 years unless otherwise mandated by statute, best practice, risk assessment or enforcement action.

Training information from Workforce Development can be found [here](#).

### 3.34 Vibration

The Organisation is committed to complying with the requirements of the Control of Vibration at Work Regulations 2005.

The Organisation will ensure that where necessary vibration assessments are carried out by a competent person and appropriate control measures introduced.

Further guidance on managing to prevent Hand Arm Vibration Syndrome (HAVS) can be found [here](#).

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 271	TMBC H&S Team	HS Policy

### 3.35 Welfare Facilities

The Organisation is committed to establishing and maintaining a healthy and safe workplace for all its employees and others who may enter their premises by implementing the Workplace (Health, Safety and Welfare) Regulations 1992 and providing appropriate welfare facilities.

Managers/Head Teachers are responsible for carrying out inspections of the workplace, at a frequency dependent on the nature of the work taking place, to ensure that welfare facilities are maintained to a satisfactory standard with regards to accessibility, ventilation, lighting and cleanliness.

### 3.36 Work Equipment

The Organisation is committed to complying with legislative requirements of the Provision and Use of Work Equipment Regulations 1998.

The Organisation will achieve this through Managers and Head teachers ensuring the equipment is suitable and safe for its intended use, maintained in a safe condition and that employees receive adequate information, instruction and training in its use.

### 3.37 Work at Height

The Organisation is committed to complying with the Work at Height Regulations 2005.

In the event that a task cannot be completed from the ground and work at height cannot be avoided so MUST be undertaken, Managers and Head Teachers will ensure that such activities are risk assessed, planned, supervised and carried out by competent people.

Where specialist equipment is required then employees must be provided with adequate information, instruction and training prior to use.

Further guidance can be found [here](#).

### 3.38 Working on or near the Highway

The Organisation is committed to complying with the New Roads and Street Works Act 1991 and other relevant guidance. The Organisation will ensure that road works are appropriately signed and traffic controlled and where applicable suitable and sufficient site specific risk assessments are in place.

Those carrying out the work will receive relevant information, instruction and training to ensure they are able to perform their assigned tasks and be provided with appropriate equipment. They will follow specified safe systems of work.

### 3.39 Young Persons

In accordance with the Management of Health and Safety at Work Regulations 1999, the Organisation will ensure that where young persons (under 18 years of age) are employed, they are protected from any risks that exist in the workplace, are supervised by a competent person, and are informed of any restrictions and necessary precautions to be taken within areas where they will work.

The young person will be assigned to a mentor who will train, guide, instruct and act as the key link between site management and the young person.

Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 272	TMBC H&S Team	HS Policy



# Appendix 1 – TMBC/CCG Health and Safety Management System – HSG 65

Page 273

## PLAN

- Health and Safety Policy in place which is reviewed annually.
- Commitment from the Directors to improve health and safety performance.
- Responsibilities are clearly defined in terms of health and safety management.
- The policy lays out the arrangements which are in place to proactively manage safety in the workplace.
- Appropriate plans are in place to manage emergency situations.
- Detailed guidance and service specific arrangements complement the overarching policy.
- Regular meeting of Health and Safety Groups support compliance.

## DO

- Competent advice is available from the Health and Safety Team.
- Suitable and sufficient risk assessments are completed for work activities posing significant risk.
- Control measure are put in place and communicated to staff.
- Employees are trained to be able to undertake their work activities safely and competently.
- There is a programme of Health Surveillance in place which is reviewed and added to as required.

## ACT

- There is scheduled review of policy documents and risk assessments.
- Control measures are reviewed in the event of an accident.
- Where inspections and audits identify deficiencies action is taken.
- Training is refreshed appropriately and there is continuous of development of staff.

## CHECK

- Accidents, incidents and near misses are investigated to identify the root cause.
- Review of RIDDOR data at health and safety groups.
- Managers undertake inspections of their work activities and areas.
- Audit program in place for a selection of randomly selected services.



Issue reference	Print Date	Page	Author	Document
Issue 1.0	27-Nov-19	Page 21 of 21	TMBC H&S Team	HS Policy

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<b>Report to:</b>	<b>EXECUTIVE CABINET</b>
<b>Date:</b>	27 November 2019
<b>Executive Member/Reporting Officer:</b>	Councillor Allison Gwynne – Neighbourhoods, Community Safety and Environment Emma Varnam – Assistant Director, Operations and Neighbourhoods
<b>Subject:</b>	<b>LEVY ALLOCATION METHODOLOGY AGREEMENT</b>
<b>Report Summary:</b>	This report is to provide an update on the Levy Allocation Methodology Agreement.
<b>Recommendations:</b>	That the contents of this report are noted and that the Levy Allocation Methodology Agreement (LAMA) is accepted as the new agreement between the Greater Manchester Combined Authority – Waste and Resources and district members. That the report will be presented to the Senior Leadership Team, then Executive Board then the Executive Cabinet for agreement and acceptance (or ratification).
<b>Corporate Plan:</b>	Modern infrastructure and a sustainable environment that works for all generations and future generations.
<b>Policy Implications:</b>	The reported improvements are helping to achieve the attractive Tameside aim of promoting environmental sustainability.
<b>Financial Implications: (Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	The Levy Allocation Methodology Agreement will be used to determine the waste disposal levy per district. The Council has a budget provision for the levy any changes to it will be kept under constant review to ensure that maximum efficiencies can be achieved through recycling and diverting waste from landfill.
<b>Legal Implications: (Authorised by the Borough Solicitor)</b>	The current arrangements for the disposal of household waste in Greater Manchester (save for Wigan) were established in 2009 with the signing of the Recycling and Waste Management (PFI) Contract (the PFI Contract) with Viridor Laing (Greater Manchester) limited (VLGM). The GMWDA acquired VLGM (for £1) in October 2017 which will allow existing arrangements to be formally terminated so as to address issues that had arisen within the operation of the Contract and to enable significant efficiency savings to be released. The current IAA, which was signed by all Districts in 2009, falls away with the termination of the PFI Contract and it is therefore necessary to reconsider the Levy apportionment within GM and for all Districts to approve and enter into a revised Levy Allocation Methodology Agreement (LAMA) which reflects the new arrangements. That Agreement is designed to apply for 10 years, and would be applied in full for the 2019/20 financial year onwards, with transitional arrangements being proposed for the financial year 2018/19. New arrangements are necessary following the termination of the PFI Contract and it is important that any new arrangements ensure the right behaviours and encourage recycling. The recommended option has been provisionally approved by all districts following extensive

consultation and is considered to be the most equitable, cost effective and environmentally friendly option. That said the Council will need to ensure that it raises its recycling and reduces contamination otherwise the costs will rise for residents.

**Risk Management:**

The Levy Allocation Methodology Agreement (LAMA) is intended to reflect an expected increase in levels of recycling performance and diversion from landfill, failure to do this has a negative financial and environmental impact, so it is essential we continue to drive up recycling and drive down contamination levels and waste to landfill.

**Access to Information:**

The background papers relating to this report can be inspected by contacting Garry Parker, Head of Waste Services



Telephone: 0161 342 3684



e-mail: 07812593508

## 1. INTRODUCTION

- 1.1 The Waste Management Levy Allocation Methodology Agreement (LAMA) is a 6 year agreement, being made partially through the first year of a 7 year contract. There is the option to extend the contract by 3 years following a review before the 7 year mark with Suez.
- 1.2 The LAMA is the method by which the costs attached to the Operating contract for the acceptance, processing and disposal of residual waste, recyclables, pulpables, and green waste amongst other things.
- 1.3 The LAMA, which appears in full in **Appendix A**, is the unanimously agreed method for allocating the Waste and Resources budget between the constituent Districts and replaced, for 2018/19, the Inter Authority Agreement (IAA).

## 2. LEVY ALLOCATION METHODOLOGY AGREEMENT (LAMA) FROM 2020/2021

- 2.1 The LAMA allocates the fixed and variable costs of the budget by waste stream, trade waste, Household Waste Recycling Centres (HWRCs) and GMCA – Waste and Resources' own costs. Following the award of the contracts to Suez, this now needs to be revised to reflect the new payment mechanism arrangements.
- 2.2 The key changes and reasoning are:

Change	Reason
Introduction of new waste stream for street sweepings	The costs for this can be separately identified within the payment mechanism.
Allocation of costs on the basis of an Apportionment Model which comprises:  Fixed element (related to costs which do not vary). These will be allocated to Districts based on adjusted 2017/18 actual tonnages (as before) and will be reviewed and reset for 2022/23 or other such year as unanimously agreed between the parties.  Variable costs – which reflects marginal processing cost (except for residual waste)	<p>The allocation of costs split between fixed and variable costs is the same as the original LAMA. However, under the new contracts the actual total variable costs are much lower.</p> <p>The proposal for residual waste is to adopt a 'last in, first out' principle whereby the variable cost is broadly equated not to the average cost of residual processing but to the cost of the processing that would be used last. This is going to be the same as the price for Trade Waste.</p> <p>This price is felt to support the overriding savings and environmental aspirations of the GMCA and Districts.</p> <p>This may expose the GMCA to the risk of paying a levy adjustment to Districts for reduced tonnages that will not be matched by reduced costs. If such a risk materialises then future changes to the LAMA may be needed.</p> <p>The LAMA Variable Cost may include sums for recovery of any shortfall between levied variable costs and actual variable cost for the prior year.</p>

	The reset year allows for any changes to deliveries of waste from 2017/18 to be allocated and allowing a different year gives flexibility for any implications from the Defra Waste Strategy.
Split variable rate for paper/card and commingled	The new contracts identify the variable cost of these waste streams separately.
Levy Adjustment:  Fix the rate for variations in tonnages at the start of the year and not amend the variable rate to actual cost at the end of the year.	This will allow Districts to monitor their budgets effectively and give greater certainty to cost.  GMCA should be able to better manage the risk of changes to costs, e.g. from recycle income, at a central level.  As above, this may expose the GMCA to the risk of reimbursing a District for reduced tonnages that will not be matched by reduced costs.
Household Waste Recycling Centres:  Maintain at 50% Council Tax Base and 50% Car Ownership (2011 National Statistics census)	A survey of users was conducted as part of the Waste Composition Analysis but was not considered to be any more representative than the current methodology.
Council Tax Base (CTB):  Use the prior year CTB	Only small sum allocated by CTB. 50% of HWRC costs = c.£15m  This will enable the Waste levy to be set before end of January and stop last minute minor changes.
Non-Key Services	This element will be removed as there is no specific charge within the current payment mechanisms.

- 2.3 Subject to the proposals being agreed it would be necessary to seek agreement by each District of the revised LAMA by the 31 December 2019. That in turn will allow the 2020/21 levy to be set using the new LAMA basis. The envisaged approval process is:

September/October 2019	District Waste Chief Officers/Treasurer Consultation
December 2019	Districts consider LAMA through appropriate decision making procedures. For many that could involve a full Council decision.
January 2020	GMCA agree revised LAMA
February 2020	GMCA approve budget and levy for 2020/21 and Medium Term Financial Plan to 2023/24.

- 2.4 Greater Manchester Treasurers were talked through the changes at their meeting on the 20 September 2019. District Waste Chief Officers are reviewing the latest draft of the LAMA, (which appears in **Appendix A**), on the 15 October 2019, where any final amendments will be included. This will then be circulated to GM Treasurers, at which point this report will be amended as required and progressed.
- 2.5 Failure to agree a local replacement for allocation of the levy to Districts will result in the original LAMA mechanism being applied.

### **3. CONCLUSION**

- 3.1 The LAMA is the unanimously agreed method for allocating the Waste and Resources budget between the constituent Districts and replaced, for 2018/19 the Inter Authority Agreement.
- 3.2 The key changes and the reasoning for those changes are in section 2.2 of this report.
- 3.3 GM Treasurers have been talked through the changes, District Waste Chief Officers will review this draft and it will then be circulated to GM Treasurers. Subject to the proposals being agreed the LAMA needs to be in place by the 31 December 2019.

### **4. RECOMMENDATIONS**

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

## APPENDIX A

# ***WASTE MANAGEMENT LEVY ALLOCATION METHODOLOGY AGREEMENT (LAMA)***

**DATED**

**2019**

- (1) Greater Manchester Combined Authority
- (2) Bolton Borough Council
- (3) Bury Metropolitan Borough Council
- (4) The Council of the City of Manchester
- (5) Oldham Metropolitan Borough Council
- (6) Rochdale Metropolitan Borough Council
- (7) Salford City Council
- (8) Stockport Metropolitan Borough Council
- (9) Tameside Metropolitan Borough Council
- (10) Trafford Borough Council

# CONTENTS

1.	DEFINITIONS.....	5
2.	COMMENCEMENT AND DURATION .....	9
3.	PARTNERING ETHOS.....	9
4.	PRINCIPAL OBLIGATIONS OF THE GMCA .....	9
5.	PRINCIPAL OBLIGATIONS OF THE WCAs.....	10
6.	WCAs' BEST VALUE DUTY .....	11
7.	CHANGE TO THE OPERATING CONTRACTS .....	11
8.	EXIT AND ENTRY ARRANGEMENTS .....	11
9.	NO WORSE/NO BETTER .....	11
10.	FREEDOM OF INFORMATION.....	12
11.	PRIVITY .....	12
12.	NO AGENCY.....	12
13.	NO PARTNERSHIP .....	12
14.	ENTIRE AGREEMENT .....	12
15.	LAW OF THE CONTRACT AND JURISDICTION.....	13

## Schedules

1.	Levy Allocation to WCA Mechanism	14
2.	Change Control Procedures	<b>Error!</b>

**Bookmark not defined.**

**THIS LEVY ALLOCATION METHODOLOGY AGREEMENT (LAMA) is made on the**

**2019**

**BETWEEN**

- (1) Greater Manchester Combined Authority of 1st Floor, Churchgate House, 56 Oxford Street, Manchester, M1 6EU (“the GMCA”);
- (2) Bolton Borough Council of Town Hall, Victoria Square, Bolton, BL1 1RU;
- (3) Bury Metropolitan Borough Council of Town Hall, Knowsley Street, Bury, BL9 0SW;
- (4) The Council of the City of Manchester, PO Box 532, of Town Hall, Albert Square, Manchester, M60 2LA;
- (5) Oldham Borough Council of Civic Centre, West Street, Oldham, OL1 1UG;
- (6) Rochdale Metropolitan Borough Council of Rochdale OL16 1LQ Number One Riverside, Smith Street, Rochdale, OL16 1XU
- (7) Salford City Council of Civic Centre, Chorley Road, Swinton, Salford, M27 5DA;
- (8) Stockport Metropolitan Borough Council of Town Hall, Edward Street, Stockport, SK1 3XE
- (9) Tameside Metropolitan Borough Council of Tameside One, PO Box 317, Ashton-under-Lyne, OL6 0GS
- (10) Trafford Borough Council of Trafford Town Hall, Talbot Road, Stretford, Manchester, M32 0TH;

EACH (other than the GMCA) being a Waste Collection Authority and which are (other than the GMCA) collectively referred to as “the WCAs”.



## **RECITALS**

- (A) The GMCA is a Waste Disposal Authority (WDA) and has a statutory duty to dispose of waste.
- (B) The WCAs have a statutory duty to collect waste and deliver it to the GMCA.
- (C) The LAMA is designed to support delivery of the GMCA's Waste Management Strategy, and to promote recycling and diversion from landfill in a way that maximises financial and environmental benefits. Policy on waste management is currently being reviewed at a national level, and as such whilst the LAMA is intended to reflect an expected increase in the levels of recycling performance and diversion from landfill that will be required, it will need to be reviewed over its term to ensure it reflects final policy decisions.
- (D) The Joint Waste Disposal Authorities (Levies) (England) Regulations 2006 established the GMCA's power to issue levies on its constituent councils (the WCAs) to meet all liabilities falling to be discharged by the GMCA.
- (E) The GMCA has entered into Operating Contracts for the disposal of residual waste and treatment of recyclates, pulpables and green waste (amongst other things). The WCAs have agreed, subject to the terms of this LAMA, to support the GMCA in fulfilling its responsibilities under these arrangements, which includes a commitment to deliver recyclable material to the Operating Contracts.
- (F) For the first 6 years of the LAMA the GMCA is managing contracts which cover: -
- Lot 1 – known as the “Waste and Resource Management Services” (WRMS).
  - Lot 2 – known as the “Household Waste Recycling Centre Management Services” (HWRCMS); and the
  - Residual Value Contract (RVC).

## 1. 1. DEFINITIONS

1.1 In this Agreement, unless the context otherwise requires terms with an initial capital shall have the meanings set out below.

<b>“Administrative Area”</b>	The administrative area(s) of the Parties at the date of this Agreement
<b>“Agreement”</b>	This agreement and the Schedules hereto
<b>“Best Value”</b>	The obligation continuously to improve both the quality and cost of the collection of Residual Waste and Recycling pursuant to the provision of the Local Government Act 1999
<b>“Best Value Duty”</b>	The duty of continuous improvement in relation to, inter alia, the collection of Residual Waste and Recycling imposed on WCAs by Section 3 (1) of the Local Government Act 1999
<b>“Bulky Waste”</b>	WCA collected waste that by its nature will not fit in the usual residual waste receptacles (such as large items of furniture etc.), often referred to as Bulky Waste
<b>“Change”</b>	Any change agreed in accordance with clauses 6 (WCA Best Value) or 7 (Change) and Schedule 2 (Change Control Procedures)
<b>“Change in Law”</b>	The coming into effect, after the date of this Agreement, of:- (a) Legislation, other than any Legislation which on the date of this Agreement has been published (i) in a draft Bill as part of a Government Departmental Consultation Paper; (ii) in a Bill; (iii) in a draft statutory instrument; (iv) as a proposal in the official Journal of the European Union; (b) any Guidance; or (c) any applicable judgement of a relevant court of law which establishes or changes a binding precedent
<b>“Commencement Date”</b>	1 <sup>st</sup> April 2020
<b>“Commingle Waste”</b>	Dry recycling that is usually collected as mixed materials by WCAs; initially comprising cans, plastic bottles, and glass
<b>“Delivery Points”</b>	The delivery points for waste to be deposited by type to be agreed by the WCAs on an annual basis or such other delivery points as the Parties shall agree.
<b>“Exceptional Circumstances”</b>	A decision to be made by the GMCA Treasurer to exercise his/her discretion in circumstances that are outside the direct decision making control of the WCAs under which Recycling Minimum Performance Level is triggered.

The following issues are agreed as constituting the initial list of exceptional circumstances: -

1. Waste Reduction – If waste is taken out of the system, (for example pushed up the waste hierarchy and therefore doesn't need collecting), an adjustment in the calculation of what triggers the 1% will need to be made. In considering the

actions that have led to the waste reduction, investment in waste reduction initiatives will be recognised as a mitigating factor.

2. Carve out for national changes e.g. UK Waste and Resources Strategy and any change impact for which a baseline recalculation for all is needed
3. The impact of unplanned disruption to service

In these Exceptional Circumstances the GMCA Treasurer, after full consultation with the Chair of the Waste Chief Officers Group (SOG), shall apply a tonnage adjustment rate that is at the LAM Variable costs, rather than also applying the fixed cost rate

<b>“Expiry Date”</b>	Subject to any earlier termination of this Agreement the expiry date shall be 31 <sup>st</sup> March 2029, and “Expiry” shall be construed accordingly
<b>“Facility”</b>	Each and any facility for the reception of Waste from WCAs including the Delivery Points provided and/or operated or to be provided under the Operating Contracts with all supporting infrastructure and equipment
<b>“GMCA”</b>	Greater Manchester Combined Authority
<b>“HWRC”</b>	Household Waste Recycling Centre
<b>“LAM fixed costs”</b>	The LAM model costs which are not expected to vary by volumes of tonnages processed, and are by definition mostly fixed by their nature e.g. NNDR, pensions, lifecycle costs, RVC contract costs, fixed cost elements of the Operating Contracts.
<b>“LAM variable costs”</b>	The LAM model costs which are broadly expected to vary by volumes of tonnages processed.
<b>“Legislation”</b>	Any Act of Parliament or subordinate legislation within the meaning of Section 21(1) of the Interpretation Act 1978, any exercise of the Royal Prerogative, and any enforceable community right within the meaning of Section 2 of the European Communities Act 1972, in each case in the United Kingdom
<b>“Levy”</b>	The charge to the WCAs in accordance with Schedule 1
<b>“Levy Allocation Model (LAM)”</b>	A financial model that is used to allocate cost between fixed, variable and GMCA own costs as set out Schedule 1
<b>“Levy Requirement”</b>	The annual budget requirement, less any contributions for reserves, that the GMCA needs to raise from WCAs by the Levy to produce a balanced budget.
<b>“Operating Contracts”</b>	Two operating contracts let 1 <sup>st</sup> June 2019 comprising - <ul style="list-style-type: none"><li>• Lot 1 – known as the “Waste and Resource Management Services” (WRMS).</li><li>• Lot 2 – known as the “Household Waste Recycling Centre management services” (HWRCMS).</li></ul>
<b>“Parties”</b>	The GMCA and the WCAs, and “Party” shall mean any of them
<b>“Partnering Ethos”</b>	The aspirational aims set out at clause 3.2
<b>“Performance Deductions”</b>	As defined in the Operating Contracts
<b>“Performance Standards”</b>	The criteria set out in the Operating Contracts as agreed or amended from time-to-time

<b>“Planned Maintenance”</b>	Planned maintenance by Operating Contractors at any of the Delivery Points
<b>“Recyclable Materials”</b>	<p>Any materials collected separately or otherwise separated from Residual Waste for the purposes of Recycling (and including materials collected and delivered commingled), including the materials listed below:</p> <ul style="list-style-type: none"> <li>(a) paper and cardboard;</li> <li>(b) plastics;</li> <li>(c) ferrous and non-ferrous metals;</li> <li>(d) glass;</li> <li>(e) organic kitchen and garden waste; and</li> <li>(f) street sweepings (if delivered and treated separately)</li> </ul> <p>or such other materials as shall be agreed in writing between the Parties from time-to-time</p>
<b>“Recycle”</b>	The delivery of Recyclable Materials for reprocessing (as evidenced by a defined audit trail) but excluding energy recovery or beneficial use for inclusion in a reprocessing process, and the terms “Recycling” and “Recycled” shall be interpreted accordingly
<b>“Recyclate Performance Adjustment”</b>	<p>The adjustment that is carried out if performance falls below the Recyclate Minimum Performance level.</p> <p>The adjustment applied is calculated as: -</p> <ul style="list-style-type: none"> <li>a) expected total Recycling tonnes arisings as per 2017/18 actuals (total Recycling (calculated as <math>dc+dp+dg+ds</math>) less 1%)</li> </ul> <p>minus</p> <ul style="list-style-type: none"> <li>b) actual total Recycling tonnes arisings in year</li> </ul> <p>equals</p> <ul style="list-style-type: none"> <li>c) additional tonnes of waste to be charged</li> </ul> <p>Total extra charge (additional sum) to be calculated by:-</p> <ul style="list-style-type: none"> <li>i. additional tonnes of waste (from c. above),</li> </ul> <p>multiplied by</p> <ul style="list-style-type: none"> <li>ii. LAMA Fixed Costs per tonne for Residual Waste</li> </ul>
<b>“Recyclate Performance level (RBP) Base”</b>	<p>This is the actual level of recycling achieved in 2017/18 at an individual WCA level expressed as a percentage of total waste arisings less trade waste, as set out in the formula below: -</p> $\text{WCA RBP} = \frac{dg+dc+dp+ds}{dw-dt}$ <p>where;</p> <p>dg = WCA food and garden waste tonnes  dc = WCA commingled recycling tonnes  dp = WCA pulpables tonnes  ds = WCA street sweepings tonnes (delivered and treated</p>

		separately) dw = WCA total waste arising tonnes dt = WCA trade waste
<b>“Recyclate Performance level”</b>	<b>Minimum</b>	This is the level by which recycling levels can reduce, below which the Recyclate Performance Adjustment is applied. It is expressed as shown in the formula below: RBP – 1%
<b>“Residual Waste”</b>		All Waste delivered to the GMCA that is not Recyclable Material, or Trade Waste
<b>“RVC”</b>		The Residual Value Contract entered into by the GMCA and Thermal Power Station (Runcorn) Limited (TPSCo) for the end disposal in a combined heat and power plant by thermal means of the refuse derived fuel produced from residual waste.
<b>“Service Delivery Plans”</b>		The plans in the Operating Contracts which set out how the Residual Waste and Recycling services and certain of the standards to which the services must be performed in respect of the relevant Facilities
<b>SOG</b>		Waste Chief Officers Group composed of GMCA Waste and Resources team officers and WCA Waste Chief Officers, chaired by a WCA representative.
<b>“Trade Waste”</b>		Waste of similar composition to Residual Waste which is collected from commercial and office premises for or by the WCAs and is treated in accordance with Schedule 1, para. 6
<b>“Unavailable/Un-availability”</b>		That a Delivery Point is for a period of time or permanently unavailable for the reception of Residual Waste and Recycling, as further defined in the Operating Contracts
<b>“Waste”</b>		The types of waste described in WCA Forecast to be delivered by the WCAs to the GMCA pursuant to this Agreement and other provisions relating thereto
<b>“WCA Forecast”</b>		The forecast, made by each WCA, of all Waste arising, for a five year forward period that takes account of expected increase in housing and population. WCA Forecasts shall be updated annually as follows: <ul style="list-style-type: none"> <li>• Each WCA will prepare at least two forecasts annually, which will be subject to scrutiny by the GMCA. Those forecasts will be required each year in: -</li> <li>• Mid-September – to complement the initial budget forecast and inform the initial allocation of levy at WCA level; and</li> <li>• Early November – which will be used as the basis of setting the annual Levy at a WCA level</li> </ul>
<b>“WCA Operations”</b>		The GMCA Treasurer and Executive Director, Waste & Resources will notify final dates in August each year, after consulting with the SOG. The methods of operation from time-to-time of each WCA in collecting and delivering its Waste to Delivery Points
<b>“WDA”</b>		The Greater Manchester Combined Authority in its statutory capacity as a Waste Disposal Authority.

## **2. 2. COMMENCEMENT AND DURATION**

This Agreement will commence on the Commencement Date and continue in full force and effect until the earlier of:-

- 2.1 the Expiry Date; or
- 2.2 earlier if all of the WCAs and the GMCA agree to amend or terminate this Agreement.

## **3. 3. PARTNERING ETHOS**

- 3.1 The Parties will work in good faith and in accordance with the Partnering Ethos.
- 3.2 Partnering Ethos shall mean that each party shall:-
  - 3.2.1 act reasonably and co-operatively with the other Parties;
  - 3.2.2 provide information to each other which they consider (acting reasonably) to be relevant relating to waste collection and waste disposal;
  - 3.2.3 use reasonable endeavours to mitigate any losses arising from a Party's failure under this Agreement and to reduce the detrimental impact on the other Parties (or the council tax payers of any one of them) of any failure to carry out its obligations under this Agreement;
  - 3.2.4 use reasonable endeavours working together and in co-operation with the Operating Contractors, to minimise waste, to educate the public and the commercial sector about recycling schemes and why their participation in these schemes is crucial, and to ensure that as much Waste as possible is (in order of priority) reduced, re-used, recycled or recovered; and
  - 3.2.5 without prejudice to the express rights, remedies and obligations of the WCAs under this Agreement and Legislation the WCAs shall (using reasonable endeavours) not knowingly do anything under their reasonable control which would put the GMCA in material breach of the Operating Contracts.

## **4. 4. PRINCIPAL OBLIGATIONS OF THE GMCA**

- 4.1 The GMCA will discharge its statutory duties and contractual obligations to the WCAs (to receive and dispose of Waste at the Delivery Points) through the Operating Contracts referred to in the Recitals.
- 4.2 The GMCA will apportion the costs incurred in relation to these obligations pursuant to Schedule 1 (Levy Allocation to WCAs Methodology).
- 4.3 Where an act or omission of the GMCA or any relevant Contractor of the GMCA, including a failure of the Operating Contractors to achieve any of the Performance Standards, causes any loss to one or more WCAs, the GMCA will use its best endeavours to pursue any appropriate remedies available to it including the recovery of Performance Deductions under the Operating Contracts referred to in the Recitals and pay such monies to the affected WCA. Where more than one WCA has suffered the same performance failure the payment of any compensation or the Performance Deduction shall be shared between the affected WCAs pro-rata based upon the amount of losses incurred by each WCA arising out of the

performance failure. The payment shall be made to WCAs by the GMCA through the LAMA as part of the year end adjustment.

- 4.4 Any money compensation obtained or payable by the GMCA pursuant to clause 4.3 will be returned to the WCAs in appropriate proportions through the LAM.
- 4.5 Subject to clauses 4.7 the GMCA will use its reasonable endeavours to notify a WCA of any changes within the Operating Contracts set out in the Recitals which might be of relevance to it or affect its obligations flowing from that contract or this Agreement.
- 4.6 The GMCA shall use its reasonable endeavours to ensure that the Operating Contractors achieve the Performance Standards and shall ensure that each WCA is made aware of the Performance Standards and of the current Service Delivery Plans and, where relevant, is consulted about them.
- 4.7 The GMCA has agreed the basis for the contractual arrangements with the Operating Contractors and the WCAs and shall use its best endeavours to ensure that any material change to the Operating Contracts shall be agreed with the WCAs in advance and shall use its best endeavours to mitigate any impact on the WCAs.

## **5. 5. PRINCIPAL OBLIGATIONS OF THE WCAs**

- 5.1 Each WCA will deliver or cause to be delivered all Waste to the Delivery Points for that WCA as agreed in advance with GMCA.
- 5.2 Without prejudice to clauses 6 (WCA Best Value) and 7 (Change to the VC and the Replacement Operating Contracts), each WCA shall commit Residual Waste and Recycling to the GMCA.
- 5.3 If any act or omission of a WCA causes loss to the GMCA (including, without limitation, through entitling the Operating Contractors of the GMCA to increase its charges or seek any other remedy from the GMCA) or to any other WCA, then that WCA will bear the cost of the relevant losses, so that they do not fall equally, through the LAM, on those WCAs which were not at fault.
- 5.4 The WCAs will pay the GMCA for the waste disposal services it provides to the WCAs pursuant to the Levy Regulations as defined in Schedule 1 in accordance with the principles set out in Schedule 1 (Levy Allocation to WCAs Methodology).
- 5.5 Each WCA shall, in preparing the WCA Forecast for its Administrative Area, take account of the impact of population and housing growth on waste arisings and composition. The GMCA will act as a 'critical friend' to challenge the WCA Forecasts produced, and seek explanations that it deems appropriate. Comments by the GMCA will be given due consideration by the WCA and if no changes are proposed the WCA will be required to supply a written explanation of why changes have not been made to the WCA Forecast. The WCA Forecast shall be provided annually and will cover a 5-year rolling period, or other shorter period as the GMCA deems appropriate.
- 5.6 Nothing contained in this Agreement and no consent or approval given by any party to this Agreement shall prejudice, restrict, interfere with or otherwise affect, any of the statutory or other rights powers or obligations and duties for the time being vested in that party, or the performance by that party of any such obligations or duties, or the means by which that party shall, in its absolute discretion, exercise its respective rights or powers, or fulfil or discharge any such obligations or duties.

## **6. WCAs' BEST VALUE DUTY**

- 6.1 The GMCA acknowledges that WCAs are subject to the Best Value Duty and it agrees to assist WCAs in discharging the Best Value Duty in relation to the continuous improvement in the delivery of their waste collection services.
- 6.2 The GMCA shall comply with requests for information, data or other assistance made by WCAs in pursuance of the Best Value Duty.

## **7. CHANGE TO THE OPERATING CONTRACTS**

- 7.1 WCAs may request a change to the Operating Contracts in accordance with the provisions of Schedule 2 (Change Control Procedures).

## **8. EXIT AND ENTRY ARRANGEMENTS**

- 8.1 Expiry and Termination
  - 8.1.1 Not before 1<sup>st</sup> April 2025 the Parties shall meet to discuss and, all acting reasonably and in good faith, determine the arrangements for the disposal of waste after the expiry of the Replacement Operating Contracts.
- 8.2 New Entrant
  - 8.2.1 If at any time during the term of this Agreement, any third party wishes to utilise any part of the Operating Contracts, the Parties will meet to discuss and, acting reasonably and in good faith, determine whether agreement should be given to that third party utilising the Operating Contracts and, if so, the terms of that agreement with the intention that the WCAs are in no worse position as a result of the third party's use, and that such third party is not put in any better position than the WCAs.

## **9. NO WORSE/NO BETTER**

- 9.1 Any reference in clause 8 to leaving the WCAs in a "no worse position" shall be construed by reference to the WCAs:-
  - 9.1.1 rights, duties and liabilities under or arising pursuant to performance of this Agreement; and
  - 9.1.2 their ability to perform their obligations and exercise their rights under this Agreement, so as to ensure that:
  - 9.1.3 each WCA is left in a position which is no worse in relation to its financial position under this Agreement and its operating methods for the collection and delivery of Waste had the third party not utilised the Operating Contracts; and
  - 9.1.4 the ability of the WCAs to comply with this Agreement is not adversely affected as a consequence of that utilisation.
- 9.2 Any reference in clause 8 to putting the third party in "any better position than the WCAs" shall be construed by reference to the WCAs' rights and financial position under this Agreement.



## **10. 10. FREEDOM OF INFORMATION**

10.1 Each Party acknowledges that each of the other Parties is subject to the requirements of the Freedom of Information Act 2000, the Environmental Information Regulations 2004 and the General Data Protection Regulation Data Protection Act 2018 and shall assist and co-operate with the other Parties to comply with these information disclosure requirements.

## **11. 11. PRIVACY**

11.1 No term of this Agreement is enforceable under the Contracts (Rights of Third Parties) Act 1999 by a person who is not a party to this Agreement.

## **12. 12. NO AGENCY**

12.1 None of the parties shall hold itself out as being the servant or agent of any other Party, otherwise than in circumstances expressly permitted by this Agreement.

12.2 None of the parties shall hold itself out as being authorised to enter into any contract on behalf of any other Party or in any other way to bind any other Party to the performance, variation, release or discharge of any obligation.

12.3 No WCA shall in any circumstances hold itself out as having the power to make, vary, discharge or waive any bye-law or any regulation of any kind relating to the disposal of Waste.

## **13. 13. NO PARTNERSHIP**

13.1 Nothing in this Agreement is intended to, or shall operate to create, a partnership as defined by the Partnership Act 1890 or joint venture of any kind between the Parties or any of them, or to authorise any Party to act as agent for any other, and no Party shall have the GMCA to act in the name or on behalf of or otherwise to bind any other in any way (including but not limited to the making of any representation or warranty, the assumption of any obligation or liability and the exercise of any right or power).

## **14. 14. ENTIRE AGREEMENT**

14.1 Except where expressly provided in this Agreement, this Agreement constitutes the entire agreement between the Parties in connection with its subject matter and supersedes all prior representations, communications, negotiations and understandings concerning the subject matter of this Agreement.

14.2 Each of the Parties acknowledges that:-

14.2.1 it does not enter into this Agreement on the basis of and does not rely, and has never relied, upon any statement or representation (whether negligent or innocent) or warranty or other provision (in any case whether oral, written, express or implied) made and agreed to by any person (whether a party to this Agreement or not) except those expressly repeated or referred to in this Agreement and the only remedy or remedies available in respect of any misrepresentation or untrue statement made to it shall be any remedy available under this Agreement; and

14.2.2 this clause 14 shall not apply to any statement, representation or warranty made fraudulently, or to any provision of this Agreement which

was induced by fraud, for which the remedies available shall be all those available under the law governing this Agreement.

**15. 15. LAW OF THE CONTRACT AND JURISDICTION**

- 15.1 This Agreement shall be governed by the laws of England and Wales and the Parties submit to the exclusive jurisdiction of the courts of England and Wales.

## **Schedule I**

### **LEVY ALLOCATION METHODOLOGY**

1. Payment by the WCAs to the GMCA for the waste disposal services received, and apportionment of the Levy under the Joint Waste Disposal Authorities (Levies) (England) Regulations 2006 (“the Levy Regulations”) will be established in accordance with the principles set out in this Schedule 1. Therefore, the levy allocation mechanism set out in this Schedule represents an agreed basis for apportioning the Levy under Regulation 4 (1) (a) of the Levy Regulations.
2. Under the Operating Contracts the GMCA waste costs comprise:
  - a) A Fixed Cost element;
  - b) A Variable Cost element. The variable element is directly linked to the expected tonnages processed via the Facilities, as set out in the WCA Forecast; and
  - c) The GMCA’s own direct costs.

Collectively these costs will be used to determine annual budget requirements, which after application of any reserves, generates a Levy Requirement.

3. The following table sets out the key design characteristics, and reasons for their inclusion used in apportioning the Levy.

	<b>Key design characteristics</b>	<b>Reasons for their inclusion</b>
	<b>A. WCA Collected Waste</b>	
	<ol style="list-style-type: none"> <li>1. Retain a waste stream approach, based upon:-               <ol style="list-style-type: none"> <li>i. Commingled</li> <li>ii. Pulpables;</li> <li>iii. Organics (Food and Garden);</li> <li>iv. Trade Waste:</li> <li>v. Residual Waste; and</li> <li>vi. Street Sweepings (if delivered and treated separately)</li> </ol> </li> <li>2. Allocate costs on the basis of a Levy Apportionment Model (LAM) which comprises:-               <ol style="list-style-type: none"> <li>i. LAM Fixed Costs element. These will be allocated to WCAs based on adjusted<sup>1</sup> 2017/18 actual tonnages, and will be reviewed and reset for the</li> </ol> </li> </ol>	<p>Reflects current WCA collection working practices and ensures costs/environmental benefits from improvements are retained.</p> <p>Ensures that one WCA can’t adversely impact others by reducing its recycling performance.</p>

<sup>1</sup> An adjustment may be made to Salford City and Trafford Council figures (only) to reflect the part year impact of reduced waste capacity roll out and potential impact of charging for Garden Waste (respectively). The basis for the adjustments will be documented and shared with all WCAs and be used as a possible precedent for future changes (e.g. the adoption by another WCA of green waste charging)

	<p>2022/23 financial year or other such year as may be agreed unanimously between the parties.</p> <p>ii. LAM Variable Costs Allocated to WCAs based on forecast tonnages for the year</p> <p>3. For WCAs whose recycling falls below the Recycling Minimum Performance Level (RBP -1%) they will be required to make an additional levy contribution calculated by:</p> <p>i. expected total Recycling tonnes arisings as per 2017/18 actuals (total Recycling calculated as dc+dp+dg+ds)</p> <p>ii. less 1%</p> <p>iii. minus actual total Recycling tonnes arisings in year</p> <p>iv. equals additional tonnes of waste to be charged</p> <p>v. cost allocation additional sum is additional tonnes of waste multiplied by LAM Fixed Costs per tonne for Residual Waste</p> <p>4. Common assumptions to be used in tonnage estimates, as per schedule 1.</p>	<p>In case of Exceptional Circumstances this additional levy contribution can be over-ridden by the GMCA Treasurer.</p> <p>Ensures that all future year increases are based upon common factors and also ensure re-procurement facilities/capacity are correctly sized.</p>
<b>B. Household Waste Recycling Centres</b>		
	<p>Cost allocation to be based upon:</p> <p>i. 50% Council Tax Base (Band D equivalent) from prior year</p> <p>ii. 50% Car Ownership (2011 Office of National Statistics census)</p>	<p>Cost allocation factors to be reviewed and amended, as needed, for future years LAM.</p>
<b>C: <u>GMCA Own costs</u>– including direct costs (such as salaries/running costs and legacy financing costs)</b>		
	<p>Equal share to each WCA</p>	<p>Costs don't vary much by activity, and are thus linked to an 11.1% each WCA allocation basis.</p>

4. As soon as practical after the year end an adjustment will be determined by the GMCA to vary WCA Levy allocations to reflect variations actual tonnages delivered (compared to WCA Forecasts).

5. As part of the annual budget and levy process the GMCA will determine and publish the LAM Variable Cost rates which will be made available to the WCA Treasurers. Given the commercial sensitivity of that information it will not be published in an open format, but will be part of the closed budget and levy report, which will be provided on or before the Statutory latest Levy fixing date of 15<sup>th</sup> February prior to the commencement of each financial year. The LAM Variable Cost may include sums for recovery of any shortfall between levied variable costs and actual variable cost for the prior year.
6. For the WCA declarations for Trade Waste (offices, shops, traders etc.) the GMCA will set an annual rate per tonne in accordance with the 2013/14 rate inflated in accordance with the RPIx. An adjustment to the Trade Waste element of the Levy will be carried out as part of the financial year end reconciliation process and any difference between actual WCA tonnages and WCA Forecasts will be made at the pre-agreed per tonne rate.

A review of the basis for Trade Waste will be carried out in each year of the term of the LAMA. WCAs accept that if growth in residual waste exceeds the capacity in the facilities, alternative delivery points may need to be found for trade waste including outside the Operating Contracts.

## **Schedule 2**

### **Change Control Procedures**

A. Change to the Operating Contracts and WCA Operations from the operations set out in the agreed Service Delivery Plan will be governed by the procedures set out in this Schedule 2

#### **1. Principles**

- 1.1 Where a WCA sees a need for a change to the services provided under the Operating Contracts affecting a WCA then a WCA may at any time request a change in accordance with the procedure set out in paragraph 2 below.
- 1.2 The GMCA shall not unreasonably withhold its agreement to any change.
- 1.3 The obligations of the Parties shall not be effected until a Change Control Note has been signed by the relevant WCA and sent to the GMCA.

#### **2. Procedure**

- 2.1 The WCA and the GMCA shall discuss changes proposed by the WCA and such discussion shall result in:
  - 2.1.1 a decision not to proceed further; or
  - 2.1.2 a written request for a change by the WCA.
- 2.2 Each Change Control Note shall contain details of the change including, where applicable:
  - 2.2.1 the title of the change;
  - 2.2.2 the originator and the date of the request or recommendation for the change;
  - 2.2.3 the reason for the change;
  - 2.2.4 full details of the change including any specifications;
  - 2.2.5 a timetable for implementation, together with any proposals for acceptance of the change;
  - 2.2.6 the impact, if any, of the change on other aspects of the Operating Contracts;
  - 2.2.7 the date of expiry of validity of the Change Control Note; and
  - 2.2.8 provision for signature by the WCA/GMCA if the change is agreed.
- 2.3 For each Change Control Note submitted to the GMCA, the GMCA shall, within twenty working days from receipt of the Change Control Note, evaluate the Change Control Note and notify the relevant WCA whether the GMCA (acting reasonably) agrees to the change.
- 2.4 A Change Control Note signed by both Parties shall constitute a variation to this Agreement.

B. Amendment to the Agreement

No amendment to or modification of this Agreement (other than an amendment under paragraph A of this Schedule) shall be valid or binding on any Party unless it is made in writing, refers expressly to this Agreement and is unanimously agreed by all of the Parties.

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