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EXECUTIVE CABINET

Day: Wednesday
Date: 28 April 2021
Time: 1.00 pm (or at the rise of the Strategic Commissioning Board, whichever is the later)
Place: Zoom Meeting

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE To receive any apologies for the meeting from Members of the Executive Cabinet.	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of Executive Cabinet.	
3.	MINUTES	
a)	EXECUTIVE CABINET To consider the Minutes of the meeting of the Executive Cabinet held on 24 March 2021.	1 - 16
b)	STRATEGIC COMMISSIONING BOARD To receive the Minutes of the meeting of the Strategic Commissioning Board held on 24 March 2021.	17 - 24
c)	EXECUTIVE BOARD To receive the Minutes of the meetings of Executive Board held on: 10 and 17 March 2021.	25 - 38
d)	CARBON AND WASTE REDUCTION PANEL To receive the Minutes of the meeting of the Carbon and Waste Reduction Panel held on 17 March 2021.	39 - 44
4.	MONTH 11 FINANCE REPORT To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Co-Chair / Director of Finance.	45 - 58
5.	UPDATE ON PROVISION OF GENERALIST SOCIAL WELFARE INFORMATION AND ADVICE AND SPECIALIST EMPLOYMENT ADVICE To consider the attached report of Executive Member, Neighbourhoods, Community Safety and Environment / Executive Member, Adult Social Care	59 - 64

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

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	and Health)/Clinical Lead, Starting Well / Assistant Director, Operations and Neighbourhoods.	
6.	SECTION 31 LOCAL AUTHORITY GRANT FOR ADDITIONAL DRUG TREATMENT, CRIME AND HARM REDUCTION ACTIVITY 2021/22	65 - 76
	To consider attached report of Executive Member, Adult Social Care and Health / Clinical Lead / Director of Population Health.	
7.	TENDER FOR THE PROVISION OF A SEXUAL & REPRODUCTIVE HEALTH SERVICE	77 - 112
	To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Lead / Director of Population Health.	
8.	CIPFA FINANCIAL MANAGEMENT CODE	113 - 126
	To consider the attached report of the Executive Member, Finance and Economic Growth / Director of Finance.	
9.	SELF ISOLATION PAYMENTS - DISCRETIONARY POLICY AMENDMENT	127 - 136
	To consider the attached report of the Executive Member, Finance and Economic Growth / Assistant Director, Exchequer Services.	
10.	HOMELESSNESS COMMISSIONING INTENTIONS	137 - 148
	To consider the attached report of the Executive Member, Housing, Planning and Employment / Assistant Director, Operations and Neighbourhoods.	
11.	LEVELLING UP BIDS	149 - 156
	To consider the attached report of Executive Member, Finance and Economic Growth / Director of Growth.	
12.	ST PETERSFIELD FUTURE – COMMISSIONING OF DEVELOPMENT REPORTS	157 - 166
	To consider the attached report of the Executive Member, Finance and Economic Growth / Director of Growth.	
13.	AUDENSHAW SCHOOL CONVERSION WORKS	167 - 182
	To consider the attached report of the Executive Member, Lifelong Learning, Equalities, Culture and Heritage / Executive Member, Finance and Economic Growth / Director of Growth.	
14.	URGENT ITEMS	
	To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

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

EXECUTIVE CABINET

24 March 2021

Commenced: 2.05pm

Terminated: 3.00pm

Present: Councillors Warrington (Chair), Bray, Cooney, Fairfoull, Feeley, Ryan and Wills

In Attendance:

Dr Ashwin Ramachandra	Co-Chair, Tameside & Glossop CCG
Dr Asad Ali	Co-Chair, Tameside & Glossop CCG
Steven Pleasant	Chief Executive & Accountable Officer
Sandra Stewart	Director of Governance & Pensions
Kathy Roe	Director of Finance
Steph Butterworth	Director of Adults Services
Richard Hancock	Director of Children's Services
Jayne Traverse	Director of Growth
Tom Wilkinson	Assistant Director of Finance
Debbie Watson	Assistant Director of Population Health
Sarah Threlfall	Assistant Director, Policy, Performance and Communication
Tracy Brennand	Assistant Director, People and Workforce Development
Emma Varnam	Assistant Director, Operations and Neighbourhoods
Tim Bowman	Assistant Director, Education

Apologies for absence: Councillors Gwynne and Kitchen

152. DECLARATIONS OF INTEREST

Name	Agenda Item	Personal / Prejudicial	Nature of Interest
Councillor Cooney	Agenda Item 7	Prejudicial	Acquainted with a person who has declared an interest in the premise/land, which is the subject of the report.

153. MINUTES OF EXECUTIVE CABINET

RESOLVED

That the Minutes of the meeting of the Executive Cabinet meeting held on 10 February 2021 be approved as a correct record.

154. MINUTES OF STRATEGIC COMMISSIONING BOARD

RESOLVED

That the Minutes of the meeting of the Strategic Commissioning Board held on 10 February 2021 be noted.

155. MINUTES OF EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of Executive Board held on: 3 February, 10 February, 17 February and 3 March 2021 be noted.

156. LIVING WITH COVID BOARD

RESOLVED

That the Minutes of the meetings of Living with Covid Board held on: 20 January and 24 February 2021 be noted.

157. STRATEGIC PLANNING AND CAPITAL MONITORING PANEL

Consideration was given to the minutes of the meeting of the Strategic Planning and Capital Monitoring Panel meeting held on 15 March 2021. Approval was sought of recommendations of the Strategic Planning and Capital Monitoring Panel arising from the meeting.

RESOLVED

- (a) The minutes of the meeting of the Strategic Planning and Capital Monitoring Panel held on 15 March 2021, be noted; and
- (b) That the following recommendations be approved:

CAPITAL PROGRAMME MONITORING REPORT - MONTH 10

That EXECUTIVE CABINET be RECOMMENDED to note the Capital Programme 2020/21 forecast and approve the re-profiling of capital budgets as set out in Appendix 1.

FINANCE AND IT CAPITAL PROGRAMME

That the EXECUTIVE CABINET be RECOMMENDED to note the report and the details of the status of the schemes in the programme.

ADULTS CAPITAL PLAN

That the EXECUTIVE CABINET be RECOMMENDED to approve:

- (i) the replacement of the ageing and obsolete equipment through the employment of a dedicated Occupational Therapist for 12 months (£45,593 with on costs to be funded via DFG.
- (ii) that the Housing Adaptations Service be authorised to continue to approve mandatory and discretionary grant applications.

LEISURE ASSETS CAPITAL INVESTMENTS PROGRAMME UPDATE

That EXECUTIVE CABINET be RECOMMENDED to agree that the contents of the report be noted and the following be approved:

- (i) The underspend of £0.013m from the Active Medlock Pitch Replacement scheme be used to part fund the negative balance of the Tameside Wellness Centre scheme; and
- (ii) The remaining negative balance of £0.020m from the Wellness Centre final account be passed over to the Hyde Pool scheme.

CAPITAL PROGRAMME – OPERATIONS AND NEIGHBOURHOODS (FEBRUARY 2021)

That the EXECUTIVE CABINET be RECOMMENDED to note the following:

- (i) Rescheduling to the Tameside Asset Management Plan (TAMP) and the Highways Maintenance Programme. The commencement of the works programme was revised due to Covid 19;
- (ii) The progress with regards to Flooding: Flood Prevention and Consequential Repairs;

- (iii) The progress with regard to the Slope Stability Programme and potential additional works required;
- (iv) The progress with regards to the Cemetery Boundary Walls Programme;
- (v) The rescheduling to Replacement of Cremators and Mercury Abatement, Filtration Plant and Heat Recovery Facilities Programme by the significant impact Covid 19 has had on the operation of the Crematorium and the suppliers of cremator equipment; and
- (vi) The progress of capital schemes in section 2.12-2.24, and external grant schemes in section 3 and 4.

And RECOMMEND to EXECUTIVE CABINET: -

- (vii) The addition of £0.985m to the Council's 2021/22 Capital programme for the Active Travel Fund Tranche 2 as stated in sections 3.18 to 3.22; and
- (viii) The re-phasing of the Operations and Neighbourhoods directorate 2020/21 capital budgets as set out in Appendix 4.

GROWTH CAPITAL PROGRAMME UPDATE

That the EXECUTIVE CABINET RECOMMEND that the following be added to the approved Council Capital Programme:

- (i) The Corporate Landlord Statutory Compliance capital expenditure for the period identified in Appendix 4 of £137,350.46; and
- (ii) That the Growth directorate 2020/21 capital budget is rephrased as set out in Appendix 5.

EDUCATION CAPITAL PROGRAMME

That the EXECUTIVE CABINET be RECOMMENDED to approve:

- (i) Proposed changes to the Education Capital Programme, Basic Need Funding Schemes Appendix 1, Special Provision Fund and Healthy Pupils' Capital Fund as outlined in Appendix 2A and 2B and School Condition Allocation Funding Schemes Appendix 3;
- (ii) The allocation of an additional £49,000 from Basic Need to cover the additional costs at Discovery Academy and Birch Lane as described in paragraph 4.25;
- (iii) To re-profile the budget for the works to provide a secure entrance at Denton St Anne's into 2021/22 as described in paragraph 6.8;
- (iv) The allocation of an additional £11,657 for additional emergency works at Russell Scott Primary School already incurred, (paragraph 6.15);
- (v) Accept the Sport England Award of £75,000 by the deadline of 31 March 2021 subject to the conditions detailed in paragraphs 6.16 and 6.17;
- (vi) The allocation of a further £50,000 of 2021/22 School Condition Grant funding towards the two schemes at Gee Cross Holy Trinity (paragraph 6.18);
- (vii) The allocation of £11,058.04 from currently unallocated School Condition Grant funding in respect of safety works to glass balustrades at three primary schools (paragraph 6.19);
- (viii) To set aside £300,000 of 2021/22 School Condition Grant for replacement boilers at Gorse Hall, Hurst Knoll CE and Audenshaw Primary Schools noting that if successful, some costs will be reimbursed from the decarbonisation scheme (paragraph 6.30);
- (ix) The allocation of £29,000 in respect of surveys of CLASP and other system built schools' fire compartmentalisation (paragraph 6.31);
- (x) The allocation of a high level estimate of £35,000 to remove a life expired mobile unit at Arlies Primary School in summer 2021 (paragraph 6.33);
- (xi) The allocation of £30,000 of 2021/22 School Condition Grant for further stock condition surveys (paragraph 6.34);
- (xii) The allocation of £40,000 of 2021/22 School Condition Grant for asbestos management works (paragraph 6.35); and
- (xiii) The allocation of £5,000 of 2021/22 School Condition Grant for structural engineers' fees (paragraph 6.436).

158. CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 31 JANUARY 2021

Consideration was given to a report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance, which updated Members on the financial position up to 31 January 2021 and forecasts to 31 March 2021.

It was reported that as at Month 10, the Strategic Commission was forecasting a net underspend of £0.155 by 31 March 2021. This was a significant improvement on the position reported at Month 9 and reflected additional Covid related income on Council budgets, which had reduced the forecast overspend to £0.358m. On the assumption that the anticipated Covid top up was received in full, a surplus of £512k was projected at year-end on CCG budgets.

It was reported that whilst the overall forecast position was looking more positive, there remained significant variances in some service areas, which were not attributed to Covid and which presented ongoing financial risks for future years.

The Director of Finance advised Members that there was a forecast in year deficit on the Collection Fund for both Council Tax and Business Rates due to the impact of the Covid Pandemic. The forecast deficit would need to be funded in 2021/22 and the forecast deficit was reflected in the 2021/22 budget approved by Full Council on 23 February 2021.

The third capital monitoring report for 2020/21 summarised the forecast outturn at 31 March 2021 based on the financial activity to 31 January 2021. The approved budget for 2020/21 was £56.338m and the forecast for the financial year was £46.410m.

In respect of the Designated Schools Grant (DSG) it was explained that the Council was facing significant pressures on High Needs funding and started the 2020/21 financial year with an overall deficit on the DSG reserve of £0.557m. The projected in-year deficit on the high needs block was expected to be £2.838m due to the continuing significant increases in the number of pupils requiring support. If the 2020/21 projections materialised, there would be a deficit on the DSG reserve at the end of this financial year. This would mean it was likely a deficit recovery plan would have to be submitted to the Department for Education (DfE) outlining how this deficit was expected to be recovered and how spending would be managed over the next 3 years and would require discussions and agreement of the Schools Forum.

Members were advised that the CCG had a cumulative surplus held with NHS England, which had built up over a number of years and was reported in the CCG annual accounts. NHS England had offered the opportunity to access this resource in 2020/21 financial year to support the financial pressures faced by the system to tackle delays incurred in implementation of the next phase of the transformation as a result of Covid. It was proposed that this surplus be accessed and utilised to facilitate ongoing financial sustainability across the economy. This additional funding would enable the Strategic Commission to invest in integrated transformation programmes, to improve outcomes and efficiency.

Members were further advised that the Ministry of Housing, Communities and Local Government had announced the distribution of £125m nationally to support the implementation of the Domestic Abuse Bill when it came into law (subject to Parliamentary approval). Tameside were eligible for £0.548m towards this to be spent in the 2021/22 financial year, with a robust needs assessment to be prepared by August 2021. To access this funding the MHCLG required the Council to sign a memorandum of understanding to confirm that they would use the funding towards the necessary preparations and meet the obligations yet to be made law. As the funding was in excess of £500K in accordance with the Council's Constitution, a further report would be necessary for Executive Cabinet approval of the proposed allocation of the funding.

RESOLVED:

- (i) That the forecast outturn position and associated risks for 2020/21 as set out in Appendix 1 to the report, be noted;**

- (ii) That the significant pressures facing Council Budgets as set out in Appendix 2 to the report, be noted;
- (iii) That the budget virements and reserve transfers set out on pages 23 and 24 of Appendix 2 to the report, be approved;
- (iv) That the forecast Collection Fund position for 2020/21 as set out in Appendix 3 to the report, be noted;
- (v) That the Capital Programme 2020/21 forecast be noted and the re-profiling of capital budgets as set out in Appendix 4 to the report, be approved;
- (vi) That the forecast position in respect of Dedicated Schools Grant as set out in Appendix 5 to the report, be noted;
- (vii) That the proposals for accessing the proposals for accessing the CCG cumulative surplus and the utilisation of funds for the purposes set out in section 6 of the report be approved, including the creation of earmarked reserves to support specific initiatives; and
- (viii) That the signing of the Memorandum of Understanding to accept £0.548m of funding to support the preparation for the Domestic Abuse Bill, be including the submission of a further report to agree the implementation strategy in Tameside, as outlined in Section 8 of the report, be approved.

159. SUPPORTING MENOPAUSE AT WORK

Consideration was given to a report of the Executive Leader / Assistant Director for People and Workforce Development, which gave a details of a guide, called *Supporting the Menopause at Work*, which had been developed in order to support those employees going through menopause.

The guidance pulled together the latest information on how the menopause affected some employees at work. The guidance was aimed at managers and employees to support those going through the menopause and offered practical guidance on how to hold open, honest discussion and improve workplace environments. Managers had an important role to play in ensuring that anyone who experienced menopausal symptoms was offered the same support and understanding as they would if they had any other health issue, and that support was tailored appropriately to the individual.

The organisation had a legal duty to make a suitable and sufficient assessment of the workplace risks to the health and safety of their employee; which included ensuring menopausal symptoms were not made worse by the workplace, and making changes to help an employee manage their symptoms whilst doing their job.

Moreover, it was important to recognise within an organisation where over 70% of its employees were female and the average age of the work force was above 51 years of age, which was also the average age for menopause, that this was a significant issue for the Council and therefore even more essential that the appropriate support was put in place to support and get the best from our workforce.

Members were advised that Menopause awareness sessions had been delivered, with 61 females attending the available sessions and providing extremely positive feedback. Future menopause sessions would build on this established platform to increase awareness across the workforce and enable managers to effectively support employees affected by the menopause.

RESOLVED

- (i) That the implementation of the proposed Guide to Supporting the Menopause at Work, as detailed in Appendix A to the report, be approved and recommend implementation to the Tameside & Glossop CCG Governing Body for its employees; and
- (ii) That the Guide to Supporting the Menopause at Work as detailed in Appendix A to the report, be approved for adoption by all Governing Bodies of all community, voluntary controlled and voluntary aided schools.

160. ESTABLISHMENT OF A COMMITTEE TO PREPARE A JOINT DEVELOPMENT PLAN DOCUMENT

Consideration was given to a report of the Executive Member, Housing Planning and Employment / Director of Growth explaining that on the 11 December 2020, following the withdrawal of Stockport Council from the production of the Greater Manchester Spatial Framework, the AGMA Executive Board agreed to consider producing a joint Development Plan Document (DPD) of the nine remaining Greater Manchester (GM) boroughs. The joint plan of the nine GM boroughs was to be known as 'Places for Everyone',

Members were advised that each borough was requested to authorise the establishment of a new joint committee of the nine relevant boroughs; Bury, Bolton, Manchester, Oldham, Rochdale, Salford, Tameside, Trafford and Wigan, and to delegate the preparation of the joint development plan document to the new joint committee. The purpose of formulating the committee would be to oversee the production of the joint development plan document.

In the event that the draft joint development plan document was considered to have substantially the same effect on the nine boroughs as the GMSF 2020 had, the next stage would be publication (Regulation 19 stage of the Town and Country Planning (Local Planning) (England) Regulations 2012), as was considered previously by Tameside's Executive Cabinet on 2 November 2020. As with the GMSF, the Council's Executive Cabinet would be responsible for approving the Regulation 19 version of the plan, ahead of a period for representations to be made. Similarly, as with the GMSF, Council would be responsible for approving the joint plan for Submission to the Secretary of State for Independent Examination. It was understood that these approvals would equally be needed across the eight other boroughs also.

As a result of the changes outlined, the Council's Local Development Scheme would need updating. The Local Development Scheme identified the timetable for the production of local development documents, such as Places for Everyone, and their geographical coverage. Similarly, there was also need to review Tameside's Statement of Community Involvement, which needed to make reference to Places for Everyone appropriately, as consultation on it, as a development plan document, would need to be in accordance with each borough's Statement of Community Involvement.

An updated Local Development Scheme and Statement of Community Involvement would be reported separately for approval in due course.

It was noted that, whilst Stockport Council had withdrawn from the joint planning process of the GMSF, and would prepare its own local plan, under s33A of the Planning and Compulsory Purchase Act 2004 required a formal Duty to Co-operate, which included neighbouring boroughs. As part of preparing Places for Everyone, the nine boroughs, including Tameside as a directly adjacent neighbour, would need to enter into dialogue with Stockport as appropriate, on matters of strategic, cross-boundary significance. Details of such discussions would be set out in a Statement of Common Ground in due course.

RESOLVED

Note the following agreed at the Council meeting of the 23 February 2021:

- (i) Approved the making of an agreement with the other eight Greater Manchester Councils (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Trafford, Wigan) to prepare a joint development plan document to cover strategic policies, including housing and employment land requirements and, as appropriate, strategic site allocations and Green Belt boundary amendments and associated infrastructure across the nine districts.**
- (ii) Agreed that the Executive Member Executive Member (Housing, Planning and Employment) (currently Cllr Gerald P Cooney) be the Tameside lead Member for the joint committee and Cllr Claire Reid as the Assistant Executive Member(Planning and Civic Design) be the nominated deputy to attend and vote as necessary.**

- (iii) Noted that Executive Cabinet will be asked to delegate the formulation and preparation of the draft joint development plan document to a joint committee of the nine GM authorities.
- (iv) Noted that a further report will be brought to Full Council seeking approval to submit the joint development plan document to the Secretary of State for independent examination.

That Executive Cabinet:

- (i) Note that Full Council has approved the making of an agreement with the other eight Greater Manchester Councils (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Trafford, Wigan) to prepare a joint development plan document to cover strategic policies, including housing and employment land requirements and, as appropriate, strategic site allocations and Green Belt boundary amendments and associated infrastructure across the nine districts.
- (ii) Delegate to the joint committee of the nine Greater Manchester councils the formulation and preparation of the joint development plan document to cover housing and employment land requirements including, as appropriate, strategic site allocations and Green Belt boundary amendments and associated infrastructure across the nine Greater Manchester districts insofar as such matters are executive functions.
- (iii) Note that the following are the sole responsibility of Full Council:
 - a. Responsibility for giving of instructions to the Executive to reconsider the draft plan submitted by the Executive for the authority's consideration;
 - b. The amendment of the draft joint development plan document submitted by the Executive for the Full Council's consideration;
 - c. The approval of the joint development plan document for the purposes of submission to the Secretary of State for independent examination; and
 - d. The adoption of the joint development plan document.

Councillor Cooney having declared a prejudicial interest in the following item, left the meeting and paid no part in the discussion nor voting thereon.

161. DISPOSAL OF COUNCIL OWNED LAND AND PROPERTY

Consideration was given to a report of the Executive Member, Finance and Economic Growth / Assistant Director of Strategic Property, which sought permission to declare the former Cotton Tree Public House, Droylsden surplus to requirements of the Council.

Members were advised that, due to issues around crime and community safety, on 15 August 2013, the Council acquired the subject property at 106 Market Street for £150,000. Following on from acquisition the Council marketed the vacant property for alternative use and on 7 January 2016 entered into an agreement with a tenant who was looking to operate the former Public House as a restaurant. Unfortunately, the tenant made minimal lease payments since completing the lease initially and had not made any payments since 25 March 2017. The property had not been occupied by the lessee or his trading business for a number of years, leaving the property vacant and in a derelict state.

During the period of void, the Council had received unsolicited interest from developers who were keen to acquire the property from the Authority and both convert and refurbish the building to provide a combination of uses, primarily involving retail uses to the ground floor and residential uses to the upper floors. It was therefore proposed that the Council formally seek to declare the property surplus to its requirements so that, the Authority could explore disposal options that would seek to see the building brought back into a meaningful use.

It was further proposed that the Council would look to include a restriction whereby, it would not be possible to reuse the property as a Public House. This would help avoid the anti-social behaviour issues which prompted the initial property purchase in 2013.

RESOLVED

It be agreed that the premise, known as the former Cotton Tree Public House, together with an area of parking land to the rear be declared surplus to the requirements of the Council. Any disposal of the former Cotton Tree Public House is to include an absolute restriction/covenant restriction to stop it becoming a public house in the future.

162. AUTHORITY'S MONITORING REPORT

Consideration was given to a report of the Executive Member, Housing, Planning and Employment / Director of Growth, which sought approval to publish an updated Authority's Monitoring Report (AMR) for 2019/20 to satisfy the requirements of Section 35 of the Planning and Compulsory Purchase Act 2004.

Members were advised that Section 35 of the Planning and Compulsory Purchase Act 2004 required every local planning authority to prepare an Authority's Monitoring Report (AMR) at least every 12 months. It was reported that the Council's most recent AMR was published in September 2020 and covered the monitoring period 1 April 2018 to 31 March 2019. It was therefore timely to update the AMR to reflect on monitoring activities for 2019/20 and to meet the Council's legal requirements.

RESOLVED

That the publication of those documents which comprise the 2019/20 AMR as listed in paragraph 2.1 and appended to the report, be agreed.

163. INCLUSIVE GROWTH STRATEGY 2021-26

Consideration was given to a report of the Executive Member, Finance and Economic Growth / Director of Growth, which detailed the Inclusive Growth Strategy for review and approval following public consultation.

Members were advised that the Tameside Inclusive Growth Strategy had been approved for consultation on the 2 November 2020. The consultation was robust and successful and ended on the 22 January 2021 with high levels of support for the Strategy.

It was reported that the consultation took place between 4 November 2020 and 22 January 2021 with 7 bespoke workshops engaging multiple demographics attended by 49 people, 22 people responded to the online consultation and two written submissions were received (one being the restated outcomes from a workshop session). The consultation was widely marketed through media, business and community networks.

Overall the consultation found a high level of support for the Strategies Vision, Aims, Opportunities and Strengths in response to the challenges faced.

The 2 November 2020 Cabinet report set out the Governance arrangements for the Strategy. The new Inclusive Growth Board, chaired by the Executive Member, Finance and Economic Growth, would lead on the implementation of the Inclusive Growth Strategy and associated cross cutting Public Service Reform projects with Lead Executive Members involved as appropriate in the delivery and monitoring.

RESOLVED

- (i) That the report and consultation findings be noted; and**
- (ii) That the Inclusive Growth Strategy be adopted.**

164. INFRASTRUCTURE FUNDING STATEMENT 2019-2020

Consideration was given to a report of the Executive Member, Housing, Planning and Employment / Director of Growth, which provided a summary of financial contributions secured by the Council through section 106 agreements from new developments for off-site infrastructure works and affordable housing provision.

Members were advised that Councils were required to publish Infrastructure Funding Statements annually on their websites, which set out the years' income and expenditure that related to the Community Infrastructure Levy (CIL) and Section 106 (S106) agreements. This was a requirement of the Community Infrastructure Levy (CIL) Regulations (amended 2019). Tameside Council did not operate a CIL charging schedule and, therefore, this Infrastructure Funding Statement was provided only in respect of income and expenditure in relation to Section 106 agreements.

Members were presented with a breakdown of the amount of money to be provided under any planning obligations which had been entered into during the reported year. Further, it confirmed the total number of affordable housing units that would be provided on-site. Full details for each of the obligations entered into during this monitoring period were provided in an appendix to the report.

RESOLVED

That the publication of the Infrastructure Funding Statement on the Council's website be approved.

165. TAMESIDE AND STOCKPORT PARTNERSHIP OPPORTUNITIES

Consideration was given to a report of the Executive Member, Lifelong Learning, Equalities, Culture and Heritage / Deputy Executive Leader, Children and Families / Director of Children's Services, which sought approval for scoping work, to explore opportunities related to enhanced partnership in the Education and SEND service.

It was stated that Tameside and Stockport had a track record of working successfully together in Children's Services over the past three years, including through the DfEs Innovation Program and as Partners in Practice. It was believed that it was the time to explore the opportunities that exist to potentially extend and accelerate this partnership. A position given further impetus as a result of the impact of the current pandemic and the wider financial pressures for Local Authorities, not only in 2020/21, but for the foreseeable future. The collaboration therefore, provided an opportunity to respond to the challenges of the pandemic and to help deliver on shared 'build back better' ambitions. This initial scoping exercise undertaken jointly across, in the first instance both Local Authorities Education and SEND departments, would underpin the development of more detailed options appraisals, where the evidence supported this, which would in turn then be available for consideration through the due governance processes of each Authority.

The report detailed five key areas that the scoping work would initially focus on:

- Leadership
- School Improvement
- SEND sufficiency and commissioning plan
- Technical posts
- Traded Services

Further to this proposal it was anticipated that in parallel to this initial scoping work in relation to Education and SEND services that preliminary work would also begin to scope out potential wider opportunities across Children's Services. This was likely to include areas such as placement commissioning and sufficiency, quality assurance and independent review.

The program would be overseen by a Program Board from both LAs including Lead Members, Directors of Children's Services, finance, legal, HR and school representation. An explicit objective

of this programme board would be to initially identify and firm up the areas for collaboration including an appropriate options appraisal and in doing so quantify the risks, impact and outcomes, including the tangible savings that could be achieved within an agreed timeframe. Then steer proposals through due diligence and appropriate governance including any necessary policy changes and then oversee implementation.

RESOLVED

- (i) That content of the report and the potential opportunities that it presents, be noted;**
- (ii) That the scoping work proposed be supported, to explore in the first instance, the opportunities related to “enhanced partnership” in the Education and SEND service and the intention to scope out the opportunity and options with a view to establishing an agreed model within 9-12 months for consideration and approval by Executive Cabinet; and**
- (iii) That the proposed arrangements (for an initial period of 2 years) for a single “Director of Education” position working across both Local Authorities be approved, to lead this work which will be undertaken by Tameside’s Assistant Director for Education subject to a service level agreement with Stockport to ensure that appropriate reimbursement is recovered, which will also enable any additional resources to be put in place to ensure sufficient capacity. The Assistant Director will in undertaking this role retain his current position in the Council’s structure in accordance with the Council’s current existing pay and grading framework.**

166. CARED FOR CHILDREN FORMALISATION

Consideration was given to a report of the Deputy Executive Leader / Director of Children’s Services, detailing a proposal to change the language used regarding Cared for Children in line with the views of young people.

It was explained that over the past two years young people had shared their views at the Children in Care Council (CICC) and during other consultation opportunities, with regard to the language that was used by professionals. They did not like the language or acronyms relating to Cared for Children. Further, they did not want to be referred to as Looked after Children (LAC), or have LAC reviews or LAC medicals. They had co-produced the Coming into Care pack and the new pledge. This had used the language they wanted to see going forward.

Members were advised that the Children in Care Council were aware that changing the language relating to Cared for Children could take some time. They understood that there were some national documents that would still have the terminology ‘Looked after Child’. They hoped that this national approach would change over time but TMBC had an opportunity to change the language in line with the commitment to LISTENing in Tameside and the Voice of the Child Strategy which gave a commitment to co-production, inclusivity and Cared for Children’s views carrying the same weight as that of adults.

RESOLVED

That the change of language relating to Cared for Children be approved. This will enable an implementation plan to be progressed.

167. CARED FOR CHILDREN PLEDGE

Consideration was given to a report of the Deputy Executive Leader / Director of Children’s Services, which sought approval for the Cared for Children’s Pledge.

Members were advised that the Corporate Parenting Panel Partnership and Engagement group for young people had developed a Cared for Children’s Pledge. This was considered and endorsed by the Corporate Parenting Panel on 13 October 2020, which resolved that: that the content of the

report be noted and that the 'New Pledge' be taken through the Council's formal governance process for adoption by the Council. The Cared for Children's Pledge (as appended to the report), encapsulated the thinking of the Cared for Children.

It was explained that endorsing and actively promoting this Pledge would help and support engagement with Cared for Children and enhance the delivery of the Corporate Parenting responsibilities.

RESOLVED

That the Cared for Children's Pledge be agreed and actively supported and promoted across the Authority and partners.

168. HOLIDAY ACTIVITY AND FOOD FUNDING GRANT

Consideration was given to a report of the Deputy Executive Leader / Director of Children's Services, which set out the proposals for spending the HAF Grant, which had been allocated to the Local Authority from the DFE to fund local coordination of free holiday activities and healthy food for disadvantaged children during 2021.

Members were advised that on 8 November 2020, the government announced that the Holiday Activity and Food programme, which had provided healthy food and enriching activities to disadvantaged children since 2018 would be expanded across the whole of England in 2021.

It was reported that Tameside received a Grant determination letter 11 February informing of the total maximum amount payable of £1,162,030. A delivery report was submitted 19 February 2021 to HAF programme, which outlined the proposal of delivery and how Tameside would build upon the delivery from Summer 2020.

The programme would cover one week at Easter, four weeks over summer and one week at Christmas holidays in 2021. All children in receipt of benefits related Free School Meals were eligible.

It was further explained that local authorities had flexibility about how they spent the grant and delivered this provision to best serve the needs of the children and families in their areas. In Tameside, a multi-agency steering group had been established to oversee and support the implementation of the HAF programme.

In order to enable a robust plan for summer and Christmas a HAF coordinator would be appointed through a secondment to Tameside. The HAF coordinator would work with schools and providers across Tameside to develop a plan to enable the full delivery of the programme to all eligible families.

It was explained that as Active Tameside were already commissioned by the Council to deliver holiday activity provision for a broad range of vulnerable children and given the short timescales given by the DFE to deliver Easter provision and because of Active Tameside's existing track record in delivery, it was proposed that via an amendment to their existing arrangements, the Local Authority would allocate £116,880 from the HAF grant for Active Tameside to build upon the previous school holiday provision, nutritional food and support offered throughout COVID for vulnerable families. This would ensure all targets were met for the programme at Easter.

RESOLVED

- (i) That the HAF grant be spent on supporting vulnerable families who are eligible for 'free school meals' in the holiday period;**
- (ii) That a HAF coordinator be appointed to oversee the project and coordinate activity and planning for Summer and Christmas;**
- (iii) That Active Tameside be commissioned to deliver the Easter holiday programme to be funded by the 2020/21 grant of £116,860;**

- (iv) That the remaining allocation for 2021/2022 of £1,045,170 be spent on HAF project over the summer and Christmas period 2021 as outlined within the HAF grant conditions;
- (v) That the HAF coordinator role to lead on mapping and scoping out a financial spend and procurement delivery plan for 2021/2022 to be agreed by Executive Cabinet in June and delivered through the HAF partnership steering group;
- (vi) That it be agreed to develop a preferred provider list for delivery of the programme Summer 2021 and Christmas 2021.

169. NATIONAL PLANNING POLICY FRAMEWORK AND NATIONAL MODEL DESIGN CODE (GOVERNMENT CONSULTATION)

Consideration was given to a report of the Executive Member, Housing Planning and Employment / Director of Growth, which detailed the Council's proposed response to the Governments' consultation on National Planning Policy Framework and National Model Design Code.

Members were advised that the Government's consultation sought views on proposed changes to the National Planning Policy Framework. The text had been revised to implement policy changes in response to the Building Better Building Beautiful Commission "Living with Beauty" Report and was intended to promote quality of design of new development. The Building Better, Building Beautiful Commission was an independent body set up to advise government on how to promote and increase the use of high-quality design for new build homes and neighbourhoods. The "Living with Beauty" report set out the Commission's recommendations to government which proposed three overall aims: ask for beauty, refuse ugliness and promote stewardship and made 45 detailed policy propositions.

In addition, the consultation also sought views on the draft National Model Design Code, which provided detailed guidance on the production of design codes, guides and policies to promote successful design. The government expected this to be used to inform the production of local design guides, codes and policies and wanted to ensure it was as effective as possible.

It was reported that the Ministry of Housing, Communities and Local Government was consulting on the draft text of the revised National Planning Policy Framework and sought views on the draft National Model Design Code. In responding to the consultation, the government would appreciate comments on any potential impacts under the Public Sector Equality Duty. Through a series of focussed questions, it provided the opportunity for comments to be submitted by 27 March 2021, and the proposed responses from the Council were set out in Appendix 1 to the report.

RESOLVED

That the submission of the response at set out in Appendix 1 to the report, be agreed as the Council's response to the Government's consultation "National Planning Policy Framework and National Model Design Code: consultation proposals".

170. IMPACT OF COVID – FUTURE DELIVERY AND RESOURCING OF SPORT AND LEISURE 2021/22 FINANCIAL YEAR

The Executive Member, Neighbourhoods, Community Safety and Environment / Assistant Director, Population Health / Assistant Director of Finance, submitted a report, which updated Members on the plans for short term financial sustainability of the Council's Sport and Leisure facilities provided by Active Tameside, as the sector recovered from the worldwide pandemic and national lockdown measures.

The report outlined the short term financial support required to allow key sports and leisure facilities to be successfully re-opened to the local community and Tameside residents.

It was explained that the Covid Pandemic had had a huge impact on the finances of the Council's leisure provider, Active Tameside and was likely to continue throughout 2021/22 as the nation recovered from the pandemic.

The pandemic had proven that those who were fit and healthy had been least affected by the impact of catching the virus. A sustainable leisure offer for Council residents was key to reducing health inequalities and improving the health resilience of the borough's population.

A separate Sport and Leisure review was being undertaken across the leisure estate over the next six months that set out the long term requirements of the Council to ensure the long term future sustainability of provision for residents. This was currently being consulted on and was reported to Executive Cabinet in February 2021.

RESOLVED

- (i) That a supplementary management fee of £0.77m to Active Tameside for the 2021/22 financial year be approved, to be drawn down on an open book basis, if, as and when the cash is required and that this supplementary management fee is repayable if any additional government support is received and/or there are additional funds received by Active Tameside by way of insurance settlements;**
- (ii) It be agreed that any decision around the treatment of the prudential borrowing debt will be subject to an additional report once all other funding routes have been exhausted and the broader insurance claim has been settled;**
- (iii) It be agreed that any further support by way of the 2022/23 management fee is agreed as part of the 2022/23 budget process; and**
- (iv) It be agreed that a contingency of £0.5m be set aside from carried forward Covid grants as support in case of the delayed relaxation of restrictions or subsequent additional national restrictions being imposed by the Government.**

171. COVID-19 WINTER GRANT EXTENSION

A report was submitted by the Executive Leader / Assistant Director, Policy Performance and Communications, which set out proposals for spending the extended 'Covid Winter Grant' before the 31 March 2021 to support families who were struggling to access food and warmth.

It was reported that Tameside had been allocated £311,000. Funding would be ring fenced and covered the period until 17 April 2021.

Details of the eligibility framework and categories of spend were given. An update on the organisations which had been funded to support those struggling to access food and essentials through the Winter Covid Grant (original grant), was also provided.

RESOLVED

- (i) That the Covid Winter grant be spent on supporting vulnerable families and individuals as set out at appendix 1 to the report;**
- (ii) That a voucher scheme for children eligible for free school meals be established. This scheme will enable children eligible for free school meals to receive two £15 a week food vouchers for the Easter Holiday period;**
- (iii) That any families who are not eligible for FSM but are in need to support online contact the Early Help Access Point for help, support and advice;**
- (iv) That the voucher scheme be extended out to Care Leavers for the Christmas period (to a value of £30);**
- (v) That the scheme is further extended to low income sixth form and college students (to a value to £30). Administration of grants to students via the colleges will be formalised by letter to the colleges containing any appropriate conditions in relation to the administration of the grants on behalf of the Council;**

- (vi) That an amount of money be invested in welfare rights and Willow Wood to provide food vouchers to those who are in financial need (120 vouchers in total); and
- (vii) To work with the following supermarkets to distribute vouchers, Tesco, Sainsbury's, Morrisons and Asda, we will have written terms and conditions attached to the purchase order.

172. RE-OPENING HIGH STREETS FUND

Consideration was given to a report of the Executive Member, Finance and Economic Growth / Director of Growth giving an update on the governments Re-Opening High Streets Fund and changes by central government to programme delivery timescales and eligibility criteria, which had resulted in the council having to update its Re-Opening High Streets Fund Delivery Plan (as detailed in an appendix to the report.

It was explained that, at the time of announcing the RHSS Programme, central government encouraged Council's to get on with drafting delivery plans and accordingly, proposals were considered by Tameside Council's Executive Cabinet in August 2020. However in late September 2020, MHCLG appointed Contract Managers to liaise with Councils on their programmes and to provide advice on expenditure. Councils were advised they must prepare a formal Grant Action Plan (GAP), to be agreed by MHCLG. Once agreed, the GAP informed a Grant Funding Agreement (GFA) between Tameside MBC and MHCLG.

The Government Guidance for the funding originally covered four areas of eligible activity:

- a) Support to develop an action plan for how the local authority may begin to safely reopen their local economies;
- b) Communications and public information activity to ensure that reopening of local economies can be managed successfully and safely;
- c) Business-facing awareness raising activities to ensure that reopening of local economies can be managed successfully and safely;
- d) Temporary public realm changes to ensure that reopening of local economies can be managed successfully and safely.

A public consultation was undertaken virtually to provide the opportunity for residents and businesses to provide views on the programme. The consultation also provided an opportunity for the community to assist in highlighting 'pinch points' that may require temporary alterations in order to allow social distancing to take place and none were raised. The consultation ran from the 3 August for 6 weeks ending on the 11 September 2020 and was accessed through the authority's website and had dedicated communications running alongside to raise awareness. In total, 278 responses were received. The report gave details of the findings and council responses.

Consultation had also taken place with local business owners including shopping centre management to inform of the allocation and to ensure that a co-ordinated approach could be undertaken. Members and the Chairs of the town teams were also contacted by the Executive Member for Finance and Economic Growth to brief them about the allocation, restrictions of the ERDF funding and the public consultation.

The report further set out the current areas of expenditure contained in the Grant Action Plan (Appendix 1 to the report) and being actively worked on through constant dialogue with MHCLG. These areas of expenditure will form the Grant Funding Agreement between MHCLG and the Council.

A timeline for the project was also presented in the report.

RESOLVED

- (i) That the Grant Action Plan, as at Appendix 1 to the report, be approved;

- (ii) That any necessary funding variances on the activity detailed in the Grant Action Plan (Appendix 1), be approved, within the funding envelope of £0.201m, to ensure all the funding is spent before 30 June 2021; and
- (iii) That entering into the necessary contracts to deliver the works detailed in the Grant Action Plan (Appendix 1 to the report), be approved.

173. LICENSING ACT POLICY EXTENSION

Consideration was given to a report of the Executive Member, Neighbourhoods Community Safety and Environment / Assistant Director, Operations and Neighbourhoods. The report recommended the re-instatement of the current Statement of Licensing Policy for one year and for a full review and consultation to be conducted in 2021/22.

Members were advised that Section 5 of the Licensing Act 2003 required Tameside Council to review its Licensing Policy every 5 years. Due to the extraordinary impact of the Coronavirus pandemic in 2020, this full review had not been able to take place. The Government had clarified that primary legislation would not be amended to delay the requirement for Councils to review statements of licensing policy. Therefore, it was proposed to carry over the current policy subject to a full review being carried out in 2021/2022. Responsible authorities and licensed trade networks had been informally consulted on this proposed approach.

It was explained that the impact of the Coronavirus pandemic on licensed premises and night time economy had been severe. Several licensed premises had closed due to the pandemic and venues such as nightclubs had been unable to open since March 2020 and it was not clear what the lasting impacts on the sector would be. The revised policy would need to effectively reflect the situation post-Covid.

RESOLVED

That the Executive Cabinet RECOMMENDS to Council the re-instatement of the current Statement of Licensing Policy for one year, subject to a full review and consultation process being conducted in 2021/2022. This approach will enable the updated Policy to take into account the impact of the Coronavirus pandemic on the licensed sector.

174. URGENT ITEMS

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

CHAIR

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STRATEGIC COMMISSIONING BOARD

24 March 2021

Comm: 1.00pm

Term: 2.05pm

Present:

- Dr Ashwin Ramachandra – NHS Tameside & Glossop CCG (Chair)
- Councillor Brenda Warrington – Tameside MBC
- Councillor Warren Bray – Tameside MBC (part meeting)
- Councillor Gerald P Cooney – Tameside MBC
- Councillor Bill Fairfoull – Tameside MBC
- Councillor Leanne Feeley – Tameside MBC
- Councillor Oliver Ryan – Tameside MBC
- Councillor Eleanor Wills – Tameside MBC
- Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer
- Dr Asad Ali – NHS Tameside & Glossop CCG
- Dr Christine Ahmed – NHS Tameside & Glossop CCG
- Dr Kate Hebden – NHS Tameside & Glossop CCG
- Dr Vinny Khunger – NHS Tameside & Glossop CCG
- Carol Prowse – NHS Tameside & Glossop CCG

In Attendance:

Sandra Stewart	Director of Governance & Pensions
Kathy Roe	Director of Finance
Richard Hancock	Director of Children’s Services
Steph	Director of Adults Services
ButterworthJayne	Director of Growth
Traverse	Director of Commissioning
Jess Williams	Assistant Director of Population Health
Debbie Watson	Assistant Director of Finance
Tom Wilkinson	Assistant Director, Policy Performance & Communication
Sarah Threlfall	Assistant Director, People & Workforce Development
Tracy Brennand	Assistant Director, Operations and Neighbourhoods
Emma Varnam	Public Health Consultant
Sarah Exall	Head of Mental Health and Learning Disabilities – Tameside & Glossop CCG
Pat McKelvey	

Apologies for Councillor Allison Gwynne - Tameside MBC
Absence: Councillor Joe Kitchen – Tameside MBC

96. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

97. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 10 February 2021 be approved as a correct record.

98. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of the Executive Board held on: 3 February, 10 February, 17 February and 3 March 2021, be noted.

99. LIVING WITH COVID BOARD

RESOLVED

That the Minutes of the meetings of the Living with Covid Board held on: 20 January and 24 February 2021, be noted.

100. CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 31 JANUARY 2021

Consideration was given to a report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance, which updated Members on the financial position up to 31 January 2021 and forecasts to 31 March 2021.

It was reported that as at Month 10, the Strategic Commission was forecasting a net underspend of £0.155 by 31 March 2021. This was a significant improvement on the position reported at Month 9 and reflected additional Covid related income on Council budgets, which had reduced the forecast overspend to £0.358m. On the assumption that the anticipated Covid top up was received in full, a surplus of £512k was projected at year-end on CCG budgets.

It was reported that whilst the overall forecast position was looking more positive, there remained significant variances in some service areas, which were not attributed to Covid and which presented ongoing financial risks for future years.

The Director of Finance advised Members that there was a forecast in year deficit on the Collection Fund for both Council Tax and Business Rates due to the impact of the Covid Pandemic. The forecast deficit would need to be funded in 2021/22 and the forecast deficit was reflected in the 2021/22 budget approved by Full Council on 23 February 2021.

The third capital monitoring report for 2020/21 summarised the forecast outturn at 31 March 2021 based on the financial activity to 31 January 2021. The approved budget for 2020/21 was £56.338m and the forecast for the financial year was £46.410m.

In respect of the Designated Schools Grant (DSG) it was explained that the Council was facing significant pressures on High Needs funding and started the 2020/21 financial year with an overall deficit on the DSG reserve of £0.557m. The projected in-year deficit on the high needs block was expected to be £2.838m due to the continuing significant increases in the number of pupils requiring support. If the 2020/21 projections materialised, there would be a deficit on the DSG reserve at the end of this financial year. This would mean it was likely a deficit recovery plan would have to be submitted to the Department for Education (DfE) outlining how this deficit was expected to be recovered and how spending would be managed over the next 3 years and would require discussions and agreement of the Schools Forum.

Members were advised that the CCG had a cumulative surplus held with NHS England, which had built up over a number of years and was reported in the CCG annual accounts. NHS England had offered the opportunity to access this resource in 2020/21 financial year to support the financial pressures faced by the system to tackle delays incurred in implementation of the next phase of the transformation as a result of Covid. It was proposed that this surplus be accessed and utilised to facilitate ongoing financial sustainability across the economy. This additional funding would enable the Strategic Commission to invest in integrated transformation programmes, to improve outcomes and efficiency.

Members were further advised that the Ministry of Housing, Communities and Local Government had announced the distribution of £125m nationally to support the implementation of the Domestic Abuse Bill when it came into law (subject to Parliamentary approval). Tameside were eligible for £0.548m towards this to be spent in the 2021/22 financial year, with a robust needs assessment to be prepared by August 2021. To access this funding the MHCLG required the Council to sign a memorandum of understanding to confirm that they would use the funding towards the necessary

preparations and meet the obligations yet to be made law. As the funding was in excess of £500K in accordance with the Council's Constitution, a further report would be necessary for Executive Cabinet approval of the proposed allocation of the funding.

RESOLVED:

- (i) That the forecast outturn position and associated risks for 2020/21 as set out in Appendix 1 to the report, be noted;**
- (ii) That the significant pressures facing Council Budgets as set out in Appendix 2 to the report, be noted;**
- (iii) That Executive Cabinet be recommended to approve the budget virements and reserve transfers set out on pages 23 and 24 of Appendix 2 to the report;**
- (iv) That the forecast Collection Fund position for 2020/21 as set out in Appendix 3 to the report, be noted;**
- (v) That the Capital Programme 2020/21 forecast be noted and Executive Cabinet be recommended to approve the re-profiling of capital budgets as set out in Appendix 4 to the report;**
- (vi) That the forecast position in respect of Dedicated Schools Grant as set out in Appendix 5 to the report, be noted;**
- (vii) That the proposals for accessing the CCG cumulative surplus and the utilisation of funds for the purposes set out in section 6 of the report be approved, including the creation of earmarked reserves to support specific initiatives; and**
- (viii) That Executive Cabinet be recommended to approve the signing of the Memorandum of Understanding to accept £0.548m of funding to support the preparation for the Domestic Abuse Bill and to receive a further report to agree the implementation strategy in Tameside, as outlined in Section 8 of the report.**

101. EARLY YEARS POPULATION HEALTH COMMISSIONING UPDATE AND INTENTIONS

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Clinical Lead for Starting Well / Assistant Director (Population Health), which detailed Population Health's early years commissioning intentions for 2021 – 2022 and set out specific details to extend for one year, two service agreements.

It was stated that HomeStart provided one-to-one peer support for families via a team of dedicated and supervised volunteers, who visited families' for a couple of hours per week and tailored support to meet the individual needs of the family. The core HomeStart Peer Support Service had operated for a number of years on a grant funding basis from the Strategic Commission's Population Health Directorate.

The grant for the core HomeStart Peer Support Service had been £75,000 per annum. However, this was uplifted to £125,000 last year using monies from the Troubled Families funding. The current grant agreement was due to end of the 31 March 2021.

It was explained that the intention during the past 12 months, was to initiate a procurement exercise however the impact of the Covid pandemic had affected the service's ability to undertake a re-procurement exercise before the expiry of the grant, therefore authorisation was requested to renew the current grant arrangement for one year from 1 April 2021.

It was further explained that the 12 month extension would allow the Strategic Commission to receive confirmation from the Government regarding long term funding arrangements for the Troubled Families programme, as well as allow time to co-design and align to the strategic objective to integrate 0-19 children and family services by April 2022.

Members were reminded that at the Strategic Commissioning Board in March 2020, approval was given to retender the Breastfeeding Peer Support Service jointly with Oldham MBC. However, due to the impact of the pandemic, the retender for the service did not take place. The current contract

was due to end on the 31 March 2021. Authorisation was therefore sought to extend the current contract for one year from the 1 April 2021. The intention to do this had been agreed by Oldham MBC.

It was reported that, during this time, the Service would be included in the review, co-design and align to the strategic objective to integrate 0-19 children and family services by April 2022. The outcomes of the 0-19 children, family and early help services review, would inform the commissioning arrangements of services commissioned from April 2022. The outcomes of the review and further commissioning intentions would be reported to the Strategic Commission Board in Summer 2021.

RESOLVED

- (i) That the core grant arrangements with HomeStart be extended for 12 months to 31 March 2022; and**
- (ii) That the contract for the Breastfeeding Peer Support Service (commissioned jointly with Oldham MBC) be extended for 12 months to 31 March 2022.**

102. DELIVERING THE NHS LONG TERM PLANS: MENTAL HEALTH BUSINESS CASE 2021/24

A report was submitted by the Executive Member, Adult Social Care and Health / Clinical Lead for Mental Health and Learning Disabilities / Clinical Lead for Starting Well / Director of Commissioning setting out funding expectations and the proposed developments to address the mental health recommendations in the NHS Long Term Plan.

Mr Freeman, a volunteer/facilitator with the Anthony Seddon Fund presented before Members and explained his role with the charity and how it had helped him deal with PTSD and mental health issues he had experienced following traumatic events in his life. He further shared the life stories of some of the people in his group. He expressed his gratitude for the life-changing support provided by the Anthony Seddon Fund, which had helped him and others turn around their lives.

Members were advised that the NHS Long Term Plan (2019) outlined the government's commitment to improving mental health services, both for adults and children and young people. In adult services, the plan signaled an extension of commitments in the *Five Year Forward View for Mental Health* (5YFVMH) to 2023/24. It aimed to create a more comprehensive service system, particularly for those who were seeking help in crisis, with a single point of access for adults and children and 24/7 support with appropriate responses across NHS 111, ambulance and A&E services.

The Long Term Plan built on the recommendations from the Five Year Forward View. The Director of Commissioning highlighted programs that would be completed as part of the programs of work delivered at a locality and GM level: -

- Expanding the availability of specialist perinatal mental health services, from preconception to two years after birth, and extending support to their partners if they need it
- A further expansion in the Improving Access to Psychological Therapies (IAPT) programme, particularly for people with long-term physical conditions
- Testing a four-week waiting time target for community mental health teams
- Developing "a new community-based offer [which] will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance misuse"
- Building on the current expansion of crisis care, "ensuring the NHS will provide a single point of access and timely, universal mental health crisis care for everyone" (p70) including nationwide use of the NHS 111 line, 24/7 community support, alternatives to admissions (such as crisis houses and sanctuaries) and improved ambulance services

- Designing a “new Mental Health Safety Improvement Programme” to prevent suicide in inpatient units and offer support for people bereaved by suicide
- Expand further the availability of employment services using the evidence-based Individual Placement and Support (IPS) approach to help people who have “a personal goal to find and retain employment” by 2023/24
- Improve mental health support in the criminal justice system, including improved continuity of care for people entering or leaving prison, supporting Community Service Treatment Requirements for people who might otherwise get a prison sentence, and providing trauma-informed services for children in the youth justice system
- Provide holistic support to people leaving care and to veterans leaving the Armed Forces
- Scale up and improve mental health support for children, young people and young adults.
- Expansion of community-based crisis services for children and young people.
- One-fifth of schools and colleges to have a mental health support team in place by the end of 2023
- Feasibility test for a national access and waiting time standard for specialist services.
- Addressing the issue of transitions between child and adult mental health services by creating “a comprehensive offer for 0-25 year olds”

It was explained that the NHS Long Term Plan promised considerable investment to meet the commitments via two routes – Transformation Funding via the STP and allocations within the CCG Baseline. The Tameside and Glossop Strategic Commission had long recognised the importance of mental health and had been committed to improve parity of esteem and redress the balance between physical and mental health. Significant new investment had been committed over the past four years. However, although investment in MH services had increased, the spend per head of population was low compared to GM, North Region and Nationally. Furthermore, despite the increased investment the overall % of the CCG budget invested in mental health had not increased, due to uplifts in the CCG allocation. In 2019/20 the CCG spend on MH accounted for 11.1% of the total CCG budget.

It was further explained that the CCG Allocation Growth was based on the CCGs 5 yr allocations pre COVID. Allocations for 21/22 and beyond had yet to be finalised as CCGs awaited further planning guidance which was not due until April 2021.

Members expressed their sincere appreciation and thanks to Mr Freeman for sharing his powerful life story and the experiences of people in his group and their journey to improved mental health. Members further highlighted the importance of investment in mental health services and the vital support provided by charities like the Anthony Seddon Fund.

RESOLVED

That the investment proposals, as set out in Section 8 of the report, be approved.

103. FLU VACCINATION PROGRAMME 2021/2022: STRATEGIC COMMISSION WORKFORCE VACCINATION

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Director of Population Health, which set out the aims, ambitions and rationale for a flu vaccination programme for all staff in the Local Authority and CCG workforce.

It was reported that front line health and social care workers were at higher risk than most of the population of contracting seasonal influenza (“flu”), due to the number of people they were in contact with through their work and the nature of these contacts. In addition, there was a risk of them transmitting flu to the vulnerable people they care for. Health and social care employers therefore had a duty to offer flu vaccinations to their staff.

More broadly, employers had a duty of care to their workforce and could offer them protection against a disease which brought with it a relatively high risk of serious illness and even death. Influenza cost

employers millions of working days lost across the UK, many of which could be avoided by the flu vaccine.

It was proposed that for the 2021/22 flu season, 100% of all front-line staff employed by the Strategic Commission should be offered the vaccination, and that as many as possible take up the offer. Furthermore, office-based staff should have the opportunity to take up the flu vaccine, to ensure that staff were protected against flu and to ensure business continuity.

RESOLVED

- (i) That the model proposed in section 7 of the report, be approved;**
- (ii) That there be a commitment to supporting and funding staff employed by the Strategic Commission to receive a vaccination; and**
- (iii) That the offer to schools to access vaccination through this model, as a chargeable service while vaccine is available, be supported.**

104. SUPPORTING MENOPAUSE AT WORK

Consideration was given to a report of the Executive Leader / Assistant Director for People and Workforce Development, which gave a details of a guide, called *Supporting the Menopause at Work*, which had been developed in order to support those employees going through menopause.

The guidance pulled together the latest information on how the menopause affected some employees at work. The guidance was aimed at managers and employees to support those going through the menopause and offered practical guidance on how to hold open, honest discussion and improve workplace environments. Managers had an important role to play in ensuring that anyone who experienced menopausal symptoms was offered the same support and understanding as they would if they had any other health issue, and that support was tailored appropriately to the individual.

The organisation had a legal duty to make a suitable and sufficient assessment of the workplace risks to the health and safety of their employee; which included ensuring menopausal symptoms were not made worse by the workplace, and making changes to help an employee manage their symptoms whilst doing their job.

Moreover, it was important to recognise within an organisation where over 70% of its employees were female and the average age of the work force was above 51 years of age, which was also the average age for menopause, that this was a significant issue for the Council and therefore even more essential that the appropriate support was put in place to support and get the best from our workforce.

Members were advised that Menopause awareness sessions had been delivered, with 61 females attending the available sessions and providing extremely positive feedback. Future menopause sessions would build on this established platform to increase awareness across the workforce and enable managers to effectively support employees affected by the menopause.

RESOLVED

- (i) That the implementation of the proposed Guide to Supporting the Menopause at Work, as detailed in Appendix A to the report, be approved and recommend implementation to the Tameside & Glossop CCG Governing Body for its employees; and**
- (ii) That the Guide to Supporting the Menopause at Work as detailed in Appendix A to the report, be approved for adoption by all Governing Bodies of all community, voluntary controlled and voluntary aided schools.**

105. URGENT ITEMS

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

CHAIR

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BOARD

10 March 2021

Present: **Elected Members** **Councillors Warrington (In the Chair), Bray, Cooney, Fairfoull, Feeley, Gwynne, Kitchen Ryan and Wills**
 Chief Executive **Steven Pleasant**
 Borough Solicitor **Sandra Stewart**
 Section 151 Officer **Kathy Roe**

Also in Attendance: **Dr Asad Ali, Tim Bowman, Steph Butterworth, Ilys Cookson, Sarah Exall, Jeanelle De Gruchy, Richard Hancock, Martyn Leigh, Dr Ashwin Ramachandra, Ian Saxon, Paul Smith, Jayne Traverse, Emma Varnam, Debbie Watson and Tom Wilkinson**

230 DECLARATIONS OF INTEREST

There were no declarations of interest.

231 MINUTES OF PREVIOUS MEETING

The minutes of the Board meeting on the 3 March 2021 were approved as a correct record.

232 SAVINGS DELIVERY 2021/22

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Finance. The report provided Members with an update on the first savings monitoring exercise for delivery of the 2021/22 savings, and highlighted any risks or delays to delivery.

Members were advised that progress on the delivery of proposed savings as part of the 2021/22 budget process would be monitored on a monthly basis, with a proportion of schemes reviewed at different points during the year. Appendix 1 included the timetable for reporting required to ensure that these key projects were on track. All directorates completed an implementation template as part of their original proposals.

It was explained that the reporting schedule had been tailored to align with key implementation points of proposals that were assessed to be a red or amber risk to assure members that delivery was on track. As part of this reporting it was expected that Directorates complete the implementation section of the original savings templates and these detailed plans would be reviewed by the Senior Leadership Team.

It was reported that three schemes originally rated as 'Green' had been reassessed to Amber as there were some unexpected delays to delivery. Of the 33 schemes scheduled for detailed review this month, 21 schemes were on track. Four schemes were partially on track with delays to some elements of the scheme. Three schemes were not on target with significant delays to delivery. Where schemes were not on target officers sought to identify alternative savings proposals to mitigate delay or non-delivery.

AGREED

That the report be noted.

233 CARED FOR CHILDREN FORMALISATION

Consideration was given to a report of the Deputy Executive Leader / Director of Children's Services. The report detailed the proposal to change the language used regarding Cared for Children in line with the views of young people.

The Director of Children's Services explained that over the past two years young people had shared their views at the Children in Care Council (CICC) and during other consultation opportunities with regards to the language that was used by professionals. They did not like the language or acronyms relating to Cared for Children. Further, they did not want to be referred to as Looked after Children (LAC). They had co-produced the Coming into Care pack and the new pledge. This had used the language they wanted to see going forward.

It was explained that the Children in Care Council were aware that changing the language relating to Cared for Children could take some time. They understood that there were some national documents that would still have the terminology 'Looked after Child'. They hoped that this national approach would change over time but TMBC had an opportunity to change the language in line with the commitment to LISTENing in Tameside and the Voice of the Child Strategy which gave a commitment to co-production, inclusivity and Cared for Children's views carrying the same weight as that of adults.

AGREED

That Executive Cabinet be recommended to approve the change in language relating to Cared for Children. This would enable an implementation plan to be progressed.

234 CARED FOR CHILDREN PLEDGE

Consideration was given to a report of the Deputy Executive Leader / Director of Children's Services, which sought approval for the Cared for Children's Pledge.

Members were advised that the Corporate Parenting Board and Engagement group for young people had developed a Cared for Children's Pledge. This was considered and endorsed by the Corporate Parenting Board on 13 October 2020, which resolved that: that the content of the report be noted and that the 'New Pledge' be taken through the Council's formal governance process for adoption by the Council. The Cared for Children's Pledge at **Appendix 1** encapsulated the thinking of the Cared for Children.

It was explained that endorsing and actively promoting this Pledge would help and support engagement with Cared for Children and enhance the delivery of the Corporate Parenting responsibilities.

AGREED

That Executive Cabinet be recommended to agree that the Cared for Children's Pledge is agreed and actively supported and promoted across the Authority and our partners.

235 BUSINESS RATES - EXTENSION TO RELIEFS AND DISCOUNTS 2021/22

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Assistant Director of Exchequer Services. The report detailed the temporary business rate support announced by the Chancellor on the 3 March 2021 for eligible retail, hospitality, leisure and nursery businesses in England occupying a qualifying property.

It was reported that on the 3 March 2021 the government confirmed in the budget statement that the Expanded Retail Discount would continue to apply in 2021/22 at reduced levels for eligible business premises.

From 1 July 2021 to 31 March 2022, the Expanded Retail Discount would apply at 66% relief for eligible properties, with a cash cap of £2m for businesses that were required to close as at 5 January 2021, and up to £105,000 for business permitted to open at that date.

From 1 July 2021 to 31 March 2022 the Nursery Discount would apply at 66% relief for eligible properties, with a cash cap of £105,000.

It was stated that the discounts were fully funded by central government by a section 31 grant and New Burdens funding would be awarded at a future point. The discount was to be awarded under Section 47 of the LGFA and written notice would be given to all eligible businesses by 31 March 2021 that the discount would reduce from 100% as at 30 June 2021 to 66% discount from 01 July 2021 to 31 March 2022. Eligible businesses would be given the opportunity to opt out from receiving the discount.

It was reported that there were resource implications in applying the correct level of discount to eligible bills at the late stage in the year start billing process, however by not awarding the discount the local economy in these sectors would suffer further. There could be a risk to collection of business rates from 01 July 2021 onwards from eligible businesses as many have had no business rates to pay for at least a year, and it could not be predicted as to how trade may be affected post lockdown.

AGREED

That Executive Cabinet be recommended to note and approve the following:-

- (i) The temporary extension to eligible retail, hospitality, leisure and nursery discount up to 30 June 2021 at 100%, and then reduced discount of 66% from 01 July to 31 March 2022, in accordance with Section 47 of Local Government Finance Act 1988 be approved;**
- (ii) The cash cap on discount awarded to eligible accounts from 01 July to 31 March 2022 is noted.**

236 HOLIDAY ACTIVITY AND FOOD FUNDING GRANT

Consideration was given to a report of the Deputy Executive Leader / Director of Children's Services, which set out the proposals for spending the HAF Grant, which had been allocated to the Local Authority from the DFE to fund local coordination of free holiday activities and healthy food for disadvantaged children during 2021.

Members were reminded that on 8 November 2020, the government announced that the Holiday Activity and Food programme, which had provided healthy food and enriching activities to disadvantaged children since 2018 would be expanded across the whole of England in 2021.

It was reported that Tameside received a Grant determination letter on 11 February 2021 informing of the total maximum amount payable of £1,162,030 . A delivery report was submitted 19 February 2021 to HAF programme, which outlined the proposal of delivery and how Tameside would build upon the delivery from Summer 2020

The programme would cover one week at Easter, 4 weeks over summer and one week at Christmas holidays in 2021. All children in receipt of benefits related Free School Meals were eligible.

The Director of Children's Services explained that Local authorities had flexibility about how they could spend the grant and deliver this provision to best serve the needs of the children and families in their areas. In Tameside a multi- agency steering group had been established to oversee and support the implementation of the HAF programme.

It was stated that to enable a robust plan for summer and Christmas a HAF coordinator would be appointed through a secondment to Tameside. The HAF coordinator would work with schools and providers across Tameside to develop a plan to enable the full delivery of the programme to all eligible families.

It was explained that as Active Tameside were already commissioned by the Council to deliver holiday activity provision for a broad range of vulnerable children. Given the short timescales given by the DFE to deliver Easter provision and because of Active Tameside's existing track record in delivery, it was proposed that via an amendment to their existing arrangements, the Local Authority would allocate £116,880 from the HAF grant for Active Tameside to build upon the previous school

holiday provision, nutritional food and support offered throughout COVID for vulnerable families This would ensure we meet all targets for the programme at Easter.

AGREED

That Executive Cabinet be recommended to agree that:

- (i) The HAF grant be spent on supporting vulnerable families who are eligible for ‘free school meals’ in the holiday period.**
- (ii) A HAF coordinator be appointed to oversee the project and coordinate activity and planning for Summer and Christmas.**
- (iii) Active Tameside be commissioned to deliver the Easter holiday programme to be funded by the 2020/21 grant of £116,860;**
- (iv) The remaining allocation for 2021/2022 of £1,045,170 be spent on HAF project over the summer and Christmas period 2021 as outlined within the HAF grant conditions.**
- (v) The HAF coordinator role to lead on mapping and scoping out a financial spend and procurement delivery plan for 2021/2022 to be agreed by Executive Cabinet in June and delivered through the HAF partnership steering group**
- (vi) It be agreed to develop a preferred provider list for delivery of the programme Summer 2021 and Christmas 2021.**

237 RE-OPENING HIGH STREETS FUND

AGREED

That Item 4g Re-Opening High Streets Fund be deferred to the next meeting of the Board.

238 NATIONAL PLANNING POLICY FRAMEWORK AND NATIONAL MODEL DESIGN CODE (GOVERNMENT CONSULTATION)

Consideration was given to a report of the Executive Member for Housing Planning and Employment / Director of Growth, which detailed the Council’s proposed response to the Governments’ consultation on National Planning Policy Framework and National Model Design Code.

Members were advised that the Government’s consultation sought views on proposed changes to the National Planning Policy Framework. The text had been revised to implement policy changes in response to the Building Better Building Beautiful Commission “Living with Beauty” Report and was intended to promote quality of design of new development. The Building Better, Building Beautiful Commission was an independent body set up to advise government on how to promote and increase the use of high-quality design for new build homes and neighbourhoods. The “Living with Beauty” report set out the Commission’s recommendations to government which proposed three overall aims: ask for beauty, refuse ugliness and promote stewardship and made 45 detailed policy propositions.

In addition, the consultation sought views on the draft National Model Design Code, which provided details guidance on the production of design codes, guides and policies to promote successful design. The government expected this to be used to inform the production of local design guides, codes and policies and wanted to ensure it was as effective as possible.

It was reported that the Ministry of Housing, Communities and Local Government was consulting on the draft text of the revised National Planning Policy Framework and sought views on the draft National Model Design Code. In responding to this consultation, the government would appreciate comments on any potential impacts under the Public Sector Equality Duty. Through a series of focussed questions, it provided the opportunity for comments to be submitted by 27 March 2021, and the proposed responses from the Council were set out in the attached Appendix 1.

AGREED

That the Executive Cabinet be recommended to agree to the submission of the response at Appendix 1 as the Council's response to the Government's consultation "National Planning Policy Framework and National Model Design Code: consultation proposals".

239 DELIVERING THE NHS LONG TERM PLAN: MENTAL HEALTH BUSINESS CASE 2021/24

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Clinical Lead for Mental Health and Learning Disabilities / Clinical Lead for Starting Well / Director of Commissioning. The report set out funding expectations and the proposed developments to address the mental health recommendations in the NHS Long Term Plan.

Members were advised that the NHS Long Term Plan (2019) outlined the government's commitment to improving mental health services, both for adults and children and young people. In adult services, the plan signaled an extension of commitments in the *Five Year Forward View for Mental Health* (5YFVMH) to 2023/24. It aimed to create a more comprehensive service system, particularly for those who were seeking help in crisis, with a single point of access for adults and children and 24/7 support with appropriate responses across NHS 111, ambulance and A&E services.

The Long Term Plan would build on the recommendations from the Five Year Forward View. The Director of Commissioning highlighted programs that would be completed as part of the programs of work delivered at a locality and GM level: -

- Expanding the availability of specialist perinatal mental health services, from preconception to two years after birth, and extending support to their partners if they need it.
- A further expansion in the Improving Access to Psychological Therapies (IAPT) programme, particularly for people with long-term physical conditions.
- Testing a four-week waiting time target for community mental health teams.
- Developing "a new community-based offer [which] will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance misuse".
- Building on the current expansion of crisis care, "ensuring the NHS will provide a single point of access and timely, universal mental health crisis care for everyone" (p70) including nationwide use of the NHS 111 line, 24/7 community support, alternatives to admissions (such as crisis houses and sanctuaries) and improved ambulance services.
- Designing a "new Mental Health Safety Improvement Programme" to prevent suicide in inpatient units and offer support for people bereaved by suicide.
- Expand further the availability of employment services using the evidence-based Individual Placement and Support (IPS) approach to help people who have "a personal goal to find and retain employment" by 2023/24
- Improve mental health support in the criminal justice system, including improved continuity of care for people entering or leaving prison, supporting Community Service Treatment Requirements for people who might otherwise get a prison sentence, and providing trauma-informed services for children in the youth justice system
- Provide holistic support to people leaving care and to veterans leaving the Armed Forces
- Scale up and improve mental health support for children, young people and young adults.
- Expansion of community-based crisis services for children and young people.
- One-fifth of schools and colleges to have a mental health support team in place by the end of 2023.
- Feasibility test for a national access and waiting time standard for specialist services.
- Addressing the issue of transitions between child and adult mental health services by creating "a comprehensive offer for 0-25 year olds"

It was explained that the NHS Long Term Plan promised considerable investment to meet the commitments via two routes – Transformation Funding via the STP and allocations within the CCG Baseline. The Tameside and Glossop Strategic Commission had long recognised the importance of mental health and had been committed to improve parity of esteem and redress the balance between physical and mental health. Significant new investment had been committed over the past four years.

However, although investment in MH services had increased, the spend per head of population was low compared to GM, North Region and Nationally. Further, despite the increased investment the overall % of the CCG budget invested in mental health had not increased, due to uplifts in the CCG allocation. In 2019/20 the CCG spend on MH accounted for 11.1% of the total CCG budget.

It was further explained that the CCG Allocation Growth was based on the CCGs 5 year allocations pre COVID. Allocations for 21/22 and beyond had yet to be finalised as CCGs wait further planning guidance which was not due until April 2021.

AGREED

That Strategic Commissioning Board be recommended to approve the investment proposals as outlined in section 8 of the report.

240 FLU VACCINATION PROGRAMME 2021/2022: STRATEGIC COMMISSION WORKFORCE VACCINATION

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Director of Population Health, which set out the aims, ambition and rationale for a flu vaccination programme for all staff in the Local Authority and CCG workforce.

The Consultant for Public Health reported that front line health and social care workers were at higher risk than most of the population of contracting seasonal influenza (“flu”), due to the number of people they were in contact with through their work and the nature of these contacts. In addition, there was a risk of them transmitting flu to the vulnerable people they care for. Health and social care employers therefore had a duty to offer flu vaccinations to their staff.

It was explained that more broadly, employers had a duty of care to their workforce and can offer them protection against a disease which brings with it a relatively high risk of serious illness and even death. Finally, influenza costs employers millions of working days lost across the UK, many of which could be avoided by the flu vaccine.

It was stated that it was proposed that for the 2021/22 flu season, 100% of all front-line staff employed by the strategic commission should be offered the vaccination, and that as many as possible take up the offer. Further, office-based staff should have the opportunity to take up the flu vaccine, to ensure that staff were protected against flu and to ensure business continuity.

AGREED

That Strategic Commissioning Board be recommended to:

- (i) Approve the model proposed in section 7.**
- (ii) Commit to supporting and funding staff employed by the Strategic Commission to receive a vaccination.**
- (iii) Support the offer to schools to access vaccination through this model, as a chargeable service while vaccine is available**

241 CAPITAL MONITORING REPORT PERIOD 10

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Finance. The summarised the forecast outturn at 31 March 2021 based on the financial activity to 31 January 2021.

The detail of this monitoring report is focused on the budget and forecast expenditure for fully approved projects in the 2020/21 financial year. It was reported that the approved budget for 2020/21 was £56.338m (after re-profiling approved at P7 monitoring) and current forecast for the financial year was £46.410m. There were additional schemes that had been identified as a priority for the Council, and, where available, capital resource had been earmarked against these schemes, which would be added to the Capital Programme and future detailed monitoring reports once satisfactory business cases had been approved by Executive Cabinet.

The current forecast was for service areas to have spent £46.410m on capital investment in 2020/21, which was £9.928m less than the current capital budget for the year. This variation was spread across a number of areas, and was made up of a number of over/underspends on a number of specific schemes (£0.318m) less the re-profiling of expenditure in some other areas (£9.610m).

Detailed capital update reports for each Directorate area are included on the agenda of the Strategic Planning and Capital Monitoring Panel (SPCMP). This report provides a summary of the financial position against the overall programme but further details on scheme delivery can be found in the Directorate reports to SPCMP.

AGREED

That Strategic Planning and Capital Monitoring Panel be recommended to note the Capital Programme 2020/21 forecast and recommend to Executive Cabinet the approval of the re-profiling of capital budgets as set out in Appendix 1.

242 CAPITAL PROGRAMME - OPERATIONS AND NEIGHBOURHOODS

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Assistant Director for Operations and Neighbourhoods. The report provided information with regards to the 2020/21 Operations and Neighbourhoods Capital Programme.

The Assistant Director of Operations and Neighbourhoods highlighted areas within the Operations and Neighbourhoods Capital Programme. It was stated the Highway Maintenance Programmes had been prioritised with the range of delivery contractors. The carriageway and footway resurfacing programmes commenced in August 2020 and ran to mid-December 2020. Work that could not be completed by that date will recommence in early Spring 2021. There was a forecast £0.124m adverse variance on principle road highway works in 2020-21 due to increased costs. This would be resourced by the anticipated 2021-22 Highway Maintenance grant settlement.

The Works to Demesne Drive (No1 & No2 screens) and Halton Street, Hyde had been completed. During Storm Christoph in January 2021, these newly improved inlet structures were monitored and proved to be highly efficient and resilient protecting our communities during the prolonged storm. Further, the engineering works at Fairlea, Denton were complete with only the planting aspect of the landscaping works outstanding.

It was reported that the approved scheme of £260,000 continues to progress with further works planned for Hurst, Mossley and Hyde cemeteries. The total spend on the boundary walls by 31 March 2020 was £135,000 leaving a budget in 2020/21 of £125,000. A further £43,000 had been spent at Dukinfield Cemetery.

In regards to the repairs and restoration of cemetery boundary walls the the approved scheme of £260,000 continued to progress with further works planned for Hurst, Mossley and Hyde cemeteries. A further £43,000 had been spent at Dukinfield Cemetery. Funding would now be channelled into the completion of the additional repairs to medium and low priority wall repairs that still remained on the sites at Mossley, Hurst Ashton, where it was expected a further £10,000 - £20,000 would be spent this year.

Works on the replacement of cremators and mercury abatement, filtration plant and heat recovery facilities were scheduled to commence in March 2020. The Covid 19 pandemic affected Bereavement Services across Greater Manchester, therefore, work on site commenced on 2 October 2020. Cremator No 1 had been taken out of service and the crematory was a construction site. A structural survey was carried out on the steeple in November which had highlighted some concerns which were being dealt with by the Strategic Property Directorate. The projected completion and handover date had slipped by a couple of weeks due to the unforeseen circumstances but the project was still on target for completion in September 2021. £683k was forecast to be spent by 31st March 2021 the remainder would be spent during the financial year 2021/2022.

Members were advised of the capital investment of £600,000 in children's playgrounds across Tameside. STAR had sent out an expression of interest and the tender would go live in February which would be the start of Phase 2 of the project. Phase 3, which were the infrastructure improvements, would commence in February 2021.

It was reported that as a result of Covid 19 the Ashton Town Centre Public Realm project was temporarily paused, in line with Government guidance, resulting in a delay in the delivery of the next phase of the public realm works. Work had started on the procurement of materials which would allow works to start on Wellington Road in front of Clarendon College. Due to the impact of COVID on staff resources and the availability and material delivery timescales this programme was delayed and was under constant review. Reviewed delivery timescales would be provided as soon as there was greater clarity on the availability of materials and availability of staff resources.

AGREED

That the Strategic Planning and Capital Monitoring Panel be recommended to NOTE the following:

- (i) **Rescheduling to the Tameside Asset Management Plan (TAMP) and the Highways Maintenance Programme. The commencement of the works programme was revised due to Covid 19.**
- (ii) **The progress with regards to Flooding: Flood Prevention and Consequential Repairs.**
- (iii) **The progress with regard to the Slope Stability Programme and potential additional works required.**
- (iv) **The progress with regards to the Cemetery Boundary Walls Programme.**
- (v) **The rescheduling to Replacement of Cremators and Mercury Abatement, Filtration Plant and Heat Recovery Facilities Programme by the significant impact Covid 19 has had on the operation of the Crematorium and the suppliers of cremator equipment**
- (vi) **The progress of capital schemes in section 2.12-2.24, and external grant schemes in section 3 and 4.**

And recommend to Executive Cabinet :

- (vii) **The addition of £0.985m to the Council's 2021/22 Capital programme for the Active Travel Fund Tranche 2 as stated in sections 3.18 to 3.22.**
- (viii) **The re-phasing of the Operations and Neighbourhoods directorate 2020/21 capital budgets as set out in Appendix 4.**

243 EDUCATION CAPITAL PROGRAMME MARCH 2021

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Executive Member for Finance and Growth / Assistant Director for Education / Assistant Director for Strategic Property. The report detailed the updated position of the Council's Education Capital Programme.

Members were advised that on 15 April 2020, the Government announced the 2021/22 allocation of Basic Need Funding. Following discussion with the DfE over aspects of the formula and its application to Tameside, an allocation of £12,231,816 was announced. In regards to the School Condition Grant Funding the 2019/20 Allocation was £1,153,000. The Assistant Director for

Education summarised the Basic Need Funded Schemes for 2020/21, Appendix 1 provided a financial update of current Basic Need funded projects.

In regards to the School Condition Grant Schemes it was reported that the budget available was insufficient to meet the demands placed upon it and the surveyors had been asked to identify priorities of the works required within each school and across the portfolio of schools. It was stated that Appendix 3 provided a financial update with details of current School Condition Allocation funded projects, which included proposed changes to the scheme funding.

AGREED

That the Strategic Planning and Capital Monitoring Panel recommend the Executive Cabinet to approve:

- (i) Proposed changes to the Education Capital Programme, Basic Need Funding Schemes Appendix 1, Special Provision Fund and Healthy Pupils' Capital Fund as outlined in Appendix 2A and 2B and School Condition Allocation Funding Schemes Appendix 3;**
- (ii) The allocation of an additional £49,000 from Basic Need to cover the additional costs at Discovery Academy and Birch Lane as described in paragraph 4.25;**
- (iii) To re-profile the budget for the works to provide a secure entrance at Denton St Anne's into 2021/22 as described in paragraph 6.8;**
- (iv) The allocation of an additional £11,657 for additional emergency works at Russell Scott Primary School already incurred, (paragraph 6.15);**
- (v) Accept the Sport England Award of £75,000 by the deadline of 31 March 2021 subject to the conditions detailed in paragraphs 6.16 and 6.17;**
- (vi) The allocation of a further £50,000 of 2021/22 School Condition Grant funding towards the two schemes at Gee Cross Holy Trinity (paragraph 6.18);**
- (vii) The allocation of £11,058.04 from currently unallocated School Condition Grant funding in respect of safety works to glass balustrades at three primary schools (paragraph 6.19);**
- (viii) To set aside £300,000 of 2021/22 School Condition Grant for replacement boilers at Gorse Hall, Hurst Knoll CE and Audenshaw Primary Schools noting that if successful, some costs will be reimbursed from the decarbonisation scheme (paragraph 6.30);**
- (ix) The allocation of £29,000 in respect of surveys of CLASP and other system built schools' fire compartmentalisation (paragraph 6.31);**
- (x) The allocation of a high level estimate of £35,000 to remove a life-expired mobile unit at Arlies Primary School in summer 2021 (paragraph 6.33);**
- (xi) The allocation of £30,000 of 2021/22 School Condition Grant for further stock condition surveys (paragraph 6.34);**
- (xii) The allocation of £40,000 of 2021/22 School Condition Grant for asbestos management works (paragraph 6.35); AND**
- (xiii) The allocation of £5,000 of 2021/22 School Condition Grant for structural engineers' fees (paragraph 6.436).**

244 FORWARD PLAN

AGREED

That the forward plan of items for Board be noted.

CHAIR

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BOARD

17 March 2021

Present: **Elected Members** **Councillors Warrington (In the Chair), Bray, Fairfoull, Feeley, Gwynne, Kitchen Ryan and Wills**
 Chief Executive **Steven Pleasant**
 Borough Solicitor **Sandra Stewart**
 Deputy Section **Tom Wilkinson**
 151 Officer

Also in Attendance: **Dr Asad Ali, Steph Butterworth, Tracy Brennand, James Mallion, Dr Ashwin Ramachandra, Ian Saxon, Jayne Traverse and Debbie Watson**

Apologies for Absence **Councillor Cooney**

245 LICENSING ACT POLICY EXTENSION

Consideration was given to a report of the Executive Member for Neighbourhoods Community Safety and Environment / Assistant Director for Operations and Neighbourhoods. The report recommended the restatement of the current Statement of Licensing Policy for one year and for a full review and consultation to be conducted in 2021/22.

Members were advised that Section 5 of the Licensing Act 2003 required Tameside Council to review its Licensing Policy every 5 years. Due to the extraordinary impact of the Coronavirus pandemic in 2020, this full review had not been able to take place. The Government had clarified that primary legislation would not be amended to delay the requirement for Councils to review statements of licensing policy. Therefore, it was proposed to carry over the current policy subject to a full review being carried out in 2021/2022. Responsible authorities and licensed trade networks had been informally consulted on this proposed approach.

It was reported the impact of the Coronavirus pandemic on licensed premises and night time economy had been severe. Several licensed premises had closed due to the pandemic and venues such as nightclubs had been unable to open since March 2020 and it was not clear what the lasting impacts on the sector would be. The revised policy would need to effectively reflect the situation post-Covid.

AGREED

That Council be recommended to approve the re-instatement of the current Statement of Licensing Policy for one year, subject to a full review and consultation process being conducted in 2021/2022. This approach would enable the updated Policy to take into account the impact of the Coronavirus pandemic on the licensed sector.

246 ADULT SOCIAL CARE FEES 2021-22

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Head of Commissioning. The report detailed the proposals in relation to revised prices to meet the increased cost of providing adult social care services for 2021-22.

Members were advised the health and social care economy has seen unprecedented reductions in funding over the last decade. As a result of these reductions all services had been subject to review to establish where efficiencies could be achieved and/or where services could be provided differently. This included consideration of services where there were statutory and non-statutory duties and responsibilities.

The demand to meet savings targets had progressed at a time when providers had in the main been facing increased operating costs. The most significant increase in costs had been those experienced specifically in relation to the introduction of the National Living Wage to a sector that had for many years been operating on wage levels at or close to minimum wage levels, but also in relation to increased pension contributions, increased costs related to regulation, inflationary pressure related to utilities and insurance, and over the past twelve months costs related to Covid-19.

Work had been progressing over the past few years to work with providers to reflect these additional costs in realistic prices that could continue the delivery of what were essential services for the vulnerable adults concerned whilst working within the financial restrictions the Council and CCG had been working within. The methodology adopted had included revising cost of care frameworks that reflected local factors, and in some cases adopted open book accounting methodology to establish the impact on costs of these additional requirements.

AGREED

That the Executive Member for Adult Social Care and Health be recommended to approve: -

- (i) the proposed new rates for care home placements as detailed in Section 4 of this report in line with the agreed cost of care framework detailed in Appendix 1.**
- (ii) the proposed new rates for Support at Home at £18.45 per hour (Appendix 2) and Standard Home Care at £16.65 per hour (Appendix 3)**
- (iii) the proposed spot purchase rates for sleep-in at rates of £110.63 per night, and £147.48 per night for waking nights, across adult services contracts.**
- (iv) the proposed 2.18% uplift on the core contract prices at the four Extra Care Schemes and the proposed revised rate for additional hours commissioned in Extra Care of £15.68 per hour (Appendix 4)**
- (v) the proposed uplift by 2.18% of Adult Social Care contract prices highlighted in Section 2 and 4 of this report.**
- (vi) the revised Direct Payment rates as detailed in section 4;**
- (vii) the revised annual contract price for the Dementia Day Service at Wilshaw House at £417,301.**
- (viii) the Day Services rate of £33.68 per placement per day and revised additional hours rate of £13.27 per hour as detailed in section 4.**
- (ix) the rate increases for Shared Lives Carer payments detailed in Section 4**
- (x) the offer to increase younger adults out of borough placements by 2.18 % with flexibility to approve a higher rate where providers evidence a higher rate is required as detailed in Section 4.**
- (xi) that all the proposed new rates becoming effective from 1 April 2021**

247 COVID-19 RELATED DEMAND IN DOMESTIC ABUSE SERVICES – ADDITIONAL RESOURCE REQUEST (3.10PM)

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Assistant Director of Operations and Neighbourhoods, which proposed an allocation from the Covid fund to recruit one additional independent Domestic Violence Advocate (IDVA) for 12 months (£30k) and to extend the funding for a fixed term Keyworker for a further 6 months (£20k), should funding from GMCA not be confirmed.

The Consultant for Public Health reported that due to increased demand for high risk services, the provider of our specialist domestic abuse provision, Bridges, had used an agency IDVA to manage demand. This had been at an additional cost to the provider and the spend was not provided for in the core domestic abuse contract. In 2020/21 there had been two additional sources of income to support Bridges with costs associated with Covid-19. This comprised a one-off grant from Community Safety for £9,700 and a grant of £30,000 from the Home Office Covid-19 Emergency Fund. It was expected that demand would remain at current levels for the service in 2021/22, however, there were no additional sources of funding for the next financial year to support with costs associated with meeting the demand relating to the pandemic.

It was explained that increased prevalence of domestic abuse created additional demand elsewhere in the system, particularly in health, social care and criminal justice. Analysis from the cost of domestic abuse finance paper revealed that responding to domestic abuse in Tameside cost the police an estimated £12 million over a single year. A rise in the frequency and severity of domestic abuse also results in more children requiring social care intervention and in the most serious cases, children becoming looked after by the authority.

The report sought permission to award £30,000 to Bridges for a full-time IDVA post for 12 months. This would provide stability for the service and victims who were accessing support.

In regards to the Key Worker 6 Month Extension, one of the Keyworker roles was funded by the Ministry of Justice via GMCA. This contract was due to expire in March 2021, but had been extended by GMCA for 6 months to September 2021. The report sought permission to spend £20,000 to fund 6 months of 1 FTE Key Worker. This funding would only be awarded if GMCA did not commit to funding the role beyond September 2021.

AGREED

That the Executive Member for Adult Social Care and Population Health be recommended to approve the purchase of additional domestic abuse support from the current Bridges service to for 2021/22 as part of the Council's response to the recovery from the Covid pandemic to support our most vulnerable residents. This will be in the form of:

- the provision of an additional FTE IDVA on a 12 month basis;
- the extension of the contract of one FTE Keyworker for a further 6 months from September 2021, if funding is not forthcoming from GMCA;
- That the £50k cost is funded from the carried forward covid general grant in 2021/22 financial year.

CHAIR

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CARBON AND WASTE REDUCTION PANEL

17 March 2021

Commenced: 4.30 pm

Terminated: 6.10 pm

Present: Councillors Boyle (Chair), Affleck, Cooper, Gosling, B Holland, Jones, Lane, Mills and Patrick

In Attendance:

Ian Saxon	Director of Operations and Neighbourhoods
Paul Smith	Assistant Director, Strategic Property and Growth
John Hughes	Housing Growth Lead
Alison Lloyd-Walsh	Head of Environmental Development
Garry Parker	Head of Waste Management and Fleet Services
Danielle Bamford	Project Support Officer
Murray Lloyd	Director, Continuum
Helen Wilson	Development Manager, Continuum

Apologies for Absence: Councillor Pearce

23. DECLARATIONS OF INTEREST

There were no declarations of interest.

24. MINUTES

The minutes of the meeting of the Carbon and Waste Reduction Panel held on 18 November 2020 were approved as a correct record.

25. CHAIR'S OPENING REMARKS

The Chair and the Head of Environmental Development had attended a meeting of the Greater Manchester Green City Region Board on 22 January 2021.

The Chair advised Members that a Green City newsletter would be released on a bi-monthly basis and would be distributed to all elected Members.

26. ENERGY EFFICIENCY FUNDING OPPORTUNITIES - UPDATE ON SCHEMES

The Panel received a presentation from the Environmental Development Officer updating Members on the energy efficiency funding schemes available to both the Council and residents within the borough. The schemes formed part of point seven of the Government's Ten Point Plan for a Green Industrial Revolution.

Members were informed that as part of the Government's £1 billion public sector decarbonisation scheme, the Council had been awarded £2.5 million in funding to improve energy efficiency and decarbonise 11 buildings, including eight corporate buildings and three schools. The schools to benefit from the funding were Audenshaw Primary School, Hurst Knoll Primary School and Gorse Hall Primary School. It was explained that the heating systems at these schools had reached the end of their useful lives and were therefore given priority for funding.

The Environmental Development Officer explained that the projects, which included the installation of insulation, draught proofing, solar PV, improvements to Building Management Systems (BMS) and window replacements, would need to be completed by September 2021. A detailed survey was

currently being undertaken by AECOM and it was anticipated that the Council would be able to meet the deadline for the delivery of the projects. It was hoped that once the measures had been implemented there would be a significant reduction in carbon emissions of around 355.86 tonnes CO₂e per annum.

An update was also provided on the delivery of the Green Homes Grant Local Authority Delivery (LAD) scheme. The funding was targeted at low income residents, specifically those with a combined gross annual household income of less than £30,000 per annum. In addition, qualifying homes would need to have an Energy Performance Certificate (EPC) rating of band E, F or G. Band D properties could also be included provided they were a minority of the total. Owner-occupiers could receive up to £10,000 in funding whilst landlords (social and private) could receive up to two-thirds of the cost of measures up to £5,000 per property.

The primary and secondary measures available under the scheme included:

Primary Measures:

- Insulation – solid wall, cavity wall, underfloor, loft, room-in-roof, flat roof and park home;
- Low Carbon Heat – air source heat pump, ground source heat pump and solar thermal water heating; and
- Solar PV.

Secondary Measures:

- Heating Controls – smart controls, thermostatic radiator valves and hot water cylinder insulation;
- Windows and Doors; and
- Draught Proofing.

Panel Members were advised that the delivery of Phase 1a of the scheme, in partnership with E.ON, was well underway and was on course to be delivered by the end of March 2021. Phase 1b would need to be delivered by September 2021. The 10 Greater Manchester local authorities would also be applying for Phase 2 funding that would total £17.8 million. Work on these projects would need to be completed by December 2021.

A discussion ensued regarding public engagement with the schemes and it was explained that Phase 1a had been hugely oversubscribed. A press release had recently gone out for Phase 1b and the schemes would be promoted through the Council's social media channels. Leaflet drops would also be taking place in those areas of Tameside where it was believed that residents would meet the criteria for the schemes. Further leaflets would be distributed as part of Phase 2 of the scheme.

The Environmental Development Officer stressed that it would be important to manage expectations and numbers during Phase 1b of the scheme to ensure that the projects could be delivered in a timely manner.

RESOLVED

- i. That the content of the presentation be noted.**
- ii. That a presentation on the Ten Point Plan for a Green Industrial Revolution be brought to the next meeting of the Panel.**

27. GODLEY GREEN GARDEN VILLAGE

The Panel received a presentation from the Housing Growth Lead updating Members on the proposed Godley Green Garden Village development. The site, on the outskirts of Hyde, had the potential to deliver up to 2000 new, high quality homes. It was highlighted that without this site, there

would be a shortfall of land supply to meet the need for new homes required in the borough over the next 20 years. All suitable brownfield sites had already been earmarked for development.

Members were informed that the planning application preparation was well underway and this included technical surveys, engagement with the Local Planning Authority (LPA) and public consultation. The planning application would be submitted to the Local Planning Authority in April 2021 with determination likely by December 2021.

The Project Director explained that the main site comprised of 110.9 hectares of undulating land between Werneth Low Country Park and the Manchester to Hadfield railway line at Godley and Hattersley. The development would comprise two village centres with health and retail facilities to reduce the need of residents to leave the site. At the heart of the proposals was the desire to create a green site that had a safe and attractive network of cycle ways and public footpaths with generous proportions of open space for both residents and wildlife. Existing areas of woodland and bodies of water would be retained as part of the project.

A key priority of the development was to ensure that homes were energy efficient and cheap to run. The project team were engaging with Electricity North West to establish if the site could achieve carbon neutrality. Electricity North West had developed a flexible distribution network from its "SMART Street" innovation project that had the potential to be rolled out as part of the development. This would result in the minimum number of distribution substations being required.

A number of carbon reduction measures that it was hoped would form part of the development were highlighted to Members and included:

- Solar PV;
- Wind (central turbine);
- Energy Storage (centralised and domestic);
- Electric Vehicle Charging; and
- Heating – community heat network and air source heat pumps.

A discussion ensued regarding the capacity on the local railway network if the proposed development came to fruition. Members explained that before the Covid-19 pandemic, passengers at Hattersley and Godley railway stations often struggled to board trains during the morning rush hour. The Assistant Director, Growth explained that strategic reviews of planning relating to transport were still ongoing and a transport strategy update would be brought to the next meeting of the Panel. It was also highlighted that the pandemic had the potential to significantly reduce the number of individuals commuting to work on a regular basis, thus leading to reduced demand for all forms of transport.

Panel Members were keen to ensure that the aspirations for energy efficient homes were met. The Project Director explained that because the Council had a controlling interest in the development of the site, only those developers that were prepared to deliver the green premium would be considered as a partner. It was hoped that the green elements of the development would become an exemplar for other local authorities to follow in the future.

RESOLVED

- i. That the content of the presentation be noted.**
- ii. That a presentation updating Members on the transport strategy be brought to the next meeting of the Panel.**

28. LOW CARBON STRATEGY UPDATE

The Panel received a presentation from the Head of Environmental Development providing an update on the Council's Low Carbon Strategy.

Members were informed that the first draft of the Strategy and accompanying Action Plan was almost complete. The Action Plan had been discussed with key officers from across the Council but further work needed to be undertaken to establish how progress could be measured and success tracked.

The Environmental Development Service had conducted a survey through the Council's website to gather views on environmental issues and behaviour from staff, residents and businesses. During the initial consultation exercise, which ran from 15 December 2020 to 29 January 2021, 372 responses were received to the online survey. The results of the survey were summarised for Members and showed that:

- 93% of respondents either lived or worked in Tameside;
- 90% of respondents either agreed or strongly agreed that they were worried about climate change;
- 92% of respondents either agreed or strongly agreed that they were willing to take personal action to reduce the impact of climate change;
- 86% of respondents either agreed or strongly agreed that they supported the Council taking action on climate change and the wider environment; and
- 67% of respondents were not aware that the Council had declared a climate emergency in February 2020.

A majority of respondents to the survey were also keen that the Council, residents and businesses took action to:

- Reduce carbon emissions from homes, workplaces and Council buildings;
- Reduce carbon emissions from transport in Tameside;
- Implement actions to improve greenspaces, biodiversity and adapt to a changing climate; and
- Improve sustainable consumption, production and disposal opportunities.

Officers from the Environmental Development Service had attended a meeting of the Tameside Partnership Engagement Network (PEN) to discuss the Plan and the Tameside Youth Council was also consulted. It was considered particularly important to engage with as many young people as possible given they often did not engage with the Council's traditional consultation methods. Members considered wider public engagement and consultation essential.

It was anticipated that the first phase of the Environment Strategy could be presented in June 2021 and officers were keen that Members had significant input into the development of the Action Plan. A discussion ensued regarding the Action Plan and Members were of the opinion that a smaller working group consisting of Members of the Panel be formed to agree objectives and targets that would form part of the Plan. Members also agreed that the Action Plan should become a standing item so that the progress of the Plan could be monitored going forward.

RESOLVED

- i. That the content of the presentation be noted.**
- ii. That a smaller working group consisting of Members of the Panel be formed to agree objectives and targets that would form part of the Action Plan.**
- iii. That the Action Plan be a standing item at the Panel to enable Members to monitor progress.**

29. WASTE UPDATE

The Panel received an update on waste and recycling from the Head of Waste Management and Fleet Services. Members praised the work of Waste Services, which had successfully maintained a full collection service throughout the pandemic with 98 per cent of all rounds completed as scheduled during 2020/21.

Members were informed that the domestic recycling rate for Tameside was 50 per cent but it was highlighted that this was a seasonal figure. Currently, the Council was processing less bio and garden waste but it was anticipated that this would increase later in the year once the growing season commenced.

The Head of Operations and Neighbourhoods advised Members that blue bin contamination was a persistent problem in some parts of the borough with contamination peaking during July and August 2020. It was explained that any contamination over six per cent by weight led to a full load being rejected and this proved costly for both the Council and taxpayers.

Following concerns around blue bin contamination, a campaign funded by the Greater Manchester Combined Authority (GMCA), was launched in February 2021 to address the issue. The campaign utilised leaflets, stickers, social media and Facebook Live web chats to reinforce the message to reduce blue bin contamination. Whilst the results in relation to the campaign were still being analysed, initial data showed a 90.75 per cent reduction in the cost of dealing with contaminated waste in blue bins. In addition, there were only three rejected loads in February 2021 compared with 37 previously. Members praised the campaign for its success in reducing recycling contamination.

Panel Members received details of the England Waste Strategy Consultation that looked to mandate certain materials for collection, set the frequency of collections and bin space. The consultation was, in part, a means of replacing European Union (EU) targets following Brexit in January 2021. The Head of Waste Management and Fleet Services raised concerns that if the changes were mandated they could be costly to Tameside and Greater Manchester without bringing any equivalent benefit. It was explained that Greater Manchester already had a core model of household waste collection that delivered consistency and local flexibility.

A discussion ensued regarding the Waste Strategy Consultation and Members queried the cost implication for the Council if they were required to change the colour of bins and the way that waste was collected. Members were informed that it would cost £32 million across Greater Manchester to standardise bins but it was highlighted that it was difficult to estimate costings regarding the all-England plans at the current time.

The Council was particularly concerned about mandated separate weekly food waste collections, preferring to deliver a local solution rather than a blanket requirement.

RESOLVED

That the content of the presentation be noted.

30. URGENT ITEMS

There were no urgent items.

CHAIR

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Agenda Item 4

Report To:	EXECUTIVE CABINET
Date:	28 April 2021
Executive Member / Reporting Officer:	Councillor Oliver Ryan – Executive Member (Finance and Economic Growth) Dr Ash Ramachandra – Lead Clinical GP Kathy Roe – Director of Finance
Subject:	STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE REPORT 2020/21 - AS AT MONTH 11
Report Summary:	<p>This is the eleventh financial monitoring report for the 2020/21 financial year, reflecting actual expenditure to 28 February 2021 and forecasts to 31 March 2021. New funding continues to be announced by Government to support the impacts of the COVID pandemic, and whilst confidence in the year end position is much greater at this time of year, forecasts remain subject to change in the event of new or changed government guidance and funding over the remaining few weeks of the year.</p> <p>APPENDIX 1 summarises the integrated financial position on revenue budgets as at 28 February 2021 and forecast to 31 March 2021. As at Month 11, the Strategic Commission is forecasting a net overspend of £0.204m by 31 March 2021. This is a small overall deterioration on the position reported at month 10 and reflects the reduced surplus on CCG budgets which was previously offsetting a larger overspend on Council Budgets. As further COVID funding continues to be made available to the Council in the final month of the year, this position may improve before the end of the financial year.</p> <p>Whilst the overall forecast position remains broadly positive compared to the position earlier in the year, there remain significant variances in some service areas which are not attributed to COVID and which present ongoing financial risks for future years.</p>
Recommendations:	Members are recommended to note the forecast outturn position and associated risks for 2020/21 as set out in Appendix 1 .
Policy Implications:	Budget is allocated in accordance with Council Policy
Financial Implications: (Authorised by the Section 151 Officer & Chief Finance Officer)	<p>The Council set a balanced budget for 2020/21 but the budget process in the Council did not produce any meaningful efficiencies from departments and therefore relied on a number of corporate financing initiatives, including budgeting for the full estimated dividend from Manchester Airport Group, an increase in the vacancy factor and targets around increasing fees and charges income.</p> <p>The budget also relied on drawing down £12.4m of reserves to allow services the time to turn around areas of pressures. These areas were broadly, Children's Services placement costs, Children's Services prevention work (which was to be later mainstreamed and funded from reduced placement costs), shortfalls on car parking and markets income. Each of these services required on-going</p>

development work to have the impact of allowing demand to be taken out of the systems and additional income generated.

There was additional investment around the IT and Growth Directorate Services, to invest in IT equipment, software and capacity and to develop strategically important sites for housing and business development, including key Town Centre masterplans. A delay in delivering the projects that the reserves were funding is likely to mean more reserves will be required in future years, placing pressure on already depleting resources.

The NHS was operating under a command and control financial regime for the first six months of 2020/21. Under command and control there was no requirement or expectation that the CCG would deliver efficiency savings. Since October the NHS has entered phase 3 of the COVID recovery process. Under phase 3, financial envelopes have been issued on a Sustainability and Transformation Plan (STP) footprint. In T&G this means that a financial envelope exists at a Greater Manchester level. This report shows that local control totals required to deliver against the envelope will be met, however there is risk associated with this.

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)**

A sound budget is essential to ensure effective financial control in any organisation and the preparation of the annual budget is a key activity at every council.

Every council must have a balanced and robust budget for the forthcoming financial year and also a 'medium term financial strategy' (MTFS). This projects forward likely income and expenditure over at least three years. The MTFS ought to be consistent with the council's work plans and strategies, particularly the corporate plan. Due to income constraints and the pressure on service expenditure through increased demand and inflation, many councils find that their MTFS estimates that projected expenditure will be higher than projected income. This is known as a budget gap.

Whilst such budget gaps are common in years two-three of the MTFS, the requirement to approve a balanced and robust budget for the immediate forthcoming year means that efforts need to be made to ensure that any such budget gap is closed. This is achieved by making attempts to reduce expenditure and/or increase income. In times of austerity, it is tempting for a council to run down its reserves to maintain day-to-day spending. However, this is, at best, short sighted and, at worst, disastrous. Reserves can only be spent once and so can never be the answer to long-term funding problems. However, reserves can be used to buy the council time to consider how best to make efficiency savings and can also be used to 'smooth' any uneven pattern in the need to make savings.

Risk Management:

Associated details are specified within the presentation.

Failure to properly manage and monitor the Strategic Commission's budgets will lead to service failure and a loss of public confidence. Expenditure in excess of budgeted resources is likely to result in a call on Council reserves, which will reduce the resources available for future investment. The use and reliance on one off measures to

balance the budget is not sustainable and makes it more difficult in future years to recover the budget position.

Background Papers:

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

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



Telephone:0161 342 5609



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

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



Telephone:0161 342 5626



e-mail: tracey.simpson@nhs.net

1. BACKGROUND

- 1.1 Monthly integrated finance reports are usually prepared to provide an overview on the financial position of the Tameside and Glossop economy.
- 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 2020/21 is in excess of £992 million.
- 1.3 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. REVENUE BUDGET SUMMARY

- 2.1 **Appendix 1** summarises the integrated financial position on revenue budgets as at 28 February 2021 and forecast to 31 March 2021.
- 2.2 As at Month 11, the Strategic Commission is forecasting a net overspend of £0.204m by 31 March 2021. This is a small overall deterioration on the position reported at month 10 and reflects the reduced surplus on CCG budgets which was previously offsetting a larger overspend on Council Budgets. As further COVID funding continues to be made available to the Council in the final month of the year, this position may improve further by the end of the financial year.
- 2.3 Whilst the overall forecast position is looking broadly positive when compared to the position earlier in the year, there remain significant variances in some service areas, which are not attributed to COVID and which present ongoing financial risks for future years.

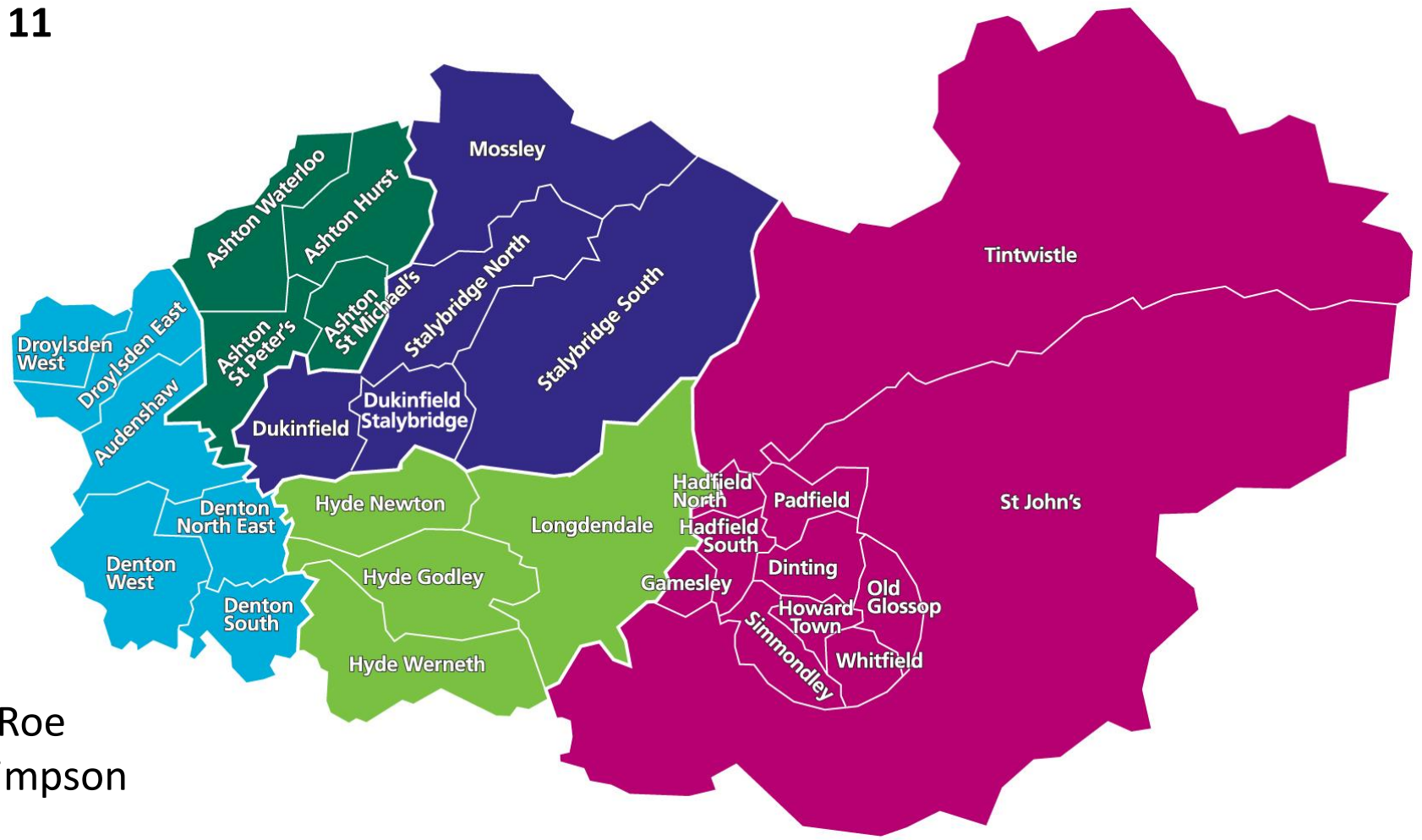
3. RECOMMENDATIONS

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

Tameside and Glossop Strategic Commission

Finance Update Report Financial Year Ending 31st March 2021 Month 11

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Kathy Roe
Sam Simpson

Month 11 Finance Report

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

Finance Update Report – Executive Summary

Children’s Services

£3,682k overspend

Children’s services continue to present the most significant financial risk to the Integrated Commissioning Fund, both for the 2020/21 forecasts and future year budgets.

At M11 the size of the pressure has reduced from month 10, due to number of small revisions in forecasts, but remains a significant overspend against budget.

At Month 11, the Strategic Commission is forecasting a net overspend of £0.204m by 31 March 2021. This is a small overall deterioration on the position reported at month 10 and reflects the reduced surplus on CCG budgets which was previously offsetting a larger overspend on Council Budgets. As further COVID funding continues to be made available to the Council in the final month of the year, this position may improve further by the end of the financial year.

Message from the Directors of Finance

As we enter the final few weeks of this financial year, we are well placed to balance the financial position on a non-recurrent, in-year basis. As a locality we are maintaining control over our financial position within the context of the target agreed for the GM system overall.

However COVID continues to place a significant operational strain on the system, while the longer term financial outlook is a cause for concern as we contend with the aftermath of the pandemic at the same time as addressing an underlying financial deficit.

The impact of COVID continues to present significant financial risks and uncertainty. The Council approved its 2021/22 budget in February, including a significant savings programme which will be challenging to deliver in the current climate. Monitoring of delivery progress has already commenced and a relentless focus on savings delivery must continue as we enter the new financial year.

There remains significant uncertainty over the financial planning and budget setting process for the NHS, despite being a matter of weeks from the new financial year.

Forecast Position £000's	Forecast Position				
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance
CCG Expenditure	452,234	0	452,234	452,232	2
TMBC Expenditure	540,467	(335,188)	205,279	205,485	(206)
Integrated Commissioning Fund	992,701	(335,188)	657,513	657,717	(204)

Finance Update Report – Strategic Commission Budgets

Forecast Position £000's	Forecast Position					Net Variance		Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	COVID Variance	Non-COVID Variance	Previous Month	Movement in Month
Acute	218,327	0	218,327	218,622	(296)	0	(296)	(1,561)	1,266
Mental Health	44,682	0	44,682	44,675	7	0	7	211	(204)
Primary Care	92,282	0	92,282	92,309	(26)	0	(26)	618	(645)
Continuing Care	14,521	0	14,521	14,046	475	0	475	411	64
Community	35,034	0	35,034	35,102	(68)	0	(68)	(263)	194
Other CCG	42,848	0	42,848	42,937	(89)	(1,379)	1,290	(283)	193
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0	0
CCG Running Costs	4,541	0	4,541	4,541	0	0	0	0	0
Anticipated COVID Top Up	0	0	0	0	0	0	0	1,379	(1,379)
Adults	85,935	(47,197)	38,737	38,477	260	0	260	260	0
Children's Services - Social Care	64,286	(10,288)	53,998	57,680	(3,682)	0	(3,682)	(3,830)	147
Education	32,250	(25,843)	6,407	6,880	(473)	(562)	89	(473)	(0)
Individual Schools Budgets	119,645	(119,645)	0	0	0	0	0	0	0
Population Health	15,910	(291)	15,619	18,938	(3,319)	(3,675)	356	(3,144)	(175)
Operations and Neighbourhoods	80,504	(27,583)	52,921	54,221	(1,300)	(1,225)	(75)	(1,300)	(0)
Growth	45,526	(34,537)	10,988	11,870	(882)	(125)	(757)	(882)	(0)
Governance	67,256	(57,735)	9,521	10,147	(627)	(1,409)	782	(813)	186
Finance & IT	9,537	(1,907)	7,630	7,518	112	(29)	141	112	(0)
Quality and Safeguarding	378	(237)	141	117	24	0	24	31	(7)
Capital and Financing	10,379	(9,624)	756	6,098	(5,342)	(6,269)	927	(5,342)	0
Contingency	3,377	0	3,377	2,410	967	(911)	1,878	967	0
Contingency - COVID Costs	0	0	0	40,465	(40,465)	(40,465)	0	(40,465)	(0)
Corporate Costs	5,486	(301)	5,184	4,952	232	(65)	297	232	(0)
LA COVID-19 Grant Funding	0	0	0	(44,095)	44,095	44,095	0	44,095	0
Other COVID contributions	0	0	0	(10,193)	10,193	10,193	0	10,193	0
Integrated Commissioning Fund	992,701	(335,188)	657,513	657,717	(204)	(1,826)	1,622	155	(358)

Finance Update Report – Strategic Commission Budgets

Forecast Position £000's	YTD Position			Forecast Position			Variance	
	Budget	Actual	Variance	Budget	Forecast	Variance	COVID Variance	Non- COVID Variance
Acute	200,092	200,240	(147)	218,327	218,622	(296)	0	(296)
Mental Health	40,808	40,550	257	44,682	44,675	7	0	7
Primary Care	82,765	82,355	410	92,282	92,309	(26)	0	(26)
Continuing Care	13,198	12,697	500	14,521	14,046	475	0	475
Community	31,954	31,954	(1)	35,034	35,102	(68)	0	(68)
Other CCG	28,949	30,199	(1,250)	42,848	42,937	(89)	(1,379)	1,290
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0
CCG Running Costs	3,996	3,992	4	4,541	4,541	0	0	0
Adults	35,509	41,903	(6,394)	38,737	38,477	260	0	260
Children's Services - Social Care	49,498	48,267	1,231	53,998	57,680	(3,682)	0	(3,682)
Education	6,051	3,900	2,151	6,407	6,880	(473)	(562)	89
Individual Schools Budgets	2,254	(1,071)	3,325	0	0	0	0	0
Population Health	14,317	14,157	161	15,619	18,938	(3,319)	(3,675)	356
Operations and Neighbourhoods	49,899	49,472	428	52,921	54,221	(1,300)	(1,225)	(75)
Growth	13,299	11,458	1,841	10,988	11,870	(882)	(125)	(757)
Governance	10,172	10,872	(700)	9,521	10,147	(627)	(1,409)	782
Finance & IT	7,110	6,636	474	7,630	7,518	112	(29)	141
Quality and Safeguarding	129	51	78	141	117	24	0	24
Capital and Financing	693	(1,227)	1,920	756	6,098	(5,342)	(6,269)	927
Contingency	3,095	1,748	1,347	3,377	2,410	967	(911)	1,878
Contingency - COVID Costs	0	18,440	(18,440)	0	40,465	(40,465)	(40,465)	0
Corporate Costs	4,876	4,630	247	5,184	4,952	232	(65)	297
LA COVID-19 Grant Funding	0	(29,853)	29,853	0	(44,095)	44,095	44,095	0
Other COVID contributions	0	(10,007)	10,007	0	(10,193)	10,193	10,193	0
Integrated Commissioning Fund	598,663	571,363	27,300	657,513	657,717	(204)	(1,826)	1,622

Children's Services (£3,682k)

The Directorate is reporting a forecast overspend of £3,682K at period 11 which is an overall favourable reduction of £147k from period 10. The forecast overspend is predominantly due to the number and cost of external placements. As at the end of January the number of Looked After Children was 715 a reduction of 12 from the 727 reported in the previous month.

The favourable movement since period 10 reflects a number of small changes in the forecast across the service, including reductions in staffing costs, additional grant income and a reduction in the forecast for placement costs.

Population Health (£3,675k)

As reported in previous reports, the adverse variance on Population Health budgets relates to the financial risks faced by Active Tameside as a result of the COVID. The forecast outturn position has deteriorated as at Month 11 to reflect the increased risk of non repayment on long term debtors in March 2021.

Governance

The overall forecast outturn position in Governance has improved since period 10 due to the receipt of additional grant funding to contribute towards the additional administrative costs faced by the Exchequer teams during 2020/21 as a result of COVID 19.

CCG Surplus

Reported surplus at M11 is £2k, an apparent deterioration in the position since M10, where we reported a surplus of £512k.

This is a presentational change because of changes in the way we have been asked to report top-up payments nationally. The underlying position has not changed and the £512k surplus would theoretically be restored once final allocations are transacted at the end of March.

However changes to the national financial regime in 2020/21 mean that individual organisational financial positions will be monitored within the context of a financial envelope set at an STP (Sustainability and Transformation Partnership) level this year.

For us this means an envelope that has been agreed at a Greater Manchester level, with individual CCG level budgets set within the context of this wider control total. In recent months reported surpluses at T&G and at other CCGs have been used offset pressures at other organisations within the STP.

However new guidance has recently been issued, stating that each constituent part of the STP must report a break even position at year end. To facilitate this, a series of allocation adjustments will be transacted in March. The overall STP position will remain unchanged, but the reported surplus in T&G will be neutralised and we will be reporting a break even position next month.

CCG Budgets & Allocation

At M11 this report covers £452,234k of budgeted CCG spend across 2021/22 as a whole. This has increased from £441,901k last month. This is a result of £10,333k of additional allocations, which included:

- £7,844k CCG Historic Cumulative Surplus,
- £2,112k COVID Top-up, including prospective allocations for M11 & M12.
- £ 377k Various Mental Health, Primary Care & Community allocations

CCG Position & Top Up Payments

The CCG is showing a YTD overspend of £227k at M11 (reduced from £1,379k over at M10), but a surplus of £2k by year end (against a reported surplus of £512k last month).

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While these may appear to be significant movements, the changes are purely presentational and relate to top up payments the CCG is able to claim under the rules of the phase 3 financial regime introduced in the 2nd half of 2020/21 as we build back post pandemic.

At Month 10, almost £1.3m of top up payments were outstanding for Independent Sector and Hospital Discharge Programme, dating back to the beginning of September. These have now been paid in full, together with a prospective payment covering spend to the end of March (based on 80% of the forecast at M10).

There will be a final IAT transacted on 31st March which will cover spend over and above the prospective payment already made. We currently estimate this at £283k.

The only historic top up outstanding at M11 relates the vaccine programme, where we are still anticipating income of £227k.

Changes to the way NHSE have asked us to report our year end position, mean that we have to include the spend relating to both of these, but keep the anticipated top up payment out of the position.

Our underlying surplus after adjusting for this change is unchanged at £512k. This variance will be restored once final allocations are transacted at the end of March.

Finance Summary Position – T&G ICFT

	Month 11			YTD			Forecast		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
Total Income	£22,907	£22,591	(£316)	£248,321	£247,816	(£505)	£271,228	£270,297	(£931)
Employee Expenses	(£14,995)	(£15,342)	(£346)	(£168,522)	(£160,975)	£7,547	(£183,530)	(£176,683)	£6,847
Non Pay Expenditure	(£6,955)	(£6,163)	£792	(£71,209)	(£63,401)	£7,808	(£78,198)	(£71,166)	£7,033
Total Operating Expenditure (excl. COVID-19)	(£21,950)	(£21,505)	£446	(£239,731)	(£224,376)	£15,355	(£261,728)	(£247,849)	£13,880
Income - COVID-19 (Mass Vaccs)	£0	£674	£674	£0	£975	£975	£0	£1,873	£1,873
Income - COVID-19 (Staff Vaccs)	£0	£21	£21	£0	£48	£48	£0	£91	£91
Employee Expenses - COVID-19	(£1,312)	(£1,984)	(£673)	(£6,697)	(£13,937)	(£7,240)	(£8,009)	(£16,237)	(£8,228)
Non Pay Expenditure - COVID-19	(£325)	(£267)	£58	(£1,614)	(£4,706)	(£3,092)	(£1,951)	(£5,021)	(£3,071)
Total Operating Expenditure - COVID-19	(£1,637)	(£1,556)	£81	(£8,311)	(£17,619)	(£9,308)	(£9,960)	(£19,294)	(£9,334)
Total Operating Expenditure	(£23,587)	(£23,061)	£526	(£248,042)	(£241,995)	£6,047	(£271,688)	(£267,143)	£4,545
Financing Costs	(£475)	£188	£663	(£5,415)	(£4,733)	£682	(£5,889)	(£5,169)	£720
Net Surplus/ (Deficit) before exceptional Items	(£1,155)	(£282)	£873	(£5,136)	£1,088	£6,224	(£6,349)	(£2,015)	£4,334
<i>Adjusted for allowable items:</i>									
Non NHS Income (Received in Month 11)	£0	£1,200	£1,200	£0	£1,200	£1,200	£0	£1,200	£1,200
Annual Leave (Outstanding)	£0	£0	£0	£0	£0	£0	£0	£707	£707
Adjusted Net Surplus/ (Deficit) before exceptional Items	(£1,155)	£918	£2,073	(£5,136)	£2,288	£7,424	(£6,349)	(£108)	£6,241
Trust Efficiency Programme	£267	£0	(£267)	£1,210	£711	(£499)	£1,500	£800	(£700)

Trust Financial Summary

The Trust reported a net surplus in month of c.£918k after receipt of all funding which represents a favourable movement from month 10 of £894k. This favourable movement is largely as a result receiving non-recurrent funding from NHSE in relation to reimbursement for reduced non-clinical income (predominantly due a reduction of car parking income). At Month 10, the Trust was reporting a forecast deficit of c.£2.341m, the Trust has reported an improvement of c.£326k before allowable items in month. Therefore, the revised FOT is c.£2.015m before allowable items. After allowable items the FOT is £108k deficit.

Total COVID expenditure incurred in month equates to c.£1.556m and c.£17.619m year to date.

The Trust has delivered non recurrent efficiencies year to date equating to c.£0.711m which are largely through non recurrent income and rebates received.

Activity and Performance:

Despite the pressure the Trust is facing in managing COVID activity resultant from the 3rd surge, the Trust continues to deliver strong levels of activity performance against restoration plans particularly in Diagnostics and Endoscopy, as well as Urgent and Cancer referrals. Due to the surge in COVID cases, some areas still delivering below 100% restoration targets.

The ability for the Trust to meet restoration targets is dependent upon the availability of staff and capacity and this is not due to financial constraints.

Planning 2021/22 Update

Following recent national guidance, the current financial framework will continue into Quarter 1 2021/22 with the primary objectives being to:

1. Provide certainty and support continuing operational response
2. Centrally generate organisational plans for Quarter 1 to avoid a lengthy planning process
3. Organisations to deliver a break even position within the funding allocated (Funding £'s still to be confirmed)

In line with NHSE/I recommendation the Trust's approach for Quarter 1 planning is that the default position is based on Quarter 3 actuals from 2020/21 having adjusted for any "one-off" items. The Trusts approach for Quarter 2-4 is still under review.

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Report to:	STRATEGIC COMMISSIONING BOARD
Date:	28 April 2021
Executive Member:	Councillor Allison Gwynne – Executive Member (Neighbourhoods, Community Safety and Environment) Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)
Clinical Lead:	Dr Christine Ahmed, Clinical Lead, Starting Well
Reporting Officer:	Emma Varnam – Assistant Director, Operations and Neighbourhoods
Subject:	UPDATE ON PROVISION OF SOCIAL WELFARE INFORMATION AND ADVICE AND SPECIALIST EMPLOYMENT ADVICE
Report Summary:	<p>The Council has had a contract with Citizens Advice Tameside for many years to deliver generalist social welfare advice and specialist employment advice.</p> <p>A report was presented to Strategic Commissioning Board on 25 November 2020, which gave approval to tender the service for a 3 year period to commence 1 April 2021.</p> <p>It has taken longer than envisaged to get to a position of being tender ready and this is due in part to the current climate during the Covid-19 pandemic, but this has been further exacerbated by the nature of the contract and the fact that this is the first time the service has been tendered.</p> <p>This report outlines the current position with the tender process and requests additional time by way of a 6 month direct contract award to Citizens Advice to allow a competitive tender process to take place for the remaining 2.5 year contract period.</p>
Recommendations:	<p>That the Strategic Commissioning Board and Executive Cabinet be recommended to agree that :</p> <ul style="list-style-type: none">(i) the current situation with the tender process and the difficulties encountered in meeting the tender commencement date of 1 April 2021 is noted;(ii) approval is granted to directly award a 6 month contract to Citizens Advice to cover the period 1 April 2021 to 30 September 2021 to allow a competitive tender process to take place(iii) approval is granted to tender the provision of generalist social welfare information and advice and specialist employment advice for a period of 2.5 years(iv) approval is granted to allow a 1 plus 1 year optional extension in the contract noting that further governance would need to be obtained before any such extension could be exercised(v) authority is delegated to the Director of Operations and Neighbourhoods to award the tender and enter into all necessary contract arrangements

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

Budget Allocation (if Investment Decision)	Six Month Extension : £0.058m £0.039m – Operations and Neighbourhoods £0.019m – Population Health Annual : £0.116m £0.078m – Operations and Neighbourhoods £0.038m – Population Health)
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	Section 75 Population Health Six Month Extension : £0.019m Annual : £0.038m Aligned Operations and Neighbourhoods :
Decision Body – SCB Executive Cabinet, CCG Governing Body	Six Month Extension : £0.039m Annual : £0.078m SCB Six Month Extension : £0.019m Annual : £0.038m Executive Cabinet Six Month Extension : £0.039m Annual : £0.078m

Additional Comments

The proposed 6 month extension (£0.058m) to 30 September 2021 will be financed via the existing 2021/22 directorate revenue budgets of Operations and Neighbourhoods (£0.039m) and Population Health (£0.019m).

Members should note that there is no budget provision for any subsequent price increases (e.g. inflation) that may arise above the proposed annual value of £0.116m (Operations and Neighbourhoods £0.078m and Population Health £ 0.038m).

In addition the new contract from 1 October 2021 should have appropriate break clauses included in the event of savings that may need to be realised to support the Council's medium term financial plan.

This decision will require approval by both the Executive Cabinet (for the Operations and Neighbourhoods directorate budget provision that is within the Aligned section of the Integrated Commissioning Fund) and the Strategic Commissioning Board for the Population Health directorate budget provision that is within the Section 75 of the Integrated Commissioning Fund).

Legal Implications:
(Authorised by the Borough
Solicitor)

Any contract awards need to be undertaken with advice from STAR to ensure that any risks relating to the same are identified and mitigated wherever possible.

How do proposals align with Health & Wellbeing Strategy?	The proposal aligns with the Starting, Living Well and Ageing Well programmes.
How do proposals align with Locality Plan?	The proposals link into the Council's priorities for people: <ul style="list-style-type: none"> • Improve health and wellbeing of residents • Protect the most vulnerable • Increasing self-sufficiency and resilience of individuals and families
How do proposals align with the Commissioning Strategy?	The proposal supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health and wellbeing of residents.
Recommendations / views of the Health and Care Advisory Group:	N/A
Public and Patient Implications:	The proposed service model has been informed by data on customer satisfaction and engagement on social policy issues
Quality Implications:	The provider will be required to maintain Advice Quality Standards (AQS) accreditation at the general help level for welfare benefits and debt and specialist level in relation to employment law advice throughout the duration of the contract. Services commissioned via the contract will be subject to ongoing quality monitoring.
How do the proposals help to reduce health inequalities?	The provision of advice and information is essential in reducing poverty, which can help reduce stress, anxiety and improve health outcomes and reduce inequalities.
What are the Equality and Diversity implications?	There are no equality and diversity implications associated with this report
What are the safeguarding implications?	There are no safeguarding implications associated with this report.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	The provider will hold personal data relating to users of the service. The provider must comply with the provisions of the General Data Protection Regulation and the Data Protection Act 2018 in relation to their handling of this data. A privacy impact assessment has not been conducted.
Risk Management:	There is a significant risk that if the contract expired this would mean that residents would not have access to independent advice and information. This would very likely lead to poverty, homelessness and poor health outcomes and subsequently increase demand on statutory services.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Janine Yates, Team Manager, Welfare Rights and Debt Advice Service



Telephone: 0161 342 3181



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

1. INTRODUCTION

- 1.1 The Council has had a contract with Citizens Advice Tameside for many years to deliver generalist social welfare advice and specialist employment advice.
- 1.2 The contract was last reviewed in 2018 when a waiver to standing orders was granted to allow the direct award of a three-year contract to Citizens Advice Tameside. The current contract ended on 31 March 2021.
- 1.3 A report was presented to Strategic Commissioning Board on 25 November 2020, which gave approval to tender the service for a 3 year period to commence 1 April 2021.
- 1.4 It has taken longer than envisaged to get to a position of being tender ready. This report outlines the current position with the tender process and requests additional time by way of a 6-month direct contract award to Citizens Advice to allow a competitive tender process to take place for the remaining 2.5 years of the agreed contract period.

2. CURRENT POSITION

- 2.1 In August 2020 the Council, in conjunction with STAR Procurement, reviewed the future options available for this contract prior to the contract expiring. It was agreed that a soft market testing exercise would be conducted to establish whether there were any interested parties apart from the incumbent. The soft market testing exercise was conducted in September 2020 and this confirmed there were other parties interested in bidding, so it was agreed that a procurement exercise would be conducted. Approval to allow a tender to take place was granted at Strategic Commissioning Board on 25 November 2020.
- 2.2 It has taken longer than envisaged to get to a position of being tender ready and this is due in part to the current climate during the Covid-19 pandemic, but this has been further exacerbated by the nature of the contract and the fact that this is the first time the service has been tendered. Unfortunately, the delay means there is no longer sufficient time to tender the service in time for a contract start date of 1 April 2021.
- 2.3 To address this, consideration was initially given to extend the current contract however, the Contract Particulars do not provide for an extension option. Unfortunately, this did not become apparent until very recently and there was then insufficient time to put the necessary governance arrangements in place before the current contract expires. It is for this reason that approval is requested to directly award a 6 month contract to Citizens Advice to cover the period 1 April 2021 to 30 September 2021. This would ensure sufficient time to complete a competitive tender process and allow transition to new contracting arrangements. .
- 2.4 Thereafter, approval is requested to tender the provision of generalist social welfare information and advice and specialist employment advice for a period of 2.5 years. This would cover the period 1 October 2021 – 31 March 2024. The overall total contract spend would be for a 3 year period as previously agreed at SCB on 25 November 2020. Additionally approval is sought to allow a 1 plus 1 year optional extension in the contract noting that further governance would need to be obtained before any such extension could be exercised.
- 2.5 Permission has previously been afforded to the Director of Operations and Neighbourhoods by way of delegated authority to award the tender and enter into all necessary contract arrangements. Further approval is requested to award the same delegation powers to the Director of Operations and Neighbourhoods for the revised 2.5 year tender exercise for the provision of the contract.

3. FINANCE

- 3.1 SCB granted approval on 25 November 2020 to go out to tender with a spend of £0.116m per year for 3 years.
- 3.2 This report seeks permission to award the following for the same total contract spend:-
- £0.058m - direct contract award for 6 months with Citizens Advice 1 April 2021 – 30 September 2021
 - £0.290m – 2.5 year contract award by way of a formal tender process for the provision of generalist social welfare information and advice and specialist advice. This would cover the period 1 October 2021 – 31 March 2024 with a 1 plus 1 year optional extension.

4. RISK MANAGEMENT

- 4.1 If the exemption request is not approved, this could potentially mean that the authority incurs additional costs due to this contract expiring. Vulnerable residents would have no access to advice and information which could potentially mean that other services (e.g. Mental Health, Children's Services, Housing) see an increase in demand and their spend because of residents presenting with worsening issues later on rather than deal with them at an earlier stage. This could in turn significantly outweigh the value of the extension.
- 4.2 Furthermore, if the contract expired this would likely put additional pressure on the council's welfare rights service due to increased demand for advice and an increase in benefit appeals as a result of the lack of availability of advice to help make claims. This scenario would potentially result in the need for additional welfare rights staff to be recruited to deal with the increased workload which would be additional cost to the council and could exceed the value of the extension.

5. EQUALITIES

- 5.1 The proposal is intended to reduce inequality.

6. CONCLUSION

- 6.1 The Council has had a contract with Citizens Advice for many years to deliver generalist social welfare advice and information to residents. The contract is due to expire on 31 March 2021 and approval was given at SCB on 25 November 2020 to tender the service for a 3 year period to commence 1 April 2021.
- 6.2 It has taken longer than envisaged to get to a position of being tender ready and this is due in part to the current climate during the Covid-19 pandemic, but this has been further exacerbated by the nature of the contract and the fact that this is the first time the service has been tendered. It is now not possible to complete the tender process within the time available.
- 6.3 Failure to provide the service would result in residents unable to access advice and information. This could lead to unnecessary and costly demand on statutory services because of increased poverty, homelessness and poor health.
- 6.4 It is proposed that permission is granted to award a new contract to Citizens Advice for 6 months in order to allow a competitive tender process to take place and to approve the tender of the contract for a period of 2.5 years with a 1 plus 1 year extension.

6.5 Following the successful tender exercise it is proposed that the Director of Operations and Neighbourhoods is afforded delegated authority to award the tender

7. RECOMMENDATIONS

7.1 As set out at the front of the report.

Agenda Item 6

Report to:	EXECUTIVE CABINET
Date:	28 April 2021
Executive Member:	Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)
Clinical Lead:	Dr Vinny Khunger
Reporting Officer:	Dr Jeanelle de Gruchy, Director of Population Health James Mallion, Consultant in Public Health
Subject:	SECTION 31 LOCAL AUTHORITY GRANTS FOR ADDITIONAL DRUG TREATMENT CRIME AND HARM REDUCTION ACTIVITY IN 2021/22 (Universal Element)
Report Summary:	<p>This report provides background information on the Section 31 Local Authority Grant for additional drug treatment and harm reduction activity and outlines the proposed approach to the commissioning and delivery of the Universal Component of this Grant in Tameside with a value of £406,000 for 2021/22.</p> <p>The Council proposes to commission our existing specialist substance misuse service provider, CGL My Recovery Tameside to deliver the Universal Element of this grant. Commissioners and staff from CGL are working collaboratively to develop a robust delivery plan that meets local needs and delivers a range of interventions set out in this report.</p>
Recommendations:	<p>That approval is given to award the allocation of £406,000 for delivery of the drug treatment crime and harm reduction activity 2021/22 through the Section 31 Local Authority Grant provision, as outlined in this report. That approval is given to commission CGL My Recovery Tameside to deliver the drug treatment, crime and harm reduction package of interventions aligned to the Universal component of the Section 31 Local Authority Grant award.</p>
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>The council has received an allocation of Section 31 Local Authority Grant for additional drug treatment and harm reduction activity of £406, 000 for 2021/22. The proposal to spend this grant has been outlined in Appendix A and meets the conditions that are attached to this grant giving assurance that proposed activity is affordable and acceptable, minimising exposure to financial risk. This is a one-off grant therefore CGL My Recovery Tameside Team need to ensure spend is maintained within the financial boundaries given.</p>
Legal Implications: (Authorised by the Borough Solicitor)	<p>When considering this report the Board needs to be content that the proposed use of the funding sits within the remit of the grant as set out in section 3 of this report and that it represents best value with reference to the financial implications.</p> <p>The project officers also need to ensure that they take advice from STAR to ensure that the procurement of the service is achieved compliantly.</p>

How do proposals align with Health & Wellbeing Strategy?

The proposals link with several of the strategic priorities of the health and Wellbeing Board:

- Improve the health and wellbeing of local residents throughout life
- Give targeted support to those with poor health to enable their health to improve faster
- Develop cost effective solutions and innovative services, through improved efficiency
- Deliver more joined up services that meet local need
- Enable and ensure public involvement in improving health and wellbeing

The proposal also aligns with the Living Well programme of the Health and Wellbeing Strategy - Creating a safe environment to build strong healthy communities and strengthening prevention.

It will address the priority to reduce reoffending. Feeling safe is a top priority for our residents and businesses. Offenders, including those on probation and their families represent one of the most socially excluded groups in our society, with considerable and complex physical and mental health needs compared to the general population

How do proposals align with Locality Plan?

The proposals will support the locality plan objectives to –

- 1.1 Improve health and wellbeing for all residents
- 1.2 Address health inequalities
- 1.3 Protect the most vulnerable and those suffering multiple disadvantage
- 1.4 Develop a Place based/ Neighbourhood model of delivery
- 1.5 Develop an integrated personalised approach

How do proposals align with the Commissioning Strategy?

This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly:

- 1.1 Addressing the wider determinants of health
- 1.2 Creating the right Care Model
- 1.3 Encourage healthy lifestyles
- 1.4 Supporting positive mental health

Recommendations / views of the Health and Care Advisory Group:

The report is scheduled to be presented by James Mallion, Consultant in Public Health, to the Health and Care Advisory Group in May 2021

Public and Patient Implications:

The recommendations will ensure continued access to services to improve health and wellbeing and reduce drug related crime.

Quality Implications:

The Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness. The same quality assurance over the existing contract with CGL will

apply to the provision of additional services from this grant funding.

How do the proposals help to reduce health inequalities?

This programme of interventions will address a wide range of inequalities and will seek to support the social determinants suffered by those who are in the Criminal Justice System, as a result of their substance misuse. There will be a strong focus on identifying and reaching those suffering multiple disadvantage and identifying their wide-ranging needs. The pathways and protocols developed will ensure more support and an equitable access to service for this client group, resulting in a reduction in health inequalities and improvement in health and wellbeing

The proposal links with the Tameside Our People Our Place-Our Plan priority 'Longer healthy lives with good mental health through better choices and reducing health inequalities' by aspiring to reduce drug and alcohol related harm

What are the Equality and Diversity implications?

The Substance Misuse services provided are available regardless of age, race, sex, disability, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership. This proposal is targeted a specific cohort of clients, namely those who are involved in or on the edge of the criminal justice system with a substance misuse issue with a focus on drugs

Some of the proposed service provision is targeted to address health inequalities experienced by this cohort.

What are the safeguarding implications?

There are no safeguarding implications associated with this report. Where safeguarding concerns arise the Safeguarding Policy will be followed.

What are the Information Governance implications?

Information Governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by the provider. A Data Protection Impact Assessment (DPIA) is in place with the provider under the existing contract.

Has a privacy impact assessment been conducted?

A privacy impact assessment has not been carried out.

Risk Management:

Risks will be identified and managed by the implementation team and through ongoing performance monitoring once the grant funding has been awarded.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer James Mallion, Consultant Public Health.



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1 INTRODUCTION

- 1.1 Substance misuse places a significant burden on health outcomes in Tameside. High rates of drug and alcohol consumption and dependence have a substantial impact in Tameside with the highest rate of alcohol-specific mortality and dependent drinkers of all our statistical peers and almost 1,400 opiate users living in the borough, which a high proportion of adults with drug dependency living with children.
- 1.2 We have an established, all-age integrated substance misuse service, which was commissioned from August 2015 and is delivered by Change Grow Live, My Recovery Tameside (CGL MRT).
- 1.3 The government has announced £80 million of 1-year funding for drug treatment as part of a £148 million funding package for reducing crime. This is broken down into a Universal, Accelerator and Inpatient elements.
- 1.4 Under this programme, the government are allocating a proportion of the overall funding under the Universal element to local authorities under a Section 31 Local Authority Grant. Tameside has been allocated £406,000 for 2021/22
- 1.5 This paper outlines the background to this funding, existing services in Tameside and the outline proposals of how this funding will be allocated and utilised to improve health outcomes for Tameside residents in 2021/22.

2 THE GM AND TAMESIDE CONTEXT

- 2.1 The GM Drug and Alcohol Strategy 2019-2022 sets out a vision is to make Greater Manchester a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol:

The strategy identifies six priorities for making things better:

- Prevention and early intervention.
- Reducing drug and alcohol related harm.
- Building recovery in communities
- Reducing drug and alcohol related crime and disorder.
- Managing availability and accessibility
- Establishing diverse, vibrant and safe night-time economies

- 2.2 Drugs and alcohol are everybody's business and we need to work together with our communities. We will know we have made a difference when there is:
 - A reduction in levels of drug and alcohol related harm
 - There is a reduction in drug and alcohol related offending
 - There is an increase in the number of people in recovery
- 2.3 Tameside is adopting the GM Strategy locally as we know that substance misuse harm in Tameside is extensive and is an important factor that adversely affects the overall quality of life and perpetuates inequalities.
- 2.4 Due to the scale of the challenge posed by drug and alcohol use in Tameside, and following an independent peer review around substance misuse in late 2018, the Council have developed a local Strategic Substance Misuse Partnership with senior leaders from the local authority, CCG, ICFT, police and voluntary sector. This partnership oversees the local work programme with: specialist treatment services, hospital alcohol liaison service, therapeutic residential supported housing, motivational programmes in community and residential settings, proactive work with licensing colleagues to reduce harms of alcohol availability across the

community, the Alcohol Exposed Pregnancies work programme, and dedicated work around the hidden harm to children.

- 2.5 Our specialist treatment services in Tameside are commissioned as an all-age integrated substance misuse service. This is currently provided by Change Grow Live, My Recovery Tameside (CGL MRT) and this has been in place since August 2015.
- 2.6 The Tameside Community Safety Partnership (CSP) also plays pivotal role in the substance misuse agenda. The draft **Tameside Community Safety Strategy** has 5 key priorities all of which align with key aspects of the Substance Misuse Programme and outcomes of the locally commissioned service.
- Building stronger communities
 - Preventing and reducing violent crime, knife crime & domestic abuse
 - Preventing and reducing crime & anti-social behaviour
 - Preventing and reducing the harm caused by drugs & alcohol
 - Protecting vulnerable people and those at risk of exploitation
- 2.7 There are challenges with the current criminal justice provision in Tameside. The criminal justice team at MRT consists of two full-time Recovery Coordinators who work with clients who require support from the drug and alcohol service following a period in custody. The aim is to have continuity of care from prison into the community for people requiring support. MRT offer a range of psychosocial interventions, harm minimisation advice, signposting to community groups, Opioid Substitution Treatment, alcohol assessments, access to the needle exchange, Blood Borne Virus (BBV) testing and access to the AEP programme. There is a reliance on strong partnership working with probation, homelessness teams, housing associations, social care and wider healthcare services. Current issues include lack of communication around early prison release, delays in the court system, signposting from some agencies rather than direct referral, covid-19 challenges around face-to-face contact, increasing drug-related deaths nationally. These are all areas in which additional capacity and focus will improve local processes and outcomes.

3 DRUG TREATMENT, CRIME & HARM REDUCTION GRANT 2021/22 – BACKGROUND

- 3.1 The government has announced £80 million for drug treatment as part of a £148 million funding package for reducing crime. This is the biggest increase in drug treatment funding for 15 years. This is additional to the local authorities core allocation for substance misuse treatment services as part of the public health grant and is funding for 1 year specifically to enhance drug treatment, focused on reducing drug-related crime and stopping the rise of drug-related deaths.
- 3.2 This overall drug treatment crime and harm reduction activity funding package will consist of three separate components:
1. **Universal** – available to all LAs except for those selected to be Accelerator areas. These grants will account for the majority of the £80m.
 2. **Accelerator** – available to a small number of local authority areas as an extension of Project ADDER (see further information below). These local authorities will receive larger grants. This will be alongside Home Office funding for targeted enforcement activity by the police and the targeting of recovery support resources and interventions, such as employment support and criminal justice system interventions, by other government departments. **Note that the specific areas have been selected based on specific needs and Tameside is not one of the areas selected for this element of the programme**

3. **Inpatient** – all areas will be able to benefit from grants awarded to regional or sub-regional consortia of LAs for commissioning inpatient detoxification beds. Tameside will benefit from a GM-wide allocation to increase inpatient detox capacity which is currently being developed.

3.4 The **Universal** component is the main element, which is paper discusses, which for Tameside represents the grant allocation of £406,000, one-off funding. The interventions which this funding must be used for have been specified in broad areas, but further consideration around how these can be delivered can be determined locally:

- increased usage of residential rehabilitation
- offering more treatment places
- expanding needle and syringe programmes to reduce blood-borne viruses
- providing more naloxone to prevent overdose deaths
- improving treatment pathways from the criminal justice system including courts, prisons and police custody
- increasing use of community sentence treatment requirements

3.5 A key aim of the Universal element of the grant is to help drive down the crime associated with the drug market, particularly acquisitive crime and violent crime. Interventions will be monitored nationally and improved pathways from the criminal justice system and increased use of community sentence treatment requirements will be key to achieving this aim.

4 **CONTRACT VALUE**

4.1 Tameside has been awarded a Section 31 Local Authority Grant totalling £406,000 for commissioning and delivery of the Universal Component of the Drug Treatment, Crime & Harm Reduction Grant for 2021/22. This is one-off funding for the 2021/22 financial year only.

4.2 Brief details of the areas of work this funding will be utilised for are included in section 3 of this report, above. A full cost breakdown is also provided in **Appendix A**.

5 **PROPOSAL**

5.1 The Tameside model for utilising this funding is based around 7 key delivery areas and consists of a range of interventions, programmes and service developments.

5.2 PHE confirmed on 11 March 2021 the amount of the Universal Grant allocation that was available to Tameside. Following this a proposal for this spend was submitted on the deadline of 26 March 2021. Due to the quick timescales involved, there was insufficient time for any competitive tender exercise to take place. Please see Appendix A for the full Tameside Proposal, which has been submitted to Public Health England (PHE) and the Department of Health and Social Care (DHSC). This has been initially verified by PHE as appropriate to meet the grant conditions and objectives.

5.3 Grant applications will be approved by PHE and the DHSC, who will ensure that they are consistent with the conditions and objectives of the grant. A menu of interventions for which Universal grants expenditure can be utilised has been provided by PHE.

5.4 **The key areas included in the additional provision set out for Tameside from the menu of interventions are:**

- Enhanced harm reduction provision.
- Increased pharmacological and psychosocial treatment capacity.

- Increased integration and improved care pathways between the criminal justice and other settings, and drug treatment.
- Treatment capacity to respond to increased diversionary activity, including through out of court disposals, liaison and diversion and drug testing on arrest.
- Enhanced recovery support.
- Other local Priorities for example working with the acute sector.

5.5 The implementation of this list of interventions throughout 2021/22 aspires to achieve the following outcomes:

- Reduced drug-related offending
- Improved continuity of care, especially between prisons and the community (a greater proportion of offenders who leave prison are successfully engaged in the community to reduce reoffending).
- Reduced drug-related deaths, principally from overdose poisoning but also from infections, alcohol consumption, etc.
- More treatment and recovery capacity, primarily for offenders (more offenders enter treatment, offending is reduced, more people achieve long-term recovery).
- Increase in use of residential provision (more complex drug users achieve and sustain abstinence and recovery).
- Increase the number of community sentence treatment requirements (particularly drug rehabilitation requirements (DRRs) and in areas where the CSTR programme is operating, consider increasing combined orders with mental health treatment requirements (MHTRs)).

6 RATIONALE

- 6.1 CGL is a registered charity already delivering the prime integrated contract for substance misuse services in Tameside, and it is pragmatic to add this additional funding into existing provision to ensure continuity of delivery. A Contract Variation will only be made upon approval of both this request, and approval of the funding application by PHE national team
- 6.2 The Council has an established contract with CGL around substance misuse treatment provision. To appoint another provider without consultation and service redesign, would cause a delay in real time spend. It would also risk confusion to Tameside service users, making it difficult and unclear where support is available from. It would disrupt established pathways of care and recovery for both service users and Tameside partners who already integrate with CGL and make access less timely. Any new provision would also require additional service integration, monitoring and management by the existing Provider and Council, creating significant duplication of effort within the Service and potential attrition for Service Users, resulting in worse outcomes for them. Managing two comparable contracts for similar delivery requirements would equally be confusing for the intended partner agencies including Police, Her Majesty's Prison & Probation Service, Courts, Mental Health and Homelessness, causing potential loss of the future clients we are aiming to assist.
- 6.3 The funding is for 12 months only, is non-recurring and the cumulative value of modifications to date is less than 10% of the original contract value, and the value of successful modifications to date is below the relevant World Trade Organisation Government Procurement Agreement threshold of £663,540 for these type of Light Touch services.
- 6.4 There is provision within the current contract to extend the service. Additional criminal justice capacity within CGL will allow the provision already in place to be strengthened and pathways to be sustainably re-energised, particularly following recent delays in face to face work due to Covid. There are no concerns with the performance provided within the current contract and the elements provided represent value for money each quarter, evidenced by quarterly returns within budget.

- 6.5 This funding will provide the Council with the opportunity to understand more about the cohort of service users who present to criminal justice services for our performance management, and encourage increased engagement with CGL services, and long-term recovery for our service users. Once the additional staffing roles are withdrawn at the end of 2021/22 (funding period), and assuming no further additional funding is available, criminal justice element of the provision will continue to benefit from the strengthened pathways and direct referral system that will be established.
- 6.6 Additionally, the remaining GM Local Authorities are also acting in similar manner due to the nature and swiftness of the funding stream, with their own local provision.

7 NEXT STEPS

- 7.1 The Council will commission CGL MRT to deliver the Universal Component of the Section 31 Grant. Commissioners and staff from CGL have and will continue to work collaboratively to develop a robust delivery plan that meets local needs and delivers a range of interventions as set out in the PHE guidelines.
- 7.2 Key partners including GMP, Probation, Mental Health services, Homelessness services, the Women & Families Centre, Bridges Domestic Abuse Service, Job Centre Plus and others have a pivotal role to play in the development and implementation of this plan. The first priority is for CGL to recruit and appoint a Project Manager for 12 months to lead this, alongside the above partners and working directly with the Population Health Manager to jointly oversee expenditure, implementation of the work plan and partnership development.
- 7.3 CGL will have the flexibility to subcontract elements of the programme where appropriate, to ensure successful and timely delivery of interventions. Also, where and if it has been agreed, to deliver elements on a GM footprint.
- 7.4 Senior level leadership of the new additional employees will be undertaken by the Project Manager within CGL. They will also lead on ensuring the sustainability of the projects in the longer term, utilising partnerships and local communities as assets.
- 7.5 Working jointly, Population Health and CGL will implement the programme of interventions, lead the offer and ensure it is embedded within the local neighbourhoods and they will also monitor the outcomes of the work. The Council will develop and implement a Monitoring and Performance Framework and will be responsible for reporting and feeding back to PHE in terms of spend, achievements and outcomes. The council will ensure that evaluation is built into each phase of delivery.

8 OTHER OPTIONS CONSIDERED

- 8.1 The Council were required to submit the proposal for spend by 26 March 2021 and there was insufficient time to undertake any form of competitive exercise prior to the commencement of the programme and spend of the funds.

9 RISKS

- 9.1 There is potential for delays in the commencement dates for some elements due to risks around successful recruitment, with large numbers of areas nationally recruiting to similar posts to deliver these programmes. Tameside plans to recruit as quickly and efficiently as

possible with minimal slippage and we expect delivery of the overall programme to be within 22/23.

- 9.2 Partner agencies required for the delivery of the programme such as probation services and the police may experience delays in their engagement with this work due to other pressures such as ongoing internal reform and reviews taking place in some of these agencies.

10 CONCLUSION

- 10.1 This grant has been provided as part of an £80m nationwide sum, which aims to help areas drive down local crime associated with the drug market, particularly violent crime and drug-related deaths. It presents an opportunity in Tameside to assist existing substance misuse services to improve systems and outcomes around drug-related harms.
- 10.2 This is a non-recurring grant which must be used as set out in the grant conditions and menu of interventions put forward by PHE and the DHSC. It will be important that this funding is used to embed work with criminal justice agencies into pathways around drug treatment to ensure sustainable capacity is left in place once the funding period ends.
- 10.3 The work will aim to reduce the levels of drug-related deaths, drug-related offending and prevalence of drug use in Tameside in order to achieve the outcomes set out in section 5 of this report.

11 RECOMMENDATION

- 11.1 As stated at the front of this report.

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Your proposals for your LA's allocation of the universal component of the £80m

Fill in cells shaded green. Cells in grey are calculated and protected

Your allocation	£406,000	#NAME?
Baseline (2020-21) spend	£3,289,814	
Proposed total 2021-22 spend (including with the universal grant)	£3,541,664	

Change in spend from baseline to 2021-22 (including universal grant)	£251,850	
Spend in 2021-22 from the universal grant (=sum of additional spend below)	£406,000	#NAME?

Note: The spend in 2021-22 from the universal grant (C9) does not equal the change in spend from baseline (C8). Please provide explanation in box below (B13)

If your **spend in 2021-22 from the universal grant (cell C9)** does not equal the **change in spend from baseline (cell C8)**, please explain why:

There is a £200,000 in contract deduction to budget effective from 1 August 2021. This Contract runs annually from 1 August to 31 July.

	Q1	Q2	Q3	Q4	Q5	Sum of quarterly spend
Quarterly breakdown of additional spend	£30,700	£95,075	£95,075	£95,075	£90,075	£406,000

Area	Intervention	Your proposals	Additional spend in 2021-22 from universal grant	% of additional spend
1. System coordination and commissioning	Commissioning support	TMBC will commission CGL My Recovery Tameside to deliver the Universal Element of the Section 31 Grant. Commissioners and staff from CGL have and will continue to work collaboratively to develop a	£50,179	12%
2. Enhanced harm reduction provision	Needle and syringe programmes	Increase NSP provision across Tameside by 20%, (from the current cost of £90,000 to £108,000). Focusing on the development of peer to peer NSP. Change Grow Live My Recovery Tameside will target specific groups of people who historically have not been able to access NSP (Parents, Women and Young Parents and people aged (18-25); people with Learning Difficulties or those with mobility issues. My Recovery Tameside will utilise peer to peer and outreach for direct provision and to support and encourage the use of NSP direct (postal provision). 4 Volunteers are also costed to provide peer to peer NSP. The Project Manager will work with Population Health and partner	£28,600	7%
	Naloxone provision	Purchase 700 kits - split between Nyoxoid and Prenoxad. Nyoxoid (250 kits) will be distributed to partner agencies including the Fire Service (GMFRS) and Tameside Homelessness Team. My Recovery Tameside will also introduce a pilot programme where GMP Tameside	£20,050	5%
	Outreach	Change Grow Live My Recovery Tameside will employ an Outreach Worker to deliver Enhanced Harm Reduction provision and Assertive	£35,010	9%
3. More treatment options	Novel long-acting OST	Change Grow Live My Recovery Tameside will pilot the use of Buprenorphine for suitable members of the cohort in line with CGL guidance.	£50,000	12%
	Residential rehabilitation	My Recovery Tameside will provide additional Residential placements (6 placements, depending on need, length of stay and provider costs).	£60,000	15%

4. Increased integration and improved care pathways	<ul style="list-style-type: none"> •Treatment capacity for police and court custody assessments •Collaboration with L&D, courts and probation •Continuity of care post prison release •Continuity of care from non-criminal justice settings 	My Recovery Tameside will employ a FTE CJ Worker to develop and deliver an intervention programme (REFLECT) for substance users. The programme will be aimed at those naive to CJ system / first presenters to the system, reducing recidivism and substance use. The CJ worker will work in partnership with GMP custody suites to implement a robust referral process from custody to My Recovery Tameside. Innovative / digital media will be utilised to deliver the REFLECT programme, maximising accessibility. This CJ worker will also provide training to partner agencies and outreach into Police Custody suites and Magistrates courts. This will include training in Trauma Informed Practice and Support. In addition, My Recovery Tameside will employ a FTE Prison in-reach CJ worker to support pre-	£101,464	25%
5. Increased treatment capacity to respond to extra diversion	Work with out-of-court disposal schemes and testing on arrest to provide treatment	1 FTE Project Support Officer will be employed to coordinate and manage all CJ referrals, both from Police custody (Out of court disposals and test on arrest) and prison release. The Project Support Officer will be available to support with additional prescribing	£27,841	7%
6. Enhanced recovery support	Recovery communities and peer support networks	Employ 0.6 FTE Building Recovery in Communities (BRIC) Worker to develop the Recovery community, including self sustaining social enterprise, linking directly with the existing Community Substance Use	£21,006	5%
7. Other interventions	Please see notes worksheet for information about inclusion of interventions outside the menu of interventions	DRD Panel / Surveillance Panel - funding for support from LJMU (£6,389.79) + project budget to support delivery, volunteer costs and digital development (£5,460)	£11,850	3%
Totals			£406,000	100%

Report to: STRATEGIC COMMISSIONING BOARD

Date: 28 April 2021

Executive Member: Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)

Clinical Lead: Dr Jane Harvey – GP

Reporting Officer: Dr Jeanelle de Gruchy, Director of Population Health
James Mallion, Consultant in Public Health

Subject: TENDER FOR THE PROVISION OF A SEXUAL & REPRODUCTIVE HEALTH SERVICE

Report Summary: This report outlines the proposed approach to the re-commissioning of Sexual & Reproductive Health services in Tameside with an annual budget of £1,274,924. The paper seeks authorisation to tender the service for a new contract to start on 1 April 2022. The total contract value over the five year period is £6,374,620. The Council will co-commission this service with Stockport MBC, who will act as the lead commissioner via a legally binding Inter-authority Agreement we will put in place and we are working with STAR procurement to re-tender the service. There is also an additional element of grant funding for the PrEP HIV prevention drug which we now have an allocation of £68,320 for in 2021/22

Recommendations: That Strategic Commissioning Board be recommended to:

- (i) That approval is given to tender the Sexual & Reproductive Health Service to commence 1 April 2022 for a five year period, plus the option of a five year extension, dependent on a formal review of the service in year 4 (2025/26) to ensure adequate performance and outcomes achieved and the necessary approval granted to proceed as demonstrates vfm. The contract term will include a termination period of six months.
- (ii) That approval is given to award the contract following the completion of a compliant tender exercise, subject to compliance with the Council’s Procurement Standing Orders
- (iii) That approval is given to enter into an Inter-authority Agreement, as advised by STAR procurement, with Stockport MBC.
- (iv) That approval is given to award a grant for provision of the PrEP HIV prevention treatment during 2021/22 and in future years when this grant will be allocated within the wider public health grant allocation.

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

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board

Organisation and Directorate	Tameside MBC – Population Health
Budget Allocation 2022/23	£ 1,275,000 for Sexual Health Services and a £68,320 grant towards the HIV treatment.

There is a long established budget within the Council for the commissioning of these services within the Population Health service. Engagement with STAR procurement is vital for a contract of this length and size. The Council is currently facing a budget shortfall of around £14m for 2022/23 rising to £22m by 2024/25. All services should be considering opportunities to seek efficiencies to contribute to closing this budgetary gap.

It is proposed that the tender includes the use of the current CCG occupied estate at Ashton Primary Care Centre. Consideration needs to be given to the national health reform and restructuring proposals as to whether this will have an impact on the delivery of these services after the contract is let.

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

This is a significant procurement exercise in terms of value and length. It is therefore critical that a robust procurement exercise is adopted not only to ensure compliance but also best value. Therefore the advice and support of STAR will be critical throughout this procurement exercise. There is a balance to be achieved between having a long term partner so that significant vfm can be achieved compared with a long term partner who is not delivering in a long term contract. Having a formal review will be critical to determining whether that relationship is working, flexible to needs of service delivery and vfm and elected and the Board will need to be satisfied that is the case..

STAR will also be able to advise on any TUPE related matters which may require consideration as part of the procurement exercise.

As set out in the main body of the report some of the existing service has performed well but there is a case for change to ensure that the services can be assessed as widely as possible which is backed up by a needs assessment. It is important that an Equality Impact Assessment is undertaken in relation to these changes and the assessment continues to be reviewed as the procurement exercise progresses.

This is intended to be a joint procurement exercise with Stockport MBC as the lead commissioner. The report states that the relationship between Tameside and Stockport MBC with regards this contract will be managed via a Memorandum of Understanding (MoU). MoU's are often an appropriate mechanism to manage relationships between organisations working collaboratively but they are not legally binding documents and therefore are not enforceable. It would therefore be advisable for advice to be sought from STAR in relation the best mechanism to manage the relationship which

will be determined largely by the roles each party is taking in the arrangement.

It would be advisable to liaise with colleagues in estates in relation to the continued use of the existing properties for the delivery of the services to ensure that the appropriate legal agreements are in place such as leases and licences, to facilitate the same.

There is reference to the awarding of a grant for provision of the PrEP HIV. It is not clear in the report where this is being funded from and on what basis the grant is being awarded. It would be advisable for this to be clarified before the report proceeds to Board and a further authority may be required in relation to the awarding of the grant.

How do proposals align with Health & Wellbeing Strategy?

The proposals link with a wide range of priorities in the Health and Wellbeing Strategy, in particular the Starting Well and Living Well programmes.

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

- 1.1.1 Promoting good parent infant mental health
- 1.1.2 Promote whole system approach and improve wellbeing and resilience
- 1.1.3 Improve access to Early Help interventions
- 1.1.4 Reduce the impact of adverse childhood experiences
- 1.1.5 Increase access, choice and control in emotional self care and wellbeing
- 1.1.6 Increase physical and mental healthy life expectancy
- 1.1.7 Improve the wellbeing for our population

How do proposals align with Locality Plan?

The proposals will support the locality plan objectives to –

- 1.1.8 Improve health and wellbeing for all residents
- 1.1.9 Address health inequalities
- 1.1.10 Protect the most vulnerable
- 1.1.11 Provide locality based services

How do proposals align with the Commissioning Strategy?

This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly:

- 1.1.12 Early intervention and prevention
- 1.1.13 Encourage healthy lifestyles
- 1.1.14 Supporting positive mental health

Recommendations / views of the Health and Care Advisory Group:

The report is scheduled to be presented by James Mallion, Consultant in Public Health, to the Health and Care Advisory Group on the 14 April 2021

Public and Patient Implications:

The recommendations will ensure continued access to services to improve health and prevent long term conditions.

Quality Implications:

The Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness. Any procurement exercise will be awarded on the basis of the most economically advantageous tender that balances the cost and quality advantages of tender submissions.

How do the proposals help to reduce health inequalities?

The provision of Integrated Sexual & Reproductive Health Services has a positive effect on health inequalities. The proposed stronger focus on reaching individuals and groups in their communities and also prioritising those who require more support in their sexual & reproductive lives, will help to reduce health inequalities.

What are the Equality and Diversity implications?

An Equality Impact Assessment has been undertaken. The Sexual & Reproductive Health services provided are available regardless of age, race, sex, disability, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership. Some service provision is targeted to address health inequalities experienced by more marginalised groups.

What are the safeguarding implications?

There are no safeguarding implications associated with this report. Where safeguarding concerns arise the Safeguarding Policy will be followed.

What are the Information Governance implications?

Information Governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by the provider. A Data Protection Impact Assessment (DPIA) will be carried out as part of the procurement process.

Has a privacy impact assessment been conducted?

A privacy impact assessment has not been carried out.

Risk Management:

Risks will be identified and managed by the implementation team and through ongoing performance monitoring once the contract has been awarded.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer James Mallion, Consultant Public Health.



Telephone: 0161 342 2328



e-mail: james.mallion@tameside.gov.uk

1.0 INTRODUCTION

- 1.1 Tameside has seen increasing demands in recent years for sexual health advice, contraception, testing and treatment and at the same time continues to have relatively high rates of under-18 conceptions; abortions; and STI diagnoses.
- 1.2 Tameside MBC is responsible for commissioning open access sexual and reproductive health services to be available within the borough, which is a mandated function (Health & Social Care Act 2012). Ensuring the delivery of high quality, accessible services for our residents is key to improving the wide-ranging health outcomes linked to sexual & reproductive health. Tameside continues to have a relatively low level of investment per head of population on sexual health services compared to similar areas.
- 1.3 This report puts forward the evidence of the impact that sexual & reproductive health interventions have on population health outcomes. It also provides value for money and cost benchmarking analyses to make the case for ongoing investment in sexual & reproductive health services, which will return longer-term savings. Therefore, this paper seeks permission to go out to tender, and award for a longer-term contract to work up a developmental, neighbourhood-centred model of delivery with the provider to achieve a step-change in supporting good sexual wellbeing across Tameside over the next 5-years and beyond.
- 1.4 Finally, this paper seeks permission to award a grant to our current specialist sexual health provider to continue the delivery of the PrEP HIV prevention programme during 2021/22.

2.0 THE CURRENT SEXUAL & REPRODUCTIVE HEALTH SERVICE

- 2.1 The current sexual & reproductive health offer for Tameside residents is broad and sits across primary care, council-based outreach services, community-services and the specialist Integrated Sexual & Reproductive Health and HIV service provided by Manchester NHS Foundation Trust (MFT). The specialist service is delivered through a fully integrated, consultant-led, open access model. This was originally commissioned for 3 years (plus a possible 2-year extension) in 2016. The extension was enacted from 1 April 2019 for two years and then, following the impact of the Covid-19 pandemic on sexual health service providers, this was extended by a further 12 months under Public Contract Regulations (2015) due to the unforeseen circumstances of the pandemic, and will come to an end on 31 March 2022. The current service provides:
 - a full range of contraception and sexual health advice (including contraceptive assessments & counselling, long-acting reversible contraception fitting, and emergency contraception)
 - STI testing and treatment (available both in clinic and via online kit ordering)
 - specialist Tier 3 support for more complex issues
 - counselling
 - safeguarding support for more vulnerable residents
 - support through pregnancy (including pregnancy testing and advice)
 - the PrEP HIV prevention programme, funded by a PHE grant (NB. treatment commissioned by NHS England but hosted by the local service)
 - Non-clinical and clinical outreach support to promote key messages around sexual & reproductive health as well as specific advice around contraception
 - The service is part of a wider footprint of sexual & reproductive health services, which MFT provide. This wider offer is known as 'The Northern' and encompasses the boroughs of Manchester, Trafford, Stockport and Tameside.

- 2.2 This service saw large-scale change following the 2016 redesign and recommission, introducing the integrated service (having one multi-skilled team for both contraception & sexual health advice (CASH) and genitourinary medicine (GUM)). That change has seen some very positive developments and achievements including:
- increase in staff skill-mix
 - managing increasing demands on the service in the form of numbers of clinic sessions delivered
 - ongoing highly positive patient feedback regarding clinical services
 - delivery of PrEP on top of other contractual requirements to reduce risk of HIV for increasing numbers of service users
 - exceeding targets for meeting the needs of patients in urgent and emergency situations (100% achievement for 2018/19)
 - introduction of an online booking system
 - introducing new nursing clinical outreach post to work within communities to support the most vulnerable residents
 - integration within the wider safeguarding system and partnerships across Tameside
 - addressing increasing safeguarding demands from increased numbers of vulnerable residents presenting to the service.
- 2.3 The current service performance has been strong overall, however there are aspects which have required additional support such as the clinical outreach offer, which Tameside MBC has provided additional funding to support in the current, final year of the contract. There is also currently a centralised model of delivery with the only physical location for the service being at Ashton Primary Care Centre. Transformation is needed in a future service to ensure that there are clinics available in other parts of the borough and the overall approach is more preventative. Further detail around the case for change and the proposed model can be found in section 4.2 and 4.3.

3.0 THE IMPACT OF COVID-19

- 3.1 The current sexual & reproductive health service was originally due to cease on 31 March 2021. Commissioners were working towards this timescale in March 2020 when the Covid-19 pandemic caused major disruption in England when the national lockdown was implemented. On the back of this, a 12-month extension of the existing contract was sought and approved via Strategic Commissioning Board in September 2020. While this caused an unfortunate delay in progressing the transformation work around sexual and reproductive health under a new commissioned service, this was deemed the best option to ensure continued service delivery for Tameside residents.
- 3.2 There have been a range of adverse impacts from the Covid-19 pandemic which continue to be a challenge for services and which contributed for the justification of this extension. These impacts include:
- 3.2.1 National advice from the Faculty of Sexual & Reproductive Health that non-urgent procedures such as long acting contraception fitting and other sexual health advice should not be prioritised face-to-face due to the wider pressures on NHS services and the risk of transmission of Covid-19 in the community.
- 3.2.2 Re-deployment of clinical staff from the sexual health service to support Covid-19 related pressures in hospital. This predominantly occurred in the first wave of the pandemic between March 2020 and the end of June 2020. These staff have now mostly returned to the sexual health service however staff absences among this group have increased on the back of this redeployment.

- 3.2.3 The service has been required to adapt its approach to supporting and treating patients due to the risk of infection from Covid-19. This has included prioritising urgent sexual and reproductive health treatment and support, including safeguarding issues and support for vulnerable young people. A large amount of other activity has been shifted to remote consultations; telephone triage; and online support including click and collect test and treatment kits. The adapted approach also involves additional measures within the service to reduce the risk of Covid-19 infection including use of appropriate PPE, cleaning and other infection control measures – some of these measures have increased face-to-face appointment times.
- 3.2.4 There have been surges in demand at different stages of the pandemic due to stages of re-introduction of routine procedures, such as during summer 2020. There is anticipated to be a high degree of unmet need currently among the population due to reduced service provision during parts of the pandemic, which may cause demand in the sexual health service to increase substantially in the short to medium-term.

4.0 CASE FOR CHANGE

4.1 National And Greater Manchester Context

- 4.1.1 A Health & Social Care Parliamentary Committee Review into sexual health was conducted and published in 2019¹. This review highlighted challenges facing the sexual health system and recommended the need for adequate funding into these services, including emerging issues/infections; and wider issues such as cervical screening in sexual health clinics. It also emphasised the importance of prevention and how activities to prevent poor sexual health outcomes should be prioritised, funded, and an integral part of all sexual health provision.
- 4.1.2 The Greater Manchester Health & Social Care Partnership (GMHSCP) conducted a review during 2019, which demonstrated high levels of STIs and abortions across the region as well as dropping contraception uptake, particularly LARC. This further emphasised the need for change in the sexual health system across Greater Manchester.
- 4.1.3 In tackling this, the GMHSCP has proposed a model to address these issues which all GM local authorities can work towards in transforming our system wide response to improve these outcomes for local residents (see figure 1 below). The key aspects of this high-level model are local commissioning to mobilise communities and deliver sexual wellbeing in neighbourhoods, which is what we are working towards in Tameside and is explained further as part of our 5-year step change model.

¹ UK Parliament: Health and Social Care Committee (2019) Sexual Health Review
<https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1419/1419.pdf>

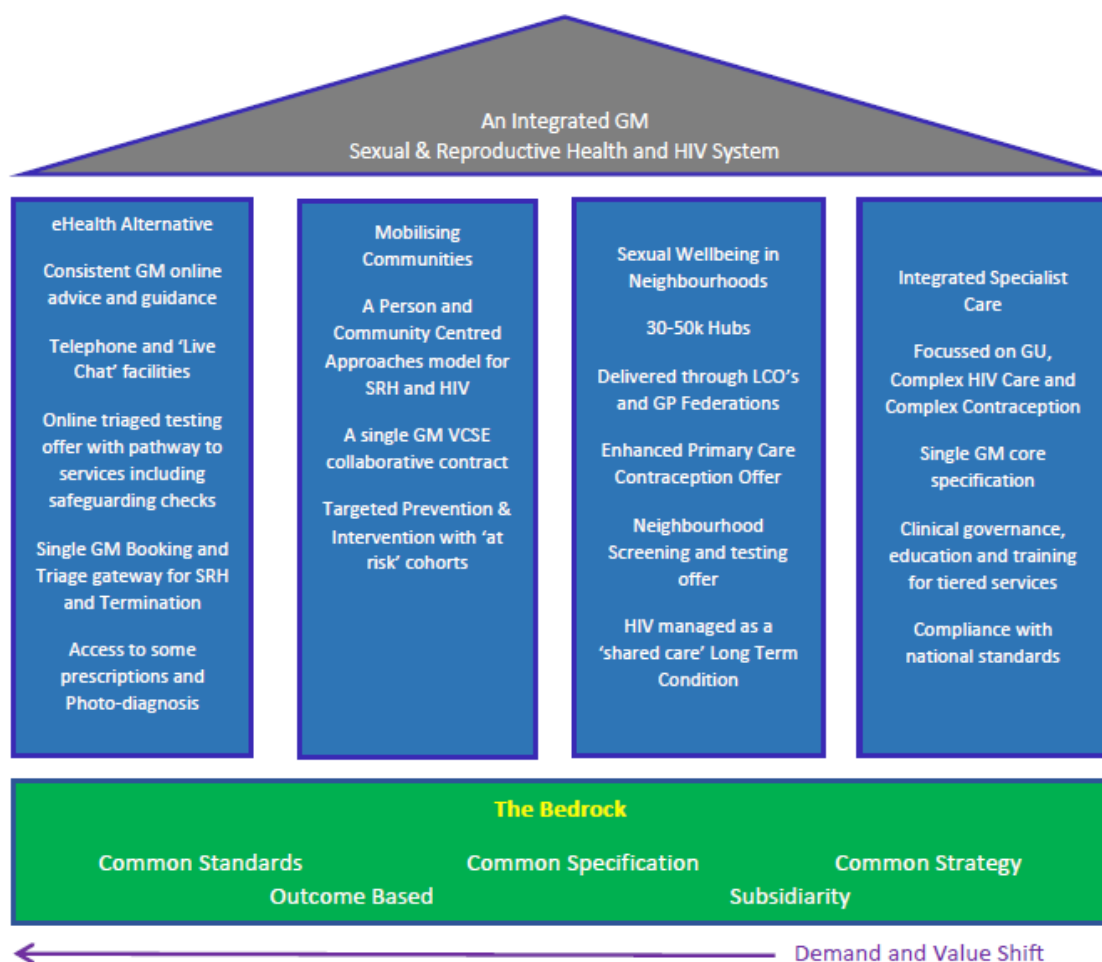


Figure 1: GM Model for an Integrated Sexual & Reproductive Health and HIV System

4.2 Case For Change: Current Position & Needs Assessment

- 4.2.1 Many aspects of the current offer are working well, however there is wide acknowledgement that there are some aspects of existing services where change is required to improve outcomes for local residents.
- 4.2.2 A recent Health Needs Assessment conducted around sexual and reproductive health in Tameside (2020) involved a review of data as well as surveys and face-to-face public engagement. This work highlighted some of the current issues in the following key findings:

Data

- Abortion rate is 25 per 1,000 women in Tameside (gradually increasing in recent years and is the 9th highest rate in the country, compared to national average of 18.1 per 1,000 women)
- Most of the increase in abortions has been in the over-25 age group (though younger people are at highest risk of unplanned pregnancy and associated risks)
- Recent increases in under-18 conception rate
- HIV testing significantly lower than national average, especially in women and some groups have seen increases in late HIV diagnosis recently
- While our overall STI rates are not significantly worse than we would expect, there have been increases in recent years and STI testing coverage is significantly lower than the national average.

Engagement

- Many residents were not aware of the range of S&RH services available and how to access them
- Access to the specialist service is consistently an issue (for residents and professionals)
- A systematic approach (ie. Training) is needed to raise awareness amongst professional and support staff across the borough regarding S&RH issues and services.
- Many services are Ashton-based, which makes access difficult for Tameside's more remote and deprived communities, who often have most need.
- Residents wanted more out of hours/weekend appointments.
- High abortion rates suggest better access to LARC is needed
- LARC fitting was particularly low in Mossley, Hattersley and Droyslden.
- Large amount of capacity in core service (40%) used for contraception advice/prescribing – partly due to lack of access in primary care.
- Clearer communication needed for younger people about what contraception is available, where it can be accessed and how people can access it.

4.2.3 The current service has faced substantial challenges during the current contract with increased demands arising from HIV prevention (PrEP), increasing STI rates, and an increase in safeguarding issues, which the service are required to report and address. These issues have had an impact on the balance between treatment focussed activity and preventative activity. This has resulted in some of the above feedback where residents have faced difficulties in accessing lower level advice, information and contraception. This is also due to increasing pressures and demands (including Covid-19 impacts) in general practice, which is also a provider of contraception services.

4.2.4 It is crucial that we make changes in the wider system to address some of these issues. Access to preventative interventions such as contraception is particularly important as wider evidence shows that access to contraception is supportive for people, particularly women, to ensure that the spread of STIs is limited and that there are fewer unplanned pregnancies. Younger people remain at highest risk of an unplanned pregnancy and the adverse impacts this can have on them and the baby. It does not just affect younger people though, and we have seen in Tameside in recent years that the majority of the increase in our abortion rates has been in those over the age of 25. While there are a complex range of factors contributing to the abortion rate, one of those is access to and delivery of effective contraception.

4.3 Case For Change – The Tameside Vision

4.3.1 It is crucial that we make changes in the wider system to address some of the issues identified in the above section. Access to preventative interventions such as contraception is particularly important.

4.3.2 There is a complex commissioning landscape across the wider sexual & reproductive health system with a range of services, which support people to achieve good sexual health. These are often commissioned in different parts of the system (see Figure 2 below). Tameside & Glossop Strategic Commission is in a unique position to be able to work across these services to coordinate how we best use resources. Recent developments from the White Paper around Integrated Care Systems and the new local partnerships this will require also present new opportunities to coordinate this work across different providers locally to move towards more preventative, community-based services for our residents.

Local Authorities	CCG	NHS England
Community contraception, including: <ul style="list-style-type: none"> Long acting reversible (LARC) contraception in general practice Emergency hormonal contraception (EHC) in pharmacy 	Abortion services	HIV treatment and care including pre and post prophylaxis
Community STI diagnosis and treatment, including the National Chlamydia Screening Programme (NCSP)	Vasectomy and sterilisation services	Contraception provided under the GP contract
Targeted S&RH promotion, including free condom schemes	Gynaecology services	Cervical screening
HIV prevention	Psychosexual services (non sexual health element)	Opportunistic promotion and testing of STIs
Sexual health aspects of psychosexual counselling		Sexual health in prisons
Specialist sexual health services: including young people's sexual health services, outreach, and S&RH promotion services in schools, colleges and pharmacies.		Sexual assault in referral centres (SARC)

Figure 2: Breakdown of Sexual & Reproductive Health and HIV Commissioning Responsibilities

4.3.3 Previous work across the local system in Tameside involved a workshop during 2019 and engagement with the Health & Wellbeing board in 2020. From this work we have devised a vision for sexual and reproductive health in Tameside:

4.3.4 In order to achieve this vision, the new service model and work across the wider system need to move from a centralised, treatment focussed model, to a more community based, preventative model, delivered in partnership (see Figure 3 below).

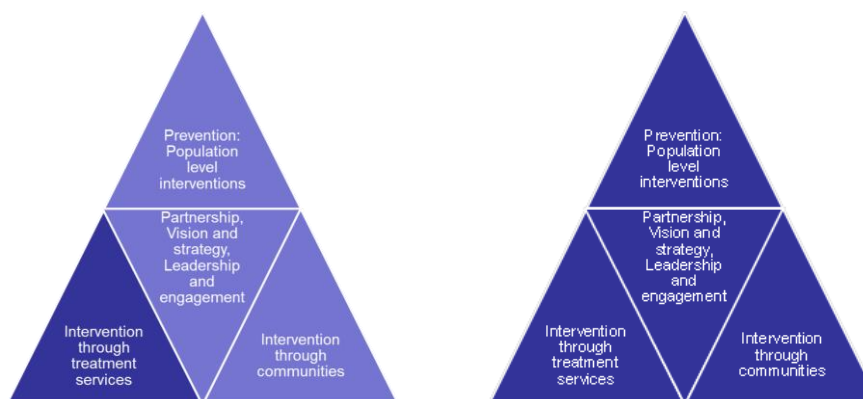


Figure 3: Population Health Approach to Levels of Intervention

All Tameside residents are able to express themselves, be confident, have choice and take control of decisions about their sexual and reproductive lives.
Includes all residents having open access to services and reliable information, in a way that effectively meets their needs.

4.3.5 In a complex system with limited resources, it will take time to realign resources and activity to this model, which is why we are proposing a 5-year step-change model for the sexual and reproductive health system in Tameside. This will include the steps and work required to make the change seen in the diagram above shifting from the current

centralised services, with high demand in areas like STI treatment and abortions, to realign our capacity into a preventative population health model which includes the whole system working in partnership, much closer to our communities, following the Public Service Reform (PSR) principles and model of neighbourhood working. The 5-year step change commences from April 2021 with the first year representing the work happening in the coming months to recommission the service. This is a separate timeframe to the 5-year contract term being proposed for the integrated service. Figure 4 below outlines the 5-year step-change model. Also see Appendix 1 for further detail of the work proposed in each year of this programme.

YEAR 5
(25/26)

REALIGN CAPACITY INTO FULL PREVENTION MODEL
Activity:
Full transformation and rationalisation of specialist care; further enhance prevention activity

YEAR 4
(24/25)

MAINSTREAM AND FURTHER ENHANCE PREVENTION CAPACITY
Activity:
Realign system-wide budgets; expand non-clinical outreach offer including training; enhanced support for vulnerable groups

YEAR 3
(23/24)

BEGIN SHIFTING CAPACITY TOWARDS PREVENTION
Activity:
Full rollout of PCN spokes offer; monitor outcomes for demand reductions; development of PCN women's health offer

YEAR 2
(22/23)

DELIVERY & DEVELOPMENT OF COMMUNITY BASED OFFER
Activity:
Begin roll-out of PCN spokes; enhanced digital offer; boost community LARC training offer

YEAR 1
(21/22)

CENTRALISED OFFER; RESOURCE FOCUSED ON TREATMENT; HIGH FAILURE DEMAND (TOP & LAC) & LACK OF ACCESS
Activity:
Recommissioning specialist service with more community focus; new LARC primary care offer; initiate clinical outreach offer; make the case for change around prevention investment

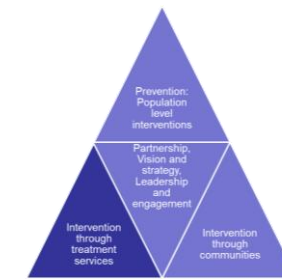
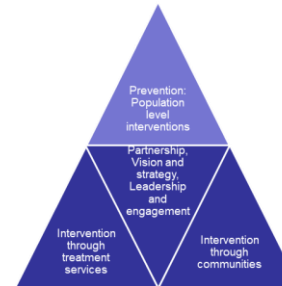
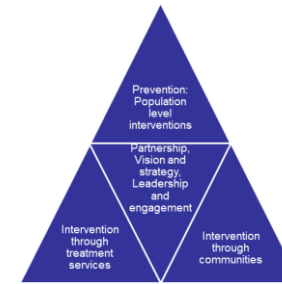


Figure 4: Tameside 5-Year Step Change Model for Sexual & Reproductive Health Transformation (2021-2026)

4.3.6 Re-commissioning the integrated sexual & reproductive health service provides the opportunity to make changes to align service delivery to the 5-year step change model and the shift towards more preventative capacity. This will also allow us to address some of the emerging issues in data and wider insights from the Health Needs Assessment. It will also enable us to further develop an approach which is in keeping with the corporate plan and the principles of Public Service Reform, with the model of neighbourhood delivery at the centre, to help us achieve better outcomes for the health and wellbeing of local residents:

- Shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services;
- An asset-based approach;
- Community independence and support for residents to be in control;
- A place-based approach;
- A stronger prioritisation of well-being, prevention and early intervention;
- An evidence-led approach;
- Collaboration with a wide range of organisations.

4.3.7 We will set clear expectations and milestones for the new service to develop and integrate their offer into the person-centred neighbourhood model in Figure 5 below. This will require much broader working with stakeholders and partners and will move the model towards a proactive, preventative and asset-based approach. This will allow our system to intervene early and respond to the person in the context of their community (do with, not to).



PERSON - how can a person support their own sexual health (self-management and support via digital offer and information). The service will be expected to support the immediate system around a person in terms of information and access so people can be supported by their employers, friends & family etc around their sexual health

NEIGHBOURHOODS - how do each of the services or functions in a neighbourhood support residents' sexual health – this could include wider staff training and awareness for a 'make every contact count' approach for the agencies and services in the neighbourhood, as well as the hub & spoke and outreach models which place sexual health services closer to people in their communities

LOCALITY – the service will be expected to deliver excellent clinical care for anyone in Tameside requiring more specialist support (Tier 3 services). It will also be important to link in to other locality-based services such as hospital care

Figure 5: The Tameside Neighbourhood Model

5.0 PROPOSED NEW SERVICE MODEL

- 5.1 In order to deliver the vision set out above, and to move through the next 5-years, achieving the various stages of our step-change model, we need to put in place an agile sexual & reproductive health service which will provide the specialist support required as well as fulfil the role of system leader in this. We will require this service to follow public service reform principles and work towards a more integrated, system-wide approach to make a truly preventative, neighbourhood-based system in Tameside.
- 5.2 **Contract Length** - The first step in this is to put in place a longer-term contract of 5 years, with the option to extend for a further 5 years, dependent on a formal review of the performance and outcomes achieved by the service in year 4 (2025/26). This will allow for a decision to be taken to either continue the strategic and contractual relationship with the provider at this stage, or to recommission the service if objectives and outcomes have not been achieved. There will be several key milestones that the provider must meet and also relevant clauses within the contract to allow the local authority to change terms or come out of this arrangement if outcomes are not achieved throughout the contract. This length of contract will provide stability and will encourage providers to make longer-term investments in capacity and capabilities within the service. Other commissioners including our contracting partner Stockport MBC, and Oldham/Rochdale/Bury are also proposing to tender for the same contract length.
- 5.3 **Service Make-up** - The proposed structure of the service is to maintain the all-age, integrated contraception & sexual health advice (CASH) and genitourinary medicine (GUM) model, under one contract. In retaining this integrated model, the emphasis of the service specification will be around the provider being a system leader of the wider sexual & reproductive health agenda in Tameside, working in close partnership with a range of local stakeholders to lead the work to improve outcomes in Tameside. This is key to progressing as per the 5-step change model, rather than merely meeting demands coming through the clinic doors.
- 5.4 **Key Milestones** - There are some clear ambitions and outcomes, which we want this service to achieve in the short to medium term of this contract. In order to ensure that these are delivered, a series of milestones will be built into the specification and the contract for the service to hold them to account for these developments. These include:
- 5.4.1 Establishing 4 community-based 'spoke' clinics (1 per Tameside PCN) within the first 12-months of the contract (by 31 March 2023) – a Service Credits programme of performance monitoring will be applied to this aspect of the contract to ensure delivery against this outcome. Failure to deliver on this will result in a reduction in the charges payable by the Council for the period in question.
 - 5.4.2 When the spoke sites are established, these are to be built upon to further develop PCN-level partnership working. This will include the wider training offer for primary care, particularly around LARC training and working with primary care to ensure consistent access to contraceptive assessments and LARC fitting at a PCN level. If this progresses well then there will be a move for the service to take on additional sexual & reproductive health commissioning responsibilities (progress on this would be brought back to decision makers at a later date)
 - 5.4.3 Ongoing prioritisation of clinical outreach capacity (1 dedicated WTE nursing post) from the outset of the contract – to increase to at least 2 WTEs by Year 2 of the contract (from April 2023)
 - 5.4.4 Develop a delivery plan alongside Tameside Population Health for the 5-year step change model for sexual & reproductive health (within first 6 months of the contract). This should be co-produced with a wide range of stakeholders and including input from patients, service-users and members of the public.

5.5 Service Details / Service Specification

- 5.5.1 Several elements of the core service will be updated, however remain the same in terms of clinical delivery and standards. The levels of intervention offered by the service range from Tier 1 (advice and information) through to Tier 3 (complex clinical support). The delivery of all tiers of care, meeting appropriate clinical standards, will still be a requirement in the new contract. The specification and standards for the core clinical elements of the service are shared across GM.
- 5.5.2 It is the expectation that the provider will work to a range of high-level outcomes, whilst meeting KPIs and the milestones discussed. Tier 3 services require appropriate clinical space and will be delivered from 'The Orange Rooms'. However Tiers 1 & 2 could be delivered in a range of community-based settings such as GP surgeries, community centres, third sector estates. These will represent the 'spokes' of the main service which the provider must establish (1 per Tameside PCN) in the first 12 months of this contract.
- 5.5.3 Given the overall trends of decline in uptake of contraception, particularly long-acting reversible contraception, and the fact that these represent forms of prevention in terms of STIs and unplanned pregnancy, the provider will be expected to prioritise access and delivery of contraceptive assessments, prescribing and fitting where appropriate. This will include integrated working and training with primary care to boost contraception delivery in GPs
- 5.5.4 The provider will be the system lead around sexual & reproductive health and will direct resources into partnership and engagement work across the borough and across a range of public and third sector partners to support wider priorities in the sexual health system. Key to this will be primary care (GP and pharmacy), relevant local charities and third sector organisations (eg. Diversity Matters; LGBT Foundation; Action Together, Change Grow Live, Bridges), and existing partners in the sexual health system (eg. Youthink outreach team; gynaecology services within T&G ICFT; Children's Social Care and Safeguarding Partnership). There will be key priorities around particular groups in the population including vulnerable children and young people (eg. Working with children's social care / phoenix team / multi-agency safeguarding hub); and other high risk groups such as men who have sex with men, people living with HIV and people from BAME communities (LGBT Partnership; George House Trust; Black Health Agency).
- 5.5.5 The provider will support and develop a range of projects across Tameside with a number of partner organisations in order to provide place-based offers, which appeal to different individuals, groups and communities. Examples include engagement with local initiatives such as the current Alcohol Exposed Pregnancy Programme, as well as more direct support such as formula milk for mothers with HIV for whom it may not be safe to breastfeed.
- 5.5.6 The provider will collaborate on existing priorities across Tameside. Specifically system-wide work to tackle domestic abuse (DA) and support victims. This will include DA training requirements for patient facing staff, DA risk assessments as part of routine clinical work; documenting DA disclosures; and ongoing work with the specialist DA provider.
- 5.5.7 The performance management for the new contract will have a more outcomes focus with qualitative elements included as well as more of a focus on the impact of services on individuals. We will also look to include potential escalation measures/penalties if KPIs and key milestones have not been achieved. There will also be the requirement for the provider to produce a concise annual report of the key achievements of the service, along with quality assurance surveys at each year-end. There will be a particular focus on this in Year 4 (2025/26) as part of the formal review required to inform whether the provider has adequately met expectations and delivered on outcomes in order to justify a further extension of the contract (5 years) or to go out to tender at this point to seek a new service at the end of the initial 5 year contract term.

- 5.5.8 **Grant Allocation for PrEP** – Resource has now been allocated nationally to ensure the routine provision of PrEP (Pre-Exposure Prophylaxis) for HIV prevention via local sexual health services. This will be incorporated into the service offer – see Section 10 for further details.

6.0 PROCUREMENT PROPOSAL

- 6.1 Consideration is given to re-tender the Integrated Sexual & Reproductive Health service in Tameside to ensure continued delivery of open access sexual health services, which is a mandated function of local authorities. It is proposed that this will be for a contract period of five years commencing 1 April 2022, with the option to extend for a further 5 years, dependent on a formal review of the performance and outcomes achieved by the service in year 4 (2025/26). Our commissioning partner Stockport is also going out for the same contract length, as are the other local authorities going out to tender at the same time (Bury, Rochdale and Oldham).
- 6.2 We are currently in a contract with Stockport MBC and Trafford MBC, with Stockport MBC being the lead commissioner who hold the contract with MFT for the current service. Due to changing circumstances in Trafford and their existing contractual relationship with MFT as the provider of their wider Community Services Contract, they will be coming out of the cluster at the end of the current contract on 31 March 2022. This will leave Tameside MBC and Stockport MBC remaining in the joint-commissioning arrangement going forward, via an inter-authority agreement, with Stockport remaining as the lead commissioning authority.
- 6.3 Our cluster commissioning arrangements across GM mean that there are two main contracts that will be going out to tender at the same time: our contract with Stockport MBC, which is currently provided by MFT; and the shared contract between Bury MBC, Rochdale MBC and Oldham MBC, which is currently provided by Virgin Care. STAR procurement will be supporting all five local authorities through this procurement process.
- 6.4 As the current contract is coming to an end and Tameside MBC is subject to a legal framework, which encourages free and open competition and a duty to establish Best Value we are obliged to conduct an open and transparent procurement process.
- 6.5 To ensure a competitive tender in terms of delivering best value, evaluation criteria against the most economically advantageous tender will be implemented as part of the procurement process.

7.0 ESTATES

- 7.1 The current service is based in Ashton Primary Care Centre with a suite of rooms called 'The Orange Rooms'. The lease of this space is held between Tameside & Glossop CCG and CHP, with the cost of the lease funded by the CCG. There is agreement that these funding arrangements for the premises will continue going forward, under a new contract and with a new provider, even if this is a non-NHS provider.
- 7.2 The cost of this lease to the CCG is currently £293,569.38 per year for 2020/21, this is not included in the proposed costs for the service outlined in this paper. This represents 14.5% of the overall lease cost for Ashton Primary Care Centre. There will be an annual RPI uplift in this cost from 1 April 2021 which is an annual uplift/re-costing.
- 7.3 We have stipulated in the service specification and the key milestones that the service must continue to use The Orange Rooms in Ashton Primary Care centre as the main hub location for the service, as well as the four 'spoke clinics' they will be required to establish within each of the four Tameside PCNs within the first year of the contract.

8.0 VALUE FOR MONEY

- 8.1 The available budget for this service is £1,274,924 per year, allowing a maximum contract value over the initial five year period of £6,374,620. This includes all elements of the integrated sexual & reproductive health service, apart from the estates costs as explained in the previous section. The proposal is to maintain this annual cost for the service at the same level, while considering potential uplifts for NHS staff Agenda for Change pay increases, which may be required.
- 8.2 **Investment in Contraceptive and Sexual Health services is an invest to save opportunity** with evidence from the Department of Health & Social Care which demonstrates that:
- For every £1 spent on contraceptive services, £11 is saved on other costs within Health and Social Care.
 - NHS savings associated with one early HIV diagnosis alone is £36,061.
 - Each new HIV infection prevented saves between £280,000 and £360,000 in lifetime treatment costs
- 8.3 Without adequate local investment in high quality service provision, our system-wide costs will increase as a result of increased demand for acute health and social care services (for example for those with complications from untreated infection, and unintended pregnancies); and greater numbers of local residents may access sexual health services in other areas, which they are entitled to do and we are obliged to pay for, at a higher cost than people entering our local service.
- 8.4 Increased availability and uptake of contraception, including long acting reversible contraception, could lead to a reduction in unplanned pregnancies and a reduction in the need for abortions. A large study of birth mothers and recurrent care proceedings highlighted that where there have been care proceedings, particularly with multiple children, the mothers typically described the pregnancies as unplanned². **Preventing more unplanned pregnancies may reduce the number of care proceedings taking place.**
- 8.5 The current service was commissioned following a competitive tender process in 2016. This came at the same time as a 20% reduction in the overall budget for this service. Alongside these savings, to ensure good value for money, the best value and the most economically advantageous tenders were also sought.
- 8.6 **Recurrent financial savings have already been offered up from sexual health services in Tameside** with the annual budget for chlamydia screening reducing by £15,000 per year going forward from 2020/21.
- 8.7 **Financial Benchmarking** - In September 2020, Population Health worked with Grant Thornton to conduct a review of financial investment in sexual health services when benchmarked against other local authorities in GM and our nearest statistical neighbours. This work has highlighted that our current levels of investment are classed as 'Very Low' when compared to GM and statistical neighbours. In both groups, the lowest amount of spend per head of total population is £2.40. Tameside come just above that with spend of £2.42 per head. This is among the lowest investors with the highest in GM being £6.84 per head and the highest among our statistical neighbours being £4.87 per head.
- 8.8 **The current investment in the integrated sexual health service represents one of the lowest levels of spend across GM.** Looking in more detail at comparative spend of the integrated sexual health services across GM, which are commissioned and structured in a similar way, we currently have the joint 2nd lowest spend per head (£12) on our integrated sexual health service with only Oldham having lower spend per head (£10). It should be noted

² Broadhurst, K. et al (2017) Vulnerable Birth Mothers and Recurrent Care Proceedings: Final Summary Report. Centre for Child & Family Justice Research. Lancaster University.

that Oldham also invest over £100k of additional resource into a separate young person's offer, which is included within our existing integrated service.

- 8.9 **Outreach for Vulnerable Groups** - The council worked with the provider to divert more resources within the service to clinical outreach. This has enabled nursing staff to see patients in the community, closer to home in more accessible locations. This will address service access issues for some of our most vulnerable communities in areas such as Hattersley and among key groups such as sex workers and homeless people, which were highlighted in the recent Sexual & Reproductive Health Needs Assessment for Tameside (2020). The expansion of this has been supported by the council throughout 2021/22 with one-off funding of £45k for an additional nursing post, however going forward in the new contract, this will be an expectation of the core service to provide 1 WTE clinical outreach nurse, expanding to two posts after the first 12 months.

9.0 ALTERNATIVES CONSIDERED AND DISCOUNTED

- 9.1 In collaboration with STAR, various options for the procurement process have been considered and discussed. It is felt that the procurement proposal described in section 7 will give the best combination of flexibility, innovation and delivery, and therefore this is the recommended approach.
- 9.2 **Cease Delivery** - As the provision of open access sexual health services is a mandated function for local authorities, we do not have the option to cease the provision of this service at the end of the current contract period, and this approach would also be highly detrimental to health outcomes in our population in Tameside.
- 9.3 **Reduced Contract Term** - The option to contract for a shorter term has been considered. Given the 5-year step change model proposed for sexual health system transformation in Tameside, and the increased stability provided by a longer-term contract for providers (eg. Minimising impact of workforce disruption and uncertainty) it has been determined that a longer contract period, with the options for extensions was preferable. This will also enable the provider to deliver service transformation and a whole-system leadership approach in line with delivering the milestones and the 5-year step change. This does not remove the ability of the local authority to suitably hold the provider to account via the 6-month break clause built into the contract, as well as other performance management elements such as the Service Credits approach described in section 7.
- 9.4 **Reduced Contract Value** - The option to reduce the financial investment in this service has been considered. The preferable approach is to retain the current level of investment throughout the duration of this contract term. Several reasons have been put forward to support this including: the high cost effectiveness of investment into sexual health interventions on wider costs and health outcomes; the high spend and impact of current 'failure demand' in the system including the high abortion rate; the impact of poor sexual and reproductive health outcomes on demand in children's social care such as families with care proceedings; other savings already offered from the recurring chlamydia screening budget (£15k pa); and the baseline analysis showing Tameside as an area with Very Low spend per head on sexual health services compared to similar areas.

10.0 AWARDING GRANT FOR PrEP

- 10.1 Following the successful Impact Trial for Pre-Exposure Prophylaxis (PrEP), which Tameside took part in, the Department for Health and Social Care (DHSC) rolled out the programme across England during 2020. The programme's aim was to provide universal routine access to PrEP to prevent transmission of HIV, and was targeted towards groups with high risk of contracting HIV including men who have sex with men (MSM), black Africans, and transgender men and women,.

- 10.2 A grant of £27,804 was awarded to Local Authorities in September 2020 for programme implementation, with conditions meaning that the programme had to be procured from our level 3 sexual health provider, which in Tameside is The Northern service, part of Manchester University NHS Foundation Trust (MFT). On 27th January 2021 Strategic Commissioning Board gave permission to award the grant to MFT.
- 10.3 On the 16th March 2021, the DHSC confirmed that the PrEP HIV prevention programme is to continue with an increased allocation for 2021/22, due to the recognition of unmet need in local communities. The allocation will be awarded to Local Authorities as part of their overall Public Health grant. The DHSC has also provided a breakdown showing that the PrEP allocation for Tameside for 2021/22 is £68,320³.
- 10.4 As in 20/21, we intend to award the majority of this grant to MFT to deliver the PrEP HIV prevention programme, with some held back to cover costs of Tameside residents accessing treatment in other areas and some potentially being awarded to the GM Passionate about Sexual Health (PaSH) partnership, to deliver a holistic HIV prevention programme. The PaSH programme is made up of 3 VCSE partners, Black Health Agency (BHA) for Equality (the lead provider), the LGBT Foundation and George House Trust. The partners deliver a multi-faceted programme of HIV and STI prevention for GM residents and support for those People Living with HIV (PLW HIV), both newly diagnosed and as a long-term condition.

11.0 EQUALITIES

- 11.1 It is not anticipated that there are any negative impacts on equality and diversity as a result of this proposal. An EIA is in progress. This is a live document, which will continue to be updated on an ongoing basis. See Appendix 2.

12.0 RISK MANAGEMENT

- 12.1 The approach described in this report will lead to longer-term transformation of the Integrated Sexual & Reproductive Health Service in Tameside. The service model described in this paper will ensure delivery of the 5-year step change model to better support people in Tameside around their sexual and reproductive health and to deliver a more person-centred, preventative model.
- 12.2 As with any transformation, there are potential risks involved. Work is ongoing across other GM sexual health commissioners, wider stakeholders, and utilising views from recent resident engagement to identify and mitigate against any possible risks. Broad areas to consider are:
- Ensuring that the learning from the work of the current service over recent years is learned from, built upon, and maintained;
 - Potential disruption to the service in the event of a change in provider following the re-tender process;
 - Risk of high demands in the acute (Tier 3) aspect of the service which places increased pressure on resources required for more developmental, preventative elements of the service as we move through the 5-year step change model
 - Ensuring that there is capacity within the market of providers to bid for and deliver this service.
- 12.3 The potential risks identified will need to be monitored as the service and approach to achieving the 5-year step change are developed. Monitoring and evaluation will also continue after the service is developed to identify any issues early and support the provider to address them.

³ [Public health grants to local authorities: 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/public-health-grants-to-local-authorities-2021-to-2022)

13.0 CONCLUSION

13.1 The current integrated sexual & reproductive health service contract comes to an end on 31 March 2022. The above report outlines the proposals for a new service commencing from 1 April 2022 supported by the case for change in the wider system and the proposed transformation for the service going forward.

14.0 RECOMMENDATIONS

14.1 As set out on the front sheet of the report.

Appendix 1



5 Year Step Change
in SH

APPENDIX 2

Subject / Title	Sexual & Reproductive Health Offer
------------------------	------------------------------------

Team	Department	Directorate
Health Improvement	Population Health	Population Health

Start Date	Completion Date
March 2021	Ongoing

Project Lead Officer	James Mallion / Pamela Watt
Contract / Commissioning Manager	Linsey Bell
Assistant Director/ Director	Jeanelle de Gruchy

EIA Group (lead contact first)	Job title	Service
James Mallion	Public Health Consultant	Population Health
Pamela Watt	Public Health Manager	Population Health
Linsey Bell	Commissioning and Contracts Officer	Adults

PART 1 – INITIAL SCREENING

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

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

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

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

<p>1a.</p>	<p>What is the project, proposal or service / contract change?</p>	<p>The proposal is for the transformation and retender of the Sexual & Reproductive Health service, currently delivered as an integrated service combining all aspects of sexual and reproductive health (contraception; advice; STI testing & treatment; HIV), provided by Manchester NHS Foundation Trust. This is an open access offer for all people wishing to access these services in Tameside, whether they are residents of the borough, or not. While this is an open access service offer, the way in which this is delivered in communities (via increased outreach work and community-based spoke clinics) and the role the provider will play as a system leader, will target those in greatest need of support.</p> <p>The new contract will place stronger emphasis on the need for community provision of support (not just in a centralised service model) that is made available and accessible to those with more complex circumstances. This will also include a focus on prioritising delivery of more preventative interventions such as contraceptive assessments, and the prescribing of a full range of contraceptive methods, including long acting reversible contraception (which has a greater efficacy in terms of preventing pregnancy than other forms).</p> <p>The new contract will differ from the existing service offer in that there will be a firm expectation on the provider to host direct service provision in different locations across the borough in the form of 'spoke' clinics (where certain elements of the service will be available) or also in the form of clinical and non-clinical outreach staff resources to support those in the community who are less able to, or do not wish to access physical service locations. Recent resident engagement and wider evidence suggests that those with more challenging needs are more likely to require this type of support.</p> <p>The contract period will be for up to 5 years from 1 April 2022 (with the option of extending this contract for a further 5 years)</p> <p>It is proposed that a new model is commissioned to meet the local population health needs, based on the evidence available.</p>
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1b.	<p>What are the main aims of the project, proposal or service / contract change?</p>	<p>The main changes to the service are:</p> <ul style="list-style-type: none"> • To meet population need and the increased demand on sexual and reproductive health services by ensuring the provider in the new contract has a focus on achieving some of the key population-level outcomes (including reducing unintended pregnancies, terminations and under-18 conception; further reducing the late diagnosis of HIV; increasing chlamydia screening rates; reducing STI rates; and increasing contraception usage particularly LARC prescribing) • To hold the provider to account to act as a system leader around sexual and reproductive health across a wide range of partners including acute health services; Safeguarding Partnerships; primary care; tertiary services including HIV treatment; and other community providers such as substance misuse and health improvement services. • To ensure a more community and prevention focussed approach with direct access to services across the borough either in neighbourhood-based physical locations offering elements of the SRH service, or via a clinical and non-clinical outreach offer to target those in need of more support and less likely to access centralised services. • To support delivery of key objectives in the Tameside & Glossop Corporate Plan. Specifically relating to ensuring children have the very best start in life, with as many pregnancies as possible being planned and reducing the number of under-18 conceptions; and people living healthier lives with reduced health inequalities across our population by increasing prevention and access to services to improve the wellbeing of our population and increase physical and mental healthy life expectancy.
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1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.				
Protected Characteristic	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Age		✓		There will be no change to the age the service is directed towards.

				Though the targeted outreach and spoke clinics may make the service more accessible to some younger people
Disability		✓		The service is open to all and there will be no change in how people with a disability access the service. However, an improved locality offer may reduce travel issues.
Ethnicity			✓	The service is open to all and there will be no change in how people from different ethnic groups access the service.
Sex		✓		The service is accessible for all ages and sex groups – however some targeted elements of service development such as increased delivery of long acting contraception will be more targeted to address inequities in access for females
Religion or Belief			✓	The service is open to all and there will be no change in how people

				with different religions or beliefs access the service.
Sexual Orientation		✓		The service is open to all, however certain programmes that target men that have sex with men (MSM) should be easier to access.
Gender Reassignment			✓	The service is open to all and there will be no change in how people that are undergoing, or have undergone, gender reassignment access the service.
Pregnancy & Maternity		✓		There will be little change for those that are already pregnant, however it should be easier for people to access contraception immediately after birth.
Marriage & Civil Partnership			✓	The service is open to all and there will no change in how people with different marriage or civil partnership status will change.
Other protected groups determined locally by Tameside and Glossop Strategic Commission?				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation

Mental Health		✓		Although the service is open to all, improved access and links with partner agencies should help to improve access for people with mental health issues.
Carers			✓	The service is open to all and there will be no change in carers' access to the service.
Military Veterans	✓			Although the service is open to all, improved partnership working and targeting of vulnerable groups such as military veterans, should improve access for this group.
Breast Feeding			✓	The service is open to all and there will be no change in access to the service for those that breastfeed.
Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? <i>(e.g. vulnerable residents, isolated residents, low income households, those who are homeless)</i>				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Socio economic deprivation and areas of high deprivation	✓			The service is open to all, but an improved offer in more local communities will enable

				increased access in some of Tameside's more deprived communities.
Homeless	✓			Although the service is open to all, improved partnership working and targeting of vulnerable groups such as the homeless, should improve access for this group.
Looked after, and other vulnerable, children (LAC) and young people	✓			Through increased partnership working and specific outreach to vulnerable children and adults, should improve access to the service for this group.
Men and women selling sex	✓			Although the service is open to all, improved partnership working and targeting of vulnerable groups such as people selling sex, should improve access for this group.

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

1d.		Yes	No
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	Does the project, proposal or service / contract change require a full EIA?	✓	
1e.	What are your reasons for the decision made at 1d?	<p>The new service will aim to improve access for the general population, but will also have an improved offer for vulnerable people and those with complex needs. This will be achieved by the new provider working more closely with local agencies and provider more services in local communities rather than from a single centralised hub.</p> <p>As this means there will be a direct impact/relevance (albeit a positive one) to several groups with protected characteristics, a full EIA is required.</p>	

If a full EIA is required please progress to Part 2.

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary
<p>The provider for Tameside’s Sexual and Reproductive Health (SRH) Service is Central Manchester Foundation Trust (MFT). They began delivering against this contract in 2016, and after a contract extension due to COVID, the contract is now due to go out to tender. The new contract will begin 1st April 2022.</p> <p>The service specification will contain a similar core clinical content to the previous contract, due to the clinical nature and quality standards required from a specialist sexual and reproductive health service. However, the specification also contains a wider vision and challenge for the new provider. There is a requirement to provide increased access for local people, including four spoke clinics, one in each of the PCN areas. These spoke clinics will not offer the specialist Tier 3 services which will continue to be available at the main clinic at the Orange Rooms in Ashton-Under-Lyne. However, the spoke clinics will be able to offer level 1 and 2 services such as contraception advice and STI testing.</p> <p>There is also the requirement to provide additional training of staff from the wider sexual and reproductive health system, such as primary care professionals. This will help to improve access to contraception in particular.</p> <p>The service will increase its offer for particularly vulnerable groups who may not access any sexual or reproductive health services at the specialist clinic or general practice. Clinical nurse led outreach will be available to meet this demand and work in partnership with existing programmes and agencies that support vulnerable groups such as homeless, sex workers, LAC, military veterans etc.</p> <p>The new provider will be asked to be a system leader, working in partnership with stakeholders such as primary care, third sector, patient groups etc. They will look at how best to work together to improve the sexual and reproductive health outcomes of Tameside residents.</p> <p>We would expect that any service commissioned by Tameside MBC should aim to uphold equality, diversity and inclusion. The definitions for equality, diversity, and inclusion are as follows:</p>

- **Equality** is making sure everyone is treated fairly and given an equitable chance to access opportunities. The notion of equality or equal opportunities is not about treating everyone the same, it's about levelling the playing field to address the different needs individuals may have, in order to achieve the same outcomes.
- **Diversity** is recognising and valuing individuals as well as group differences. It also means treating people as individuals, placing positive value on the diverse aspects they bring as a result of belonging to a certain personal cultural, linguistic religious, faith or background characteristic.
- **Inclusion** is seen as a universal human right. The aim of inclusion is to embrace all people irrespective of any of the protected characteristics giving equal access and opportunities and getting rid of discrimination and intolerance. This means removal of barriers.

A number of protected groups are vulnerable to sexual and reproductive ill health and the associated outcome such as unintended pregnancy, illness and disease. The issues to be considered for each group of people are described in section 2b.

Section 2c goes on to explain how these impacts will be mitigated within the new service. The key actions the new service will be required to deliver:

- Improved access for local residents by offering spoke clinics for level 1 and 2 services in each of the 4 neighborhoods in Tameside. This will help reduce potential barriers such as having to travel to access the service and the time cost associated with travel.
- Improved clinical outreach, particularly for Tameside's vulnerable groups. This is of particular relevance for safeguarding Tameside's vulnerable young people, but is also relevant to vulnerable adults.

These commissioning intentions will be included and in the forthcoming tender process, with the new service beginning delivery on 1st April 2022. The KPIs and service milestones, outputs and progress will be monitored quarterly and amended as necessary.

2b. Issues to Consider

Age Relevant issues for young people include potential travel, costs, times venues are available and how information is available. Young people are proportionately more likely to access specialist SRH services than other age groups. The under 18s conception rate in Tameside is much higher than in England, suggesting a greater need for effective contraception.

Disability This broad category includes people with physical and sensory impairments, mental health problems and long-term conditions (including learning disabilities). There is no need for a person to have a medically diagnosed cause for their impairment. Relevant issues include potential travel, costs, and times venues are available and how information is available. For certain groups, changes of venues and personnel will have a more profound impact than for some other groups. There may also be issues about the need for some people to be able to access services in their own home and this will require an understanding of the impact of this on individuals.

Ethnicity Race describes physical characteristics, while ethnicity encompasses cultural traditions such as language and religion, playing pivotal and socially significant roles in individual's lives. These aspects of our identity inform how we see ourselves and the world, how others see us, and how we relate to each other. There are a number of relevant issues including cultural barriers to accessing services especially for women. Some women, including Refugees and Asylum seekers, may require to be seen by female health professionals. Language barriers and general lack of information for these groups is also relevant. Female Genital Mutilation (FGM) is also an issue of concern. Sexual health services are advised to ensure that HIV tests are offered and recommended to all eligible attendees, especially MSM, black Africans and

attendees born in countries with a diagnosed HIV prevalence >1%. However, fewer people in Tameside who were eligible to be tested for HIV, were tested compared to the average for England.

Sex The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in all settings was lower in Tameside compared to England. The total abortion rate in Tameside is also higher than in England, indicating an unmet need for contraception. Also there may be a delay in access to emergency contraception if it is not available from all pharmacies, or if a qualified pharmacist was not available.

Religion or belief For some communities there are strong religious beliefs and practices that may mean, for example, there is additional support needed when faced with issues of pregnancy, abortion, contraception, female genital mutilation or HIV.

Sexual orientation It is estimated that between 5 and 10 percent of the UK population define themselves as gay and lesbian. It is recognised that people who are lesbian, gay or bisexual may experience prejudice, discrimination and disadvantage as a result of their sexual orientation. Research shows that sexual orientation and gender identity play an important role in health inequalities, resulting in poor experience in the provision, and take up of health services by the LGBT community. Research also shows that due to fear of discrimination, homophobia and ignorance; older gay, lesbian and bisexual people are five times less likely to access services than the general older population. The LGBT+ community can sometimes feel that services do not understand their specific needs and requirements, so a more inclusive, sensitive and understanding approach is needed. However, sexual health services are advised to ensure that HIV tests are offered and recommended to all eligible attendees, especially MSM, black Africans and attendees born in countries with a diagnosed HIV prevalence >1%. However, fewer people in Tameside who were eligible to be tested for HIV, were tested compared to the average for England.

Gender reassignment Data relating to gender identities is not well understood. The Equality Act 2010 provides a legal framework to protect the rights of individuals with 'protected characteristics' and advance equality of opportunity for all. To be protected, there is no need to have undergone treatment or surgery and the person can be at any stage in the transition process – proposing to, or undergoing a process to reassign your gender, or have completed it. Relevant issues may relate to accessible venues where individuals feel safe and understood. Lack of these can lead to increased physical problems and mental health issues.

Pregnancy and maternity A key issue can be waiting times for access to some services, or ensuring contraception, especially long term contraception, is available before the post-natal period ended.

Marriage and civil partnership Covered by other characteristics and no legal issues.

Carers Being a carer can be rewarding and fulfilling. However, it can also be physically and emotionally exhausting and can lead to negative health consequences, as well as social isolation. Being a carer may also make accessing services more difficult, as it may be harder to commit to activities and sessions. Carers may be impacted upon because of transport and timing of clinics etc.

Military Veterans Specific groups of veterans may also have different health needs. For example, there is evidence that: older veterans (those born before 1960) appear to be at higher risk of smoking-related cancers and cardiovascular diseases; and veterans who left service early appear to be at higher risk of a range of poor outcomes, including mental illness, alcohol and substance misuse, homelessness, and unemployment. Relevant issues relate to cost, travel, disability and the mental health, all of which may reduce the ability of military veterans to access centralised specialist hubs.

Breast feeding Services should be breastfeeding friendly. Other issues are covered by other characteristics.

Socio-economic deprivation Tameside population has areas where the population is at higher risk of social issues such as unemployment, poverty, poor housing and debt. These can lead to low mental and physical wellbeing, in addition to a higher risk of engaging in unhealthy and risky behaviours, which has further negative impacts on mental and physical health. So along with possible increased demand, there are barriers to accessing services such as services close to home and cost of travel.

Homeless Relevant issues relate to cost, travel, disability and mental health, as well as barriers to accessing health and social care services caused by not having a fixed address.

Looked after, and vulnerable, children and young people Looked after and vulnerable children are more likely to have access issues relating to cost and travel compared to other children and young people. In addition, they are more vulnerable to safeguarding issues. It is important that they receive holistic sexual health services to prevent STIs and unintended pregnancies, but that they also receive effective support to keep them safe from harm.

Sex workers Sex workers can experience stigma and discrimination and the focus of services can often be HIV and STI testing, rather than comprehensive SRH services. Stigma has also been found to prevent sex workers from accessing care and support, because of fears and experiences of being judged or reported to the authorities.

2c. Impact/Relevance

Age – The aim of the new service is improve access for all, which will result in improved access for young people. This will be achieved by setting up spoke clinics in each neighbourhood area, increasing clinical outreach provision, and improving access to contraception in particular. The new service is specifically asked to be responsive to the needs of residents from groups at high risk of sexual ill-health including young people.

Disability – The new service will be committed to ensuring the protections of the Disability Discrimination (Amendment) Act 2005. The aim of the new service is improve access for all, and although the service is not specifically defined as being for people with disabilities, the service will give support and makes reasonable adjustments. The new service is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc. This will be achieved by setting up spoke clinics in each neighbourhood area and increasing clinical outreach provision. It is expected that the clinical outreach will work in partnership to address the sexual health needs of protected and vulnerable characteristic groups such as disabled people. However, assessment of the location to the needs of the person will be given consideration e.g. ramp access, toilet facilities, parking, noise levels. It is also important to consider appointment times and length of the appointment.

Ethnicity – Although the new service aims to improve access for all, however, the new service is specifically asked to be responsive to the needs of residents from groups at high risk of sexual ill-health including people from Black African communities and is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc. The outreach function (clinical and non-clinical) will look to improve access from those from BAME communities generally, but specifically the Black African community.

Sex - The new service will continue to provide support regardless of sex, however it is mostly women that seek access for contraction and the new service seeks to improve the availability of

effective contraception by providing more local clinics and increasing the training available to professionals.

Religion or belief - The new service will provide support regardless of religion or belief. To improve accessibility for people from all religions, some communities may need gender-sensitive support, for example, providing women-only sessions or groups.

Sexual orientation – The new service is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc, and is specifically asked to be responsive to the needs of residents from groups at high risk of sexual ill-health including MSM. The new service will work with organisations such as the LGBT Foundation to ensure the service is meeting the needs of the local population.

Gender reassignment – The new service is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc. The new service will be accessible to people of all gender identities. It will be respectful when using pronouns to ensure they are consistent with how the person identifies.

Pregnancy and maternity – Improved access and outreach will help new mothers access sexual health services, such as effective contraception as appreciate. There are no anticipated negative impacts as a potential change in provider.

Marriage and civil partnership - The new service is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc. The new service will see everyone, regardless of marital or civil partner status. There are no anticipated negative impacts as a result of the potential change in provider.

Carers - The new service is expected to continue to see carers and further develop links with other services and work in partnership, e.g. with Tameside Carers' Centre, and therefore may have a positive impact on this characteristic.

Military Veterans - The new service will see everyone, including military veterans. The outreach functions (clinical and non-clinical) will align to the principles of the Tameside Armed Forces Covenant and the new service will make stronger links and work in partnership with Tameside Armed Forces Community (TASC) to ensure it is meeting the needs of this group.

Breast feeding - The new service will see everyone, including breastfeeding women. There are no anticipated negative impacts as a result of the change of service. The service will have an awareness of where it is delivering sessions, and will support women to breast feed.

Socio-economic deprivation –The new service will be proactive in targeting services to areas of deprivation when choosing sites for its spoke clinics and directing its clinical and non-clinical outreach.

Homeless The new service will see everyone, including homeless people. Barriers to services are of particular relevance to this vulnerable group. The outreach functions (clinical and non-clinical) will seek to link with existing agencies to work with homeless people and better meet the needs of this group.

Looked after, and vulnerable, children and young people - The provider will ensure that members of staff are aware of their legal responsibilities in relation to safeguarding children and young people aged 13-15 and for children aged 12 and under as described in the Sexual Offences Act 2003 including the provisions relating to Abuse of a Position of Trust. They will raise safeguarding concerns and work with key safeguarding partners. This will be an essential part of the clinical outreach function.

Sex workers - The new service is specifically asked to be responsive to the needs of residents from groups at high risk of sexual ill-health including people selling sex.

2d. Mitigations (Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)

Assess providers ability to give fair and equitable access	A core function of the new service will be its ability to engage with people at high risk of sexual health inequalities. This will be assessed through the tender process, including assessment of their ability to give fair and equitable access to people with protected characteristics. This will review how they would identify and remove barriers in order to be inclusive; and how they will reach out to those at risk of/experiencing sexual health inequalities.
Ensuring equitable access to services	The Equality Impact Assessment is an ongoing process that will be reviewed regularly at Contract Performance meetings.
Ensuring positive outcomes are maintained	Any positive impacts that are identified will be recorded, and monitored.
Any negative equalities impacts are continuously identified throughout the procurement and contract period	Any negative impacts that are identified will be recorded, and appropriate action is taken to address these

2e. Evidence Sources

Contract monitoring report MFT, 2019/20

Draft Tameside Sexual Health Needs Assessment, Tameside Public Health, 2020.

PHE (2021) Summary profile of local authority sexual health (SPLASH), Tameside
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Sexual and Reproductive health consultation and engagement, Tameside, 2020.

Tameside Patient Engagement Network Report, February 2020.
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Greater Manchester Contraception consultation, Tameside results, 2020.

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<https://www.legislation.gov.uk/ukpga/1995/50/contents>

Sexual Offences Act 2003 <https://www.legislation.gov.uk/ukpga/2003/42/contents>

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Age UK. Transgender issues and later life. Available online at:
https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs16_transgender_issues_and_later_life_fcs.pdf

DH (2011). NO HEALTH WITHOUT MENTAL HEALTH: A cross-government mental health outcomes strategy for people of all ages. Analysis of the Impact on Equality (AIE). Available online at:

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<https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-discrimination>

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<https://publichealthmatters.blog.gov.uk/2019/06/18/what-do-phes-latest-inequality-tools-tell-us-about-health-inequalities-in-england/>

Tameside MBC. Armed Forces Covenant. Available online at:

<https://www.tameside.gov.uk/armedforcescovenant>

Tameside MBC. Tameside's partnership approach to improving recording of military service in primary care records. Available online at:

https://www.tameside.gov.uk/TamesideMBC/media/EmploymentandSkills/TASC-GP-Recording-of-Military-Service-document-2019-V4_2.pdf

Tameside MBC. Tameside Carer's Centre. Available online at:

<https://www.tameside.gov.uk/carers/centre>

Thomson R. and Katikireddi S (2019) Improving the health of trans people: the need for good data. Lancet; 4(8)

The Global Network of Sex Work Projects (NSWP) Sex workers' access to comprehensive sexual and reproductive health services.

https://www.nswp.org/sites/nswp.org/files/cg_sws_access_to_comp_srh_-_nswp_2018.pdf

Sanders, T., Cunningham, S., Platt, L., Grenfell, P. and Maciotti, P.G. (2017) Reviewing the occupational risks of sex workers in comparison to other 'risky' professions.

<https://www2.le.ac.uk/departments/criminology/people/teela-sanders/BriefingPaperSexWorkandMentalHealth.pdf>

2f. Monitoring progress

Issue / Action	Lead officer	Timescale
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Ensuring equitable access to services Ensuring positive outcomes are maintained	James Mallion, Pamela Watt, Linsey Bell	Quarterly
Any negative equalities impacts of the proposal are continuously identified throughout the procurement and contract period – any negative impacts are identified and appropriate action is taken to address these	James Mallion, Pamela Watt, Linsey Bell	Ongoing

Signature of Contract / Commissioning Manager	Date
Signature of Assistant Director / Director	Date

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Agenda Item 8

Report to:	EXECUTIVE CABINET
Date:	28 April 2021
Executive Member:	Councillor Oliver Ryan – Executive Member (Finance and Economic Growth)
Reporting Officer:	Kathy Roe – Director of Finance
Subject:	CIPFA FINANCIAL MANAGEMENT CODE
Report Summary:	To inform Members of the contents of the new CIPFA Financial Management Code and provide an assessment of the Council's current levels of compliance, and any areas for further development and improvement.
Recommendations:	Members are asked to note the contents of the report and endorse the improvement actions identified in the self assessment against the Code requirements.
Corporate Plan:	Sound financial management is essential to ensure Council budgets are aligned with the priorities of the Corporate Plan and financial sustainability.
Policy Implications:	Financial Management standards and financial sustainability support the policy choices that the Strategic Commission intends to pursue to support the Corporate Plan and Medium Term Financial Plan.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	These are the subject of the report.
Legal Implications: (Authorised by the Borough Solicitor)	Robust financial management is critical to the delivery of services for the residents of Tameside.
Risk Management:	Failure to ensure high standards of financial management may result in the Council becoming financially unsustainable, resulting in service failure and loss of public confidence.
Background Information:	The background papers relating to this report can be inspected by contacting Heather Green, Finance Business Partner  Telephone: 0161 342 2929  e-mail: heather.green@tameside.gov.uk

1. INTRODUCTION

- 1.1 The Chartered Institute of Public Finance and Accountancy (CIPFA) published The Financial Management Code (FM Code) in late 2019. The FM Code provides guidance for good and sustainable financial management in local authorities, giving assurance that authorities are managing resources effectively.
- 1.2 The first year of compliance for the FM Code is 2021/22 however CIPFA has recognised the extraordinary burden being placed on Local Authorities since the beginning of the COVID pandemic. In a statement issued on 11 February 2021 a proportionate approach is encouraged, meaning that in practice adherence to some parts of the Code will demonstrate a direction of travel rather than full compliance from 1 April 2021.
- 1.3 The FM Code requires authorities to demonstrate that the processes they have in place satisfy the principles of good financial management, which is an essential part of ensuring that public sector finances are sustainable. The FM Code identifies risks to financial sustainability and introduces a framework of assurance. This framework is built on existing successful practices and sets explicit standards of financial management.
- 1.4 With increasing financial pressures being faced by Councils following 10 years of austerity and a number of high profile governance failings within the Local Government section, it is vital that Tameside Council can demonstrate its sound financial management of its affairs for the benefit of its tax payers and residents.
- 1.5 Compliance with the standards set out in the FM Code is the collective responsibility of Elected Members, the Director of Finance and all Senior Officers. Complying with the FM Code will help strengthen the framework that surrounds financial decision-making.

2. APPLICATION OF THE FINANCIAL MANAGEMENT (FM) CODE

- 2.1 CIPFA's intention is that the Financial Management Code (FM Code) will have the same scope as the Prudential Code for Capital Finance in Local Authorities (CIPFA, 2017), which promotes the financial sustainability of local authority capital expenditure and associated borrowing.
- 2.2 In addition to its alignment with the *Prudential Code for Capital Finance in Local Authorities* (CIPFA, 2017), the FM Code also has links to the *Treasury Management in the Public Sector Code of Practice and Cross Sectoral Guidance Note* (CIPFA, 2017) and the annual *Code of Practice on Local Authority Accounting in the United Kingdom*. In this way the FM Code supports authorities by re-iterating in one place the key elements of these statutory requirements.
- 2.3 The FM Code is also further supported by statutory requirements for all local authorities to have sound financial management. Section 151 of the Local Government Act 1972 requires that every local authority in England and Wales should "... *make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs.*"
- 2.4 In addition to the requirements of primary legislation and associated CIPFA Codes, an authority's prudent and proper financial management is informed by a framework of professional codes of practice and guidance, including:
 - the CIPFA Statements of Professional Practice (SOPP) (including ethics)
 - the CIPFA Statement of the Role of the Chief Financial Officer
 - the CIPFA Statement on the Role of the Chief Financial Officer in Local Government

- 2.5 CIPFA considers the application of the FM Code to be a professional responsibility of all its members, regardless of their role in the financial management process. More specifically, the FM Code clarifies CIPFA’s understanding of how Chief Finance Officers (CFOs) should satisfy their statutory responsibility for good financial administration. The responsibilities of the CFO are both statutory and professional. Notwithstanding these specific expectations of CIPFA members, the primary purpose of the FM Code is to establish how the CFO – regardless of whether or not they are a CIPFA member – should demonstrate that they are meeting their statutory responsibility for sound financial administration.

3. THE FINANCIAL MANAGEMENT (FM) CODE

- 3.1 The FM Code establishes an approach based on six principles of good financial management, supported by 17 standards for compliance, and is therefore not intended to be prescriptive. The six principles cover:

1. **Organisational Leadership** Demonstrating a clear strategic direction based on a vision in which financial management is embedded into organisational culture.
2. **Accountability** Based on medium term financial planning, driving the annual budget process, supported by effective risk management, quality supporting data and whole life costs.
3. **Transparency** At the core of financial management, using consistent, meaningful and understandable data, reported frequently, with evidence of periodic officer action and elected member decision making.
4. **Professional Standards** Promoted by the leadership team, with adherence evidenced.
5. **Assurance** Recognised as an effective tool, mainstreamed into financial management, including political scrutiny and the results of both external audit, internal audit and inspection.
6. **Long-Term Sustainability** At the heart of all local services’ financial management processes, evidenced by the prudent use of public resources.

- 3.2 The FM Code translates the principles of good financial management into a series of standards. These standards address the aspects of the Council’s operations and activities that must function effectively if financial management is to be undertaken robustly and financial sustainability is to be achieved. These standards cover:

The responsibilities of the chief finance officer and leadership team	
A	The leadership team is able to demonstrate that the services provided by the authority provide value for money
B	The authority complies with the CIPFA <i>Statement on the Role of the Chief Finance Officer in Local Government (2016)</i>
Governance and financial management style	
C	The leadership team demonstrates in its actions and behaviours responsibility for governance and internal control
D	The authority applies the CIPFA/SOLACE <i>Delivering Good Governance in Local Government: Framework (2016)</i>
E	The financial management style of the authority supports financial sustainability
Medium to long-term financial management	
F	The authority has carried out a credible and transparent financial resilience assessment

G	The authority understands its prospects for financial sustainability in the longer term and has reported this clearly to members
H	The authority complies with the CIPFA <i>Prudential Code for Capital Finance in Local Authorities</i>
I	The authority has a rolling multi-year medium-term financial plan consistent with sustainable service plans
The annual budget	
J	The authority complies with its statutory obligations in respect of the budget setting process
K	The budget report includes a statement by the chief finance officer on the robustness of the estimates and a statement of the adequacy of the proposed financial reserves
Stakeholder engagement and business cases	
L	The authority has engaged where appropriate with key stakeholders in developing its long-term financial strategy, medium-term financial plan and annual budget
M	The authority uses an appropriate documented option appraisal methodology to demonstrate the value for money of its decisions
Monitoring financial performance	
N	The leadership team takes action using reports, enabling it to identify and correct emerging risks to its budget strategy and financial sustainability
O	The leadership team monitors the elements of its balance sheet which pose a significant risk to its financial sustainability
External financial reporting	
P	The chief finance officer has personal responsibility for ensuring that the statutory accounts provided to the local authority comply with the <i>Code of Practice on Local Authority Accounting in the United Kingdom</i>
Q	The presentation of the final outturn figures and variations from budget allow the leadership team to make strategic financial decisions

4. ASSESSMENT OF COMPLIANCE

- 4.1 An assessment of compliance with the standards in the FM code has been undertaken and is summarised in **Appendix 1**. This assessment concludes that the Council is compliant with minimum standards set out in the FM Code but has identified some areas for further improvement over the course of the next 12 months.

5. RECOMMENDATIONS

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

APPENDIX 1 – ASSESSMENT AGAINST THE FINANCIAL MANAGEMENT CODE STANDARDS

FM CODE STANDARDS	Key Questions in FM Code	Met?	Current Arrangements	Areas for Improvement (If any)	
The responsibilities of the chief finance officer and leadership team					
A	The leadership team is able to demonstrate that the services provided by the authority provide value for money	<ul style="list-style-type: none"> • Does the authority have a clear and consistent understanding of what value for money means to it and to its leadership team? • Does the authority have suitable mechanisms in place to promote value for money at a corporate level and at the level of individual services? • Is the authority able to demonstrate the action that it has taken to promote value for money and what it has achieved? 	YES	Corporate Plan identifying the strategic priorities for the Council. Governance arrangements including the Financial Regulations and Contract Procedure Rules, and decision-making. Procurement processes supported by STAR. Audit and risk management arrangements include reporting to senior officers and Members. Capital Expenditure proposals subject to business cases and Member approval. Regular financial reporting to Officers and Members.	The integration of performance reporting with financial reporting would enable better links between cost and performance. Revisions and clarifications to the Financial Regulations, and further training and guidance to officers to provide greater clarity on levels of delegation and decision making routes.
B	The authority complies with the CIPFA <i>Statement on the Role of the Chief Finance Officer in Local Government (2016)</i>	<ul style="list-style-type: none"> • Is the authority's CFO a key member of the leadership team, involved in, and able to bring influence to bear on, all material business decisions? • Does the CFO lead and champion the promotion and delivery of good financial management across the authority? • Is the CFO suitably qualified and experienced? • Is the finance team suitably resourced and fit for purpose? 	YES	The Director of Finance for the demonstrates full compliance with the CIPFA Statement on the Role of the Chief Finance Officer in Local Government. The Director of Finance is a key member of the Single Leadership Team, actively involved in and able to influence all material decisions, and is supported by a suitably resourced and fit for purpose Finance team.	Regular review and refresh of Financial Management roles and responsibilities, and on-going consideration of training and development needs.

Governance and financial management style					
C	The leadership team demonstrates in its actions and behaviours responsibility for governance and internal control	<ul style="list-style-type: none"> • Does the leadership team espouse the Nolan principles? • Does the authority have in place a clear framework for governance and internal control? • Has the leadership put in place effective arrangements for assurance, internal audit and internal accountability? • Does the leadership team espouse high standards of governance and internal control? • Does the leadership team nurture a culture of effective governance and robust internal control across the authority? 	YES	Compliance with the Council's core governance systems and frameworks including the Constitution, decision making, Codes of Conduct, Annual Governance Statement and Internal Audit Function. The Monitoring Officer is a key member of the Single Leadership Team.	Revisions and clarifications to the Financial Regulations, and further training and guidance to officers to provide greater clarity on levels of delegation and decision making routes
D	The authority applies the CIPFA/SOLACE <i>Delivering Good Governance in Local Government: Framework</i> (2016)	<ul style="list-style-type: none"> • Has the authority sought to apply the principles, behaviour and actions set out in the framework to its own governance arrangements? • Does the authority have in place a suitable local code of governance? • Does the authority have a robust assurance process to support its AGS? 	YES	The Council's Code of Corporate Governance sets out the Council's governance arrangements in conjunction with the CIPFA/SOLACE <i>Delivering Good Governance in Local Government Framework 2016</i> . Compliance with Framework is confirmed within the AGS. Assurance processes are well established to support the AGS, and improvement actions identified in the AGS are followed up during the year. The Internal Audit Function is compliant with Public Sector Internal Audit Standards and reports regularly to the Audit Panel.	

E	<p>The financial management style of the authority supports financial sustainability</p>	<ul style="list-style-type: none"> • Does the authority have in place an effective framework of financial accountability? • Is the authority committed to continuous improvement in terms of the economy, efficiency, effectiveness and equity of its services? • Does the authority's finance team have appropriate input into the development of strategic and operational plans? • Do managers across the authority possess sufficient financial literacy to deliver services cost effectively and to be held accountable for doing so? • Has the authority sought an external view on its financial style, for example through a process of peer review? • Do individuals with governance and financial management responsibilities have suitable delegated powers and appropriate skills and training to fulfil these responsibilities? 	YES	<p>Financial sustainability underpins the Council's Corporate Plan to ensure strategic objectives can be delivered. The Council's financial management style has historically been prudent and cautious, with reserve levels being built up over a number of years since 2010 in response to increase risks of austerity. Since 2016/17 significant levels of reserves have been used to support the base budget but this is recognised as unsustainable and the 2021/22 budget has moved away from this. The five year MTFP means that the Council is able to understand longer term risks and plan a response appropriately. As part of the MTFP the Council has adopted a reserves strategy and there is a robust risk assessment underpinning the assessment of the minimum level of general reserves.</p> <p>All budget managers are given direct access to financial information to enable them to manage budgets, including the Council's Financial Management System Agresso. All spending and resource proposals are brought to the attention of the Director of Finance (s151 Officer) and/or the Assistant Director for prior sign-off.</p>	<p>A training programme for budget holders, linked to the Financial Regulations, to provide Directors, Service Managers and Budget holders with greater understanding or financial roles, responsibilities and delegations, to improve budget ownership and accountability.</p>
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				Following the Finance Service Review in 2017, a finance business partnering model has been adopted and is being embedded within the organisation.	
Medium to long-term financial management					
F	The authority has carried out a credible and transparent financial resilience assessment	<ul style="list-style-type: none"> • Has the authority undertaken a financial resilience assessment? • Has the assessment tested the resilience of the authority's financial plans to a broad range of alternative scenarios? • Has the authority taken appropriate action to address any risks identified as part of the assessment? 	YES	The risk assessment process undertaken as part of the annual budget cycle and regular updates to the MTFP inform the assessment of financial resilience for the Council. The Director of Finance Report on the Robustness of the budget estimates in the annual budget report, combined with the risk assessment to inform the minimum level of general reserves is a key part of this assessment. Use of reserves to fund the revenue budget in previous years has been identified as unsustainable and the 2021/22 budget and plans for future years seek to move the Council away from this approach.	Further information on the scenarios and risks considered by Financial Management and Senior Officers to be reported more frequently to Members to enable greater understanding of the financial risks facing the Council.
G	The authority understands its prospects for financial sustainability in the longer term and has reported this clearly to members	<ul style="list-style-type: none"> • Does the authority have a sufficiently robust understanding of the risks to its financial sustainability? • Does the authority have a strategic plan and long-term financial strategy that adequately address these risks? 	YES	The Council has a five year MTFP which is regularly updated and reported to Members as part of the annual budget cycle. The Corporate Plan sets out the medium and longer term priorities for the Council.	The Capital programme has been heavily reliant on capital receipts and there are risks to delivery in further receipts are not realised. A review and refresh of the Capital

		<ul style="list-style-type: none"> • Has the authority sought to understand the impact on its future financial sustainability of the strategic, operational and financial challenges that it might face (eg using a technique such as scenario planning)? • Has the authority reported effectively to the leadership team and to members its prospects for long-term financial sustainability, the associated risks and the impact of these for short and medium-term decision making? 		The Council has adopted a Capital Strategy and this is linked to other strategies including the Treasury Management Strategy, Asset Management Plan and Disposals Policy. The Capital Programme is monitored throughout the year, with regular updates to Members and all new Capital Schemes are subject to business cases and approval by Members.	Programme, including the funding strategy is to be undertaken early in 2021/22.
H	The authority complies with the CIPFA <i>Prudential Code for Capital Finance in Local Authorities</i>	<ul style="list-style-type: none"> • Has the authority prepared a suitable capital strategy? • Has the authority set prudential indicators in line with the Prudential Code? • Does the authority have in place suitable mechanisms for monitoring its performance against the prudential indicators that it has set? 	YES	The Council has adopted a Capital Strategy alongside the Treasury Management Strategy, with Prudential Indicators set on an annual basis and approved as part of the budget setting process by Full Council. Performance against prudential indicators is considered as part of the regular Capital Monitoring reports to Members.	
I	The authority has a rolling multi-year medium-term financial plan consistent with sustainable service plans	<ul style="list-style-type: none"> • Does the authority have in place an agreed medium-term financial plan? • Is the medium-term financial plan consistent with and integrated into relevant service plans and its capital strategy? • Has the medium-term financial plan been prepared on the basis of a robust assessment of relevant drivers of cost and demand? • Has the medium-term financial plan been tested for resilience against realistic potential variations in key drivers of cost and demand? • Does the authority have in place a suitable asset management plan that seeks to ensure that its property, plant and equipment including 	YES	The Council has a rolling five year MTFP which is revised annually and reflects the latest position of the Council in terms of funding, cost pressures, investments and savings. Revenue monitoring reports are prepared and presented to Members on a monthly basis. Capital Monitoring reports are prepared on a quarterly basis, with more detailed service based capital update reports presented to Strategic Planning and Capital Monitoring Panel four times a	

		infrastructure assets contribute effectively to the delivery of services and to the achievement of the authority's strategic aims?		year. An asset management plan is in place which is subject to review and refresh as service delivery needs change.	
The annual budget					
J	The authority complies with its statutory obligations in respect of the budget setting process	<ul style="list-style-type: none"> • Is the authority aware of its statutory obligations in respect of the budget-setting process? • Has the authority set a balanced budget for the current year? • Is the authority aware of the circumstances under which it should issue a Section 114 notice and how it would go about doing so? 	YES	<p>A legal and balanced budget and corresponding Council Tax levels are set annually, by the statutory deadline. The budget proposals, alongside the reserves risk assessment and Robustness Report of the Director of Finance, are presented to Cabinet ahead of final budget proposals being considered and agreed by Full Council. The MTFP process is designed to deliver a balanced budget each year.</p> <p>The authority is aware of the circumstances under which it should issue a section 114 notice and how it would go about doing so.</p>	
K	The budget report includes a statement by the chief finance officer on the robustness of the estimates and a statement of the adequacy of the proposed financial reserves	<ul style="list-style-type: none"> • Does the authority's most recent budget report include a statement by the CFO on the robustness of the estimates and a statement of the adequacy of the proposed financial reserves? • Does this report accurately identify and consider the most significant estimates used to prepare the budget, the potential for these estimates being incorrect and the impact should this be the case? 	YES	The annual budget report, considered by Executive Cabinet and approved by Full Council includes a Statement by the Director of Finance on the robustness of the budget estimates and the adequacy of reserves. This is supported by the reserves strategy and risk assessment to inform the minimum level of general reserves. The report and	

		<ul style="list-style-type: none"> • Does the authority have sufficient reserves to ensure its financial sustainability for the foreseeable future? • Does the report set out the current level of the authority's reserves, whether these are sufficient to ensure the authority's ongoing financial sustainability and the action that the authority is to take to address any shortfall? 		<p>statement clearly identifies the most significant risk areas for the Council and these inform the risk assessment.</p> <p>The Council's reserve position has historically been strong, although significant reserves have been utilised to support the revenue budget in recent years. The reserves strategy and risk assessment recognise that this is unsustainable and the 2021/22 budget moves away from this approach.</p>	
Stakeholder engagement and business cases					
L	<p>The authority has engaged where appropriate with key stakeholders in developing its long-term financial strategy, medium-term financial plan and annual budget</p>	<ul style="list-style-type: none"> • How has the authority sought to engage with key stakeholders in developing its long-term financial strategy, its medium-term financial plan and its annual budget? • How effective has this engagement been? • What action does the authority plan to take to improve its engagement with key stakeholders? 	YES	<p>The MTFP and budget is developed in consultation with Members and the Leadership Team as well as key partners and stakeholder groups.</p> <p>In recent years the Council has carried out extensive consultation with the community and has a proven track record of engagement, consultation, listening and considering feedback in the budget setting process. Engagement and consultation will continue over the budget plan period and standard Council procedures will be observed in the instances where we are required to inform the public.</p>	

M	<p>The authority uses an appropriate documented option appraisal methodology to demonstrate the value for money of its decisions</p>	<ul style="list-style-type: none"> • Does the authority have a documented option appraisal methodology that is consistent with the guidance set out in IFAC/PAIB publication Project and Investment Appraisal for Sustainable Value Creation: Principles in Project and Investment Appraisal? • Does the authority offer guidance to officers as to when an option appraisal should be undertaken? • Does the authority's approach to option appraisal include appropriate techniques for the qualitative and quantitative assessment of options? • Does the authority's approach to option appraisal include suitable mechanisms to address risk and uncertainty? • Does the authority report the results of option appraisals in a clear, robust and informative manner that gives clear recommendations and outlines the risk associated with any preferred option(s)? 	YES	<p>Capital Investment proposals are subject to business cases which use the national Treasury Green Book Appraisal Methodology for all capital investment proposals to ensure they demonstrate VfM. Officers receive guidance from the Finance Service when developing business cases and options appraisals for investment proposals.</p> <p>Where significant policy decisions of a revenue nature have financial implications, these should also be supported by appropriate options appraisals.</p> <p>Cabinet reports include revenue and capital implications to ensure decision makers are fully informed of the associated financial implications. In order to improve reporting, further training should be delivered regarding the early identification of the financial implications of policy proposals.</p>	<p>Consideration to be given to applying the business case template for Capital to any significant revenue related decisions.</p>
Monitoring financial performance					
N	<p>The leadership team takes action using reports, enabling it to identify and correct emerging risks to its budget strategy and financial sustainability</p>	<ul style="list-style-type: none"> • Does the authority provide the leadership team with an appropriate suite of reports that allow it to identify and to correct emerging risks to its budget strategy and financial sustainability? • Do the reports cover both forward and backward-looking information in respect of financial and operational performance? • Are there mechanisms in place to report the performance of the authority's significant 	YES	<p>Monthly revenue financial monitoring is presented to Senior Officers, the Leadership Team and Members. This includes monitoring of savings plans with additional focused reporting on savings having been introduced for 2021/22. Significant variances and emerging risks are identified</p>	<p>The integration of performance reporting with financial reporting would enable better links between cost and performance</p>

		<p>delivery partnerships such a contract monitoring data?</p> <ul style="list-style-type: none"> • Are the reports provided to the leadership team in a timely manner and in a suitable format? • Is the leadership team happy with the reports that it receives and with its ability to use these reports to take appropriate action? 		<p>and mitigating actions are discussed and agreed in response. The reports cover the position to date and the forecast for the remainder of the financial year.</p> <p>Capital Monitoring reports are prepared on a quarterly basis, with more detailed service based capital update reports presented to Strategic Planning and Capital Monitoring Panel four times a year.</p>	
O	<p>The leadership team monitors the elements of its balance sheet which pose a significant risk to its financial sustainability</p>	<ul style="list-style-type: none"> • Has the authority identified the elements of its balance sheet that are most critical to its financial sustainability? • Has the authority put in place suitable mechanisms to monitor the risk associated with these critical elements of its balance sheet? • Is the authority taking action to mitigate any risks identified? • Does the authority report unplanned use of its reserves to the leadership team in a timely manner? • Is the monitoring of balance sheet risks integrated into the authority's management accounts reporting processes? 	YES	<p>The overall level of reserves and their planned use is reviewed each year as part of the outturn, MTFP and budget processes.</p> <p>Treasury Management and Bank Reconciliations takes place to ensure suitable cash levels are in place and any borrowing in line with treasury management code of practice.</p>	<p>Key balance sheet indicators to be reported to Senior Leadership Team, Service Managers and Budget Holders.</p>
External financial reporting					
P	<p>The chief finance officer has personal responsibility for ensuring that the</p>	<ul style="list-style-type: none"> • Is the authority's CFO aware of their responsibilities in terms of the preparation of the annual financial statements? 	YES	<p>The authority's leadership team and the Director of Finance (s151 Officer) are aware of their responsibilities in terms of the</p>	

	<p>statutory accounts provided to the local authority comply with the <i>Code of Practice on Local Authority Accounting in the United Kingdom</i></p>	<ul style="list-style-type: none"> • Are these responsibilities included in the CFO's role description, personal objectives and other relevant performance management mechanisms? • Have the authority's financial statements hitherto been prepared on time and in accordance with the requirements of the Code of Practice on Local Authority Accounting in the United Kingdom? 		<p>preparation of the annual financial statements. The Statement of Accounts is prepared in accordance with the Code of Practice, and no significant issues have been identified by External Audit in recent years.</p> <p>The statutory financial statements are prepared by appropriately qualified and skilled accountancy staff within the overall governance and control process and are approved by Director of Finance and Audit Panel.</p>	
Q	<p>The presentation of the final outturn figures and variations from budget allow the leadership team to make strategic financial decisions</p>	<ul style="list-style-type: none"> • Is the authority's leadership team provided with a suitable suite of reports on the authority's financial outturn and on significant variations from budget? • Is the information in these reports presented effectively? • Are these reports focused on information that is of interest and relevance to the leadership team? • Does the leadership team feel that the reports support it in making strategic financial decisions? 	YES	<p>The presentation of the final outturn position to the leadership team and Cabinet compares the financial year outturn to the budget and prior month forecast, and explains any further variances from budget. Monthly in-year and final outturn reports highlight and provide analysis of key variances with recommendations for actions where appropriate.</p> <p>The format of Financial Reporting is subject to regular review and refinement to ensure information is presented effectively and appropriately to the audience.</p>	

Agenda Item 9

Report to:	EXECUTIVE CABINET
Date:	28 April 2021
Executive Member:	Councillor Oliver Ryan – Executive Member for Finance and Economic Growth
Reporting Officer:	Ilys Cookson – Assistant Director Exchequer Services
Subject:	SELF ISOLATION PAYMENTS - DISCRETIONARY POLICY AMENDMENT AND RESTART GRANTS
Report Summary:	This report details the additional funding made available from central government in respect of discretionary self-isolation payments, the expansion of the discretionary policy and the inclusion of parents or guardians of children who have to self-isolate with effect from 08 March 2021. It also details the latest mandatory grants payable to businesses to support them in re-opening safely.
Recommendations:	<p>That Executive Cabinet be recommended to agree:</p> <ul style="list-style-type: none">(i) The amendment to the discretionary self-isolation eligibility criteria as detailed in Section 2.9 is approved.(ii) The inclusion in the scheme of parents or guardians of children who have to self-isolate is noted.(iii) Note the payment of Restart Grants to eligible businesses in accordance with government guidance.
Corporate Plan:	This supports the economy by ensuring that those on low income and forced to self-isolate receive a one-off payment of £500 for the self-isolation period and support businesses to re-open safely in accordance with the easing of COVID restrictions.
Policy Implications:	The additional funding and extension of the self-isolation discretionary scheme, including the extension to the scope of the overall scheme by the inclusion of parents or guardians of children who have to self-isolate, will benefit more residents of the borough, and encourage those that need to self-isolate to do so without the concern of loss of income subject to eligibility criteria being met. The payment of Restart Grants financially assists eligible businesses to address costs associated with safe opening.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>The mandatory scheme for self-isolation payments is fully funded by Government. Any changes to the scheme criteria should not have any direct financial impact on the Council as all payments are funded by Government Grant. As at 31 March 2021 a total of 676 payments to the value of £338,000 have been made under the statutory scheme.</p> <p>Funding for the discretionary scheme is limited, with £413,500 of grant having been allocated since the commencement of the scheme for the period to the end of April 2021. As at 31 March 2021 a total of 177 payments to the value of £88,500 have been made under the discretionary scheme. Expansion of the discretionary scheme increases the risk that payments awarded exceed the grant allocated, however utilisation of the grant to date is well below the total funding available and will continue to be monitored.</p>

The Restart Grant scheme is a mandatory scheme which must be operated on behalf of Government. The grants are fully funded by Government and should not result in any direct costs for the Council. A cash advance of £10.308m has been received and the grant scheme will be subject to a full reconciliation and payment/repayment of cash once all grants have been paid.

With previous grants operated in this way, Government have paid an administration grant to cover the cost of processing and payment of grants. Further administration funding is expected but it is not clear whether this will fully cover the administrative costs involved in the processing of the various grant streams.

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

This report sets out the rationale and process for the discretionary scheme and is on line with central government guidance and criteria in relation to delivery.

As with all schemes there needs to be a robust process in place to ensure that the funds are allocated correctly and also that there is a process in place to recover any grant paid either in error or as a result of fraud. The steps to mitigate this are set out in the main body of the report.

Close monitoring of the overall funding will also be required to ensure that the payments do not exceed current budget.

Risk Management:

The risks are outlined in Section 7 of the report.

Background Information:

The background papers relating to this report can be inspected by contacting Ilys Cookson



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1. INTRODUCTION

- 1.1 Self-isolation payments were announced by government in a press release in August 2020 confirming that people on low incomes who need to self-isolate, and are unable to work from home in areas with high incidence of COVID-19, would benefit from a new payment scheme starting on Tuesday 1 September 2020 and which was due to end at 31 March 2021. The government have since extended the self-isolation payment scheme until the end of June 2021.
- 1.2 Local authorities administer the £500 one off lump sum payment in respect of self-isolation subject to eligibility criteria being met. The scheme has both a mandatory and discretionary element, with the same discretionary policy being adopted across Greater Manchester and approved at Executive Cabinet on 02 November 2020.
- 1.3 The mandatory scheme criteria essentially relates to individuals who have been asked to self-isolate by NHS test and trace because they have tested positive and/or been in close contact with someone who has tested positive and be in receipt of specific Department of Work and Pensions (DWP) benefits, such as Universal Credit or Employment Support Allowance. The full mandatory criteria is detailed at Appendix One.
- 1.4 The administration of the self-isolation payments is particularly resource intensive and involves contact with the Department of Health and Social Care (DHSC) track and trace systems as well as employers. As at 31 March 2021, 676 people have been paid under the mandatory scheme totalling £338k, and 177 in the discretionary scheme totalling £88.5k. The mandatory scheme is fully funded by central government, whereas the discretionary scheme is subject to local policy being developed within the funding provided by government.
- 1.5 In Part A of this report two changes are highlighted, the first being an amendment to the discretionary self-isolation policy in place following receipt of further funding from central government, and the second being the expansion to the scheme in that parents or guardians of children who have to self-isolate are now also eligible to claim a payment.
- 1.6 Part B details the latest one-off lump sum mandatory grants payable to eligible businesses to assist them in opening safely in accordance with government guidance released on 25 March 2021.

2. PART A: SELF ISOLATION DISCRETIONARY SCHEME

- 2.1 The discretionary element of the scheme is intended for individuals who do not meet the eligibility criteria for the mandatory scheme, as they are not in receipt of specified benefits and have been instructed to self-isolate by the NHS.
- 2.2 Guidance is clear that such applicants must apply for a discretionary payment where
- *Individuals have been told to stay at home and self-isolate by NHS Test and Trace, either because they have tested positive for coronavirus or have recently been in close contact with someone who has tested positive;*
 - *are employed or self-employed; and*
 - *are unable to work from home and will lose income as a result.*

In addition, the discretionary payment is for people:

- *who are not currently receiving Universal Credit, Working Tax Credit, income-based Employment and Support Allowance, income-based Jobseeker's Allowance, Income Support, Housing Benefit and/or Pension Credit; and*

- *who are on low incomes and will face financial hardship as a result of not being able to work while they are self-isolating.*

Local authorities can introduce additional criteria to determine eligibility for discretionary payments in their area, as long as these operate in addition to, rather than instead of, the criteria set out above.

2.3 The same discretionary policy was adopted in each local authority in Greater Manchester at a time of rising COVID cases and a small amount of funding for discretionary self-isolation payments, which in Tameside at that time was £73,134.13 and would have benefitted 146 people. The discretionary policy set in place was as follows:

In addition all of the above, the discretionary payment is for people:

- *who have property related costs, e.g. rent/mortgage and are liable for Council Tax (occupied properties only) we may consider applications from those who are not liable for Council Tax where a formal tenancy agreement is in place*
- *who are not currently receiving Universal Credit, Working Tax Credit, income-based Employment and Support Allowance, income-based Jobseeker's Allowance, Income Support, Housing Benefit and/or Pension Credit; and*
- *who are on low incomes and will face financial hardship as a result of not being able to work while they are self-isolating.*
- *who may have no recourse to public funds if they meet criteria above*

2.4 In late January 2021 central government released further monies for both the statutory and discretionary scheme with further monies being available each month since then as follows:

Discretionary Scheme Funding	£
Oct 20	73,134.13
Jan – Feb 21	36,365.87
Mar-Apr 21	304,000.00

2.5 It is clear that with additional monies the existing discretionary policy may be amended to ensure that more individuals who are having to self-isolate can receive the payment amount of £500 subject to eligibility criteria being met, particularly as only 19.91% of all those that apply for a discretionary payment are eligible to receive one. As at 01 April 2021 of the 716 applying for a discretionary payment, 178 were eligible under the existing criteria in Tameside, which places us second in terms of discretionary spend when compared to other Greater Manchester authorities. The high number of applications that are not eligible to receive a payment is due to a number of factors. Some of those factors relate to applicants not having property related costs or liable for Council Tax, not engaging with the track and trace process, not making the claim within the required timescales or having the unique reference number provided to all those who are instructed by the NHS to self-isolate.

2.6 While some of the reasons for ineligibility cannot be changed, the discretionary policy can be amended in response to the additional monies received and to address one of the main issues of refusal against the local policy which is satisfying the specific point regarding property related costs and being liable for Council Tax as follows:

- *who have property related costs, e.g. rent/mortgage and are liable for Council Tax (occupied properties only) we may consider applications from those who are not liable for Council Tax where a formal tenancy agreement is in place*

2.7 The removal of this specific point from the policy would widen the scope to include those who have to self-isolate and satisfy all other criteria. For example, adult children living with parents, many of whom can evidence they pay board and bills but do not have a formal

tenancy agreement or are liable to pay Council Tax. The remaining local discretionary policy would remain in place as this adheres to the government's intention that no one on a low income should be worse off by self-isolating. Other local authorities in Greater Manchester have also amended their discretionary schemes in accordance with the above proposal.

2.8 Low income in respect of the discretionary policy is defined as follows:

	Including property costs	Excluding property costs
Couple or single parent living with a child	£500.00 pw	£384.62 pw
Single person	£362.92 pw	£257.62 pw
*Note: based on thresholds for the benefit cap		

2.9 It is therefore proposed that the discretionary policy is as follows:

- *who are not currently receiving Universal Credit, Working Tax Credit, income-based Employment and Support Allowance, income-based Jobseeker's Allowance, Income Support, Housing Benefit and/or Pension Credit; and*
- *who are on low incomes and will face financial hardship as a result of not being able to work while they are self-isolating.*
- *who may have no recourse to public funds if they meet criteria above*

2.10 It is also expected that as the government have extended the self-isolation scheme to now include parents or guardians of a child who has been told to self-isolate that the above policy better meets the needs of anyone having to self-isolate who is on a low income and not meeting the statutory criteria.

3. SCHEME EXPANSION

3.1 From 08 March 2021 the government expanded the criteria for eligibility to include parents and guardians who are on a low income and who are not legally required to self-isolate, but who need to take time off work to look after a child or young person who is self-isolating and whose earnings are affected.

3.2 Parents or guardians may now be eligible if the following apply:

- Are a parent or guardian of a child or young person in the same household and need to take time off work to care for them while they self-isolate
- The child or young person has been told to self-isolate on or after 8 March 2021
- Are employed or self-employed but cannot work from home while undertaking caring responsibilities and will lose income as a result
- Meet all the other means-tested eligibility criteria for a Test and Trace Support Payment or discretionary payment
- The child or young person is aged 15 or under or 25 or under with an Education, Health and Care Plan (ECH) and normally attends an education or childcare setting, and has been told to self-isolate by NHS Test and Trace or by their education or care setting
- One application per household may be made for each child or young-person's self-isolation period

3.3 Any parent or guardian not receiving one of the eligible benefits in the statutory self-isolation scheme as detailed in Appendix 1, but are on a low income and self-isolating will cause financial hardship, then government guidance confirms that a discretionary award should be considered. Proof will be required regarding the child who must self-isolate and this

information will be verified with the child or young person's education or care setting. More than one claim may be made as long as the self-isolation periods do not overlap.

- 3.4 All payments under the Test and Trace Support Payment scheme continue to be subject to income tax, but they are not subject to National Insurance contributions. Self-employed recipients will need to report the payment on their 2020 to 2021 Self-Assessment tax return.

4 PART B: RESTART GRANTS

- 4.1 On 3 March 2021 central government announced a new package of grants to support businesses in the non-essential retail, hospitality, leisure, personal care and gym businesses and confirmed that further guidance would be available. Guidance was released on 25 March 2021 regarding Restart Grants.

- 4.2 The Restart Grants were to commence on 01 April 2021 and be paid as a one-off lump sum, the aim of which is to assist businesses to open up again safely. The grant is applicable to businesses appearing in the Ratings List only and there are two strands to the grants as follows:

Strand One: Non-essential retail premises as at 01 April 2021

Rateable Value	Amount of Grant
£15k and under	£2,667
Over £15k and less than £51k	£4,000
£51k and over	£6,000

Strand Two: Hospitality, accommodation, leisure, personal care and gym businesses

Rateable Value	Amount of Grant
£15k and under	£8,000
Over £15k and less than £51k	£12,000
£51k and over	£18,000

- 4.3 Guidance makes clear the definition of businesses, which are eligible according to business sector and trading indicators. A significant amount of information has to be collected in regard to the application process to satisfy the eligibility criteria and to guard against fraudulent applications being made. The full guidance may be viewed here:

[Restart Grant: guidance for local authorities \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- 4.4 Changes to the Rating List after 01 April 2021 are to be ignored for the purpose of eligibility in accordance with the guidance. Businesses may be entitled to receive more than one grant where they trade from more than one premise, as the primary principle of the Restart Grant scheme is to support businesses that offer in-person services, where the main service and activity takes place in a fixed rate-paying premise, in the relevant sectors.
- 4.5 As with all previous business grants payable, weekly reports on spend must be submitted to the Department of Business, Energy and Industrial Strategy (BEIS) and post payment audit plans must be developed in accordance with internal audit to ensure payments made are compliant with the guidance, and which are measured and monitored by BEIS.
- 4.6 As EU rules on State Aid no longer apply to subsidies granted in the UK after 31 December 2020, a new set of rules called Subsidy Allowance now apply. Each business applying for a grant must now declare if they have received previous government funding in accordance with the new Subsidy Allowance rules.

5 FUNDING

- 5.1 The cost of the Restart Grants will be met in full by government by way of a Section 31 grant. New burdens funding will be made available at some point. Local Authorities are expected to provide local businesses with grant funding as soon as possible from 1 April 2021. The application closure date for this scheme is 30 June 2021 and final payments must be made by 31 July 2021.

6 PROGRESS TO DATE:

- 6.1 Approximately 1,184 businesses in Tameside have been identified as potentially eligible to receive a Restart Grant, across all relevant sectors. An on-line application form has been developed which meets with government guidance and data collection requirements. A robust process has been developed to assess the applications received in terms of eligibility and guard against fraudulent applications. The on-line form went live on the Council's website on 01 April 2021. Information on the grants is available on the website and have also been covered in social media to ensure that those that are eligible do apply. This will be monitored and a take-up exercise may be required if take-up numbers of those believed to be eligible are low, however that is not expected to be the case.
- 6.2 As at 12 April 2021 payments have started to be made where all eligibility and security criteria are met and 73 payments totalling £494k have been made, and 699 applications have been received.

7 RISKS

- 7.1 **Self-Isolation Payments:** There is a risk in terms of timely assessments of applications received to ensure those that are eligible are paid the £500 lump sum payment to guard against the effects of financial hardship for the period of self-isolation. Resources have been moved to administer self-isolation payments to date, however resource needs to be closely monitored if the number of application begins to rise, as additional staff may be required.
- 7.2 There is a risk that the scheme is not widely promoted, however Exchequer have worked with colleagues from across the Council and in particular Audit and Policy and Communications, to ensure that social media informs residents of the self-isolation payments and information and the application form is kept up to date on the Councils website.
- 7.3 Demand for a discretionary payment could exceed funding, however as the rate of positive COVID cases are slowing and vaccine roll out is accelerating, this seems unlikely in the timeframe from now until the end of June when the scheme is due to end. Nevertheless daily monitoring of spend will continue for the duration of the scheme to assist with financial reporting both internally for reconciliation purposes and externally to GMCA and DHSC.
- 7.4 **Restart Grants:** There is a risk that payment of the grants will not be made in a timely manner to support businesses with the cost of re-opening, however payments have already started to be made where eligibility criteria is satisfied.
- 7.5 As with all other mandatory grant payments, a robust process must be in place to guard against the risk of fraudulent applications being made. The process has been developed in accordance with government's guidelines and with approval of internal audit. Post audit assurance work is also planned which is reported to BEIS.

8 CONCLUSION

- 8.1 **Self-Isolation Payments:** Self-isolation payments commenced in September 2020 for people on low incomes who need to self-isolate, and are unable to work from home. The scheme was due to end at 31 March 2021 and the government have since extended the self-isolation payment scheme until the end of June 2021.
- 8.2 As at 31 March 2021, 684 people have been paid under the mandatory scheme totalling £342k, and 178 in the discretionary scheme totalling £89k. The mandatory scheme is fully funded by central government, whereas the discretionary scheme is subject to local policy being developed within the funding provided by government. Additional monies have been granted by the government in respect of the discretionary scheme totalling £340,365.87.
- 8.3 The scope of the discretionary scheme may now be extended, subject to approval, in line with other Greater Manchester discretionary policies, to remove the eligibility criteria regarding having property costs and a Council Tax liability and to include parents or guardians of children having to self-isolate from 08 March 2021, subject to eligibility criteria being met.
- 8.4 **Restart Grants:** Further monies are available from central government via Restart Grants aimed at supporting businesses in relevant business sectors of non-essential retail, hospitality, leisure, personal care and gym businesses to open safely amid the easing of COVID restrictions.
- 8.5 Payment of a one-off lump sum is dependent on rateable value and business sector. The cost of the Restart Grants will be met in full by government by way of a Section 31 grant and new burdens funding will be available. The scheme is to operate from 1 April 2021 and application closure date is 30 June 2021 with final payments having to be made by 31 July 2021.
- 8.6 Government guidance is prescriptive on the information required from businesses to satisfy eligibility checks, and weekly payments recording and post payment assurance is reported to BEIS. A robust process is in place, which is compliant with government guidance and approved by internal audit.

9 RECOMMENDATIONS

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

Mandatory Self-Isolation Payment Eligibility

To be eligible for the mandatory Test and Trace Support Payment, an individual must meet all the following criteria:

- you've been told to stay at home and self-isolate by NHS Test and Trace or the NHS COVID-19 app, either because you've tested positive for COVID-19 or have recently been in close contact with someone who has tested positive
- you've responded to messages from NHS Test and Trace and have provided any legally required information
- you're employed or self-employed
- you're unable to work from home and will lose income as a result of self-isolating
- you're currently receiving or are the partner of someone in the same household who is receiving, at least one of the following benefits:
 - Universal Credit
 - Working Tax Credit
 - income-based Employment and Support Allowance
 - income-based Jobseeker's Allowance
 - Income Support
 - Housing Benefit
 - Pension Credit

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Agenda Item 10

Report to:	EXECUTIVE CABINET
Date:	28 April 2021
Executive Member:	Councillor Ged Cooney – Executive Member (Housing, Planning and Employment)
Reporting Officer:	Emma Varnam – Assistant Director, Operations and Neighbourhoods
Subject:	HOMELESSNESS COMMISSIONING INTENTIONS
Report Summary:	The report details Homelessness commissioning intentions for 2021/22. The report sets out specific details on service developments that will allow the Council to meet its obligations to deliver a holistic and integrated response to preventing homelessness and increasing the resilience of vulnerable people.
Recommendations:	<p>Subject to public consultation in respect of the proposed changes to service delivery that the Executive Cabinet be recommended to approve in principle the following interim arrangements:</p> <ol style="list-style-type: none">(i) Development of a short term accommodation model from current contractual arrangements to an enhanced housing benefit model.(ii) Tender for a framework to support call off arrangements for specialist accommodation services outside of the enhanced housing benefit model.(iii) Enter into a contract for the provision of a Tenancy Support and Compliance Service for Offenders subject to MAPPA and PPO where there is no provision in the contract to do so to 30 September 2023.(iv) Enter into a contract with preferred provider following the tenders, subject to compliance with the Council's Procurement Standing Orders, to provide a floating support and activities service for people at risk of social exclusion where there is no provision in the contract to do so to 30 September 2022.
Corporate Plan:	<p>The proposals will support the locality plan objectives to:</p> <ul style="list-style-type: none">• Improve health and wellbeing for all residents• Address health inequalities• Protect the most vulnerable• Promote community development• Provide locality based services
Policy Implications:	The recommendations will ensure continued access to services in preventing homelessness and increasing the resilience of vulnerable people in the borough.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	The various contract values detailed within the report are included within the 2021/22 baseline directorate revenue budget. However, it should be noted that the £ 0.100m 5 unit contract provision stated within section 3.21 of the report (via ANEW) will require a carry forward of grant funding received in the current financial year to support the contract value to 31 August 2021. The related value for carry forward will be included within the directorate 2020/21 outturn

revenue monitoring report for approval by the Executive Cabinet. Any additional provision commissioned to the 5 units stated will be subject to available funding.

Contracts that are proposed to be extended beyond the 2021/22 financial year will be subject to available funding in those years and should therefore include break clauses where appropriate.

Members should note that an additional net £ 1.112m has been allocated to the service budget in 2021/22 on a non recurrent basis to support the estimated accommodation related costs that are currently not recoverable via housing benefit. This net cost is currently reported within the Housing Benefits service of the Exchequer Services directorate. However it has been determined that it is more appropriate to report this cost within the related service where the provision is commissioned. This has been included on a non-recurrent basis (for 2021/22 only at this stage) to enable the service to review the provision commissioned during the year and related costs and to also improve related processes to reduce the estimated net liability to the Council. The outcome of this review will be reported to Members during 2021/22 and will be included in the Council's medium term financial plan for Member approval.

It is essential that STAR provide related procurement advice for the contracts and service provision included within this report to ensure compliance and that value for money is evidenced.

In addition savings should be realised where feasible against these contract values to contribute towards the Council's ongoing financial gap as reported in section 2.8, table 2B of the 2021/22 Council budget report approved on 23 February 2021.

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

The proposals set out in this report are short term to enable the essential services to continue to be delivered whilst there is a period of review in relation to service delivery generally and also to consider the impact that covid may have on the demands for the service both short and long term.

To cover the interim period a number of contracts will require either modification or be awarded directly. There may be risks associated with this especially where a direct award is being made. It is therefore critical that the project officers engage with STAR to explore any exemptions which may be available and to manage the risk if not.

As part of this review period engagement with the market and also the service users and other interested groups will be critical.

Risk Management:

Risks are being monitored and mitigated via regular meetings of the Community Safety & Homelessness Team, Commissioning Teams and STAR Procurement. Risks will be identified and managed by the implementation team and through ongoing performance monitoring once the contracts have been awarded or extended.

Background Information:

The background papers relating to this report can be inspected by contacting John Gregory, Head of Community Safety and Homelessness:

Telephone: 0161 342 3520

e-mail: john.gregory@tameside.gov.uk

1 INTRODUCTION

- 1.1 The Council's Homelessness Service utilises a range of services to support those who are homeless or at risk of homelessness in the Borough. The service has undergone considerable transformation over the last 2 years and uses a broad range of different approaches in order to fulfil the aims of the Council's Preventing Homelessness Strategy.
- 1.2 The strategy reinforces the Council's commitment to prevent homelessness and to intervene at the earliest stage before households reach the point of crisis. It promotes increasing the resilience of vulnerable people and providing targeted support to prevent homelessness.
- 1.3 These priorities are also aligned with the Greater Manchester Combined Authority Homelessness Strategy, which is currently under development. The overall aim to address the wide range of factors that could contribute to homelessness in Tameside borough are considered through the following priorities:
- A holistic and integrated response to preventing homelessness
 - Proactive information management and provision of advice
 - Raised awareness of the causes of homelessness and services and a shared understanding that preventing homelessness is everyone's business
 - Early intervention before a crisis
 - Increased resilience and targeted support
 - Preventing rough sleeping
 - Access to a wide range of affordable, permanent accommodation options
 - Identifying, cultivating and empowering untapped resources in the community
- 1.4 Tameside Council has a history of providing a quality homelessness service across the Borough and experience in developing contractual relationships through market engagement with providers to support the delivery of both local and national key objectives.
- 1.5 This report details Community Safety and Homelessness commissioning intentions for 2021-2023 and seeks authorisation for the development, tender and extension to contracting arrangements that will allow critical service delivery and continuity to the borough's most vulnerable residents, as well as allowing the Council to meet its statutory obligations.

2. CURRENT SITUATION

- 2.1 In 2018, Tameside Council was successful in its bid to the Ministry of Housing, Communities and Local Government (MHCLG) for additional resources to provide new services to prevent and relieve rough sleeping. The funding has enabled the Council to develop and review delivery in order to meet the continued demands on services.
- 2.2 In order for the Operations and Neighbourhoods directorate to properly review the impact of the funding, permission to extend a number of contracts was approved on 28 October 2020. The approved extension was for a 12 month period to 30 September 2021 and has allowed a continued review of services to be undertaken. Without this extension, it would have been necessary to launch a procurement exercise in early 2020, which would have reduced the time available to fully understand the impact of the funding.
- 2.3 The Covid-19 pandemic has also had an impact on both commissioners and providers and services have responded flexibly in making adjustments to deliver Covid-19 safe services. The rapid response to the pandemic has allowed the service to explore the learning and best practice from the crisis to adopt as part of the service review. As lockdown eases further and the services start to adapt and return to normal, it is expected that there will be a significant increased demand for homelessness services as lockdown restrictions are lifted and peoples' accommodation situations may change, particularly where temporary stays with friends/families have been supported through in the main throws of the pandemic.

- 2.4 Additionally, the pandemic also brings some unknowns – specifically the impact on homelessness once the moratorium on evictions has been lifted. The Authority could potentially be facing a significant increase in the number of people and families presenting as homeless from April 2021 onwards and it is important that appropriate contracts are in place to support those in the most need.

3. SERVICE STRATEGY & PROPOSAL

- 3.1 The Homelessness service has a range of contracts which enable the delivery of services to support the homelessness agenda within the borough. The service review has identified those contracts that are due to end and therefore require a decision in terms of future delivery. The service is seeking authorisation to develop, procure and extend those contracts identified as follows;

Contract for Short Term Accommodation and Support

- 3.2 There are three contracts delivering short-term accommodation and support which are being considered as part of the review and future procurement to meet service needs:

Contract	Service Delivery	Provider	Contract Price
Short-term Accommodation and Support	15 units	Foundation	£133,887.00
Short-term Accommodation and Support; 4 extra units	4 units	Foundation	£58,576.00
Short-term Accommodation and Support - Younger Clients	15 units	Jigsaw (Threshold)	£117,780.00

- 3.3 These short-term accommodation contracts are based on a supported living model where the provider delivers a combination of housing and support services at a designated site to identified individuals.
- 3.4 The Homelessness Service is looking to develop a model of service delivery which will improve outcomes for individuals. The current situation sees the local authority fund both support and accommodation costs within the contract and removes the responsibility of managing a tenancy from the individual.
- 3.5 The recently launched Supported housing: national statement of expectations states that:
- “Good quality supported housing is vital: providing a safe, stable and supportive place to live can be the key to unlocking better outcomes for vulnerable people, from tackling poverty and disadvantage to managing crises, rehabilitation or maintaining people’s independence”*
- 3.6 The proposal is to discontinue these outdated contracts to an enhanced housing benefit model (EHB) which will fully support the expectations above.
- 3.7 The current provision effectively keeps individuals in short-term accommodation, in the care of the local authority, with no clear defined pathway to support them into their own long-term homes and independent, self-supported living.
- 3.8 An enhanced housing benefit model, however, utilises a support package designed by statutory agencies, based on the individual’s needs, to support them on their next step to independence. Personalising the service to the individual, rather than offering a general

service, has proven to be much more effective in helping people to live their lives independently over the long term, whilst creating less demand on support services.

- 3.9 The social housing provider will, as part of an individual's licence agreement, offer intensive housing management support of around four to five hours per week.
- 3.10 This new model allows the individual to remain in the care of the authority whilst living a semi-independent life, as part of their journey to independence. They will make a small financial contribution to their accommodation each week with the balance being made up from enhanced housing benefit.
- 3.11 This model enables staff to support individuals in their accommodation in sustaining their licences / tenancies. This additional support, which an individual will receive directly through their licence /tenancy, takes the costs away from the Commissioners and passes them to the registered provider.
- 3.12 The model also has benefits in supporting service users to manage their licence / tenancy and build skills towards moving on to full independent living within a short period and re-establishing a positive role within the local community, adding to the gross economic benefit through gaining employment and accessing local amenities.
- 3.13 In delivering intensive housing management support, providers are required to meet national housing criteria standards which ensures accommodation is fit for purpose.
- 3.14 In developing these services in the borough, the Council is reducing the potential for individuals accessing unplanned and ad hoc services for people with additional needs that are often far more expensive, and if supported generates value in terms of:
- Outcomes for people
 - Cost benefit (to the public purse)
 - Wider social and community benefit
- 3.15 By changing to an EHB model, it is also anticipated that the Authority will make significant savings in respect of the proposed changes to the service, which the service will be able to redirect towards supporting more complex & vulnerable individuals.
- 3.16 The current contracts are due to end on 30 September 2021 and the Commissioners are looking at a phased approach to the implementation of this model to ensure a smooth transition.
- 3.17 This approach will enable a move from a commissioned service to a model completely supported by enhanced housing benefit for the majority of the individuals supported by these four commissioned services. The finances previously demanded for this model will be repurposed in specialist accommodation services where there is currently a shortfall of beds.

Contract for Accommodation Based Service for People With Alcohol & Substance Misuse Problems/ Provision of a 5 Bed Complex Needs Service for Rough Sleepers/ Contract for Accommodation Based Service for Young People and Care Leavers

- 3.18 The accommodation based service for people with alcohol & substance misuse problems delivers outreach and specialist short term accommodation based support that meets the needs of people with alcohol problems who require housing related support within an accommodation based setting to achieve and maintain independent living and abstinence and prevent rough sleeping in the borough.
- 3.19 The provision of a 5 bed complex needs service for rough sleepers works alongside other providers within the Rough Sleepers Initiative. This specialist service overall delivers a place of safety, and housing related support, within an accommodation based setting for those who

are rough sleeping. The service supports individuals to address barriers to accessing and maintaining independent accommodation and to gain the skills and confidence to live independently in the community.

3.20 Those accessing these specialist services have a more complex range of needs than those individuals who are accessing those services described in 3.2 and therefore as part of the review and commissioning intentions, a different avenue is being considered in the development for this area.

3.21 The accommodation based service for young people and care leavers delivers outreach and specialist short term accommodation based support that meets the needs of young people and care leavers who require housing related support within an accommodation based setting to achieve and maintain independent living and prevent rough sleeping in the borough.

3.22 The details of the current contract are as follows:

Contract	Service Delivery	Provider	Contract Price
Accommodation Based Service - People with Alcohol & Substance Misuse Problems	15 units	Greystones	£118,340
Provision of a 5 Bed Complex Needs Service for Rough Sleepers	5 units	Anew	£100,000
Short-term Accommodation and Support - Younger Clients	15 units	Jigsaw (Threshold)	£117,780

3.23 The proposal is to develop a flexible purchasing system/dynamic purchasing system (FPS/DPS) that will support the commissioners to shape the market to meet local needs. Having a Purchasing System can help streamline procurement for both suppliers and commissioners; suppliers don't have to demonstrate suitability and capability every time they wish to compete for a public sector contract and the award of individual tenders can be quicker than under some other tender procedures, which would support the nature and sometimes emergency response required for these types of service.

3.24 Having an FPS/DPS in place will allow the Commissioners to continually respond to the ever-changing landscape of the homelessness agenda by having access to a framework of providers who are already approved in terms of their sustainability as an organisation and skills and ability to deliver services.

3.25 A move to an EHB (Enhanced Housing Benefit) model for individuals with less complex needs will enable the service to ensure the needs of the move complex services users who need specialist provision can be better met. This is a reflection of the changes in the face of homelessness provision in Tameside and GM since these outdated commissions were made and the addition of "A Bed Every Night" and the Rough Sleepers Initiative (ABEN / RSI).

Contract for the provision of a Tenancy Support and Compliance Service for Offenders subject to MAPPA and PPO/ Contract for the Provision of a Floating Support and Activities Service for People at Risk of Social Exclusion

3.26 The service Tenancy Support and Compliance Service for Offenders subject to MAPPA (Multi Agency Public Protection Arrangements and PPO (Prolific and Priority Offender) provides an assertive tenancy support and compliance service for offenders subject to MAPPA and/or PPO arrangements. The service supports those individuals to access stable accommodation which in turn allows a platform for all agencies involved (Police, Probation, Sex Offender Management Unit) to monitor, support and work with individuals to prevent them from going

“underground” which is a known factor in significantly increasing risk behaviours both for the individual and for the community.

- 3.27 The floating support and activities service for people at risk of social exclusion delivers support to enable people to maintain independent living and remain in their existing home. This is provided through the delivery of individual, person centred support plans that address a range of issues such as budget management, tenancy management, accessing other support services, coaching/mentoring etc. The activities element of the service relates to the provision of a programme of purposeful activities and learning opportunities for people receiving housing related support services to reduce the risk of homelessness.

Contract	Service Delivery	Provider	Contract Price
ROOTS		Jigsaw (THA)	£71,284
Floating Support- CONTRACT		Adullum	£253,000

- 3.28 There is a need to extend two of the commissioned services for a further 12 months period from September 21.

- Roots – this is a highly specialist and high risk service dealing with top level offenders, over recent months there has been a significant increase in risk levels and numbers of service offenders to the service. Roots has the specialism and experience in place to manage the needs of this cohort.
- Adullam floating support – there is a need to extend the work of Adullam for a further 12 months whilst we make the transition of models and whilst there are further restructuring plans within the in-house service. During the 12 month extension we will align the services of floating support with those of the RSI team to ensure best possible support for the service users.

- 3.29 The Commissioners have been working with STAR procurement throughout this period, who have advised that under Public Contract Regulations 2015 there is provision for extending or modifying a contract during its term where there are urgent requirements due to unforeseen circumstances. They are confident that this situation meets these definitions. We are continuing to work closely with STAR to ensure that the procurement process is fair, transparent and lawful.

- 3.30 In seeking to move towards the proposals outlined above, the commissioners will be seeking to carry out a consultation exercise with the findings and recommendations included in service delivery specifications going forward.

- 3.31 Permission is also being sought to carry out a period of public consultation in respect of these changes, to ensure, specifically, that the views of service users are taken into account. The proposed public consultation questions are attached at **Appendix 1**.

4 OPTIONS APPRAISAL

- 4.1 There is no realistic option of discontinuing the provision of any of the above support mechanisms:

- The Council has statutory obligations, particularly under the Housing Act 1996 and the Homelessness Reduction Act 2017
- Impact on other partners
- Reputational damage to the council
- Increased homelessness
- Increased rough sleeping
- Impact on a vulnerable service user group
- Increased costs due to unplanned commissions

- 4.2 Discontinuation of these services would have a catastrophic impact on the Council's budgets and temporary accommodation use is already at record levels with significant use of bed and breakfast accommodation. Jigsaw Support and Greystones are the main providers of temporary accommodation, and without these services the Council would be forced to resort almost wholly on the use of bed and breakfast facilities.
- 4.3 The Council has a statutory obligation to comply with legislation to provide temporary accommodation for families. The legislation states that people who have children cannot be placed in bed and breakfast accommodation except in an emergency and then only for 6 weeks. Without the current contracts in place, there is a risk that the Council would not be legally compliant.
- 4.4 Residents in supported housing are the most vulnerable in our borough and often at crucial stages in their recovery and the impact of closing these services would be detrimental. Closing these services would mean that these individuals would lose a secure and safe home.
- 4.5 At the moment, demand for homelessness services are extremely high and this is predicted to increase further following the lifting of the bar on evictions on 24 September 2020. Additionally, a significant rise in unemployment is predicted due to Covid-19, which brings a further risk of a rise in homelessness. The link between unemployment and homelessness is well evidenced and closure of these services at this particular point would be catastrophic in terms of costs to the Council, reputational damage and impact on individuals and partner agencies.

5 RECOMMENDATIONS

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

APPENDIX 1

Homelessness Service Contract Consultation

Introduction

The Council's Homelessness Service employs a range of services to fulfil the aims of the Council's Preventing Homelessness and Rough Sleeping Strategy and to support those who are homeless or at risk of homelessness in the Borough.

These priorities are also aligned with the Greater Manchester Combined Authority Homelessness Strategy which is currently under development. The overall aim to address the wide range of factors that could contribute to homelessness in Tameside borough are considered through the following priorities:

- (a) A holistic and integrated response to preventing homelessness
- (b) Proactive information management and provision of advice
- (c) Raised awareness of the causes of homelessness and services and a shared understanding that preventing homelessness is everyone's business
- (d) Early intervention before a crisis
- (e) Increased resilience and targeted support
- (f) Preventing rough sleeping
- (g) Access to a wide range of affordable, permanent accommodation options
- (h) Identifying, cultivating and empowering untapped resources in the community

In order to meet these priorities, the Council has in place a number of contracts that deliver accommodation based services and support. These contracts are due to expire and the Council is planning to recommission services that will continue to offer a range of accommodation and support services that will also ensure service users are given every opportunity to build life skills to move on to managing their own tenancy, have increased independence and regain a positive place in the community. Overall the Council want to make sure that we focus on the right things in Tameside.

We want to hear your views on the Accommodation Based Homelessness Services in Tameside.

1. Please tick the box that best describes your interest in this issue? (Please tick one box only)

- A person who is accessing an accommodation based homelessness service (Go to Q2)
- A former resident of an accommodation based homelessness service (Go to Q2)
- A friend or relative of an accommodation based homelessness service (Go to Q5)
- A member of the public (Go to Q5)
- A Tameside Council employee (Go to Q5)
- An employee of an accommodation based homelessness service (Go to Q4)
- A community or voluntary group (Go to Q5)
- A partner organisation (Go to Q5)
- A business /private organisation (Go to Q5)
- Other (please specify below) (Go to Q5)

2. Which supported housing services are you using/have you used in Tameside?

- Rough Sleepers Initiative / A Bed Every Night (includes town house and dispersed units)
- Short term supported accommodation (Foundation, Threshold, Greystones)
- Floating support (Adullum)
- ROOTS Service
- Temporary accommodation via Tameside Housing Advice (including Gibson Terrace, Lyme View, Mossley, B&B, The Quays)
- Other (please specify below)

3. When did you last use the homelessness service? Please tick one box only.

- I currently use one of the homelessness services listed in Q2.
- I used this service within the last 1-2 months
- I used this service within the last 3-6 months
- I used this service within the last 7-12 months
- I used this service within the last 13-18 months
- I used this service more than 18 months ago

4. From the list below, please indicate the ways in which the service has helped you?

(Please tick all that apply) It helped me to.....

- Find somewhere to live
- Sort out my benefits
- Manage my money
- Get into college
- Find opportunities to volunteer
- Use local services, for example, libraries, sports centre
- Get a job
- Improve my health by registering with a GP
- Find a dentist
- Make contact with my family
- Get help for my drug use
- Get help with my alcohol use
- Work better with other services I am involved with, for example, Social Services Lifeline, Probation etc.
- It helped me in other ways (please specify below)

5. What, if anything do you feel is missing from the current homelessness service? Please write comments in the box below.

6. What do you feel would be important for the Council to consider when developing future strategies for homelessness and rough sleeping services?

7. Are there any other comments or thoughts you wish to make regarding the homelessness service? Please write in the box below.

ABOUT YOU

We would like to ask some questions about you. This information will help the Council to improve its services. The information you provide will be kept entirely confidential, will be used for statistical and research purposes only and will be stored securely. If there are any questions you do not wish to answer, please move on to the next question.

8. Are you: (Please tick one box only)

- Female
- Male
- Other (Please state below)

Prefer not to say

9. Is your gender identity the same as the sex you were assigned at birth?

Yes

No

Prefer not to say

10. What is your age? (Please state)

11. What is your postcode? (Please state)

12. What is your ethnic group? (Please tick one box only)

White

English / Welsh / Scottish / Northern Irish / British

Irish

Gypsy or Irish Traveller

Any other White background (please specify)

Mixed / Multiple Ethnic Groups

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed / Multiple ethnic background (please specify)

Black / African / Caribbean / Black British

African

Caribbean

Any other Black / African / Caribbean background (please specify)

Any other Black / African / Caribbean background (please specify)

Asian / Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background (please specify)

Other ethnic group

Arab

Any other ethnic group (please specify)

13. What is your religion or belief? (Please tick one box only)

- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Jewish
- Sikh
- Hindu
- Muslim
- No religion
- Any other religion (please specify)

14. What is your sexual orientation? (Please tick one box only)

- Heterosexual / straight
- Gay or lesbian
- Bisexual
- Prefer not to say
- Prefer to self-describe
- Other sexual orientation (Please state below)

15. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. (Please tick one box only)

- Yes, limited a lot
- Yes, limited a little
- No

16. Do you look after, or give any help or support to family members, friends, neighbours or others because of either, long-term physical or mental ill-health / disability or problems due to old age? (Please tick one box only)

- No
- Yes, 1-19 hours a week
- Yes, 20-49 hours a week
- Yes, 50 or more a week

17. Are you a member or ex-member of the armed forces? (Please tick one box only)

- Yes
- No
- Prefer not to say

18. What is your marital status? (Please tick one box only)

- Single
- Married
- Civil Partnership
- Divorced
- Widowed
- Prefer not to say

19. Are you pregnant, on maternity leave or returning from maternity leave?

- Yes
- No
- Prefer not to say

20. If yes, are you:

- Pregnant
- On maternity leave
- Returning from maternity leave

Report to:	EXECUTIVE CABINET
Date:	28 April 2021
Executive Member:	Councillor Oliver Ryan – Executive Member (Finance and Economic Growth)
Reporting Officer:	Jayne Traverse – Director of Growth Gregg Stott – Assistant Director, Investment, Development & Housing
Subject:	LEVELLING UP BIDS
Report Summary:	<p>This report provides an update on the recently announced national Levelling Up Fund (the Fund). There is an expectation that all bidding authorities consult local Members of Parliament (MP's) and that an MP will back one bid which they see as a priority. There is also an expectation that local authorities submitting multiple bids spread these fairly and equitably within the authority boundary and across their full range of constituencies targeting pockets of deprivation.</p> <p>The report outlines a list of potential focus for bids across the three constituencies that has been discussed and agreed with the local MP's. This also considers the Round of bidding and process.</p> <p>The report outlines the proposed process for the appointment of specialist external consultancy to support submission of competitive bids to the Fund by Tameside MBC.</p>
Recommendations:	<p>That Executive Cabinet be recommended to :</p> <ul style="list-style-type: none">(i) Agree that bids for Ashton Town Centre and Stalybridge Town Centre are prepared for submission and referred back for consideration prior to bid submission date of 18 June 2021.(ii) Agree on the procurement and appointment of Specialist external support through STAR to assist in the preparation and submission of two bids for submission into the Levelling Up Fund.(iii) Approve a budget of up to £0.100m to appoint the aforementioned external support and this budget is approved for all professional fees and costs associated with the preparation and submission of two bids to the Levelling Up Fund. It is proposed that this budget is financed via the residual balance of Covid grant funding received by the Council from the Government in 2020/21 that will be carried forward to 2021/22.(iv) Agree to enter into a Memorandum of Understanding (MOU) and associated Terms of Reference with the owners of the Arcades and Ladysmith Shopping Centres in Ashton Town Centre and establish a Working Group with them to progress proposals for a Levelling Up Fund bid.
Corporate Plan:	Key aims of the Corporate Plan are to provide opportunities for people to fulfil their potential through work, skills and enterprise and to ensure modern infrastructure and a sustainable environment that works for all generations and future generations. The proposed bids

to the Fund will support these aims in the areas of job creation, modern infrastructure and a sustainable environment.

Policy Implications:

The proposed bids to the Fund will support the policy aims of the Council's emerging Inclusive Growth Strategy, the Council's growth priorities agreed at Council February 2020 and the emerging draft Greater Manchester Places for Everyone joint development strategy.

The final bids for submission will set out in detail how they align with the Council's policy objectives as part of their detailed strategic case.

Financial Implications:

**(Authorised by the statutory
Section 151 Officer & Chief
Finance Officer)**

The report requests approval for a sum of £ 0.100m to support the submission of two phase one investment bids to the Levelling Up Fund.

The sum requested is to finance two Parliamentary constituency bids for capital grant funding of up to £20m per constituency i.e. a potential sum of up to £40m for the borough. If the phase one bids are successful there will be a phase two process that will receive £ 0.125m Government Capacity grant funding to support the costs of developing robust business cases to the Fund. Related submissions will require projects that are ready to commence in 2021/22. Funding awarded for successful bids will need to be expended by 31 March 2024.

The high level project plan and key milestones that will be delivered via the procurement of the external support are provided in section 3.13 of the report. It is essential that value for money is clearly evidenced as part of the evaluation of external support submissions received.

There is no existing revenue budget available within the Growth Directorate to finance this proposed commission. The £ 0.100m requested will therefore need to be financed from the residual balance of Covid grant funding received by the Council from the Government in 2020/21 that will be carried forward to 2021/22. This funding was provided to support the Council to recover from the impact of the Covid pandemic on the borough (i.e. to build back better) via durable and resilient initiatives that will bolster the borough's future economy. Clearly, it is envisaged that these bids will bring such benefits to the borough if they are ultimately approved.

However, Members should note the risk that the £ 0.100m will be a sunk cost for the Council if the phase one bids are not successful.

Legal Implications:

**(Authorised by the Borough
Solicitor)**

These projects will have major and long term impact on the authority and a great deal of due diligence and development of master plans, strategies and policies will be required prior to the bid submission and so officers and Members need to be confident that there has sufficient consideration and due diligence at this time or consider waiting to submit the bid at a later phase when it is understood that funding for the preparation of the bid will also be available.

The report as currently drafted also includes a resolution to enter into MoUs with 2 of the local land owners. It is not clear as to why these are needed at this time or to achieve what and in any event in relation to one property may require the MoU to be entered into with

Administrators. More to the point it must be understood that MOUs are not legally binding – their purpose is just to set out principles on which the parties intend to work with each other.

Advice should be continually sought from STAR in relation to the most appropriate procurement route (which should ensure the Council obtains value for money and this can be evidenced) and the Council's Contract and Financial Procedure Rules are complied with. In relation to the project as a whole legal services has not yet been involved in providing advice and assistance but it is likely that advice will be required on a wide variety of matters including but not limited to the terms of any grant, partnering arrangements, property, planning, procurement and state aid.

Risk Management:

- a) Potential for loss of external funding opportunity to support future growth and diversification of the Tameside Economy, improved infrastructure, housing growth and the securing of investment in the Borough and act as a catalyst for further investment and regeneration.
- b) The work recommended in this report will minimise the risk of unsuccessful bids to the Fund by ensuring the timely preparation of robust business cases for submission utilising expert advice and additional capacity.

Background Information:

The background papers relating to this report can be inspected by contacting Mike Reed – Head of Major Programmes



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1. INTRODUCTION

- 1.1 As part of the March 2021 budget, the Government has announced £4.8 billion of 'Levelling Up Funding' ('The Fund') over four years (up to 2024-25), committed to a holistic, place-based approach to funding projects and programmes across the country. The 'Fund' is a joint venture between the Department for Transport (DfT), the Ministry for Housing, Communities and Local Government (MHCLG) and the Treasury and is open to single tier Councils and District Councils in two tier areas, Counties and Combined Authorities.

2. THE LEVELLING UP FUND

- 2.1 The Fund will provide investment in projects that require up to £20m of funding. However, there is scope for the Fund to invest (between £20m and £50m) in larger high value transport projects, by exception.
- 2.2 The prospectus sets out the approach to the first round of the Fund which will prioritise bids that can demonstrate investment or begin delivery on the ground in the coming financial year. The approach for future rounds will be kept under review with further detail on how the Fund will operate from 2022-23 will be set out later this year. The amount of funding received will be determined on a competitive basis to ensure value for money.
- 2.3 The first round will prioritise projects which can demonstrate investment or begin delivery in 2021-22. Across the life of the Fund monies will need to be spent by 31 March 2024 (exceptionally, into 2024-25 for larger schemes).
- 2.4 It is important to note that whilst the Levelling Up Fund is to be welcomed and with a focus on capital investment in local infrastructure, the Fund specifically builds on and consolidates prior programmes such as the Local Growth Fund, Towns Fund and supersedes programmes such as the Local Pinch Point programme. Therefore the funding within the Fund is not all new funding and indeed large elements of the Fund will already have been ring-fenced and/or designated to areas. Further information and guidance is expected on the more detailed breakdown of the Fund.
- 2.5 Members of Parliament are expected to back one bid that they see as priority for their constituency. For Tameside this means there is scope for the submission of three bids to the Fund in the constituencies of Ashton Under Lyne (Angela Rayner MP), Denton & Reddish (Andrew Gwynne MP), and Stalybridge & Hyde (Jonathon Reynolds MP).
- 2.6 Following initial discussions with the relevant MPs it has been agreed that for the constituency of Ashton Under Lyne a bid to the Fund should be progressed focused on Ashton Town Centre, and for the constituency of Stalybridge & Hyde a bid to the Fund will be progressed for Stalybridge Town Centre. For the constituency Denton & Reddish it is understood that the focus of the bid will be Reddish, promoted by Stockport MBC.
- 2.7 The Fund will focus on three themes:
1. **Transport Investments:** including public transport, active travel, bridge repairs, bus priority lanes, local road improvements and major structural maintenance, and accessibility improvements. Request for proposals for small, medium and by exception larger transport schemes that improve the environment, support economic growth and experience of transport users.
 2. **Regeneration and Town Centre Investment** to enhance buildings and infrastructure, acquire and regenerate brownfield sites, invest in secure community infrastructure and crime reduction, and encourage public services and safe community spaces into towns.

3. **Cultural Investment:** maintaining, regenerating, or creatively repurposing museums, galleries, visitor attractions, and heritage assets as well as creating new community owned spaces to support the arts and serve as cultural spaces.

2.8 Projects should also be aligned to and support the Government's Net Zero Carbon goals.

2.9 The assessment process will focus on the following key criteria:

- **Characteristics of the Place:** Places have been put into priority categories 1, 2 or 3 based on their alignment with the objectives of the Fund. Tameside is part of Category 1 and within the highest level of prioritisation.
- **Deliverability:** bids should be able to demonstrate they are able to start on site in 2021-22 (for round 1) supported by a robust finance, management and commercial case. To ensure projects are delivered to programme and budget, bids are encouraged to include a local financial contribution representing at least 10% of total costs. A contribution will be expected from private sector stakeholders if they stand to benefit from a specific project.
- **Strategic Fit with Local and Fund Priorities:** including how the proposed investment supports relevant local strategies and their objectives as part of the strategic case for improving infrastructure, promoting growth, enhancing the natural environment and making their areas more attractive places to live and work. The investments should represent the highest value local priorities.
- **Value for Money:** a range of benefits will be assessed as part of the economic appraisal of projects including potential to boost local economic growth, environmental benefits, greater employment opportunities, reduced travel times, increased footfall in town and city centres, crime reduction and social value to local communities.

2.10 The first round of the Fund will be open for bids until Friday 18 June 2021 and these will need to be submitted to MHCLG by this date. Decisions on projects supported by the Fund are expected by autumn 2021. Further guidance from MHCLG will be published shortly; the implication from the prospectus is that the first round will be targeted at 'shovel ready' schemes able to spend in 2021/22, with later rounds available to support schemes that will start on site beyond March 2022.

2.11 A fixed sum of £0.125m of capacity funding will be allocated to all eligible local authorities. This capacity funding has a primary intention of helping authorities to develop their bids for later rounds of the Fund. It is expected that authorities will not be able to use the capacity funding in time to support bids for the first round and that it will be instead support the development of proposals for later bidding rounds. Further guidance is to be issued including when the funding will be allocated and what it can be used for. Costs associated with the preparation and submission of bids under the first round will not be eligible for capacity funds and will be a direct cost to the local authority to cover.

2.12 It is estimated the Council would need a budget of up to a maximum sum of £0.100m to support robust bids for Ashton Town Centre and Stalybridge Town Centre. The budget will be used to support bid preparation and associated due diligence required to prepare robust bids for submission to the Fund by 18 June. This sum will be financed from the residual balance of Covid grant funding received by the Council from the Government in 2020/21 that will be carried forward to 2021/22. This funding was provided to support the Council to recover from the impact of the Covid pandemic on the borough (i.e. to build back better) via durable and resilient initiatives that will bolster the borough's future economy. Clearly, it is envisaged that these bids will bring such benefits to the borough if they are ultimately approved.

2.13 Funding is requested to cover external/professional/Due diligence (DD) costs associated with preparing two greenbook submissions. The costs are associated with that of putting together detailed comprehensive bids and that of further due diligence costs that will be required in

parallel to the submission itself and for purposes of the bid and other requirements as needed such as independent assessment of costs, valuations, and detailed cash-flow and financial profiling, investment structure advice and other aspects around delivery and compliance. Whilst there are two proposed submissions under the Levelling Up Fund programme, the split of these costs per bid will be different and it is anticipated that more costs will be associated with the Ashton Town Centre bid due to its complexity but also in that Stalybridge has previous and associated studies and investigations undertaken. All costs will be directly related to type of professional and external support as required

3. NEXT STEPS

- 3.1 The focus for a bid to the Fund has been discussed with local Members and the relevant MP for each Parliamentary constituency. In the preparation of any detailed bid it will be necessary to consult with a range of local stakeholders to support the strategic case for investment.

Tameside Approach / Bidding Rounds

- 3.2 The Government has announced there will be several bidding rounds of the Fund with the first round submission deadline of 18 June 2021 for 'shovel ready' schemes. All bids irrespective of bidding round will be part of a competitive process and only those bids that score highly, including on deliverability, will be successful.
- 3.3 There will be significant competition for the Fund across England and funding requests will be far in excess of funding availability. It is imperative that any bids that are submitted are the strongest they can be, including on delivery certainty. Bids will be assessed as part of Green Book process/appraisal criteria.
- 3.4 Local Authorities can only have one successful bid for each of their allocated number of bids over the lifecycle of the Fund. Local authorities are therefore encouraged to consider whether bids that they wish to submit for the first round of the Fund reflect local priorities and are the strongest bids possible (including shovel ready and deliverable) or if they should wait until later rounds so that they have more time to consider and develop their proposals.
- 3.5 In order to hit the deadline of 18 June submission, it is necessary to bring in additional resource and capacity and that of independent and professional advice/input. This will also give the bids further weight and justification of having sought external advice and as a normal course of any major bid preparation. TMBC proposes to utilise its own internal capacity and will facilitate and drive the bids but it will be necessary to ensure the internal team have access to skills, expertise and independence as required to ensure both a robust bid is put together but also one that can address all technical and compliance requirements. The sums of money presented is based on experience of officers that have been engaged with this type of activity for a long time and one which is commensurate with the market. Subject to investment and delivery structure will also determine further professional costs as required moving forwards and the costs associated with this report relate to the initial phase and professional costs to the bid process and early stages of DD.
- 3.6 An internal Council cross service working group will be established to focus on the coordination and development of the bids and to be chaired by Growth Directorate.
- 3.7 Following assessment of the positives and negatives of submitting first round bid applications it is considered that Tameside has strong proposals for Ashton Town Centre and Stalybridge that will be in a position to commence delivery by March 2022 if they are supported by the Fund. This will help ensure that momentum is not lost in the progression of these proposals and that the opportunity to secure external grant funding to unlock growth potential is not lost.
- 3.8 The process for securing investment via the Fund will be highly competitive and determined by bids that which will be assessed against Government appraisal standards, including value

for money. It is therefore proposed that a total budget of up to £0.100m will be financed from the residual balance of Covid grant funding received by the Council from the Government in 2020/21 that will be carried forward to 2021/22. This funding will be used to provide specialist external support in the preparation and submission of the two bids proposed for Tameside and will be a direct cost to the Council.

- 3.9 The procurement pathway has been confirmed with STAR procurement who have advised that the most appropriate route in this instance is to run a mini completion via The Chest seeking three bids over a two-three week period to ensure value for money. Given the competitive nature of the Fund and the number of Local Authorities that will be seeking external support this work is being commenced as early as possible to provide the maximum time available for the development, preparation and submission of the two bids.
- 3.10 The £0.100m requested for the procurement of specialist support will enable the Council to prepare and submit robust business cases to the Fund. This will support an investment bid in Ashton Town Centre and Stalybridge Town Centre with an ask for capital grant funding of up to £20m per project (£40m in total). The guidance released for the Fund has confirmed that support will be required to fully articulate the strategic case for investment and provide an appraisal of options and robust assessment of the predicted costs/ benefits of the projects. It will then be necessary to demonstrate through a detailed financial profile how the preferred option for each project can be delivered successfully with investment from the Fund as part of a viable scheme, and through appropriate due diligence demonstrate a commercial case for their effective delivery. The Council will ensure value for money is secured at all stages in the procurement process through its engagement with STAR.
- 3.11 Based on two successful bids, there could be £40m investment secured under the Levelling Up programme. This amount will reduce according to success and it may also be that the bid doesn't secure the full amount as requested. As this is a national bidding programme that will be significantly oversubscribed, there is considerable risk that none of the bids will be successful and that risks applies to any competitive bidding round. Costs associated with such bid(s) will therefore be abortive and a direct net cost to the Council.

Proposed Timescales

- 3.12 The resource and capacity required to undertake two bids is extensive both in terms of internal and external resource required. This will need to be considered and agreed in terms of prioritisation and delivery with the relevant capacity and focus to do including across all key services areas.
- 3.13 A high level project plan and key milestones are set out in the table below:

Issue brief for consultancy support	14 April 2021
Return of tenders for consultancy support	23 April 2021
Appointment and inception meeting	29 April 2021
Preparation of bids and supporting material	29 April to 4 June 2021
Draft report	4 June 2021
Final draft report for internal approval	11 June 2021
Submission of bids	18 June 2021

- 3.14 The Council will need to work with the two retail owners (and major landowners) as part of any Levelling Up Fund bid for Ashton Town Centre and particularly round any earlier phases of redevelopment and investment. In order to do this there will need to be a Memorandum of Understanding (MOU) and associated Terms of Reference established and entered into at the outset. As part of any public/private working group this is good practice and sets out the clear scope, coverage and parameters of working. It will also establish a work programme, timeframe and deliverables.

- 3.15 The Council will now commence the work required to support the development of robust and deliverable bids to the Fund for Ashton Town Centre and Stalybridge Town Centre by 18 June 2021. Further updates will be provided as the bids to the Fund are prepared. The Council will also prepare a further update on its approach to the regeneration and development of its other town centres.

4. RECOMMENDATIONS

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

Report to:	EXECUTIVE CABINET
Date:	28 April 2021
Executive Member:	Councillor Oliver Ryan – Executive Member (Finance and Economic Growth)
Reporting Officer:	Jayne Traverse – Director of Growth Gregg Stott – Assistant Director Investment, Development & Housing
Subject:	ST PETERSFIELD FUTURE – COMMISSIONING OF DEVELOPMENT REPORTS
Report Summary:	This report provides the next steps in the programme for the redevelopment of St Petersfield in Ashton Under Lyne. The report provides some background information on the progress so far and provides details of the recommended next steps for the site's delivery. In addition, the report identifies recommendations for member approval.
Recommendations:	That Executive Cabinet be recommended to: <ul style="list-style-type: none">(i) Appoint consultants to undertake a study reviewing the deliverability of office development in the area considering both short- and long-term delivery.(ii) Following the review above, appoint a consultant to undertake a Delivery Options Report for each Parcel.(iii) To procure a multidisciplinary team to prepare a Development Prospectus to cover the St Petersfield masterplan area and deliver other tasks associated with the Evergreen Fund.(iv) Approve the budget sum of £0.127m to finance recommendations 1 to 3 which is to be funded via a total available budget of £ 0.327m as set out in table 1 section 8.1. The £0.127m is to be financed in equal proportions via the Growth Directorate revenue budget and Evergreen grant funding (£0.0635m via each funding source).(v) Approve the carry forward of £0.200m of Council funding allocated to the Growth Directorate revenue budget in 2020/21 to 2021/22 via Council reserves for the development of St Petersfield as stated in section 8.1, table 1. This sum is within the total available budget of £ 0.327m.(vi) Approve interim revenue funding (£0.020m) via the aforementioned £0.200m budget in 2021/22 to finance the works stated in section 7 to the public realm in the St Petersfield area whilst a detailed report is prepared considering future management and maintenance arrangements.
Corporate Plan:	Key aims of Corporate Plan are to provide opportunities for people to fulfil their potential through work, skills and enterprise and to ensure modern infrastructure and a sustainable environment that works for all generations and future generations. The proposals outlined in this Report supports these aims in the areas of job creation and environmental sustainability.

This proposal supports the policy aims of the Council's emerging inclusive growth strategy, the Council's growth priorities agreed at Council February 2020 and the emerging draft Greater Manchester Spatial Framework.

Policy Implications:

The redevelopment of St Petersfield is an integral part of the Eastern Growth Cluster and in the Borough's Inclusive Growth Strategy. The areas delivery will contribute to improvements in job opportunities, workspace and infrastructure.

St Petersfield is designated as an established employment area in the Tameside Unitary Development Plan and is covered under policy E3 of that document.

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

On 26 August 2020, the Executive Cabinet approved the Evergreen Surplus Round II grant funding agreement of £0.127m to support this development. This sum was approved on the basis of an equivalent £0.127m Council match funding allocation.

The Council match funding allocation will be financed via additional one off budget included in the 2020/21 Growth directorate revenue budget for the development of St Petersfield (£0.200m – table one refers, section 8). This equates to a total budget available of £0.327m.

It is requested that the whole £0.200m of Council funding is carried forward to 2021/22 within Council reserves as there has been no expenditure incurred in 2020/21. This will allow the delivery of the scheme as intended when the budget was allocated as part of the 2020/21 budget setting process and will also allow the Evergreen funding to be accessed. The Evergreen funding of £0.127m will be claimed in 2021/22 as expenditure is incurred and prior to the grant agreement end date of 31 December 2021.

In addition, the sum of £0.020m to finance the interim maintenance of the public realm as stated in recommendation 6 and section 7 of the report, will also be financed from the aforementioned £0.200m Council funding.

A remaining balance of £0.180m is available to support any further related investment at St.Petersfield as stated in table two, section 8.

It is essential that procurement advice is sought via STAR and that Members have assurance that value for money has been realised within the procurement process and prior to award of contract. This will require Section 151 officer assurance.

Any related future investment requirements associated with this development (including legacy issues) will be subject to a separate report to Members at a later date. This will include the related investment and financing options as there is currently no funding allocated for the St Petersfield site in the approved capital programme. The report will also include details of any recurrent revenue funding implications.

**Legal Implications
(authorised by the Borough
Solicitor)**

There are currently a number of interrelated matters that the project officers are endeavouring to address in order to resolve some of the issues which have affected this project.

In order to address these issues due diligence is required especially in relation to potential liabilities and site inspections.

Whilst the due diligence and options are being undertaken and considered the project team is concerned to address the prevailing site conditions hence the request for funding to maintain the public realm in the interim.

As referred to elsewhere in the report the project officers not only need to ensure that a compliant procurement route is followed by taking the appropriate advice from STAR but also that a robust process is undertaken as the remit of any consultant appointed at the outset of this project may expand, subject to as always to a compliant procurement process. Any consultants appointed need a clear written scope and should provide the necessary duty of care indemnities in advance of commencing any work.

Risk Management:

a) Potential loss of future economic growth and diversification of the Tameside Economy, through the growth of knowledge intensive employment sectors. Continued lack of opportunity to pursue major inward investment enquiries in the Digital, Creative and Tech and the Business Financial Services sectors that would create high skill, high wage jobs and investment in the Borough and act as stimulus for further investment.

b) The work recommended in this report will minimise the risk of potentially abortive development, aligning Tameside Council's plans for delivery with the market's requirements.

The impact of COVID-19 on future working practices will form an integral part of the studies recommended above.

Background Information:

The background papers relating to this report can be inspected by contacting Damien Cutting, Economic Growth Lead



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e-mail: damien.cutting@tameside.gov.uk

1. INTRODUCTION

- 1.1 The purpose of this report is to seek approval to begin the procurement and delivery of the recommendations. The report below will provide further information and background to support these recommendations and a vision document site plan is presented in **Appendix A**.

2. BACKGROUND

- 2.1 The area of St Petersfield, at the West end of Ashton Town Centre, forms a key gateway into the town centre. St Petersfield will create a high-quality commercial-led mixed-use environment, providing Ashton with its first town centre business park. Following the development of the area in the period up to 2010, facilitated by £18.3m of public sector investment, and delivered via a joint venture between the Council and ASK Developments, St. Petersfield became Tameside's primary office location, offering the largest concentration of Grade A office space in the borough.
- 2.2 The initial development phase delivered 32,359 square metres of floorspace, with 0.75 hectare of public realm and infrastructure, reclaiming 4.77 hectares of brownfield land. An estimated £44m of private sector investment was leveraged into the scheme. St Petersfield diversified and improved the office offering of the borough and successfully secured the presence of Purple Wi-fi, Pearsons Solicitors, the Pennine Care NHS Foundation Trust and further investment from Network Connect.
- 2.3 The financial crisis of 2008, with its subsequent negative impact on the commercial property market nationally, saw the development of St. Petersfield stall, with more than half of the scheme's proposed floor space undelivered. This loss of momentum has led to the failure to deliver any further floorspace in the area, resulting in a shortage of grow on space for businesses, and it is believed led to Purple Wi-Fi leaving the borough in 2016 as they were unable to secure an office in Ashton which could accommodate 250 desks.
- 2.4 The successful redevelopment of Ashton Old Baths (AOB) as a Digital Incubator Centre, with its 700 square metres of office space being fully let within a couple of months after its opening. Since then, it has maintained 90%+ occupancy levels until early 2020. This has breathed new life into the area as a potential focus for inward investment in the borough by the rapidly growing digital and creative sector. Realising an average inclusive rent value of £33 per square foot, AOB has shown that there is an appetite for the right space outside of Manchester City Centre, with the development plots on St. Petersfield offering an opportunity for the borough to attract businesses.

3. OFFICE DEVELOPMENT

- 3.1 St Petersfield is the Boroughs flagship office location at the West end of Ashton Town Centre. It is a key gateway into the town centre and produces footfall to support the current retail offer in Ashton.
- 3.2 The St. Petersfield Masterplan (2018) identified 7 key office development plots, which if delivered will total almost 29,000 square metres of office space, with the capacity to create 1,900 jobs, generating an estimated £1.75m of business rates income at 2018 valuations, and with a GVA of £100m for the borough.
- 3.3 However, since the 2018 Masterplan, the country's economy and working arrangements have changed as a result of the Corona Virus outbreak. People have adapted by working from home rather than commuting to the office and have become more reliant on digital infrastructure. There is speculation as to whether the change in working arrangements will

be temporary or will be longer term. Some businesses have already announced they will downsize their physical office space as developments in technology has allowed for efficient home working.

- 3.4 As a result of these changes, it is recommended that the Council appoints a Consultant to undertake a study reviewing the deliverability of Grade A office development at St Petersfield. This study should focus on potential demand for office space in the short and long term and identify a quantum that is deliverable within these timescales.

4. DELIVERY OPTIONS

- 4.1 With the economy currently in an unpredictable state it is appropriate to consider the delivery options for each development parcel considering short- and long-term possibilities. Possible delivery options for the different parcel's include:

- **Direct Development** - This delivery option would mean the Council delivering the scheme on the development parcel. A development contractor would need to be procured and appointed and would be funded by the local authority.
- **Joint Venture Partnership** - This Option would mean the Council partnering with a private sector investor to bring the site forward. The Council would provide the land and the investor the finance necessary to deliver the scheme.
- **Land Sale** - This option is based on the council disposing of the site to a developer for the optimum value. The disposal could be conditional on achieving planning permission or the local authority could obtain planning permission first and then sell the site with the benefit of permission.

- 4.2 The list above is not exhaustive and further options will be identified through the appointed consultant's report. Depending on the delivery option chosen, consideration will need to be given to funding options. Given the immediate pressure on public sector resources as a result of Covid19, this may impact on shorter terms options.

- 4.3 Procuring a Delivery Options Report is recommended to inform decision making as it will highlight the strengths, weaknesses and risk of potential options by an industry expert.

5. DEVELOPMENT PROSPECTUS AND EVERGREEN FUND

- 5.1 St. Petersfield has had several visions for its future laid out since development of the area stalled with the financial crash of 2007/8. Reviews of the initial masterplan were undertaken in 2011 and 2013, with the use of more space in the area for residential proposed.

- 5.2 In 2018, responding to the initial success of the Ashton Old Baths (AOB) redevelopment, the developing demand in the Manchester office market for Grade A space, and the Council's emerging economic strategy, Tameside Council engaged Ryder's Architecture to review the 2013 St. Petersfield Masterplan. Their brief was to produce a vision for the area which would appeal to the city region's fast-growing Digital, Creative and Tech Sector, utilising the borough's newly installed dark fibre network as its underpinning.

- 5.3 Despite the success of AOB, and a hub of digital businesses to the north of Hyde town centre, Tameside is currently underperforming in terms of representation of this sector. Less than 2,000 digital and creative employees are currently based in the borough. The delivery of the masterplan, focused on the digital, creative and tech sector fits with the GM Strategy and is aimed at addressing the discrepancy between the performance of the City Region and Tameside, in attracting and growing businesses which provide high skill, high wage jobs.

- 5.4 To complement and advance work undertaken to date on St Petersfield the Council has secured Evergreen Grant Funding of £0.127m to part fund a development prospectus and feasibility works to bring the St Petersfield development to the market. The Grant will be match funded by an additional £ 0.127m via the Growth Directorate revenue budget (table 1, Section 8 of the report refers) and will be used to fund the following tasks:
- **Task 1: Site Wide Development Prospectus** - To procure a multidisciplinary team to prepare a Development Prospectus to cover the St Petersfield masterplan area. To include agreed strategies for utilities, access, drainage, landscape, public realm, wayfinding, pedestrian, cycle and parking/ loading strategies.
 - **Task 2: RIBA Stage 2 Development for office building 03** - Design development of office building 03 up to end of RIBA Stage 2 with associated cost plan and risk assessments, sufficient for the submission of a detailed planning application.
 - **Task 3: Cost Plan Update for Office Building 01** - Preparation of an RIBA Stage 2 Cost Plan for office building 01.
 - **Task 4: Development/ Marketing Prospectus for office buildings 01 and 03** - The preparation of a development prospectus/ marketing brochure for both office buildings 01 and 03. The document is to be an A4/A3 graphic design quality brochure to include marketing plan, visuals and outline specification for promotional purposes.
- 5.5 The delivery of the Tasks set out above will in part bring more certainty to St Petersfield and lead to a more holistic delivery of the development area. Tasks 2 to 4 will focus on the detail of individual parcels bringing to reality the vision for the area.
- 5.6 The following table indicates indicative costs for completing the work noted above, however it is subject to change following the procurement process and is not an exhaustive list. The programme will be managed and monitored by the Director of Growth.

Work to be undertaken	Estimated Cost £'000
Report considering the deliverability of Grade A office space in St Petersfield	5.0
Delivery Options Report for each Parcel <ul style="list-style-type: none"> - 6 parcels to be appraised - Multiple Delivery Options for each parcel - Identification of potential funding options - Considering strengths, weaknesses and risk of potential options 	15.0
Site Wide Development Prospectus: <ul style="list-style-type: none"> - Procure multidisciplinary team - Develop strategies for: <ul style="list-style-type: none"> • utilities • access • drainage • landscape • public realm • wayfinding • pedestrian • cycle and • parking/ loading 	55.0
RIBA Stage 2 Development for office building 03. To include: <ul style="list-style-type: none"> - cost plan - risk assessments 	30.0
Cost Plan Update for Office Building 01. <ul style="list-style-type: none"> - RIBA Stage 2 Cost Plan 	10.0
Development/ Marketing Prospectus for office buildings 01 and 03	12.0
Total	127.0

6 PROCUREMENT

- 6.1 Due to the multi-phase nature of the consultancy to be undertaken, guidance will be taken from STAR Procurement to explore the best options to gain value for money for the council. At this point it is envisaged that in order to maximise efficiency, gain economies of scale and minimise the staff time involved in project management, the best route would be to procure one consultant to manage the production of all the relevant documents and reports outlined in the recommendations.

7. INTERIM MAINTAINANCE OF PUBLIC REALM

- 7.1 It is estimated that a revenue sum of £0.020m is required in order to carry out interim maintenance of the public realm to the St Petersfield area. This work is necessary, as currently, there are no arrangements in place to undertake these public realm works. This interim maintenance is to ensure the area is secure, managed, maintained and monitored. Such works include grass cutting, cleaning of verges, upkeep of flowerbeds, litter picking and keeping the area/public realm clean and tidy (this is not an exhaustive list of actions). This work will be funded by the existing one off revenue budget from the Growth Directorate for St Petersfield (£0.200m) and will be delivered and managed through the Director of Growth. A further report is under preparation and will be brought forward for consideration in due course containing recommendations as to future maintenance of the public realm. The following table is subject to change but currently indicates the estimated expenditure for the interim maintenance of the public realm.

Public Realm Maintenance	Estimated Cost £'000
Grass Cutting	2.5
Cleaning of Verges	2.5
Upkeep of Hedges, Trees and Flowerbeds	5.0
Litter Picking and Disposal	2.5
Cleaning the Public Realm	7.5
TOTAL	20.0

8. FINANCIAL SUMMARY

- 8.1 Table 1 provides summary details of the available funding for St Petersfield.

St Petersfield Funding	2020/21 £'000	2021/22 £'000	Total £'000	Approval	Comments
Council					
Investment Potential	150.0	0	150.0	Council - 25/02/20 - 20/21 Council Budget Report	
Strategy Development	50.0	0	50.0	Council - 25/02/20 - 20/21 Council Budget Report	Included within £0.300m allocated for strategy development
	200.0	0	200.0		
Evergreen					
GMCA - Evergreen Round 2	127.0	0	127.0	Exec Cabinet 26/08/20	To be spent by 31/12/21 - 100% Match Funding Required
Total Funding	327.0	0	327.0		

- 8.2 Table 2 provides summary details of the commitments against this funding allocation. It is requested that the whole £0.200m of Council funding is carried forward to 2021/22 within Council reserves as there has been no expenditure incurred in 2020/21. This will allow the delivery of the scheme as intended when the budget was allocated as part of the 2020/21 budget setting process and will also allow the Evergreen funding to be accessed. The Evergreen funding of £0.127m will be claimed in 2021/22 as expenditure is incurred and prior to the grant agreement end date of 31 December 2021.
- 8.3 In addition, the sum of £ 0.020m to finance the interim maintenance of the public realm as stated in recommendation 6 and section 7 of the report, will also be financed from the aforementioned £0.200m Council revenue budget in 2021/22.

Table 2

	Council	Evergreen	Total	
	£'000	£'000	£'000	Approval
Available Budget	200.0	127.0	327.0	
Funding Commitments				
Development Prospectus and Feasibility Works	63.5	63.5	127.0	Exec Cabinet 28/04/21
Interim Public Realm	20.0	0.0	20.0	Exec Cabinet 28/04/21
Total	83.5	63.5	147.0	
Remaining Balance	116.5	63.5	180.0	

9 RECOMMENDATIONS

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

APPENDIX A – Vision Document Site Plan (Source: Vision Document – PLANIT-IE)

Key Principles:

- 1 Gateway defined by landmark buildings (corners defined through balcony spaces and threshold definition within carriageway)
- 2 Building overhang further defines gateway space
- 3 Street continues into active atrium space, including material banding, thus strengthening the internal/external relationships
- 4 Rhythm of banding is defined by spacing of building structure
- 5 Space continues through to engage with Stamford Street
- 6 Space provides focal point to adjacent buildings and could be delivered with an early building phase - space more sheltered in character/quality
- 7 Potential residential use to add vibrancy to St Petersfield - overlooking internal space and square
- 8 Potential deck car park
- 9 Green edge to quarter creates soft edeg to significant highway
- 10 Extend Henry Square through to Ashton Old Baths and remove through traffic, with the exception of servicing
- 11 Sub Square provides turnaround, drop off and disabled parking
- 12 Stamford Street defined through continuous material, which flows into adjacent atrium space
- 13 Sub Square continues through to engage with Stamford Street and is activated through adjacent atrium spaces and utilised by building occupants
- 14 Transitional Square/Space is activated through adjacent atrium spaces and utilised by building occupants
- 15 Gateway space defined by continuous material



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Report to:	EXECUTIVE CABINET
Date:	28 April 2021
Executive Member:	Councillor Leanne Feeley - Executive Member (Lifelong Learning, Equalities, Culture and Heritage) Councillor Oliver Ryan – Executive Member (Finance and Economic Growth)
Reporting Officer:	Jayne Traverse – Director of Growth Paul Smith, Assistant Director, Strategic Property, Growth
Subject:	AUDENSHAW SCHOOL CONVERSION WORKS
Report Summary:	Audenshaw High School increased its published admission number through the statutory consultation process with effect from September 2021, from an intake of 210 to 240 per year. In order to accommodate the additional pupils it is proposed to structurally remodel the former sixth form block, which closed in 2018 to create ten standard sized classroom and remodel existing rooms in the science block to create two brand new science laboratories and a new food technology room. A project budget of £1.311 million was approved by the Executive Cabinet on 29 July 2020. Approval is being sought to enter into a Design and Build contract with the LEP to deliver the scheme in July and August 2021.
Recommendations:	<p>That Executive Cabinet are recommended to approve that:</p> <ol style="list-style-type: none">1. A Design and Build contract is entered into with the LEP, to deliver the Audenshaw High School Expansion project in the sum of £1,067,161 to remodel the former sixth form block to create ten standard, general teaching rooms and also remodel existing rooms in the science block to create two brand new science laboratories and a new food technology room on the basis of the following:<ol style="list-style-type: none">a. The price is inclusive of any cost increases which may be due to Covid 19;b. Design works procured through the Tameside Additional Services contract (TAS) are included in warranties provided by the LEP under the Design and Build Contract, to ensure that the Council is adequately protected ; andc. Liability of the LEP is capped at ten times the value of the works2. Enter into Deed of Appointment with the LEP to procure the services of Currie and Brown to fulfil the role of Independent Certifier for the contract in the additional sum of £8,550.3. To approve a virement between the unallocated basic need budget and this project for a further £62,448.
Corporate Plan:	To ensure that the Council is able to meet its statutory duty to provide sufficient and suitable school places to enable schools to accommodate the planned increase in pupils at the school
Policy Implications:	To increase the Published Admission Numbers at other high schools, however due to lack of surplus accommodation at other

schools, this would require completely new accommodation to be built rather than repurposing and remodelling existing spaces.

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

There is approved basic need funding of £1,311,000 for this project. The actual spend to date against the project is £275,139 with a further estimated £22,598 commitment resulting in total spend to date of £297,737.

The total contract costs of £1,075,711 (detailed at paragraph 9.1) against the remaining funding of £1,013,263 results in a shortfall of £62,448 against the approved funding.

In order for the project to proceed within an approved budget a virement will be necessary between the unallocated basic need budget and this project for £62,448 or seek to value engineer the project to reduce the value of the contract to within the available budget. There is a current unallocated basic need budget of £583k, which could support this.

Legal Implications
(authorised by the Borough
Solicitor)

This is the final governance step in any capital works project where first approval is to obtain in principle decision to allocate funding to a project, the second approval is to agree proceeding once more information available as to the cost of the project and the third and final stage which is this report is to approve the project proceeds by entering into the necessary contracts once detailed information provided as to the cost of the project and any associated risks together with the programme delivery against which progress can be monitored. As there is an additional funding requirement mainly because the works have been undertaken in two stages and further varied as the Headteacher who had concerns about construction during the Pandemic it requires a decision of Cabinet.

As set out in the main body of this report the work to deliver the extension and associated building works will be delivered via the contract with the LEP.

As part of the contractual strategic partnering arrangements with the LEP there is a standard contract between the LEP and the Council as the current contract with the LEP has no cap on liability. However it is understood that the LEP is no longer able to secure an unlimited liability provision with its sub-contractors. Therefore a liability cap has been proposed to be included in the head contract to reflect the liability provisions in the sub contract. It will also need to reflect that the costs cover Covid risks which clearly the contractual arrangements which were set up in 2011 did not envisage.

The main risk to the programme will be executing the contract (as once executed the contractor bears all delay risks) and whilst the contract has been drafted it needs the project management team to agree and sign off all the schedules including Schedule 4 (programme), Schedule 7 (completion dates, and Schedule 9 (payment milestones). The Independent Certifier's role will be critical to this project to ensure its delivery both in terms of timing and quality of performance. It is often regarded as an optional extra because of the additional cost but experience shows it is absolutely critical to achieving value for money and protection for the authority.

Risk Management:

Set out in the report.

Background Information:

The background papers relating to this report can be inspected by contacting the report writer Paul Smith by:



Telephone: 0161 342 2018



E-mail: paul.smith@tameside.gov.uk

1. INTRODUCTION

- 1.1 Audenshaw High School increased its published admission number through the statutory consultation process with effect from September 2021, from an intake of 210 to 240 per year and also agreed to take 240 pupils from September 2020. The growth in demand for high school places, is as a result of increased birth rates in the local area and across Tameside.
- 1.2 The school was able to accommodate the additional pupils admitted in September 2020 using surplus accommodation, following of the closure of its sixth form provision in June 2018. The sixth form block had been empty for two years and required cosmetic updating. As the room sizes are generally smaller than standard sized 55m², as they were designed to accommodate smaller groups of students, the removal of fixed furniture in (redundant science units and a kitchenette) in three rooms was also required, to make the rooms large enough to accommodate standard size classes.
- 1.3 The sixth form block was therefore refurbished in August 2020, as part of Phase 1 of the expansion works, including repainting of all rooms, removal of the kitchenette in the former common room and redundant science furniture in two room, new carpets, ceiling tiles and so on where necessary. However, as the block was designed for smaller sixth form groups, three rooms remain undersized and cannot accommodate standard sized class groups. Structural internal modelling is required to provide ten standard sized classrooms for general teaching. In addition, there is a requirement to remodel three spaces in the science block to create two additional science laboratories and a new food technology room to enable the increase in pupils to access sufficient facilities for the increased.
- 1.4 The project represents good value for money by remodelling and repurposing existing rooms in the school rather than constructing brand new accommodation.
- 1.5 The Executive Cabinet approved a budget of £1,311,000 for the project at its meeting on 29 July 2020.
- 1.6 This report seeks permission to enter into a Design and Build Contract with inspired spaces Tameside Limited (LEP) to deliver the project and also enter in a joint Deed of Appointment with the LEP and Currie and Brown who will be the Independent Certifier, for the project.
- 1.7 An executive summary of the independent value for money report required before entering into any contract with the LEP is attached at **Appendix 1**.

2 FUTURE SCHOOL PLACES REQUIREMENTS IN TAMESIDE

- 2.1 All local authorities have a statutory duty to ensure that there are sufficient school places to meet demand in the area. These may be school places available at provision maintained by the local authority, academies, or other non-maintained schools. In order to carry out this statutory duty, Councils need to carry out school place planning and forecasting.
- 2.2 Planning for fluctuations in demand for school places is an important function which needs to be carried out at a local level and will differ depending on the phase of learning, for example, pupils will travel further to secondary schools than primary schools. The compact geography of the borough and the mix of types of school eg single sex means that place planning happens at a level higher than wards or towns.
- 2.3 School place planning is a complex process, that takes account a range of factors including the number of births in the borough, in year movement and cohort survival rates as well as parental preference and planned housing development. With rapid shifts in economic conditions for families and changing patterns of migration, planning for basic need for school

places requires a proactive approach to best respond to both short and medium-term demand for places.

- 2.4 In 2006, the Council reviewed its secondary school provision under the Building Schools for the Future programme. The review led to some fundamental changes to the secondary school landscape in the borough including closing six schools and opening three including the creation of two new academies and the building of five new mainstream secondary schools.

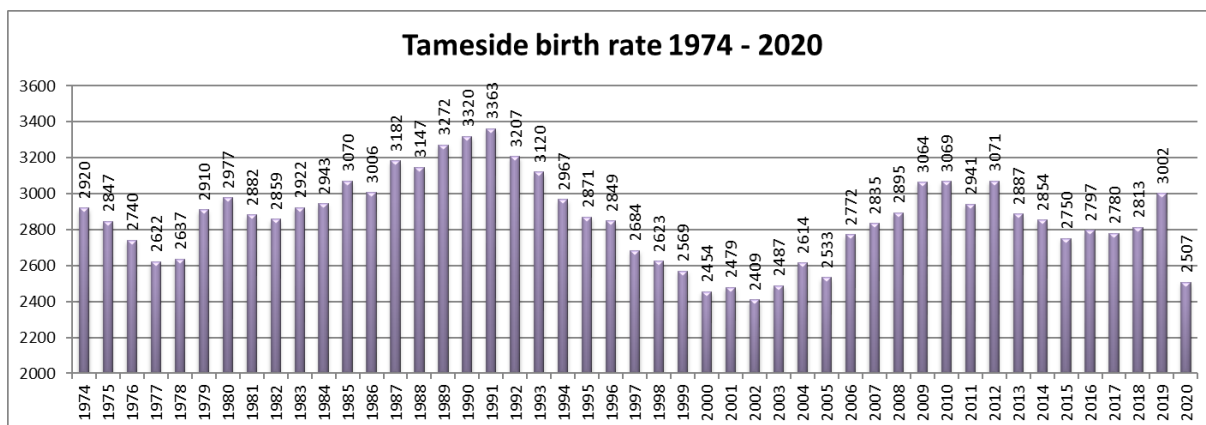
Strategic Planning

- 2.5 Planning school places is a dynamic process. Tameside Council has taken the view that, in the current situation of rising demand for places, our strategy needs to be refreshed on a regular basis to be responsive to fluid and contemporaneous data. In order to do this, the Council’s Executive Cabinet receives recommendations on an annual basis through the annual determination of admission arrangements process. The annual report highlights current issues and potential solutions in advance of the annual consultation on admission arrangements that includes consultation on changes to published admission numbers. By taking this approach, the Council has managed to ensure sufficient places to meet increasing demand over the last 18 years which has seen a 27% rise in birth rates in the borough and a 24% increase in pupils coming into primary schools. The birth rate is now beginning to decrease.

3 CURRENT DEMAND

- 3.1 In common with many areas of the country, Tameside experienced a surge in births between 2002 and 2012. The birth rate rose from a low of 2,409 in 2002 to a recent high of 3,071 in 2010, a 27% increase. The birth rate fell by 9% from 2010 to 2018 but there was a significant increase in 2019.

- 3.2 As can be seen from the graph below, over the last 46 years, the birth rate in the borough has followed a distinct cycle which appears to repeat over a 25 year period. The peak of births in the borough was reached in 1991 when 3,363 babies were born. The most recent peak was in 2012 with 3,071 babies born. There followed a relatively stable seven year period. Birth rates form the basis for any school place planning model. Therefore, any new proposals to increase the number of school places need to be a mix of permanent and temporary as these will become surplus in years to come.



- 3.3 A number of factors are used to predict how many year 7 places will be needed in the borough and to some extent planning to meet secondary needs is easier as pupils are in primary schools already. These include birth rates, the number of pupils in primary schools, in year pupil movement and planned housing developments. These factors give a range within which demand for school places need to be assessed. For many years, the Council has used an average of Year 6 numbers plus 5% to give an indication of demand; however, this

increased to 6% for several years but has now fallen back to 5%. This formula has enabled the Council to outperform the national average for allocating preference schools for a number of years:

Preference allocations on national offer day	2016		2017		2018		2019		2020	
	SECONDARY SCHOOLS									
	T'side	Eng	T'side	Eng	T'side	Eng	T'side	Eng	T'side	Eng
% 1 st preference	87.6%	84.1%	82.2%	83.5%	84.6%	82.1%	83.9%	80.9%	85.6%	82.2%
% any preference	96.9%	96.5%	94.9%	96.1%	96.6%	95.5%	95.8%	94.9%	96.9%	95.6%
PRIMARY SCHOOLS										
% 1 st preference	88.7%	88.4%	90.9%	90.0%	93.5%	91.0%	91.5%	90.6%	91.5%	90.2%
% any preference	96.8%	96.9%	97.5%	97.7%	98.6%	98.1%	97.8%	98.0%	97.9%	97.8%

3.4 Taking all the factors into consideration, projected demand for secondary places is shown in the tables below:

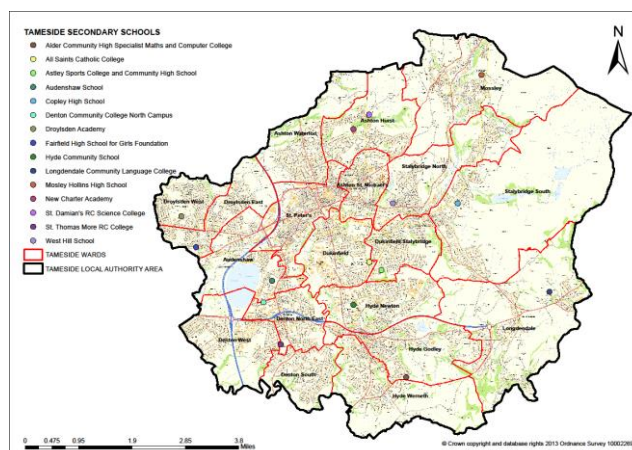
SECONDARY SCHOOL PREDICTIONS 5% COHORT SURVIVAL 2021 – 2030 (JAN 20 PUPIL CENSUS)										
	Sep-21	Sep-22	Sep-23	Sep-24	Sep-25	Sep-26	Sep-27	Sep-28	Sep-29	Sep-30
Primary numbers	3127	3024	3088	2993	2894	2878	2807	2806	2876	3072
Predicted intake	3283	3175	3242	3143	3039	3022	2947	2946	3020	3226
Places available	3239	3224	3239	3214	3184	3154	3154	3154	3154	3154
Balance of places	-44	49	-3	71	145	132	207	208	134	-72

Secondary Places Supply

3.5 The Council plans secondary school places in a single borough wide planning area. The demographics of the borough are complicated with 16 high schools of which:

- 12 out of 16 are voluntary aided or academies
- 11 out of the 16 being on the outskirts of the borough leading to high levels of cross local authority area travel to learn patterns
- three Roman Catholic high schools
- two single sex boys schools
- one single sex girls school
- a free school

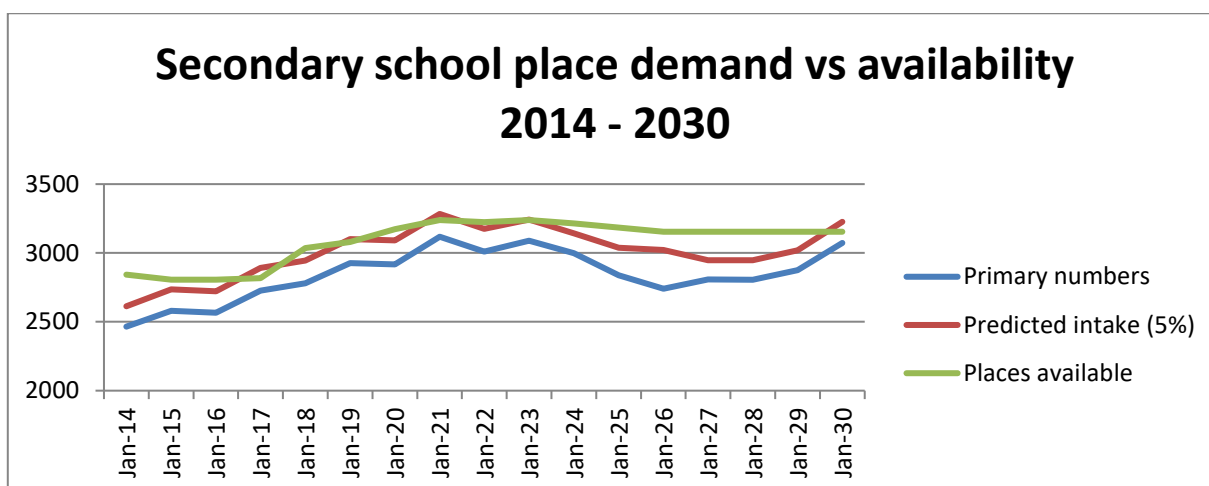
3.6 All of these factors mean that ensuring sufficient places for secondary schools is challenging.



- 3.7 Due to the rising numbers of pupils in primary schools, the focus of increasing places has been on the secondary phase. Tameside has used a mixture of permanent and temporary places in primary schools to accommodate the increase in population. A bulge group in secondary schools is somewhat different to a bulge class in a primary school due to the different nature of how learning takes place. Primary provision is largely based in one classroom so a bulge class can be accommodated with the addition of one classroom which were often accommodated in either surplus accommodation such as a room that was used as a community room or IT suite within a school or in a demountable classroom. Secondary schools pupils move around school for different lessons and also learn in specialist resources such as science labs and so a bulge group requires a more detailed look at the accommodation required. However, secondary schools usually have much smaller average class sizes than primary schools.
- 3.8 Tameside Council has a statutory duty to secure sufficient places for all pupils resident in the borough but the ability to directly procure these places is limited to its community schools. Officers from the Council have been talking to Headteachers at all schools in Tameside but particularly from voluntary aided schools and academies for a number of years to encourage them to put forward proposals to increase their admission numbers in view of the increase in numbers coming through from primary schools. Tameside Council is the admission authority for four community schools in the borough and therefore can propose increases in published admission numbers at its own schools.
- 3.9 By being proactive in discussions with secondary headteachers has resulted in an increased number of secondary places being agreed and the number of places available has increased by 16% from its lowest point of 2796 in 2010 to 3239 in September 2021.

TAMESIDE YEAR 7 PUBLISHED ADMISSION NUMBERS (CURRENT)						
School	Type	Ward	2019	2020	2021	2022
St Damian's	Vol Aided	Ashton Hurst	165	165	165	165
Great Academy Ashton	Academy	Ashton Hurst	270	270	270	270
Denton Community College	Community	Denton North East	330	330	330	330
St Thomas More	Vol Aided	Denton North East	150	150	160	160
Audenshaw (boys)	Academy	A'shaw	210	240	240	240
Fairfield (girls)	Academy	Droy East	195	197	199	199
Droylsden Academy	Academy	Droy West	180	180	195	180
Laurus Ryecroft	Free School	Droy East	150	210	220	220
Rayner Stephens	Academy	Duk/Staly	180	180	180	180
Copley	Academy	Staly South	150	150	150	150
All Saints	Academy	Dukinfield	150	150	180	180
West Hill	Academy	Staly North	170	170	170	170
Alder	Community	Hyde Godley	180	180	180	180
Hyde High School	Community	Hyde Newton	240	240	240	240
Longdendale	Academy	Longdendale	180	180	180	180
Mossley Hollins	Community	Mossley	180	180	180	180
		Total	3,080	3,172	3,239	3,224

- 3.10 The increased places that have been determined and /or agreed with our secondary schools means that supply is now able to meet demand for all but three years between now and 2030 based on the assumption that the cohort survival rate does not exceed 105%.



4 PLANS TO MEET FORECAST DEMAND FOR SECONDARY SCHOOL PLACES

- 4.1 The Council's strategy and plans to meet future forecasted demand are approved by Executive Cabinet at least annually when the school admission arrangements are also determined.
- 4.2 The table in section 2.20 demonstrates that currently, some additional places are needed for September 2021, September 2023. After that point, predicted demand begins to fall and there is sufficient surplus capacity to begin to reduce published admission numbers again. There is an increase in demand for September 2030 and plans will need to be made to address the shortfall nearer the time.
- 4.3 The predicted number of additional places needed are very small and will almost certainly be available due to the number of parents winning appeals to schools and opting for schools in other areas or private education. The additional places that schools have agreed to take for September 2021 and September 2023 will be accommodated on a temporary basis and will not necessitate permanent increases in published admission numbers as this will generate significant levels of surplus capacity in future years.
- 4.4 In partnership with our secondary schools, we have been able to close the gap for places for the predicted demand in the system for the next ten years. The Council is very grateful to all our schools that are taking additional pupils in the true spirit of partnership.

5 AUDENSHAW SCHOOL PLACES

- 5.1 The Executive Cabinet approved a budget of £1,311,000 for Phase 1 and 2 of the project on 29 July 2020.
- 5.2 Audenshaw School has increased their published admission number through the statutory consultation process from September 2021 from 210 to 240 but agreed to take 240 pupils from September 2020, in order to support the Council to provide sufficient places.
- 5.3 Audenshaw School closed its sixth form provision to new entrant from September 2017 and the last pupils left in June 2018. This gives the opportunity for the school and the Council to remodel surplus accommodation in the former sixth form block, together with some internal remodelling in the main school to create additional science and food tech teaching space, without having to construct new additional accommodation.

6 PROJECT SCOPE

- 6.1 As part of the Council's strategy to provide sufficient school places for an expanding pupil population, we are looking expand the school so it can take additional pupils. To obtain the extra classrooms required in Phase 2 of the project, we are looking to;
1. Structurally remodel the former sixth form common room to create 3 new classrooms
 2. Remodel an existing Design and Technology room in the Science Block room to create a second Food Technology room
 3. Remodel rooms DT06 and TC1 to create two new Science Laboratories.
- 6.2 The design work for Phase 2 including surveys has been procured through the LEP via the Tameside Additional Services (TAS) contract. These works will be covered by warranties provided under the Design and Build contract.
- 6.3 The current COVID 19 pandemic is inevitably having an impact on the construction industry due to delays in manufacture of components, delivery delays and the need for onsite workforce to work maintaining social distancing and taking other precautions e.g. ensuring staff isolate in accordance with PHE guidance where necessary. Each project is now assessed by the LEP and their subcontractors to identify where the potential risks are and to include this risk within the fixed price for the scheme.
- 6.4 A letter has also been received from the DfE outlining the approach councils should be taking for capital projects in schools. The DfE encourage all responsible bodies to act as responsible clients and assure themselves that contractors are adhering to Public Health England (PHE) guidance. It is contractors' responsibility to ensure sites are safe, and they should be making decisions about whether work can continue safely in line with PHE advice.
- 6.5 The Cabinet Office published Procurement Policy Note (PPN) guidance on 20 March 2020. This sets out information and guidance for public bodies on payment of suppliers, contractual relief, and contingent workers and includes specific guidance on how the PPN should be applied to construction contracts.
- 6.6 Responsible Bodies must ensure they are taking specific advice in relation to any construction contract, in particular where there are potential claims and/or reliance on the PPN proposed by contractors. You must also give careful consideration to any instruction you might give to contractors as any such instruction may carry unintended financial risks for you under the contract terms.
- 6.7 As outlined in the report, the school is struggling to accommodate their allocated pupils within the current space provision and the Council has two options to consider:
1. Do nothing
 2. Enter into a Design and Build contract with the LEP to complete the proposed works, utilising existing accommodation.

7. PARTNERSHIP

- 7.1 The Local Education Partnerships (LEP) was established as a means of delivery through which capital investment made available could effectively be deployed in accordance with the Strategic Partnering Agreement entered into between Tameside Metropolitan Borough Council and the LEP dated 4 February 2009.
- 7.2 The Audenshaw High School Expansion project scheme is being procured and managed by the Local Education Partnership (the LEP) on behalf of the council. The capital budget for the scheme now stands at £1.3m, which is sufficient to accommodate the projected scheme costs.

- 7.3 The LEP has progressed the scheme to a point where all the schedules for the Design and Build and sub contracts, have been drafted and the standard form contract is being updated.
- 7.4 A draft programme is included at **Appendix 2**. Due to the intrusive nature of the works, they must be carried out in the summer break. The school have agreed early access to the science block to allow the two new laboratories and food technology room to be completed in 8 weeks and access to the former sixth form block for the six week summer break to complete the structural remodelling works.
- 7.5 This report seeks approval to enter into a Design and Build proceed with the scheme contract with the LEP and appointment an Independent Certifier for the project which is a requirement of the contract.

8 THE HEAD CONTRACT & DEED OF APPOINTMENT

- 8.1 The Design and Build Contract between the Council and the LEP will be in a standard and approved format. The scheme has been developed with an agreed specification to a point where costs have been fully established. The costs set out in the Head Contract are within the approved budget set out in section 5.
- 8.2 Included within the Head Contract will be the appointment of an Independent Certifier, the person appointed jointly by the Authority and the LEP to act as independent certifier in relation to the works in accordance with the Independent Certifier's Deed of Appointment to check that milestones have been reached before payment is certified.
- 8.3 At present the proposed programme shows a completion on 3 September 2021 (including design and construction) upon signature of the contracts and the agreed start date. This will allow the school to proceed as planned with the increased pupil intake.
- 8.4 The project design phase is 100% complete therefore no delays are expected once the contract is approved.

9 COST SUMMARY

- 9.1 The cost summary for the scheme is set out in the table below

Cost	Value £
Main building work	1,019,276
LEP fee @ 2%	20,385
Project Management Fee	7,500
Legal Fees estimate	5,000
Independent Certifier Fee	8,550
Insurances (relating to fees covering Construction All Risk (CAR) and Excess Public Liability Insurance (XSPL) estimate	15,000
Total costs Phase 2	£1,075,711
Total Available Budget	£1,311,000
Less already expended	£ 297,737
Net Available Budget	£ 1,013,263
Budget Shortfall	£62,448

10 RISK

- 10.1 The main risk to the scheme is cost increase and delay as a result of implications of Covid 19, from delays in deliveries or staff having to isolate. The contract price submitted by the LEP includes the assessment of potential cost increases that have been stepped down to the supply chain. It is proposed that the standard Design and Build contract is amended to make provision for delays proven to be due to the impact of Covid 19, to be treated as a Default Event, which allows the contractor additional time but not additional payment.
- 10.2 Both contractor and subcontractor to take on board the government guidelines to site works and to accommodate social distancing and other Covid 19, risk management measures in their programme and site organisation.
- 10.3 To ensure the supply of specialist equipment, given long lead times, it may be required to order some equipment for the Science laboratory's in advance of contract completion, through the Tameside Additional Services contract.

11 RECOMMENDATIONS

- 11.1 These are included at the front of the report.

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INSPIREDSPACES TAMESIDE LIMITED

Audenshaw Academy

Value for Money Review

22nd March 2021

LMW CONSULTING 

1. EXECUTIVE SUMMARY

To satisfy the due diligence requirements of Tameside Council around the level of cost of the project LMW Consulting were appointed to carry out an independent Value for Money review by Inspiredspaces Tameside Limited for the Audenshaw Academy project.

The project involves alterations & refurbishment of the existing sixth form block and the existing science & design technology blocks. The proposals involve the stripout of the existing blocks, removal of load bearing walls and installation of supporting steel structure, construction of new internal walls and blocking up of existing openings, mechanical & electrical adaptations, new floor and ceiling finishes, plastering and general decorating works & new FF&E.

Whilst Robertson Construction Group Limited (RCGL) are working within the sixth form block and science block they will utilize the existing male toilets and a ground floor classroom in the 6th form block as the site office and welfare facility. Access to this space is directly from the car park and playground area leading from the main entrance gates.

Robertson Construction Group Limited (RCGL) were engaged to manage and tender the project. The contract sum has been negotiated with RCGL. However, most of the project packages have been competitively tendered to two or more sub-contractors. The table below records the number of tenders received for each package.

The tender sum as it currently stands is **£1,019,276**.

The current offer is made on a fixed price basis under a bespoke form of contract.

The current construction programme notes a 9-week construction duration with an anticipated start on site date for the science & design tech block alterations of 05/07/2021 and a practical completion date of 03/09/2021. The alterations to the existing sixth form block are due to commence on 19/07/2021 with a practical completion date of 06/09/21.

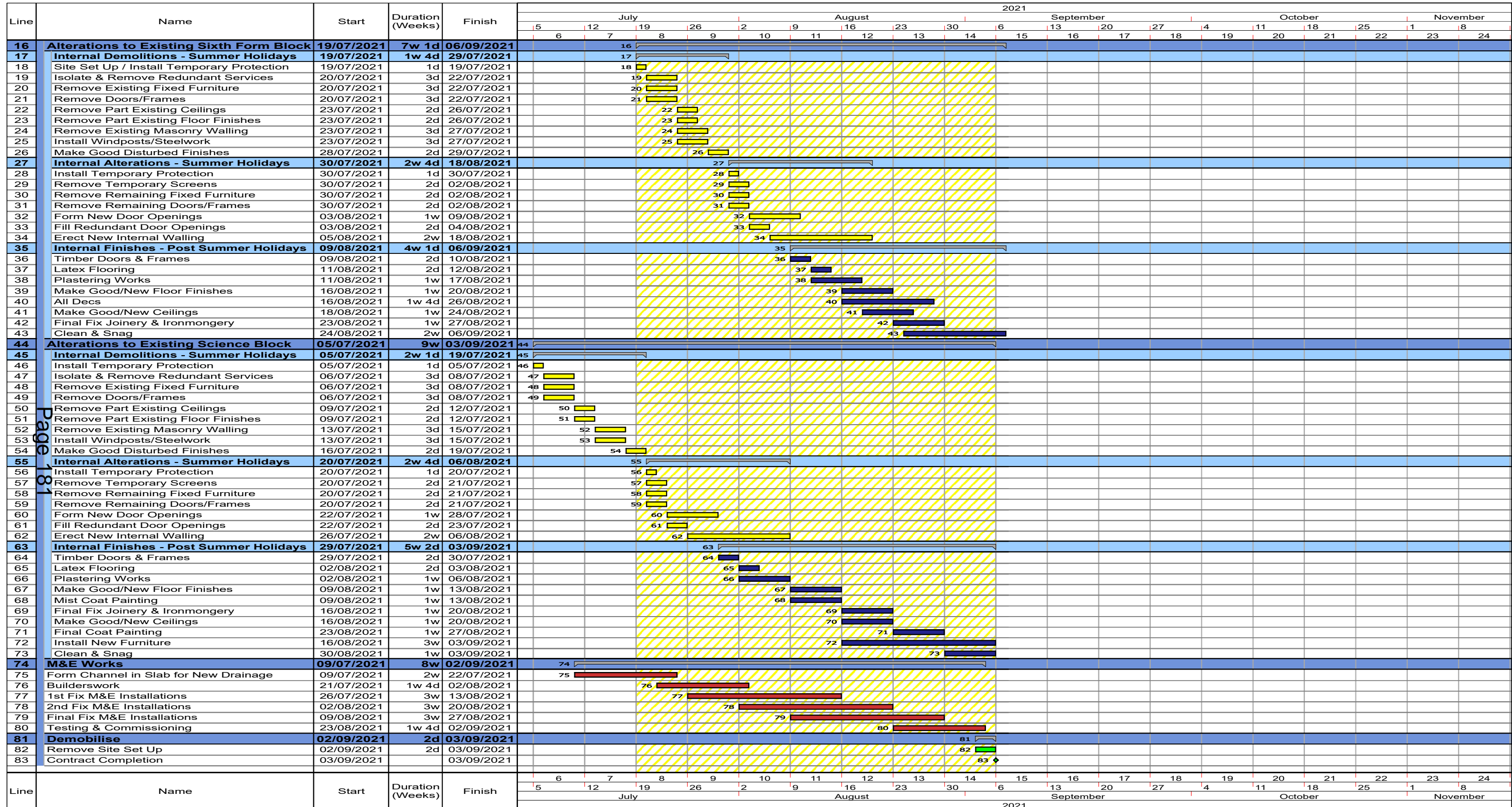
The works are due to take place during the school summer holidays prior to the return of students on 03/09/21, with only snagging and cleaning taking place post summer holidays.

Although this project is a negotiated tender as noted above most of the packages have been competitively tendered to sub-contractors.

LMW considers that the tender sum submitted by RCGL reflects current market rates, as demonstrated above and is considered to be value for money.

Audenshaw

INDICATIVE PROGRAMME / FOR DISCUSSION ONLY



RCG Standard Work Packages
 5000 - Internal Finishes
 4000 - Internal Fit-Out
 7000 - Building Services
 0000 - Enabling

Milestone Appearances
◆ Diamond

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