

STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 24 June 2020
Time: 1.00 pm
Place: Zoom Meeting

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1	WELCOME AND APOLOGIES FOR ABSENCE	
	To receive any apologies for the meeting from Members of the Panel	
2	DECLARATIONS OF INTEREST	
	To receive any declarations of interest from Members of the Panel.	
3	MINUTES	
3a	MINUTES OF THE PREVIOUS MEETING	1 - 6
	The Minutes of the meeting of the Strategic Commissioning Board held on 27 May 2020 to be signed by the Chair as a correct record	
3b	MINUTES OF COVID RESPONSE BOARD	7 - 44
	To receive the minutes of the Covid Response Board held on 20 May 2020 and 3 and 10 June 2020.	
4	FINANCIAL CONTEXT	
4a	FINANCE REPORT -	45 - 76
	To consider the attached report of the Executive Member (Finance and Economic Growth)/CCG Chair/Director of Finance	
5	COVID RESPONSE ITEMS	
5a	ASSISTED CONCEPTION COVID-19 IMPACT	77 - 82
	To consider the attached report of the Executive Member, Adult Social Care and Health/ Clinical Lead / Director of Commissioning.	
5b	ADULT SERVICES FINANCIAL SUPPORT RESPONSE TO THE PROVIDER MARKET DURING THE COVID-19 PANDEMIC – UPDATE JUNE 2020	83 - 92
	To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Leads (Living Well), (Finance and Governance), (Ageing Well) / Director of Adult's Services.	
5c	DISTRIBUTION OF THE ADULT SOCIAL CARE INFECTION CONTROL	93 - 110

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

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FUND RING-FENCED GRANT 2020

To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Lead(Ageing Well) / Director of Adult's Services.

5d	BE WELL HEALTH IMPROVEMENT AND NHS COMMUNITY HEALTHCHECKS: CONTRACT EXTENSION AND SERVICE MODIFICATION	111 - 120
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To consider the attached report of Executive Member (Adult Social Care and Health)/Clinical Lead (Long Term Conditions)/Director of Population Health.

6 URGENT ITEMS

To consider any items the Chair considers to be urgent.

STRATEGIC COMMISSIONING BOARD

27 May 2020

Comm: 1.00pm

Term: 1.50pm

Present: Dr Ashwin Ramachandra – NHS Tameside & Glossop CCG (Chair)
Councillor Brenda Warrington – Tameside MBC
Councillor Warren Bray – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Councillor Bill Fairfoull – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Councillor Allison Gwynne – Tameside MBC
Councillor Joe Kitchen – Tameside MBC
Councillor Oliver Ryan – Tameside MBC
Councillor Eleanor Wills – Tameside MBC
Steven Pleasant – Tameside MBC Chief Executive and Accountable
Officer for NHS Tameside & Glossop CCG
Dr Asad Ali – NHS Tameside & Glossop CCG
Dr Christine Ahmed – 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, Tameside
Tracey Simpson MBC
Peter Howarth Deputy Chief Finance Officer - Tameside and
Glossop CCG
Head of Medicines Management - Tameside &
Glossop CCG
Pat McKelvey Head of Mental Health and Learning Disabilities –
Tameside & Glossop CCG
Simon Brunet Head of Policy, Performance and Intelligence,
Tameside MBC

**Apologies for
Absence:** Dr Kate Hebden – NHS Tameside & Glossop CCG

1. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

2. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 22 April 2020 be approved as a correct record.

3. MINUTES OF THE COVID RESPONSE BOARD

RESOLVED

That the Minutes of the meetings of the Covid Response Board held on: 29 April, 6 May and 13 May 2020, be noted.

4. ACCESS TO END OF LIFE MEDICINES

Consideration was given to a report of the CCG Chair/Director of Commissioning, which explained that under the current Covid 19 situation there was an increase in patients on end of life (EoL) pathways. Under national guidance, many of these would not be admitted to hospital and additional Provider capacity had been commissioned to meet the needs of patients remaining in the community.

It was further explained that there was a requirement to have access to EoL medicines in a timely manner. With the reported rapid rate of deterioration of COVID 19 affected patients, medicines supply systems should aim to be deliverable within one to two hours.

The CCG had existing EoL medicines arrangements in place; in the first week of Covid 19 due to circumstances noted above, urgent updates to these arrangements were made and details were given in the report.

To develop ongoing resilience as a result of the longer-term impact of Covid 19 within primary care and social care the development of new models was required to transition from emergency arrangements to a 'new normal response'. This was in line with NHS England guidance in order to give assurance at a regional level of robustness, of supply around EoL medicines.

In the current situation with demand overstressing GP planning activity, increased pressure on pharmacies including partial closures and the more rapid deterioration of COVID 19 EoL patients, three responses were needed:

- (i) Incorporation of non- sub-cutaneous route EoL medicines into the formulary (NICE/NCA guidance). This would be oral route medicines some controlled drugs but some non- controlled drugs;
- (ii) Increase in the number of pharmacies holding EoL medicines formulary to give greater systemic resilience; and
- (iii) Extension of hours of pharmacy access to EoL medicines so that via an on-call system 24 hour, 7 days a week coverage was provided across Tameside & Glossop.

In line with NICE guidance the 'traditional' sub-cutaneous EoL medicines list had been extended to include first line oral EoL medicines some of which were controlled drugs but some were not. The benefit of this remodelling was that if on assessment by a clinician the patient was able to take medicines orally then the supply of the medicines to them would be sufficient for a relative or carer to administer as opposed to the sub-cutaneous route, which needed a healthcare professional present to administer.

With agreement of representatives from T&G CCG, ICFT, GtD and led by the consultant in palliative care at Willow Wood, the EoL formulary had been expanded to incorporate oral first line options.

Arrangement 1: Maintaining EOL stock: With the expected increase in demand on services and the pressures community pharmacies were under as Covid-19 emerged, the CCG swiftly increased the number of sites holding EoL stock from 6 to 14. This gave better resilience and geographic spread and safeguarded the EoL provision within T&G from the impact of individual pharmacies

Whilst the recruitment of additional stock-holding sites followed the standard model noted above it was an informal non-contracted agreement. For on-going resilience and robustness and regional requirements for regular stock audits these arrangements needed to be formalised. The GM Local Pharmaceutical Committee (LPC), had produced a service specification for EoL medicines which was in line with local and regional requirements. The GMLPC proposed a £650 initial setting up fee, which the CCG would not pay as our sites were already established. The proposal also suggested a £500 annual retainer fee per pharmacy. This had been implemented by neighbouring CCGs who were not as prepared as Tameside and Glossop. All other GM localities were now

signed up to or were in the process of signing up to the retainer fee service element. It was recommended that Tameside and Glossop CCG also commit to this.

Due to the potential for Covid patients to deteriorate rapidly there was a need once EoL scenario was identified to move quickly to get the medicines to the patient so that they didn't die without access to symptomatic relief. The NW Medicines Cell 'What Good Looks Like' document recommended that patients had access to medicines within 1-2 hours. Given the disruption levels there was a need for a protected communication route to EoL stock holding pharmacies to check stock was available and prompt dispensing occurred. NHS England North West proposed that a bespoke mobile phone was provided for all EoL stock holding sites. This line would be reserved solely for EoL communications. NHS England proposed a £100 p.a. payment to each pharmacy to allow 24/7 urgent contact.

Arrangement 2: Extended access: To ensure 7 day, 24 hour access to EoL medicines within the CCG, an additional 12 hours Saturday / Sunday and on call coverage 4 nights per week to bridge the gap where pharmacies were closed, would be required. There was coverage via 100 hour sites for other periods. This would need to be commissioned from an extended hours pharmacy.

With regard to financial implications, it was reported that an initial commitment of 6 months would be made with a review at the end of this period to continue for a potential further 6 months. One year's total costs would be £7,000.

It was noted that at some point in the future, post Covid 19 scenario, the CCG would revert to having 6 EoL stock holding sites and would continue the £500 per annum stock-holding fee. This would give a future pressure of £3000 p.a.

The protected EoL medicines hotline per stock holding pharmacy would be £700 for 6 months with a review at the end of the period to continue for a further 6 months. This service element would not look to be continued post Covid 19.

Additional investment was required for arrangement 2 (24/7 access) as follows:

The fee structure would be £20 per on call (4 nights a week), £350 per call out.

The taxi service that carried out the day time medicines deliveries would be utilised as a first line option, however if this were not available in a timely enough manner and the pharmacy needed to deliver, there would be a charge of £50.

The payment offered was line with LPC service specification. The call out service would be utilised as a last resort where Go to Doc OoH service was overstretched, notwithstanding this, it was difficult to predict the extent to which it would be used.

If this approach was agreed and the service commissioned, then the on call fee per 6 months would be £2080 and based on an average of one call out per week and in locality delivery, £10,400 per 6 months could be paid.

Additional costs would be funded by the Covid-19 central funding source.

RESOLVED

- (i) That the proposed delivery model to improve access and resilience for End of Life medicines, be noted; and**
- (ii) That the proposed mechanisms and additional financial investment required, be supported.**

5. STARTING WELL: CHILDREN AND YOUNG PEOPLES' HEALTH SERVICES RESPONSE DURING COVID-19

The Executive Member, Adult Social Care and Health / Starting Well Clinical Lead / Director of Commissioning, submitted a report providing a summary on the response to the Covid19 pandemic for children and young peoples' health services across Tameside and Glossop.

Details were given of work currently being undertaken/challenges being faced, in a number of different areas and steps in place to mitigate, as much as possible.

The report summarised that there had been significant falls in children accessing primary and secondary care, and 111 for the last 3 months, although data suggested that this was now starting to normalise. A lot of work had gone into trying to ensure that families knew that the NHS was "open for business" and should be accessed for an unwell child and for immunisations, for example.

Across the services for children and young people, the most vulnerable/at risk families had continued to be supported to try to minimise the impact of the current situation.

Digital solutions had to be quickly mobilised and utilised across all areas and it was hoped that some of this good work could continue to be built on, going forward.

The longer term impacts needed to be continually reviewed, in terms of ensuring that there were provisions to "catch up" for missed assessments and immunisations.

RESOLVED

That the efforts of all children and young people's services to maintain service provision throughout this difficult time, be noted.

6. FINANCE REPORT - OUTTURN 2019/20 AND 2020/21 FORWARD LOOK

Consideration was given to a report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance, providing details of:

- Consolidated 2019/20 Revenue Monitoring Statement at 31 March 2020;
- Capital Programme Outturn Report 2019/20; and
- Forward Look 2020/21 Financial Position

It was reported that, for the 2019/20 financial year the Integrated Commissioning Fund had spent £619,675K, against a net budget of £619,662k. Further details were given in Appendix 1 to the report. It was explained that the small overspend of £13K on Council budgets would be met from general reserves. Delivery of the budget had only been possible as a result of several significant non recurrent financial interventions, including one-off savings and additional one-off income, and a planned use of £9.3m of Council Reserves. It was noted that significant overspends were included in the overall position across a number of service areas, including Children's Services, which had spent £8.4m in excess of budget. This and other pressures would continue into 2020/21.

The Capital Programme Outturn for 2019/20 was provided in Appendix 2 to the report and provided a forward look to the financing of the 2020/21 Programme. It was explained that the existing 2020/21 programme was dependent on the realisation of planned capital receipts. The current and forecast economic conditions meant there was an increased risk that capital receipts may not be achieved or that values were diminished. If additional capital receipts could not be realised, there was a risk that the Capital Programme was not financially sustainable.

An initial forward look at the financial position for 2020/21 was provided in Appendix 3 to the report, taking account of the potential impacts of COVID-19 and the underlying financial pressures within

the 2019/20 outturn position. Members were informed that the Strategic Commission entered 2020/21 with an existing budget gap which increased significantly over the next five years. Initial modelling of the expenditure and income pressures arising from COVID-19, both in 20/21 and future years, suggested that the Strategic Commission faced significant questions about financial sustainability, particularly for Council budgets.

RESOLVED

- (i) That the overall outturn position for 2019/20 as set out in Appendix 1 to the report, be noted. Whilst the overall position for 2019/20 is in line with budget, this includes several significant one-off savings and additional income sources. The budget was also set assuming the use of £9.3m of Council Reserves;**
- (ii) That the Capital outturn position and financing for 2019/20, and the capital financing risks for 20/21 and beyond as set out in Appendix 2 to the report, be noted;**
- (iii) That the re-profiling of £5.344m of Capital Budgets to reflect up to date investment profiles, be approved;**
- (iv) That the updated Prudential Indicator position which was approved by Council in February 2019, be approved;**
- (v) That the budget virement of £178k to Vision Tameside from Vision Tameside Public Realm, be approved;**
- (vi) That approval be given for the reprioritisation of corporate funded capital budget of £110k for Godley Green be returned to the funding pot following approval of the £10m from Homes England; and**
- (vii) That the potential financial scenarios and risks for 2020/21 and beyond as set out in part 3 and Appendix 3 to the report, be noted.**

7. ONE EQUALITY SCHEME ANNUAL REVIEW 2020 AND GENERAL EQUALITIES UPDATE

Consideration was given to a report of the Executive Leader / Executive Member, Lifelong Learning, Equalities, Culture and Heritage / CCG Co-Chairs / Assistant Director, Policy, Performance and Communications, providing:

- an update on developments of the One Equality Scheme, as part of the annual review for 2020; and
- an update on some key equality and diversity related projects that the Strategic Commission had delivered or been part of during the last 12 months.

It was explained that One Equality Scheme (2018-22) was launched in 2018 as the first joint equality scheme for Tameside & Glossop Strategic Commission. A number of joint equality objectives were developed to ensure obligations under the Equality Act 2010 regulations were fulfilled, in that equality objectives must be published at intervals not greater than four years from the date of last publication.

The Equality Act also stated that public bodies must publish annual information to demonstrate compliance with the general duty, including information about the protected characteristic status of employees, and other persons affected by policies and practices. Information about the protected characteristic status of employees for 2019/20 would be published for the Council and CCG by the end of June 2020.

Annual updates to the One Equality Scheme would act as an ongoing position statement and the approach to equalities. The annual review built upon work outlined in the One Equality Scheme (2018-22) and One Equality Scheme Annual Review (2019); as well as providing new examples and evidence sources of achievements in respect of equality and diversity. Engagement, consultation and equality champions were invited to submit examples for inclusions. Input had also been provided by Single Leadership Team, Senior Management Group, QPAG and Primary Care Committee.

A copy of the One Equality Scheme Annual Review 2020, was appended to the report.

Details were given of key equality and diversity related projects that the Strategic Commission had delivered or been part of during the last 12 months, as follows:

- The humanitarian response to the covid-19 crisis to date;
- NHS England Equality Delivery System 2 (EDS2);
- Workforce Race Equality Standards (WRES);
- All Equals Charter;
- Race Equality Change Agents Programme (RECAP); and
- Greater Manchester Women and Girls Panel

It was noted that these supported the commitment to delivering on the equality objectives and ensuring that the requirements set out in the Public Sector Equality Duty, were adhered to.

The Chair and Members of the Board thanked all involved for a very thorough and informative report.

RESOLVED

- (i) That the content of the report, including the equalities update, be noted;**
- (ii) That the One Equality Scheme Annual Review 2020, as appended to the report, be approved for publication.**

8. URGENT ITEMS

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

CHAIR

EXECUTIVE BOARD

20 May 2020

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, Ilys Cookson, Jeanelle De Gruchy, Richard Hancock, Tim Rainey Dr Ashwin Ramachandra, Ian Saxon, Sarah Threlfall, Jayne Traverse, Debbie Watson, Tom Wilkinson and Jessica Williams	

152 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting on the 13 May 2020 were accepted as a correct record.

153 ECONOMIC RECOVERY ANALYSIS

Consideration was given to a report of the Executive Member for Finance and Growth / Director Growth, which set out the data, analysis and risks to support the understanding of economic resilience and recovery in Tameside as part of the GM and UK economy.

Members were informed that the Office for Budget Responsibility (OBR) had reported that the economy would shrink by 35% this spring with unemployment to rise by 2 million due to the COVID Pandemic. The OBR also forecasted that UK GDP would fall by 13% for 2020 as a whole. It was explained that Tameside's COVID socio-economic impact exposure could be considered as at a high level due to pre-existing deprivation and health inequalities.

It was explained that Britain had seen 1.5m new benefit claims since 16 March 2020 and that unemployment may have risen further without the Governments furlough scheme. A survey conducted by the British Chamber of Commerce (BCC) had shown that a fifth of all firms were intending to furlough their entire workforce and a further 17% furloughing for more than three quarters of their staff, representing more than nine million workers who might have moved into unemployment.

It was stated that the Growth Company Covid-19 impact survey showed that 97% of 1,296 GM business respondents had been affected by the Pandemic. 26% of GM firms had stated that they could sustain their organisation on reserves for only 1-3 months. Tameside level analysis showed that surveyed companies had experienced cash flow issues slightly above the GM average, but had experienced decreased sales slightly below the GM average.

Tameside respondents had lower ability to survive on cash reserves beyond 6 months. It had become clear that the hospitality industry would be significantly impacted by COVID-19 as Government guidance put the reversal of lockdown of this sector much later in 2020. Tameside had 570 hospitality tourism and leisure business, 9% of Tameside's business base and 8% of Tameside's employment base, this would represent a significant impact on Tameside's economy in the medium term.

Local research showed that from 260 Tameside companies spoken to 66% were still trading, 13% had applied for Business Interruption Loan Scheme and 51% had used the Job Retention Scheme.

It was reported that GMCA had produced scenarios for discussion on economic recovery set against a series of assumptions. The scenarios would be updated as the global economic picture and further understanding about the disease was understood. The following scenarios were outlined to Members: 'Bounce-Back' (V-Shaped Recovery), 'Delayed Return' (U-Shaped Recovery), Long-term economic downturn (L-Shaped Recovery); and a W- Shaped Recovery.

Members were informed that Tameside's response to the emergency and economic recovery was to put in place the Economic Impact Assessment, Economic Recovery Proposed Actions, Establishment of a Tameside Economic and Business Impacts Group and a future / exit strategy to guide the transition from formal recovery structures to more sustainable business approaches.

It was explained that the Governments 'Our Plan to Rebuild' had been released on the 11 May 2020 as a guide to how lockdown would be reversed. There would be short, medium and long term impacts and as national policy and timeline could not be definitive due to variable factors. Tameside response would need to be based on evidence and data where possible.

The Council had an emerging Inclusive Growth Strategy and economic baseline for the Borough which had been produced by Hatch Regeneris. Members heard how the service could procure a COVID-19 impact assessment to supplement the pre-COVID-19 economic baseline. There would be significant opportunities to look at the core assets included in the Land & Property portfolio and current and future pipeline of work which would provide economic benefits. Tameside's Growth and Investment Programme would look at accelerating the next phase of major development programmes and, subject to procurement, would look to use local supply chains to deliver key schemes.

The impact of COVID19 and the activity to combat would be measured by a set of indicators. The indicator set was being prepared as part of the full Tameside Council and CCG Recovery Strategy and would be included within that work. The short term measurement indicators were set out in the report.

AGREED

That the economic analysis and risks as part of the wider COVID19 Recovery work at Tameside and GM levels be noted.

154 ECONOMIC RECOVERY PROPOSED ACTIONS

Consideration was given to a report of the Executive Member for Finance and Growth / Director for Growth, which sought to outline proposed actions in response to COVID-19.

Members were informed about how Tameside's immediate response had focused on providing support to businesses and individuals that had been affected by the impact of COVID-19. A full list of the support offered was outlined.

It was explained that the national plan for release of lockdown included five key conditions which were outlined in the report. Tameside's local work was aligned to the emerging high level economic areas for action at GM level as part of Tameside's interdependency on the GM and National economy.

It was stated that GM identified overarching actions required to make the recession smaller: Flexible/gradual arrangements for returning to work; gradual phasing out of government support; consideration of caring responsibilities; availability of testing and PPE; national intervention to address unemployment; and support for people leaving education this year.

The actions relating to Businesses were outlined: coordinated approach to re-starting/exiting lock-down; public health advice and risk management; on-going large scale financial support; need to adopt new ways of working and technology and increase resilience; massive increase in learning

and innovation; interventions that address the loss of labour force and capital; and sectors would require rapid access to new labour, technology and capital networks.

AGREED

That the report be noted.

155 BUSINESS RESILIENCE CLINIC

Consideration was given to a report of the Executive Member for Finance and Growth/Director of Growth, which sought Members agreement to the establishment of a Business Resilience Clinic (BRC).

It was explained that the creation of a Business Resilience Clinic would aid the recovery of businesses and provide much needed local support whilst linking into GM and National officers. It was proposed that the Business Resilience Clinic be targeted primarily on smaller companies as 88.8% of Tameside's business base was micro and newer businesses were frequently smaller at the start-up stage. It was reported that Tameside's business failures were lower than the GM average but the number of births were lower. The BRC would aim to prevent the business 'death' rate as small as possible with the impact of COVID-19 pushing the rate above normal levels.

Members were informed that the target market were Micro (0-9 employees) and Small (10-49 employees) businesses including self-employed. The test and learn model would be accessed by smaller companies that would benefit from experienced business professionals. It was explained that the Clinic was needed for a number of reasons including: providing a knowledge hub looking at business continuity advice and planning; providing advice through May to July critical to Tameside's business community; support to help businesses navigate the COVID-19 support measures set out by Government.

It was stated that the Council was involved in a range of programmes linking employment with health, including GM Working Well programmes and the Tameside Living Well programme. These and other relevant initiatives would be a key part of the BRC both for the benefit of existing employees and to continue to support unemployed residents into employment. The BRC would enhance the Council's message on mental health services by providing a supportive mentoring approach to those trading or planning to trade in difficult conditions.

The Clinic would be delivered in a number of ways including: Telephone for one to one discussions; Webinars; Blogs; and Face to face discussions once the national plans for lockdown reversal have been released.

It was explained that the Clinic would comprise organisations that could provide free 1-2-1 support or one to many support. The Council would be facilitating an interaction where those in need of support could be put into contact with specialist providing pro-bono support. A list of contributors were already identified and outlined to Members of the Board, it was reported that contributors would be engaged on a regular basis to review their capacity and experience of providing support through the BRC.

AGREED

That Members agree to the establishment of a Business Resilience Clinic.

156 SUPPORT FOR BUSINESSES – GOVERNMENT GRANT – NEW GUIDANCE

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Assistant Director of Exchequer, which updated Members on the progress to date on payment of business grants to eligible businesses.

It was reported that total reliefs awarded in Tameside to 4,739 premises was an estimated £34.9m which meant that businesses in receipt of a relief did not have any business rates to pay in the current financial year. The total initial estimated number of potentially eligible businesses that could receive a grant in accordance with the criteria set was 4,359, however, this reduced to 4,175 after allowing for empty premises. The statistics evidenced the success to reach and pay businesses across GM at 85% of the number of business rates properties that the government believed could apply, which was 7% above the national average at 78%.

On 10 May 2020 a total of £39.2m had been awarded to 3,568 eligible business accounts which were 98% of all applications received. The small number of applications accounting for the 2% not yet processed were those where further information was required or there is a further query.

It was expected that similar to other local authorities Tameside expected to pay approximately 75% of funding received as a number of potentially eligible businesses were not eligible due to ceasing trading or no longer occupying the premises. Every business that was eligible had been contacted by post and those who did not initially apply were then contacted by phone, email or postal application, in addition to continual promotion via social media, the Councils website and local radio to ensure take up of the grant to those businesses that qualified for grant support. Those business premises that were awaiting revaluation by the Valuation Office would have their payment prioritised when rateable values were known.

On 6 May 2020 the Secretaries of State of Energy and Industrial Strategy, and Housing, Communities and Local Government, announced further discretionary funding for local authorities to administer; to target small businesses with high fixed property-related costs and which were not eligible for the current grant schemes. The Growth Directorate were dealing with the discretionary grants in terms of policy development, application forms and administration. This was consistent with the approach across Greater Manchester and supported knowledge of business sectors gained by Growth and via other business connections. .

In considering the item Members discussed the approach to the further discretionary funding and agreed that it was necessary to have the scheme in place before making any commitments, this would need to be done as quickly as possible with a report on the proposed scheme submitted to the next meeting of Board

AGREED

That progress to date be noted, and that further discretionary funding has been made available by central government which will be subject to a report to the next meeting of Board.

157 SPORT AND LEISURE FACILITIES - FINANCIAL SUSTAINABILITY DURING CORONAVIRUS PANDEMIC

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Director of Population Health, which confirmed that the Council's stock of sports and leisure facilities would remain closed until restrictions controlling social contact were lifted.

It was reported that Regular weekly updates continued to be held between Active Tameside's management team and the Council in order to react to changing circumstances. These regular updates were used to plan for recovery together whilst supporting the timely and efficient reopening of the facilities and associated services. Members were advised that during COVID-19 facility closure period, Active Tameside were providing alternative leisure, health and wellbeing services to keep the general public active, healthy and entertained from home.

Members were provided with a detailed outline of the leisure, health and wellbeing services that continued to be provided by Active Tameside during the closure period.

Active Medlock continued to operate, providing essential health and social care services to vulnerable groups and individuals identified in consultation with Children's and Adult services. Active Tameside continued to provide sports coaches to primary schools in order to support activity provision for the children of key workers. Further Active Tameside were committed to working in partnership with the Council and provided essential support to services where additional capacity was required due to the impact of COVID-19 across the borough.

Members were informed of how in order to reduce the financial impact of the temporary closure Active Tameside had taken up the offer of financial support from central government and furloughed all staff not required to maintain/sustain the company during the period of facility closure. Active Tameside had business resilience insurance that could be used to fund the remaining 20% of employee costs over and above direct government financial support.

Members were advised that the Council had supported Active Tameside's cash-flow position through this difficult period and paid the total value of the 2020/21 management fee of £1.077million on 1 April 2020. This sum along with commissioned provision delivered within Adult Services and Children's Services directorates would only support Active Tameside's cash flow until June / July 2020. Further Active Tameside would be recompensed for any related costs of existing furloughed employees who volunteer.

The repayment of the 2019/20 prudential borrowing sum of £0.799 million had been deferred until 2020/21 at the earliest. Outstanding historical prudential borrowing debt balance that was due for repayment to the Council by the end of 2023/24 lease term would be re-profiled. The value of the annual management fee payable for the period 2021/22 to 2023/24 would include a repayment plan for the outstanding debt balance of £3.8 million at 31 March 2020. The outstanding debt related to borrowing from the Council by Active Tameside for investment in the infrastructure and equipment across the leisure estate in prior years.

Early modelling suggested that the combination of capacity reductions via social distancing measured and customer anxiety could reduce the revenue streams by 50% for the foreseeable future. As a consequence of the pandemic, the imbalance between demand and capacity would likely increase. Current estimates suggested that the impact of falling commercial revenues during the course of the financial year 2020/21 would be a funding shortfall of between £1.6 million and £2.9 million on top of the agreed management fee and it was highly likely that the trading position of Active Tameside would be adversely affected during the remainder of the existing contract to 2023/24. It would be expected that any sum payable to Active Tameside as an interim measure to support business sustainability would be wholly reclaimed via their insurance policy for business interruption and repaid to the Council at a future date.

The relationship between the Council and Active Tameside was necessary in order to ensure that the health and social outcomes prescribed by the Council were not only deliverable but sustainable in revenue terms and realistic in terms of capital investment.

It was explained that Active Tameside would submit a claim for business interruption under a special "resilience clause" via their business insurance policy. Most insurance policies state a disease had to have been on a specified list before the policy was taken. The resilience clause allows a new disease to be backdated to the point it became notified. It was further explained that this might go to litigation as a "class action" because all the policies were worded the same and the cause is common. If it did go down this route, it could take years.

Insurance acceptance would be the best outcome and this option was being pursued, insurance acceptance would ensure that any temporary financial support provided by the Council would be repaid.

AGREED

- (i) The Council's stock of sports and leisure facilities will continue to remain closed until such time as government restrictions are lifted.**

- (ii) **A further report is received on 10 June 2020 with an update on the additional repayable financial investment required by Active Tameside during 2020/21 to ensure sustainability during the coronavirus pandemic**

158 LOOKED AFTER CHILDREN' S 7 SUSTAINABILITY PROJECTS

Consideration was given to a report of the Deputy Executive Leader / Director of Children's Services, which detailed the financial impact, potential slippage of timescales for the delivery of projects and impact of COVID-19.

Members were advised that each of the project leads had identified their anticipate delays and planned mitigation and revised timescales and associated risks as a result of the implementation of their project in response to the current COVID-19.

The new timeline for the Looked After Children's Sustainability 7 projects were detailed in the report.

- (a) The Early Help project start date for implementation would move from October 2020 to a start date for implementation of February 2021.
- (b) The Family Support Service project would move the start date for implementation from March 2020 to a start date of June 2020.
- (c) The Team around the School project started implementation in January 2020 this had partially been achieved however the date for full implementation date would now be July 2020 instead of March 2020.
- (d) The Duty/Locality project started implementation as scheduled this had partially been achieved however the date for full implementation would move from July 2020 to August 2020.
- (e) The Positive Futures project start date for implementation would move from June 2020 to January 2021.
- (f) The Fostering project start date for implementation was October 2020 whilst the project had started and some areas were due to be implemented the overall start date for implementation would move to February 2021.
- (g) The Placements project had an implementation start date of December 2019 and whilst implementation had started in a limited way the start date for full implementation would move to May 2020.

It was reported that there had been a reduction in the numbers of children referred into the service via the MASH arrangements. It was expected that there would be an increase in referrals as hidden harm that had occurred during lockdown was reported by children on their return to School. Further if the predicted increases happened then the target of a reduction of Children Looked After to 650 by April 2021 may not be achieved and the cost avoidance and savings attached to the 7 sustainability project would not be fully realised.

It was explained that there could be a blockage in the court system due to the need to undertake hearings virtually. Manchester courts had taken a cautious approach to final contested hearings and in some cases were adjourning hearings, in the medium to long term this could lead to a blockage in the court system. This would inevitably impact on the timescales for cases to be concluded the effect of this would be to delay children achieving permanence via adoption, Special Guardianship Orders and by the discharge of care orders.

Each School and Early years setting had a named key worker at the Local Authority who are operating as a team across Early Help and Education. Daily communication was being made by the key worker to all schools and settings to ensure that they were open and able to offer places to all children and young people identified as vulnerable and children of key workers. The new Tameside MBC Early Help website had been launched which provided information advice and support for professionals. Over 100 families from across the borough had been supported to access a 'Communication virtual pathway' to support communication development and a further 70 families whose access to groups was cut short by on-going support/assessment and access into virtual support where needed.

The implementation of the Family Intervention Service had started and there had been an increase in the number of families receiving support from the Family Intervention workers from 120 allocated cases pre Covid-19 to 300 plus cases allocated to family intervention workers to date with plans for that to increase further. The CCG had been able to commit to funding the psychological therapy components of the Family Intervention Service. The service manager and commissioners are working with Healthy Young Minds to finalise expectations regarding how the service would operate and were developing a Service Specification with clear outcome and performance measures.

Members were advised that between 1 January 2020 and 31 March the Edge of Care Service worked with 152 children/ Young People and we ended involvement with 72 children / Young People within this period.

The implementation of the restructure of Duty/Locality was underway with the teams moving towards virtual teams alongside this development of a virtual training offer to up skill some staff.

It was reported that progress had been made on Positive Futures with the purchase of a property which would be the assessment unit. A planning application would be submitted to change the function from private dwelling to children's home. Recruitment had started for units. Further the refurbishment of St Lawrence road so that it could be used as a respite unit would start soon.

Recruitment for the Fostering Service Improvement had started and was on track for completion. The review of the offer to foster carers had commenced. A Positive Foster Carer recruitment campaign and successful opening evening at village Hotel had been held, a number of expressions of interest had been made.

Weekly meetings were taking place to urgently progress the expansion of the Transition Support Service under the existing agreement for a further 10 dispersed supported bedsits. Local availability of suitable one bed tenancies has led to delay, however, Social landlord Mosscafe St Vincent have delivered two tenancies to a very high standard on Pottinger Street. Members were advised of properties that had been identified for development. Work had continued in partnership with the 10 GM local Authorities under the banner of the recently established GMCA Care Leavers Trust.

On project 7, Placements Review/Sufficiency Strategy, the revised Commissioning and Brokerage service had been establishing the foundations of proper commissioning, contacting and quality assurance processes. A multi-agency placement panel has been established since January a finance representative attended this meeting. A data dashboard had been drafted to bring together to align key finance, performance and commissioning indicators to increase scrutiny. A successful rapid pilot of the 'Deep Dive' Approach from No Wrong Door adapted for Tameside had been completed.

Members heard that there was significant work being undertaken in support of and alongside the Looked After Children's 7 Sustainability Projects within the Looked After Children's Team. This included the creation of a Discharge from Care team, the development of a permanence panel and the development of an integrated Looked After Children's Health and Wellbeing Team and establishment of a task and finish group. It was explained that once all key elements were functioning outcomes for Looked After Children would be significantly improved and overall numbers of Children In care would be reduced and the cost to Local Authority would also be reduced.

AGREED

That Executive Cabinet receive this report and:

- (i) note the financial impact as a result of the potential slippage in terms of the timescales for delivery of the projects as a result of the COVID 19 pandemic;**
- (ii) agree the new provisional time table for the delivery of the projects as set out in paragraph 1.7 together with the outcome of the estimated financial modelling on placements as detailed in section 3 and Appendix 2; and**
- (iii) receive a further report in September 2020 given the ongoing uncertainty caused by the Covid 19 pandemic a further report will be presented to Members in September 2020.**

159 STARTING WELL REPORT: COVID 19 IMPACT

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Starting Well Clinical Lead / Director of Commissioning that provided a summary on the response to the COVID-19 pandemic for children and young peoples' health services across Tameside.

It was reported that the children, young people and families' community services in Tameside had responded to the national guidance in relation to COVID-19. To align to the Government's response to reduce the risk of COVID-19 and NHS England's guidance on 'COVID-19 Prioritisation with Community Health Services', the following changes to the Healthy child programme delivered by the Tameside and Glossop Integrated Care NHS Foundation Trust and commissioned by the Local Authority was proposed. The National Child Measurement Programme would stop until further notice, Pre-Birth and 0-5 Service, School Nursing, Looked After Child Teams would be partially stopped with exemptions, while the Safeguarding service would continue.

Delivery of care had been prioritised to the most vulnerable, and delivering this care remotely if possible, and by risk assessed home visiting if required. Some staff had been redeployed to Adult Services within the Trust and sickness rates had increased. Where possible staff were remote working and an action card was in place for this.

Members heard the risks of not continuing normal service and ways in which risk was being mitigated, it was explained that this was a dynamic situation and was being regularly reviewed. The following concerns were highlighted; health visitors not doing face to face visits routinely for both new-born assessments and routine developmental checks; how to cope with the backlog of work when the situation settles down; in relation to safeguarding, most children and families were not being visually assessed; and difficulty in catching up with the backlog of school based immunisation programme and risk of having a large cohort of children at risk of contracting disease due to not being immunised.

It was stated that there had been a significant fall in the number of children accessing primary care in the first 4 months of this year compared to the same time last year. This could be due to children not being in school and therefore, there is a fall in the usual viral illnesses that would be circulated. Primary Care had been using a RAG rated system in order to prioritise work during the pandemic. Primary Care had remained open for unwell children and young people.

Members considered the Urgent Care and Paediatric Referrals data, which showed that children and young people accessing primary care and 111 had fallen, so too had the number of paediatric Emergency Department attendances. Dr David Levy and Dr Jackie Birch, local Paediatricians, had been linking into the Greater Manchester Paediatrics network. They had provided assurance that data was being collected which was part of the wider piece of work by the Royal College of Paediatrics and Child Health (RCPCH) highlighting any cases where it was felt that delayed presentation could have caused harm. There was a concern that families may stay at home with an unwell child longer than they would ordinarily do. Paediatric outpatient clinics had been reduced and routine work has been cancelled. Referrals were being triaged and patients were being

contacted over the phone where clinically appropriate. Clinically urgent referrals were being seen as needed.

Members were advised that diabetes and epilepsy specialist nurses continued to be in regular contact with children and Community Children's Nursing Team had continued to operate. It was reported that all health services relating to Special Educational Needs and Disabilities were operational and are maintaining regular contact with the families they were supporting.

It was stated that the COVID-19 pandemic would have a significance impact on the mental health of residents, both with pre-existing mental health conditions but also those not previously known to services. The impact of social isolation, lack of contact with friends and family, unemployment resulting in financial insecurity and health anxiety were all likely to continue well beyond the acute phase of this viral pandemic. Of particular concern was the impact on babies and their families in the 1001 Critical Days, from pregnancy to the age of two. Parents were essential in a baby's life. Some parents would be struggling and when parents were affected, babies would be affected. Therefore it would be critical that maternity, health visiting and GP services ensured that all the standard appointments continued and would be extra vigilant to connect with parents and identify where additional support would be required.

It was stated that Maternity services had continued to work well. Antenatal appointments moved from the community to hospital to allow the services to continue to run during times where staffing levels may have fallen. The Acorn Unit opened at the beginning of March and had seen 16 babies delivered by the end of April. The Smoking in Pregnancy programme had been delivered as 'business as usual' with programme modifications to mitigate COVID-19 risks. The GM & EC Maternity Voices Partnership and the LMS had worked together to develop some information for women and families around COVID-19 and maternity services. The Early Attachment Service was running a digital drop in service offering new weekly telephone consultation service.

Members were advised that there was close communication across all agencies regarding children's safeguarding ensuring a coherent, effective approach to safeguarding and domestic abuse. Feedback suggested that currently there was a mixed picture with national narrative around increase in helpline calls but local services across the board had not seen those increases.

Work had been taking place within children's services in terms of reviewing business continuity plans and re-prioritising to key frontline services, to ensure that critical services were maintained. Two Children's health and Care groups had been established to monitor and review the local response to national guidance and to ensure that there was effective communication between agencies during this time and create escalation routes of any issues both groups reported to the TSCP weekly meeting.

Local concerns and working assumptions were that there was a risk of an increase in domestic abuse incidents, as well as increased difficulty for people to access support services in the current climate. The local partnership was taking a number of steps to ensure appropriate support was available including; Increased communications of the issue of domestic abuse and promotion of local support services; risk register being compiled with local services to determine wider impacts of lockdown; capacity assessment with support services to plan; enhanced working between GM Police and Probation to target repeat offenders and known high risk perpetrators; exploring further staff engagement / training around domestic abuse issues; and Local safeguarding partnerships continue to be updated with progress.

AGREED

That Board recognise the efforts of all children and young people's services to maintain service provision throughout this difficult time

160 ACCESS TO END OF LIFE MEDICINES

Consideration was given to a report of the Director of Commissioning, which sought to update Members on the proposed delivery model to improve access and resilience for End of Life medicines and approval for the proposed mechanism and additional financial investment required.

It was stated that the existing CCG arrangements for Out of Hours (OoH) End of Life (EoL) medicines were via six extended hours community pharmacies across Tameside and Glossop. This allowed access to a traditional sub-cutaneous route list of EoL medicines. As sub-cutaneous was an injectable route it needed a suitable skilled health care professional to administer. There was no contract with the pharmacies and no payment was made to the pharmacies for holding the stock, pharmacies were reimbursed for any EoL medicines that were unused and go out of date. Non-controlled drug EoL medicines were held in stock at Willow Wood Hospice for 24 hour access

Members were advised that in the current situation with demand overstressing GP planning activity, increased pressure on pharmacies including partial closures and the more rapid deterioration of COVID-19 EoL patients three responses were needed:

- Incorporation of non- sub-cutaneous route EoL medicines into the formulary (NICE/NCA guidance). This would be oral route medicines some controlled drugs but some non-controlled drugs.
- Increased in the number of pharmacies holding EoL medicines formulary to give greater systemic resilience.
- Extension of hours of pharmacy access to EoL medicines so that via an on-call system 24 hour, 7 day a week coverage is provided across T&G.

It was explained that with the expected increase in demand on services and the pressures community pharmacies were under as COVID-19 emerged the CCG increased the number of sites holding EoL from 6 to 14. This was an informal non-contracted agreement. For on-going resilience and robustness and regional requirements for regular stock audits a formal arrangement would need to be put in place. The GM Local Pharmaceutical Committee produced a service specification for EoL medicines which was in line with local and regional requirements. This had been implemented by neighbouring CCG's, all other GM localities were signed up to or were in the process of signing up to the retainer fee service element.

The NW Medicines Cell 'What Good Looks Like' documents' documents recommended that patients have access to medicines within 1-2 hours. Given the disruption levels there was a need for a protected communication route to EoL stock holding pharmacies to check stock is accessible and prompt dispensation occurs. NHS England North West proposed that a bespoke mobile phone is provided for all EoL holding sites. This line would be reserved solely for EoL communications

Arrangements had been put in place for extended access to ensure 7 day, 24 hour access to EoL medicines within the CCG, this would require an additional 12 hours Saturday / Sunday and on call coverage 4 nights per week.

Members heard that an initial commitment of 6 months would be made with a review at the end of this period to continue for a potential further 6 months. One year's total costs would be £7,000. The protected EoL medicines hotline per stock holding pharmacy would be £700 for 6 months with a review at end of period to continue for a further 6 months. The fee structure would be £20 per on call, £350 per call out. Taxi services would be utilised to carry out the date time medicine deliveries as a first line option, when not available in a timely enough manner the pharmacy would deliver and charge £50. The on call fee for 6 months would be £2080, based on an average of one call out per week in locality delivery there could be a cost of £10,400 per 6 months. Additional costs would be funded by the COVID-19 central funding source.

AGREED

That Strategic Commissioning Board be recommended to:

- (i) **Note the proposed delivery model to improve access and resilience for End of Life medicines**
- (ii) **Support the proposed mechanisms and additional financial investment required.**

161 HUMANITARIAN HUB

Consideration was given to a report of the Executive Leader / Director of Governance and Pensions, which outlined proposals for the four phases of continued activity of the Humanitarian Hub and approval for the introduction of payment for food packages for those who were able to pay.

It was stated that the Humanitarian response to the COVID-19 pandemic was a rapidly evolving and critical function in the response to COVID-19 pandemic. Since the humanitarian hub began operating it had received over 3,000 calls and made over 1,500 deliveries. Running costs for the humanitarian hub to the end of May 2020 were summarised in the report.

The current model operated by the hub was outlined to Members. Referrals were received through COVID-19 Call Centre or through proactive outreach from Neighbourhood Cells using datasets which may indicate vulnerability. Following the referral there would be an initial triage of need and required response (provision of food or medicine). After the deployment of initial package of support follow up triage calls were made to discuss more detailed requirements and agree a more sustainable solution. Where appropriate a referral may be made to Action Together the local VCSF infrastructure organisation to arrange a general wellbeing check, and organise wellbeing support (for example linking in with a befriending service). A small number of people for whom no alternative provision existed would be provided with subsequent packages of support. Enhanced support to specific cohorts was provided by key services including, rough sleepers and refugees and Families with additional food parcels including nappies, formula.

Members were advised that the Government were increasingly looking to Local Authorities to supplement and/ or replace the support being given by them to shielding cohort. This activity was increasingly coming to dominate the work of the Humanitarian hub, with a requirement in place to call all of those on the shielding list who the government have been unable to make contact with and a request that the Council explore the possibility of contacting those the government made contact with but were unable to establish a definitive resolution with.

Further the Government and Greater Manchester Combined Authority have also requested that the Humanitarian Hub support the 300 plus asylum seekers in the Borough with basic essentials and support needs.

It was explained that through the operation on the Hub and an analysis of need it had become clear that large portions of the shielded population did not need new or additional help, nor required the involvement of the Local Authority or the government. However the sub-shielding population had been identified as having significant needs. The need was twofold; people were self-selecting to shield out of fear, and the knock on impacts around access to basic services plus their mental wellbeing; and the economic impact of lockdown and how this is creating financial not physical barriers to food, fuel and housing.

An analysis of the contact indicated that the Hub were dealing with three broad cohorts, Older people (45%), not on the shielding list but with health conditions; working age people (40%) these individuals were not on the shielding list but with health conditions and other (15%) the two main groups being single mothers and chaotic individuals / households.

Members were informed that now the initial emergency response phase was over and solutions were being developed to the COVID-19 challenge of the medium to long term it was appropriate to review the operation of the Humanitarian response.

It was proposed that from mid-May to Early June the price for a basic food package be set at £20 per household and those unable to pay were asked to provide evidence, this could be assessed with Welfare Rights support. Those working in the Humanitarian Hub teams would continue to work with cases that came through the call centre. Many of those calling would now receive a face to face visit with Action Together. Further it was proposed that general and targeted communication would take place in phase two as a pre-cursor to moving into phase three.

From early June onwards as the numbers of people requiring support identified through self-referral or outreach reduced further it was proposed to shift the focus in terms of provision of support to those experiencing financial hardship as a result of COVID-19 or those struggling with the long term impact of the pandemic and associated control measures. Phase 3 would look to provide increasing support to food banks, a focus would be placed on providing additional resources to mainstream services providing support to those vulnerable as a result of COVID-19. Work would be done to join the Neighbourhood cells with Neighbourhood co-ordinators in each of the four neighbourhood areas and shift the response to one led by volunteers and the third sector.

It was proposed that in the Phase 4, there would be a move into normalising and building back services. As the proposed model for testing tracing and quarantining became clearer and moved to a relaxation of the lockdown it may transpire that different cohort of individual required to self-isolate/ quarantine for a period of time. The humanitarian hub may also need to provide support to this cohort in coming weeks and months. Intelligence from government suggested that shielding was likely to continue for a significant period potentially beyond six months and that the number of peoples required to shield may increase. Further in coming weeks as the track, test and quarantine system became operational there would be humanitarian support required for those who were expected to quarantine due to contact with those infected.

AGREED

- (i) That the COVID-19 Board supports the outlined proposals for the four phases of continued activity of the Humanitarian Hub.**
- (ii) That the COVID-19 Board supports the introduction of payment for food packages for those who are able to pay.**

162 FORWARD PLAN OF ITEMS FOR COVID RESPONSE BOARD

Members considered the forward plan of items for future meetings of the Covid Response Board.

CHAIR

BOARD

3 June 2020

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
Also in attendance	Section 151 Officer	Kathy Roe
	Dr Asad Ali, Tracy Brennand, Jeanelle De Gruchy, Richard	
	Hancock, James Mallion, Dr Ashwin Ramachandra, Ian Saxon, Sarah Threlfall, Jayne Traverse and Jessica Williams	

163 DECLARATIONS OF INTEREST

There were no declarations of interest.

164 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting on the 20 May 2020 were accepted as a correct record.

165 TEST & TRACE PROGRAMME FOR COVID

Consideration was given to a presentation of the Consultant of Public Health which outlined the National Contract Tracing Programme.

Members were informed that Tameside had seen a steady increase in line with the national trend of cumulative cases of Covid-19, an average daily increase of 5%. The data on new cases were updated daily by Public Health England based on lab testing. The overall trend showed that the number of confirmed cases based on weekly averages was decreasing.

It was reported that by the 28 May 2020 there had been 235 Covid-19 deaths in Tameside, of which the majority of deaths were in older age ranges.

The Consultant in Public Health explained the process for Contact Tracing, identifying cases, finding out who had been in contact with the case and isolating the case and contacts to prevent further transmission. Members received a detailed diagram of breaking the chain of infection. The aims of the Test and Trace Service would be to reduce the R rate to below 1, save lives and allow the safe release from lockdown. It was reported that the National Contact Tracing Programme went live on the 28 May.

The Test and Trace Programme would test anyone with symptoms, people would be encouraged to get a test. Those who tested positive would be told to isolate and information would be collated on their contacts. Contacts would be made aware of the need to isolate. Within England there would be national call handlers and NHS professionals contact tracing at scale and local teams who would follow up complex cases and issues.

As part of GM there would be a focus on early innovation and sharing best practice, there would be a development and testing of local outbreak control plans. Further Tameside was connecting to the GM hub with a Tameside Single Point of contact (SPOC) to pick up issues to be handled locally.

It was explained that there would be a slow start of the national system while data flows were established. The GM hub was pulling more resources in to support localities. The SPOC had been

established, scenario and capacity planning would continue. The next steps would include: continued contribution into the GM design; ongoing scenario and business continuity planning; the continued development of the operational delivery plan for Test and Trace in Tameside; Work would continue on the Communications Plan "*Don't be a contact*"; development of enhanced Outbreak Control Plan; and better clarity on resource and capacity demand once data flows improved.

Tameside was one of 11 areas taking part in the pilot for the national track and trace programme. The pilots would focus on early innovation, sharing best practice and developing and testing local outbreak control plans.

AGREED

That the presentation be noted.

166 HEALTH & SAFETY - ENSURING COMPLIANCE WITH 'COVID-19 SECURE' GUIDELINES

Consideration was given to a report of the Assistant Director of Operations and Neighbourhoods that summarised the additional health and safety responsibilities on the organisation to comply with the Health & Safety at Work Act 1974 and the 'Covid-19 secure' guidelines. The report also identified the practical steps which must be taken to ensure compliance and the additional resources which would be required to support this.

Members heard that as an employer Tameside Council had a legal duty under Section 2 and 3 of the Health and Safety at Work Act 1974 to provide, so far as was reasonably practicable, a safe and healthy working environment for employees and members of the public.

It was stated that all employers had a legal duty under Regulation 3 of the Management of Health and Safety at Work Regulations to carry out a suitable and sufficient risk assessment of the risks to the health and safety of their employees to which they were exposed to whilst they were at work; and the risks to the health and safety of persons not in their employment arising out of or in connection with the conduct by him of his undertaking. In response to the Covid-19 outbreak the Government published on 12 May 2020 additional 'Covid-19 Secure' guidelines.

The UK government, in consultation with industry, had produced 'COVID-19 Secure' guidance to help ensure workplaces were as safe as possible. The new guidance covered 8 workplace settings which were allowed to be open, from outdoor environments and construction sites to factories and takeaways. This set out practical steps for businesses focused on 5 key points, which should be implemented as soon as practical:

- Work from home if you can;
- Carry out a COVID-19 risk assessment, in consultation with workers or trade unions;
- Maintain 2 metres social distancing, wherever possible;
- Where people cannot be 2 metres apart, manage transmission risk; and
- Reinforcing cleaning processes.

It was explained the 8 guides covered a range of different types of work. The Council operated many of its services within a range of these workplace settings. The Council must comply with the governmental guidelines and within its regulatory responsibilities advise local businesses on compliance standards to keep employees and residents safe. The workplace settings included: Construction and other outdoor; factories, plants and warehouses; Homes; Labs and research; Offices and Contact Centres; Restaurants offering takeaway or delivery; Shops and Branches; Vehicles.

The Chief Executive / Accountable Officer had overall responsibility for ensuring that the organisation met the duties imposed on it by Health and Safety legislation and associated regulations.

The report stated that Council Service Managers must, at the earliest opportunity, complete a Covid-19 risk assessment in relation to the work activities their teams were involved in. This must be done in consultation with the workforce and unions. Service Unit Managers would be communicated to directly via email to advise them of the new guidelines.

Training on the completion of Risk Assessments would be available via the Me-Learning intranet and a bespoke Webinar Conference. The Health and Safety Team would support all managers within the Council in completing the risk assessments and identifying appropriate control measures.

It was further explained that it was important that there was close co-operation and communication between the Health and Safety Team, Human Resources and Growth Directorate (Strategic Property Services). It was the responsibility of Growth Directorate to facilitate the control measures specified in risk assessments and to ensure that building facilities and layouts complied with 'Covid-19 Secure' guidelines. The Health and Safety Team would need to be kept up to date on the plans to open buildings, any changes made to buildings and any limitations on potential modifications to buildings as this would inform risk assessments and any changes needing to be made to control measures. Similarly, any further changes to the delivery of services should include a review of the risk assessments.

AGREED

That Executive Cabinet be recommended to agree that:

- (i) Every Service Unit Manager carries out a Covid-19 risk assessment for each workplace and activity undertaken by their Service.**
- (ii) The unions are informed of the process that the organisation is taking to ensure compliance via the Employment Consultation Group.**

167 GREATER MANCHESTER'S CLEAN AIR PLAN – TACKLING NITROGEN DIOXIDE EXCEEDANCES AT THE ROADSIDE – PREPARATORY IMPLEMENTATION AND CONTRACT ARRANGEMENTS

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Director of Operations and Neighbourhoods, which summarised the procurements that needed to be undertaken to deliver the Clean Air Zone (CAZ) and other GM Clean Air Plan (CAP) measures and to seek approval for TfGM to undertake the preparatory procurement arrangements on behalf of the 10 Local Authorities in accordance with the GMCA and TfGM's existing Constitutional arrangements.

Members were informed that although TfGM had been leading on the development of the Full Business Case (FBC) on behalf of the ten GM local authorities, the formal legal powers and duties relating to the GM CAP, including the duty to secure compliance with the March 2020 ministerial direction fall on the GM authorities themselves.

For any procurements intended to be undertaken by TfGM on behalf of the GM authorities, appropriate delegations would need to be put in place by the GM authorities to TfGM via the GMCA.

Members were presented with a table containing a number of procurements that were required to deliver the CAZ and other GM CAP measures. This included the procurement of: CAZ Signage; CAZ Service; CAZ Debt Recovery; Vehicle Funds Grant Administration; Vehicle Funds Vehicle Financier; Funds Platform; and Diffusion Tube Procurement. The approach that had been used to develop procurements for the GM CAP was set out to Members of the Board.

It was stated that TfGM's Constitutional arrangements ensured that there was appropriate governance in place. As procurement sourcing options for the GM CAP would be above OJEU threshold activities would be managed through TfGM's Strategic Procurement Group who reported into TfGM's Executive Board and met as part of TfGM's monthly Finance & Corporate Services Functional Board.

The Strategic Procurement Group was the body within TfGM that was responsible for approving to proceed (or rejecting) through the various stages of relevant procurements, from initiation stage through to award of contract and would work within the rules laid down in the TfGM Constitution and Scheme of Delegation.

It was explained that for the GM CAP the Strategic Sourcing Document (SSD) would be reviewed and approved by: the GM CAP Programme Board, chaired by the GM CAP Senior Responsible Officer; the Strategic Procurement Group during the monthly Functional Board, chaired by the Director of Finance and Corporate Services; and TfGM Executive Board, chaired by TfGM's Chief Executive. The sequence of the approval stages would remain and each stage approvals were a prerequisite for submission to the next. The proposed governance was fully auditable and transparent in accordance with the TfGM Constitution.

It was recognised that all procurements detailed would be subject to the current national emergency regarding COVID-19. TfGM were monitoring this situation with the application of clear guidelines that formal procurements could only commence on the "normalisation" of the market. No tenders would be issued to market during a period of national emergency unless specific market conditions indicate an ability of all bidders to effectively bid.

Mitigation to current circumstances was being undertaken through the development of all procurement documentation to a position of imminent release once the market stabilised and the supply chain were positioned to respond in a fair and competitive manner. Market engagements in compliance with Public Contract Regulations 2015 were being undertaken to assess supplier capabilities, mitigate risk and ensure outsourced service requirements were aligned to industry standard to reduce design, build and implementation timescales for services post contract award.

Extensive market engagement across all key procurements had been undertaken which could allow for remote tendering practices to be implemented if the market confirmed they supported this approach.

AGREED

That the Executive Member (Neighbourhoods, Community Safety and Environment) be recommended to approve that Greater Manchester Combined Authority (acting by its officer, Transport for Greater Manchester (TfGM) through the TfGM Strategic Procurement Group) is authorised to undertake the preparatory procurement arrangements that are needed to deliver the Clean Air Zone (CAZ) and other Greater Manchester Clean Air Plan (GM CAP) measures on behalf of Tameside Council in accordance with TfGM's existing Constitutional arrangements.

168 ASSISTED CONCEPTION COVID-19 IMPACT

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Clinical Lead / Director of Commissioning, which sought agreement on a way forward that mitigated the negative impact of the Covid-19 pandemic on couples eligible for IVF under the Assisted Conception policy.

It was stated that national guidance resulted in IVF treatment being suspended on 15 April 2020 including for those couples part way through a cycle. New guidance issued in May permitted the resumption of treatment from 11 May subject to individual providers demonstrating that they could provide a safe service for patients and a safe working environment for clinic staff that complies with recommendations from professional guidance.

The Tameside and Glossop Policy for Assisted Conception stated that for women aged 39 and under the CCG funded 3 cycles, if the woman turned 40 before all cycles were complete then no further treatment would be funded after the current cycle was completed. For women aged 40-42 all

CCG's offer 1 full cycle provided they had never previously had IVF and there had been a discussion about the implications of IVF at this age.

Across Greater Manchester, commissioners had been asked to agree to honour the original number of cycles agreed at the start of treatment with replacement cycles taking place when the original cycle had to be cancelled or abandoned and to allow an extension of the cut off age to enable completion of the original number of cycles.

It was explained that under normal contracting arrangements the provision of IVF services would be paid to providers on a cost per case basis with cancelled cycles being paid at 1/3 tariff and abandoned cycles at 2/3 of the tariff. This process was technically still in place in 20/21, with some changes to NHS Providers.

It was explained that the CCG did not have data on the number of patients who may need replacement cycles or who may be impacted by the cut off age and for some they may have a successful pregnancy that negates the need for a replacement cycle or extension related to age.

The financial impact in total for IVF would be difficult to calculate at this stage as there were unknown factors. It was explained that, whilst NHS block payments would inevitably contribute towards IVF services that got suspended, there was no current guidance about how CCGs and providers would reconcile payments to actual service delivery in the future and at what point. Whereas with the Independent Sector providers, payments had been halted on a cost per case basis, yet the CCG still had a full years' budget plan in place based on expected throughput of patients and mitigates some of the risks highlighted in this report.

AGREED

Strategic Commissioning Board are asked to approve:

- (i) A replacement treatment cycle if the original cycle had to be abandoned due to the service pause.**
- (ii) Patients who reach the cut-off age before receiving all their cycles because their treatment start has had to be delayed are permitted to have those cycles missed provided no additional delays requested by the couple.**
- (iii) Patients who restart treatment in 20/21 who have a treatment cycle stopped due to coronavirus symptoms developing during**

169 PARENTAL BEREAVEMENT LEAVE SCHEME

Consideration was given to a report of the Executive Leader / Assistant Director of People and Workforce Development, which provided details of the entitlements and obligations of those affected by the loss of a child.

It was stated that there was no qualifying period of employment for the right to bereavement leave. Therefore, from day one, employed parents would be entitled to 2 weeks leave following the loss of a child below the age of 18, or who suffer a stillbirth after 24 weeks or pregnancy.

The definition of a qualifying parent was outlined in the proposed scheme. Those who fall in scope included:

- A child's legal parents, so both natural and adoptive parents
- A parent's partner, in an enduring family relationship i.e. step parent.
- Others with a caring relationship to the child, such as a 'parent in fact', who are defined as a person who for a continuous period of at least four weeks before the child's death has lived with the child in the person's home, and had day to day responsibility for the child's care (provided they are not paid for that role, foster payments excepted).

It was explained that leave could be taken either as one block or in two one week blocks, at any time within 56 weeks of the child's death. Where the leave was to start within 56 days of the child's

death, the employee must provide notice before the day the leave would start, or where that was not possible as soon as was reasonably practicable. Where the leave was to start after that 56-day period, at least one week's notice must be given. The notice must include the date of the child's death, the date on which the employee intends the leave to start, and whether the period of absence is for one week or two weeks.

The Statutory Parental Bereavement Pay (General) Regulations 2020 stated that in order for an employee to be eligible for pay for Parental Bereavement Leave, the employee must have 26 weeks' continuous service, and weekly average earnings over the lower earnings limit (£118 per week for 2019 to 2020). The regulations also state that leave is paid at the statutory rate of £151.20 per week, or 90% of the employee's normal weekly earnings; whichever is lower. The regulations allowed for employers to offer more leave and pay, but only 2 weeks' payment could be recovered for each employee and for each death.

It was proposed that Parental Bereavement Leave would be paid at the employee's normal rate of pay, in order to demonstrate the Council and CCG's recognition of the terrible effect that the loss of a child can have, and to its commitment to supporting employees in these tragic circumstances.

The proposed scheme stated that employees who suffered the loss of a child below the age of 18, or who suffered a stillbirth after 24 weeks of pregnancy; were entitled to two weeks Parental Bereavement Leave, to be taken in blocks of one or two full weeks, paid at their normal rate of pay, where the employee has 26 weeks' continuous service.

Where the employee does not have 26 weeks' continuous service, they are entitled to two weeks unpaid Parental Bereavement Leave, to be taken in blocks of one or two full weeks. The employer can offset the statutory pay against any contractual pay paid for the leave period.

Parental Bereavement Leave was in addition to any other forms of family leave that the employee was entitled to, including: Maternity; Paternity; Adoption Leave; Shared Parental Leave; and Compassionate Leave.

In order to be paid for parental bereavement leave (where eligible), notice must be given to the employer in writing within 28 days of the start of the first week's leave or, as soon as was reasonably practicable. That notice must include the parent's name and the date of the child's death.

Further, on the first occasion leave was taken, the parent must also provide a written declaration that they meet one of the qualifying conditions in terms of their relationship with the child. If notice was given before the start of the leave, it would be possible to withdraw that notice.

AGREED

That the Executive Leader be recommended to agree that:

- (i) To implement the proposed Parental Bereavement Leave Scheme as detailed in Appendix A for all Tameside Council and Tameside & Glossop CCG employees.**
- (ii) The Council recommends the Parental Bereavement Leave Scheme as detailed in Appendix A for adoption by all Governing Bodies of all community, voluntary controlled and voluntary aided schools.**
- (iii) To pay eligible employees Parental Bereavement Leave at their normal rate of pay for a maximum of two weeks.**

170 LA DISCRETIONARY GRANT FUND

Consideration was given to a report of the Executive Member for Finance and Growth / Director for Growth, which sought approval for the Tameside Local Authority Discretionary Grant Fund and to delegate decisions to the Director for Growth in consultation with the Executive Member for Finance and Economic Growth on the operation of the fund.

Members were reminded that in March 2020, the Chancellor had announced a series of additional reliefs for non-domestic rates, and business rates support grants to alleviate the impact of COVID-19. These additional reliefs and business support grants were all fully funded by Government Grant. The total reliefs awarded in Tameside to 4,739 premises was an estimated £34.9m, which meant that businesses in receipt of a relief did not have any business rates to pay in the current financial year. A total of £53m was identified for business support grants in Tameside with £10k or £25k being awarded subject to satisfying eligibility criteria and the rateable value of the premises.

As of 28 May 2020 a total of £41.04m had been awarded to 3,723 eligible business accounts which was 99% of all applications received. It was evident that Tameside, like most other local authorities expected to pay approximately 75% of funding received, as a number of potentially eligible businesses were not eligible due to ceasing trading or no longer occupying the premises.

In early May 2020, the Secretary of State for Business, Energy & Industrial Strategy (BEIS) and Secretary of State for Housing, Communities and Local Government (MHCLG) had announced that further funding would be available to businesses to target small businesses with high fixed property-related costs but that are not eligible for the current grant schemes.

It was highlighted that the scheme should be launched in early June to ensure that Tameside met the timetable set out by Government and communicated to the public of making payments in June to support micro and small businesses with property costs impacted by COVID19.

The government confirmed an additional 5% uplift to the £12.33 billion previously announced for the Small Business Grants Fund and the Retail, Hospitality and Leisure Grants Fund, or up to £617 million, available to Local Authorities. In Tameside this equates to £2,345,250.

Where Local Authorities anticipated having remaining funding from their initial allocations, having made payments to all eligible businesses, government required this remaining funding to be used first. Additional funding would only be made available where a Local Authority does not have sufficient remaining funds to meet the costs of this additional 5% discretionary grant fund.

Local Authorities had been asked to exercise their local knowledge and discretion as government recognised that economic need would vary across the country, and so national criteria would be set for the funds, but allowing Local Authorities to determine, which cases to support within those criteria. Local Authorities had been asked to prioritise businesses as outlined in the report for grants from within this funding pot.

The national criteria for the funds, which applied to all grants made from this fund, were set out in the report. These grants could only go to: businesses with ongoing fixed building-related costs; businesses which can demonstrated that they had suffered a significant fall in income due to the Covid-19 crisis; business with fewer than 50 employees; businesses with a rateable value below £51,000 (discretionary); and businesses that were trading on 11 March.

Only businesses which were trading on 11 March 2020 were eligible for this scheme. Companies that were in administration, were insolvent or where a striking-off notice has been made were not eligible for funding under this scheme. The Government updated the guidance on the 22 May (Version 2) to make applicants to the Self Employment Income Support Scheme (SEISS) eligible for this grant also.

All grants were capped at £25,000. The next level of grants would be £10,000. Local Authorities had discretion to make payments of any amount under £10,000. It would be for Local Authorities to adapt this approach to local circumstances. Government expected decisions on the appropriate level of funding to reflect the relative costs borne by businesses and to align with the Small Business Grants and Retail, Hospitality and Leisure Grants Funds.

As this was a discretionary fund, government expected Local Authorities would want to use an application process and local guidance criteria to business; Tameside's local guidance would be published on the Council website with an online application form.

It was explained that the scheme had been designed to support the priority businesses set out in the government guidance and local priority sectors. The main principle of the scheme was to support micro and small businesses (as set out in the Government Guidance and our local scheme) with fixed property related costs of £1,000 or more and where they had suffered a loss of income.

The Council would administer a phased approach over 2 rounds to assess and quantify the level of demand for funding from businesses that fall within the priority areas set out in the Government guidance and meet the eligibility criteria and evidence requirements set out in our scheme. If all allocated funding is spent in round 1 then round 2 would not take place.

It was explained that the Council had access to limited funds from Government for this scheme and it was expected that most grant allocations made would be under £10,000. The maximum allocation permitted of £25,000 would only be made in very exceptional circumstances. In order for the Discretionary Grant to benefit the maximum number of eligible small businesses, it was proposed to have 4 levels of grant, which would directly be proportionate to the level of property costs for the business. Should the Council receive more applications than funding available the impact on income due to the Covid19 crisis would also be used to determine new grant levels along with the number of applications received. A business that had property costs below £1000 or experienced a loss of income below 10% since March 11 2020 will not be eligible for the grant.

It was further explained that in the event of over subscription the Council would alter the level (size) of grants awarded to eligible businesses based on the principle that Tameside aim to support as many businesses as possible with this allocated funding. The Council would not be using any other funding other than the amount provided by Government to administer this scheme (£2,345,250).

Following round 1, the second phase – round 2 would enable increased local flexibilities and discretionary elements to be applied to the fund. However, this would need to be considered in light of the level of funding that was remaining from Round 1. Dependent on funding the level of grant paid may be reduced in Round 2 to ensure all applicants received some support rather than none at all.

The proposed discretionary areas we would choose to fund were set out in the report. These areas comprised businesses not eligible in the SBG or RHLG and Tameside's core, emerging or vulnerable key sector business to support long term inclusive economic growth. Based on the estimates in Table 3 below the liability for Round 2 would be minimum £133,000 and maximum of £1,330,000 if the same levels of grant funding were set.

Members were advised that there was a risk of businesses being unsatisfied with the outcome of their application but the Tameside Council Scheme Guidance makes clear that decisions would be final meaning no appeals process.

In response to a question it was stated that the Key Decision report setting out the allocation of grants would be submitted to Board prior to final decision be taken.

AGREED

- (i) To approve the Tameside Local Authority Discretionary Grant Fund as set out in Appendix A.**
- (ii) To delegate decisions to the Director for Growth in consultation with the Executive Member for Finance and Growth on the operation of the fund including varying the terms of the scheme and amending the grant levels on a pro rata basis to ensure spend is within allocated funding subject to a report being submitted to Board prior to allocation of grants.**

171 PLANNING FOR SCHOOL REOPENING

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Assistant Director of Education which stated that in Tameside, the vast majority of schools including special schools and the Pupil Referral Service had stayed open to support vulnerable pupils and children of key workers since the start of lock-down. As a result, school leaders and their staff have worked to operate schools in a way that maintained safe practice and social distancing. However, due to a variation in attendance based solely on the children of critical workers and vulnerable pupils, this has been managed effectively.

Members were informed that the Government had announced on Sunday 10 May 2020 that schools should begin to re-open from 1 June 2020 as follows:

- Nurseries and other early year providers, including childminders, to begin welcoming back all children;
- Primary schools to welcome back children in nursery (where they have them), reception, year 1 and year 6;
- Secondary schools, sixth forms, and further education colleges to begin some face to face support with year 10 and 12 pupils, although we do not expect these pupils to return on a full-time basis at this stage;
- All schools and childcare providers to continue to offer places to the priority groups – vulnerable children and children of critical workers – they have been supporting since the end of March;
- Special schools, special post-16 institutions and hospital schools to work towards a phased return of more children and young people without a focus on specific year groups and informed by risk assessments; and
- Alternative provision to welcome back children in reception, year 1 and year 6 and begin some face to face support with year 10 and 11 pupils (as they have no year 12).

It was explained that so far the Council had quickly implemented daily phone calls to all schools and early years providers through Link Officers drawn from within Education and Early Help Services. These phone calls had been invaluable in providing a good quality and consistent two-way communication channel.

A range of support measures had been issued to schools over the last few weeks to support their provision for vulnerable children and the children of key workers. Further, there was a provision of an EHCP Risk Assessment template and accompanying process in line with updated guidance from the DfE. The process and documentation was developed in consultation with school leaders, colleagues in social care and key health partners. To ensure robust decision-making, quality assurance for this school-led approach a multi-agency assessment process, was completed by the LA and the CCG.

A Scenario Planning Group had been meeting regularly and membership included school leaders and senior council officers. The Group identified six key themes that were leading the thinking: Advice, support and guidance for staff; agreements on logistics; protocols, guidance and processes to support vulnerable children guidance on transitions between schools and back into school; curriculum and support services; and assessing the quality of the current and future offer.

It had been agreed that a series of documents and resources would be made available to schools to support each setting and ensure consistency across the borough on the themes identified. In addition a schools and education risk assessment template has been circulated to schools which focuses on the key areas for safe re-opening. The risk assessments would be reviewed in relation to all schools where the staff were employed by the Council. In all other cases the responsibility for ensuring the adequacy of the risk assessment, prior to the opening of the school, would sit with the school's governing body. Officers were also working to support the safe opening of establishments.

It was explained that it was essential to provide clear communication and support to Head teachers, their staff, parents and carers to outline how a safe re-opening of settings based on local need may be progressed. Schools and their governing bodies were responsible for determining both the strategic and operational direction of the school and not the Local Authority, however, in those schools where the local Authority was the employer it would have a duty in relation to the health and safety of all staff and in relation to other persons on the premises. In reaching a determination as to the re-opening of the school system the safety and wellbeing of pupils staff and the school community would be of paramount consideration. Members were informed that to support this a number of recommendations had been made:

- Act safely and sensibly and maintain a borough-wide approach to identifying collective processes which support local decisions.
- Agree that wider opening was an ambition for all schools. In Tameside this will be from 08 June. There would be no expectation that all eligible children should be in school on this date. Recognise that phased approaches would be needed and that attendance would increase over time.
- Schools should focus on how they could safely begin to open more widely for eligible pupils from this date. It would not be necessary to focus on how schools would open to all pupils.
- Provide a whole school risk assessment template to all schools which should be used alongside all guidance from the Department for Education and other materials to enable each school to assess the level of risk and how it can be mitigated in order to ensure schools could open and operate safely; Provide an advisory review of all school risk assessments to ensure that schools have followed an appropriate and sensible process which has taken into account the national guidance prior to the reopening of the school.
- Recognise that schools would be at different stages in their thinking and planning. No final decisions about the logistics of wider opening need to be made yet. Schools must continue to think, consult and discuss how this can be done locally.
- Wherever possible, ensure consistency in the process on which decision-making was based. To support this the Council would continue to produce local guidance and protocols for schools.
- Ensure that communications with parents and staff were, wherever possible, coordinated and consistent.
- Eligible groups would be prioritised for. These groups were, in order, vulnerable children (those with a social worker and those with an EHCP); the children of key workers; and children in nursery, reception, Y1 and Y6. Only when these groups had been accommodated should we be seeking to broaden our offer.

In considering this item Members considered the wider opening of schools in the context of the safety of children, staff and the spread of the virus. Members noted that circumstances were changing rapidly and the approach to wider school re-opening may change at short notice.

AGREED

That the Executive Member notes and approves the proposals contained within the report.

172 REASONABLE ENDEAVOURS

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Assistant Director for Education, which set out the proposed process for Tameside to ensure that provision set out in Education Health and Care Plan was being delivered during Covid-19 lockdown and throughout the phased school re-opening.

The coronavirus (Covid-19) outbreak had put significant extra pressure on local authorities and health commissioning bodies to secure, or arrange, in full the provision set out in EHC plans. Temporary legislation, drafted in response to the current situation, did not absolve Local Authorities or CCGs of their duty to secure or arrange provision for children with Education Health and Care Plans. The guidance set out an expectation that LAs and CCGs must use “reasonable endeavours”

to secure or arrange the provision. This was on the basis that the Local Authorities and CCGs at a local level would be dealing with reduced staffing, children and young people with plans being at home and not in school; the effect of social distancing on delivery; and the lack of effective alternatives.

It was reported that the impact of Covid-19 in Tameside had extended across all these issues. In particular, although all Tameside schools had remained open throughout the “closure” period, attendance had been low. In all schools it has fluctuated between 2 and 3%. For children with an EHCP it had been 6%. Furthermore, the risk assessment process for children in Tameside schools had only identified just over 100 children considered safer at school. Therefore the Council was only able to operate at a reasonable endeavours level.

It was explained that the Council must consider the needs of all children and young people with an EHC plan. A further piece of work would now be required, demonstrating how the Local Authority and CCG were using “reasonable endeavours to secure or arrange provision for children with EHCPs. Whilst it was recommended that educational settings were to lead on this further assessment (in partnership with associated key services), the Council needed to be cognisant that the statutory duty, and therefore any liability lay with it.

Local authorities and health bodies must consider what they could reasonably provide in the circumstances during the notice period for each child/Young Person with an EHCP. For some, this would mean that the provision specified in their plan could continue to be delivered; but for others the provision may need temporarily to be different to that which was set out in their EHC plan. Whilst it was anticipated that the number of children with an EHCP attending school would increase as part of the wider opening of schools. The exact number of children who would require changes to the delivery of the provision outlined in their plan could only be known following a review of their current risk and assessment alongside the process.

Members were informed that as part of the ongoing review Local authorities, health services and other relevant bodies should communicate regularly with the families of those children and young people with EHC plans, or who were being assessed or applying for assessment. Where the temporary Covid related changes affected what families’ experienced, they would need clarity as to:

- What provision will be secured for each child and young person and the reason for any difference from what is specified in the EHC plan.
- When decisions will be made as part of the various processes relating to EHC needs assessments and plans.

Due to these temporary changes and the expectation that schools, LAs and CCGs agree, deliver and record provision to meet needs specified in EHCPs at this time, it would be necessary to establish a robust process to achieve this. There would be a six week timeframe in which to complete this piece of work.

In deciding what provision must be secured or arranged in discharge of its duty, the local authority and health commissioning body should consider:

- The specific local circumstances (such as workforce capacity and skills and that of others whose input would be needed to undertake an EHC needs assessments and plans processes, temporary closures of education settings, guidance on measures to reduce the transmission of coronavirus (COVID-19) and other demands of the outbreak).
- The needs of and specific circumstances affecting the child or young person.
- The views of the child, young person and their parents/carers over what provision might be appropriate.

It was proposed that a school-led process to determine what provision would be delivered for each child with an EHC Plan and to consider if that was reasonable. In addition to robust consultation with key partners, it would be crucial that parents / carers and where possible children / young people be

involved in the decision-making process and fully concur with what has been agreed. These measures would therefore be completed as a partnership between schools, families, the Local Authority, and CCG to ensure we remain faithful to the spirit of co-production, enshrined in the Children and Families Act 2014.

It was stated that whilst this was a significant undertaking, the 6 week time frame should be sufficient to ensure this work could be fully completed. Elements of the template would be completed in cooperation and discussion with key partners from health and social care. Tameside SEND service would provide schools with a named officer until all templates have been completed, and to assist with reviewing arrangements. The officer would support settings in whatever capacity required to alleviate pressure and add resource where necessary.

AGREED

That the current local position as a result of the impact of the Covid 19 necessitates the Council using its reasonable endeavours to secure special education provision specified in Education Health and Care Plans in accordance with the Notice issued by the Secretary of State for Education on 28 April 2020 on the following basis:

- (i) The Council will continue to work with educational settings, the children and young people and parents or carers to determine whether children and young people would be able to have their needs met at home, and be safer there than attending an educational setting.**
- (ii) As part of the on-going assessment of the best way to deliver provision outlined in Education Health and Care Plans the attached document (appendix 1) would be used.**
- (iii) It was noted that monitoring of the local position and individual plans would be an on-going process. 4. In addition the local position and delivery of plans would be subject to a further review in 3 months' time or whenever the Secretary of State for Education's Notice expires, whichever is the sooner.**

173 DIGITAL DEVICES FOR VULNERABLE AND DISADVANTAGED CHILDREN AND YOUNG PEOPLE

Consideration was given to a report of the Executive Member (Lifelong Learning, Equalities, Culture and Heritage)/Assistant Director of Education, which set out the options to provide digital devices for disadvantaged families, children and young people who did not currently have access to them through another source such as school.

It was stated that as a consequence of the Covid-19 pandemic schools in England had been closed to the majority of pupils since 23 March this year. Since this closure and the subsequent "lockdown" between 2-3% of pupils nationally had attended. These pupils were the children of key workers and those considered vulnerable. Therefore most children had been learning remotely, with work supplied by their school. The majority of this work was provided online. Pupils therefore required some access to a digital device to access it.

To support schools to deliver a remotely accessible offer, on 19 April 2020 the Department for Education launched a scheme which would provide digital devices (laptops and tablets) for disadvantaged families, children and young people who did not currently have access to them through another source, such as their school.

Digital devices can be requested for: care leavers; children and young people aged 0 to 19 with a social worker; disadvantaged year 10 pupils. The DfE allocated Tameside 144 devices for pupils in maintained schools in year 10, this was inclusive of mainstream, special and PRU. There had been an allocation of 964 devices for pupils with a social worker and 184 4G wireless routers.

Members were advised that Government guidance stated that: Local Authorities would be responsible for ordering and distributing laptops and tablets to: care leavers and children with a social worker; year 10 pupils in maintained schools, including voluntary aided schools, who do not have a social worker. Local authorities should work with schools to assess which pupils required a

laptop or tablet. Academy trusts were responsible for ordering and distributing laptops and tablets to year 10 pupils who: did not have a social worker; were not a care leaver; or did not have access to a laptop or tablet through another source.

Local authorities and academy trusts would own the laptops and tablets they receive, and loan them to children and young people.

Officers had been working with schools since this announcement to identify those children and families most in need of support. It should be noted that the total number of devices allocated to the Local Authority was fewer than the number of eligible children without access to a device.

Children without access to a device would be the highest priority, those sharing access and those accessing via a smartphone only the next highest priority. Those young people who already have access to a device would not be eligible to receive one from the DfE allocation. The Heads of Service LAC and CP/CIN were finalising this list.

Once allocated, if any vulnerable children still do not have access the Assistant Director Education will raise this directly with the DfE.

It was reported that Tameside had ordered 144 windows laptops for Y10 pupils. 300 windows tablets for children under 7 with a social workers and 664 windows laptops for children 7-19 with a social worker. These devices would be due before the end of May 2020.

Distribution of laptops would be managed from the Humanitarian Hub that had been established for supporting residents during the Covid19 period. Insurers had granted a window of 2 weeks cover.

Therefore, hardware needed to be swiftly delivered to schools. There would likely be no insurance for the transit risk to schools. There were excess implications should the items be stolen from site, these would be dependent on security arrangements and range from £100 - £30,000. Officers from Children's Services had held discussions with colleagues from Risk and Insurance, Finance and IT and with Head teachers about how we should manage this process.

It was highlighted that it was important for Members to note the section in the report which clarified that whilst the number of devices was less than those who should be eligible all eligible children and young person would have a device. This was not addressed in the financial implications or as a financial risk, although recommendation 6 makes it clear of the intention to seek to obtain more devices from the DfE. In the absence of an allocation criteria and a commitment to fund all devices required then this must be addressed financially.

AGREED

That the Executive Member (Lifelong Learning, Equalities, Culture and Heritage) be recommended to agree that:

- (i) The Council will receive delivery of digital devices and that they will be safely stored until delivery.**
- (ii) Option 4 (subject to a signed agreement, schools will own digital devices for children with a social worker) is agreed.**
- (iii) The Council will deliver these devices to schools.**
- (iv) As outlined in government guidance Secondary schools will own digital devices for pupils in Y10 and will be responsible for their allocation.**
- (v) The Head of Service Looked after Children and Head of Service Child Protection & Children in Need will agree with schools and named social workers a list of eligible children, to be approved by the Assistant Director for Children's Social Care.**
- (vi) Should the allocation of devices from the DfE be insufficient to meet demand a further request will be made to the DfE noting that if there is excess demand an eligibility criteria will need to be determined by the Director of Childrens' in consultation with the schools.**

174 FORWARD PLAN FOR COVID RESPONSE BOARD

Members considered the forward plan of items for future meetings of the Covid Response Board.

CHAIR

BOARD

10 June 2020

Commenced: 2.00pm

Terminated: 3.05pm

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 **Tracy Brennand, Stephanie Butterworth, Jeanelle De Gruchy,**
Richard Hancock, Ian Saxon, Sarah Threlfall, Debbie Watson

Apologies for absence: **Dr Asad Ali**

1. **DECLARATIONS OF INTEREST**

There were no declarations of interest.

2. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting on the 3 June 2020 were accepted as a correct record.

3. **WORKFORCE OVERVIEW DURING COVID-19**

Consideration was given to a report of the Executive Leader / Assistant Director, People and Workforce Development, which provided a comprehensive overview of the workforce matters that had arisen due to the COVID-19 outbreak. Many emergent changes resulted as a direct result of the pandemic, requiring the workforce to deliver services through varied models, and as the organisation moved forward it was an opportune time to consider the potential opportunities to effectively manage and reshape the workforce to enable the organisation to emerge more resilient and flexible.

It was explained that In response to the COVID-19 outbreak, each directorate was required to invoke their business continuity plans and identify those services that were deemed to be essential and critical in order to continue to operate and support the local community effectively to remain safe, undertake statutory and essential services and minimise the spread of the virus.

It had been recognised that some of the critical services throughout the course of the COVID-19 outbreak had required additional capacity and support to enable them to sustain the required response, particularly where the service had seen an increase in demand e.g. bereavement and registrars or where they had been impacted by members of the workforce having to self-isolate having experienced symptoms, living with a family member who was symptomatic or having contracted the virus themselves.

In addition to supporting existing key services, it had been necessary to put in place additional support and arrangements to respond to the needs of residents in the emergency situation. Details of the functions created to support this process were detailed in the report.

As the outbreak affected members of the workforce due to the need to self-isolate, and/or were sick and service demands changed, there was a growing necessity for redeployment across the

workforce and to enable some parts of the workforce to work extended hours, or vary the normal working hours to respond to the current situation.

In preparation for the eventuality that service based redeployment was not sufficient and demand for cross organisational redeployment was necessary, a centrally coordinated redeployment process to provide an overview of how and where the workforce needed additional capacity and where that capacity could be sourced from was created and had been maintained by Human Resources following liaison with key service areas.

All redeployment was and would continue to be done on a voluntary basis, taking into account each individual's circumstances, skills and availability. Where a redeployment opportunity was possible the appropriate training, support and necessary equipment would be provided as part of the redeployment activity, observing the health and safety requirements and safe working practices due to COVID-19.

As the workforce moved around flexibly they were undertaking work of a different kind to that which they were normally employed to do. Where possible the approach was to redeploy the workforce to similar roles at a similar pay grade, however due to the variety and complexity of critical service needs and the skills available to be redeployed, this was not always possible.

The workforce had responded to service changes with many being deployed in a different way in their own work area or within another service. An indicative summary of where the work activity, due to demand and/or COVID-19 restrictions, had adapted and additional workforce capacity had been required to support the response, was provided in the report.

It was reported that at the current time, the schools workforce was excluded and were being deployed in their existing place of work on a demand led approach. Clear arrangements for schools were in place to ensure the staff were deployed appropriately.

An overview of workforce availability was provided, including deployment to date recorded in the central system.

It was expected that the demand for redeployment may fluctuate at any time as the COVID-19 outbreak and government restrictions remained in place and plans following the current relaxation of lockdown restrictions started to change. With this in mind the continued review of workforce activity would remain in place with the expectation that services would be asked to continue to review their workforce capacity and release employees as needed for COVID-19 critical response work, or other key priority tasks across the organisation, or within partner organisations.

In terms of recruitment, it was explained that all planned recruitment activity should continue with no unnecessary delays, observing the government guidelines to ensure appropriate legislation and safer recruitment measures were in place throughout the process. In addition to normal recruitment, a fast track recruitment process was now in place to support the COVID-19 response and particularly for the attraction and recruitment of key social care colleagues.

Strong links with local residential care and care at home providers were in place and support was being provided to ensure that they continued to have suitable candidates to engage and fill necessary gaps where their own workforce was adversely affected. It had also been agreed to support this sector by creating a dedicated recruitment campaign to attract candidates.

A review of the Corporate Induction and Training and Development Plan was underway to ensure that the programme was deliverable within the current circumstances. This opportunity would allow new creative methods to be devised whereby the workforce engaged and learned through a variety of channels.

Initial support to care homes and GP practices was being coordinated alongside neighbourhood work to support the voluntary sector. Discussions had been held with local care homes and care at home providers to understand any recruitment and retention issues that they may be experiencing at the present time. The Council had agreed to support the sector through a recruitment and attraction campaign.

Information was given in respect of the Coronavirus Job Retention Scheme (CJRS), a Government scheme under which an employer could furlough (temporarily lay off) its employees if it needed them to stop work by reason of circumstances arising as a consequence of coronavirus. Access to the scheme was in accordance with Government guidance and the associated HM Treasury Direction.

The Government guidance on the scheme made it clear that while the scheme was available to public sector employers, the Government did not expect the scheme to be used, as they would be continuing to provide essential public services. The guidance also stated that where employers received public funding for staff costs, and that funding was continuing, it expected employers to continue to employ their workforce. Therefore, there was a general expectation that employees (including the contingent workforce – agency and casual workers) working in the public sector should not be placed on furlough leave.

The Council, T&G CCG and Schools would make every effort to support individuals who were not able to carry out their usual work. This would allow individuals to take a flexible approach to work to enable them to meet other commitments such as caring for dependents and/or the vulnerable. Where appropriate this could include redeployment; if suitable and individuals were in agreement they may undertake work of another kind for a temporary period of time, which better suited their current circumstances. Only in exceptional circumstances where venues needed to close and redeployment was no longer available may it be appropriate to consider the Coronavirus Job Retention Scheme (CJRS). This would be very limited if at all, and subject to meeting all the required Government criteria.

At the present time, the organisation had not identified any individuals, or groups of staff that appropriately fell within the furlough scheme criteria. However it was noted in exceptional circumstance it may be necessary to access this scheme where the full criteria is met. This would only occur in jobs for which the Council was not funded and relied on income to fund those roles. The furlough scheme had recently been extended until October 2020, but from 1 August would require employers to share the cost of the scheme. Further guidance on the scheme extension was awaited.

With regard to staff attendance, it was reported that the organisation continued to monitor and support the workforce to maintain high attendance levels through regular conversation and dialogue with their manager and a range of support mechanisms that were in place through the Occupational Health provider.

In addition to the current support offer, free access had been secured to an Employee Assistance Programme (EAP) through an organisation called Vivup. This enabled the workforce to receive confidential support through an online and telephone system at a time that suited them. This offer had also been extended to all care staff within care homes and home care providers.

The Workforce Development team had created a range of additional resources to support good health and wellbeing of the workforce, at a time when keeping mental health in good shape was more important than ever. This offer also included signposting and access to other external high quality resources, alongside the internal e-learning system and intranet.

Details of workforce absence levels were set out in the report. The absence levels for 2019/20 showed further year on year improvement in the attendance of the workforce, primarily due to the support and promotion of good health and wellbeing and the expectation that this was a regular discussion amongst colleagues. The year on year absence figures for the Council were also

outlined. A breakdown of absence levels for each directorate and the CCG were outlined in the report.

Using absence monitoring data during the period 1 April to mid May 2020 and extrapolating this for the remainder of the year would show a significant reduction in the average number of days lost per employee of around 3.20.

Since the Covid-19 outbreak work had been undertaken with service areas to understand the impact of the virus on the workforce. Information was initially gathered on a daily basis and was now reported each week. The impact on the workforce currently was outlined in the report.

With regard to staff travel, it was explained that since the initial outbreak of COVID-19 advice was to stay at home and where possible to work from home. This advice was implemented immediately within the Organisation and a significant number were now working from home. Where colleagues were unable to work from home due to the nature of their job role e.g. Waste Services, Bereavement Services, Grounds Maintenance etc., full risk assessments had been put in place and the guidance on COVID-19 safe working practices had been observed.

Government announcements on 10 May 2020 advised a staged process to the easing of the lockdown process. This process would see the re-opening of workplaces and services across the country. Whilst at the present time there were no plans to change the current working arrangements for staff within the organisation, staff would be encouraged to stay at home and where required to attend work, to avoid public transport and either walk/cycle to work, or use their own car.

Details of the Council's car mileage scheme was outlined and a breakdown of staff in receipt of essential car user and authorised casual user was outlined in the report. In light of the organisation's commitment to reducing its carbon footprint, the current circumstances could provide an additional opportunity to review the current arrangements in place for the remuneration of colleagues who used their car as part of their job role, particularly given the greater flexibility for colleagues to work from home and the reduced requirement to travel around the borough on work business. A number of potential changes to the current mileage and travel arrangements currently in place could be considered and options for consideration were outlined in the report. Any proposed changes to the current staff car mileage and travel arrangements would need to take account of any potential adverse impact on service delivery and would require full consultation with trade unions and the workforce as they would require a variation of terms and conditions.

Board Members were informed that changes to the legislation in 2019 had now removed the previous £1,000 limit on the cycle purchase. To support the increased take up of the scheme the organisation had the option to remove the limit and support higher value purchases. Whilst the removal of the purchase limit presented some financial risk, the scheme encompassed clear terms and conditions, which set out at the start of the agreement how money would be recovered where required i.e. if the employee left their employment.

In terms of travel outside of the UK, Members were advised that on the 10 May 2020, the Prime Minister explained that as the infection rate reduced they would relax the lockdown restrictions; however it would be important to manage the risk of infection from international travel. The Government explained that at a date in the future they would advise that all international arrivals would be required to self-isolate (quarantine) for 14 days.

This measure would mean that any members of the workforce travelling outside of the UK during the period when the Government had the restriction in place would, on their return, need to quarantine themselves for 14 days from work (and all other activities). Where this arose employees would need to either work from home during the quarantine period if they were able to, or alternatively take additional annual leave (subject to employer agreement) or unpaid leave. There would be no provision for quarantine time to be paid at full pay where the employee was unable to work. Flexible working arrangements should be considered for such circumstances however only

where the job role allowed. Redeployment may also be considered however only in circumstances where the organisation required. The Government had advised that they would issue further guidance on this matter, which would also need to be considered.

With regard to 'Building Back Better', flexibility of work had been an area of focus across the organisation through the recent development of a squad. The squad was developed to understand the current flexible working position, the future opportunities and challenges for flexible working and how services could develop to enable a more flexible workforce in line with the 'Our People Plan' which identified that flexible working was fundamental to attract and retain members of the workforce.

Indicative areas of change to embed workforce flexibility in the future were outlined and it was explained that for some of the potential changes to be realised this would require a change to terms and conditions which would be managed through an agreed workforce change programme with full engagement and consultation of the workforce and Trade Union colleagues.

Financial challenges would need to be taken into account when developing plans and opportunities to spend financial resources in the most effective way possible. It was acknowledged that the COVID-19 circumstances had significantly affected the financial position and therefore the ability to redesign and shape services would be an important part of the organisations Build Back Better programme.

For some services the redesigned model would include a return to the workplace for some employees. For the foreseeable future, where this was the case there would need to be COVID19 workplace safety measures in place for example, screen protections, one way walkway routes to enable social distancing, variance to operating times and increased cleaning operations. Risk assessments would need to be completed for workforce groups and specific working arrangements to ensure compliance with legislation.

The future use of a number of buildings and space would be of corporate concern and would in turn inform service operating model decisions, taking account of any potential impact on the local economy.

In respect of a review of home working, prior to COVID-19 home working operated on a fairly ad-hoc basis across the organisation, with some services more freely able to deploy individuals at home. The COVID-19 outbreak had led to a large proportion of the workforce now working from home and they would continue to do so for the foreseeable future. This change had prompted a review of the home working scheme to ensure that it was fit for purpose as home working became more embedded across the organisation. This scheme would provide an overall framework and outline the expectations and commitments from the organisation and employee.

The revised homeworking guidance was appended to the report at Appendix 1.

In terms of the workforce development offer, it was explained that the current offer comprised of a comprehensive training programme based on face to face classroom learning and e-learning courses. The COVID19 outbreak paused, temporarily, the majority of scheduled training and delivery programmes as the workforce focused on the urgent COVID-19 response requirements. As the situation moved forward the learning and development delivery model had started to be reviewed to re-establish it to operate remotely, for at least the foreseeable future.

Members were informed that the new e-learning contract with Me-Learning was agreed and implemented from 1 April 2020. The new contract had opened up a wider range of e-learning opportunities and would be rolled out across the workforce encouraging continued and increased engagement.

Part of the workforce development offer provided Member development, which was normally undertaken on a monthly basis, with a detailed programme being developed and agreed at the

beginning of each municipal year. The programme for 2020/21 would need to be revised to reflect the current priorities for the organisation.

It was reported that workforce surveys were frequently used as a tool as part of employee engagement programmes to ascertain workforce views, feelings and attitudes to inform future decisions and changes. The survey was set out at Appendix 2 to the report and covered working remotely, working differently, health and wellbeing and communication during the pandemic. On receipt of the workforce feedback, responses would be collated and summarised in a separate report and would help support the ongoing workforce engagement process.

In respect of employment matters, at the time of full lockdown, it was determined that employment related matters had been halted to enable a period of time to acclimatise to the different way of working and to support staff. It was necessary to put in place appropriate arrangements to enable key issues regarding the workforce to be addressed as quickly and fairly as possible. Regular discussions were held with Trade Union colleagues in the weekly Employment Consultation Group (ECG) meeting.

At a recent meeting with Trade Union colleagues it was discussed that alternative virtual means to hold investigations and hearings would need to be put in place and that a set of principles to ensure that employees had a fair hearing would be developed. A set of principles had been developed based on ACAS guidance and were appended to the report at Appendix 3. The Unions remained cautious and concerned about how their members needs could be met to ensure a fair hearing whilst accepting that it could not be in the interest of members to have such matters hanging over their heads in abeyance. Further work would be undertaken to consider on a case by case basis. .

With regard to the UNISON Careworkers Pledge, it was explained that care workers were at the forefront of the COVID-19 response and had received much national attention over the recent weeks. The outbreak had highlighted some areas for national concern and in response, the Government had taken steps to support the care sector.

Similarly Trade Unions had raised specific concern over the impact of the pandemic in the care sector and had formulated a pledge for employers, including Local Authorities and private care home providers to sign up to. The TU pledge focused on protection of the workforce in 4 areas: health, pay, employment and families. A copy of the Pledge was appended to the report at Appendix 4.

The Local Authority was working in accordance with the principles of the pledge ensuring that employees had access to COVID-19 testing, appropriate PPE, did not experience a detriment in pay due to sickness and supported flexible working requirements where employees had commitments for others i.e. children / vulnerable adults.

It was recommended that the Council signed the Unison Care Workers Pledge as an acknowledgement to the ongoing support and commitment the organisation had for the care sector. It was also recommended that the Council shared the Unison Care Workers Pledge with home care and care at home providers and encouraged them to also sign up.

With regard to workforce principles, it was reported that the changing landscape in which the workforce operated now and moving forward provided a number of opportunities for the organisation to build back better.

The Chair thanked the Assistant Director for a very thorough and informative report. Members welcomed the use of alternative approaches to recruitment/interviews and assessments including digital platforms, however sought reassurance that individuals were not disadvantaged because of lack of necessary equipment/skills.

Members further commented on the need to explore avenues for change including the digital agenda; flexible working arrangements and staff travel. The importance of the staff survey was highlighted as a key component of this work, going forward.

AGREED

It be recommended to Executive Cabinet:

- (i) That the commitment and flexibility of the workforce to support critical service areas be noted;**
- (ii) That the commitment and flexibility of the workforce to support emerging functions and services in response to COVID-19 be noted;**
- (iii) That the continued expectation to utilise and deploy colleagues that are not able to attend work or work from home whilst the lockdown restrictions continue and arrangements for return to normal work place are put in place, be noted;**
- (iv) That the improvement in staff attendance during 2019/20 be noted;**
- (v) That the updated homeworking guidance be noted;**
- (vi) That the revised approach to workforce learning and development be noted;**
- (vii) That employment related discussions and meetings continue to be progressed within a virtual platform and the principles for any formal processes, as set out at Appendix 3 to the report, be noted;**
- (viii) That the concerns of the Trade Unions. as set out in Appendix 5 to the report, be noted;**
- (ix) That the current managing absence process and support available remain in place to further support improvement in employee attendance;**
- (x) That recruitment to priority and key roles continues to be undertaken and that a review of recruitment processes to further embrace alternative ways to recruit is undertaken;**
- (xi) That access to the Furlough scheme for council workers is not accessed at the present time unless there are extenuating circumstances in which we can be assured we will be able to recover funding in accordance with the guidance and this would appear to be only where employee's pay reliant upon cash income being recovered;**
- (xii) A detailed report be brought forward outlining the key recommendations to be considered by members following the increased flexibility of work including contractual home working for specific job roles and functions;**
- (xiii) The current cycle to work scheme, cycle allowance and pool cycle scheme be further promoted to the workforce and the scheme reviewed to include the CCG and remove the purchase limit;**
- (xiv) A report outlining the car lease scheme be progressed and considered by members;**
- (xv) That services will develop and bring forward plans to redesign service delivery models taking into account the learning and opportunities provided by the COVID-19 pandemic;**
- (xvi) The Member development programme be revised and sessions be undertaken virtually for the foreseeable future;**
- (xvii) That the Health and Care Cadet Programme be supported;**
- (xviii) A survey of the whole workforce be undertaken to obtain feedback and learning from the COVID-19 response by the Council and CCG in relation to the workforce in the form set out at Appendix 2 to the report;**
- (xix) The principles outlined in relation to the Governments requirement to quarantine following travel outside of the UK are applied within the organisation;**
- (xx) The Council adopts the Unison Care Pledge at Appendix 4 and recommends its consideration and adoption to our home care and care at home providers;**
- (xxi) It be agreed to operate to the Greater Manchester Combined Authority (GMCA) workforce principles to encourage a diverse, flexible and healthy workforce that delivers the required outcomes; and**
- (xxii) That a full review of the staff travel and mileage scheme should be undertaken to focus on reducing unnecessary travel, improving carbon footprint and encouraging more sustainable ways of travel.**

4. GM CLEAN AIR PLAN: UPDATE

The Executive Member, Neighbourhoods, Community Safety and Environment / Director of Operations and Neighbourhoods, submitted a report setting out the progress that had been made following the Government's response to Greater Manchester's Outline Business Case to tackle Nitrogen Dioxide Exceedances at the Roadside (OBC), and the implications of pandemic management policies (the extent of which were not yet fully understood) for the 10 Greater Manchester (GM) local authorities in relation to the schedule of work and statutory consultation on the Clean Air Plan and the link to taxi and private hire common minimum licensing standards (MLS).

A comprehensive update on the development of the GM Clean Air Plan was provided and proposals were set out for a public consultation in light of COVID-19 implications, and it was highlighted that the implementation of a GM Clean Air Zone was delayed to 2022.

Details were given of work undertaken to date, including new work to develop a Clean Commercial Vehicle Fund and a new Hardship Fund.

A summary of correspondence between Greater Manchester and DEFRA was provided, including the DEFRA Minister's 18 March letter to Cllr Western, GM Green City Region lead, which included a further Ministerial Direction to act and expressing the government's desire for GM to consult on a charging Clean Air Zone Category C, and the reply which emphasised the need for government support for key sectors, including the hackney and LGV business users.

The report further highlighted the close link with work to develop Minimum Licensing Standards for the taxi and private hire trade in GM, and set out that it was intended that a public consultation on this was managed in parallel with that for the GM Clean Air Plan, suggesting that GM set out a clear roadmap to when taxi/PHV fleets should be emission free.

Details were given of how the GM Clean Air Plan would support the wider programme of activity around decarbonising the transport sector.

In respect of next steps, it was explained that officers would:

- Continue dialogue with JAQU to secure a clear response from government on GM's outstanding clean air funding asks;
- Continue to undertake the preparatory implementation and contract arrangements that needed to be undertaken to deliver the CAZ and other GM CAP measures;
- Continue preparations to be ready to move to a statutory public consultation on the GM Clean Air Plan as soon as reasonably practicable; and
- Submit a report on the consultation on proposals to GM Authority decision makers when there is a clear timeframe for exiting lockdown and moving to the next phase of the COVID-19 response.

The Chair thanked the Assistant Director for the update and it was agreed that a webinar be presented to all Members to provide an update on the Greater Manchester Clean Air Plan in advance of its consideration at the Full Council meeting on 21 July 2020.

AGREED

That recommended to Executive Cabinet and the matter considered:

- (i) That the progress of the Greater Manchester Clean Air Plan be noted;**
- (ii) That the progress in the development of the Clean Commercial Vehicle and Hardship funds be noted;**
- (iii) That the initial funding award of £41m for clean vehicle funds to award grants or loans to eligible businesses be noted;**
- (iv) It be noted that the Government has accepted the need for vehicle replacement funds for Hackney Carriages, and Light Goods Vehicles, but has requested further**

- development of shared evidence on the needs within that complex sector before responding and does not support the sustainable journeys measure;
- (v) It be noted that TfGM is seeking confirmation that the funding award for Bus Retrofit is a continuation of Clean Bus Technology Funds to be distributed as soon as possible as per previous arrangements;
 - (vi) That it be noted that the government will not support electric vehicle charging infrastructure through Clean Air monies but have committed to work with GM on securing funding from OLEV;
 - (vii) That the position that the GM Local Authorities will move to a statutory public consultation on the GM Clean Air Plan as soon as reasonably practicable, be agreed;
 - (viii) That the position that the GM Local Authorities' decision to commence a public consultation should be taken once there is a clear timeframe for exiting lockdown and moving to the next phase of the COVID-19 response, be agreed;
 - (ix) It be noted that the implementation of a GM CAZ is delayed to 2022 with a revised implementation date to be confirmed in the consultation commencement report;
 - (x) That the DfT's positioning paper "Decarbonising Transport – Setting the Challenge" be noted;
 - (xi) That the assessment of the possible impacts of COVID-19 to inform a technical briefing note for decision makers be noted; and
 - (xii) It be noted that the GM local Authorities intend to consult on GM's proposed MLS, alongside the Clean Air Plan consultation and agree the position for consultation, on when taxi/PHV fleets should be Zero Emission Capable.

5. ADULT SERVICES FINANCIAL SUPPORT RESPONSE TO THE PROVIDER MARKET DURING THE COVID-19 PANDEMIC – UPDATE JUNE 20

A report was submitted by the Executive Member, Adult Social Care and Health / Clinical Leads (Living Well), (Finance and Governance), (Ageing Well) / Director of Adult's Services, which updated Board Members on the Adult Services financial support response to the provider market during the pandemic which was agreed at Covid Board 8 April 2020.

It was explained that the original report outlined the response to Procurement Policy Note 02/20 (PPN 02/20): Supplier relief due to Covid-19, in relation to providers of care in Tameside. The PPN 02/20 note set out that contracting authorities should support providers at risk so they were better able to cope with the current crisis. The Policy Note was due to be updated on 30 June 2020; and any update would be reflected in future decisions.

It was reported that, with the increasing pressure on commissioned services, there was reliance on provider stability during the pandemic. It was important that there was continued support to communities by ensuring, as far as possible, there was a resilient economy both in terms of the providers who delivered services and the people they employed. There was also a need to ensure that there was a market solidly in place delivering quality services beyond the pandemic.

Providers had continued to support the most vulnerable people during this period. Where they had not been able to respond in their usual way, different and creative ways of delivery of services had been undertaken. It was essential that there was continued support to providers of social care support through these unprecedented times, and that providers were in a strong position to take new referrals on quickly to move people out of hospital care or avoid admissions to hospital.

The measures proposed were devised to support providers financially through improved cash flow and incentivise taking on new referrals in recognition of the two hour discharge guidance. Increased level of vacancies had become apparent during the pandemic, which placed financial pressure on the providers putting their short and longer term viability at risk. The financial support that had been put in place supported market management by ensuring home owners that were at risk of going out of business were in a position to resume normal contract delivery once the outbreak was over.

The Council required a sustainable Care Homes market as it progressed through the pandemic and beyond. These terms were agreed until 15 July 2020, it was proposed that agreement for a further month, to 15 August 2020 be approved and reviewed thereafter on a monthly basis.

The report sought authorisation for the Director of Adult Services in consultation with the Director of Finance, subject to review as outlined, approve the extensions going forward.

AGREED

It be recommended to the Strategic Commissioning Board:

That the previous decision regarding financial support as set out in the report be extended for one month to 15 August 2020 and is then subject to further review. Should there be a requirement for any further extensions these will be set out and agreed through the monthly finance report considered by SCB going forward.

6. ALLOCATION OF THE ADULT SOCIAL CARE INFECTION CONTROL FUND RING-FENCED GRANT 2020

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Clinical Lead(Ageing Well) / Director of Adult's Services describing the conditions of the Adult Social Care Infection Control Fund Grant and how the Council was expected to allocate, distribute and report on the Grant across the CQC registered care homes in the borough.

It was explained that in May 2020 the Prime Minister announced that £600 million was to be made available to local authorities to provide financial support to social care providers, primarily care homes, to support infection control measures across the sector to reduce the rate of COVID-19 transmission.

Annex B of the Department of Health and Social Care Adult Social Care Infection Control Fund Ring-Fenced Grant 2020 Local Authority Circular published on 22 May 2020 reported that the allocation given to Tameside Council was £2,130,691. The value was calculated based on the number of CQC registered care homes in the borough. Details of the allocation per home were available in Appendix 1 to the report.

Details of the conditions attached to allocation of the first and second payments of the grant were provided including the reporting process that was in place to demonstrate the appropriate application of the grant by the Council and the care home providers.

Members were informed that all care homes in the borough were owned and managed by independent sector providers. The Council and CCG had entered into a Pre-Placement agreement with all local care homes. The Council spot purchased beds across the sector in line with the Care Act 2004 and The Care and Support and After-care (Choice of Accommodation) Regulations 2014. There were no block contracts in place with any of the local care homes.

In order to ensure market stability and to sustain the local market during the current COVID19 crisis authority had been given to guarantee payment of 90% of available beds in care homes and a 20% enhanced payment on the remaining 10% of beds when they were commissioned. As a result of the high number of deaths in care homes it had been appropriate and necessary to make guaranteed payments to the care home sector to protect the current capacity in the market going forward. The continuation of this payment beyond 30 June 2020 would be considered separately.

AGREED

That it be recommended to the Strategic Commissioning Board:

- (i) That the distribution of 75% (£1,598,018) of the grant funding be agreed, subject to the specified Conditions; and**

- (ii) That delegated authority be given to the Director of Adult Services, in discussion with the Director of Commissioning (Strategic Commission) and the Director of Operations at Tameside & Glossop Integrated Care NHS Foundation Trust (ICFT), to distribute the remaining 25% (£532,673) of the grant funding in an appropriate manner.**

CHAIR

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Report To: EXECUTIVE CABINET

Date: 24 June 2020

Executive Member / Reporting Officer: Cllr Ryan – Executive Member (Finance and Economic Growth)
Dr Ash Ramachandra – Lead Clinical GP
Kathy Roe – Director of Finance

Subject: **STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE REPORT**
CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 31 MAY 2020

Report Summary: This is the first financial monitoring report for the 2020/21 financial year, reflecting actual expenditure to 31 May 2020 and forecasts to 31 March 2021. In the context of the on-going Covid-19 pandemic, the forecasts for the rest of the financial year and future year modelling has been prepared using the best information available but is based on a number of assumptions. Forecasts are inevitably likely to be subject to change over the course of the year as more information becomes available, and there is greater certainty over assumptions.

This report is focused on the Strategic Commission budgets and forecasts only this month. The Integrated Care Foundation Trust financial position will be included at month 3 when the wider Finance Economy Report will be produced. The ICFT and CCG continue to operate under a 'Command and Control' regime, directed by NHS England & Improvement (NHSE&I). NHSE has assumed responsibility for elements of commissioning and procurement and CCGs have been advised to assume a break-even financial position in 2020-21. A notional £6.2m Government funding is available for CCG COVID expenditure including Local Authority hospital discharges. It is proposed this is added to the CCG contribution to the Integrated Commissioning Fund.

As at Period 2, the Council is forecasting an overspend against budget of £4.041m. In addition to this there are financial risks of £3.5m in relation to the sustainability of Active Tameside, the Council's Leisure provider, which when factored in results in an in year financial pressure of £7.541m. The gross overspend before COVID funding and other contributions is £19.054m, of which £14.297m is attributed to COVID related pressures. £4.757m of pressure is not related to COVID but reflects underlying financial issues that the Council would be facing regardless of the current pandemic. The Council is in receipt of £13.906m of COVID grant funding from Government (of which £0.027m was used in 2019/20), and the balance of this grant together with other COVID related contributions,

results in forecast additional income in 2020/21 of £15.013m to offset COVID costs. **Appendix 1** provides further detail.

Recommendations:

Members are recommended to :

1. Note the forecast outturn position and associated risks for 2020/21 as set out in **appendix 1**.
2. Approve the addition of £20.106m of Government COVID grant funding to the Integrated Commissioning Fund of which £13.906 relates to the Council (£0.027m in respect of 2019/20) and £6.2m relates to the CCG (£0.3m in respect of 2019/20)
3. Note the forecast position in respect of Dedicated Schools Grant as set out in **appendix 2**.
4. **Approve** the write off of irrecoverable debts set out in **appendix 3**.

Budget is allocated in accordance with the Community Strategy

Policy Implications:

Budget is allocated in accordance with Council Policy

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

The Council set a balanced budget for 2020/21 but the budget process in the Council did not produce any meaningful efficiencies from services 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.

The budget also drew on £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 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.

Although the CCG delivered its QIPP target of £11m in 2019/20, the majority (£6.5m ie. 59% of core allocations) was as a result of non-recurrent means and therefore added considerable additional pressure to 2020/21. The QIPP target for 2020-21 is £12.5m (3.2% of CCG core and running cost allocations) and £3m of this target has no schemes in place to deliver these savings. A late notification in March on increased funded nursing care

rates for 2020/21 and delays in delivering QIPP schemes as a result of COVID-19 will evidently exacerbate financial pressures further. The report considers potential scenarios for the 2020/21 budget and beyond, taking in to account the potential impact of COVID-19 and underlying financial pressures. There remains a significant degree of uncertainty over the financial impact of COVID-19, and whilst some additional government funding has been provided, initial indications are that this is far from sufficient to cover the additional costs and significant loss of income resulting from the pandemic in the medium term.

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)**

Legislation is clear that every councillor is responsible for the financial control and decision making at their council. The Local Government Act 1972 (Sec 151) states that “*every local authority shall make arrangements for the proper administration of their financial affairs...*” and the Local Government Act 2000 requires Full Council to approve the council’s budget and council tax demand.

Every council requires money to finance the resources it needs to provide local public services. Therefore, every councillor is required to take an interest in the way their council is funded and the financial decisions that the council takes.

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. Budgets and financial plans will be considered more fully later in the workbook, but the central financial issue at most councils is that there are limits and constraints on most of the sources of funding open to local councils. This makes finance the key constraint on the council’s ability to provide more and better services.

Every council must have a balanced and robust budget for the forthcoming financial year and also a ‘medium term financial strategy (MTFS)’ which is also known as a Medium Term Financial Plan (MTFP). 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. Clearly councillors will be concerned with any potential effect that these financial decisions have on service delivery.

The detailed finance rules and regulations for local councils are complex and ever-changing. However, over the past few years, there has been a significant change in the overall approach to local government funding.

Since 2010 – Government has sought to make the local government funding system more locally based, phasing out general government grant altogether. One of the key implications of this change in government policy is that local decisions affecting the local economy now have important implications on council income. Therefore, the policy objectives and decision making of the local council plays a far more significant role in the council's ability to raise income than before.

The councillor's role put simply, it is to consider the council's finance and funding as a central part of all decision making and to ensure that the council provides value for money, or best value, in all of its services.

There is unlikely to be sufficient money to do everything the council would wish to provide due to its budget gap. Therefore, councillors need to consider their priorities and objectives and ensure that these drive the budget process. In addition, it is essential that councils consider how efficient it is in providing services and obtaining the appropriate service outcome for all its services.

A budget is a financial plan and like all plans it can go wrong. Councils therefore need to consider the financial impact of risk and they also need to think about their future needs. Accounting rules and regulations require all organisations to act prudently in setting aside funding where there is an expectation of the need to spend in the future. Accordingly, local councils will set aside funding over three broad areas: Councils create reserves as a means of building up funds to meet known future liabilities. These are sometimes reported in a series of locally agreed specific or earmarked reserves and may include sums to cover potential damage to council assets (sometimes known as self-insurance), un-spent budgets carried forward by the service or reserves to enable the council to accumulate funding for large projects in the future, for example a transformation reserve. Each reserve comes with a different level of risk. It is important to understand risk and risk appetite before spending. These reserves are restricted by local agreement to fund certain types of expenditure but can be reconsidered or released if the council's future plans and priorities change. However, every council will also wish to ensure that it has a 'working balance' to act as a final contingency for unanticipated fluctuations in their spending and income. The Local Government Act 2003 requires a council to ensure that it has a minimum level of reserves and balances and requires that the Section

151 officer reports that they are satisfied that the annual budget about to be agreed does indeed leave the council with at least the agreed minimum reserve. Legislation does not define how much this minimum level should be, instead, the Section 151 officer will estimate the elements of risk in the council's finances and then recommend a minimum level of reserves to council as part of the annual budget setting process.

There are no legal or best practice guidelines on how much councils should hold in reserves and will depend on the local circumstances of the individual council. The only legal requirement is that the council must define and attempt to ensure that it holds an agreed minimum level of reserves as discussed above. When added together, most councils have total reserves in excess of the agreed minimum level.

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 :

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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. **This report is focused on Council budgets** due to the 'Command and Control' regime currently operating for NHS bodies.
- 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 £975 million.
- 1.3 It should be noted that the report does not include details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust due to the current Covid-19 pandemic. The report is focused on Council budgets only this month.
- 1.4 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:
 - Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT)
 - NHS Tameside and Glossop CCG (CCG)
 - Tameside Metropolitan Borough Council (TMBC)

2. FINANCIAL SUMMARY

- 2.1 As at Period 2, the Council is forecasting an overspend against budget of £4.041m. The gross overspend before COVID funding and other contributions is £19.054m, of which £14.297m is attributed to COVID related pressures. £4.757m of pressure is not related to COVID but reflects underlying financial issues that the Council would be facing regardless of the current pandemic. In addition to this there are financial risks of £3.5m in relation to the sustainability of Active Tameside, the Council's Leisure provider, which when factored in results in an in year financial pressure of £7.541m. The Council is in receipt of £13.906m of COVID grant funding from Government (of which £0.027m was used in 2019/20), and the balance of this grant together with other COVID related contributions, results in forecast additional income in 2020/21 of £15.013m to offset COVID costs. **Appendix 1** provides further detail.
- 2.2 The CCG continues to operate under a 'Command and Control' regime, directed by NHS England & Improvement (NHSE&I). NHSE has assumed responsibility for elements of commissioning and procurement and CCGs have been advised to assume a break-even financial position in 2020-21.

3. FINANCIAL OUTLOOK 2020/21

- 3.1 The COVID-19 pandemic is unprecedented and whilst its impact on local public service delivery is clearly significant, the full scale and extent of the health, socio-economic and financial impact is not yet fully understood. The immediate demands placed on local service delivery will result in significant additional costs across the economy, and the economic impact is expected to have significant repercussions for our populations, resulting in losses of income for the Council across a number of areas, potentially for a number of years. Whilst the immediate focus is quite rightly to manage and minimise the impact of the virus on public health, the longer term financial implications and scenarios do need to be considered.

4. DEDICATED SCHOOLS GRANT (DSG)

- 4.1 **Appendix 2** provides an overview of the forecast position on Dedicated Schools Grant (DSG) for 2020/21. There are significant financial pressures on the high needs block which represent a high risk to the Council. If the 2020/21 projections materialise, there will be a deficit of £5.311m on the DSG reserve at the end of this financial year. This would mean it is likely a deficit recovery plan would have to be submitted to the Department for Education (DfE) outlining how we expect to recover this deficit and manage spending over the next 3 years and will require discussions and agreement of the Schools Forum. The position will be closely monitored throughout the year and updates will be reported to Members.

5. WRITE OFF OF IRRECOVERABLE DEBT

- 5.1 Members are asked to approve the write off of irrecoverable debts for the period 1 January 2020 to 31 March 2020 as set out in **Appendix 3**.

6. RECOMMENDATIONS

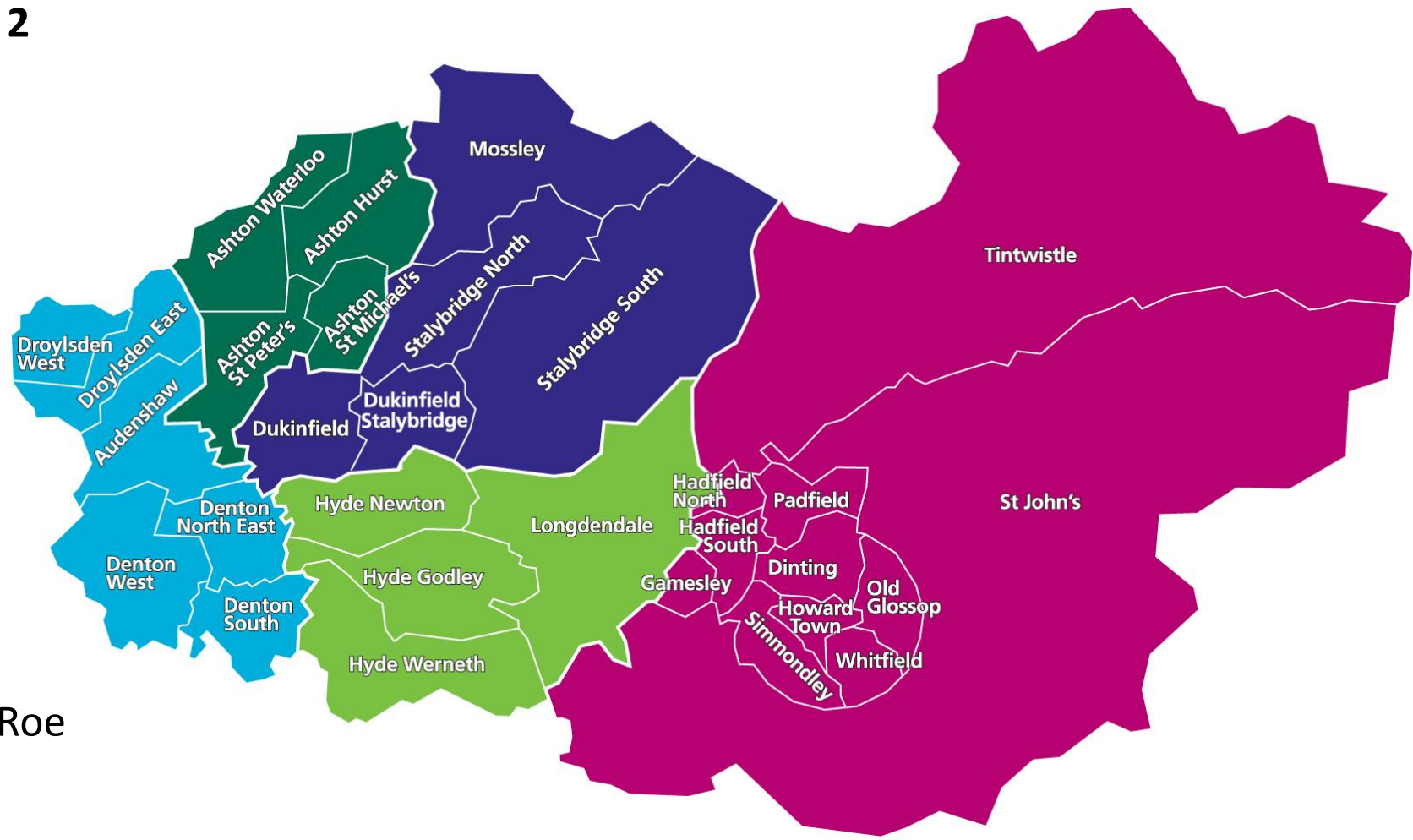
- 6.1 As stated on the front cover of the report.

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Tameside and Glossop Strategic Commission

Finance Update Report Period Ending 31st March 2021 Month 2

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Kathy Roe

Period 2 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)). 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

This is the first financial monitoring report for the 2020/21 financial year, reflecting actual expenditure to 31 May 2020 and forecasts to 31 March 2021. In the context of the on-going Covid-19 pandemic, the forecasts for the rest of the financial year and future year modelling has been prepared using the best information available but is based on a number of assumptions. Forecasts are inevitably likely to be subject to change over the course of the year as more information becomes available, and there is greater certainty over assumptions.

This report is focused on the Strategic Commission budgets and forecasts only this month. The Integrated Care Foundation Trust financial position will be included at month 3 when the wider Finance Economy Report will be produced. The ICFT and CCG continue to operate under a 'Command and Control' regime, directed by NHS England & Improvement (NHSE&I). NHSE has assumed responsibility for elements of commissioning and procurement and **CCGs have been advised to assume a break-even financial position in 2020-21**. A notional £6.2m Government funding is available for CCG COVID expenditure including Local Authority hospital discharges. It is proposed this is added to the CCG contribution to the Integrated Commissioning Fund.

As at Period 2, **the Council is forecasting an overspend against budget of £4.041m**. The gross overspend before COVID funding and other contributions is £19.054m, of which £14.297m is attributed to COVID related pressures. £4.757m of pressure is not related to COVID but reflects underlying financial issues that the Council would be facing regardless of the current pandemic. The Council is in receipt of £13.906m of COVID grant funding from Government (of which £0.027m was used in 2019/20), and the balance of this grant together with other COVID related contributions, results in forecast additional income in 2020/21 of £15.013m to offset COVID costs.

The forecast of £4.041m over budget does not include any additional costs relating to financial support for the Council's Sport and Leisure provider, Active Tameside. It is currently assumed that temporary financial support will be reimbursed through Active Tameside's Business Interruption Insurance. If this does not materialise, there remains a further financial risk to the Council which could increase the forecast overspend for 2020/21.

Forecast Position £000's	Gross Expenditure Budget	Gross Income Budget	Net Budget	Forecast	Variance	COVID Variance	Non-COVID Variance
CCG Budget Total	432,760	0	432,760	438,722	(5,962)	(5,962)	0
COVID-19 Notional 20/21 Funding	0	0	0	(5,962)	5,962	5,962	0
Total after COVID Funding	432,760	0	432,760	432,760	0	0	0
Council Budgets Total	542,502	(337,223)	205,279	224,333	(19,054)	(14,297)	(4,757)
COVID-19 Grant Funding	0	0	0	(13,879)	13,879	13,879	0
Other COVID contributions	0	0	0	(1,135)	1,135	1,135	0
Total after COVID Funding	542,502	(337,223)	205,279	209,320	(4,041)	717	(4,757)
Active Tameside Risk	0	0	0	3,500	(3,500)	(3,500)	0
Totals including risk areas	975,262	(337,223)	638,039	645,580	(7,541)	(2,783)	(4,757)

Finance Update Report – Strategic Commission Budgets

Budgets are facing significant pressures across many service areas. COVID pressures are a significant driver of this, with pressures arising from additional costs or demand, and significant shortfalls of council income in many areas. External COVID funding and other contributions should help to offset this pressure. However, over £4.7m of forecast budget overspends do not relate to COVID pressures but instead reflect an underlying financial position which requires urgent attention by Directorates.

Forecast Position £000's	Gross Expenditure Budget	Gross Income Budget	Net Budget	Forecast	Variance	COVID Variance	Non-COVID Variance
Acute	223,219	0	223,219	223,238	(19)	(19)	0
Mental Health	40,039	0	40,039	40,561	(522)	(522)	0
Primary Care	90,771	0	90,771	91,110	(339)	(339)	0
Continuing Care	17,332	0	17,332	17,332	0	0	0
Community	34,107	0	34,107	34,121	(13)	(13)	0
Other CCG	22,805	0	22,805	27,874	(5,069)	(5,069)	0
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0
CCG Running Costs	4,486	0	4,486	4,486	0	0	0
COVID-19 Notional 20/21 Funding	0	0	0	(5,962)	5,962	5,962	0
CCG Budgets Total	432,760	0	432,760	432,760	(0)	(0)	0
Adults	87,405	(48,961)	38,444	41,291	(2,847)	(1,730)	(1,117)
Children's Services	64,043	(10,098)	53,946	56,339	(2,394)	(53)	(2,341)
Education	32,277	(26,079)	6,198	7,234	(1,036)	(168)	(868)
Schools	119,648	(119,648)	0	0	0	0	0
Population Health	15,882	(263)	15,619	15,619	0	0	0
Operations and Neighbourhoods	80,537	(27,566)	52,971	53,982	(1,011)	(1,136)	125
Growth	45,686	(34,706)	10,981	12,130	(1,149)	(240)	(909)
Governance	67,081	(57,550)	9,531	9,249	281	84	197
Finance & IT	10,056	(2,196)	7,860	7,853	7	0	7
Quality and Safeguarding	448	(232)	216	210	6	0	6
Capital and Financing	10,619	(9,624)	996	10,209	(9,214)	(9,263)	50
Contingency	3,284	0	3,284	3,307	(23)	0	(23)
Contingency - COVID Direct Costs	0	0	0	1,498	(1,498)	(1,498)	0
Corporate Costs	5,536	(301)	5,234	5,412	(178)	(293)	115
Council Budgets Total	542,502	(337,223)	205,279	224,333	(19,054)	(14,297)	(4,757)
COVID-19 Grant Funding	0	0	0	(13,879)	13,879	13,879	0
Other COVID contributions	0	0	0	(1,135)	1,135	1,135	0
Total after COVID Funding	542,502	(337,223)	205,279	209,320	(4,041)	717	(4,757)
Active Tameside Risk	0	0	0	3,500	(3,500)	(3,500)	0
Totals including risk areas	542,502	(337,223)	205,279	212,820	(7,541)	(2,783)	(4,757)

Finance Update Report – Council Budgets

Adults (£2.847m)

There are a number of projected variances that are under review across the directorate budget at 31 May period end - these will be updated during future monitoring reports. It should be noted that a number of the variances still require additional investigation and validation at this stage.

The impact of Covid-19 has delayed the progression of key priority initiatives across the directorate – these include the progression of the Moving With Dignity, Day Services Review and Resettlement programme savings initiatives. The expected total annual savings for these programmes was £ 1.7m – if 25% of these savings are delivered this would realise £ 0.43 million and reduce the projected adverse variance. In addition, the estimated budgetary impact of the demographic increase in service demand has been retained in the Council's contingency budget. This will be allocated to the directorate budget at period 3 monitoring – a budget increase of £ 0.23 million and further reduction to the projected variance. Alongside these variances, existing Covid-19 related costs within the directorate are being reviewed to ascertain appropriate funding sources.

Further scrutiny of the budget and associated demand drivers continues across the directorate. The impact of this will be reported during the remainder of 20/21 to ensure a balanced budget is delivered at 31 March 2021, whilst also evaluating the ongoing budgetary impact in future years.

Education (£1.036m)

- SEN Transport (£0.624m) - A further pressure is currently projected for the service in 2020/21 based on the Summer 20 term route costs. The demand for SEN Transport continues to rise due to the increase in the number of pupils eligible and the increase in out of borough placements. An additional £200k, currently held in contingency, is due to be transferred to the SEN Transport budget which will partially alleviate the pressure resulting in an updated pressure of £424k. It is estimated that £14k of this pressure relates to additional costs of transporting pupils in the Eater and Summer half term holidays as a result of schools being open to vulnerable and key worker children during the Covid 19 situation.
- The Education service is projected to under achieve on its traded income with schools by £0.432m due to a reduced buy in to services. Work is being undertaken to fully understand this pressure and meetings are taking place with the relevant service managers to agree how this pressure can be managed.
- There is a projected decrease in Education Welfare penalty notice income due to changes in government legislation, and a projected loss of Parental and other community income for the Music Service due to restricted access to the service during the COVID lockdown period.

Corporate Costs (£0.178m)

The overall variance is net of some minor savings across budget areas. Pressures relate to a forecast increase in the cost of the Coroners Service and the Council's share of Greater Manchester temporary Mortuary Costs as a result of the COVID-19 pandemic.

Children's Services (Social Care) (£2.394m)

The Local Authority is currently experiencing a reduction in the numbers of children referred into the service via our MASH arrangements. The reduction is replicated across GM with recent data indicating that there has been a 45.9% reduction in referrals. This is in the main as a result of schools closing and the impact of Covid 19 on parents/carers taking their children for health appointments, attending hospital A&E and going to the GP.

We are still unclear what will happen once lockdown ends and children gradually go back to School, but it is anticipated that there will be an increase in referrals as the hidden harm that has occurred during lockdown is reported by children on their return to School and/or through health routes as services return to normal. This in turn may lead to an increase in the numbers of Children subject to Child In Need Plans, Child Protection Plans and an increase in the number of children who are Looked After by the Local Authority. Although there are no precise predictions available, the national conversation anticipates this surge in demand to occur over an extended period, but most likely in September – October. If the predicted increases happen, then despite all the work we are doing to reduce the number of Children Looked After via the 7 Sustainability Projects, the target of a reduction in the number of Children Looked After to 650 by April 2021 may not be achieved and the cost avoidance and savings attached to the 7 sustainability projects will not be fully realised.

Another factor for consideration is the slowing of cases through the court process as a result of a number of factors including virtual hearings. This has led to a more cautious approach to final contested hearings, which in the medium to long term is likely to lead to a blockage in the court system leading to delays. This understandable caution is designed to ensure that parents and other interested parties are able to engage fully with the proceedings and to prevent future potential challenge to decisions via appeals. However this will inevitably impact on the timescales for cases to be concluded and the effect of this will be to delay children achieving permanence via adoption, Special Guardianship Orders or by the discharge of care orders. We are unsure at this time the full impact of this on our Looked After Children numbers, but this will likely mean that some children remain Looked After for longer than anticipated with the subsequent financial costs for the Local Authority

The financial implications of the issues above are difficult to quantify. What is certain is that the current projected reduction in the number of children looked after to 650 by April 2021, and the savings attached to this reduction, is now unlikely to be fully realised.

Despite the impact of Covid-19 we have continued to address the challenges and to work towards implementation of the 7 Looked After Sustainability projects. Significant work has been completed, is under way, or planned to progress during Covid 19, alongside other work streams. Covid-19 has impacted negatively on the progress of some aspects of the projects, resulting in some slippage of timescales. The delayed implementation of some projects will have an impact on cost avoidance and actual savings.

It is positive to note that the process and plans that have been put into place for the duration of the Covid-19 pandemic, including Early Help and Children Social Care teams working much closely with schools and partners has meant that the service has started to work albeit virtually, on a more neighbourhood/locality model as a default position to enable the Local Authority to most effectively support vulnerable children and families. This puts the service in a strong position to resume its focus on co-location and multi-agency locality working once we are able to.

Finance Update Report – Council Budgets

Operations & Neighbourhoods (£1.011m)

The overall forecast position is net of a number of forecast savings across the Directorate, including:

- **£0.1m** Employee cost savings due to vacant posts in Culture and Customer Services
- **£0.12m** Savings on events as result of Covid-19 restrictions
- **£0.265m** budget saving on the transport levy
- **£0.301m** savings on transport in Operations & Greenspace
- **£0.292m** savings on street sweepings disposal costs

Pressures are forecast due to a combination of additional costs and non-recovery of income, including:

- **£0.164m** additional fees and charges target is not expected to be delivered
- **£0.071m** additional costs to enable homelessness service users to self isolate
- **£0.278m** energy costs due to delays on LED street lighting replacement
- **£0.302m** forecast increase in the waste levy due to increased waste tonnages
- **£0.665m** forecast shortfall in car parking income due to COVID-19 and additional car parks not becoming operational
- **£0.140m** income shortfalls in markets due to Covid-19 and national trends
- **£0.214m** income shortfalls within licensing and public protection, partially attributable to Covid-19.

Growth (£1.149m)

Savings of £0.215m are forecast on premises costs due to a number of vacant sites, however significant pressures exist across the directorate including:

- £0.500m additional income from rent reviews is not expected to be delivered. The Estates team is currently developing a rent review plan based on a recent survey of assets.
- £0.235m agency staff covering permanent posts. Plan to recruit permanent staff as soon as possible.
- £0.165m under achievement of planning service income, due in part to Covid-19
- £0.144m loss on room hire income, due in part to Covid-19
- £0.118 loss of rental income to Estates
- £0.103 additional premises expenditure, some of which is due to Covid-19.

Capital & Financing (£9.214m)

Forecasts assume that any budgeted income from Manchester Airport Group (MAG) will not be received due to the financial impact of the COVID 19 crisis on the Airport. This represents a worst-case scenario and could be amended later on in year with the possibility of some of this income being accrued for. The best case scenario will be an income shortfall of £6.4m as no dividend is expected in this financial year.

Corporate Costs (£0.178m)

The overall variance is net of some minor savings across budget areas. Pressures relate to a forecast increase in the cost of the Coroners Service and the Council's share of Greater Manchester temporary Mortuary Costs as a result of the COVID-19 pandemic.

Month 2 CCG Forecasts

The CCG financial position at Month 2 is based on the 2020-21 financial plans approved through governance. With the outbreak of COVID-19 in March, emergency planning procedures were instigated by NHS England and Improvement (NHSE&I) and it was declared that the NHS would operate within a national command and control framework. As such NHSE assumed responsibility for elements of commissioning and procurement and CCGs were advised to assume a break-even financial position in 2020-21. The month 2 position is therefore prepared in accordance with that explicit advice whereby the actual values reconcile to the planned 2020-21 budgets submitted to NHSE before the outbreak of the pandemic.

The NHS is clearly operating in unprecedented circumstances and whilst NHSE have instigated and continue to implement emergency procedures on a month by month basis to ensure delivery of front-line services and manage the pandemic, for the purpose of financial reporting, it is important to note the caveat underlying the CCG's financial position; which is, the CCG is working on the assumption that the pre-COVID financial plans prepared in line with the published allocations still stand. We will separately report the costs attributable to COVID-19 during this period together with the Government's notional allocation to fund this emergency expenditure.

Furthermore, it must be recognised that within the above reported position, in order to comply with the advice of assuming break-even, this assumes the 2020-21 QIPP target of £12.5m will be fully achieved. Whilst we are under the month by month national command and control regime, it is not yet clear how this will be fully met in the current conditions. However, the CCG is still making every effort to fully deliver the QIPP in 2020-21 but it is likely the profile of delivery will move to later in the financial year. Further guidance is expected from NHSE as we move forward throughout the year, which will provide clarification on how CCGs will meet their statutory control totals and respond to these challenges.

The NW Regional Director for NHSE&I, Bill McCarthy, wrote to CCG Accountable Officers on the 8th June confirming the responsibilities of CCGs and governance whilst under the national command and control regime. Pertinent extracts of that communication is as follows:

“The basic principle is that Boards [Governing Bodies] retain all of their responsibilities apart from those brought into the emergency governance arrangements. So, for example, quality, safeguarding, staff welfare, equalities, financial probity all remain essential areas for the Board to oversee and scrutinize.

Once a level 4 incident is declared, in health NHSE take responsibility for “running the emergency”. This means that new governance arrangements are established for decision making within the scope of the emergency. In the NW we have set out governance arrangements ... which remain in place for the duration. ... This commits resource which is then reflected in the operation of the emergency financial regime.”

It is the context of this narrative which the CCG has taken to support the approach of preparing our month 2 position in accordance with our original plans before the instigation of extraordinary emergency procedures.

CCG COVID-19 Spend

Tameside & Glossop CCG COVID-19 Claims	March Actual	April Actual	May Actual	June Forecast	July Forecast	August Forecast	September Forecast	Total
Hospital Discharge Programme	151,222	655,367	1,127,364	843,001	843,001	0	0	3,619,956
Remote management of patients	175,417	391,081	387,137	285,295	214,731	5,606	3,561	1,462,829
National Procurement Areas	0	204,973	139,509	150,000	150,000	0	0	644,482
Backfill for higher sickness absence	0	0	21,985	0	0	0	0	21,985
Internal and external communication costs	0	0	0	46,579	0	0	0	46,579
Other Covid-19	0	33,646	12,998	363,034	67,800	7,800	7,800	493,078
PPE	41,922	0	0	0	0	0	0	41,922
Support stay at home model	94,860	0	0	0	0	0	0	94,860
Sickness / isolation cover	7,282	0	0	0	0	0	0	7,282
Other action (provide commentary)	75,792	0	0	0	0	0	0	75,792
Grand Total	546,496	1,285,067	1,688,994	1,687,909	1,275,532	13,406	11,361	6,508,766

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- The table above summarises COVID spend by the CCG. An indicative figure has been published, showing expected COVID spend by CCG based on a fair share of national COVID funding to the end of July. This gives an indicative spend figure of £6.2m in T&G.
- Forecasts based on current run rates would result in spend of approximately £6.5m by the end of July, so approximately £300k higher than the national expectation.
- The forecast of £6.5m has been reported back to NHSE but it is unclear at this stage if this pressure will be funded.
- Current funding arrangements have been confirmed to the end of July. We are awaiting guidance on what will happen beyond this point, but an extension of some form of command and control is likely.
- The table spans two financial years. £546k of COVID spend relates to the 19/20 financial year, with £5,508k relating to the current financial year.

FINANCIAL IMPACT ANALYSIS

It remains difficult to accurately establish the medium term financial impact of the pandemic at this early stage across the Strategic Commission. The full extent of additional service demands and costs are being captured, but the longer term impacts can only be forecast. Similarly, the longer term impacts on income sources can be estimated but with varying degrees of accuracy as the economic consequences of COVID-19 are currently speculative.

	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
	'£000	'£000	'£000	'£000	'£000	'£000
February 2020 Gap	0	19,661	21,249	26,761	31,278	37,278
Covid19 Pressure:						
Best case scenario	(291)	36,375	33,226	37,830	37,012	41,178
Worst case scenario	18,494	61,297	48,227	50,399	49,697	48,628
Likely scenario	7,541	48,437	39,550	43,668	44,206	45,378

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Best case:

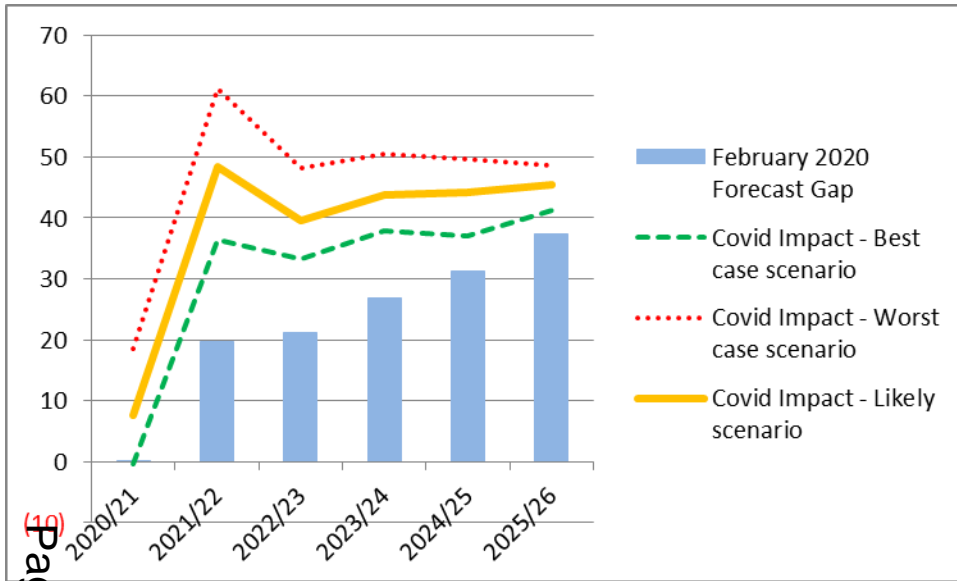
- Delivery of savings commences during 20/21
- Additional costs and demand only 50% of current forecast
- Minimal additional borrowing
- Airport income (excluding dividend) continues, dividend resumes in 2024
- Council Tax and Business Rates collection down 5%
- Minimal losses in fees and charges, recovery begins in 2020/21
- Provider Trusts break-even in 2020/21

Likely Scenario assumes:

- Implementation of savings plans delayed until 21/22
- Additional costs and demand as currently estimated
- Additional borrowing costs incurred to fund capital investment requirements
- Airport bond interest and land rental reduced, no dividend until 2025
- Council Tax and Business Rates Collection down 10%
- Assumed losses in fees and charges begin to recover in 2021/22
- Additional funding provided to ensure providers break even

Worst case:

- Planned savings not delivered until 22/23
- Additional costs and demand exceed current forecasts
- Significant increase in borrowing costs
- No income from Airport until 2026
- Council Tax and Business Rates Collection down 15%
- Fees and charges recovery does not commence until 2022/23
- CCGs have to provide financial support to providers to sustain services



Initial analysis of the potential financial impacts using a best, worst and likely scenario concludes that the likely financial impact will be significant both in the current and future financial years. The government funding in 2020/21 will offset the additional costs and loss of income, however future years are expected to see a continued loss of income with no additional resources. In addition, there are significant financial pressures on Council budgets which are not attributable to Covid-19 and will have financial implications for future years. A one year government funding settlement is expected for 2021/22 but this is unlikely to be published until late 2020, resulting in significant uncertainty over funding levels for 2021/22.

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Next Steps

Work will continue over the next few weeks to further understand the pressures identified at Period 2 and determine what corrective actions can be taken within Directorates to reduce the forecast overspend. Direct and indirect Covid related costs will continue to be tracked and monitored, and reported back to Government through the monthly Covid returns.

Focus will then need to move to planning for 2021/22 and beyond. Significant work is required across the Strategic Commission to identify and begin to deliver transformation in service delivery, focused on rebuilding post-Covid in a way that delivers better but more efficient services to our communities.

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Dedicated Schools Grant 2020/21

The dedicated schools grant is allocated through a nationally determined formula to local authorities in 4 blocks;

- Central Services Schools Block - provided to provide funding to Local Authorities to support carrying out statutory duties on behalf of schools.
- Schools Block - This is intended to fund mainstream (non-special) Schools
- High Needs Block - This is to fund Special Schools, additional support in mainstream schools for Special Educational Needs (SEND) and other SEND placements / support.
- Early Years Block - This funds the free/extended entitlement & funding of places for 2, 3 and 4 year olds in school nurseries and Private, Voluntary and Independent (PVI) Sector settings.

DSG Funding Blocks	Estimated DSG Settlement 2020/21 £000	Block Transfer 2020/21 £000	Revised DSG 2020/21 £000	Projected Distribution / Spend 2020/21 £000	Forecast Surplus / (Deficit) £000
Schools Block	169,918	(850)	169,068	169,018	50
Central School Services Block	953	0	953	953	0
High Needs Block (Pre/Post 16)	24,401	850	25,250	30,055	(4,804)
Early Years Block	16,776	0	16,776	16,776	0
Total	212,048	0	212,048	216,802	(4,754)

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The projected outturn position against the 2020/21 DSG settlement is included in the table above. It should be noted that the DSG allocation is adjusted throughout the financial year by the DfE for High Needs allocations to academies and out of borough adjustments and Early Years Funding based on take-up of places. Members should note the Schools Forum voted to a 0.5% transfer from the Schools Block to the High Needs Block of £0.850m. This was in recognition of the significant overspends of the High Needs Funding in 2019/20 of £4.568m. Tameside MBC starts the financial year with a carried forward deficit of £0.557m which will need to be addressed.

The surplus on the schools block relates under spending due to rates rebates in relation to Schools who recently converted to Academy status and actual rates charges being lower than estimated. It is estimated to be £0.050m. There may be further underspends in relation to the allocation of growth funding. The growth allocation is based on pupil numbers at the October 20 census point, the figures will be updated once this has been finalised. Any underspends will be needed to contribute to the DSG reserve deficit.

The Central School Services Block is expected to be spent in full.

High Needs

The projected in-year deficit on the high needs block is expected to be £4.804m. This is after the additional funding from the £0.850m transfer from the schools block. Also, included in this figure is £2.971m of in-year growth. The financial pressures in the High Needs Block are therefore serious and represent a high risk to the Council.

The Growth projection is based on current timeline information which shows the increases in the number of Education, Health and Care Plan's (EHCP's) seen in 2019-20 is continuing to rise at a similar level in the first part of this financial year.

- In 2018-19 the number of plans increased by 322 from 945 to 1267.
- In 2019-20 the number of plans increased by 303 from to 1570.
- Current projections show if plans continue to increase at current levels the number of plans issued could increase by a further 280 by the end of the financial year. This represents approx. cost of £2.971m in Growth. Work is continuing in this area of the budget in order to analyse and a project future growth as accurately as possible.

Work has also started on the High Needs Review as identified in the SEND Implementation plan and it is expected the Growth projections will need to take aspects of this review into account, in particularly:

- The review of Top Up Rates
- Resourced and Specialist Provision across the borough
- Capacity to meet need and demand for places in special schools, Independent and Out of Borough Providers

Any costs or savings arising from this work has not as yet been factored into the figures as we do not have sufficient information regarding the implementation of any of these work plans.

Early Years

The Early years block is currently expected to be on target however there may be significant financial pressures in this sector relating to sustainability for providers due to Covid19 closures. Dfe have enabled local authorities to use the funding in this area more flexibly, however with a caveat that the Local Authority must continue to fund early year's settings for free entitlement as normal. The flexibility allows the LA to utilise its centrally held funding to support the sector if they underspend their part of the allocation. There is not sufficient information currently available to predict the impact of this at this stage.

There will be an update to the Early Years DSG settlement in July 20 to reflect pupil numbers in the January 2020 census.

The DSG will be monitored and regular updates will be reported to members.

DEDICATED SCHOOLS GRANT RESERVE POSITION

Prior year's dedicated schools grant is set aside in an earmarked reserve details of which are outlined in the table below for both the final year end position in 2019/20 and the projection for 2020/21.

	2019/20 Surplus / (Deficit) £000	2020/21 Forecast Surplus / (Deficit) £000
DSG Reserve Brought Forward	3,228	(557)
Schools Block	114	50
In year deficit on High Needs Block	(4,568)	(4,804)
In year surplus on Early Years	251	0
Estimated Early Years 2019-20 Adjustment (TBC June 2020)	296	
Early Years Block 2018-19 Adjustment	122	
DSG Reserve after Commitments	(557)	(5,311)

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In 2019/20 there has been a reduction in the reserve, in the main this due to funding the overspend on the High Needs Block. There have been contributions to the reserve in year too, the most significant of these relating to surplus funds in the Early Years Block.

If the 2020/21 projections materialise, there would be a deficit of £5.311m on the DSG. This would mean it is likely a deficit recovery plan would have to be submitted to the DfE outlining how we expect to recover this deficit and manage spending over the next 3 years and will require discussions and agreement of the Schools Forum. The position will be closely monitored throughout the year and updates will be reported to Members.

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APPENDIX 3

IRRECOVERABLE DEBTS OVER £3000

1 January 2020 to 31 March 2020

Note individuals are anonymised

REF:	DEBT:	FINANCIAL YEAR(S)	BALANCE	TOTAL
65554986	Business Rates	Shah DN Ltd Borak 83 – 85 Haughton Green Road Denton M34 7GR <i>Company Dissolved 17/09/2019</i>	2017 – 2018 £1257.16 2018 – 2019 £6091.53	£7348.69
65518973	Business Rates	Storebuild Ltd King Street Denton M34 6PF <i>Company Dissolved 04/06/2019</i>	2015 – 2016 £94.00 2016 – 2017 £21,596.82 2017 – 2018 £6192.94	£27,883.76
65579718	Business Rates	Gardeners Arms Denton Ltd Gardeners Arms Stockport Road Denton M34 6AD <i>Company Dissolved 19/11/2019</i>	2019 – 2020 £3308.93	£3308.93
5576924	Business Rates	Naqvi Stores Ltd 90 – 94 Manchester Road Denton M34 3PR <i>Company Dissolved 07/01/2000</i>	2018 – 2019 £5217.33 2019 – 2020 £4338.50	£9555.83
65233852	Business Rates	Edward Meeks Shubars Ltd 30 – 38 Old Street Ashton under Lyne OL6 6LB <i>Company Dissolved 20/08/2019</i>	2018 – 2019 £11,857.61	£11,857.61
65559769	Business Rates	Mikern Ltd Unit 2 Azad House Bentinck Street Ashton under Lyne OL6 7SN <i>Company Dissolved 06/08/2019</i>	2018 – 2019 £8671.77 2019 – 2020 £893.47	£9565.24
BUSINESS RATES		SUB TOTAL – Company Dissolved	£69,520.06	
65513831	Business Rates	Quinn Ltd Beck and Pollitzer Engineering Park Road Stalybridge SK15 1TA <i>Company in Liquidation 18/05/2018</i>	2015 - 2016 £6927.97	£6927.97
65504509	Business Rates	Cheshire Packaging Group Ltd Unit B2 Newton Business Park Talbot Road Hyde SK14 4UQ <i>Company in Liquidation 16/12/2019</i>	2019 – 2020 £8977.21	£8977.21
65543009	Business Rates	Centre Lease Ltd Car Park, Greenside Lane Droylsden M43 7AE <i>Company in Liquidation 05/04/2019</i>	2017 – 2018 £7858.49	£7858.49
6558302	Business Rates	Alrayah Ltd Suite 10 & 11, 257 Stockport Road	2017 – 2018 £435.71	£4347.10

		Ashton under Lyne OL6 0NT Company in Liquidation 11/07/2019	2018 – 2019 £2984.58 2019 – 2020 £926.81	
65542778	Business Rates	BSS LED (R&D) Ltd Units 5 & 6 Shepley Road Industrial Estate South Shepley Road Audenshaw M34 5DW Company in Liquidation 19/11/2019	2017 – 2018 £21,417.50 2018 – 2019 £32,291.50 2019 – 2020 £8961.84	£62,670.84
65119888	Business Rates	Causeway Bay Enterprise Ltd Fold Way Ashton under Lyne OL7 0PG Company in Liquidation 14/10/2019	2019 – 2020 £7319.93	£7319.93
65582691	Business Rates	Kaymore Ltd Unit 9 The Arcades Warrington Street Ashton under Lyne OL6 7JE Company in Liquidation 05/08/2019	2019 – 2020 £3681.82	£3681.82
65577330	Business Rates	Sunnier Solutions Ltd Midland Bank Ltd Market Street Hyde SK14 2QN Company in Liquidation 08/02/2019	2018 – 2019 £1526.79 2019 – 2020 £4614.86	£6141.65
65545142	Business Rates	Sweat Union Ltd Unit 6E Crown Point North Shopping Centre Worthington Way Denton M34 3JP Company in Liquidation 14/05/2019	2019 – 2020 £7046.36	£7046.36
65558094	Business Rates	Total Controlled Demolition Ltd Waterside Mill Texas Street Ashton under Lyne OL6 6UJ Company in Liquidation 05/09/2019	2018 – 2019 £6445.36	£6445.36
BUSINESS RATES		SUB TOTAL – Company in Liquidation	£121,416.73	
65506833	Business Rates Anonymised as an individual	2014 – 2015 £2020.12 2015 – 2016 £2976.00 2016 – 2017 £3094.80 2017 – 2018 £1111.88	£9202.80	Bankruptcy Order made 02/03/2018
65520105	Business Rates Anonymised as an individual	2015 – 2016 £2047.18 2016 – 2017 £2565.20 2017 – 2018 £902.75	£5515.13	Bankruptcy Order made 02/03/2018
65532139	Business Rates Anonymised as an individual	2018 – 2019 £1722.00 2019 – 2020 £1404.05	£3126.05	Bankruptcy Order made 06/11/2019

65564884	Business Rates Anonymised as an individual	2017 – 2018 £1129.08 2018 – 2019 £8160.00 2019 – 1010 £1831.85	£11,120.93	Bankruptcy Order made 22/07/2019
65439537	Business Rates Anonymised as an individual	2015 – 2016 £5000.00 2016 – 2017 £311.45	£5311.45	Bankruptcy Order made 08/08/2017
65132867	Business Rates Anonymised as an individual	2016 – 2017 £3085.00	£3085.00	Bankruptcy Order made 13/02/2017
BUSINESS RATES		SUB TOTAL – Bankruptcy Order	£37,361.36	
65595116	Business Rates	Arcadia Group Ltd 51 Warrington Street Ashton under Lyne OL6 7JG Company Voluntary Arrangement 12/06/2019	2019 – 2020 £12,784.80	£12,784.80
65528789	Business Rates	Etnalusa Ltd 185 – 189 Stamford Street Ashton under Lyne OL6 7PY Company Voluntary Arrangement 15/10/2019	2019 – 2020 £9071.00	£9071.00
65528772	Business Rates	Etnalusa Ltd 44 – 46 Market Street Hyde SK14 1AH Company Voluntary Arrangement 15/10/2019	2019 – 2020 £7903.17	£7903.17
65577859	Business Rates	Genus UK Ltd 24 Greenside Shopping Centre Greenside Lane Droylsden M43 7YY Company Voluntary Arrangement 09/05/2019	2019 – 2020 £11,422.00	£11,422.00
BUSINESS RATES		SUB TOTAL – Company Voluntary Arrangement	£41,180.97	
65545975	Business Rates Anonymised as an individual	2017 – 2018 £411.11 2018 – 2019 £3163.50 2019 – 2020 £125.21	£3699.82	Individual Voluntary Arrangement 31/07/2019
BUSINESS RATES		SUB TOTAL – Individual Voluntary Arrangement	£3699.82	
BUSINESS RATES IRRECOVERABLE BY LAW TOTAL			£273,178.94	
7211452	Overpaid Housing Benefit	27/04/2014 - 22/12/2014 05/01/2015 – 21/12/2015 04/01/2016 – 07/03/2016	£5003.03	Individual Voluntary Arrangement 21/06/2017
7028713	Overpaid Housing Benefit	12/08/2013 – 31/03/2014 01/04/2014 – 31/03/2015 01/04/2015 – 22/06/2015	£3634.40	Individual Voluntary Arrangement 10/8/2017

7162093	Overpaid Housing Benefit	05/01/2015 – 18/01/2016	£4113.54	Individual Voluntary Arrangement 02/08/2019
OVERPAID HOUSING BENEFIT		SUB TOTAL – Individual Voluntary Arrangement	£12,750.97	
7239159	Overpaid Housing Benefit (to Landlord)	Abacus Services UK Ltd 651A Mauldeth Road Chorlton M21 7SA Company Dissolved 08/01/2019	13/04/2017 – 05/06/2017 & 09/03/2017 to 13/03/2017 £3399.11	£3399.11
OVERPAID HOUSING BENEFIT		SUB TOTAL – Company Dissolved	£3399.11	
7208627	Overpaid Housing Benefit	30/06/2014 – 31/05/2015 01/04/2015 – 16/11/2015	£6666.66	Bankruptcy Order made 07/09/2019
OVERPAID HOUSING BENEFIT		SUB TOTAL – Bankruptcy Order	£6666.66	
OVERPAID HOUSING BENEFIT IRRECOVERABLE BY LAW TOTAL			£22,816.74	
4015630	Sundry Debts, Trade Waste	Carillion Services Ltd P O Box 5502 Wolverhampton WV1 9NS Company in Liquidation 15/12/2018	2017 – 2018 £3067.44 2018 – 2019 £2427.24 2019 – 2020 £2524.32	£8019.00
4003097	Sundry Debts, Trade Waste	St Damians Catholic Science College C/O Carillion Services Ltd P O Box 5502 Wolverhampton WV1 9NS Company in Liquidation 15/12/2018	2016 – 2017 £5390.70 2017 – 2018 £5525.45	£10,916.15
710837	Sundry Debts, Trade Waste	Mossley Hollins School C/O Carillion Services Ltd P O Box 5502 Wolverhampton WV1 9NS Company in Liquidation 15/12/2018	2016 – 2017 £2926.82 2017 – 2018 £3157.40	£6084.22
83328	Sundry Debts, Trade Waste	Samuel Laycock School C/O Carillion Services Ltd P O Box 5502 Wolverhampton WV1 9NS Company in Liquidation 15/12/2018	2016 – 2017 £1540.20 2017 – 2018 £1578.70 2018 – 2019 £1618.16 2019 – 2020 £1682.88	£6419.94
4009938	Sundry Debts, Trade Waste	Whitebridge College C/O Carillion Services Ltd P O Box 5502 Wolverhampton WV1 9NS Company in Liquidation 15/12/2018	2017 – 2018 £1578.70 2018 – 2019 £1618.16 2019 – 2020 £1682.88	£4879.74
4003096	Sundry Debts, Trade Waste	Denton Community College C/O Carillion Services Ltd P O Box 5502 Wolverhampton WV1 9NS Company in Liquidation 15/12/2018	2017 – 2018 £14,997.65	£14,997.65
4002866	Sundry Debts, Pest	Carillion Services Ltd P O Box 5502	2017 – 2018 £6239.99	£6239.99

	Control	Wolverhampton WV1 9NS Company in Liquidation 15/12/2018		
4001942	Sundry Debts Various	Carillion (AMBS) Ltd T/A CLGS P O Box 5502 Wolverhampton WV1 9NS Company in Liquidation 15/12/2018	2014 – 2015 £4525.80 2015 – 2016 £6336.00 2016 – 2017 £48.00 2017 – 2018 £15,104.80	£26,014.60
690290	Sundry Debts, Various	Carillion Service Ltd T/A Facilities Management P O Box 5502 Wolverhampton WV1 9NS Company in Liquidation 15/12/2018	2017 – 2018 £7968.15	£7968.15
4009850	Sundry Debts, Various	Carillion Service Ltd P O Box 5502 Wolverhampton WV1 9NS Company in Liquidation 15/12/2018	2014 – 2015 £21,924.26	£21,924.26
SUNDRY DEBTS		SUB TOTAL – Company in Liquidation	£113,463.70	
SUNDRY DEBT IRRECOVERABLE BY LAW TOTAL			£113,463.70	

DISCRETION TO WRITE OFF OVER £3000

1 January 2020 to 31 March 2020

Note individuals are anonymised

65496554	Business Rates Anonymised as an individual	2014 – 2015 £7304.19 2015 – 2016 £215.23	£7519.42	Absconded, no trace
65091768	Business Rates Anonymised as an individual	2009 – 2010 £4381.58	£4381.58	Absconded, no trace
65473865	Business Rates Anonymised as an individual	2013 – 2014 £5193.72 2014 – 2015 £4679.74	£9873.46	Absconded, no trace
65479610	Business Rates Anonymised as an individual	2013 – 2014 £957.88 2014 – 2015 £4877.75	£5835.63	Absconded, no trace
65543214	Business Rates Anonymised as an individual	2017 – 2018 £8623.79	£8623.79	Absconded, no trace
65531723	Business Rates Anonymised as an individual	2016 – 2017 £3305.64	£3305.65	Absconded, no trace
65450435	Business Rates Anonymised as an individual	2012 – 2013 £3210.91	£3210.91	Absconded, no trace
65541706	Business Rates	Thornbraid Ltd 5 Market Place Hyde	2014 – 2015 £11,830.68 2015 – 2016	£51,645.83

		SK14 2LX Unable to trace company, absconded, no trace	£14,050.50 2016 – 2017 £14,164.50 2017 – 2018 £11,600.15	
BUSINESS RATES		SUB TOTAL – Absconded, no trace	£94,396.27	
BUSINESS RATES DISCRETIONARY WRITE OFF TOTAL			£94,396.27	
7045738	Overpaid Housing Benefit	21/12/2009 – 23/07/2012 29/08/2016 – 05/09/2016	£6962.87	Deceased, no estate
7092257	Overpaid Housing Benefit	30/01/2017 – 13/02/2017 18/04/2011 – 11/06/2012 18/04/2011 – 19/12/2011 02/01/2012 - 11/06/2012	£3892.83	Deceased, no estate
OVERPAID HOUSING BENEFIT		SUB TOTAL – Deceased, no estate	£10,855.70	
7221730	Overpaid Housing Benefit	10/12/2012 - 04/03/2013 29/12/2014 – 29/02/2016	£5296.74	Absconded, no trace
OVERPAID HOUSING BENEFIT		SUB TOTAL – Absconded, no trace	£5296.74	
OVERPAID HOUSING BENEFIT DISCRETIONARY WRITE OFF TOTAL			£16,152.44	
590921	Sundry Debts, Residential Care Charges	2014 – 2015 £1383.70 2015 – 2016 £1202.08 2016 – 2017 £3425.96	£6011.74	Deceased, no estate
4014129	Sundry Debts, Residential Care Charges	2015 – 2016 £4505.30	£4505.30	Deceased, no estate
4007867	Sundry Debts, Residential Care Charges	2013 – 2014 £6965.74	£6965.74	Deceased, no estate
4017189	Sundry Debts, Residential Care Charges	2015 – 2016 £12,892.29 2016 – 2017 £1754.57	£14,646.86	Deceased, no estate
676780	Sundry Debts, Residential Care Charges	2014 – 2015 £14,856.47 2015 – 2016 £20,536.15	£35,392.62	Deceased, no estate
4005190	Sundry Debts, Residential Care Charges	2014 – 2015 £6751.52 2015 – 2016 £4228.22	£10,979.74	Deceased, no estate
4021107	Sundry Debts, Homecare Charges	2017 – 2018 £1458.32 2018 – 2019 £2378.59	£3836.91	Deceased, no estate
4024017	Sundry Debts, Homecare Charges	2018 – 2019 £6333.08	£6333.08	Deceased, no estate
4013283	Sundry Debts, Direct Payment Underpaid Client Contribution	2018 – 2019 £3424.40	£3424.40	Deceased, no estate
4008259	Sundry Debts, Direct Payment Underpaid Client Contribution	2014 – 2015 £6520.27	£6520.27	Deceased, no estate
520933	Sundry Debts, Direct Payment Underpaid Client Contribution	2015 – 2016 £23,583.84	£23,583.84	Deceased, no estate

SUNDRY DEBTS		SUB TOTAL – Deceased, no estate	£122,200.50	
4020700	Sundry Debts, Direct Payment Underpaid Client Contribution	2016 – 2017 £31,604.24	£31,604.24	Absconded, no trace
4021533	Sundry Debts, unpaid direct debit payment	2017 – 2018 £6120.00	£6120.00	Absconded, no trace
SUNDRY DEBTS		SUB TOTAL – Absconded, no trace	£37,724.24	
574659	Sundry Debts, Direct Payment Underpaid Client Contribution	2018 – 2019 £5126.12	£5126.12	Recovery Exhausted
4022805	Sundry Debts, Overpaid Carers Allowance	2017 – 2018 £4997.15	£4997.15	Recovery Exhausted
4013318	Sundry Debts, Overpaid Foster Care Allowance	2014 – 2015 £8604.00	£8604.00	Recovery Exhausted
4012279	Sundry Debts, Deed of Unilateral Undertaking, Planning Application	2015 – 2016 £3703.18	£3703.18	Recovery Exhausted
SUNDRY DEBTS		SUB TOTAL – Recovery Exhausted	£22,430.45	
SUNDRY DEBTS DISCRETIONARY WRITE OFF TOTAL			£182,355.19	

SUMMARY OF UNRECOVERABLE DEBT OVER £3000

IRRECOVERABLE by law	Council Tax	NIL
	Business Rates	£273,178.94
	Overpaid Housing Benefit	£22,816.74
	Sundry	£113,463.70
	TOTAL	£409,459.38

DISCRETIONARY write off – meaning no further resources will be used to actively pursue	Council Tax	NIL
	Business Rates	£94,396.27
	Overpaid Housing Benefit	£16,152.44
	Sundry	£182,355.19
	TOTAL	£292,903.90

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Report to: STRATEGIC COMMISSIONING BOARD

Date: 24 June 2020

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

Clinical Lead: Dr Christine Ahmed – Clinical Lead

Reporting Officer: Jessica Williams – Director of Commissioning

Subject: **MINIMISING THE IMPACT OF THE NATIONAL PAUSE IN ASSISTED CONCEPTION TREATMENT**

Report Summary: In line with National guidance, and to help the NHS in Greater Manchester face the outbreak of COVID-19 all three providers of Assisted Conception services were asked to pause treatment. In May new guidance advised the resumption of treatment.

The Tameside and Glossop Assisted Conception policy states for IVF:

For women aged 39 and under:

The CCG funds 3 cycles (includes abandoned or cancelled cycles).

If the woman turns 40 before all cycles are complete then no further treatment will be funded after the current cycle is completed.'

IVF for women aged 40-42 (i.e. before her 43rd birthday), - all CCGs offer 1 full cycle provided:

- They have never previously had IVF (including privately) – (For same sex female couples: neither partner has previously had IVF)
- There has been a discussion about the implications of IVF at this age

The pause in treatment due to the COVID-19 pandemic may have resulted in cancelled/abandoned cycles and may also mean that some patients reach the cut-off age for their first, or further, IVF cycles because their treatment start has had to be delayed.

In addition some patients with an ongoing cycle may have it cancelled or abandoned due to coronavirus symptoms.

This report seeks to agree a way forward that mitigates the negative impact of the COVID-19 pandemic on couples eligible for IVF under the Assisted Conception policy.

Recommendations: Strategic Commissioning Board are asked to approve

A replacement treatment cycle if the original cycle had to be abandoned due to the service pause.

Patients who reach the cut-off age before receiving all their cycles because their treatment start has had to be delayed are permitted to have those cycles missed provided no additional delays requested by the couple.

Patients who restart treatment in 20/21 who have a treatment cycle stopped due to coronavirus symptoms developing during

their treatment are permitted a replacement cycle.

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

Budget Allocation (if Investment Decision) £0.4m (*Annual IVF Budget*)

CCG or TMBC Budget Allocation CCG

Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration Section 75

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

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons The proposal within this report are to continue to offer the agreed service specification and extend the period due to COVID and that activity volume following national guidance will resume following the temporary pause in April and May. Financial plans are in place that deliver the expected levels of throughput, however there are national “command and control” measures in place as outlined below for NHS Providers.

Additional Comments

The financial impact in total for IVF is a difficult one to calculate at this stage as there are still some unknown factors and in some cases the CCG does not have the granular data as outlined in section 4.3 to be able to quantify.

Under normal contracting arrangements the provision of IVF services is paid to Providers on a cost per case basis with cancelled cycles being paid at 1/3 tariff and abandoned cycles at 2/3 of the tariff. This process is technically still in place in 20/21, with some changes to NHS Providers.

For example, The NHS provider, Manchester University Hospital Foundation Trust (MFT) is subject to central “Command and Control” conditions, which places this contract on a full block basis for the initial period of April to July. (This has subsequently been extended to Oct 2020). As a result of this, payments made to MFT are based on activity M1-M11 forecast of 19/20 and therefore will indirectly pick up the average cost of delivering IVF services to T&G patients. The Provider Trust would request a top-up payment from the national team to allow for a breakeven provider position, as nationally instructed.

Whilst NHS block payments would inevitably contribute towards IVF services that got suspended, there is no current guidance about how CCGs and Providers will reconcile payments to actual service delivery in the future and at what point. However

the Independent Sector provider payments have been suspended on a cost per case basis, yet the CCG still has a full years' budget plan in place based on expected throughput of patients and therefore mitigates some of the risks highlighted in this report by offering to extend to those patients whom would of ordinarily have been treated in this financial year.

Legal Implications:

(Authorised by the Borough Solicitor)

It is expected that a full equality impact assessment was undertaken and advice provided in relation to the Tameside and Glossop Assisted Conception policy states for IVF. Therefor these legal implications are limited to the issue of the interruption of the IVF service as a result of decisions taken relating to the Coronavirus pandemic. As set out in the main body of the report it is acknowledged that the national Pause in Assisted Conception Treatment could impact access to the treatment going forward due to the passing of time. This report seeks to address this to ensure that no couple has been disadvantaged because of the delay. This appears to be a reasonable and proportionate response.

How do proposals align with Health & Wellbeing Strategy?

The recommendations ensure couples receiving treatment during the COVID -19 pandemic are not disadvantaged by national guidance

How do proposals align with Locality Plan?

The recommendations ensure couples receiving treatment during the COVID -19 pandemic are not disadvantaged by national guidance

How do proposals align with the Commissioning Strategy?

The recommendations ensure couples receiving treatment during the COVID -19 pandemic are not disadvantaged by national guidance

Recommendations / views of the Health and Care Advisory Group:

Public and Patient Implications:

Four enquiries have been received within 2 days regarding the impact of the national pause on Assisted Conception services. Across Greater Manchester other CCGs have supported the proposals to allow replacement cycles and extend the age cut off for people impacted by the pause.

Quality Implications:

There are no specific quality issues

How do the proposals help to reduce health inequalities?

The proposal mitigates the impact of the COVID-19 on eligible couples

What are the Equality and Diversity implications?

The extension in the age cut off for specific cases mitigates the impact of the COVID-19 with regard to age

What are the safeguarding implications?

There are no specific safeguarding issues

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

There are no IG implications

conducted?

Risk Management:

The proposal aims to mitigate the negative impact on couples eligible for Assisted Conception and this in turn mitigates any reputational risk due to adverse publicity.

The financial risk is anticipated to be minimal

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer



Telephone: 0161 342 5614



e-mail: Elaine.richardson@nhs.net

1. INTRODUCTION

- 1.1 National guidance resulted in IVF treatment being suspended on 15 April 2020 including for those couples part way through a cycle.
- 1.2 New guidance issued in May permitted the resumption of treatment from 11 May subject to individual providers demonstrating that they can provide a safe service for patients and a safe working environment for clinic staff that complies with recommendations from professional guidance.

2. IMPACT OF THE PAUSE IN SERVICES

- 2.1 The Tameside and Glossop policy for Assisted Conception states:

For women aged 39 and under:

The CCG funds 3 cycles (includes abandoned or cancelled cycles).

If the woman turns 40 before all cycles are complete then no further treatment will be funded after the current cycle is completed.

IVF for women aged 40-42 (i.e. before her 43rd birthday), - all CCGs offer 1 full cycle provided:

- They have never previously had IVF (including privately) – (For same sex female couples: neither partner has previously had IVF)
- There has been a discussion about the implications of IVF at this age

- 2.2 A cancelled IVF cycle is one where the egg collection procedure is not undertaken and an abandoned cycle is one which ends before embryo implantation and after egg collection.
- 2.3 Some couples may have had a cycle cancelled or abandoned due to the requirement to stop treatment with immediate effect in April.
- 2.4 Some patients with an ongoing cycle may have it cancelled or abandoned due to coronavirus symptoms.
- 2.5 The pause in treatment due to the COVID-19 pandemic may also mean that some patients reach the cut-off age for their first, or further, IVF cycles because their treatment start has had to be delayed.
- 2.6 For some couples the national pause would reduce the opportunity to receive the number of full cycles they would have been eligible for without a pause in services.

3. MITIGATION PROPOSAL

- 3.1 Across Greater Manchester commissioners have been asked to agree to honour the original number of cycles agreed at the start of treatment with replacement cycles taking place when the original cycle had to be cancelled or abandoned and to allow an extension of the cut off age to enable completion of the original number of cycles.

4. FINANCIAL IMPACT

- 4.1 Under normal contracting arrangements the provision of IVF services is paid to Providers on a cost per case basis with cancelled cycles being paid at 1/3 tariff and abandoned cycles

at 2/3 of the tariff. This process is technically still in place in 20/21, with some changes to NHS Providers.

- 4.2 For example, The NHS provider, Manchester University Hospital Foundation Trust (MFT) is subject to central “Command and Control” conditions, which places this contract on a full block basis for the initial period of April to July. (This has subsequently been extended to Oct 2020). As a result of this, payments made to Manchester University Hospital Foundation Trust are based on activity M1-M11 forecast of 19/20 and therefore will indirectly pick up the average cost of delivering IVF services to T&G patients. The Provider Trust would request a top-up payment from the national team to allow for a breakeven provider position.
- 4.3 The CCG does not have data on the number of patients who may need replacement cycles or who may be impacted by the cut off age and for some they may have a successful pregnancy that negates the need for a replacement cycle or extension related to age.
- 4.4 The financial impact in total for IVF is a difficult one to calculate at this stage as there are still some unknown factors. For example, whilst NHS block payments would inevitably contribute towards IVF services that got suspended, there is no current guidance about how CCGs and Providers will reconcile payments to actual service delivery in the future and at what point. Whereas with the Independent Sector providers, payments have been halted on a cost per case basis, yet the CCG still has a full years’ budget plan in place based on expected throughput of patients and mitigates some of the risks highlighted in this report.

5. RECOMMENDATIONS

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

Report to: STRATEGIC COMMISSIONING BOARD

Date: 24 June 2020

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

Clinical Lead: Asad Ali (Living Well)
Ashwin Ramachandra (Living Well, Finance & Governance)

Reporting Officer: Stephanie Butterworth - Director of Adult Services

Subject: ADULT SERVICES FINANCIAL SUPPORT RESPONSE TO THE PROVIDER MARKET DURING THE COVID-19 PANDEMIC – UPDATE JUNE 2020

Report Summary: The report updates Board on the Adult Services financial support response to the provider market during the pandemic which was agreed at Covid Board 8 April 2020.

The original report outlined the response to [Procurement Policy Note 02/20 \(PPN 02/20\): Supplier relief due to Covid-19](#) in relation to providers of care in Tameside. The PPN 02/20 note set out that contracting authorities should support providers at risk so they are better able to cope with the current crisis. This Policy Note is due to be updated 30 June 2020; any update will be reflected in future decisions.

With the increasing pressure on commissioned services we are reliant on provider stability during the pandemic. It is important that we continue to support our communities by ensuring as far as possible we have a resilient economy both in terms of the providers who deliver services and the people they employ. We also need to ensure that we have a market solidly in place delivering quality services beyond the pandemic.

Providers have continued to support our most vulnerable people during this period. Where they have not been able to respond in their usual way, different and creative ways of delivery of services has been undertaken.

It is essential that we continue to support our providers of social care support through these unprecedented times, and that providers are in a strong position to take new referrals on quickly to move people out of hospital care or avoid admissions to hospital. The measures proposed were devised to support providers financially through improved cash flow and incentivise taking on new referrals in recognition of the two hour discharge guidance.

Increased level of vacancies has become apparent during the pandemic, which places financial pressure on the providers putting their short and longer term viability at risk. The financial support that has been put in place supports market management by ensuring home owners that are at risk of going out of business are in a position to resume normal

contract delivery once the outbreak is over. The Council requires a sustainable Care Homes market as we progress through the pandemic and beyond.

These terms were agreed until 15 July 2020, it is proposed that agreement for a further month, to 15 August 2020 is approved and reviewed thereafter on a monthly basis.

The report seeks authorisation for the Director of Adult Services in consultation with the Director of Finance, subject to review as outlined, approve the extensions going forward.

Recommendations:

That the SCB extend the previous decision regarding financial support as set out in the report for one month to 15 August 2020 and is then subject to further review. Should there be a requirement for any further extensions these will be set out and agreed through the monthly finance report considered by SCB going forward.

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

Budget Allocation (if Investment Decision)	(if Budget Allocation)	£ 6.2 Million – CCG NHS Covid Funding
CCG or TMBC	Budget Allocation	CCG
Integrated Fund Section – s75, Aligned, In-Collaboration	Commissioning	Section 75
Decision Executive Governing Body	Body – SCB Cabinet, CCG	SCB

Additional Comments

The report requests an extension to the existing decision approved on 8 April 2020 for a further month with a review thereafter.

The summary of the actual and estimated payments to care homes for the guaranteed 90% occupancy level and 20% premium on any Council and CCG placements for the period 19 March to 30 June 2020 is provided in section 4.5 table 2. May and June are estimated at this stage until the actual occupancy levels are received at each respective month end date. The total sum paid to date is £ 1.094 million and is being funded from the NHS covid funding allocation of £ 6.2 million as referenced in section 3.1 b.

In addition the continuation of payments to day service providers is provided in section 4.5 table 3 for the period 1 April to 30 June 2020. The June payment is currently estimated at this stage. The total sum is £ 0.315 million and is also being funded from the NHS covid funding allocation of £ 6.2 million as referenced in section 3.1 b.

Members should note that whilst day service providers continue to be paid, service users are temporarily not financially contributing towards any service delivered due to the restrictions of the pandemic.

All ongoing costs relating to the care home and day services covid response will continue to be funded via the NHS covid funding allocation of £ 6.2 million whilst the funding is available to support the related expenditure.

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

The Procurement Policy Note requires local authorities to review its contract portfolio to identify those suppliers who are at risk and then consider a range of measures to assist those suppliers.

Those measures include:

- Payment in advance
- Interim payments
- Payment on order
- Immediate payment of invoices received

Payments should not be made in advance to suppliers with no contractual volume commitment and only exceptionally to suppliers who are under performing and/or subject to an improvement plan.

Any measures which are agreed with suppliers should be embodied in a contract variation together with a clear review mechanism and a clear time limit.

As set out in the main body of the report the The Procurement Policy Note does not include the additional 20% uplift in fees therefore Members need to be content that the uplift is required and also that the Council has the funds to meet the additional costs, particularly as this report indicates that there may be insufficient funding for this proposal which will result in budgetary pressures.

Members also need to be content that suppliers are engaging with the open book accounting arrangements and that variations of contract to include a provision to recover any over payment or additional profit from the supplier as a result of the implementation of any of these measures have been entered into to ensure that the necessary due diligence can be undertaken so that monies can be recovered if necessary.

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

The proposals align with the Living Well and Aging Well programmes.

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

The services link into the Councils priorities:-

Help people to live independent lifestyles supported by responsible communities.

Improve health and wellbeing of residents

Protect the most vulnerable.

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

This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly – creating the right care model so that people with long term support needs have the opportunity to build independence skills and reduce dependency on the health and social care system.

The services contribute to the commissioning strategy by:

- Empowering citizens and communities
- Commissioning for the “whole person”

Recommendations / views of the Health and Care Advisory Group:

This report has not been presented to HCAG

Public and Patient Implications:

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

Quality Implications:

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

How do the proposals help to reduce health inequalities?

The services delivers whole life support to vulnerable people including ensuring individuals have access to health lifestyles.

What are the Equality and Diversity implications?

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

What are the safeguarding implications?

There are no safeguarding implications associated with this report. Where safeguarding concerns arise as a result of the actions or inactions of providers and their staff, or concerns are raised by staff members or other professionals or members of the public, the safeguarding policy will be followed.

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

Information governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both commissioner and provider. Privacy impact assessments have not been carried out.

Risk Management:

Risks will be identified and managed by the appropriate officers.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer

Sue Hogan – Service Unit Manager – Adult Services



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1. INTRODUCTION

- 1.1. On 20 March 2020 the Cabinet Office issued Procurement Policy Note 02/20 - Supplier Relief Due to Covid-19. This set out information and guidance for public bodies on payment of their suppliers to ensure service continuity during and after the current Covid-19, outbreak. The note stipulated that contracting authorities must act to ensure suppliers at risk of going out of business are in a position to resume normal contract delivery once the outbreak is over.
- 1.2. An Executive Decision was made on 8 April 2020 addressing the policy note and detailed Adult Services financial support response to the provider market during the Covid-19 pandemic and offered a package of support beyond that set out in the Procurement Policy Note 02/20.

The decision determined the following:

Care Homes

To pay in borough care home providers a monthly gross sum at the start of the month the relevant care home bed fee rates based on 90% occupancy levels (less the places funded by other third parties). The Council therefore guarantees each care home will receive income for 90% of its available beds each month including private and out of borough placements.

Fee rates for occupancy levels above 90% will be enhanced by a premium of 20% per bed. This enhancement is designed to incentivise homes to continue to take new residents in a difficult climate and recognises the additional cost pressures due to staff shortages and therefore agency staff use; increased number of staff due to social distancing measures; and the increased costs attributed to supplies including food, PPE equipment and equipment.

These funding arrangements will be backdated to 19 March 2020.

To take effect with immediate effect for 4 months with a review to be undertaken by 15 July 2020 when the arrangements will cease if not sooner.

Support at Home

To pay the support at home providers a monthly sum at the start of each month which is the average actual hours based on the 3 month period 1 January 2020 to 31 March 2020. This will be a minimum guaranteed amount. If providers deliver in excess of these hours there will be an adjustment made in the following calendar month.

To take effect with immediate effect for 4 months with a review to be undertaken by 15 July 2020 when the arrangements will cease if not sooner.

Day Services

To pay the day service providers a monthly sum which is average actual placements delivered based on the 3 month period 1 January 2020 to 31 March 2020.

To take effect with immediate effect for 4 months with a review to be undertaken by 15 July 2020 when the arrangements will cease if not sooner.

Supported Accommodation and other block contract

Where we have a block contract arrangement in place with providers the Council will continue to pay the contracted rate even if numbers accessing the service reduces during this period.

This proposal will be subject to review on 30 June 2020 and renewed monthly thereafter.

2. CURRENT POSITION

- 2.1. Discussion with the providers indicated that they are dealing with significant increases in costs and increased level of vacancies soon became apparent which places financial pressure on the providers putting their short and longer term viability at risk.
- 2.2. Members are to note that since the original decision the Council has been allocated the Infection Prevention Fund from the Government equating to £2.131 million, 75% of which has to be allocated to care homes. The details of which are contained in a further report on the same agenda.
- 2.3. The Council wrote to all of its providers, with a clear offer of financial support to protect their cash flow and to allow them to respond as flexibly as possible to the crisis.
- 2.4. The Council have ensured invoices submitted by suppliers have been paid immediately on receipt in order to maintain cash flow in the supply chain and protect jobs.
- 2.5. It is important that we continue to support our communities by ensuring as far as possible we have a resilient economy both in terms of the companies who deliver services and the people they employ.
- 2.6. Providers have agreed to act on an open book basis and make cost data available to the Council during this period. The new arrangements have an expectation that they will continue to pay employees at their usual rate.
- 2.7. It has been included in the communication to the providers from the Council that as the Government have also made available various supplier support reliefs during the Covid 19 period, some of which are financial that providers should not be claiming contractual relief from a local authority and claiming separate relief from the Government to the effect that a supplier gains an undue advantage by claiming relief twice for the same hardship.
- 2.8. Suppliers have been informed if they are found to be taking undue fair advantage, or failing in their duty to act transparently and with integrity, then the Council has a right to take action to recover payments made.

Care Homes

- 2.9. We are currently paying in borough care home providers a monthly gross sum at the start of the calendar month which is calculated on 90% occupancy levels (less the places funded by other third parties). Therefore the Council has guaranteed that each in borough care home receives income for 90% of its available beds including private and out of borough placements. For context table 1 provides a summary of the total occupancy levels for all care homes at the end of March and April compared to the adjusted Care Quality Commission (CQC) registered number of beds. Occupancy levels at 31 May are currently under validation. The occupancy levels include a combination of Tameside Council and Clinical Commissioning Group (CCG) placements, privately funded placements and placements commissioned via other local authorities and CCG's. Members should note that homes will be under, over or at the 90% occupancy level at each month end date.

Table 1

	Number	Vacant Beds	% Occupied
Operational Beds	1,478		
Occupancy Levels at 31 March 2020	1,343	135	90.9
Occupancy Levels at 30 April 2020	1,234	244	83.5

- 2.10. Fee rates for occupancy levels above 90% are enhanced by a premium of 20% per bed.
- 2.11. These arrangements were backdated to 19 March 2020 and are in recognition of the accelerated hospital discharge arrangements in place from this date and support market management to ensure home owners that are at risk of going out of business are in a position to resume normal contract delivery once the outbreak is over. The Council requires a sustainable Care Homes market as we progress through the pandemic and beyond
- 2.12. It should be recognised that the 20% premium payment for occupancy levels above 90% is only paid for beds occupied and commissioned by the Council and CCG and does not secure any additional vacant beds within the home.
- 2.13. The Procurement Policy Note does not provide a measure to increase the level of fees paid. This is something the service is offering over and above the government guidance in order to sustain the market in the short and longer term.
- 2.14. Please see 3 below for the financial implications of the decision.

Support at Home

- 2.15. The support at home providers are paid a monthly sum at the start of each calendar month which is the average actual hours delivered based on the 3 month period 1 January 2020 to 31 March 2020. This is a minimum guaranteed amount. If providers deliver in excess of these hours there is an adjustment made in the following calendar month.
- 2.16. This ensures stability with providers and supports the accelerated hospital discharge process that requires providers to be agile enough to commence care packages within 2 hours of notification of an individual being ready to be discharged.
- 2.17. To date none of the providers actual delivered hours have fallen below that of the average actual hours delivered between 1 January 2020 and 31 March 2020 so there has been no additional cost to the Council for hours not provided.

Day Services

- 2.18. The day service providers are paid a monthly sum which is the average actual placements delivered based on the 3 month period 1 January 2020 to 31 March 2020.
- 2.19. This ensures stability with providers. Many of the day service providers are voluntary sector and community groups so do not have the capital to sustain their operations without financial support. For many of them families have made the decision to withdraw their family member to reduce their risks of contracting covid-19 so it has not been viable to retain services in their usual format.
- 2.20. The providers have been consulted and although day services provision is not being delivered within the agreed contracted service specification, different ways of delivery has been established e.g. via telephone calls, group sessions via electronic media, social distancing visits and welfare checks.

Supported Accommodation and other block contract arrangements

- 2.21. Where the Council has a block contract arrangement in place with providers the Council have continued to pay the contracted rate even if numbers accessing the service reduces during this period.
- 2.22. The payment arrangement has stayed as defined in the existing contract terms.
- 2.23. The providers have had continued dialogue with the Council regarding service delivery and where they are delivering services in different ways.

3. GOVERNMENT FUNDING

- 3.1 The Government was quick to announce direct support to Local Government in the form of a £4.5 bn announcement to be paid in the new financial year. This is split into two parts:
- a) **£3.2 bn – unringfenced grant** (Tameside to receive £13.9 m) to cover costs such as:
- i. Increased demand and costs of adult social care
 - ii. Increased demand and costs of providing children’s social care
 - iii. Additional support for homeless and rough sleepers
 - iv. Support those at higher risk of illness from COVID 19
 - v. Meeting pressures across other services including reduction in income
- b) **£1.3bn – to the NHS via CCGs to support enhanced discharge arrangements.** This will include providing free out-of-hospital care and support to people discharged from hospital or who would otherwise be admitted into it, for a limited time. This will remove barriers to discharge and transfer between health and social care, and get people out of hospital quicker and back into their homes, community settings or care settings.
- 3.2 It is estimated that Tameside and Glossop CCG would expect to receive around £6.2 m.
- 3.3 This initial funding support, whilst welcomed is insufficient to cover the costs and loss of income that is already known from the Covid-19 closedown. It is currently estimated that the funding will only support 33% of the additional expenditure and loss of income.

4. COVID 19 – ESTIMATED FINANCIAL IMPLICATIONS

- 4.1 Members should note the significant value of the care home and home care revenue budgets within the Adult Services directorate relating to this decision but should note the total costs incurred to date of this decision have and will be financed via the NHS covid funding.
- 4.2 The 2020/21 Care Homes gross revenue expenditure budget is £ 30.7 million with a gross income budget (inclusive of client contributions towards care packages) of £ 12.8 million i.e. a net revenue budget of £ 17.9 million.
- 4.3 The 2020/21 Home Care gross revenue expenditure budget is £ 8.3 million with a gross income budget (again inclusive of client contributions towards care packages) of £ 7.2 million i.e. a net revenue budget of £ 1.1 million.
- 4.4 Table 2 and 3 provide a summaries of the costs incurred to date relating to the care home fee response and sustainability of day service providers. The total costs incurred to date have and will be financed via the NHS covid funding as referenced in section 3.1b.

4.5 **Table 2 – Payments To Care Homes**

Month	Actual / Estimate	£'000
March (part month from 19 March)	Actual	82.30
April	Actual	362.82
May	Estimate	253.49
June	Estimate	395.70
Total		1,094.31

Table 3 – Payments To Day Service Providers

Month	Actual / Estimate	£'000
April	Actual	105.02
May	Actual	105.02
June	Estimate	105.02
Total		315.06

5. RECOMMENDATIONS

5.1 As set out on the front of the report

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Report to: STRATEGIC COMMISSIONING BOARD

Date: 24 June 2020

Executive Member: Councillor Eleanor Wills - Executive Member Adults Social Care and Population Health

Clinical Lead: Ashwin Ramachandra (Living Well, Finance & Governance)

Reporting Officer: Stephanie Butterworth – Director Adults

Subject: ALLOCATION OF THE ADULT SOCIAL CARE INFECTION CONTROL FUND RING-FENCED GRANT 2020

Report Summary: The report describes the conditions of the Adult Social Care Infection Control Fund Grant and how the Council is expected to allocate, distribute and report on the Grant across the CQC registered care homes in the borough.

Recommendations: That Strategic Commissioning Board be recommended to agree:

1. The distribution of 75% (£1,598,018) of the grant funding, subject to the specified Conditions, is noted.
2. Delegated authority is given to the Director of Adult Services, in discussion with the Director of Commissioning (Strategic Commission) and the Director of Operations at Tameside & Glossop Integrated Care NHS Foundation Trust (ICFT) to distribute the remaining 25% (minimum value of £532,673) of the grant funding in an appropriate manner.

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

Budget Allocation (if Investment Decision)	£ 2,130,691
CCG or TMBC Budget Allocation	TMBC – Adult Services
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	Section 75
Decision Body – SCB Executive Cabinet, CCG Governing Body	Strategic Commissioning Board

Additional Comments

The report provides details of the proposed allocation of the £ 2.131 million grant that will be received by the Council relating to Infection Control.

Appendix 1 provides details of the allocations to Care Homes via the first instalment of the grant received (£ 1.065 million) with a reconciliation of the residual balance available of the first instalment in section 4.8, table 2. It is expected that instalment two will be distributed to care homes on the same basis as the calculations in **Appendix 1**. The report recommends that delegated authority be given to the

Director of Adult Services, in discussion with the Director of Commissioning (Strategic Commission) and the Director of Operations at Tameside & Glossop Integrated Care NHS Foundation Trust (ICFT) to distribute the remaining 25% (minimum) of the grant funding in an appropriate manner. A sum of £ 0.317 million is available from the first instalment as the 25% element of the grant.

Reports to the Department of Health and Social Care will be due on 26 June and 30 September 2020 respectively on utilisation of the grant allocation.

It is essential that appropriate monitoring arrangements are implemented to ensure the grant is expended in accordance with the grant conditions and that assurance is provided to the Department of Health and Social Care as set out in section 3 of the report.

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

If approved as the delegation is a key decision within Council's constitution as for over £500K and/or affects more than 2 wards, a Key decision will be required by the delegated officer in accordance with Openness of Local Government Bodies Regulations 2014, which will need to be published in usual way setting out how that delegated discretion has been exercised including any criteria used and allocation decisions made. This will assist with the submission of a completed Care Home Support Plan and two high-level returns specifying how the grant has been spent to the DHSC who may review the returns on behalf of the Secretary of State for Health and Care together with any FOIAs that may be received.

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

The proposals align the Developing Well, Living Well programmes for action.

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

The service is consistent with the following priority transformation programmes:

- Enabling self-care;
- Locality-based services;
- Planned care services.

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

The service contributes to the Commissioning Strategy by:

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

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

This report has not been presented at the Health and Care Advisory Group

**Public and Patient
Implications:**

It is anticipated that the funding will have a positive impact on the people who reside at the care homes and the staff who support them.

Quality Implications:

Through the delivery of this funding is expected that the quality of infection control response within care homes will be supported to maximise the protection of both people living at the homes and the staff who support them.

How do the proposals help

Via Healthy Tameside, Supportive Tameside and Safe

to reduce health inequalities?

Tameside.

What are the Equality and Diversity implications?

The proposals will not affect protected characteristic group(s) within the Equality Act.

The service will be available to Adults regardless of ethnicity, gender, sexual orientation, religious belief, gender reassignment, pregnancy/maternity, marriage/civil and partnership.

What are the safeguarding implications?

There are no anticipated safeguarding issues. The purpose of the Grant is to enhance the safety of care home residents. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.

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

A privacy impact assessment has not been completed. Services adhere to the Data Protection Act when handling confidential personally identifiable information.

Risk Management:

Close oversight of spend against this non-recurrent funding will be ensured through Adult Management Team and the returns that will be submitted to the Department of Health and Social Care.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer Sandra Whitehead



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1. INTRODUCTION

- 1.1 In May 2020 the Prime Minister announced that £600 million was to be made available to local authorities to provide financial support to social care providers, primarily care homes, to support infection control measures across the sector to reduce the rate of COVID-19 transmission.
- 1.2 Annex B of the Department of Health and Social Care *Adult Social Care Infection Control Fund Ring-Fenced Grant 2020 Local Authority Circular* published on 22 May 2020 reports that the allocation given to Tameside Council is £2,130,691. The value is calculated based on the number of CQC registered care homes in the borough. Annex B reports that there are 1639 registered care home beds in the borough – this varies from the number of available beds in the borough as Kingsfield Care Centre, a 54 bed home is registered with CQC, but not currently operational and Hyde Nursing Home has 100 registered beds but only 50 are operational and available. To this end, the Council will assume a total of 1535 registered beds when allocating the grant i.e. a reduced number of 104 beds than the registered total of 1639. Details of the allocation per home are available in **Appendix 1**.
- 1.3 This report provides details of the conditions attached to allocation of the first and second payments of the grant and describes the reporting process that is in place to demonstrate the appropriate application of the grant by the Council and the care home providers.
- 1.4 All care homes in the borough are owned and managed by independent sector providers. The Council and CCG have entered into a Pre-Placement agreement with all local care homes. The Council spot purchases beds across the sector in line with the Care Act 2014 and The Care and Support and After-care (Choice of Accommodation) Regulations 2014. There are no block contracts in place with any of the local care homes.
- 1.5 In order to ensure market stability and to sustain the local market during the current COVID-19 crisis authority has been given to guarantee payment of 90% of available beds in care homes and a 20% enhanced payment on the remaining 10% of beds when they are commissioned. As a result of the high number of deaths in care homes it has been appropriate and necessary to make guaranteed payments to the care home sector to protect the current capacity in the market going forwards. The continuation of this payment beyond 30 June 2020 will be considered in a separate report.

2 PURPOSE AND CONDITIONS OF THE GRANT

- 2.1 The purpose of the Grant is to provide support to adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience to deliver infection control. The Grant must only be used to support care homes and domiciliary providers to tackle the risks of COVID-19 infections.
- 2.2 The Conditions of the Grant are set out in the LA Circular at Annex B: Grant Conditions:
 - *Ensuring that staff who are isolating in line with government guidance receive their wages while doing so. At the time of issuing this grant determination this included staff with suspected symptoms of Covid 19 awaiting a test, or any staff member for a period following a positive test.*
 - *Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes or staff that work on a part time basis for multiple employers and includes agency staff (the principle being that the fewer locations that members of staff work the better;*
 - *Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents;*

- *To support active recruitment of additional staff if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme. These staff can provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from Covid-19.*
 - *Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.*
 - *Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.*
- 2.3 The Director of Adult Social Services (ADASS) has sent an initial communication to the care home providers to inform them of the Grant and to ensure they are clear about the Conditions attached to the Grant – **Appendix 2**.
- 2.4 Funding will be distributed to local authorities in England to ensure funding reaches adult social care providers in their area. In order to ensure that the relevant infection control measures are put in place as speedily as possible, local authorities are required to make the relevant payments to providers as quickly as possible on receipt of these allocations. .
- 2.5 In addition to the Conditions of the Grant for care home providers, the Council must:
- *Make the allocation directly to pay care providers*
 - *Allocate the grant within two months of receiving the second instalment and return any grant not allocated within this time to DHSC.*
 - *Report on their spending as outlined in the Reporting Section of the Circular – see section 3 of this report.*
 - *Ensure any support made to a care home provider is made on condition that the provider has completed the Capacity Tracker at least once and has committed to completing the Tracker on a consistent basis ensure that payments of the funding to the care provider are made on condition that the provider will repay the money to the local authority if it is not used for the infection control purposes for which it has been provided.*
 - *Will provide DHSC with a statement as per Annex D, certifying that that they have spent the funding on those measures by 30 September.*
- 2.6 The grant will be paid in 2 equal instalments with the first being made on 27 May 2020 (£ 1,065,345.50) and the second in July 2020. The second instalment will only be made if the Council has provided a completed Care Home Support Plan and is contingent on the first instalment being used for infection control. Instalment one of the grant has been paid to care homes during week commencing 15 June 2020 and it is envisaged that instalment two of the grant will be distributed to care homes by 14 August 2020. **Appendix 1** provides details of allocations to care homes for instalment one. It is expected that instalment two will be allocated per the same calculation basis.
- 2.7 The 2 installments to the care home providers will account for 75% of the grant. The remaining 25% of the grant can be allocated in the same way, but the Council does not have to do that. The remaining 25% of the Grant may be used on other Covid19 infection control measures payments including domiciliary care and wider workforce measures.

- 2.8 In discussion with the Director of Operations at Tameside & Glossop Integrated Care NHS Foundation Trust (ICFT) and the Director of Commissioning at the Strategic Commission it is proposed that the remaining 25% of that month's funding is allocated to care homes or to domiciliary care providers and to support wider workforce resilience in relation to COVID-19 infection control as suggested in the Local Authority Circular.
- 2.9 All Care Home providers have been issued with a grant agreement to comply with the related grant conditions with a return date of 19 June 2020 to the Council duly signed. An example of the agreement is provided at **Appendix 4**.

3 REPORTING

- 3.1 The Council must submit a completed Care Home Support Plan and two high-level returns specifying how the grant has been spent. A template is provided to inform the returns that are required. These must be submitted to the DHSC who may review the returns on behalf of the Secretary of State for Health and Care.
- 3.2 The returns must be certified by the Council's Chief Executive (or the Council's S151 Officer) and the Director of Adult Social Services that, to the best of their knowledge, the amounts shown on the supporting reports relate to eligible expenditure and that the grant has been used for the purposes intended, as set out in the Determination.
- 3.3 The first report must be submitted no later than 26 June 2020. The second report and certification of the use of funding must be submitted by 30 September 2020 and must be made in respect of both instalments. The completion and submission of these returns will be overseen by Adult Management Team (AMT).

4. FINANCIAL IMPLICATIONS

- 4.1 The grant will be paid to the Council in 2 equal instalments:
- Payment 1: received 27 May 2020 (£ 1,065,345.50)
 - Payment 2: due July 2020
- 4.2 In order to receive the second instalment, authorities must have returned a Care Home Support Plan by 29 May 2020. This document has been completed, signed off and returned by the Chief Executive within the given timescale and is available at **Appendix 3**.
- 4.3 Residential care providers, including homes with self-funding residents and homes run by local authorities, will be required to have completed the Capacity Tracker at least once and committed to completing the Tracker on a consistent basis to be eligible to receive funding. The payment of the second instalment is contingent on the first being used for infection control measures and being used in its entirety. This will be monitored by the Commissioning Team and overseen by Adult Management Team (AMT).
- 4.4 There are no immediate financial implications for the Council with the allocation of the grant. The Council is expected to make 2 payments to the care homes in the borough, subject to their agreement to the conditions as set out in the grant.
- 4.5 The potential financial implications would be if the DHSC determined that the grant had not been appropriately applied and demanded a return of any part of the funding. The Council would then be in a position of attempting to recoup the allocated funds from the providers it had been distributed to.

- 4.6 The risk of this is low as close monitoring of compliance with the Grant Conditions will be undertaken via the Commissioning team and overseen by Adult Management Team (AMT).
- 4.7 Table 1 provides a summary of the grant and values to be allocated to care homes at 75% of the allocation.

Table 1

	Total	CQC Registered Beds	Rate Per Bed	Rate Per Bed Instalment One
	£		£	£
Grant Allocation	2,130,691			
75% Allocation To Care Homes	1,598,018	1,639	975.00	487.50
25% Balance	532,673			

- 4.8 Table 2 provides details of the reconciliation of the first instalment received on 27 May 2020. A balance of £ 317,036 remains available after distribution of the allocations to care homes stated in **Appendix 1**.

Table 2

	£	£	£
First Instalment - 50% Of Total	1,065,345.50		
75% Allocation To Care Homes		799,009.13	
Actual Allocation - Appendix 1		(748,309.35)	
Balance Retained as explained in section 1.2			50,699.78
25% Balance			266,336.37
Total Balance Available			317,036.15

5. RECOMMENDATIONS

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

APPENDIX 1

Home	CQC Registered	Registered No. For Payment	Payment First Instalment - 75% £
Auden House Residential Home	24	24	11,699.95
Balmoral Care Home	33	33	16,087.43
Bourne House	33	33	16,087.43
Charnley House	40	40	19,499.92
Clarkson House Residential Care Home	28	28	13,649.94
Daisy Nook House	40	40	19,499.92
Downshaw Lodge	45	45	21,937.41
Eden House	5	5	2,437.49
Fairfield View	54	54	26,324.89
Fir Trees	46	46	22,424.91
Firbank House	42	42	20,474.91
Greatwood House	60	60	29,249.88
Guide Lane Nursing Home	41	41	19,987.42
Hatton Grange	70	70	34,124.86
Holme Lea	48	48	23,399.90
Hurst Hall	50	50	24,374.90
Hyde Nursing Home	100	50	24,374.90
Kings Park Nursing Home	44	44	21,449.91
Kingsfield Care Centre	54	0	0.00
Laurel Bank Residential Care Home	51	51	24,862.39
Lowry House	12	12	5,849.98
Millbrook Care Centre	46	46	22,424.91
Moss Cottage Nursing Home	34	34	16,574.93
Oakwood Care Centre	18	18	8,774.96
Parkhill Nursing Home	38	38	18,524.92
Polebank Hall Residential Care Home	29	29	14,137.44
Riverside	90	90	43,874.81
Sandon House	42	42	20,474.91
St Lawrences Lodge	20	20	9,749.96
Staley House Care Home	27	27	13,162.44
Stamford Court	40	40	19,499.92
Sunnyside	43	43	20,962.41
The Beeches	32	32	15,599.93
The Lakes Care Centre	77	77	37,537.34
The Sycamores	60	60	29,249.88
The Vicarage Residential Care Home	30	30	14,624.94
Thornccliffe Grange	50	50	24,374.90
Yew Trees	43	43	20,962.41
Total	1,639	1,535	748,309.35

APPENDIX 2

Email dated Tuesday 26 May 2020 to care home providers

Good Afternoon,

I am writing with a quick update to keep you informed on where we are with the above Grant.

You will know that the primary purpose of this grant is to support adult social care providers to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience. The Local Authority will receive the grant allocation in two equal instalments and must allocate 75% to care homes.

There are a number of caveats with the allocation and the guidance is clear that the Local Authority must not make a first allocation of any funding to a provider who has not completed the Capacity Tracker at least once and is committed to complete the Tracker on a consistent basis. Therefore I must ask that if there are issues for you with the Capacity Tracker you must contact your commissioning contact as soon as possible.

The grant allocation to each care home is to support the following measures.

Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so. At the time of issuing this grant determination this included staff with suspected symptoms of Covid 19 awaiting a test, or any staff member for a period following a positive test.

Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes or staff that work on a part time basis for multiple employers and includes agency staff (the principle being that the fewer locations that members of staff work the better;

Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents;

To support active recruitment of additional staff if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme. These staff can provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from Covid-19.

Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms .

Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.

In order to ensure that the funding allocation is used as above we will ask each of you for a statement that confirms this, by mid September.

I will contact you again as the first allocation arrives to ensure we can arrange a smooth transfer of the money,

Kind regards

Steph

Stephanie Butterworth
Director of Adults Services
Adults

[Tameside MBC](#) | [Twitter](#) | [Facebook](#) | [Instagram](#)

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Email Disclaimer <http://www.tameside.gov.uk/disclaimer>

Chief Executive

**By Email: helen.whately.mp@parliament.uk
Helen Whately MP
Minister of State for Care
Department of Health and Social Care
House of Commons
LONDON
SW1A 0AA**

**Steven Pleasant MBE
Chief Executive, Tameside MBC
and Accountable Officer, Tameside &
Glossop CCG**

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

www.tameside.gov.uk

e-mail : yvonne.rainford@tameside.gov.uk

Call Centre 0161 342 8355

Doc Ref let/sp1164
Ask for Yvonne Rainford
Direct Line 0161 342 3502
Date 28 May 2020

APPENDIX 3

Dear Minister

Re Covid-19 Care Home Support Package

This letter forms the short overview of the current activity across the integrated care system across Tameside MBC and Tameside and Glossop CCG.

The key to the support has been and remains good communication with the Care Sector. A dedicated team from Tameside MBC and Tameside & Glossop CCG undertaking daily calls to all providers (care homes, domiciliary care providers, supported housing etc.). Details covered in the call include numbers of symptomatic/ill resident and any changes overnight, staffing issues, including any newly self-isolating and PPE requirement. Additionally a daily briefing is circulated which gives details of all local issues and updates and any national updates.

1. Infection Control

1.1 As expected infection control is a critical element of support to care homes. The Infection Prevention and Control Team from the Tameside and Glossop Integrated Care Trust alongside the Population Health Team are working closely with the care homes in a number of ways. Training and information relating to preventing and managing infections, training and information relating to the correct use of PPE and working with individual care homes to manage outbreaks as appropriate. This support is offered in a variety of ways including webinars, subject specific emails from DASS and information added to daily briefings. The CCG lead nurse is identified as the “super trainer” and completed the approved training; they have now trained and additional nine trainers who will support existing infection prevention services.

1.2 All the providers are regularly reminded to continue to source their PPE stock from their usual providers. Where this has not been possible the use of the National Disruption service has been encouraged. Additionally the LA and the CCG are receiving weekly PPE deliveries via Greater Manchester Local Resilience Forum (LRF). This includes typically, IIR masks, single

use gloves, single use aprons, single use goggles/eye protection, FFP3 masks, face visors, single use gowns and hand sanitiser. This is then distributed to the care sector via the LA. To supplement both of these supply routes the LA and CCG are also procuring additional PPE for onward distribution to the care sector when their supply is unavailable or the cost has become prohibitive.

1.3 Care Home sector are clear and supported to manage the risks of transmission of the virus and are working to ensure that staff do not work across multiple locations. However there is an acknowledgment that use of agency staff at time is crucial for business continuity and the training re infection control is extended to this group. Additionally the LA has a contract with local taxi firms to transport staff who would usually use public transport to attend work.

1.4 In line with the Adult Social Care Action Plan, the LA has identified suitable accommodation to quarantine and isolate residents, if needed, before returning home from hospital. This is in a locally based Nursing Home where the environment allows for a number of beds to be safely used for quarantine and isolation. There will also be the appropriate staffing levels to deal with additional nursing needs.

2. Clinical Support

2.1 Clinical Offer

The LA, CCG and Tameside and Glossop Integrated Care Trust have developed a support package that offers an enhanced clinical support package to every care home 24/7. This builds on the existing, highly successful, digital health programme where every home is able to contact the digital health hub via Skype to discuss concerns they may have regarding any residents. During this time we have enhanced the model to ensure there is additional medical cover to offer further support over the 24 hour period. In addition, in partnership with Health Innovation Manchester, the care homes are engaged in a new digital Covid-19 tracker to support care management of their residents. This tool allows care staff to input information about a residents Covid-19 symptoms and track for signs of deterioration, this information is shared with GPs, social care and health providers to enable a co-ordinated response and protect vulnerable residents.

The alignment of care homes to Primary Care Networks supports the proactive management of residents through their Registered GP and local pharmacy support.

3. Comprehensive Testing

A programme of testing across all the care homes has been developed following the initial outbreak testing through PHE NW. Results are collated and monitored to ensure that alongside support to individual care homes a Tameside wide view is fully understood.

The Care Home Testing team comprising LA, CCG and Infection Prevention are supporting each care home in the use of the national portal with support for those care homes who request it. Training and advice has been provided on undertaking safe and effective swabbing with testers available when Care Homes feel unable to undertake themselves. Follow up support is in place to help care homes manage residents and staffing levels when positive results are returned.

Symptomatic staff will continue to be encouraged to utilise local and national routes for testing.

4. Financial Support

The LA recognises the financial pressures the care home sector is currently facing and recognises the need to protect the market now and also for the future as we move to a new way of supporting people over the longer term with the likelihood that Covid-19 remains a risk for this part of our community. We have consulted with the care home providers to understand their additional

financial burdens (notably PPE and additional staffing costs) before developing our financial package. TMBC currently buys care home placements on a spot purchase arrangement. The new financial agreement is a guarantee of payments for 90% of available bed capacity, regardless of occupancy levels, and an additional 20% on the usual fee rate for each bed over 90% level when it is occupied. For note, the care homes providers have welcomed this arrangement. Also, as stated earlier the LA is purchasing additional PPE for onward distribution with no charge to the care homes.

5. Oversight and compliance

A Care Home support team meets weekly as part of the overall communication and contact arrangements for the care homes. This team comprises of medical and clinical staff, Infection Prevention and Control Team, CCG and Local Authority commissioners, Medicines Management Team, Population Health and is chaired by the DASS. In turn this team reports into Silver Health and Care joint arrangements and at a formal level to the Board of both Local Authority and CCG.

The operational information that is collated via the daily contact calls, feeds into the Care Home sitrep, both at a local and Greater Manchester level. Additionally there is a clear process to be followed where an outbreak is suspected in a care home. This brings extra support from both Infection Prevention and Control Team and Population Health to support the care home to manage the consequences of the outbreak.

6. Building the workforce

Expanding the workforce has been a key element to enable the care homes to continue to provide care and support. Greater Manchester authorities continue to run a successful social care recruitment scheme to attract new staff, including those who have been furloughed to work in social care. At a local level the Local Authority and the CCG have made available staffing for exceptional circumstances e.g. nursing availability to support Nursing Homes and support workers to offer extra support to a care home where older adults with learning disabilities moved for the first time.

7. Funding

Financial package to care homes described at 4 above, with Board agreement on Local Authorities public website. DASS responded to ADASS Covid-19 budget survey to describe support and financial allocation.

These support arrangements remain in place at this time and as we begin to understand the picture around future capacity needs and the opportunity to “build back differently” the Care Homes will work with us to be at the centre of our future developments.

Yours sincerely

Steven Pleasant MBE
Chief Executive, Tameside MBC/
Accountable Officer, Tameside & Glossop CCG



Infection Control Fund Grant Agreement

THIS AGREEMENT is made on the day of

THE PARTIES

- (1) Tameside Metropolitan Borough Council (the "**Council**") of Tameside One, Market Place, Ashton-Under-Lyne OL6 6BH; and
- (2) (the "**Grant Recipient**") of .

BACKGROUND

- A. The Adult Social Care Infection Control Fund has been established by the Department of Health and Social Care and is worth £600 million. The primary purpose of this fund is to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience.
- B. The Fund is paid to local authorities as a grant under section 31 of the Local Government Act, 2003 and a Grant Determination sets out the terms under which grant payments can be made. One of the grant conditions is that a local authority must pay 75% of allocated funds to registered care homes within its geographical boundaries. Such payments to care homes are subject to conditions and the purpose of this Agreement is to set out those conditions.
- C. The Council has been allocated £ 2,130,691 from the Infection Control Fund.
- D. The Council and the Grant Recipient agree to the terms and conditions of this Agreement.

1. DEFINED TERMS AND INTERPRETATION

Capacity Tracker	means the system developed by the NHS for monitoring and recording capacity in bed based services in England;
Defined Purpose	means the purpose for the Grant under the Infection Control Fund is being made as described in Clause 2;

DHSC	means the Department of Health and Social Care;
Grant Determination	means the Adult Social Care Infection Control Grant Determination 2020/21 No 31/5061;
Grant Recipient	means the owner or authorised representative of the care home identified in Schedule 1 of this Agreement;
“the Fund”	means the Infection Control Fund as established by the DHSC.

2. DEFINED PURPOSE OF THE GRANT

2.1 The Grant Recipient must only use the grant for the following purposes:

- 2.1.1 Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so. At the time of issuing the grant determination this included staff with suspected symptoms of Covid 19 awaiting a test or any staff member for a period following a positive test;
- 2.1.2 Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes or staff that work on a part time basis for multiple employers and includes agency staff (the principle being that the fewer locations that members of staff work the better);
- 2.1.3 Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents;
- 2.1.4 To support active recruitment of additional staff if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme. These staff can provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from Covid-19;
- 2.1.5 Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms;
- 2.1.6 Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.

3. OBLIGATIONS OF GRANT RECIPIENT

3.1 In addition to ensuring that the Grant is used for the defined purpose described in Clause 2, the Grant Recipient must:

- 3.1.1 Ensure that they are registered on Capacity Tracker, continue to be so registered and update the Tracker on a daily basis consistently;
- 3.1.2 Ensure that the cost of any infection control measures are met by the Grant Recipient on the basis that:

- a) There is no increase in any relevant rates (except those relating to hourly rates of pay to ensure staff movement from one care home to another care home is minimised) from the existing rates;
 - b) Third party charges (for example, for costs to avoid the use of public transport) are paid at normal market rates; and
 - c) In no circumstances is any element of profit or mark-up applied to any costs or charges incurred.
- 3.1.3 Provide the Council with a statement certifying that that they have spent the funding on the defined purpose by 23 September 2020;
 - 3.1.4 Provide the Council or DHSC with receipts or such other information as they request to evidence that the funding has been so spent,
 - 3.1.5 Provide DHSC or the Council with an explanation of any matter relating to funding and its use by the recipient as they think necessary or expedient for the purposes of being assured that the money has been used in an appropriate way in respect of those measures.
 - 3.1.6 Return any grant monies to the Council that have not been spent by 23 September 2020 or have not been spent as described in Clause 2 above.

4. OBLIGATIONS OF THE COUNCIL

- 4.1 The Council will pay the Grant Recipient the sum shown in **Schedule 1** of this Agreement, subject to compliance with the terms of this Agreement.
- 4.2 Subject to Clause 4.3 below, the sum shown in **Schedule 1** will be paid in two instalments and these will be by the following dates:
 - 4.2.1 Payment 1 : by 19 June 2020
 - 4.2.2 Payment 2 : by 14 August 2020
- 4.3 The circumstances in which Payment 2 will not be paid are:
 - 4.3.1 The Grant Recipient has not consistently completed the daily Capacity Tracker;
 - 4.3.2 The funding from Payment 1 has not been spent;
 - 4.3.3 The Council has reasonable cause to believe that the funding from Payment 1 has not been used for the defined purpose described in Clause 2 of this Agreement.
 - 4.3.4 This Grant Agreement has not been signed and returned by the Grant Recipient by 19 June 2020

IN WITNESS WHEREOF this Agreement has been executed by the Parties on the date of this Agreement

Authorised signatory for and on behalf of the Council

STEPHANIE BUTTERWORTH
DIRECTOR OF ADULT SERVICES
TAMESIDE MBC

Authorised signatory for and on behalf of the **Grant Recipient**

SCHEDULE 1: PAYMENT DETAILS

Care Home Name:	
Care Home Address:	
Number of CQC Registered Beds For the Allocation Of The Grant :	
Total Infection Control Fund Grant Allocation:	
Instalment 1 Payment:	
Instalment 2 Payment:	

Report to:	STRATEGIC COMMISSIONING BOARD	
Date:	24 June 2020	
Executive Member:	Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)	
Clinical Lead:	Dr Ashwin Ramachandra – Co-Chair Tameside & Glossop CCG, Clinical lead Long Term Conditions	
Reporting Officer:	Dr Jeanelle de Gruchy, Director of Population Health Dr Sarah Exall , Consultant in Public Health	
Subject:	BE WELL HEALTH IMPROVEMENT AND NHS COMMUNITY HEALTHCHECKS: CONTRACT EXTENSION AND SERVICE MODIFICATION	
Report Summary:	<p>The report describes the proposal to award an extension to the Health Improvement contract with Pennine Care NHS Foundation Trust for Health Improvement services in Tameside.</p> <p>It goes on to describe changes to the delivery of this service in line with the requirements and restrictions in place due to COVID-19.</p> <p>It is not feasible to continue recommissioning the service as planned, or deliver the service as currently commissioned during the current COVID-19 crisis.</p> <p>This is due to the effects of COVID-19 on the current market. As providers will have had to realign service delivery to meet national guidance and redirect staff to other priorities, there is a risk that in recommissioning services at this stage of the pandemic, providers will not be in a position to bid for the contract. This would lead to a failure in a robust and competitive tender process and in particular TUPE where staff are carrying out different roles due to COVID-19.</p> <p>Extending the current contract will allow the current Provider to continue to deliver key elements of the service, which meets the needs of local residents whilst adhering to national guidance. This service is critical to supporting the long term health of local residents, particularly in light of the COVID -19 pandemic.</p>	
Recommendations:	<p>The Strategic Commissioning is recommended to:</p> <ul style="list-style-type: none">(a) extend the current contract by 12 months, to 30 September 2021(b) note the modified delivery model for the Health Improvement service to meet the needs of local residents while adhering to national guidance.	
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	Budget Allocation (if Investment Decision)	£ ,151,710
		2020/21 Financial Year Budget Allocation
	CCG or TMBC Budget Allocation	TMBC – Population Health
	Integrated	Section 75

**Commissioning Fund
Section – s75, Aligned,
In-Collaboration**

Decision Body – SCB SCB
Executive Cabinet, CCG
Governing Body

Additional Comments

The report request an extension of the existing contract for 12 months from 1 October 2020. Table 1 in section 2.1 provides the indicative value of the contract for the extension period. The contract period will cover 6 months in the 2021/22 financial year and an estimated 2.7% inflation uplift has been included at this stage pending confirmation with the provider. The 12 month extension is estimated to cost £ 1.167 million and will be financed via the Population Health revenue budget.

Members should be satisfied that the contract delivers value for money and performs well. Section 4 of the report states details of the contract performance. It is essential robust monitoring continues during the extension period and reported to Members as appropriate.

Legal Implications:

**(Authorised by the Borough
Solicitor)**

As set out in the main body of the report STAR are providing the procurement and legal advice in relation to these contract extensions and modifications. In particular STAR will have to ensure that all extensions and modifications are implemented in line with the provisions in the existing contracts, the Procurement Regulations and The Procurement Policy Note 01/20 – Responding to Covid 19. Failure to do so could result in risk of challenge.

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

The Health Improvement service directly contributes to all priorities in the Health and Wellbeing Strategy in particular Starting Well, Living Well and Ageing Well programmes. The service links into the Council's priorities for People:


- Decrease smoking prevalence
- Promote whole system approach and improve wellbeing and resilience
- Improve satisfaction with local community
- Increase access, choice and control in emotional self-care and wellbeing
- Increase physical and mental healthy life expectancy
- Improve the wellbeing for our population
- Increase levels of physical activity
- Increase levels of self-care/social prescribing
- Prevention support outside the care system

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

The service supports the locality plan objectives to –

- Improve health and wellbeing for all residents
- Address health inequalities
- Protect the most vulnerable

How do proposals align with the Commissioning Strategy?	<ul style="list-style-type: none"> • Promote community development • Provide locality based services <p>This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly:</p> <ul style="list-style-type: none"> • Early intervention and prevention • Encourage healthy lifestyles • Supporting positive mental health
Recommendations / views of the Health and Care Advisory Group:	N/A
Public and Patient Implications:	Extension of these contracts will provide continuity of service for local residents at a critical time for health and wellbeing
Quality Implications:	The service will continue to be monitored as usual, with quarterly monitoring meetings taking place.
How do the proposals help to reduce health inequalities?	The commissioned services provide a universal offer for Tameside residents with a specific focus on reducing inequalities.
What are the Equality and Diversity implications?	The Health Improvement 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? Has a privacy impact assessment been conducted?	Information Governance policies will continue to be followed by the service. A privacy impact assessment has not been carried out.
Risk Management:	Risks will continue to be identified and managed by the Provider in collaboration with the Commissioner through ongoing performance monitoring
Background Papers:	The background papers relating to this report can be inspected by contacting the report writer Dr Sarah Exall, Consultant Public Health.

 Telephone: 07971 547 980

 e-mail: sarah.exall@tameside.gov.uk

1. INTRODUCTION

Health Improvement Service

- 1.1 The current integrated wellbeing service, Be Well, is Population Health's main front line behaviour change programme. It is a community offer aimed at preventing ill health through support to individuals and communities. Be Well is provided by Pennine Care, and offers a number of services to help people living in Tameside to improve their health, namely:
- An integrated wellbeing service covering smoking cessation, weight management, diet, sleep and stress management;
 - Community NHS Healthchecks;
 - Community engagement;
 - Health improvement campaigns;
 - Workforce development and training on brief advice and interventions;
 - Population oral health.
- 1.2 NHS Healthchecks are a statutory function of Population Health. In Tameside they are currently commissioned and delivered via two routes to maximise access and choice for residents: Be Well in the Community, and in General Practice by individual GP surgeries.
- 1.3 The Health Improvement service directly contributes to a number of priorities of the Corporate Plan, in particular:
- Decrease smoking prevalence
 - Promote whole system approach and improve wellbeing and resilience
 - Improve satisfaction with local community
 - Increase access, choice and control in emotional self-care and wellbeing
 - Increase physical and mental healthy life expectancy
 - Improve the wellbeing for our population
 - Increase levels of physical activity
 - Increase levels of self-care/social prescribing
 - Prevention support outside the care system
- 1.4 The Health Improvement contract currently held by Pennine Care is due to come to an end on the 30 September 2020.
- 1.5 A key decision was agreed at SCB on 22nd January 2020 to re-commission the Health Improvement services described above. Population Health was therefore planning to procure two new services to cover the above functions, which would take over the contracts on 1 October, 2020.
- 1.6 This report outlines the current structure of the Be Well service, and asks for permission to extend the existing contract to 30 September 2021 as a result of the unforeseen circumstances caused by the COVID-19 pandemic.

2. CONTRACT EXTENSION

- 2.1 The Health Improvement functions provided by Be Well are detailed in two service specifications covering NHS Healthchecks and the wider Be Well service, at an indicative total value of £1,167,256 for the period 1 October 2020 to 30 September 2021. These service specifications form part of the larger contract with Pennine Care Foundation NHS

Trust. Table 1 provides the related contract value details which will be funded via the Population Health Service revenue budget.

Table 1

Service	Contract Value			
	01/04/20 to 30/09/20 Incl 2.7% Inflation	01/10/20 to 31/03/21 Incl 2.7% Inflation	01/04/21 to 30/09/21 Incl Estimated 2.7% Inflation	Total 12 Month Extension Period
	£	£	£	£
Be Well Service	525,280	525,280	539,462	1,064,742
Health Checks	50,574	50,574	51,940	102,514
Total	575,854	575,854	591,402	1,167,256

- 2.2 Currently in light of national guidance, a national directive is covering NHS contract arrangements during COVID as per the COVID-19 NHS guidance.
- 2.3 The commissioner has 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, including COVID-19. STAR considers that the extension and modification of the NHS Healthchecks and Be Well services is justified under the above regulations.

3. IMPACT OF COVID-19 ON POPULATION HEALTH

- 3.1 Due to the crisis caused by the COVID-19 pandemic, investment in the long-term health of communities is now more critical than ever. We know that people already experiencing long term health conditions are at higher risk of more severe disease from COVID-19. We also know that people from some disadvantaged and marginalised communities are disproportionately affected, both by the disease itself and by the economic impacts of the pandemic. The effects on mental wellbeing are also likely to be severe, and not felt equally throughout society.
- 3.2 The Health Improvement service is particularly crucial to two aspects of COVID-19 recovery:
- Smoking Cessation**
- 3.3 From the earliest reports of COVID-19 in Wuhan, China, it was clear that there was a link between the risk of dying from COVID-19, and smoking cigarettes.
- 3.4 Public Health England notes that the evidence on smoking and coronavirus (COVID-19) is mixed and developing. On the available evidence, it advises that smokers generally have an increased risk of contracting respiratory infection and of more severe symptoms once infected. COVID-19 symptoms may, therefore, be more severe in smokers.
- 3.5 The World Health Organisation (WHO) also notes that available research suggests that smokers are at higher risk of developing severe COVID-19 outcomes and death. WHO advises that smoking any kind of tobacco reduces lung capacity and increases the risk of many respiratory infections and can increase the severity of respiratory diseases. COVID-

19 is an infectious disease that primarily attacks the lungs. Smoking impairs lung function making it harder for the body to fight off coronaviruses and other respiratory diseases.

- 3.6 In addition to the impact on lung health, the WHO has warned that the hand-to-mouth action of smoking or sharing any type of tobacco or smoking product could increase the risk of catching or spreading coronavirus.
- 3.7 The advice is for all smokers, particularly those who have an existing health condition such as poor lung health (asthma or COPD), high blood pressure (hypertension), diabetes or any other condition that is often caused by or made worse by smoking, to quit. Smokers who do not want to quit should take steps to protect others from second-hand smoke exposure as this could also exacerbate the symptoms of COVID19. NHS England & NHS Improvement identified community stop smoking services as a priority service to continue during the COVID-19 pandemic.
- 3.8 At Greater Manchester, a greater focus has been placed on smoking cessation during the COVID outbreak with the hashtag #quitforcovid used to promote local services.

NHS Health Checks

- 3.9 Be Well deliver NHS Health Checks in community locations, workplaces, and at public events, particularly focusing on communities with higher need. They involve a discussion with the member of the public, as well as physical tests including a blood test. Although this is a statutory service, in order to comply with national guidelines on social distancing, NHS England and NHS Improvement ordered a pause to NHS Health Checks in a letter dated 19 March, 2020 in place until at least 31 July 2020.
- 3.10 However, in the recent COVID-19 recovery plan, published in May 2020 the government recognised that “preventative and personalised solutions to ill health” were a key part of the national effort to improve lives following COVID-19, and named the expansion of NHS Health Checks as the major driver of this.
- 3.11 In addition, Health Checks have been suggested as a key method by which local areas can support individual approaches to improving the health of the frontline workforce, as part of the Strategic Commission’s approach to risk reduction for frontline workers. This is currently being explored by Population Health in partnership with Health & Safety.
- 3.12 In view of the above directives and the evidence for the disproportionate impact of COVID-19 among certain communities, the strong links already in place between Be Well and community groups mean that Be Well are in the perfect position to quickly mobilise and restart face to face NHS Health Checks as soon as allowed to do so. They are also in a very strong position to restart Health Checks in alternative formats to support key priorities, and have consistently demonstrated their flexibility and adaptability to new ways of working.
- 3.13 The temporary cessation of NHS Health Checks also applies to those provided by General Practice under the Locally Enhanced Service (LES), which have also been suspended as a result.

4. CURRENT PERFORMANCE OF THE HEALTH IMPROVEMENT SERVICE

- 4.1 Be Well Tameside performs well against its performance targets overall and maintains quality in the service it provides, evidenced by outcomes and positive client feedback. At a recent review of performance for 2019/20 it was noted that the majority of KPIs were met or close to being met, despite the challenges of the final few weeks of the year. During 2019/20 the service saw 3,453 clients for a range of health and wellbeing support which

led to 1907 personal health plans being completed with clients and 919 clients being supported to get specialist help from other services.

- 4.2 Be Well provides stop smoking support directly to clients and also supports GPs, Pharmacies & Maternity to provide smoking cessation support. In 2019-20, 553 clients were successfully supported to achieve a 4 week quit, with Be Well supporting the majority of these. The service also supported 1148 households to become smokefree, an essential part of protecting children and young people from second-hand smoke. The service conducted 1460 health checks (843 full NHS Health Checks and 617 mini Checks).
- 4.3 Be Well has also supported clients to increase their consumption of fruit and vegetables, reduce consumption of fried or fatty snacks, takeaways and sugary drinks, increase exercise and lose weight. The service promotes oral health and provides training and workshops.
- 4.4 The service has been extremely responsive and flexible during the COVID-19 pandemic and has adapted to continue to provide wellbeing support remotely, as well as supporting COVID-19 response services in other organisations.

5. PROPOSED CHANGES

Contract Extension

- 5.1 As there is currently major disruption due to COVID-19 and its impacts, recommissioning the service now would not be possible for the Commissioner or for potential providers. The COVID-19 crisis would have a severely damaging effect on both the market and the process, risking both a shortage of providers bidding for the contract, and a failure of the tender and TUPE processes to be fair, open and transparent.
- 5.2 In addition, the impacts of COVID-19 described above, combined with the increasing importance placed on the smoking cessation and NHS health Checks programmes by the government mean that the Health Improvement service is more vital than ever. For this reason, after consulting with STAR procurement, a 12 month contract extension to the 30 September 2021 is proposed.
- 5.3 After discussion with Pennine Care NHS Foundation Trust, Pennine Care have indicated that they would be willing to continue to deliver the Health Improvement and NHS Healthchecks contract, should the proposed extension be agreed.

Service Delivery Changes

- 5.4 Due to the restrictions placed on the public and on organisations in response to the COVID-19 pandemic, it is not feasible to continue to run the Be Well service model as it was prior to the pandemic. The Be Well team have been extremely flexible and responsive in meeting the requirements put forward by national government while continuing to meet the needs of the communities and individuals they serve.
- 5.5 The COVID-19 pandemic is a rapidly evolving situation, requiring changes to the delivery of most, if not all, front-line services. The commissioner has been working closely with Pennine Care since March, when restrictions on public services were first introduced, to enable services to continue as much as possible in a safe and effective way. The situation is expected to develop and change as time goes on.
- 5.6 Be Well have continued to engage with and support clients throughout the COVID-19 lockdown, and have used a variety of new means to engage with local residents. During the 8 week period from the 30 March, Be Well has had 4367 total contacts with individuals for support. This is comparable with the same period last year, at 4563 contacts. They are currently providing active support to over 900 Tameside residents. As per the NHS

England/ NHS Improvement directive to prioritise smoking cessation services, Population Health worked with Be Well to ensure that additional emphasis was placed on smoking cessation. As a result, during this 8 week period Be Well has been actively supporting 313 clients to stop smoking, with smoking cessation being the largest single area of growth for the service.

5.7 Specific changes which have been introduced so far consist of:

Be Well wellbeing service (including smoking cessation)

5.8 Face to face support, including physical activity sessions, has been paused for all aspects of the service as of 20 March 2020, in order to comply with government guidance on social distancing. Very rapidly, Be Well transferred all support to a telephone-based model, and Be Well are still accepting referrals for support with weight management, healthy eating and smoking cessation.

5.9 The smoking cessation offer has been modified to improve access and safety of the service:

- In line with national guidance, monitoring of Carbon Monoxide levels (by blowing into a breathing tube) has stopped.
- Quit aids are being prescribed for a four week period rather than two, to reduce the pressure on primary care and to minimise repeat visits to the pharmacy.
- Be Well stop smoking advisors have mobilised and trained to give support to pregnant women where this is needed if there is reduced capacity in the specialist maternity stop smoking service.
- Be Well have an agreement with a local pharmacy to collect NRT and deliver it directly to people who cannot leave their house due to COVID-19 restrictions.

5.9.1. The team are working with the Health and Wellbeing College to develop an open access behaviour change course, and are also modifying their group workshops (Sleep, Stress and Relaxation; and Live Well Eat Well) to become online sessions.

Communications

5.10 The nature of the COVID-19 restrictions means that routine referrals to Be Well, for example from GPs and community events, have reduced. They have therefore changed the way they communicate and promote the service:

- increasing their use of social media;
- proactively communicating with local GPs to let them know that they are still taking referrals;
- working with local GPs to deliver text messages to GP patient lists;
- linking in with ICFT to promote their service to in-patients on discharge;
- working with Action Together to promote wellbeing and the Be Well service as appropriate during COVID welfare calls.

5.11 The commissioner is continuing to work closely with Be Well to develop alternative, innovative ways of promoting their services.

Other changes

5.12 Smoking cessation training has moved to a remote offer, and the training lead is also adapting other sessions to fit with an online interactive model. They are also working with the professional bodies who accredit the wider workforce training to discuss the potential for online delivery.

- 5.13 Due to the necessary reduction in some activities (such as oral health and community development), Be Well has capacity to work in other ways. The experience of the team means that they are very well placed to support services for vulnerable people. Some of the staff have therefore been redeployed to Action Together to support the humanitarian community response where their expertise and experience is highly relevant. Staff are also supporting the community response in a variety of other ways, including liaising with Mind to support the buddying programme, and supporting with homeless charities, care and food parcels, where needed. This has the added effect of using and further strengthening the existing relationships between Be Well and the voluntary and community sector.

6. OPTIONS APPRAISAL

- 6.1 The current options for this service are:

Do nothing and decommission the service

- 6.2 This would lose a good service in Tameside. It would leave no community smoking cessation or health improvement offer, or NHS Community Health Check offer in place in Tameside, at a time when health inequalities and poor physical and mental health are likely to increase.

Continue with the tender process as previously planned

- 6.3 As providers will have had to realign service delivery to meet national guidance and redirect staff to other priorities, there is a risk that in recommissioning services at this stage of the pandemic it is highly likely that providers will not be in a position to bid for the contract. This would lead to a failure in a robust and competitive tender process and in particular TUPE where staff are carrying out different roles due to COVID-19. This would be further compounded by the unavoidable delays to the start of the process.

Extend the contract for 12 months

- 6.4 This will give the best chance of recommissioning a strong service, while retaining Be Well in the interim period to continue with their community Health Improvement work. This will maximise the health benefits to Tameside, and is our preferred option.

7. RECOMMENDATION

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

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