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Tameside Metropolitan Borough

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STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 29 July 2020
Time: 1.00 pm
Place: Zoom Meeting

Item No.	AGENDA	Page No
1.	**WELCOME AND APOLOGIES FOR ABSENCE**	
	To receive any apologies for the meeting from Members of the Panel	
2.	**DECLARATIONS OF INTEREST**	
	To receive any declarations of interest from Members of the Panel.	
3.	**MINUTES**	
a)	**MINUTES OF THE PREVIOUS MEETING**	1 - 6
	The Minutes of the meeting of the Strategic Commissioning Board held on 24 June 2020 to be signed by the Chair as a correct record	
b)	**MINUTES OF COVID RESPONSE BOARD**	7 - 64
	To receive the minutes of the Covid Response Board held on 17 June, 1 July, 8 July and 15 July 2020.	
4.	**FINANCIAL CONTEXT**	
a)	**STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE REPORT 2020/21 - AS AT MONTH 3**	65 - 134
	To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	
5.	**COVID RESPONSE ITEMS**	
a)	**LOCAL OUTBREAK CONTROL PLAN AND UPDATE**	135 - 166
	To consider the attached report of the Director of Population Health.	
b)	**COVID-19 URGENT EYECARE SERVICE - CUES**	167 - 198
	To consider the attached report of the Executive Member (Adult Social Care and Health)/CCG Co-Chair/Director of Commissioning.	

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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STRATEGIC COMMISSIONING BOARD

24 June 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 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
Dr Kate Hebden – NHS Tameside and Glossop CCG
Carol Prowse – NHS Tameside & Glossop CCG

In Attendance:	**Sandra Stewart**	**Director of Governance & Pensions**
	Kathy Roe	**Director of Finance**
	Ian Saxon	**Director of Operations and Neighbourhoods**
	Stephanie Butterworth	**Director of Adults Services**
	Jessica Williams	**Director of Commissioning**
	Ilys Cookson	**Assistant Director, Exchequer Services**
	Debbie Watson	**Assistant Director of Population Health**
	Sarah Exall	**Consultant Public Health**
Apologies for Absence:	**Councillor Fairfoull**	

9. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

10. MINUTES OF THE PREVIOUS MEETING

RESOLVED
That the minutes of the meeting of the Strategic Commissioning Board held on 27 May 2020 be approved as a correct record.

11. MINUTES OF THE COVID RESPONSE BOARD

RESOLVED
That the Minutes of the meetings of the Covid Response Board held on: 20 May, 3 June and 10 June 2020, be noted.

12. CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 31 MAY 2020

Consideration was given to a report of the Executive Member (Finance and Economic Growth) /CCG Chair / Director of Finance explaining that this was the first financial monitoring report for the

2020/21 financial year, reflecting actual expenditure to 31 May 2020 and forecasts to 31 March 2021.

It was explained that, in the context of the on-going Covid19 pandemic, the forecasts for the rest of the financial year and future year modelling had been prepared using the best information available but was based on a number of assumptions. Forecasts were inevitably likely to be subject to change over the course of the year as more information became available, and there was greater certainty over assumptions. The report focused on the Strategic Commission budgets and forecasts only. The Integrated Care Foundation Trust financial position would be included at month 3 when the wider Finance Economy Report would be produced.

Members were informed that the ICFT and CCG continued to operate under a 'Command and Control' regime, directed by NHS England & Improvement (NHSE&I). NHSE&I had assumed responsibility for elements of commissioning and procurement and CCGs had been advised to assume a breakeven financial position in 2020-21. A notional £6.2m Government funding was available for CCG COVID expenditure including Local Authority hospital discharges. It was proposed this be added to the CCG contribution to the Integrated Commissioning Fund.

As at Period 2, the Council was forecasting an overspend against budget of £4.041m. In addition to this, there were financial risks of £3.5m in relation to the sustainability of Active Tameside, the Council's Leisure provider, which when factored in, resulted in an in year financial pressure of £7.541m. The gross overspend before COVID funding and other contributions was £19.054m, of which £14.297m was attributed to COVID related pressures. £4.757m of pressure was not related to COVID but reflected underlying financial issues that the Council would be facing regardless of the current pandemic. The Council was 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, resulted in forecast additional income in 2020/21 of £15.013m to offset COVID costs. Further details were provided in Appendix 1 to the report.

RESOLVED

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

(ii) That the 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), be approved

(iii) That the forecast position in respect of Dedicated Schools Grant, as set out in Appendix 2 to the report, be noted; and

(iv) That the write off of irrecoverable debts, as set out in Appendix 3 to the report, be approved.

13. 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 year's budget plan in place based on expected throughput of patients and mitigates some of the risks highlighted in this report.

RESOLVED

(i) A replacement treatment cycle if the original cycle had to be abandoned due to the service pause, be approved;

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

(iii) Patients who restart treatment in 20/21 who have a treatment cycle stopped due to coronavirus symptoms developing during their treatment, be permitted a replacement cycle.

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

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.

RESOLVED
That the previous decision regarding financial support be extended, as set out in the report, for one month to 15 August 2020 and then be 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 Strategic Commissioning Board, going forward.

15. DISTRIBUTION 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.

RESOLVED

(i) That the distribution of 75% (£1,598,018) of the grant funding, subject to the specified Conditions, be noted; 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% (minimum value of £532,673) of the grant funding in an appropriate manner.

16. BE WELL HEALTH IMPROVEMENT AND NHS COMMUNITY HEALTHCHECKS: CONTRACT EXTENSION AND SERVICE MODIFICATION

The Executive Member (Adult Social Care and Health)/Clinical Lead (Long Term Conditions)/Director of Population Health submitted a report, which described the proposal to award an extension to the Health Improvement contract with Pennine Care NHS Foundation Trust for Health Improvement services in Tameside. The report further described changes to the delivery of this service in line with the requirements and restrictions in place due to COVID-19.

It was explained that it was not feasible to continue recommissioning the service as planned, or deliver the service as currently commissioned during the current COVID-19 crisis. This was due to the effects of COVID-19 on the current market. As providers would have had to realign service delivery to meet national guidance and redirect staff to other priorities, there was a risk that in recommissioning services at this stage of the pandemic, providers would 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 were carrying out different roles due to COVID-19.

Board members were advised that extending the current contract would allow the current Provider to continue to deliver key elements of the service, which met the needs of local residents whilst adhering to national guidance. This service was critical to supporting the long term health of local residents, particularly in light of the COVID -19 pandemic.

RESOLVED

(i) That the current contract be extended by 12 months, to 30 September 2021; and

(ii) That the modified delivery model for the Health Improvement service to meet the needs of local residents while adhering to national guidance, be noted.

17. URGENT ITEMS

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

CHAIR

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BOARD

17 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**
	Section 151 Officer	**Kathy Roe**
Also in attendance:	**Dr Asad Ali, Ilys Cookson, Richard Hancock, Dr Ashwin Ramachandra Ian Saxon, Sarah Threlfall, Jayne Traverse, Debbie Watson, Sandra Whitehead and Jess Williams**	

7 DECLARATIONS OF INTEREST

There were no declarations of interest.

8 MINUTES

The Minutes of the meeting on 16 June 2020 were accepted as a correct record.

9 MONTH 2 FINANCE REPORT

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Lead Clinical GP / Director of Finance, which focused on Council budgets due to the 'Command and Control' regime currently operating for NHS bodies. The report included 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 was £975 million.

It was stated that at Period 2, the Council was forecasting an overspend against budget of £4.041m. The gross overspend before COVID funding and other contributions was £19.054m, of which £14.297m was attributed to COVID related pressures. £4.757m of pressure was not related to COVID but reflected underlying financial issues that the Council would be facing regardless of the current pandemic. The Council was 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, resulted in forecast additional income in 2020/21 of £15.013m to offset COVID costs.

It was explained that the CCG continued to operate under a 'Command and Control' regime, directed by NHS England & Improvement (NHSE&I). NHSE&I had assumed responsibility for elements of commissioning and procurement and CCGs had been advised to assume a break-even financial position in 2020-21.

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

Members were provided with an overview of the forecast position on Dedicated Schools Grant (DSG) for 2020/21. It was explained that there were significant financial pressures on the high

needs block which represent a high risk to the Council. If the 2020/21 projections materialise, there would be a deficit of £5.311m on the DSG reserve at the end of this financial year, a deficit recovery plan would likely 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 would require discussions and agreement of the Schools Forum. The position would be closely monitored throughout the year and updates will be reported to Members.

AGREED
That Executive Cabinet be recommended to:

(i) Note the forecast outturn position and associated risks for 2020/21 as set out in appendix 1e.

(ii) Approve the addition of £6.2m of Government funding for CCG COVID costs to the Integrated Commissioning Fund (£0.3m in respect of 2019/20 and £5.9m in respect of 2020/21), and £13.9m of Government funding for Council Covid costs.

(iii) Note the forecast position in respect of Dedicated Schools Grant as set out in appendix 2.

(iv) Approve the write off of irrecoverable debts set out in appendix 3.

10 APPOINTEE AND DEPUTY SERVICE CONSULTATION OUTCOME

Consideration was given to a report of the Executive Member for Finance and Economic Growth/Assistant Director (Exchequer Services), which detailed the outcome of consultation undertaken in relation to the changes to the charging model and increase in appointee costs, investments of capital and revisited Client Finance Policy.

It was stated that the Service within the Adult Social Care Finance Service had undergone review and the outcome of the review was considered by the Executive Cabinet on 22 January 2020. The review addressed the issues of increasing caseload, policy revision and increasing operating costs in addition to market testing for alternative provision. To address these increasing issues consultation was proposed to take place in relation to a proposed change to the charging model and increase in appointee costs, investments of capital and revised Client Finance Policy.

It was reported there were 267 appointee cases and 28 deputy cases and the caseload continued to rise steadily. Consultation had taken place and the report detailed the consultation results, the equality impact assessment (EIA) and contains proposals for change. The delivery of the service remains unchanged.

Members heard that a total of even respondents took part, none of which were current service users. The consultation detailed two options for administration charges for appointees. Deputyship administration charges were set by the Office of the Public Guardian. The two options were:

- Option A Charge all appointees £10.00 per week;
- Option B Charge appointees residing in residential care £7.50 per week and charge appointees living in the community £10.00 per week.

HM Treasury NS&I savings accounts were proposed for deputies with capital in excess of £50k as being a safe investment. Appointee's capital was not managed by the Council as the Client Finance Service role for appointees was to manage income from benefits and bill payments only. The proposed Client Finance Policy was also consulted upon and was detailed in Appendix 1 to the report.

Members heard a summary of responses from each of the questions presented and received the full consultation responses to all questions in Appendix 2. It was stated the consultation findings were generally positive on the overall approach with regard to increasing costs, investment of capital and policy revision, and one set charge per week for all appointees is preferred than having a two tier charging model depending on whether the appointee lived in the a residential setting or in the community.

It was reported that the outcomes in terms of the consultation were as follows:

- Increase weekly administration charge to £10 per week for all appointees with more than £1k capital.
- Invest deputies capital in excess of £50k in the NS&I direct saver account.
- Implement the revised Client Finance Policy reflecting the changes.

The increase in administration charge from £6.92 to £10.00 a week was comparable with the weekly charge in other Greater Manchester local authorities at £10.35 per week. The increase would be effective from 01 September 2020 and thereafter be subject to the corporate annual uplift in fees and charges in April each year. This would affect all 267 appointees as deputyship weekly administration fees were set by the Office of the Public Guardian. One deputy case currently had in excess of £50k capital that would be affected by the beneficial investment of monies in the NS&I account.

The equality impact assessment had identified that there was no anticipated direct or indirect impact to users of the Appointee/Deputyship Scheme on the basis of age, sex, ethnicity, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, marriage and civil partnerships, carers, military veterans or anyone breast feeding.

The proposed changes would directly impact people with a disability because the provision of an Appointee and Deputyship Service was for adults who cannot manage their own finances due to a disability and/or lack of capacity and therefore require the Council to be responsible for benefits, income or assets. The proposal would directly impact on those with a disability as changes to the charges for the service would affect all appointees and the proposal to amend the investment policy would affect only those deputies with more than £50k in capital. The changes to the scheme would impact those classed as on low or no income, as the investment policy change would impact all service users of the scheme, however those with less than £1k in capital would continue to not be charged for the service, until such time that they have accrued more than £1k in capital.

Mitigating factors had been identified in the equality impact assessment as being comparisons to charges across Greater Manchester local authorities were low and no charges were applied to a service user's account where the capital held for a service user was less than £1k. The evidence sources to support the equality impact assessment were the number of appointee and deputy cases currently managed by the service and the results of the 12 week consultation as detailed in Appendix 2.

With regards to risks, although a considerable amount of work had been undertaken by way of review to address the management of the caseload and its associated risks, it was clear that the financial safety of vulnerable service users in the Borough must be considered at all times.

In order to continue to deliver a safe and effective service risk management must be considered both in the short and long term. An increasing ageing population and service users with mental health needs was unlikely to yield a reduction in cases being referred to the appointee and deputy service, therefore staffing was expected to continually increase as caseloads rose. As staffing costs increased, so too did the cost of service. This upward spiral of caseload, resources, costs and risk was likely to continue to rise indefinitely against which the increase in charges to be reviewed annually is a mitigating factor.

Careful consideration must be given not only to cost of service but to the extreme vulnerability of the service user and any unintended consequences arising from any changes to service provision, therefore the policy would be kept under continual review to ensure that should any unintended consequences arise that these are addressed immediately.

The 12 week consultation carried out between 23 January 2020 and 16 April 2020 and the full equality impact assessment had been carried out to ensure that all risks are identified, mitigated

against where possible, and taken into consideration prior to setting the administration charges, revision to policy, changes to service delivery and investments of service users capital.

AGREED:
That Executive Cabinet be recommended to agree:

(i) The weekly administration charge was £10 per week for all appointees with more than £1k capital with effect from 01 September 2020.
(ii) The weekly charge will be subject to annual corporate uplift in fees and charges in April each year.
(iii) Invest deputies capital in excess of £50k in the NS&I direct saver account.
(iv) Implement the revised Client Finance Policy with effect from 01 September 2020.

11 THE COUNCIL'S SPORT AND LEISURE FACILITIES – FINANCIAL SUSTAINABILITY DURING THE COVID-19 (CORONAVIRUS) PANDEMIC

Consideration was given to a report of the Executive Member (Neighbourhoods, Community Safety and Environment) / Director of Population Health, which recommended that the Council's stock of sports and leisure facilities remain closed until restrictions controlling social contact were lifted. The report also sought approval of £0.600 million payable to Active Tameside on 1 July 2020 as an advance payment for services commissioned by the Council covering the period 1 April to 30 September 2020.

It was explained that in line with national guidance advising the UK public to avoid unnecessary social contact, all sport and leisure facilities owned by the Council and managed by Active Tameside closed at 10.30pm on Friday March 20 for an unspecified period. Active Medlock continued to provide a limited day care service to a vulnerable group of clients during the closure period. However, this continued to be subject to change based on further national and local guidance/restrictions received.

It was stated that the Council's stock of sports and leisure facilities would remain closed until restrictions controlling social contact and closure of businesses were lifted. It was explained once restrictions on social contact were lifted the centres would be opened informed by a framework of financial sustainability and phased 'safety first' approach informed by public health advice from the Director of Population Health.

Members of the Board were provided with details of an advance payment for services commissioned by the Council from Active Tameside during 2020/21. The advance payment related to services commissioned from 1 April 2020 to 30 September 2020 excluding the sum assumed in the organisation's cash flow to 30 June 2020. The sum would be payable on 1 July 2020 and would support the cash flow of Active Tameside until 31 August 2020, by which time it was expected there would be an update on the business interruption insurance issue.

Regular weekly update meetings 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 with supporting the timely and efficient reopening of the facilities and associated services.

Members were advised that during the COVID-19 pandemic 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 received a detailed breakdown of the services that Active Tameside continued to provide.

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.

In addition, 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. Existing furloughed employees who volunteered, and had the requisite skills to provide such support, would be made available to the Council at short notice. It was proposed to recompense Active Tameside for any related costs under such arrangement.

With regards to the financial impact, it was reported that in the final week of trading prior to closure, Active Tameside casual revenues were down 70% year on year reflecting increasing levels of public anxiety. Draft accounts for 19/20 indicated that Active Tameside achieved its budgeted year end trading surplus a manifestation of the business resilience model developed by the trust over the previous eighteen months.

However, in order to reduce the financial impact of the temporary closure following the COVID pandemic, 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.

In addition, Active Tameside had business resilience insurance that may be used to fund the remaining 20% of employee costs over and above direct government financial support. At this stage Active Tameside were in regular dialogue and were awaiting further guidance from their insurer's and broker's on the additional costs and forgone revenue streams that could be claimable.

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 £1.077 million on 1 April 2020. Members were reminded that 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 based on known revenue streams receivable at this stage.

It was further explained that the repayment of the 2019/20 prudential borrowing sum of £0.788 million had been deferred until 2021/22 at the earliest. It was envisaged that the outstanding historical prudential borrowing debt balance (which excluded new borrowing relating to the recently opened Active Denton) that was due for repayment to the Council by the end of the 2023/24 lease term (including the 2019/20 and 2020/21 values) would be re-profiled. Options would be considered that would ensure the ongoing financial sustainability of the organisation. The value of the annual management fee payable for the period 2021/22 to 2023/24 would include a repayment plan that would contribute towards the outstanding debt balance (including interest) of £ 3.8 million at 31 March 2020. This would reduce if a sum was repaid in 2020/21 which was currently unlikely. 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. An option could be to remove the obligation for Active Tameside to repay the borrowing in exchange for a reduced management fee. This would then make the management fee a better reflection of the costs of operating the service on behalf of the Council.

The Council commissioned services from Active Tameside via Adult Services and Children's Services equating to a value of £1.8 million in 2020/21. The latest Government COVID procurement guidance enabled local authorities to provide supplier relief under PPN 04/20 'if appropriate' to maintain delivery of 'critical services'. This also included advance payment for services. The guidance covered the period to 31 October 2020

The existing cash flow of Active Tameside to 30 June 2020 included a value of commissioned services of £0.270 million. The value of these services for the period 1 April 2020 to 31 October 2020 equated to a sum of £0.870 million. The Council therefore could consider an advance payment of £0.600 million which would be the difference of the sum already included in the cash flow to 30 June 2020.

Payment of £0.600 million in advance on 1 July 2020 would support the cash flow of Active Tameside to 31 August 2020. At this point it was expected there would be an update on the business interruption insurance issue referenced in section 4.12 of the report.

Members were advised that Active Tameside were in regular dialogue with Council finance officers during this period and were operating on a transparent and open book policy in respect of their financial position.

With regards to commercial revenue, Active Tameside's commercial rehabilitation had been underpinned by a relentless focus on three key revenue streams; Health and Fitness memberships; Swimming lessons; and Gymnastics lessons. Early modelling suggested that the combination of capacity reductions via social distancing measures and customer anxiety could reduce these revenue streams by up to 50% for the foreseeable future.

It was explained that even before the pandemic, concerns were growing with regard to sector capacity and latent demand, notwithstanding affordability for those services procured outside Active Tameside in particular. As a consequence of the pandemic, the imbalance between demand and capacity was likely to increase, in part because of the fragility of many current providers.

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 £2.1 million and £3.3 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 was further explained that an empirical review of the commissioning intentions of the Council was necessary in order to ensure that the focus remains on the delivery of health and social outcomes and reducing health inequalities. A visioning session was planned with the Council and Active Tameside on 15 July to begin to plan for recovery. Any future investment would need to align to the Council's medium term financial plan and Strategic Asset Management Plan as part of the COVID recovery approach.

With regards to current cost savings, Active Tameside had 83% of its employees on Furlough saving £0.250 million per month. They had also successfully applied for Business Support grant and rate relief. They were also negotiating with suppliers for any support they can give either as reduced rates, contract suspensions or payment holidays.

It was stated that in order to qualify for any of the Government backed business loans, a business had to be solvent and be able to repay any loan. As Active Tameside had a pension deficit, they were technically insolvent. Their balance sheet had a £1.4 m deficit. The pension deficit/balance sheet insolvency was a common position for those leisure trusts that maintained a Local Government Pension Scheme.

It was reported that in order to trade legally, any business had to have a reasonable expectation that over a 12 month period its income would exceed its liabilities. If not and it keeps trading, that was classed as "wrongful trading" and trustees become personally liable for company debts. Currently the Government had temporarily suspended that piece of legislation due to COVID but at some point it would need to be addressed

Active Tameside's financial year end was 31 March 2020 and the Audit was due to take place this summer with the final accounts presented to Board members in December 2020. At that point the Trustees would look to assure their auditors that over the next 12 months they would have sufficient funds to meet liabilities. This is onerous enough in normal circumstances and was very unlikely that any responsible Governing body (based on what we know) would be able to provide that assurance to December 2021. In the past, the Council has provided a "letter of comfort" to Active Tameside to support this requirement. In the past it was unlikely that this letter would have been activated. Under the current circumstances it would be highly likely that Active Tameside

would need additional financial support to keep trading until “normal” revenues could be re-established.

Members were informed that unlike most Companies in the UK, 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 out (impossible for COVID 19). The resilience clause allowed a new disease to be backdated to the point it became notified. Active Tameside’s insurance brokers, Marsh, had this clause in only 700 policies nationally but these companies include FTSE 100 companies and nationally recognised charities. Marsh were commissioning expert legal opinion to support the claim of Active Tameside. Whilst this did not guarantee success, in Marsh’s opinion they remained “cautiously optimistic.”

Further, there was a good chance that this might go to litigation as a “class action” because all of the policies were worded the same and the cause (COVID-19) was common. Insurance acceptance was the best outcome for both Active Tameside and the Council and this option is being pursed vigorously. This would ensure that any temporary financial support provided by the Council would be repaid.

With regards to reopening to the public, given that the ‘leisure sector’ featured in Phase 3 of the Government’s recovery plan, Active Tameside’s physical estate must remain closed to the general public until 4th July at the earliest with a formal announcement not expected from Government until 26th June. However, throughout the leisure sector, preparations are now underway to reopen within the context of a ‘new normal’.

Any proposals for re-opening would be carefully risk assessed (both operationally and financially), in line with local advice and agreed with public health to ensure we remain vigilant against the spread of COVID-19, reduce inequalities and work together to protect our communities.

Any phased opening could not commence until the point at which all requisite processes, protocols and associated training were demonstrably in place following permission to reopen by Government. At this juncture, it was not possible to predetermine the chronology of subsequent phases which will be informed by national guidelines, the emerging review and local Population Health advice and guidance.

In the first instance, Active Tameside proposed a ‘safety first’ approach focused on swim, gym and classes, all bookable and payable in advance. To ensure that 2m social distancing could be maintained and increased cleaning and infection control measures adhered to, services would be operating at significantly reduced capacity. Many centres would continue to be closed to the public.

During the course of the lockdown, Active Medlock had remained open supporting the Council to continue to provide services to adults and children with complex needs. Initially, 18 places per week were provided for both Adult and Children’s social care and these places were taken up by 6 individuals. During the course of lockdown, demand had increased and 19 individuals now occupy 28 places. Remote support had continued for all Everybody Can clients in the form of a minimum of two phone calls per week, insights from which had been fed into the social care framework.

However, risk assessments clearly indicate that reopening some buildings including Active Medlock to the general public whilst managing the COVID-19 risk to vulnerable populations was impractical. The maintenance of social distancing requirements necessitated the use of PPE in many circumstances. Further, challenges included enhanced staffing ratios, cohort ‘bubbles’ and building ‘flow’ and adequate space necessitate a different approach to the delivery of commissioned services. To this end, opening hours would reflect these challenges at both Active Medlock and other centres within the estate as below. This approach would enable Active Tameside to meet not only pre COVID- 19 levels of provision within the borough but also to meet increased post COVID-19 demand both safely and efficiently.

In the first quarter of 2020 prior to the lockdown, the Live Active referral scheme for those residents with long term conditions had 412 actively participating members and 422 'completed' members still on the 12-month pathway. During lockdown, the non-furloughed Live Active officers had continued to support those on the scheme, by phone, through social media and via hard copy. In recent times, the Active Streets trial had taken Live Active 'to the people' providing a lifeline to those suffering with both mental and physical health issues as a consequence of isolation, whilst supported health walks have been reintroduced. Active Tameside would continue to promote and deliver on the Tameside 'Active Neighbourhood' model within neighbourhoods, supporting the increased demand for outdoor exercise.

AGREED
That it be RECOMMENDED to Cabinet that :

(i) The Council's stock of sports and leisure facilities would continue to remain closed until restrictions controlling social contact were lifted

(ii) Once restrictions on social contact were lifted the centres would be opened informed by a framework of financial sustainability and phased 'safety first' approach informed by public health advice from the Director of Population Health.

(iii) A sum of £ 0.600 million be payable to Active Tameside on 1 July 2020 as an advance payment for services commissioned by the Council covering the period 1 April to 30 September 2020. The sum represents the balance due for this period excluding the value assumed in the Active Tameside cashflow to 30 June 2020. The advance payment would support the cashflow of Active Tameside until 31 August 2020, by which time it would be expected there would be an update on the business interruption insurance issue, when further update report would be presented to Members in August 2020.

(iv) That the Trust Chief Officer attend a future meeting of Board to discuss future plans.

12 REVIEW AND UPDATE OF SERVICE CHANGES ACROSS OPERATIONS AND NEIGHBOURHOODS

Consideration was given to a report of the Executive Member (Neighbourhoods, Community Safety and Environment) / Assistant Director of Operations and Neighbourhoods, which provided an update on proposed service change decisions across the service in response to the evolving national guidance and the relaxation of certain Covid19 lockdown measures.

Following the outbreak of the COVID-19 virus, Tameside had been working closely with partners and employees to continue to deliver vital services. The Council had developed and followed a Business Continuity Plan which has identified the key services that were essential to our residents and businesses. To comply with government advice and the requirements of social distancing, service adjustments were required and many services had been delivered differently or more creatively to especially support residents who are social distancing and self-isolating.

During the COVID-19 outbreak, staff roles and responsibilities had been adjusted in order to support the front-line key services. Staff had been redeployed into roles to ensure that business critical activity was delivered throughout the borough. In some cases council business activity would be ceased either following a determination that it would detrimental to public health, or that the function is not critical to service delivery during this exceptional time.

A Council-wide report detailing the effect of the COVID-19 virus and the steps Tameside Council was taking in response of this threat was discussed at Board on the 1 April 2020. Following that service changes across the Operations and Neighbourhoods directorate had been approved and documented in a number of Executive Decisions.

With regards to service changes to markets, the Ashton Indoor Market had continued to operate throughout this pandemic by supporting the essential businesses that had been allowed to continue their trade.

As per the Government's updated guidance most non-essential businesses could reopen from 15 June 2020 with the exception of the hospitality sector. Ashton Indoor Market would therefore open for these businesses from 15 June 2020 with operating times of 9am to 4pm Monday through to Saturday. Businesses would only be granted permission to open once they had provided written confirmation that they had put in place all the necessary measures to ensure that the business were COVID-19 safe.

Due to the increase in the R number for the North West now being above the critical value of 1. As at 5 June 2020 this was at 1.01. The re-opening of the outdoor markets in Ashton and Hyde would be delayed. This position would be reviewed regularly in line with the critical 5 tests set out by the Government.

In addition to the increase in the R number, outdoor markets had the potential to attract large crowds with potentially little regard to social distancing and no means for controlling access and numbers of visitors. Whereas the control measures currently in place for indoor markets, like supermarkets could be strictly managed with restricted access that was monitored and the controls over the number of customers in the building at any one time.

Members were informed that with regard to service changes to libraries the Government had indicated in their Covid 19 Recovery Strategy that libraries would be included in step three of the roadmap to recovery. Meaning that some form of opening would take place at the earliest from 4 July 2020. Any form of re-opening would be contingent on whether this aligns with the easing of restrictions in other Council Services. Work had begun to determine how the public library service can operate safely following easing of restrictions to allow step three of the plan to be implemented.

An initial assessment had been undertaken of all 8 library venues to determine what was possible within the space available and with the required restrictions. All services offered at each library had also been considered to determine what level of service can be offered.

It was explained that a phased return to re-opening libraries would be implemented and subject to all safety measures being in place this would commence on Monday 6 July 2020. It was envisaged that the offer would include the following:

- Return of outstanding items
- Utilising one way systems where appropriate and social distancing.
- Using self-service machines as much as possible
- An order and collect service for those not wishing to browse
- Pre-booked use of PCs for 1 hour only (or walk in if there is capacity)
- Printing

In order to allow the above services safety measures would need to be implemented. These included:

- Hand sanitisers upon entry and exit from the library
- Additional cleaning
- Specified maximum number of people in each section of the library at any one time
- Invigilated queuing system to enter/exit the library
- Perspex screens round the library counter
- Directional floor markings to guide people round one way systems, signage to remind people to social distance, markings on the floor to indicate where people should queue and wait to be served, floor markings to denote 2 metre distance
- Quarantining books for 72 hours upon return before putting back on the shelves and the same after packing them into bags for the click and collect service
- Removal of all furniture which encourages people to stay longer in the library
- Removal from use specified PCs to ensure 2 metre distance between users

- Sanitising of PCs between users

Further, in order to ensure social distancing measures were adhered to it was recommended that no unaccompanied children under 12 years of age were allowed into the library at this time.

Dependent upon risk assessments it was envisaged that the offer could be available at 4 of the larger libraries initially with others possibly coming on stream in a phased approach.

The Home Library Service would also be resumed on a contactless basis for those that wish to take advantage of it and the service would be extended to include shielded people and those who are very vulnerable for health and wellbeing reasons.

It was proposed to offer a new service for those who did not feel they wished to enter the main body of the library and browse stock but would still wish to have reading material. This service would be similar to the home library service in that customers can advise of the genre of reading material they prefer and staff will make a selection from the shelves.

On fines and book renewals all items out on loan have had their loan period extended to between the 22 June to the 30 June 2020 to ensure that no fines are attracted when people were unable to return them.

Further it was proposed to extend all item loans and suspend accrual of fines to the 31 August 2020 to allow sufficient time for people to return their items following opening of libraries

It was reported that none of the libraries would be available in Open+ operating hours as it would not be possible to monitor social distancing of users or sanitise PCs between usage.

With regards to Museums and Galleries this front line service had been closed throughout lockdown and this situation would continue for the foreseeable future. Following the opening of some library venues further consideration on these services would be undertaken.

The Tameside Local Studies and Archive Centre had been closed to the public during lockdown and all scheduled events cancelled.

Arts and Engagement activities and events had to be cancelled due to the Corona pandemic as it was not currently possible to have gatherings of people.

Online resources were being made available by the museums and galleries, local studies archives and arts and engagement services.

All recommencement for Cultural venues and activities would be reviewed regularly in line with the critical 5 tests set out by the Government and will remain suspended until 1 October 2020 or until Government guidance allows.

Members were informed that the Tameside Welfare Rights & Debt Advice service remained operational via the telephone, webchat, email and letter but with no face to face appointments. The service had assisted many residents through the advice line and advised on welfare benefits and tax credits, with 349 enquiries being specifically related to Covid-19. Support continued for residents with debt issues by telephone, webchat and email. Due to the stay on possession proceedings until 23 August 2020 the service had not been required to assist with representations through the county court due to rent or mortgage arrears.

The Customer Services walk in facility continued to be suspended to public access until further notice. Services were being delivered via telephone, dedicated email addresses and webchat. This position would be reviewed regularly in line with the critical 5 tests set out by the Government.

Aligned with the lifting of lockdown restrictions for non-essential businesses and the expansion of the high-street retail offer the Council proposed to recommence parking enforcement from 1 July. The necessary controls would be put in place and full Covid risk assessments would be made and implemented before the service recommences. Parking Enforcement would be introduced with a phased approach starting with the issuing of warning notices for the first 2 weeks on both on-street and off-street parking locations..

A number of the contracted NSL Parking Enforcement Officers had been deployed to critical Council service areas that required extra resources during this period. These contracted staff would now return to their parking enforcement role to ensure customer compliance.

It was proposed to continue to suspend monthly parking deductions for all staff who had purchased contract car park passes for a further 3 months until 1 October 2020 because it was expected or intended that they would come into the office, the suspension should therefore mean that staff would not cancel the passes.

With regards to CCTV staff shift pattern was proposed to increase to a 12 hour shift, in order to build resilience and maintain public order. This longer shift pattern was not required and would now only be used in an emergency and in response to operational risks.

The public access Licensing Counter at Tame Street was closed during lockdown with all applications for licences processed through the website, via telephone and email. The service proposed that this counter remains permanently closed allowing the service to be delivered remotely.

Taxi driver licence renewal applications were processed as usual, however where an applicant was required to submit a medical certificate, the Service was currently allowing applicants to complete a self-certification form. The applicant would be required to submit the medical certificate once GP practices resume normal service.

In response to the COVID-19 outbreak, where taxi drivers were self-isolating, licence holders were offered the opportunity to temporarily suspend their drivers licence. It was proposed that this offer would remain in place until 1 October 2020.

It was proposed that the Service would continue to process the vehicle renewal licence application as usual and require vehicle proprietors to submit renewal application forms and relevant paperwork, including insurance via email, and continue to test vehicles to ensure that they are safe and mechanically sound.

In situations where the vehicle was not being used or the driver was self-isolating, upon request a vehicle licence may be temporarily suspended, it was proposed that vehicle licence holders would be offered this opportunity until 1 October 2020.

All private hire operator licences which are due to expire continue would be processed as usual.

With regard to fees for driver and vehicle renewal applications, licence holders had been offered the option to defer payment of the fee for a period of 3 months. It was proposed that this would be extended until 1 October 2020.

No letters had been sent out to licensed premises to remind licence holders that their annual fee was due to be paid since February 2020. These fees remained payable although many of the premises had been required to close during lockdown. It was proposed that the annual fee letters would be sent out from the 1 July 2020, providing the licence holder with an option to defer payment for a period of 3 months.

The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 for the licensing of persons involved in England in selling animals as pets, providing or arranging for the

provision of boarding for cats or dogs, hiring out horses, breeding dogs and keeping or training animals for exhibition.

It was proposed to continue to defer all planned food hygiene, food standards and animal feed interventions - other than those for high risk establishments, or where there are specific legislative requirements on the nature or frequency of controls for 12 weeks from the 18 April 2020. This was in line with the Food Standards Agency Guidelines. This would mean that planned visits would recommence no sooner than the 11 July.

Action by local authorities when the intervention was due should initially be undertaken remotely - a telephone discussion and paper-based audit of relevant documentation. If the discussion or documentation provided suggested that there may be a serious public or animal health risk, an onsite visit should be made to assess and address these risks.

It was recommended to continue to defer proactive inspections of House in Multiple Occupation (HMO) and Inspections required under the Environmental Permitting (England & Wales) Regulations 2016 (EPR Regs) for a further period of 3 months until 1 October 2020.

Service Requests would focus resources on urgent reactive work to address potentially serious public health or animal health risks.

Skips and scaffolding permits that remain on the highway would be enforced from the 1 July 2020.

It was proposed to further delay the issuing of invoices issued under the Environmental Permitting (England & Wales) Regulations 2016 (EPR Regs) and the Private Water Supply (England) Regulations 2016 (amended 2018) (PWS Regs) for a further 3 months until the 1 October 2020.

Buy with Confidence Members would be offered an option to defer payment of the fee for a period of 3 months until the 1 October 2020.

AGREED;
That Executive Cabinet be recommended to agree that:

1. **The revised opening of non-essential businesses in Ashton and Hyde Indoor Market as set out in the report at paragraphs 2.2 and 2.3.**
2. **Delayed re-opening of Ashton and Hyde Outdoor Market as set out in the report at paragraph 2.4.**
3. **A phased re-opening of Library Buildings and re-introduction of Home Library Service as detailed in paragraphs 3.7, 3.11.**
4. **No unaccompanied children under 12 years of age allowed in the Libraries.**
5. **To continue the suspension of Library fines until 31 August 2020.**
6. **To continue the suspension of events and closure of cultural venues until 1 October 2020 or until review of guidance permits.**
7. **To note the continuation of virtual or digital customer interaction for Cultural and Customer Services**
8. **To recommence parking enforcement from 1 July 2020.**
9. **To continue the suspension of monthly parking deductions for all staff contract car park passes until 1 October 2020.**
10. **The Licensing Counter remains permanently closed.**
11. **The adjustments to Licensing payments and procedures are agreed detailed in paragraphs 4.3-4.13**
12. **To continue to defer proactive inspections of House in multiple Occupation (HMO) and Inspections required under the Environmental Permitting (England & Wales) Regulations 2016 (EPR Regs) until 1 July 2020 unless there are exceptional reasons for doing so to protect life and limb.**
13. **To recommence charging for skips and scaffolding permits remaining on the highway from the 1 July 2020.**

14. **To recommence issuing invoices under the Environmental Permitting (England & Wales) Regulations 2016 (EPR Regs) and the Private Water Supply (England) Regulations 2016 (amended 2018) (PWS Regs)**
15. **It is proposed to recommence the Buy with Confidence Membership scheme from the 1 October 2020.**
16. **A review of the services changes and a updated report will be brought to Members in September**

13 2021 CENSUS PLANS – CENSUS SUPPORT CENTRES

Consideration was given to a report of the Assistant Director of Policy, Performance and Communications / Assistant Director, Operations & Neighbourhoods, which sought approval for the proposed method for operating census support centres in Tameside.

It was stated that every ten years the Office for National Statistics (ONS) carried out a census to find out more about the people who live in England and Wales, and about the make-up of local neighbourhoods. The next census was proposed to take place on Sunday 21 March 2021.

The 2021 Census would predominantly be an online census with a target of achieving a 75% response rate online. In 2011, households were given the opportunity to complete the census online with 19.1% of households in Tameside doing so; compared to 19% across England.

For the majority of households initial contact for the Census would be made via an invitation to complete the questionnaire online. The invitation would provide a unique access code (UAC) and website address. Paper copies would be made available to anyone who asks for them, though the method for accessing these is yet to be determined.

It was reported that the ONS commissioned a body called the Good Things Foundation (GTF) to administer funding for the operation of census support centres across the country to assist people in completing the online questionnaire throughout the nine week period. The GTF had compiled a list of local authority areas throughout England and Wales in which these centres may be necessary; Tameside was featured on the list along with various other authorities in the North West and elsewhere throughout the country. GTF had estimated that 1,396 Tameside residents would require assistance over the 9 week period.

The GTF proposal included funding of £14 per employee hour operating census support centres in suitable places across the borough. Stipulations for a suitable location were outlined to Members. Each location must be able to be staffed by dedicated census advisors for published and advertised operating hours at different times throughout both weekdays and the census weekend. GT defined three sizes of centre to be used wherever appropriate. These base categories were not exclusive, as centres would be sized appropriately for the expected demand.

Each individual must acquire a Disclosure and Barring Service (DBS) check, a right to work check, and must attend face-to-face and online training given by GTF between October 2020 and February 2021. Each worker would also be required to sign the ONS Census Confidentiality Undertaking form. Additional funding would be provided to support the training of staff and setup of each support centre.

The census would be used by Government to determine how to allocate resources between local authorities; resident counts provided by the census were used for matters of ‘per head’ resource allocation and policy consideration. In the 2011 census, Tameside’s online completion rate was 19.1%; this was slightly above the national average of 19.0% but still significantly below the targeted online completion rate of 75% in 2021.

A significant difference between the 2011 and 2021 censuses was the method in which residents were invited to take part; in 2011 residents were sent both a link to the online questionnaire and

also a paper copy to complete in the traditional manner, whereas in 2021 residents in most areas of the country would just be sent access information for the online form in the first instance. As a result of this change there may be an increased reliance on publically available council-owned computers in libraries throughout the borough from those residents who may not have a suitable computer and/or internet connection at home.

Tameside's population aged 65+ was proportionally smaller than for England as a whole. According to the 2018 mid-year population estimates, several of Tameside's electoral wards the 65 and over population was significantly larger.

Tameside was a significantly deprived area, ranking as the 28th most deprived of the 317 authority areas which made up the country in the Index of Multiple Deprivations (IMD) published in 2019. This was significant, as along with income and employment measures, the IMD also considered areas such as education and skills, health and disabilities, and access to services into its calculation of overall deprivation for a given area. Tameside contained pockets of more severe deprivation, which included areas like Hattersley and the town centres of Ashton, Dukinfield, and Stalybridge. Notably, in the case of Hattersley and Dukinfield, these pockets of deprivation overlapped with areas of low online completion in the 2011 census.

With regards to the proposed method for operation of census support centres in Tameside, the best locations within Tameside to hold these support centres would be the libraries, which were already equipped with internet-connected computers for public use and which were located throughout the different communities of the area- avoiding requiring those in need of help to travel to one central location. Libraries would also, in large, meet the requirements for accessibility, already being used for public access. Libraries would also provide separate areas for residents to complete the questionnaire in private, making use of reading rooms and similar spaces.

It had been noted by Libraries Connected, the national sector lead for Libraries that in order to provide these centres entirely within the library service would not be feasible within the £14 per staff hour budget. Instead, they had suggested that in order to be viable, a fee of £27 per hour would be required for each staff member. In addition, numbers of library staff would likely not be sufficient to operate these support centres.

It was for this reason that it was proposed that these census support centres be manned by a pool of volunteers from within the wider Council workforce. In the same manner as by which members of staff can elect to work to open postal votes during an election or work in a polling station or at the count, members of staff could be invited to put themselves forward for the training and to help operate the centres in exchange for additional hourly compensation.

In order to meet the requirements of requiring a lead be present in each location, it was proposed that a number of leads be appointed for each location to serve for different shifts throughout the census period. This would relieve any concerns with having one member of staff being required to work for extended periods of time, including into the evening, over many consecutive days.

The number of centres to operate throughout the borough remained to be decided but bids could be made for up to six locations. More centres distributed in different community centres would allow for easier access and potentially increased response rates, but would also require an increased number of staff to be released from their regular duties to operate the centres.

Another factor for consideration was the amount of additional compensation given to members of staff for electing to help operate the service. The £14 per staff hour was distinguished as payment for a service and not as general funding, although the council could choose to reserve some percentage of the fee to mitigate staffing costs for those who are away from their duties. Alternatively, the full £14 could be given to staff members or volunteers at cost in order to better incentivise staff to volunteer and to remain actively engaged throughout the nine week period (including periods of working over weekends) without dropping out partway through the programme.

If agreed to proceed, officers of the council would submit an application to host online census centres across the borough in our libraries. The outcome of the submissions would be determined on the 17 July 2020.

AGREED
That Executive Board:
(i) note the content of the report.
(ii) agree the proposed method for operating census support centres in Tameside.
(iii) consider the factors for determination.

14 BE WELL HEALTH IMPROVEMENT AND NHS COMMUNITY HEALTHCHECKS: CONTRACT EXTENSION AND SERVICE MODIFICATION

Consideration was given to a report of the Executive Member of Adult Social Care and Population Health / Co-Chair Tameside & Glossop CCG, Clinical Lead for Long Term Conditions / Director of Population Health, which set out a proposal to award an extension to the Health Improvement contract with Pennine Care NHS Foundation Trust for Health Improvement services in Tameside.

It was stated that the current integrated wellbeing service, Be Well, was Population Health's main front line behaviour change programme. It was a community offer aimed at preventing ill health through support to individuals and communities. Be Well was provided by Pennine Care, and offers a number of services to help people living in Tameside to improve their health.

NHS Health checks were a statutory function of Population Health. In Tameside they were 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.

The Health Improvement service had directly contributed to a number of priorities of the Corporate Plan.

It was explained that the Health Improvement contract currently held by Pennine Care was due to come to an end on the 30 September 2020. A key decision was agreed at SCB on 22nd January 2020 to re-commission the Health Improvement services. Population Health was therefore planning to procure two new services to cover the functions, which would take over the contracts on 1 October, 2020.

With regards to contract extension, the Health Improvement functions provided by Be Well were detailed in two service specifications covering NHS Health checks 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 formed part of the larger contract with Pennine Care Foundation NHS.

In light of national guidance, a national directive was covering NHS contract arrangements during COVID as per the COVID-19 NHS guidance.

The commissioner had been working with STAR procurement throughout this period, who advised that under Public Contract Regulations 2015, there was provision for extending or modifying a contract during its term where there were urgent requirements due to unforeseen circumstances, including COVID-19. STAR considers that the extension and modification of the NHS Health checks and Be Well services is justified under the above regulations.

It was explained that due to the crisis caused by the COVID-19 pandemic, investment in the long-

Be Well deliver NHS Health Checks in community locations, workplaces, and at public events, particularly focusing on communities with higher need. They involved discussion with the member of the public, as well as physical tests including a blood test. Although this was 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.

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.

In addition, Health Checks had been suggested as a key method by which local areas could 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 was being explored by Population Health in partnership with Health & Safety.

Be Well Tameside performed well against its performance targets overall and maintained quality in the service it provided, 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.

The service had been extremely responsive and flexible during the COVID-19 pandemic and had adapted to continue to provide wellbeing support remotely, as well as supporting COVID-19 response services in other organisations.

It was reported that after discussion with Pennine Care NHS Foundation Trust, Pennine Care indicated that they would be willing to continue to deliver the Health Improvement and NHS Health checks contract, should the proposed extension be agreed.

Due to the restrictions placed on the public and on organisations in response to the COVID-19 pandemic, it was not feasible to continue to run the Be Well service model as it was prior to the pandemic.

The COVID-19 pandemic was a rapidly evolving situation, requiring changes to the delivery of most, if not all, front-line services. The commissioner had 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.

Specific changes which had been introduced so far consist of Face to face support, including physical activity sessions, 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 were still accepting referrals for support with weight management, healthy eating and smoking cessation.

Due to the necessary reduction in some activities (such as oral health and community development), Be Well had capacity to work in other ways. Some of the staff had been redeployed to Action Together to support the humanitarian community response where their expertise and experience was highly relevant. Staff were 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 had the added effect of using and further strengthening the existing relationships between Be Well and the voluntary and community sector.

The options for the service were outlined to Members of the Board as follows:

- Do nothing and decommission the service. 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 were likely to increase.

- Continue with the tender process as previously planned. As providers would have to realign service delivery to meet national guidance and redirect staff to other priorities, there was a risk that in recommissioning services at this stage of the pandemic it would be highly likely that providers would 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 were 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. This would 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 would maximise the health benefits to Tameside, and is our preferred option.

AGREED
The Strategic Commissioning Board is recommended to:
(i) extend the current contract by 12 months, to 30 September 2021
(ii) note the modified delivery model for the Health Improvement service to meet the needs of local residents while adhering to national guidance.

15 FORWARD PLAN FOR COVID RESPONSE BOARD

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

CHAIR

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BOARD

1 July 2020

Present:	Elected Members	Councillors Warrington (In the Chair), Cooney, Fairfoull, Feeley, Gwynne, Kitchen, Ryan and Wills
	Chief Executive	Stephen Pleasant
	Borough Solicitor	Sandra Stewart
	Kathy Roe	Section 151 Officer
Also In Attendance:	Dr Asad Ali, Tim Bowman, Steph Butterworth, Jeanelle De Gruchy, Tracy Morris, Dr Ashwin Ramachandra, Sarah Threlfall, Emma Varnam, Debbie Watson	
Apologies for Absence:	Councillor Bray	

18 MINUTES

The minutes of the meeting on 1 July 2020 were agreed as a correct record.

19 RESPONSE AND RECOVERY COMMUNICATIONS STRATEGY

Consideration was given to a report of the Executive Leader / Assistant Director, Policy, Performance and Communications, which outlined the approach to communication on living with Covid19, restarting economic and social lives while protecting public health.

It was explained that it had never been more important to communicate effectively with a wide range of stakeholders: from residents and businesses to at risk groups and employees. Situations were changing day by day, hour by hour, and with each change came a new demand for complex communications. Clear and consistent messaging would be needed to provide reassurance and build confidence in the local response and safe and sensible decision making.

Since national lockdown was mandated on March 23, messages had been heavily influenced by government guidelines and messages to support compliance and the importance of following the guidelines. In addition, covering messages of support and reassurance around the wider health and economic ramifications of lockdown. Members received a detailed list of the topics covered in response to the outbreak.

Communications had primarily focussed on responding to the COVID-19 pandemic for over 11 weeks and were beginning to shift into a recovery phase of communications. Restrictions were being eased, businesses were opening and people were looking towards what a ‘new normal’ might look like. However, it would still remain critical that the primary focus of communications continued to be the protection of public health and preventative communications.

It stated that the objectives of the communications strategy would be to:

- Raise public awareness of ongoing and new/revised government guidelines as restrictions eased
- Raise public awareness of the importance, especially in Tameside, to wash hands, socially distance, self-isolate and to wear face coverings.
- To actively encourage local communities and specific groups at risk of coronavirus to play their part in helping to control coronavirus by acting appropriately and taking action.
- Ensure businesses, schools and services across the borough feel supported, and employees, parents and customers feel confident that it was safe to reopen
- Build confidence in a ‘safe Tameside’ that would enable work towards the ethos of building back better

- To actively strive to promote equality and fairness, and minimise the creation of further inequalities by targeting communications at and actively involving those most affected, vulnerable and at greatest risk,
- Manage expectation and promote new ways of life as they become the 'new normal'.
- To harness the positive within the innovation of service delivery and improved behaviours seen as a direct result of the pandemic. And to build on that moving forwards, creating and encouraging new ways of working, accessing services and utilising new infrastructure that support active travel and a healthier environment for all.

The Audience would vary and different strands of work and activity would be targeted at individuals or groups using appropriate techniques and channels.

Response and recovery communications would be focussed within three key themes, lifting lockdown, living with Covid, building back better.

The lifting lockdown theme would be focused on safely reopening Tameside and Tameside is open, safe streets, good health and wellbeing, proud of Tameside, health and safety and our work force staff campaign.

Living with Covid would focus on the new normal, the campaign would be focussed on the following: Cultural events, youth services officer, changes and improvements to services, safe streets walking and cycling, test and trace and the Council workforce.

Building back better a principle which would build hope and would be applied to all elements of recovery with campaigns focussed on the following, safely reopening Tameside, proud Tameside campaign, outdoor destination marketing and growth opportunities and our workforce.

Members were advised of the short term priorities which would cover the three areas of focus alongside the core Proud Tameside communications.

It was explained that communications for the coming weeks would cover the three areas of focus as follows alongside core 'Proud Tameside' communications:

<u>Lifting lockdown</u>

- High Street/Business reopening
- Markets reopening
- HWRCs reopening
- Schools wider opening
- Domestic Abuse
- Compliance with Test and Trace
- Social distancing
- Handwashing
- Face coverings

<u>Living with COVID</u>

- Compliance with Test and Trace
- Social distancing
- Handwashing
- Face coverings
- Mental health and wellbeing
- Business Resilience Clinic
- Discretionary Grant Fund
- GM Care Records
- NHS Health at Home
- Parks and greenspace

- Healthy Start Vouchers
- Cultural offer – story makers, music service, libraries and local studies activities
- Youth services and support – Paper bag play scheme and detached work

Building back better

- Walking and Cycling
- Tacking Homelessness- St Ann's provision for the homeless opening
- Educational Attainment/ Literacy- school readiness, transitions, transition to adulthood, Tameside loves reading, closing the gap,
- Complex Vulnerability- learnt that by helping people some real practical examples, adult social care, humanitarian hub, very complex,
- Digital Delivery
- Destination Tameside- Marketing Tameside as a plae to do business. Covid Economic Plan
    - Before end of furlough. Pipeline projects. Support for those being made redundant
    - Town Centre- Investment
    - Strategic sites
- Environmental Strategy
- Addressing inequalities- including digital disadvantage
- Integrated Neighbourhoods- models- children's health and social care, communities
- Next Stage of Health and Care Living Well at Home Model
- Preparing for Winter- Flu
- Hattersley Development inc New playground in Hattersley
- Accessing primary and urgent care
- Fostering
- The Local Offer
- Godley green
- Tameside as an outdoor destination

Member considered the implications of the recent announcement about the 'lockdown' in Leicester and the management of news and information about possible 'lockdowns' elsewhere. It was clear the infection rates where significantly above figures for any other areas and there were no other 'lockdowns' imminent yet media continued to speculate where was next.

AGREED

(i) To note and approve the approach to communications as outlined in the strategy

(ii) To note that this is an evolving situation and the strategy is therefore a fluid document that can be fed into and updated on an ongoing basis

(iii) To agree a local campaign from the three options in Appendix C and provide any further feedback and insight to support the rollout

23 MINISTRY OF HOUSING, COMMUNITIES & LOCAL GOVERNMENT - RE-OPENING THE HIGH STREET SAFELY ALLOCATION

Consideration was given to a report of the Executive Member for Finance and Growth/Director of Growth which provided details of the Governments Reopening Highstreets Safely fund and the draft action plan.

The Council would be able to spend its allocation of £200,741 on eligible activities from 1 June 2020 and claim it back from CLGU in arrears once the funding agreement had been signed. The default position was that claims would be paid quarterly for eligible expenditure under the guidelines and would be claimed monthly in arrears. The guidance and the latest FAQ's were included with the report.

It was explained that funding would cover four areas of eligible activity:

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

Members were advised that there were also three main categories where activities could not be supported:

(i) Activity that provided no additionality - This funding was intended to be additional funding on top of that existing activity;
(ii) Capital expenditure – The funding was intended to help local authorities address the short-term issue of re-opening their local economies. It could support some temporary changes to the physical environment, but those changes should not be anticipated to last beyond 12 months, or until no longer required for social distancing;
(iii) Grants to businesses – Funding could not provide direct financial support to businesses to make adaptations to premises, purchase PPE, purchase goods or equipment or offset wages or other operating costs.

A standard claims template would be provided and all claims were expected to contain the following information: a summary of expenditure; details of every transaction, record of the outputs, details of procurements included in the claim, a progress report for the claim period. Spend from the allocation would need to be closely monitored in order to ensure that the allocation was able to cope with the likely changes throughout the release from lockdown and changes in government guidelines.

With regards to reporting requirements of the funding, it was explained that given the bespoke nature of this project there would be a need to provide some additional reporting requirements to evidence the outputs and outcomes of the investments being made. Before beginning to spend the grant, a baseline should be set for future measurement in particular relating to the current footfall in the high streets. The costs of incurring these baselines, assuming they were not already available, could be covered as part of the costs associated with developing an action plan.

The task and finish group set up to manage the fund were preparing an action plan to prioritise works in line with the themes contained in the guidance that was attached to this report together with costings. The works were centred around a communications plan and small physical works programme that would be identified by site surveys that were currently being undertaken. As the allocation was until the end of 2020 and a number of updates and re-issues of information may be required in line with government guidelines a contingency sum would be built into the action plan and be regularly monitored.

AGREED
That the Board note:
(i) the details of the Government's Reopening Highstreets Safely fund;
(ii) the draft action plan drafted by the Economic & Business Impacts Task & Finish Group;
(iii) that the Government will be issuing a Funding Agreement, to be entered into by the Council and any such agreement will be the subject of a Cabinet decision.

23 CAPITAL PROGRAMME OUTTURN REPORT 2019/20

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Finance, which summarised the outturn position on capital expenditure at 31 March 2020. The report focused on the budget and forecast expenditure for fully approved projects in the 2019/20 financial year. The approved budget for 2019/20 was £42.013m after re-profiling approved at Period 10 and outturn for the financial year was £37.341m. There were additional schemes that had been identified as a priority for the Council, and, where available, capital resource had been earmarked against these schemes, which would be added to the Capital Programme and future detailed monitoring reports once satisfactory business cases had been approved by Executive Cabinet.

It was stated that the approved Capital Programme budget for 2019/20 was £42.013m. Service areas had spent £37.341m on capital investment in 2019/20, which was £4.672m less than the capital budget for the year. This variation was spread across a number of areas, and was made up of a number of over/underspends on a number of specific schemes (£0.673m) less the re-phasing of expenditure in some other areas (£5.344m).

Members were advised that the Capital Programme for 2020/21 and beyond was summarised in **Appendix 1** to the report**.** After the financing of expenditure in 2019/20 the Council was holding a balance of £14.593m in the Capital Investment Reserve to fund the £18.792m of budgeted schemes that required corporate funding. Delivery of the Capital Programme was now therefore highly dependent on the realisation of planned Capital Receipts. The current COVID-19 pandemic had increased the risk that Capital receipts would either not be achievable or that values would be diminished, putting the delivery of Capital Investment objectives at risk.

AGREED
That Executive Cabinet be recommended to note the Capital outturn position and financing for 2019/20, and the capital financing risks for 20/21 and beyond as set out in appendix 1 to the report and to note that Executive Cabinet on 27 May 2020 had approved:

(i) The re-profiling of £5.344m of Capital Budgets to reflect up to date investment profiles;
(ii) The updated Prudential Indicator position which was approved by Council in February 2019
(iii) Budget virement of £178k to Vision Tameside from Vision Tameside Public Realm; and
(iv) Reprioritisation of corporate funded capital budget of £110k for Godley Green to be returned to the funding pot following approval of the £10m from Homes England.

24 CAPITAL PROGRAMME – OPERATIONS AND NEIGHBOURHOODS (2020/21)

Consideration was given to a report of the Executive Member (Neighbourhoods, Community Safety and Environment) / Assistant Director (Operations & Neighbourhoods) which, provided information on the Operations and Neighbourhoods 2020/21 Capital Programme and impacts of the Covid19 pandemic on a number of projects.

The Transport Asset Management Plan (TAMP) for 2017/2021 identified proposals to invest £20m in the Council's highways (carriageway & footway surfaces) over a four year period: 2017/2018 - 2020/2021. Some funding had been drawn down from the Department of Transport to underpin the improvement and maintenance of this critical infrastructure. Corporate funding of £13.250m was approved to support the TAMP in the four year plan from 2017/18 to 2020/21. As at 31 March 2020, the Council's capital programme shows £0.773m of TAMP funding remaining and was scheduled to spent in 2020/21

A programme of works for the financial year 2020/21 had been developed which would be funded by TAMP, the 2020/21 Department for Transport (DfT) District Highway Maintenance Funding Allocation and rolled forward 1920/20 DFT. District Highway Maintenance Funding Allocation were included in **Appendix 1** to the report. A high level summary of the available funding in 2020/21 for the Highway maintenance programme was set out to Members. This included 2020-21 highway

Maintenance grant of £2.550m, Brought forward 2019-20 Maintenance grant £0.614m and TAMP funding of £0.773m, together these totaled £3.937m of confirmed funding.

The indicative 2020-21 Highway Maintenance grant included in the capital programme was £2.258m. The final 2020-21 allocation was £2.550m, an increase of £0.292m.

The DfT allocation was based on each local Highway Authority's network length and made up of Maintenance Needs, Incentive Fund, Pothole & Challenge Fund elements. The Greater Manchester allocations totaling £4.050m were shown in Appendix 2 to the report. For Tameside, £1.5m was in respect of pothole repair and prevention, this would form part of the revenue budget funding. The remaining £2.550m had been allocated to the 2020/21 capital programme for highway resurfacing, bridges and structures upkeep and for street lighting works, the allocation was apportioned using a national formula. The 2020/21 highway resurfacing programme was detailed in **Appendix 3** to the report.

Following flooding in late 2016 and again in 2017, statutory 'Section 19' reports were produced as required by the Flood and Water Management Act 2010. These highlighted a number of flood and drainage assets that were substandard from a maintenance, access and performance point of view and required improvement to help increase resilience across the borough.

From 2019 works had been completed at Cartwright Street, Hyde, Ney Street and Store Street, Ashton-under-Lyne and Halton Street, Hyde. It was stated that works were currently on site at Demesne Drive, Stalybridge. Works were progressing well and were on programme. The remaining sites previously identified were due for completion in 2020/21. This would add much needed resilience to Tamesides drainage assets.

With regards to Slope Stability works, the works at Fairlea Denton were nearly complete with only the planting aspect of the landscaping works still outstanding. The contractor returned to site in early June 2020 to complete the regrading of the embankment and to place topsoil in the area between the wall and rear garden fences. The former compound area had been reinstated. The embankment planting works would be carried out shortly. The works were scheduled to be completed within the budget of £0.350m.

The Greenside Lane, Droylsden works had been delayed due to the 'Covid19' outbreak. Further additional costs had been identified by the contractor to ensure social distancing methods of working were adhered to. The contractor originally quoted a figure of £0.120m additional costs. The Council carried out a value engineering exercise and was able to remove some elements of the works, but despite this, there would be additional costs to complete the works of a further £0.070m. The risk assessment would continue to be closely monitored. However it should be noted that any costs associated with Covid19 would not be met by the Council where there was not a contractual obligation to do so.

Due to the topography of the site, the difficult ground conditions and complexity of the scheme, the Council had sought advice from the specialist contractor that delivered the Fairlea scheme. Now that the scheme had been designed in detail, and the method of construction reviewed, it was envisaged that the scheme costs would be of the order of £0.900m. The shortfall in funding provided for the two original schemes, was therefore envisaged to be in the region of £0.600m. Additional funding of £0.600m was approved by Executive Cabinet in March 2020. Making the total council investment £0.900m.

Repair and restoration of Cemetery Boundary walls of £0.260m continued to progress with further works being completed at Dukinfield Cemetery, the fifth of the five earmarked for the more urgent wall repairs. The total spend on the boundary walls as at 31 March 2020 was £0.135m leaving a budget in 2020/21 of £0.125m. This funding was being channelled into the completion of additional repairs to medium and low priority wall repairs that still remained on all the sites. Additional minor repairs to fences and gates would also have to be included in the boundary wall repairs at the remaining sites.

£2.500m was earmarked in the capital programme to fund Replacement of Cremators and Mercury Abatement, Filtration Plant and Heat Recovery Facilities. This scheme was marked as business critical and was approved by Executive Cabinet on the 24 October 2018.

Following a successful procurement exercise, a Project Manager, Clerk of Works and Quantity Surveyors had now been appointed. In addition, the asbestos survey had been completed and Listed Building consent was expected imminently.

Whilst works were scheduled to commence in March 2020, the COVID 19 pandemic clearly affected Bereavement Services across Greater Manchester. The cremator contractors were inundated with providing help and critical support to deal with breakdowns (etc) across other sites around the country to enable other crematoria to cope with the demand of cremations. As a result, the project to start removing existing cremators was a part of the capital project that was not tenable. An additional stand-alone cremator was sourced to deal with the effects of the pandemic and this additional cremator would now be kept on site to assist with any downtime that may occur when the project recommences. The proposal for the additional cremator was discussed at the Covid Response Board on the 8 April 2020 and then approved in an Executive Decision, 'Additional Cremator Capacity in Response to the Covid-19 Outbreak', on the same date. Due to the pandemic, works on the project would be starting shortly but this would mean the expected time of completion for the refurbishment of the cremator and equipment would now be approximately March 2021. The works were expected to be completed within the allocated budget.

Children's playgrounds across Tameside would be improved to help youngsters stay active and healthy. The Capital investment of £0.600m would improve play areas across the borough and ensure they were good quality and safe facilities for children to enjoy. Council officers had audited each play area, including an assessment of equipment, safety surfacing and infrastructure, and the funding would be spent on those playgrounds which needed it most. The priorities were based on health and safety assessments. The next stage would be to package up the various groups of the work required for procurement within the remaining available funding of £0.592m, with the intention to start this programme from September 2020.

With regards to the Ashton Town Centre Public Realm project which was originally approved in February 2015. The overall objectives of the project remained valid. The project area was split into 10 zones in order to effectively manage and co-ordinate project development, delivery and phasing and significant progress had been made with the completion of works to 5 of these zones.

Since the last report presented, to the Strategic Planning and Capital Monitoring Panel in March 2020, detailed designs, for the area in front of Clarendon College on Wellington Road, were now complete. Works were being planned to commence in spring, however they were on temporary hold following the outbreak of the Covid-19 virus. Further, in partnership with TfGM, works to accommodate egress from the Interchange were successfully completed on the Transport Interchange junction on Wellington Road in early June 2020.

Schemes continued to be designed to ensure they could be delivered within the current budget envelope and the table below provides a high level summary of the total funding and the remaining available 2020-21 budget:

As a result of Covid-19, the Ashton Town Centre public realm project had been temporarily paused in line with Government guidance. The programme was now under review and was being reassessed to determine which zones, if any, can now be delivered in line with current guidance.

Works comprise a comprehensive programme of replacing all the existing 7,900 main road lanterns with state of the art LED luminaires in order to reduce the Council's energy consumption, CO^2 emissions and on-going maintenance commitments. Further benefits included a more sustainable highway asset for the residents and businesses of Tameside, thereby contributing to a safer environment and a low carbon economy which were key priorities within the 2012-22 Tameside sustainable community strategy. The Executive Cabinet report on 22 October 2018 outlined the essential evidence and background details in the delivery of the programme. The two year

programme was projected to deliver annual energy savings in the region of £0.274m at a cost of £3.6m. The remaining funding available was £3.5m. The financial profiling of these works was expected to be around £1m in 2020/21 with the remaining £2.5m in year 2021/22.

With regard to the status of external grant programmes Members were informed that the Mayor's Cycling and Walking Challenge Fund (MCF) was established in 2018. The aim of the programme was to kick start the delivery of the Greater Manchester Cycling and Walking Commissioner's Made to Move strategy and to make Greater Manchester a city region where walking and cycling were the natural choices for shorter journeys. £160 million had been made available over four financial years (2018 to 2022) to fund walking and cycling infrastructure schemes. Previous reports, on the MCF Programme, had highlighted that the Council had to date successfully secured Programme Entry Status, from the Greater Manchester Combined Authority for schemes, at Tranches 1, 4, 5 and 6 of the programme.

As a result of Covid-19 all construction projects were being assessed to determine if they could be delivered in line with current Government guidelines. Resources were also being reviewed to take account of the additional schemes due to be delivered as part of the new Emergency Active Travel funding. A detailed delivery programme would be presented at a future meeting of the Strategic Planning and Capital Monitoring Panel.

Members were provided with a summary of the combined estimated value of the 12 schemes which had received Programme Entry status to date. The total estimated MCF funding was £11,557,150, total estimated match funding totalled £3,200,734 meaning that the estimated scheme cost Totalled £14,757,884

Since the last report the Council had received Advanced Funding Agreements for Tranches 1, 4 and 5. These Agreements formally approved the development costs submitted as part of the overall scheme costs. Receipt of the Funding Agreements enabled the Council to start to claim the grant funding, in arrears, for defrayed costs associated with the development of the relevant MCF schemes. Members were advised of the Approved Deployment Costs for each scheme, Active Neighbourhoods £264,480, Crown Point £408,480 and Ashton Streetscape, Ashton West Link Bridge, Ashton Town Centre South £906,005.

With regards to Emergency Active Travel Funding work was ongoing, on the Safe Streets Save Lives campaign, with the ten Greater Manchester authorities. The objective was to capitalise upon the c40% increase in cycling and walking during lockdown and to encourage long-term behaviour change.

Guidance on the funding regime was emerging and the Council was ensuring it reacted swiftly in order to maximise the funding opportunities to help make walking and cycling in Tameside an easier and safer way to travel and the natural choice for our residents.

The Greater Manchester Mayor's Office initially committed £0.500m to each local authority from top-slicing funding from the existing MCF allocation to enable fast access to funds based on a Covid-19 emergency response criteria.

On 27 May 2020 the Department of Transport (DfT) provided indicative funding allocations of the Emergency Active Travel fund which had been announced on 9 May 2020. This confirmed £15.872m was being allocated to GMCA for emergency active travel measures and that the £225 million allocated to local authorities will be released in two phases.
Members were advised that the first tranche of £45 million was due to be released as soon as possible so that work could begin at pace on closing roads to through traffic, installing segregated cycle lanes and widening pavements. The main purpose of the initial funding was to promote cycling as a replacement for journeys previously made by public transport. The Government expected that all measures in Tranche 1 would be delivered quickly using temporary materials, such as barriers and planters. Elaborate, costly materials would not be funded at this stage.

It was explained that the DfT reserved the right to claw the funding back by adjusting downwards a future grant payment if work was not started within four weeks of receiving allocation of funding or works have not been completed within eight weeks of starting. Not achieving the eight weeks funding deadline could have a material impact on the ability to secure any funding in Tranche 2.

The second tranche of £180 million would be released later in the summer to enable authorities to install further, more permanent measures to cement walking and cycling habits. Timescales for delivery were yet to be confirmed but it was likely that the expectation would be that these schemes be delivered by the end of the year.

As requested the Council submitted an Emergency Active Travel Funding bid, to TfGM, on the 4 June 2020. This light touch submission included details of schemes that could be delivered in Tranche 1 and 2 bidding rounds. A formal decision was expected.

The Council's current indicative allocation for Tranches 1 and 2 was approximately £3 million subject to approval. A formal decision was expected shortly and would be based on evidencing that there were swift and meaningful plans to reallocate road space to cyclists and pedestrians including on strategic corridors.

Members were informed that on the 22 May 2020 the Council launched a six weeks Safe Streets consultation programme. The purpose of the consultation was to obtain resident feedback on the temporary measures being considered for implementation. The promotional campaign running alongside the campaign highlighted the importance of obtaining resident feedback particularly because the measures were temporary which provided some flexibility to adjust, refine, remove or make permanent schemes which have support.

In May 2017, Highways England awarded Tameside Council £1.950m to provide an improved safe cycle route running between Hyde Town centre and Mottram / Hollingworth parallel to the M67 and A57. The scheme was reported to the Strategic Capital Monitoring Panel in September 2018 and the recommendation was made to include the £1.950m in the Capital Programme at this time. In line with the grant conditions the scheme was originally due to be completed by March 2020. However due to a protracted approval process the Grant Funding Agreement was not signed by all parties, until January 2019. The outcome of this process was that Highways England agreed to extend the project by one year and therefore the scheme's amended completion date was now March 2021. Since the last reporting period, a successful procurement exercise, utilising the Bloom Framework, resulted in Atkins Consultancy being commissioned to undertake a detailed feasibility study. Good progress had been made in order to complete the feasibility study and a summary of the key activities were outlined to Members. The next steps were to identify a preferred route and develop a construction programme which is acceptable to Highways England.

Discussions were ongoing with Highways England regarding the current programme. These discussions had acknowledged the fact that although the scheme development was now progressing at pace, the March 2021 deadline for completion remained challenging, particularly in light of the current Covid-19 situation. Formal confirmation to extend the scheme beyond the current funding deadline of March 2021 was required but early indications were that a revised programme will be acceptable. Members were advised of the high risks and mitigating actions being taken.

AGREED
Strategic Planning and Capital Monitoring note progress and RECOMMEND to Executive Cabinet that:

(i) That 2020/21 Engineers Capital Budget (Appendix 1) and Department for Transport Highways Maintenance Funding allocations (Appendix 2) are noted.

(ii) That additional DfT Highways maintenance funding of £0.292m is added to the Capital Programme as set out in paragraph 2.2.

(iii) That the annual highway resurfacing programme is approved (Appendix 3).

(iv) That the status of the GM Mayor's Cycling and Walking Challenge Fund (MCF) schemes is noted (Appendix 4).

(v) That the overall Operations and Neighbourhoods Capital programme outturn for 2019/20 and budget summary for 2020/21 is noted (Appendix 5)

(vi) That progress and impact of Covid 19 is noted with regards to Cremator Replacement and Mercury Abatement is noted.

(vii) That GMCA approved development costs of £0.906m for the Mayor's Challenge Fund, as set out in Section 3.10 of this report, be approved and added to the Capital Programme.

(viii) That Emergency Active Travel Funding of £0.500m from the Greater Manchester Mayor's Office as set out in section 3.17 of this report be approved and added to the Capital Programme.

(xi) The LED street lighting scheme re-phasing proposal, as set out in section 2.25 report, be noted

25 CHILDREN'S SERVICES - PROPERTY CAPITAL SCHEMES UPDATE REPORT

Consideration was given to a report of the Deputy Executive Leader / Assistant Director for Children's Social Care, which provided an update on the Children's social care Property Capital Scheme and set out details of the major approved property capital schemes in Children's Social Care.

Members were reminded that on the 27 November 2019 Executive Cabinet had approved a series of 7 projects to stabilise Tameside's Looked After Children (LAC) cohort. The purpose of these projects were to make Tameside's existing cohort of LAC financially sustainable for the local authority, improve outcomes for those children already in care and divert families away from the care system where it was safe and appropriate to do so. The 7 projects were as follows:

- Project 1: Develop a model of core, multi-disciplinary Early Help service in each neighbourhood/ locality
- Project 2: Develop a Family Intervention Service (FIS) across the continuum of need and enable the Family Group Conference services to intervene at an earlier point on the continuum.
- Project 3: Restructure the Duty and Locality Teams
- Project 4: Develop the Team Around the School (TAS) approach
- Project 5: Positive Futures model (Respite/Assessment Units)
- Project 6: Fostering Service Improvement
- Project 7: Placements Review & LAC Sufficiency

The current capital programme as recommended by SPCMP on 9 October 2017 and subsequently approved by Executive Cabinet on 18 October 2017, included funding support Capital Investment in Children's Social Care. The total Capital funding earmarked was £950,000.

It was stated that approval was granted via an Executive Decision on 5 March 2020 to purchase accommodation to provide a residential assessment unit in the borough. A sum of £400,000 had been allocated to facilitate this purchase. A property had been identified and the sale was progressing based on legal requirements in regard to planning permissions. The £400,000 forms part of the original £950,000 capital allocation.

Approval was granted via an Executive Decision on the 29 April 2020 to support the modification of an existing building, St. Lawrence Road, Denton, to provide a residential respite. As sum of £45,250 had been allocated to facilitate this refurbishment. Building work had started on the building with a completion date of 12 June 2020. The £45,250 forms part of the original £950,000 capital allocation.

First pass feasibility work was underway to modify an existing building that had been identified as being potentially suitable to accommodate the Edge of Care and Family Intervention teams and

facilitate the colocation and effective integration of activity. Appropriate governance would be sought once plans were complete and full costs are available.

It was explained that early stage discussions were also on-going to formulate the property requirements associated to other individual projects contained in the Children's sustainability plan. Progress would be reported at the appropriate time.

AGREED
That Members note the following schemes have been approved by Executive Decision on 5 March 2020 and 29 April 2020, and will be added to the Council Capital Programme:

(i) £400,000 for the purchase of new property to provide in borough residential assessment unit.
(ii) £ 45,250 for the modification of existing property to provide in borough residential respite unit.

26 GROWTH UPDATE REPORT

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Growth, which updated Members on the major capital projects within the Capital Programme managed by the Growth Directorate and provided an update on the prioritisation of business cases yet to be approved and formally included in the Capital Programme.

Members were advised that the total grant funding available for adaptations for 2020-2021 was £4.105m. The budget being requested for approval in 20/21 was £2.322m for Adaptations based upon the previous years' expenditure. This included a request for £0.020m for Personal Wheelchair Budget and £0.100m for a pilot to assist in the provision of 2 homes for disabled people with complex needs. The balance of unspent Disabled Facilities grant allocation for 2020/21 would be carried forward to underpin possible future reductions in funds or for new initiatives.

It was explained that there was no provision within the Disabled Facilities Grant to provide wheelchairs to meet the specific needs of people with severe mobility issues. Wheelchair users often required specific and tailor made chairs that current budgets in children's services and adult services were struggling to meet. Often families were not in a position to fund the top-up costs required. By allowing wheelchairs to be specific to the needs of the individual it would assist with independence and assist with reducing other care related costs. An initial £20,000 had been requested by the Wheelchair Service to trial a top-up scheme. Additional funding could be made available through the year.

There were a number of people with severe and complex disabilities living at home with their families where the family takes on the majority of the care provision. This effectively saves the council considerable sums in care costs. For some families the stress of providing this care was becoming an issue that could see the care being moved to the Council. Adult Services and Children's Services would like to investigate the possibility of providing purpose built homes to house these families. In two particular cases the properties in which the families live had been subject to considerable adaptations and could not be adapted further but still don't meet all the assessed needs or allow a reasonable family life for other siblings. The ideal solution was to provide purpose built properties that would meet the needs of these people and be constructed such that they would meet the needs of future occupants with some alterations. The properties would be owned by a Social Housing Provider and they would co-fund the development and build. The footprint of these properties would be larger than a traditional house due to being potentially single storey or two storeys with an extensive ground floor, including useable outside space. Discussions with housing providers in the borough were at an early stage. A sum of £100,000 transferred to Adult Services would be used as a contribution towards the build costs of these two new homes.

With regards to the Disabled Facilities Grants, the Covid19 pandemic had little effect on delivery and completion of adaptations at the end of 2019-20. During the first 2 months of 2020-21 however Covid19 did have a serious effect on delivery of adaptations: residents did not want any council staff

or contractors to attend their home plus contractors were unable to deliver due to supply chain issues resulting in staff being furloughed. The situation had changed following the relaxation of restrictions resulting in residents more willing to allow access; work had now resumed although at a reduced level. There were still some supply issues around specialist toilets, curved stair lifts and through floor lifts. The number of referrals from both Adult and Children's Services had fallen dramatically since early April due to staff being relocated to support other areas and not being able to carry out assessments in person. There was enough work in the service for the next couple of months but if this situation continued it would have a serious effect on delivery of adaptations and on income for the service. The program to replace old stair lifts and hoists currently on the service and maintenance program would continue during 2021 but this too was currently on hold due to factors around Covid19 although emergency replacements were still being actioned where possible. Until lifting and hoisting contractors resume a reasonable level of production only urgent and emergency installs were being carried out. The program of replacements was still expected to reduce revenue costs within Adult Services who fund the maintenance service and reduce care costs when old units do fail and cannot be repaired.

With regard to the Funds transferred to Adults Services in 2019-20 it was explained that the Moving with Dignity scheme had been approved on the 24 July 2019 at Executive Cabinet. The investment of £0.375m to fund this dedicated scheme was transferred to Adult Services during last year. This scheme is now operational.

Further, £0.250m had been allocated to the Disability Assessment Centre (DAC) project last year and had been transferred to Adult Services. A basic layout provision had been prepared for each assessment area identified by Occupational Therapy services and a number of discussions had taken place with Adult Services but no premises had been identified. It had been considered that £0.250m would not be enough to make DAC operational and further funding would be required from the available grant allocation during the financial year.

Members were advised that the total budget for non-adaptation works was £0.999m including repayments from previous capital schemes. The new non-adaptation schemes to assist elderly and vulnerable home owners carry out urgent/ health and safety repairs to their homes had 4 schemes under preparation and a further 4 at the enquiry stage. Discussions with STAR procurement were underway to encourage small builders to bid for these non-adaptation works. This would take place during the summer. An allocation of £200,000 was earmarked for these schemes for 2020/21.

Members were informed that the Hattersley Station Passenger Scheme was fully funded by GMCA and TfGM through Growth Deal 2 grant, which has a value of £750,000. In order to draw down the total value of this grant all works must be completed by the 31 March 2021 A Funding Agreement had been completed for completion of GRIP Stages 1 – 5 and the development of GRIP Stages 4 - Single Option Development and GRIP Stage 5 - Detailed Designs were in progress. These stages would produce the outputs of a detailed design of a preferred option and associated costs estimates, together with a project programme. The construction phase of the project (GRIP Stage 6 to 8) would take place as soon as possible following the completion of GRIP Stages 4 and 5. The required approvals to enter into a new funding agreement to compete the project and its respective GRIP stages were currently under consideration and a report would be submitted in due course. Members were advised of the high level project risks and mitigation that was being taken.

Members received an update on the Ashton Old Baths Phase 3 project. The approved budget for this project was £3.847m which included £0.840m for the Data Centre and DCMS Contribution of £0.250m. The budget for the Data Centre (previously included under Digital Tameside) had been moved and consolidated with the budget for Ashton Old Baths (AOB) Phase 3 because the Data Centre is now part of the AOB project. The AOB phase 3 and Data Centre works had been procured and were being managed as one project, and the budgets had been combined. The Principal Contractor, the Casey Group Limited, took possession of site on Monday 24 February 2020. The original programme identified a completion date of 18 December 2020 however this had now been impacted due to the nationwide lockdown in response to the COVID-19 pandemic. The Casey Group closed the site on 27 March 2020 and returned on 12 May 2020. In addition to the delay, the Contractor had also made an application for COVID-19 Hardship consideration which was under

review. However, the estimated costs applied for was £7,147.31/ week equating to £42,883.86. The Council would only make a hardship payments to contractors where there was a contractual obligation to do so. Members were advised of the high level project risks and mitigation that was being taken.

It was reported that the condition of Ashton Town Hall continued to give cause for concern and if significant work was not undertaken to the “envelope” in the short term then this significant heritage asset may be put at risk, and the cost of work required to restore and redevelop the building was likely to increase significantly. In order to arrest any further deterioration of the building, which would inevitably occur whilst alternative development options were explored, governance had been obtained to undertake an “envelope” refurbishment/restoration scheme procured through the LEP, as the first stage of a two stage approach to the redevelopment of the building. In order to establish a high level cost and programme a budget of £0.050m had been established in the Capital Programme. In advance of the proposed envelope scheme emergency repairs works were required to the building parapet and roof. The cost of the emergency repair was estimated to be £0.120m with works planned to take place as a matter of urgency.

The initial plans drawn up in 2017 developed a model for Ashton Town Hall, which delivered the objectives of the Council but with a significant ongoing revenue cost. In the context of the ongoing financial pressures facing the Council, further market testing was required to consider alternative models which could deliver revenue benefits or reduce the revenue costs to the Council. The cost of market testing, estimate to be £0.100m, was to be funded from the approved Capital Programme. Work on the feasibility study was underway and would be informed by the wider Ashton Town centre Regeneration Strategy. A further £0.270m was approved by Executive Cabinet in December 2019 to fund emergency works.

The next phase included developing a business case and options appraisal for the long term use of the Town Hall within the context of the retail core masterplan. An experienced surveyor had been appointed by the Council to lead the development of the business case and options appraisal for the use of the building. In parallel with developing the Town Hall business case a masterplan was being developed by the two shopping centre owners in consultation with the Council. The masterplan would then inform the Town Hall business case and both were to be completed July 2020. The emergency work and plans for the envelope scheme are being taken forward by the LEP.

With regards to Hartshead Pike, Survey work undertaken by the Council, identified the need for emergency repairs to the 1.35m tall mullioned lantern that sits at the top of the tower some 20m above ground level. The lantern was at risk of falling to the ground posing a significant health and safety risk to passers-by and a risk to the integrity of the heritage asset. In order to address the immediate concerns the lantern had been removed from the top of the tower at a cost of £0.023m. The cost of the removal had been met from existing revenue budgets. Approval had been given to undertake additional work to arrest the pikes deterioration and to reinstate the lantern structure. The cost of the works, estimated to be £0.061m, was to be funded from the Statutory Compliance Budget. Work was due to begin in August subject to Listed Building Consent.

Board was updated on the status of the proposed Garden Village at Godley Green. Working with the Godley Green Landowners, a locally led public sector intervention of this scale had the potential to deliver up to 2,350 new homes. The transformational change that was proposed by this development would help to satisfy the needs of current and future households across the spectrum of housing types and tenures, from affordable to executive homes as well as providing the step change required that would contribute to the re-balancing of the Tameside housing market. The £10m Housing Infrastructure Funding (HIF) award for the Godley Green Garden Village was approved on 25 March 2019. Executive Cabinet agreed to enter into the Grant Funding Agreement on 23 October 2019 and was officially signed and sealed in December 2019

It was explained that the Council had entered into the Quality Assurance arrangements with Homes England. Homes England had assigned a dedicated Relationship Management Officer to the project. This involved bi-monthly project management meeting to review the £10m Grant Funding Agreement and its associated contract conditions and Milestones.

The new arrangements with Homes England had provided the forum for the Council and Homes England to discuss the project milestones and timescales in absolute detail to attempt to agree a position where the project can advance. The meetings had led to a number of the milestones being re-defined and adjusted or in some cases deleted. There was now far more clarity and certainty on project delivery on both sides.

Following the award of the funding, £0.720m was available for drawdown to fund the design of infrastructure to open up the site for residential development. The first claim for £300,000 had been made and received. A detailed capital programme plan outlining the spending of the £10m grant would need to be developed before adding the remaining £10m to the Council's capital programme. A full business case would be required once the proposals were developed that outlined the planned infrastructure expenditure that would enable the development of the whole site. It was expected that the Council would generate a capital receipt from the eventual sale of its own land interests in the development. The value of the receipt would be subject to the market conditions and the overall success of the scheme, but was expected to be a significant sum that would contribute to funding the Council's wider capital investment programme for the benefit of the borough and its residents.

With regards to Section 106 Agreements and Developer Contributions, as at 31 May 2020 the current position for s106 Agreements was £775,000 in credit, less approved allocations of £197,000, leaving a balance available to drawdown of £578,000, as at 31 May 2020.

The position for Developer Contributions as at 31 May 2020 was £70,000 in credit, less approved allocations of £42,000 leaving a balance of £28,000. There were no requests to draw down funding.

AGREED
That Members note the report and RECOMMEND to Executive Cabinet the following be added to the Council Capital Programme that the budget for adaptations in 2020/21 is approved at £2.322m, funded from the Disabled Facilities grant and £0.100m of other external contributions.

27 LEISURE ASSETS CAPITAL INVESTMENT PROGRAMME UPDATE

Consideration was given to a report of the Executive Member for Adults and Population Health / Director of Population Health, which provided a summary of the progress to date in relation to the delivery of the Council's Capital investment programme to improve sports and leisure facilities.

Members were reminded that on 24 March 2016 Executive Cabinet approved the Council's capital investment programme to improve sports and leisure facilities. The investment programme had led to the provision high quality sports and leisure facilities creating a platform to increase physical activity and supporting the development of a sustainable funding model for Active Tameside.

Additional benefits from the programme included a reduction in dependence on other Council and health related services, increased participation in community life and improved quality of life for all residents including the most vulnerable. Approval for any capital re-phasing highlighted in the report would be dealt with in the Capital Monitoring Report presented to the Strategic Planning and Capital Monitoring Panel.

It was explained that the Leisure Assets Capital Investment Programme comprised a number of individual projects, the following were reported to of been completed:

- Active Copley heating system replacement (£0.369m).
- Active Copley pitch replacement scheme (£0.177m).
- Active Medlock roof replacement scheme (£0.120m).
- Active Dukinfield development (ITRAIN) – (£1.3m Council investment & £1m repayable loan by Active Tameside).

- Active Longdendale Development (Total Adrenaline) – (£0.600m repayable loan by Active Tameside).
- Active Medlock Synthetic Turf Pitch Replacement (£0.120m).
- East Cheshire Harriers Floodlight Replacement Scheme – (£0.100m)
- Tameside Wellness Centre (£16.374m)

The live schemes were outlined in the report. With regard to the Hyde Pool extension scheme the capital budget for the scheme was approved by Executive Cabinet on the 25 September 2019 and stood at £4.034m, which was in keeping with the projected scheme cost. The LEP had progressed the scheme to a point where the contracts, including the Head Contract with the Council and the Deed of Appointment for the Independent Certifier, had been signed. The scheme commenced on site in February with completion due in March 2021. Progress on site was in keeping with the agreed programme which had been largely unaffected by Covid 19 restrictions. Work to date had been predominantly outdoors including excavation, drainage and foundations. As an all risks project they would continue to manage within the contract.

The Tameside Wellness Centre scheme was approved by Council on 2 May 2017. Construction began in November 2018 with the building officially opened on 2 March 2020 approximately 4 weeks ahead of programme. The scheme value was £16.224m (£13.674m Council investment, £1.5m Sport England grant and a £1.050m grant to Active Tameside).

The building subsequently closed on 23 March 2020 in response to Government guidance on the Covid 19 pandemic. The building would remain closed until the existing restrictions were lifted or modified. The building was in its 12 month defects liability period. The closure period was being utilised to deal with a small list of outstanding defects. The final account for the scheme was currently under review with the Council's independent client advisor, Cushman and Wakefield.

On 27 March 2019, Executive Cabinet agreed to permanently close and clear the Active Denton (Denton Pool) site when the new Tameside Wellness Centre opened on 2 March 2020. The clearance of the site was time critical due to the need to minimise the time between closure and clearance and also minimise the visual impact on the town centre. Based on the March 2019 Executive Cabinet approval the LEP had been commissioned to develop plans for the site clearance including the procurement of surveys, asbestos removal and demolition. A planning application had been submitted and detailed surveys were now under way. The completion of the pre demolition asbestos survey was a key element in determining the overall cost of the site clearance. The survey confirmed that there was significant amount of asbestos within the building, which needed to be safely removed in advance of the demolition. Based on the asbestos survey and other survey information conducted thus far the LEP had produced a high level cost plan and procured a price from the open market. This would need full planning permission to demolish to progress subject to the cost implications and impact on the Capital Programme.

AGREED
That the contents of the report be noted.

28 EDUCATION CAPITAL PROGRAMME

Consideration was given to a report of the Executive Member (Lifelong Learning, Equalities, Culture and Heritage) / Executive Member (Finance and Economic Growth) / Assistant Director Education, which provided an update on the latest position with the Council's Education Capital Programme.

It was stated that on 5 October 2017, the Government announced that the 2019/2020 allocation of Basic Need Funding for Tameside Council would be £4,842,699. On 29 May 2018, the Government announced the 2020/2021 allocation of Basic Need Funding. Tameside Council received no further allocation. On 15 April 2020, the Government announced the 2021/2022 allocation of Basic Need Funding. Following discussion with the DfE over aspects of the formula and its application to Tameside an allocation of £12,231,816 was announced. Basic Need funding available to spend in

2020/21, £12,010,447. Earmarked Schemes for 2020/21 totalled £11,095,000. The amount unallocated as at June 2020 was £915,447.

The balance of the Basic Need funding was profiled to be spent during the 2020/21 and 2021/22 financial years in order to provide the required additional school places.

With regards to the School Condition Allocation Funding, the funding was part formulaic (based on pupil numbers) and part reflecting recent condition surveys conducted by the Education and Skills Funding Agency (ESFA). The 2019/20 School Condition Allocation was £1,153,000.

On 15 April 2020 the Government announced School Condition Allocations for 2020/21 and Tameside was awarded £1,168,720.

The School Condition Allocation available to spend in 2020/21 was detailed to Members. The School condition Allocation funding available to spend in 2020/21 was £2,399,149, earmarked schemes for 2020/21 totalled £735,000, the proposed 2020/21 changes was £1,142,000. The amount unallocated as at June 2020 if proposed changes were agreed was £522,149.

Devolved Formula Capital was direct funding for individual schools to maintain their buildings and fund small scale capital projects. It was calculated on a formulaic basis, using the school census data set and schools make their own arrangements for works to be undertaken. DFC funding for Tameside schools in 2020/21 was announced on 15 April 2020 and was £336,339 for Maintained Local Authority and £174,542 for Voluntary Aided schools.

Additional income intended to contribute towards the provision of additional school places was sometimes provided by developers as part of the planning conditions for new housing developments. When housing estates were completed the payments become due and the Council was in receipt of several payments which have not as yet, been formally allocated to specific schemes.

Strategic Planning and Capital Monitoring Panel at its meeting in November 2019 agreed to recommend allocation of £453,168.39 and this was agreed at Executive Cabinet in December 2019. A further £491,007 was recommended for allocation by Panel and subsequently approved by Executive Cabinet at the meetings in March 2020.

The Special Provision Fund allocations support local authorities to make capital investments in provision for pupils with special educational needs and disabilities. Local authorities can invest in new places and improvements to facilities for pupils with education, health and care (EHC) plans in mainstream and special schools, nurseries, colleges and other provision. The funding is not ring-fenced or time-bound, so local authorities could make the best decisions for their areas.

Tameside MBC was allocated £211,254 for each of the three financial years 2018-19, 2019-20 and 2020-21. In addition, the Council received further allocations of £147,386 in May 2019 and a further £ 294,773 in December 2019. In total £1,075,921 has been allocated to Tameside at the time of this report.

It was reported that COVID-19 and the resultant lockdown had started to have an effect on the Education Capital Programme. Smaller schemes planned for Easter and Whitsuntide had to be extended or had been delayed because of supply chain problems. It was anticipated that there could be problems in obtaining tenders for summer works because of the industry shutdown, however, this risk had begun to recede with the slight loosening of restrictions and the resumption of work in the construction industry in mid-May 2020. Discussions would continue with all stakeholders to review ways of working.

The current focus of the Council's Basic Need programme was to complete the two remaining schemes at primary schools and create additional places in secondary and special schools where forecasts have indicated a need. Members were advised as to the position of the works approved by the Executive Cabinet.

The Aldwyn and Hawthorns scheme sought to increase capacity at Aldwyn School from a 45-pupil intake to 60 and also included a two-classroom extension at Hawthorns School. Three temporary modular classrooms had been provided**.** There had been significant and ongoing delays to the project for a number of reasons. One of the particular challenges with this scheme had been that although the two schools occupied the same building, Aldwyn was a community school and Hawthorns was part of an academy chain. This continued to cause difficulties and it was for this reason that the scheme was likely to be split into two distinct projects. The proposal was to continue to procure the Aldwyn extension via the LEP but to action any alterations/ extension to Hawthorns via a grant agreement in favour of the Newbridge Academy Trust. This would have the effect that the Trust would procure the Hawthorns building alterations directly, albeit financed through Basic Need funding.

The St John's CE Dukinfield scheme sought to provide a two-classroom extension, increasing the school's intake from 30 to 45 throughout. This followed on from previous alterations to increase the numbers in KS1. Agreement was reached with the school, as a contingency plan, to reconfigure the use of the existing facilities to accommodate additional pupils from September 2018. A two-classroom mobile was provided over summer 2019 until the permanent extension can be completed. .

The Alder Community High School scheme sought to increase pupil intake from 155 to 180 and was being procured through Pyramid Schools (now known as Albany), a PFI Special Purpose Vehicle (SPV). The final phase of the work aimed to connect the new block directly to the main school via a new covered link. This phase also included: works to improve the security at the main entrance; additional external canopies and a new dining pod to provide additional capacity for dining and works to the paths to the rear of the school. The costs and programme are being finalised with the intention that they will remain within budget estimates already approved.

The Hyde Community College scheme sought to increase the school's intake from 210 to 240 and was being overseen by Amber Infrastructure, a PFI Special Purpose Vehicle. Work on the internal alterations commenced in August 2018 with the bulk completed by October 2018. Some internal works remained to be completed and it was anticipated these would be concluded over summer 2020. Phase 2 of the works was to provide an additional five teaching spaces including two science laboratories. It was now proposed to procure a modular classroom science block to be located at the rear of the school site. This would allow the former construction shed to be used as an additional indoor dining space as the existing central atrium becomes overcrowded at lunchtimes with the additional pupils on roll. In turn this would avoid having to construct a large and expensive canopy to provide external dining space. Final designs had been agreed with the school and the SPV and costs were being obtained. It became clear that contractor who had been developing the scheme for the PFI SPV could not guarantee delivery of the five-classroom unit for 1 September 2020. Discussions subsequently had taken place with alternative suppliers who have indicated that they can supply the buildings in time for the start of term. The initial cost estimates received indicated that the existing budget was not sufficient to cover the costs of the new five classroom science block the removal and making good of the short-term four classroom standard mobile unit and the remaining internal remodelling costs.

Discussions had taken place with Audenshaw School to carry out internal remodelling so the school could offer additional places from September 2020. The school previously operated a sixth form and some remodelling of this area was proposed to create additional classrooms. Additional specialist science laboratory and food technology space was also required. Following stakeholder discussions a design had been agreed to improve the sixth form block with some additional works to take place in the main school science rooms. An order has been placed to progress the design and works to the sixth form block due to its current vacant status, with the main school works to be scheduled separately and access agreed with the school. The Strategic Planning and Capital Monitoring Panel agreed a budget envelope of £1,000,000 for the scheme at its last meeting.

A new temporary six-classroom block with toilets and staff workroom was erected at the school during September 2019 at Denton Community College. In addition, significant internal remodelling

to create additional teaching spaces and address some suitability problems took place over summer 2019. Associated works to complete the two schemes were continuing. The Council had previously allocated £1,366,647 for these works. Obtaining cost agreement and programming of the remaining works had been delayed because of supply chain problems arising from the health emergency but work was continuing on resolving these items within the budget previously agreed.

Discussions had been taking place with All Saints High School regarding the possibility of increasing the admission number. These discussions had identified around £5 million of urgent works required at the school – from the poor condition of many areas through to the lack of specialist facilities not least around sport and PE. The school had consulted and now agreed to increase its Published Admission Number for each of three years commencing in September 2021. A menu of options had been prepared for further discussion with the school as to which it would take forward. The maximum investment that was proposed was £2 million and the Strategic Planning and Capital Monitoring Panel allocated this sum from the previously ear-marked Secondary School Improvement Fund at its last meeting

St Thomas More RC High had poor accommodation including a number of "temporary" structures. There was a willingness by the school to support the Council by offering to take 10 additional pupils in 2021 and 10 further in 2023. The school had particular problems with dining as the dining hall was very small for the pupil numbers passing through it. Outdoor sports provision was also badly affected because of the poor field drainage meaning pitches are unusable for much of the year. Discussions were continuing but at this stage it was proposed to allocate £134,000 of the Healthy Pupils Capital Funding to the school for improvements to sports and PE facilities at the school.

Executive Cabinet agreed an allocation of £15,000 to Droylsden Academy for conversion of a classroom to accommodate an additional 15 pupils into Y7 in September 2021. A grant agreement between the Council and the Academy Trust would be drawn up to ensure the grant was spent for this purpose.

In order to both support pupils of sixth form age to attend college nearer to home and reduce out of borough placements, there was a need to create and increase sixth form provision at Cromwell School and this was reported to Panel at its meetings in July and November 2019. Rayner Stephens also had some accommodation problems which would be alleviated by some internal remodelling of existing teaching spaces. The Executive Cabinet agreed an increase in pupil numbers at the school from 150 to 180 in February 2017 and an allocation of £473,000 was recommended by the Strategic Planning and Capital Monitoring Panel to support the necessary work at the school.

Members were reminded that an Executive Decision had been taken on 14 August 2019 which agreed to grant Aspire Plus Education Trust (the trust that manages Rayner Stephens School) £55,000 to enable conversion of two classrooms for Cromwell to take place. The £55,000 was allocated from the Council's Special Provision Fund. As such there was no effect on the Basic Need allocation and this is reported for information only.

The additional two classrooms would be a temporary solution. It was proposed to develop longer-term provision for the Cromwell Sixth Form. Panel at its meeting on 25 November 2019 agreed to allocate £500,000 from the Special Provision Fund with an initial allocation of £100,000 from Basic Need for development of the scheme and more detailed designs and costs.

It was explained that in order to develop an informed asset management plan for schools that remained the Council's responsibility an independent surveyor was appointed to carry out condition surveys of existing school premises. The intention was to create a transparent and targeted schedule of works required for school buildings. The budget available was insufficient to meet the demands placed upon it and the surveyors were asked to identify priorities of the works required.

In addition to the works identified in the condition survey there were other calls on the School Condition Allocation budget. It had been custom and practice to address health and safety items and support disabled access by using the School Condition Allocation funding. Reactive school

condition issues were covered by the allocation of £58,000 of the School Condition Allocation as an in-year contingency against any urgent works that could arise.

The Government allocated Tameside £1,168,720 for School Condition schemes for 2020/21. At the last meeting of the Strategic Planning and Capital Monitoring Panel in March a list of priority schemes was submitted totalling an estimated £1,135,000. It was now proposed to formally add these schemes to the Education Capital Programme given the recent grant announcement from central government. Members received an outline of the schemes proposed as follows:

- £10,000 for structural engineer's fees to carry out further investigations as recommended by the recent building condition surveys.
- A group of schemes would need to be developed to ensure schools met their responsibilities on fire compartmentalisation, fire doors and similar aspects. It was proposed to set aside £100,000 from the condition allocation.
- A small sum was proposed to be set aside for works to give added protection to glass balustrade systems in three primary schools where these systems were present.
- The Council previously agreed a budget to carry out upgrades to Millbrook Primary School's heat emitters. This work had not been carried out because the boiler was found to be at the end of its useful life. Asbestos was present and replacing the boiler would be the highest priority. Additional budget would be required to that already allocated. As part of the Council's decarbonisation agenda the designers have also been asked to consider alternative and/or additional green heating sources and this work is currently underway.
- Livingstone Primary School's roof was 100 years old and required complete replacement. The scheme is currently out to tender but an initial high-level estimate is included.
- St Anne's was one of two schools with a public entrance that affords insufficient secure protection for pupils and staff. The school had already paid for the architectural development of a scheme and planning had been submitted. The school would contribute 50% of the costs of the scheme, the Council had allocated £150,000 as the Council's contribution to the scheme at its last meeting. There are some issues around obtaining planning permission, the application would be considered at Speakers Panel Planning.
- A figure of £50,000 had been set aside to carry out the remaining condition surveys and provide a budget for any additional surveys required during the year.
- Gee Cross Holy Trinity was a Victorian building. One particular elevation suffers from serious water penetration. It retains single glazed metal windows. Water ingress is greatly evident with damp and mould present. It was proposed to address these issues out of this year's budget.
- Broadbottom CE had been extended piece-meal over many years. The result was a very inefficient mix of heating systems. It was proposed to replace the existing systems with a traditional gas-fired hot water boiler system and pipes with the first phase looking to upgrade the gas supply and boiler. Designers had been asked to consider alternative and/or additional green heating sources and this work is currently underway.
- The kitchen at Micklehurst Primary has been out of operation for some time and its meals have been cooked elsewhere and transported to the school. Agreement has now been reached to upgrade the plant throughout the kitchen, new extraction would be required and the removal of asbestos contained in the ceiling.

It was reported that Russell Scott Primary School faced difficulties following its remodelling. On 9 April the building surveyor identified further defects, subsequent emergency repair works had been carried out to enable the school to open and operate safely. A programme of monitoring and management was in place to provide assurance of the continuing safety pending a permanent solution. Essential works would continue to be carried out to enable the school to remain open and operate safely. This work was being overseen by the school directly. A number of fire compliance measures were due to be carried out over the Easter holidays – these were delayed due to access restrictions and resource/ materials availability caused by COVID-19. The contractor is evaluating these issues and would be providing an amended programme as soon as possible.

The next stage would be for the Council to undertake an options appraisal, which would determine

the cost of the full refurbishment of the school and lifecycle costings against the cost of constructing an equivalent size new school building.

Demolition of the life-expired kitchen and dining block at Fairfield Primary School took place in December 2019. The replacement building would feature a new kitchen and school hall/dining room fit for the whole school. Overall the scheme had cost £1,440,000 which was funded by the DfE under the Priority School Building Programme (Phase 2). In order to build an improved facility, which would have a much greater use than dining, the school was contributing £270,000 and the Council a further £70,000 towards these costs. Construction of the new building had continued in line with COVID-19 guidelines and social distancing being adhered to onsite. Completion and handover of the building was expected during August 2020.

In accordance with Council policy, all capital projects were procured through the Tameside Investment Partnership/LEP. Alterations to PFI schools were procured through the PFI contracts. Capital projects at Voluntary Aided schools were generally procured directly by the relevant governing body and diocese as they own the buildings. In addition to a fixed price and scope being provided, the LEP had a responsibility to confirm to the Council that value for money was being delivered, either through tendering or benchmarking using independent review on the larger projects. The LEP had also committed to delivering added value in the form of using local supply chains and providing apprenticeships and work experience opportunities.

Following the Council's Executive Cabinet decision on 20 June 2018 to review the current arrangements with the LEP there would be a need to ensure that a longer term sustainable solution for the delivery of the Education Capital Programme forms part of the consideration of that review.

AGREED
That it is RECOMMENDED TO EXECUTIVE CABINET to APPROVE the :

(i) Budget slippage and proposed changes to the Education Capital Programme budgets for Basic Need Funding Schemes, Special Provision Fund and Healthy Pupils' Capital Fund as outlined in Appendix 1 and School Condition Allocation Funding Schemes Appendix 2, to deliver the work outlined in sections 2 and 3 of this report.

(ii) Approval for £336,339 of Devolved Formula Capital grant to be added to the Capital Programme for 2020/21.

(iii) Approval of £1,168,720 of School Condition grant to be added to the Capital Programme for 2020/21. 2. That the 2019/20 Capital Expenditure Outturn position in Appendix 3 is noted

29 ADULTS CAPITAL MONITORING

Consideration was given to a report of the Executive Member (Adult Social Care and Health)/Assistant Director of Adult Services which provided an update of the development and plan in relation to the Adult Capital Programme.

Members were reminded that in March 2018 Executive Cabinet had approved a capital budget of £455k for Oxford Park. The capital investment was to support the development of the Oxford Park facility to provide a purpose built disability and community facility that would host a wide range of services to children and adults. The investment was expected to enable the commissioning and provision of services that met the needs of vulnerable children and adults within the borough, and avoiding the additional costs of out of borough provision.

The March 2018 Executive Cabinet meeting also approved a £150k capital grant to Christ Church Community Developments Charitable Organisation (CCCD). The capital grant was approved to support the delivery of a new community based development, building on the successful Grafton Centre model, in partnership with CCCD who were to lever £51,583 of match funding from other sources.

The Oxford Park development was proposed following an initial review of learning disabilities and Autism Spectrum Disorder (ASD) services that were provided and/or commissioned by Adult Services. The principle reasons for this review were to meet financial savings targets and also to future proof the service to enable complex day services to be provided within borough as more young adults transition through from Children's Social Care.

The strategic vision was based on diversification of services being offered to facilitate greater choice and control, the introduction of a more diverse market to increase competition, drive up quality and reduce cost. It would enable the service to differentiate internally provided services to focus on the provision of higher cost specialist complex provision of day services to adults who have learning disabilities and/or Autistic Spectrum Disorder (ASD) who have complex needs. Many of these individuals would require the complex service provision that was currently provided by internal services and many will also access existing services provided by partners through Children's Services.

As the young people with eligible needs transitioned into Adult Services, demand may significantly exceed service capacity which could realistically result in increases in high cost out of area placements. Post 16 placements had traditionally been provided by Tameside College's Dovestones Unit, and by placements in colleges outside the borough. These out of borough placements could be at significant cost and did not always meet the required outcomes identified with individuals. Due to capacity issues and syllabus changes at Dovestones, their offer of a five day per week service had been reduced which had meant that more young people were being referred to Adult Services for day service provision, increasing pressure on existing services to provide day service provision.

The project had experienced a number of ongoing delays, which in turn had resulted in increased costs as a result of inflation in the construction industry. Since the approval of the investment in March 2018, a number of different procurement routes had been explored. A final quote for the completion of the works was received via the Local Enterprise Partnership (LEP) in early June 2019 which was significantly in excess of the approved budget; more than double the amount. Therefore the approved capital was no longer sufficient, nor offering value for money on this development.

Alternatives were investigated in the form of demountable buildings as well as utilising other estates such as delivering services from The Wellness Centre. The quote obtained for a demountable building at Oxford Park was approximately £530k and does not include all costs. However, these were only interim solutions to ensure that the demand for day services was met and in the future.

Through Adults Services transformation priorities set for the coming year, a further 'daytime offer' review had been initiated to drive this piece of work,- inclusive of Oxford Park - continuing to work collaboratively with Children's Services and Education to understand what longer term daytime offer of provision needs to look like to manage demand and growth for all cohorts of people.

It was recommended, that the Oxford Park development be incorporated into this overall daytime offer review to consider the provision for day services holistically. Updates on the further daytime offer review would be provided to Members as appropriate.

The Oxford Park development was expected to deliver revenue savings for Adults Services from 2019/20 onwards. Savings of £79k were anticipated in 2019/20, rising to between £270k and £300k for each year thereafter. Delays to this scheme would create a revenue budget pressure for the service, and alternative saving proposals were being explored.

Part of the Council's Improved Better Care Fund (iBCF) allocation was originally committed to support the start up and running of the Oxford Park service once the development had been built. Due to a number of other pressures across Adult's, this funding was no longer available and the ongoing revenue operation costs had been factored into the Councils Medium Term Financial Plan

The quoted costs for the original scheme and the demountable building now significantly exceeded the forecast in the original business case. There remained a risk that further delay would result in further cost increases but economies of scale could be identified through a wider daytime offer review.

The sole purpose of CCCD was the development of the 4C Community Centre project to build and operate a centre in the grounds of Christ Church, Ashton-under-Lyne for the benefit of all members of the community. The capital investment approved by Executive Cabinet in March 2018 was intended to support this development, alongside match funding to be raised from other sources by CCCD.

As part of the Council's ongoing development of the asset based community development offer, to date, the Council had been successful in developing services via the asset transfer model, for the whole of the community with a focus on specific areas. The Grafton Centre in Hyde had a specific focus on older people whilst still being accessible to all. The Together Centre @ Loxley House had a specific focus on people with disabilities, whilst still accessible to all. The focus now had developed to that of providing a whole family offer and this was where the developments at 4C Community Centre were integral to providing services and support to all members of the family from children through the spectrum to grandparents.

Since the approval of the Capital grant by Executive Cabinet in March 2018, there had been a change in contractors which had resulted in an increase of £34k in costs and an increase in the match funding required to be raised by CCCD. The additional costs had arisen due to the change in contractor and their increased price, increased cost of materials and the delay in funding being made available. These additional costs would be met by 4C through their own fundraising activities. The majority of the match funding would be delivered through external bids which are reliant on the confirmation and release of the funds by the Council.

CCCD had successfully obtained funding from Viridor Credits to the value of £50k and were in discussion with a number of other funders who were keen to offer support. The match funding would also be quantified through voluntary hours given in kind to complete the development. Payment of the grant funding from the Council would be conditional on the approval of the match funding required.

Additionally, since the Executive Decision to agree the capital funding of £150k in March 2018 there had been ongoing discussions between CCCD, the Council's Legal team, Adults Services and the Diocese in relation to the need to apply a legal charge to the property. It was agreed that a legal charge was necessary and a valuation of the property was required to secure this. The valuation had now been completed and the Land Registry form CH1 was finalised on 7 February 2020 which enabled the charge to be registered on the property. The grant agreement had been signed and sealed by Legal Services on 7 February 2020 which meant that all governance requirements had now been met.

Due to the current climate and the impact of Covid-19, there had been significant delays to the construction. This has resulted in no significant progress taking place onsite and previously reported timescales had obviously not been met.

As a direct result of the implications of Covid 19 and in a bid to ensure the safety of all future members and attendees, CCCD were in the process of making changes to the current project specification to allow for the design and layout of the building to accommodate the delivery of services in a new, Covid 19, safe environment, taking into consideration the ongoing social distancing guidelines. Discussions were taking place with CCCD and the contractors to agree a new cost effective and safe layout within budget and once agreed, a new set of timescales could be agreed.

With regards to the risks of 4C it was stated that one of the primary risks was of funding not being released and CCCD may not progress the agreed works. However, it was explained that CCCD have been committed totally to the provision of a community centre in the area for the benefit of the

local area – having secured over £1 million to construct the shell of the building it is believed that the chance of the Council's funding not being used as planned are remote. However, to mitigate the chances of this it was proposed that the funding be released in phases and visits will be arranged to monitor that the work at each stage has been delivered before the next phase of funding is released.

AGREED
That Strategic Capital Panel be recommend to note the updates provided in the report, including:

(i) The progress of the Oxford Park business case and alternatives that had been considered, with a recommendation that it is incorporated into the overall daytime offer review that has been initiated.

(ii) The progress of Christ Church Community Developments (CCCD) including the success of obtaining match funding to support the project.

30 FINANCE AND IT CAPITAL UPDATE REPORT

Consideration was given to a report of the Executive Member (Finance and Economic Growth)/ Director of Finance which summarised the progress to date in relation to the delivery of the Council's capital investment programme in the Finance and IT Directorate.

Members were informed that the approved Finance and IT Capital Programme for 2020/21 was £7.012m which included £3.730m for additional investment in Manchester Airport and £3.282m for Digital Tameside. The Digital Tameside programme included £1.820m of grant funding from the Department of Digital, Culture, Media and Sport (DCMS).

In February 2019, Executive Cabinet had approved an equity investment of £5.6m in a £56m investment with the other 9 GM districts at Manchester Airport to fund the construction of a 7,500 space multi-story car park. This would be funded by prudential borrowing. The investment was drawn down in three tranches during March and April 2020 by the airport. The investment was expected to generate revenue income through returns of around 3.25% (after taking account of all borrowing costs and debt repayment).

It was originally envisaged that this income would begin to be received from 2021/22 onwards, although no amounts were yet assumed in the Medium Term Financial Plan (MTFP). The economic impact of COVID-19 was likely to mean that income from this investment may not be in line with previous assumptions and would be dependent on the speed and scale of recovery in the Aviation Sector.

With regards to Digital Tameside Schemes, the corporately funded capital scheme for Fibre Infrastructure (£1.725m) was approved by the Executive Cabinet in December 2017. Work to construct the resilient figure of 8 fibre network to connect 22 key council sites and a further 30 health sites was complete and all the connections to council buildings were live and in-use.

A Local Full Fibre Network (LFFN) Grant of £2.262m had awarded to the Council in 2018 by the Department of Digital, Culture, Media and Sport (DCMS) with the intention to both accelerate the deployment of fibre across Tameside and support its commercialisation. The money was to pay for additional fibre cable to be installed around the core figure of 8 network to provide additional capacity, an additional 13.5km of ducting and fibre optic cables to connect high employment and industrial sites across Tameside, contribute towards the costs of a Digital Exchange facility in the new Data Centre being built at Ashton Old Baths and a further 8 mini digital exchanges located across Tameside and finally a new resilient fibre link to Manchester from Tameside. All these works were complete and grant claims submitted and paid.

It was stated that in January 2018 the DCMS announced a second round of LFFN funding. Greater Manchester Combined Authority coordinated a Greater Manchester £23.8m bid involving 10 local authorities, Police, Transport for Greater Manchester and Greater Manchester Health & Social Care

Partnership with aim of increasing fibre to the premise coverage across Greater Manchester from 2% to 25% by 2020.

The Tameside element of the successful bid was £2.500m and was based on expanding existing re-use of public assets model, through the Digital Cooperative. Working with Network Rail and using their track side troughs, the submission involved expanding the fibre infrastructure to additional sites and public sector buildings in Mossley, Hattersley, Broadbottom, Mottram, Hadfield and Glossop.

Work on the Wave 2 scheme was underway with around 20% completed but progress had been significantly hampered due to the COVID-19 lockdown. It was reported that to date around 3 months had been lost which meant activity would need to ramp up over the remaining 3 quarters of the financial year to ensure all works were complete before the 31 March 2021 deadline.

In view of the COVID impact it was possible that the DCMS and Treasury would announce that works could run in the next financial year, however this had not been confirmed so plans to ensure all works would be completed by the 31 March deadline were being put in place. This would mean some works would need to sub-contracted to external companies. Should this be the case these works would be via the existing Civil Engineering Small Works contract. This would be delivered within the existing resources

This scheme would purchase second-user on premise perpetual licenses for replacement Microsoft desktop Office 2016 and associated software, server operating systems and SQL databases. The initial phase of procurement and design were now completed and many of the licenses relating to the Microsoft Office 2016, the main Data Centre and Disaster Recovery site had been placed and the new software had started to be rolled out across the Councils laptop fleet and server infrastructure.

The roll-out and installation of the new software had been complicated by the lockdown and home working. The upgrading of over 2,800 laptops would now be done remotely with the software being installed onto devices which were connected over relatively slow home broadband connections. It was also important to ensure that during this process disruption to staff was minimised so they can continue work from home. Training materials, guides and FAQ's are being developed to help staff with the transition to the new software. The upgrade across the entire fleet of laptops would be completed by late summer.

Work upgrading the operating systems on 97 servers and 122 SQL databases in the main datacentre in Rochdale was now also underway. However this work had been further complicated because it was being done remotely.

The final elements of the software refresh including the project to upgrade to the main Exchange email system, Active Directory system and commissioning the Disaster recovery site were being initiated and would be completed in late summer/early autumn.

AGREED
That Strategic Planning & capital Monitoring Board be recommended to note report and the details of the status of the schemes in the programme.

31 FORWARD PLAN OF ITEMS FOR BOARD

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

32 URGENT ITEMS

There were no urgent items

CHAIR

BOARD

8 July 2020

Present:	Elected Members	Councillors Warrington (In the Chair), Cooney, Fairfoull, Feeley, Gwynne, Kitchen, Ryan and Wills.
	Borough Solicitor	Sandra Stewart
	Section 151 Officer	Kathy Roe
Also In Attendance:	Steph Butterworth, Ilys Cookson, Jeanelle De Gruchy, Richard Hancock, James Mallion, Dr Ashwin Ramachandra, Ian Saxon, Paul Smith, Sarah Threlfall, , Debbie Watson.	
Apologies for Absence	Steven Pleasant	

33 DECLARATIONS OF INTEREST

There were no declarations of interest.

34 MINUTES OF PREVIOUS MEETING

The minutes of meeting on 1 July 2020 were approved as a correct record.

35 COVID-19 IMPACT/DAILY DASHBOARD

Consideration was given to a report of the Executive Leader / Director of Governance and Pensions, which set out a series of performance and impact measured, which would help the organisation respond effectively to Covid-19 and which would inform and support the recovery process.

The COVID-19 pandemic had impacted every part of the organisation's business and would continue to do so for some time to come.

The impact dashboard reported weekly and the daily dashboards had been combined in a single view. The dashboards set out the detail of these impacts in some key areas of the organisation, including those which were likely to incur significant financial impacts.

The dashboards would be updated and reported to Board on a monthly basis, although much of the data reported within would be monitored more frequently and would be shared with Cabinet Members as part of their regular briefings with senior managers.

It was explained that the dashboard was structured by the eight Corporate Plan priorities. The impact dashboard reported weekly and the daily dashboard had been combined in a single view.

The key messages from both dashboards were summarised as follows:

- Numbers of children being referred to children's services had reduced significantly since the 23 March 2020. (start of the Lockdown)
- As of the 22 June the amount of council tax collected was £1.7m less than expected
- The number of GP referrals in April was at a 2 year low and 39% lower than the 2 year average, and remained as a similar level in May
- The number of registered deaths since 13 March 2020 to date was 849, 17% higher than the same period in 2019
- 2.5% of CCG and council employees were currently unable to work due to Covid 19
- The number of complaints regarding fly tipping was 179 since the 21 June. This was 156% higher than at any time in 2019

- Attendances to A&E were now starting to increase to average levels. There were 1624 attendances in the week to the 27 June, which was 3% higher than the one year average.
- Latest figures show that more than £42,8 million business support grants had been paid
- The cumulative number of deaths in care homes across Tameside as at 23rd June was 44% higher than the same period in 2019
- To date 1,952 residents have been supported with food parcels

Additional analysis on key areas of the data would continue to be undertaken, additional analysis would be provided at the request of Board and Cabinet Members.

AGREED
That the contents of the attached dashboard be noted.

36 LOCAL OUTBREAK CONTROL PLAN AND UPDATE

Consideration was given to the report of the Director of Population Health, which provided a summary of the principles of Covid19 outbreak management across Tameside including an outline of the key roles and responsibilities across the system, the mechanisms and infrastructure in place to deliver this and appropriate routes of accountability.

The Plan was a high level summary of the approach to managing and preventing the spread of Covid-19 in Tameside, which would allow residents and communities to safely live with Covid-19 during the current phase of the pandemic.

This was an iterative plan which would continue to be informed by local circumstances; intelligence; evidence; and ongoing engagement with Tameside's communities.

The key aims of the Outbreak Control Plan were to:
- Prevent spread of Covid-19 and contain and suppress outbreaks.
- Early identification of and management of outbreaks
- Define governance, roles and responsibilities and command & control arrangements relating to Covid-19 management
- Set out communications and engagement arrangements with partner organisations and residents
- Outline how the impact of outbreaks would be mitigated for residents
- Outline the approach to surveillance using data and other sources of information to monitor the extent and impact of Covid-19 infection across Tameside
- Where possible incorporate Covid-19 response into existing structures and ways of working

AGREED
That Board approve the content of this plan and note the update and recommend to Health & Wellbeing Board and Strategic Commissioning Board to approve..

37 COUNCIL TAX SUPPORT SCHEME 2021 - 2022

Consideration was given to a report of the Executive Member (Finance and Economic Growth)/Assistant Director Exchequer Services, which detailed the procedural requirement in deciding if changes were required to the Council Tax Support scheme (CTS).

In considering setting a CTS scheme the Council would need to adhere to a number of procedural requirements which were detailed as follows:
- Set a CTS scheme no later than 11 March before the start of the financial year to which the scheme applies.

- Adopt the prescribed requirements which must apply to all schemes, which included local schemes, the prescribed scheme for persons of state pension credit age and default schemes (the same as the previous council tax benefit scheme).
- Ensure that claimants of state pension credit age continued to receive the same support under the scheme as they receive in council tax benefit.
- Consider the statutory public sector equality duty in adopting a scheme and the child poverty strategy.
- Consult all major precepting authorities.
- Consult generally on changes to the scheme.

In setting the scheme for 2021/2022 consideration had been given to the COVID-19 pandemic and its effects on caseload.

The actual scheme costs had reduced year on year up to April 2019. Although claimant numbers continued to fall in 2018/19 the costs of the scheme had increased, which was attributed to the 5.56% increase in Council Tax bills including the mayoral precept and the adult social care precept. The higher the Council Tax charge, the more the CTS scheme would cost, unless claimant numbers fell significantly. Council Tax increased in 2016/17, 2017/18, 2018/19, 2019/20 and 2020/21 included an adult social care precept, and mayoral precept from 2018/19. The reduction in costs from 2016 could be partly be a consequence of the CTS scheme change requiring that all claimants pay at least 25% of their Council Tax liability.

Scheme costs, claimant numbers and equalities data was monitored every quarter. This regular monitoring had highlighted an increase in claimant numbers and costs, as detailed above, however the scheme was currently operating as expected.

Hardship relief continued to be available to any person who was experiencing financial hardship as a result of the CTS scheme. This relief was an integral part of any local scheme in accordance with government scheme guidance. The purpose of the hardship relief was to mitigate the potential risk that some claimants may, in exceptional circumstances, suffer severe financial hardship as a result of the introduction of the scheme or changes to the scheme and may apply for additional monies to help pay their Council Tax. The hardship fund totalled £50k in 2020/21 and was identified from existing budgets. However, this amount would not exclude approved applications being granted should the maximum allocated funding being exceeded.

Residents could also obtain advice and assistance on the hardship fund and CTS scheme from the Council's Benefits Service, Citizens Advice Bureau, Tameside Welfare Rights Service and other local advice services such as MiNT. A total of one application for hardship relief was received in the 2019/20 financial year however the application was not eligible and no hardship monies were paid out.

All claimants had to pay at least 25% of their Council Tax liability and the Council continued to face significant financial challenges in how much the Council had to spend on services particularly in response to COVID-19. Cuts in funding from government had a significant impact on spending as government funding provided the greater proportion of the Council's finance, and the money raised from Council Tax paid by local residents makes up only one third of the Council's funding.

It was clear that given the financial challenges faced that a local CTS scheme would need to be set taking into account the finances that were available as any increase in costs of the CTS scheme was borne by Council Tax payers.

Consideration had been given to the current cost of the scheme which was £14.8m and the maximum support available to CTS claimants. The current maximum award was set at being 75% of a claimants Council Tax liability subject to income and circumstances such as the Council Tax band of the property. Should Council Tax levels increase or the caseload increase in future years then the cost of the scheme would increase.

It was clear given the financial challenges the Council continued to face that a local Council Tax Support scheme would need to be set taking into account the finances that were available, in addition to external factors as follows:

- Impact of COVID-19 and additional £150 reduction awarded by government
- Valuation Tribunal direction
- MHCLG guidance

With regards to the Impact of COVID-19 whilst the economic situation was not a procedural factor to be considered when setting a scheme as required by law, the Council had a duty to consider the impacts of the economy on financially vulnerable residents. The impact of COVID-19 had been unprecedented in terms of people being out of work due to being furloughed or losing their job. This had impacted on the numbers of claimants for both Universal Credit and Council Tax Support.

The number of new CTS claims by month in 2020 was detailed to Members, 459 in January, 403 in February, 786 in March, 506 in April, 422 in May and 536 in June. It was explained that not all that apply would meet the eligibility criteria as CTS was means tested. Claims rose sharply in March with April and June also seeing an increase in claims made which suggested that residents may have lost employment or been furloughed, however May suggested that new claims were comparable to pre lockdown numbers.

The rise in the number of CTS claimants did not correspond with the number of claimants of Universal Credit in Tameside, as the UC claimant numbers were significantly higher. This suggested that the impact of COVID-19 and lockdown had a considerable financial effect in the borough however not all claimants of Universal Credit had a Council Tax liability hence numbers of UC claimants being higher than CTS applications being received. Claimants of Universal Credit and/or Council Tax Support could be in work in low paid jobs and already claiming CTS.

Data from the Office for National Statistics (ONS) official labour market statistics suggested that 27,700 (29.5%) of employments of Tameside residents were furloughed. The data was based on employees residential address and some employees may have more than one job.

It was explained that should the caseload continue to rise in Q2 and Q3 when furlough scheme ends and if unemployment increased, then the costs of the scheme would rise as indicated in the graphs of caseload and costs to date. Should claimant numbers continue to rise at the same rate then scheme costs could increase by up to an additional £1m by the end of December 2020 (Quarter 3).

In response to the COVID-19 economic situation the government announced additional monies to be paid to claimants in receipt of Council Tax Support, which equated to a £150 reduction off Council Tax bills for all existing and new claimants. This would be paid in addition to any Council Tax Support awarded and would benefit the financially vulnerable in Tameside by having less Council Tax to pay in the current financial year 2020/21.

The Ministry for Housing, Communities and Local Government (MHCLG) had not issued any guidance on what local authorities should consider including in their local scheme for the forthcoming financial year. Should MHCLG release guidance at a future date then this would be included in a revision to the scheme to be set in February 2021.

Due these factors, and the £150 reduction on the amount of Council Tax payable for every working age claimant awarded by central government, no revisions to the scheme had been proposed, save for the annual upratings of welfare benefit amounts and urgent changes to legislation which were not anticipated.

The last quarterly review in June 2020 revealed that there continued to be no adverse impact on any specific equalities group. Detailed equalities analysis would be included in the annual CTS reporting document which was to be considered by the Executive Cabinet when setting the scheme.

The population of Tameside was estimated at 226,493 based on the latest mid-year population (2019 stats). Trends show an ageing population. Tameside had 18,134 CTS claimants as at June 2020 and of these 7,602 had reached pension credit age and were therefore fully protected under legislation contained in the prescribed scheme and would not see any change in their benefit entitlement.

AGREED
The Council Tax Support Scheme for 2021/22 in principle remains the same scheme as that set in April 2020, subject to annual benefit uprating as detailed in the scheme and any further guidance which may be received by MHCLG or the Valuation Tribunal Service

38 COVID-19 IMPACTS ON GROWTH PRIORITIES AND RESOURCE

This report was deferred for consideration at the meeting of Board on 15 July 2020.

39 SAMP

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Growth, which set out proposals for the integrated management of land and property assets to ensure they were best used to enable the delivery of the priorities identified in the Corporate Plan.

The Director of Growth was commissioning a review of how land and property assets across the Council and CCG could be best used to enable the delivery of the priorities identified in the Corporate Plan. This would complement the work undertaken through the GMCA's Local Asset Review (LAR) and Neighbourhood Asset Review (NAR), funded by the GM Transformational Fund and One Public Estate Programme.

The Council and CCG owned or occupied a property portfolio, which included a wide range of assets, all of which required individual consideration in terms of their management.

The CIPFA guidance for financial reporting in 2018 required that all Councils evidence an "Integrated thinking" approach to all decisions and expenditure. An integrated thinking leadership system that considered all Council land and property as a strategic asset was required. This would need to:-

- Provide a single integrated overview of all Council land and property; policy, strategy, usage, change, service strategy/need, acquisition, disposal and development.
- Integrate the strategy for the Council's assets and CCG property interests with those of the wider public sector.
- Allow senior management and elected members to oversee Asset Management activities and set priorities.

The COVID 19 pandemic had radically changed working practices and social behaviours and it was expected that this would result in an accelerated change in working patterns and service delivery model; this required an integrated re-imagining of the corporate estate alongside those new service delivery models. This integrated approach to Land and Property Asset Management could be achieved using, Integrated Governance, Corporate Landlord and a Strategic Asset Management Plan.

This report recommended a Cipfa model of governance that was generally accepted across Local Authorities as good practice for public sector property management, which had been designed to provide a framework for an integrated thinking approach to organisation wide land and property Asset Management.

The proposed Asset Management Working Group would provide a single organisational overview, senior management and Member guidance to services and decision makers, co-ordinate all land and property asset management activities and set priorities in delivering: -

- Asset Management Policy.
- Asset Management Strategy.
- Asset Management Action Plan.
- Recommendations to Executive Cabinet on the future use of all Council Land and Property Assets, and sites where the CCG had an interest, including sites that could be made available for disposal or alternative use
- Co-ordinate with and inform corporate policies that effect Council Assets, i.e. Green Spaces, Highways, parking, agile working, transportation, growth, education, leisure, adult social care, primary health care, community health care, children's social care, education, MTFS, capital programme/ strategy, disposals..
- One Public Estate.
- Agile and Flexible Working.
- Asset Management co-ordination with external organisations.
- Corporate Landlord.
- Asset Management Governance.
- Change procedures for operational land and property.
- Service/Directorate Asset Management Plans.
- Land and Property related Environmental and Energy service.
- A pipeline of surplus sites.

The proposed Asset Management Officer Group would: -

- Advise future Asset Management Policy.
- Advise future Asset Management Strategy.
- Assist in the development of an annually reviewed Asset Management Action Plan.
- Identify options for the future use of all Council Land and Property Assets.
- Review and identify surplus sites.
- Co-ordinate internally and with external organisations and integrated working programmes.
- Feedback and guidance on agile and flexible working.
- Agree and oversight the Corporate Landlord model, including change procedures.
- Identify and document service land and property needs through Service/ Directorate Asset Management Plans. (SDAMPs)
- Act as a corporate level user group to feedback on Corporate Landlord performance and issues.

Regular communication between the Strategic Property Team and users/ clients would be a key component of an integrated approach to asset management, therefore it was envisaged this new approach to integrated asset management would be rolled out at Senior Management Group. The Strategic Property Service attend all Directorates' Management Team's on a quarterly or 6 monthly basis.

The Corporate Landlord was where the ownership of all land and property was centrally held on behalf of the Council/ CCG, this included the operational, industrial, community, highways, surplus, education, drainage and green spaces. Services based in / operating the operational estate were in essence 'tenants of the Corporate Landlord'.

It was proposed that the Corporate Landlord should be based upon the following principles:

- Property was a corporate resource and would not be in the sole control of any one directorate or service.
- All property related activity and budgets should be managed centrally, under the Strategic Property Service acting, on behalf of the Corporate Landlord. Except;-

(i) Operations and Green Spaces Service; should continue to maintain, operationally manage and hold budgets for Green Spaces land, but the land itself, the buildings on it and the building budgets should be vested in the Corporate Landlord.
(ii) Highway and Drainage assets, including land adjacent; Engineering Services; should continue to maintain, plan, operate and hold capital and revenue budgets as they do now, but the land itself shall be vested in the Corporate Landlord.

- Any other land and property that could be identified as having a clear operational reason not to be covered by Corporate Landlord. To the satisfaction of the Asset Management Working Group.
- The Corporate Landlord should be responsible for maintaining the "condition" and "compliance" of operational buildings. Service Tenants "Suitability" issues would be subject to change control procedures.
- The relationship between the Corporate Landlord and service clients, who were Tenants of the Corporate Landlord should be clearly defined utilising a standard service level agreement which outlines roles, responsibilities, clear fee scales (if applicable) and performance measures.
- The Corporate Landlord, through the Asset Management Working Group should lead on all property transactions and reviews such as, land and property review, such as leases, acquisitions, disposals, land assignments, valuations, CPO's and wayleaves.
- All Land and Property policy, strategy, change and usage should be considered corporately, through the governance structure as set out in the report which would include the Asset Management Working Group, Asset Management Officer Group and Strategic Property Service and as necessary, Executive Cabinet.
- No Council/ CCG services should agree or commence negotiations related to any land and property asset related plans/ co-locations/ bids, change of use or additional expenditure without it being agreed through the Corporate Landlord, the Asset Management Working Group and then, as necessary, Executive Cabinet.

With regards to the Strategic Asset Management Plan it was intended to direct how assets were managed to best effect to not only capitalise on their benefit to the Borough, its communities and residents but also to maximise efficiency and effectiveness going forward.

It was stated that the proposed timeline would be as follows:

- 29 July 2020 – Executive Cabinet would be requested to approve the Strategic Asset Management Policy and Strategy, Corporate Landlord Approach and Governance.
- 14 August 2020 – Identify Directorate and Service Leads.
- Executive Cabinet in August 2020 – Disposals Strategy and 1st Tranche of surplus sites report, subject to consultation findings.
- In September 2020 - Instigate Asset Management Working Group and Asset Management Officer Groups.
- In September 2020 - Commission "Portfolio Review" of alternative site uses and valuations across the estate.
- By 2 October 2020 – All services/ Directorates Leads to complete Service Directorate Asset Management Plan's for all Services of the Council/ CCG.
- By 4 December 2020 – Complete review of all SDAMP's and advise Asset Management Working Group on the proposed way of meeting the short term identified service needs. (Interim Operational Accommodation Strategy to enable service changes post Covid19)
- February 2021 – Executive Cabinet would be requested to approve the 2021-2022 Asset Management Action Plan. (Including planned reviews and surplus property).
- By 4 March 2021 - All SDAMP's and Corporate Landlord (Land and Property) SLA's would be signed off by Directorate Management / Leadership Teams and the Asset Management Working Group.
- March 2021 - Portfolio review would be completed.
- April 2021 - Accommodation Strategy 2021-2023 to AMWG.

AGREED
That Executive Cabinet be recommended to:

(i) Note the inherent value in the effective and efficient direction and utilisation of all land and property assets in sustaining the provision of services and enabling the delivery of the Tameside and Glossop Corporate Plan.

(ii) Restate that Council Policy that land and property are a corporate resource and decisions on it should not be in the sole control of any one directorate or service.

(iii) Agree that the alignment of assets with organisational priorities and objectives is key to ensuring that all land and property decisions are made in the correct context and having regard to all relevant factors.

(iv) Agree the Strategic Asset Management Plan - Policy and Strategy, detailed in Appendix 4 of this report.

(v) Agree that the Strategic Asset Management Plan, Policy, Strategy and Action Plan are reviewed as part of an Asset Management Working Group annual service planning process.

(vi) Agree with the Governance Model detailed in section 2 of this report.

(vii) Agree with the Corporate Landlord approach detailed in section 3 of this report.

(viii) Agree that each Directorate shall identify an appropriate Director or Assistant Director to act as Directorate lead for Asset Management and to be a Member of the Asset Management Working Group.

(ix) Agree that each Directorate shall identify an appropriate relevant Assistant Director or Head(s) of Service to act as service lead for Asset Management, to attend the Asset Management Officer Group and to develop Service/ Directorate Asset Management Plans, (SDAMP) for all Council and CCG services.

40 FAMILY INTERVENTION – RELEASE OF FUNDS TO COMPLETE WORK TO FAIRFIELD CHILDREN CENTRE, DROYLSDEN

Consideration was given to a report of the Deputy Executive Leader / Executive Member for Finance and Economic Growth / Director of Children's Services, which sought approval to the release of capital funding to complete work on Fairfield CC, Droylsden in order to progress the co-location and move from St Lawrence Rd for Edge of Care and Child Protection Family Intervention teams as part of the 7 Sustainability Projects.

In an effort to reduce the number of children becoming looked after the Edge of Care service offer an intensive, whole family response to children at the edge of care, provided over a 7 day flexible service to meet the identified needs of children and families. The service provided structured, strength-based interventions that enabled families to develop problem solving skills build resilience and achieve positive, sustainable behaviour change. The service provided practical support with strong challenge, to address complex and enduring needs. Fairfield Centre would provide a safe space for work to be undertaken with children and families and support children to return home safely.

It was explained that an existing Council owned property at Fairfield Road Children Centre in Droylsden had been identified as an appropriate location for the team and delivery of interventions. The property was in generally a good condition, however there was some remodeling work required and this included the refurbishment of kitchen, office break-out rooms and the upgrade to the security and alarm system.

The cost of the refurbishment work was £54,434 this would be commissioned via the LEP who had indicated that the refurbishment work could start in late July 2020 to take advantage of the regular unoccupied time due the summer holidays and would take 4 weeks to complete. There was a high degree of confidence that work could be completed in this timescale and to the stated costs. The work would be project managed by Robertson project team who were contracted via the LEP to carry out such works on the Councils behalf. In addition there was £2,000 of IT related work required i.e. a total cost of £56,434.

The current capital programme as recommended by SPCMP on 9 October 2017 and subsequently approved by Executive Cabinet on 18 October 2017, included a scheme for the purchase of

Children's Homes in the borough. The total Capital funding available was £950,000 and this report recommended that £56,434 was utilised to fund the refurbishment of Fairfield Children Centre.

Whilst there were no changes to the Family Intervention & Early Help workforce the refurbishment at the Fairfield Children's Centre would enable the service to deliver better outcomes including the support given to children and young people to prevent them from entering the care system and also assisting in stepping down children on child protection plans. The target for the centre was to stop 15 children each year from entering into the care system; which could generate a cost avoidance of between £0.247 m and £3.288 m per year depending on the placement type the children would have been accommodated to.

It was further explained that by helping to safely step down children on child protection plans it was estimated that centre would enable further cost avoidance. The average direct costs of a child on a child protection plan for a year was £0.006m, which included on-going support and case conference reviews. It should be noted that any avoidance of cost would be partially offset by the annual revenue costs of operating the centre.

The revenue costs associated with operating the centre would be funded by the existing placements budget within Children's Social Care. The annual estimated costs of the total budget for the Centre was £31,310 and £25,480- for 2020/21 based on being operational from 1 September 2020. The related budget would be vired to the Corporate Landlord and would be reviewed after a 6 month period of occupancy. The budget sum transferred would then be subject to adjustment.

AGREED

(i) That approval is given to undertake the necessary work at Fairfield Children Centre, Droylsden in order to progress the colocation of Family Intervention workers from Child Protection and Edge of Care teams as previously agreed as part of the 7 projects for Looked After Children sustainability approved by the Executive Cabinet on 27 November 2019.

(i) To approve and release capital funding of £56,434 to complete work on Fairfield CC, Droylsden in order to progress the plan to collocate Edge of Care and Child Protection Family Intervention team. This is part of the 7 sustainability projects.

(ii) That approval is given to support estimated £14,000 additional annual revenue funding to finance the related costs of the centre as detailed in table 1, section 3.3 of the report. The estimated 2020/21 part year cost is £8,170. This funding will be vired from the 2020/21 Children's Social Care placements revenue budget to the Corporate Landlord and will be reviewed after a 6 month period of occupancy. The budget sum transferred will then be subject to adjustment. All staffing related costs are included within the directorate staffing budget

41 FORWARD PLAN OF ITEMS FOR BOARD

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

CHAIR

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BOARD

15 July 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:	Steph Butterworth, Richard Hancock, James Mallion, Dr Ashwin Ramachandra, Ian Saxon, Jayne Traverse and Tom Wilkinson	
Apologies for Absence	Dr Asad All and Kathy Roe	

42. DECLARATIONS OF INTEREST

There were no declarations of interest.

43. MINUTES OF PREVIOUS MEETING

The minutes of meeting on 8 July 2020 were approved as a correct record.

44. GROWTH PRIORITIES

Consideration was given to a report of the Executive Member (Finance and Economic Growth)/Director of Growth which provided an overview of the Growth Directorate work programme relating to the priorities previously agreed by Members. The current profile of the programme delivery was summarised in Appendices A and B to the report. It was stated that with projects of this nature progress is often dependent on securing external funding. Therefore these projects will also be subject to their own oversight and decision making as set out in section 3 of the report.

The report stated that the Covid-19 pandemic has and would continue to present a number of challenges and opportunities relating to each project within the programme; these were described in Appendix C to the report.

It was explained that the Growth Directorate was responsible for delivering a programme focusing on the following sites, areas and strategies to achieve the priorities outlined above and which ultimately trace back and support the Council's Corporate Plan and the GM Strategy:

Developing Strategic Sites:
- Godley Green;
- Ashton Moss;
- St Petersfield;
- Hattersley;

Town Centre Regeneration:
- Vision Tameside, Ashton-under-Lyne;
- Stalybridge Town Centre Challenge;
- Droylsden;
- Hyde; and
- Denton

Strategic Connectivity:

- Mottram Bypass and Glossop Spur

Employment & Skills projects

- Various projects/ plans linking into the various town centre and strategic site development

Strategies and Plans

- Inclusive Growth Strategy;
- Housing Strategy/Delivery Plan;
- Strategic Asset Management Plan (SAMP);
- GMSF/Local Plan; and
- Environment & Sustainability Plan

Other key workstreams on a planning and strategic level will also feed in to and support the above programme such as the Strategic Housing Land Availability Assessment (SHLAA), SOAHP Funding Bids.

Appendices A and B to the report provided a 12 month forward view in light of the Growth and Covid work programmes based upon the current assessment of timescales, urgent matters, and secured funding. It should be noted that in order to fully and completely deliver the whole programme, additional funding would need to be sourced through the capital programme, the private sector or external funding. As each project developed, funding requirements would be defined, together with funding sources being identified and delivery models and procurement routes determined. Decisions required throughout each project will be brought for consideration and approval at the appropriate point within each project programme.

The development of the 12 month programme has been based on several criteria, including:

- Covid-19 – Several work programmes had arisen in response to Covid-19 which required immediate and short term responses.
- Secured Funding – There were several workstreams with associated external funding, all of which had varying funding agreement milestones.
- Physical Asset or Operational Considerations – Decisions were required regarding some Council owned assets either as standalone buildings as part of a wider strategy or town centre impact.
- Strategy - Relationship and impact with other strategies and services areas such as the Housing Strategy and Delivery Programme.

AGREED

It is recommended that Executive Cabinet:

(i) Agrees to the progression of projects as timetabled in Appendices A and B;

(ii) Note the Covid-19 pandemic opportunities and challenges as identified within the body of the report and Appendix C;

(iii) Note that further reports will be submitted for consideration in due course in respect of funding opportunities to align with the work programme.

45. TAMESIDE DISCRETIONARY GRANT ROUND 3 OUTCOME

Consideration was given to the report of the Executive Member (Finance and Economic Growth)/Director of Growth which explained that 132 applications, of which 117 may be eligible, totalling a maximum award of £911,000 had been received to the Tameside Discretionary Grant Fund in Round 2. This added to the ring fenced £581,000 of Round 1. This left £853,250 remaining for Round 3. The report recommended that those eligible for payment be approved to enable Round 3 to commence with an identified minimum budget which may be increased following successful processing of all Round 1 and 2 applicants. It was proposed that Round 3 be opened to all business sectors with any remaining unallocated funding following the completion of Round 3 being utilised as a top up grant for awards of £1,000 and £5,000 in rounds 1, 2 and 3.

The report provided details of the allocated funding which left £853,250 for Round 3. It was explained that the allocated funding included those applicants where eligibility had yet to be finalised due to the application being submitted towards the end of the application period and further evidence being required and requested for processing and compliance checks. Therefore the Total Remaining Spend for Round 3 of £853,250 may increase as Round 1 and 2 applications are finalised.

A further report would be submitted to the next Board meeting setting out a qualitative analysis of the businesses that had been successful to date and those which had not together with the nature of the businesses that have applied against the criteria for rounds 1 and 2. This would enable a determination of how successful the schemes had been in the aims of achieving the outcome of the grant scheme and the best way to proceed with round 3 to maximise the scheme for the benefit of businesses in Tameside.

Members were informed that the Ministry of Housing, Communities and Local Government (MHCLG) had requested all local authorities to submit information on the number and value of business rates reliefs and grants awarded by parliamentary constituency. This information submitted on Monday 13 July 2020 was set out in the report as follows:

ASHTON UNDER LYNE CONSTITUENCY	Value £ million	Number of businesses
Nursery Relief	£0.153m	17
Retail, Hotel and Leisure Relief	£14.018m	439
Small Business Rates Grant	£11.590m	1,159
Retail, Hospitality and Leisure Grant	£3.775m	196
Discretionary Grant Fund	**£0.255m**	**39**

DENTON AND REDDISH CONSITUENCY	Value £ million	Number of businesses
Nursery Relief	£0.126m	15
Retail, Hotel and Leisure Relief	£6.931m	216
Small Business Rates Grant	£8.550m	855
Retail, Hospitality and Leisure Grant	£1.890m	99
Discretionary Grant Fund	**£0.60m**	**8**

STALYBRIDGE AND HYDE CONSTITUENCY	Value £ million	Number of businesses
Nursery Relief	£0.216m	20
Retail, Hotel and Leisure Relief	£7.315m	378
Small Business Rates Grant	£13.280m	1,328
Retail, Hospitality and Leisure Grant	£3.556m	210
Discretionary Grant Fund	**£0.142m**	**21**

AGREED
That the Executive Member (Finance and Economic Growth be recommended to agree that it be DETERMINED that:

(i) The 32 applications which have been processed as being eligible for award of grant are approved for payment, subject to receipt of satisfactory State Aid declarations from the applicants.

(ii) That the 85 applicants identified as requiring more evidence before eligibility established continue to be processed and being approved for payment subject to receipt of such necessary evidence and evidence of satisfactory State Aid declarations from the applicants.

(iii) Any unspent ring fenced budget from Round 1 and 2 will only be released to Round 3 when all the eligible awards under recommendation 2 are approved and paid. Ring

fenced budget from Round 1 and 2 being retained from Round 3 until eligibility established and approved or rejected for payment as per recommendation 1 above.

(iv) That a list of businesses paid under the discretionary scheme will be published under the transparency data together with a summary as to the reasoning for those bids that have been rejected.

(v) That a further report will be brought forward next week proposing criteria for Round 3.

46. SCHOOL TRANSPORT FROM SEPTEMBER

Consideration was given to a report of the Executive Member (Lifelong Learning, Equalities, Culture and Heritage) / Executive Member (Neighbourhoods, Community Safety and Environment)/Director of Children's Services/Director of Operations and Neighbourhoods, which outlined the impact that Coronavirus social distancing requirements had on the provision of transport to eligible children. The report set out the Council's statutory duty to assess eligibility for home to school transport and how the Council discharged that duty. There had been no changes to that statutory duty during the pandemic. The report contained an analysis of the impact that the current risk assessment of home to school transport assistance may have on the cost of the service as schools reopened in September for all pupils.

Members were informed of current government guidance and that the Council was working with TfGM on what the school bus will look like in September. The report highlighted the following risks and mitigations for the direct and indirect transmission of the virus, some of the considerations the assessment deals with were:

- Social distancing
- Personal hand cleaning regimes
- Vehicle cleaning regimes
- Vehicle allocation and reduced passenger capacities
- High risk persons
- PPE Requirements

It was stated that guidance and rules for dealing with Covid19 were changing on a regular basis and the likely situation in September was not yet clear. Further reports would be submitted to Members providing updates on the situation.

AGREED
That the report be noted and an update report be submitted at appropriate time.

47. COVID-19 URGENT EYECARE SERVICES - CUES

Consideration was given to a report of the Executive Member (Adult Social Care and Health)/CCG Chair / Director of Commissioning which explained that on 17 April 2020 a new service specification was released by NHS England (approved by Royal College of Ophthalmologists) for COVID-19 Urgent Eyecare Service (CUES). The specification suggested that to support whole system management of urgent eye conditions during the current COVID phase and recovery phase CCGs should commission a CUES service. Across Greater Manchester CCGs were commissioning the CUES either as a development of their Minor Eye Conditions Service (MECS) or as a new service from Primary EyeCare Services.

Tameside and Glossop had commissioned MECS from Primary Eyecare Services for several years and developing this as CUES would improve access and reduce the risk that patients with urgent eye health issues would find it difficult to access care, with potential implications for their sight and long term eye health.

Members were informed that over the last two years waiting lists for Ophthalmology had grown significantly in Tameside and Glossop with issues in services across the main NHS providers. The

onset of COVID has compounded the situation with a rise of circa 100 people waiting more than 18 weeks in April 2020.

National guidance has been followed during COVID with reduction in hospital activity and changes in access for community services. For MECS this involved:

- Suspension of walk in service
- All referrals being triaged via telephone
- Patients being assessed using telemedicine, telephone and video calls. Advice and guidance is given to patient where appropriate with telephone follow-ups where required
- If needed, patients are seen for a face-to-face appointment at the optometry practice following appropriate safety measures

It was recognised that delays in Ophthalmology treatment could result in poorer outcomes for some patients and Ophthalmology is one of the areas highlighted for elective reform with increased access to services out of hospital and streamlined pathways key expectations.

Commissioning the proposed CUES service would bring Tameside and Glossop in line with other commissioners in Greater Manchester and provide an opportunity for improved patient care by reducing the risk of long waits for urgent eye care causing harm, increasing access to neighbourhood based care and freeing up access in GP and hospital services to manage other people. The service would reduce the risk of growth in the Ophthalmology waiting list by treating people in the community where possible.

The service aligned with the GM elective reform ambition to reduce avoidable patient attendance at secondary care and by commissioning this year it provided an opportunity to test system wide change at a time when it will have limited financial impact and it will support organisation wide efforts in managing demand during COVID.

Commissioning as a service enhancement within the existing contract with Primary EyeCare Services enabled rapid deployment of a service seen nationally as a key improvement whilst living with the impact of COVID.

AGREED:
That Strategic Commissioning Board be recommended to approve the commissioning of the CUES service from Primary EyeCare Services in line with National and Greater Manchester expectations with a review scheduled for January 2021 to inform ongoing commissioning in 2021/22.

48. FORMAL EXTENSION OF THE CURRENT NHS111 CONTRACT

Consideration was given to a report of the Executive Member (Adult Social Care and Health) / CCG Chair / Director of Commissioning which provided an updated position in relation to the contract for the future NHS 111 Integrated Care Service. Members were informed that Tameside and Glossop CCG was an associate commissioner to the NHS Blackpool CCG contract.

Following a number of discussions supported by NHSE/I North, the Strategic Partnership Board (SPB) regional commissioning leads had agreed to extend the current North West NHS 111 contract for a further three year period from 1 October 2020 (utilising the vehicle of a formal Blackpool CCG tender waiver, under the Public Procurement Regulations provisions that can be used in the pandemic scenario and current command & control arrangements) with an annual maximum non-recurring uplift of £4.7m

The report stated that ordinarily these proposals would go through the usual CCG governance prior to a decision being taken by the Strategic Commissioning Board. However, this exceptional decision for support was being proposed during the period of a pandemic and in order to ensure

the stability of transport services and to provide some medium term certainty against which NWAS could plan.

The suggested contract extension was set out for a period of 3 years on the understanding that resources were only released when a plan was shared and agreed with associate commissioners and which set out the detail of the service improvements that would be delivered and the associated timescales.

The contract extension would be subject to an annual maximum non-recurring uplift of £4.7m, with the exact costs to be agreed following further discussions with NWAS. These discussions would follow the principles of "open book" with transparency from both parties and would be reviewed annually. The additional resources required reflected the additional costs of delivering the service in future and the additional staffing requirements needed to support progress against the national performance standards, costs which were not anticipated when the service was originally procured in 2015. An annual review process would enable commissioners and NWAS to review the actual costs and progress made in delivering key agreed roadmap deliverables. This would provide a level of surety on both sides as the current landscape was likely to change significantly following resumption of full activity and this approach will mitigate risk on both sides going forward during the lifetime of the contract.

During the lifetime of the contract extension the two parties (commissioners and NWAS) would progressively move towards the original agreed joint aim of an integrated 999 and NHS 111 delivery model, ultimately achieving the direct award of an integrated contract no later than the expiry of the extension but earlier where possible if the parties mutually agree. This latter service transformation would require a whole system approach across multiple partners and stakeholders, with the option for future elements of sub-regional variation, where it was safe, effective and financially viable to do so. This would require a jointly agreed transformation roadmap setting out key deliverables and expected milestones to be achieved over the lifetime of the extension. .

The decision to extend the current NHS 111 contract was not taken lightly but in the context of the ongoing and continuing threat posed by Covid-19, it was essential to safeguard the continued delivery of the North West NHS 111 service beyond 1 October 2020 whilst, at the same time, continuing progress towards an integrated 999 and NHS 111 service.

Board considered the appropriateness of the length of the contract and discussed whether there was any discretion in relation to the length of the contract as previous contracts had been for one year.

AGREED
That Strategic Commissioning Board be recommended to note the decision to extend the current North West NHS 111 contract for a further three year period from the 1 October 2020 subject to further clarification being provided at the next Board meeting about whether the contract must be for three years or if one year remained an option for the Strategic Commissioning Board.

49. FORWARD PLAN OF ITEMS FOR BOARD

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

CHAIR

Report To:	**STRATEGIC COMMISSIONING BOARD**
Date:	29 July 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 2020/21 - AS AT MONTH 3**

Report Summary:

This is the second financial monitoring report for the 2020/21 financial year, reflecting actual expenditure to 30 June 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.

APPENDIX 1 summarises the integrated financial position on revenue budgets as at 30 June 2020 and forecast to 31 March 2021. 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. The Council is forecasting an overspend against budget of £5.966m. Whilst this forecast includes some significant COVID related pressures, £3.487m of pressure is not related to COVID but reflects underlying financial issues that the Council would be facing regardless of the current pandemic. This includes continuing significant financial pressures in Children's Social Care, budget pressures in Adults services and income shortfalls in the Growth Directorate.

Further detail on Council budget variances, savings and pressures is included in **APPENDIX 2.**

APPENDIX 3 is the first capital monitoring report for 2020/21, summarising the forecast outturn at 31 March 2021 based on the financial activity to 30 June 2020. The detail of this monitoring report is focused on the budget and forecast expenditure for fully approved projects in the 2020/21 financial year. The approved budget for 2020/21 is £60.067m (after re-profiling following the 2019/20 Outturn) and the current forecast is for service areas to have spent £47.684m on capital investment in 2020/21, which is £12.383m less than the current capital budget for the year. This variation is spread across a number of areas, and is made up of a number of over/underspends on a number of specific schemes (£0.123m) less the re-profiling of expenditure in some other areas into 2021/22 financial year (£12.503m).

APPENDIX 4 provides an overview of the current approved and earmarked Capital Programme, and the required funding. The Council's capital programme ambition is currently unsustainable.

The current committed programme requires £18.9m of corporate resources, with only £14.6m available in reserves, leaving a £4.3m shortfall which needs to be met from the proceeds from the sale of surplus assets. The broader ambition of the Council points to a further requirement of £33.2m of corporate funding to pay for earmarked schemes identified as a priority and subject to future business cases. Clearly these will be unable to progress until additional capital receipts are generated. Many of these schemes were identified in 2017/18 and therefore should be the subject of a detailed review and reprioritisation. The Growth Directorate are reviewing the estate and developing a pipeline of surplus sites for disposal.

APPENDIX 5 provides an update on the Dedicated Schools Grant (DSG). The Council is facing significant pressures on High Needs funding and starts the 2020/21 financial year with an overall deficit on the DSG reserve of £0.557m. The projected in-year deficit on the high needs block is expected to be £4.804m due to the continuing significant increases in the number of pupils requiring support. If the 2020/21 projections materialise, there will be a deficit of £5.311m on the DSG reserve at 31 March 2021. This would mean it is likely a deficit recovery plan would have to be submitted to the Department for Education 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 financial pressures in the High Needs Block are therefore serious and represent a high risk to the Council.

Recommendations:

Members are recommended to:

(i) Note the forecast outturn position and associated risks for 2020/21 as set out in **Appendix 1**.
(ii) Note the significant pressures facing Council Budgets as set out in **Appendix 2.**
(iii) **Approve** the budget virements and reserve transfers set out on pages 23 and 24 of **Appendix 2.**
(iv) Note the Capital Programme 2020/21 forecast and **approve** the re-profiling of capital budgets as set out in **Table 2 of Appendix 3**.
(v) **Approve** the Education capital budget virements set out on page 9 of **Appendix 3.** Members are also asked to give approval that, subject to the total overall budget for School Condition Schemes not exceeding £1.886m, the Assistant Director of Education, in consultation with the Assistant Director Finance, is given authority to undertake further virements of funding between these projects should further changes be required.
(vi) Note the funding pressures facing the Capital Programme as set out in **Appendix 4.** Members are asked to **approve** a pause on all earmarked schemes and support a full review and re-prioritisation of the future Capital Programme, to be concluded alongside the Growth Directorate's review of the estate and identification of surplus assets for disposal.
(vii) Note the forecast position in respect of Dedicated Schools Grant as set out in **Appendix 5.**
(viii) **Approve** the write off of irrecoverable debts for the period 1 April to 30 June 2020 as set out in **Appendix 6**.
(ix) As stated in section 7.11, for the period 16 August 2020 to 31

August 2020, approve payment to in borough care home providers a monthly gross sum of the relevant care home bed fee rates based on the reduced level of 80% occupancy levels (less the places funded by other third parties). The Council therefore guarantees each care home will receive income for 80% of its available beds each month including private and out of borough placements. There will be no premium payment for occupancy levels that exceed 80%. This payment arrangement will end on 31 August 2020.

(x) To continue payment arrangements to support at home care providers as stated in section 7.16 until 31 August 2020.

(xi) To continue payment arrangements to day services providers a stated in section 7.19 until 31 August 2020.

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 departments and therefore relied on a number of corporate financing initiatives, including budgeting for the full estimated dividend from Manchester Airport Group, an increase in the vacancy factor and targets around increasing fees and charges income.

The budget also relied on drawing down £12.4m of reserves to allow services the time to turn around areas of pressures. These areas were broadly, Children's Services placement costs, Children's Services prevention work (which was to be later mainstreamed and funded from reduced placement costs), shortfalls on car parking and markets income. Each of these services required on-going 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 i.e. 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.

The estimated cost of recommendation (ix) is £ 0.375 million. This is based on 30 June 2020 occupancy levels and will be adjusted once 31 August 2020 occupancy levels are available.

The estimated cost of (xi) for August 2020 is £ 0.105 million.

Both recommendations will be financed via the indicative NHS covid funding allocation of £ 6.2 million. However, Members should note that the total estimated cost of £ 0.480 million could be a cost liability to the Council if the NHS covid funding is unable to support this cost.

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 know 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 £973 million. 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.

1.3 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:

- Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT)
- NHS Tameside and Glossop CCG (CCG)
- Tameside Metropolitan Borough Council (TMBC)

2. REVENUE BUDGET SUMMARY

2.1 This is the second financial monitoring report for the 2020/21 financial year, reflecting actual expenditure to 30 June 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.

2.2 **APPENDIX 1** summarises the integrated financial position on revenue budgets as at 30 June 2020 and forecast to 31 March 2021. 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.

2.3 The Council is forecasting an overspend against budget of £5.966m, this is after the announcement of a further £2.3m of COVID 19 support grant announced by the government on 16 July. Whilst this forecast includes some significant COVID related pressures, £3.487m of pressure is not related to COVID but reflects underlying financial issues that the Council would be facing regardless of the current pandemic. This includes continuing significant financial pressures in Children's Social Care, budget pressures in Adults services and income shortfalls in the Growth Directorate.

2.4 This forecast includes some significiant risks faced by the Council in relation to its obligations to delivery Special Educational Needs (SEN) Transport (£4.2m) and potential pressures in relation to the Council's Leisure Trust provider (£3.5m). If these risks can be mitigated either through changes to guidance in relation to SEN transport, or a Government rescue package and/or insurance cover in relation to Leisure Trusts, the in year position will improve significantly. Further detail on Council budget variances, savings and pressures is included in **APPENDIX 2.**

3. CAPITAL PROGRAMME 2020/21

3.1 This is the first capital monitoring report for 2020/21, summarising the forecast outturn at 31 March 2021 based on the financial activity to 30 June 2020. The detail of this monitoring

report is focused on the budget and forecast expenditure for fully approved projects in the 2020/21 financial year. The approved budget for 2020/21 is £60.067m (after re-profiling approved at Outturn) and the current forecast is for service areas to have spent £47.684m on capital investment in 2020/21, which is £12.383m less than the current capital budget for the year. This variation is spread across a number of areas, and is made up of a number of over/underspends on a number of specific schemes (£0.123m) less the re-profiling of expenditure into 2021/22 in some other areas (£12.503m).

3.2 Key messages at period 3 monitoring are as follows:

- The delays in Vision Tameside Public Realm is due to the Council being asked to prioritise works to the junction in front of the new Interchange. A procurement exercise is due to start this month and works are expected to commence in November 2020. There have also been delays in Ashton Town Centre and Civic Square due to COVID and staff being redeployed to other priority areas of Council. Design work is on-going throughout 20/21 and is expected to be completed later in the financial year.

- There have been unforeseen delays on the LED Street Lighting scheme which resulted in delays between the procurement of materials and also the appointment of consultants. Design work is expected to be completed shortly and the scheme is due to be completed by the end of the next financial year. There are significant revenue savings dependent on the successful completion of this project.

4. CAPITAL PROGRAMME REVIEW

4.1 **APPENDIX 4** provides an overview of the current approved and earmarked Capital Programme, and the required funding. The Council's capital programme ambition is currently unsustainable. The current committed programme requires £18.9m of corporate resources, with only £14.6m available in reserves, leaving a £4.3m shortfall which needs to be met from the proceeds from the sale of surplus assets.

4.2 The broader ambition of the Council points to a further requirement of £33.2m of corporate funding to pay for earmarked schemes identified as a priority and subject to future business cases. Clearly these will be unable to progress until additional capital receipts are generated. Many of these schemes were identified in 2017/18 and therefore should be the subject of a detailed review and reprioritisation. The Growth Directorate are reviewing the estate and developing a pipeline of surplus sites for disposal.

4.3 Members are asked to approve a pause on all earmarked schemes and support a full review and re-prioritisation of the future Capital Programme, to be concluded alongside the Growth Directorate's review of the estate and identification of surplus assets for disposal.

5. DEDICATED SCHOOLS GRANT (DSG)

5.1 **Appendix 5** 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.

6. WRITE OFF OF IRRECOVERABLE DEBT

6.1 Members are asked to approve the write off of irrecoverable debts for the period 1 April to 30 June 2020 as set out in **appendix 6**.

7. ADULT SERVICES FINANCIAL SUPPORT RESPONSE TO THE PROVIDER MARKET DURING THE COVID-19 PANDEMIC

7.1 Members are reminded that the Council has been supporting Adult Services providers in the exceptional challenges posed by the Covid-19 pandemic to ensure market stability and to enable the Council to continue having sufficient good quality services throughout this period and beyond.

7.2 On 24 June 2020, the Strategic Commissioning Board approved an extension to continue financial support to providers until 15 August 2020. This followed a previous Executive Decision taken on 8 April 2020 that approved support to 15 July 2020.

7.3 The financial support arrangements that are currently in place are :

Care Homes

7.4 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.

7.5 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.

7.6 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.

7.7 The cost of this payment guarantee to 31 July 2020 is provided in table 1. This cost has been financed via the indicative NHS covid funding allocation of £ 6.2 million.

Table 1

Month	Actual / Estimate	£'m
March (From 19th)	Actual	0.082
April	Actual	0.363
May	Actual	0.466
June	Actual	0.485
July	Estimate	0.463
	Total	**1.859**

7.8 It is appropriate to review this existing payment guarantee in response to the level of covid funding support available to both the Council and CCG as reported in **Appendix 1**.

7.9 Members are reminded that Care Homes also received the first instalment of the Infection Control grant during July 2020. The total sum paid was £ 0.748 million. It is expected that an equivalent sum will also be paid in August for the second instalment i.e. a total estimated payment of £ 1.496 million.

7.10 In addition a total sum of £ 0.158 million will be paid to nursing care homes in August. This relates to a recently announced increase to the funded nursing care rate which was backdated for the period 1 April 2019 to 31 March 2020. The rate was increased from £ 165.56 per week to £ 180.31 per week. There was then a further increase to £ 183.92 from 1 April 2020. This is a cost liability to the 2020/21 CCG funding allocation.

7.11 It is proposed that for the period 16 August 2020 to 31 August 2020, the Council will pay in borough care home providers a monthly gross sum of the relevant care home bed fee rates based on the reduced level of 80% occupancy levels (less the places funded by other third parties). The Council therefore guarantees each care home will receive income for 80% of its available beds each month including private and out of borough placements. There will be no premium payment for occupancy levels that exceed 80%.

7.12 The payment occupancy guarantee payment will end on 31 August 2020.

7.13 Discussions will take place with care home providers to manage the sustainability of the market as occupancy levels in some homes have been severely affected during the pandemic due to increased levels of mortality over the covid period and, at the same time, reduced levels of referrals into care homes. This will include consideration of alternative options to increase occupancy levels such as respite provision, specialist dementia care, and mental health provision for under 65 residential and nursing care.

7.14 For context, the average occupancy level across in borough care homes at 31 March 2020 based on operational available beds was 90.9%. At 30 June 2020 this had reduced to 80.3%.

7.15 Table 2 provides details of the estimated cost of the August payment. This is based on 30 June 2020 occupancy levels and will be adjusted once 31 August 2020 occupancy levels are available. This cost will be financed via the indicative NHS covid funding allocation of £ 6.2 million. However, Members should note this will be a cost liability to the Council if the NHS covid funding is unable to support this cost of £ 0.375 million.

Table 2

Period	Covid Support	Est Cost £ m
1 to 15 August 2020	90% Occupancy / 20% Premium	0.243
16 to 31 August 2020	80% Occupancy	0.132
	Total	**0.375**

Support At Home

7.16 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.

7.17 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.

7.18 It is proposed to continue these arrangements to 31 August 2020.

Day Services Providers

7.19 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.

7.20 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.

7.21 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.

7.22 It is proposed to continue these arrangements to 31 August 2020.

7.23 Table 3 provides details of the payments to date and the sum payable for August. This cost will be financed via the indicative NHS covid funding allocation of £ 6.2 million. However, Members should note that the August payment of £ 0.105 million could be a cost liability to the Council if the NHS covid funding is unable to support this cost.

Table 3

Month	£'m
April	0.105
May	0.105
June	0.105
July	0.105
August	0.105
Total	**0.525**

Supported Accommodation and other block contract arrangements

7.24 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.

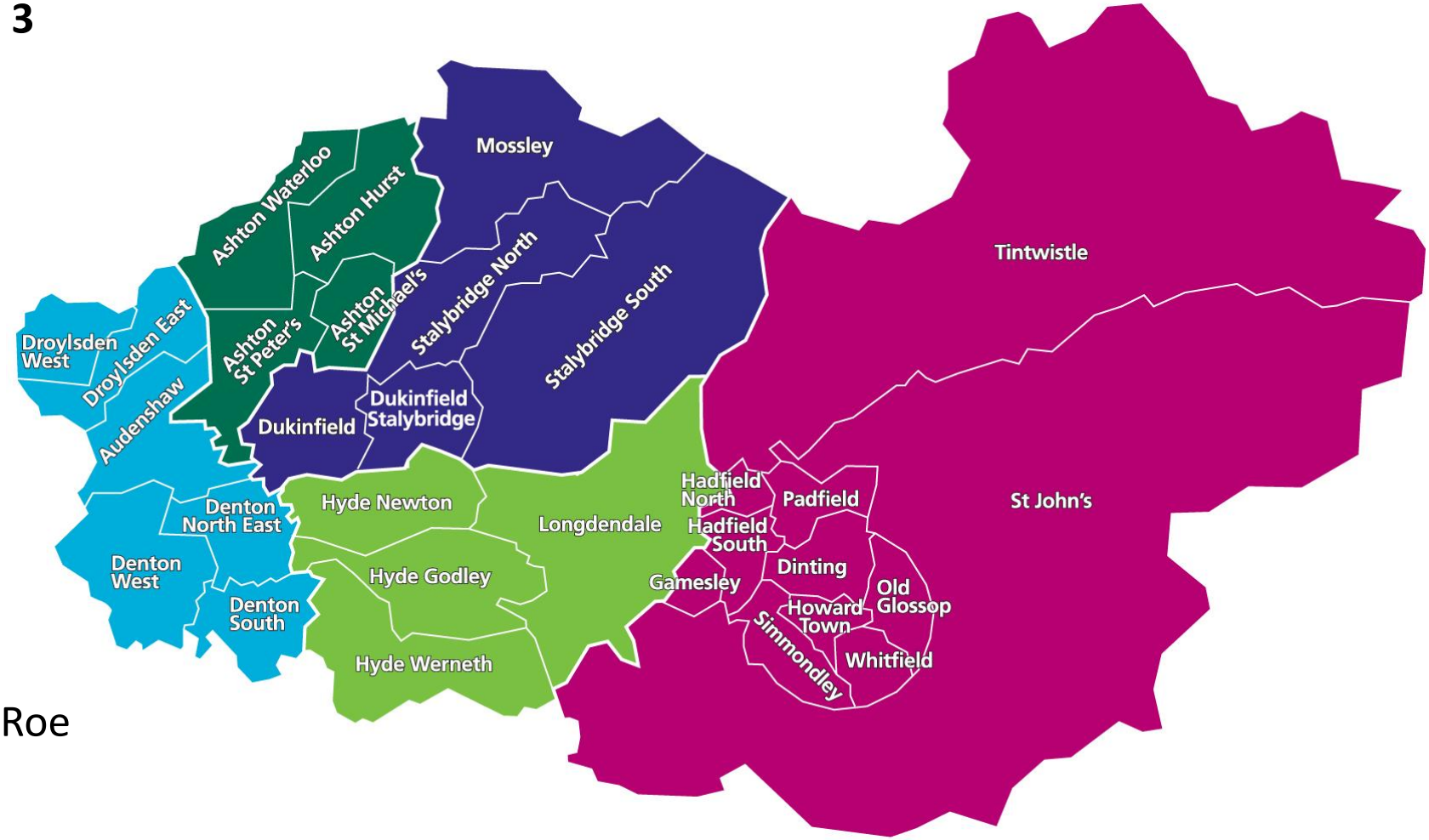
7.25 The payment arrangement has stayed as defined in the existing contract terms. The providers have had continued dialogue with the Council regarding service delivery and where they are delivering services in different ways

8. RECOMMENDATIONS

8.1 As stated on the front cover of the report.

Tameside and Glossop Strategic Commission

Finance Update Report
Period Ending 31st March 2021
Month 3



Kathy Roe

Period 3 Finance Report

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 second financial monitoring report for the 2020/21 financial year, reflecting actual expenditure to 30 June 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.

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 guidance continues to unfold through these unprecedented times.

As at Period 3, **the Council is forecasting an overspend against budget of £5.966m**. Whilst this forecast includes some significant COVID related pressures, £3.487m of pressure is not related to COVID but reflects underlying financial issues that the Council would be facing regardless of the current pandemic. This includes continuing significant financial pressures in Children's Social Care, budget pressures in Adults services and income shortfalls in the Growth Directorate.

The Council is now forecasting direct and indirect COVID related costs of £32.432m in 2020/21. This excludes forecast losses of £8.5m on Council Tax and Business Rates collection which impact in 2021/22, bring the total forecast pressure arising from COVID to over £40m. Forecast COVID grant funding and other COVID contributions are forecast at £29.953m, resulting in a budget pressure of £2.479m relating to COVID. Additional funding for local authorities was announced by Government on 2 July, resulting further grant of £2.333m which is reflected in this monitoring report. Detailed guidance in respect of income support is awaited but any additional funding resulting from this announcement will reduce the forecast COVID pressure.

The forecast position includes assumptions regarding cost pressures arising from pressures on the Home to School Transport (£4.2m) service as a result of social distancing requirements and estimated financial support that may be required to Active Tameside (£3.5m) as a result of income losses during the period of closure and future restrictions. These forecasts may be subject to significant change in future periods.

Forecast Position £000's	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	COVID Variance	Non-COVID Variance	Previous Month	Movement in Month
CCG Expenditure	432,760	0	432,760	432,760	(0)	(0)	0	0	(0)
TMBC Expenditure	540,659	(335,380)	205,279	211,245	(5,966)	(2,479)	(3,487)	(4,041)	(1,925)
Integrated Commissioning Fund	**973,419**	**(335,380)**	**638,039**	**644,005**	**(5,966)**	**(2,479)**	**(3,487)**	**(4,041)**	**(1,925)**

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, almost £3.5m 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	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	COVID Variance	Non-COVID Variance	Previous Month	Movement in Month
Acute	223,219	0	223,219	223,238	(19)	(19)	0	0	(19)
Mental Health	40,039	0	40,039	40,272	(233)	(233)	0	0	(233)
Primary Care	90,771	0	90,771	90,840	(69)	(69)	0	0	(69)
Continuing Care	17,332	0	17,332	17,336	(4)	(4)	0	0	(4)
Community	34,107	0	34,107	34,107	0	0	0	0	0
Other CCG	22,805	0	22,805	29,361	(6,556)	(6,556)	0	0	(6,556)
CCG - EP Shortfall (QIPP)	0	0	0	0	0	0	0	0	0
CCG Running Costs	4,486		4,486	4,486	0	0	0	0	0
CCG COVID-19 Notional 20/21 Funding	0	0	0	(6,881)	6,881	6,881	0	0	6,881
Adults	85,643	(46,972)	38,671	40,759	(2,088)	(1,395)	(693)	(2,847)	758
Children's Services - Social Care	64,234	(10,288)	53,946	56,307	(2,362)	0	(2,362)	(2,394)	32
Education	32,477	(26,079)	6,398	11,198	(4,801)	(4,398)	(403)	(1,036)	(3,765)
Individual Schools Budgets	119,648	(119,648)	0	0	0	0	0	0	0
Population Health	15,882	(263)	15,619	19,059	(3,440)	(3,464)	24	0	(3,440)
Operations and Neighbourhoods	80,537	(27,566)	52,971	53,287	(316)	(674)	358	(1,011)	695
Growth	45,623	(34,643)	10,981	12,086	(1,106)	(221)	(884)	(1,149)	44
Governance	67,071	(57,540)	9,531	9,272	258	45	213	281	(23)
Finance & IT	10,079	(2,219)	7,860	7,853	7	(35)	42	7	0
Quality and Safeguarding	453	(237)	216	227	(11)	0	(11)	6	(17)
Capital and Financing	10,619	(9,624)	996	7,573	(6,577)	(6,632)	55	(9,214)	2,637
Contingency	2,857	0	2,857	2,880	(23)	0	(23)	(23)	0
Contingency - COVID Direct Costs	0	0	0	15,557	(15,557)	(15,557)	0	(1,498)	(14,060)
Corporate Costs	5,536	(301)	5,234	5,139	96	(100)	196	(178)	274
LA COVID-19 Grant Funding	0	0	0	(24,268)	24,268	24,268	0	13,879	10,389
Other COVID contributions	0	0	0	(5,684)	5,684	5,684	0	1,135	4,550
Integrated Commissioning Fund	**973,419**	**(335,380)**	**638,039**	**644,005**	**(5,966)**	**(2,479)**	**(3,487)**	**(4,041)**	**(1,925)**

Finance Update Report – Council Budgets

Council Budgets (£5.966m)

There are a number of variances across the Directorates resulting in the overall forecast overspend. A significant proportion of this relates the pressures arising from the impact of COVID-19, however £3.487m of pressure is not related to COVID but reflects underlying financial issues that the Council would be facing regardless of the current pandemic. **Appendix 2** provides further detail of variances, pressures and savings across the Directorates, but headlines at Period 3 include:

- **Savings:** The Council had a savings target of £6.740m for 2020/21 but as at period 2 only £2.643m is forecast to be delivered. Of those savings no longer expected to be delivered £2.4m relates to additional Airport dividend and £0.981m to savings in Adults, both of which are not expected to be delivered due to COVID-19. The £0.5m target for additional income from property rent reviews is being reassessed as it is no longer considered realistic by the Directorate.
- **Adults** are forecasting to spend £2.088m in excess of approved budget. This is in part due to the non-delivery of savings as a result of COVID, but also attributed to additional agency staffing costs, increased costs of contracted day services provision, additional mental health placements, and a forecast reduced level of client contributions to care packages.
- **Children's Social Care** is forecasting to exceed the approved budget by £2.362m predominantly due to the number of internal and external placements (£2.012m). There is also a pressure on salary costs due to pressures on Children's Homes and the continuing cost of agency workers.
- **Education** is forecasting an overspend of £4.801m with many pressures arising as a result of COVID-19. Existing pressures on Home to School transport have continued as 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. In addition the forecast includes an estimate of additional costs from September 2020 for the provision of Home to School transport with 2m Social Distancing in place. This projection may change as further guidance is received from the Department for Education. Other pressures in Education include shortfalls in income from traded services and penalty charge notices.
- **Population Health** forecast reflects the potential financial support to maintain the Council's leisure offer to its residents by supporting Active Tameside. It is estimated the cost of this support could be up to £3.5m to offset income losses during the period of closure and likely income reductions over the coming months as services begin to reopen with restrictions.
- **Operations & Neighbourhoods** is forecasting a net overspend of £0.316m overall, but this is net of some significant under and overspends across the service. Savings are forecast on staffing costs, transport costs, the transport levy, waste disposal, events and bereavement services, but these are off set by forecast overspends including additional street lighting energy and maintenance costs, and income shortfalls in car parking, markets and pest control.
- **Growth** is forecasting an overspend of £1.106m due to income shortfalls in Estates, events and building control, non-delivery of the savings target for rent reviews, and additional costs due to the use of interim staff to cover vacant posts.

Finance Update Report – Council Budgets

- **Capital & Financing** is expected to exceed the approved budget by £6.504m . Most of this pressure is due to the income shortfall of £6.4m relating to the Manchester Airport dividend which is not expected to be received in 2020/21. This pressure will continue into future years as a result of the impact of COVID-19 on the aviation industry, with dividend payments unlikely to resume for some time. Other pressures include an assumed increase in borrowing costs to finance additional investment in Manchester Airport and support the Capital Programme.

Service	Direct £000	Indirect £000	Total £000
Adults	8,023	1,395	**9,418**
Children's Services	168	0	**168**
Education	501	4,398	**4,899**
Schools	0	0	**0**
Population Health	1,622	3,464	**5,086**
Operations and Neighbourhoods	247	674	**921**
Growth	2,419	221	**2,641**
Governance	190	(45)	**145**
Finance & IT	35	35	**70**
Quality and Safeguarding	0	0	**0**
Capital and Financing	0	6,632	**6,632**
Contingency	0	0	**0**
Corporate Costs	2,352	100	**2,452**
Totals	**15,557**	**16,874**	**32,432**

COVID-19 Costs and Income Losses

The Council is forecasting £15.557m of direct costs as a result of COVID-19, together with a further £16.874m of indirect costs and loss of income attributed to the pandemic. Costs are being captured and reported back to the Ministry of Housing, Communities and Local Government on a monthly basis.

There remains some significant uncertainty around forecasts, which include £3.5m estimated financial support to Active Tameside to offset income losses and £4.2m estimated cost of socially distanced SEN Home to School to Transport from September.

COVID-19 Funding and contributions

The Council has been allocated or received £29.953m of direct grant funding and other contributions to support COVID-19 costs in 2020/21. included in this additional funding for local authorities was announced by Government on 2 July, resulting further grant of £2.333m which is reflected in this monitoring report. Detailed guidance in respect of income support is awaited but any additional funding resulting from this announcement will reduce the forecast COVID pressure.

COVID-19 Grant Funding and other Contributions	£000
LA Support Grant	16,213
Council Tax Hardship Grant	2,158
Local Authority Discretionary Grant Fund	2,345
Infection Control Fund Grant	2,131
Local authority test and trace service support grant	1,420
Other COVID-19 contributions	5,686
Total	**29,953**

Finance Update Report – CCG Budgets

Month 3 CCG Forecasts

The CCG financial position at Month 3 is based on the 202021 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 3 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.

Last month the CCG reported on the financial regime and governance that was placed upon them once a level 4 incident is declared. This remains in place and is likely to continue throughout the year as control over commissioning and procurement starts to be developed again. The NW regional directors and the GM partnership are working through phase 3 of COVID to determine how services start to operate as normal and to understand what that might look like post the pandemic.

It is the context of this which the CCG has taken to support the approach of preparing our month 3 position in accordance with our original plans before the instigation of extraordinary emergency procedures.

CCG COVID-19 Spend

Cost Type	March Actual	April Actual	May Actual	June Actual	July Forecast	August Forecast	September Forecast	Forecast Outturn	June Position	Variance
Hospital Discharge Programme	151,222	655,367	1,127,364	1,405,143	1,404,800	0	0	**4,743,897**	3,619,956	1,123,941
Remote management	175,417	348,381	362,749	241,968	228,443	22,693	22,693	**1,402,344**	1,402,491	-147
National Procurement Areas	0	204,973	139,509	35,117	235,000	0	0	**614,598**	644,482	-29,884
PPE	41,922	0	0	0	0	0	0	**41,922**	41,922	0
Stay at home model	94,860	0	0	0	0	0	0	**94,860**	94,860	0
Sickness/isolation	7,282	0	0	0	0	0	0	**7,282**	7,282	0
Bank Holidays	0	39,325	21,975	1,345	0	0	0	**62,646**	61,300	1,345
Backfill for sickness	0	0	21,985	943	0	0	0	**22,928**	21,985	943
GP SMS Costs	0	0	0	46,579	0	0	0	**46,579**	46,579	0
Other action	75,792	0	0	0	0	0	0	**75,792**	75,792	0
Other Covid-19	0	33,646	12,037	45,743	207,800	7,800	7,800	**314,826**	492,117	-177,291
Grand Total	**546,496**	**1,281,692**	**1,685,619**	**1,776,837**	**2,076,043**	**30,493**	**30,493**	**7,427,675**	**6,508,767**	**918,908**

- 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.
- 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.
- Forecasts based on current run rates would result in spend of approximately £7.4m, approximately £1.2m higher than national expectations. This pressure has been reported back to NHSE, but it is currently unclear how this pressure will be funded.
- Forecast COVID spend has increase by £0.9m since last month, This is a £1.1m pressure on the Hospital Discharge Programme as a result of our commitment to guarantee a minimum payment to care homes base on 90% of capacity. Offset by a reduction in Other COVID-19 spend following the determination that Family Intervention is not eligible for inclusion.
- The table spans two financial years. £546k of COVID spend relates to the 19/20 financial year, with £6,681k relating to the current financial year.

Financial Outlook

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. The 2020/21 and future year forecasts are currently estimated as follows:

Council Budgets Only	2020/21 '£000	2021/22 '£000	2022/23 '£000	2023/24 '£000	2024/25 '£000	2025/26 '£000
February 2020 Gap	0	19,661	21,249	26,761	31,278	37,278
Covid19 Pressure:						
Best case scenario	(12,501)	34,261	31,749	37,011	36,603	41,178
Worst case scenario	37,175	58,787	45,112	48,511	48,628	48,378
Likely scenario	**5,966**	**48,741**	**36,228**	**35,513**	**38,562**	**43,194**

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

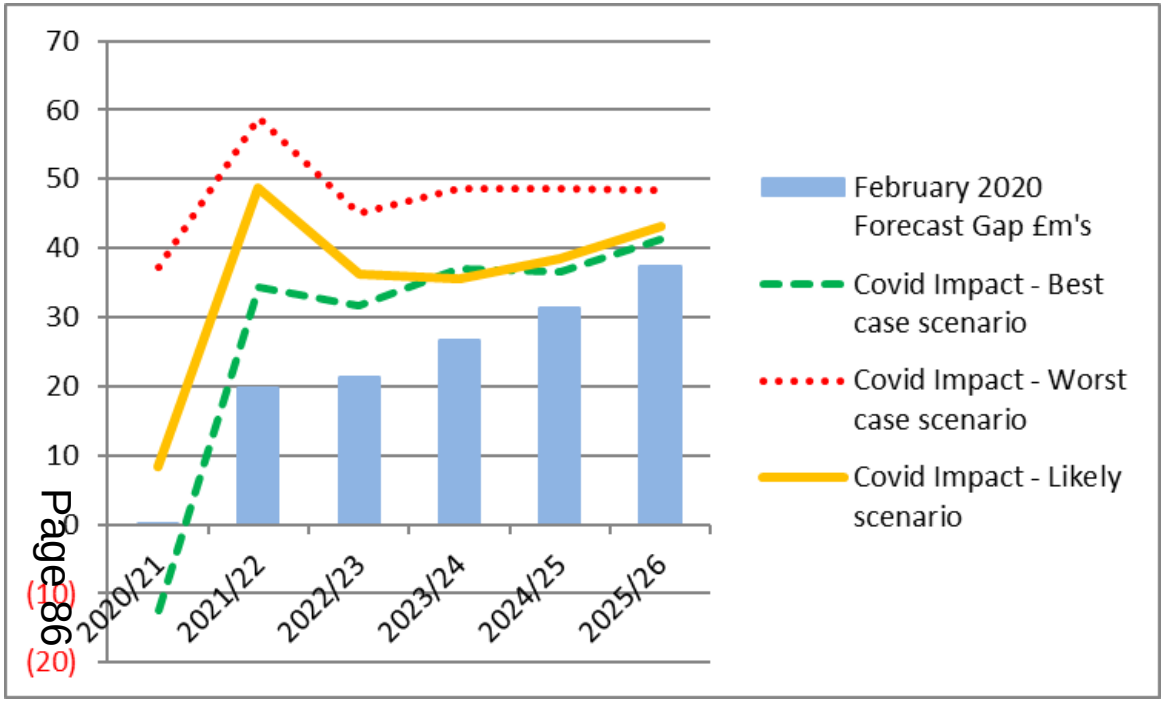
Likely Scenario assumes:

- 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 income (excluding dividend) continues, no dividend until 2025
- Council Tax and Business Rates Collection continues at current rates (5% down on Council Tax, 13% down on Business rates)
- 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

Financial Outlook 2020/21 to 2025/26



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.

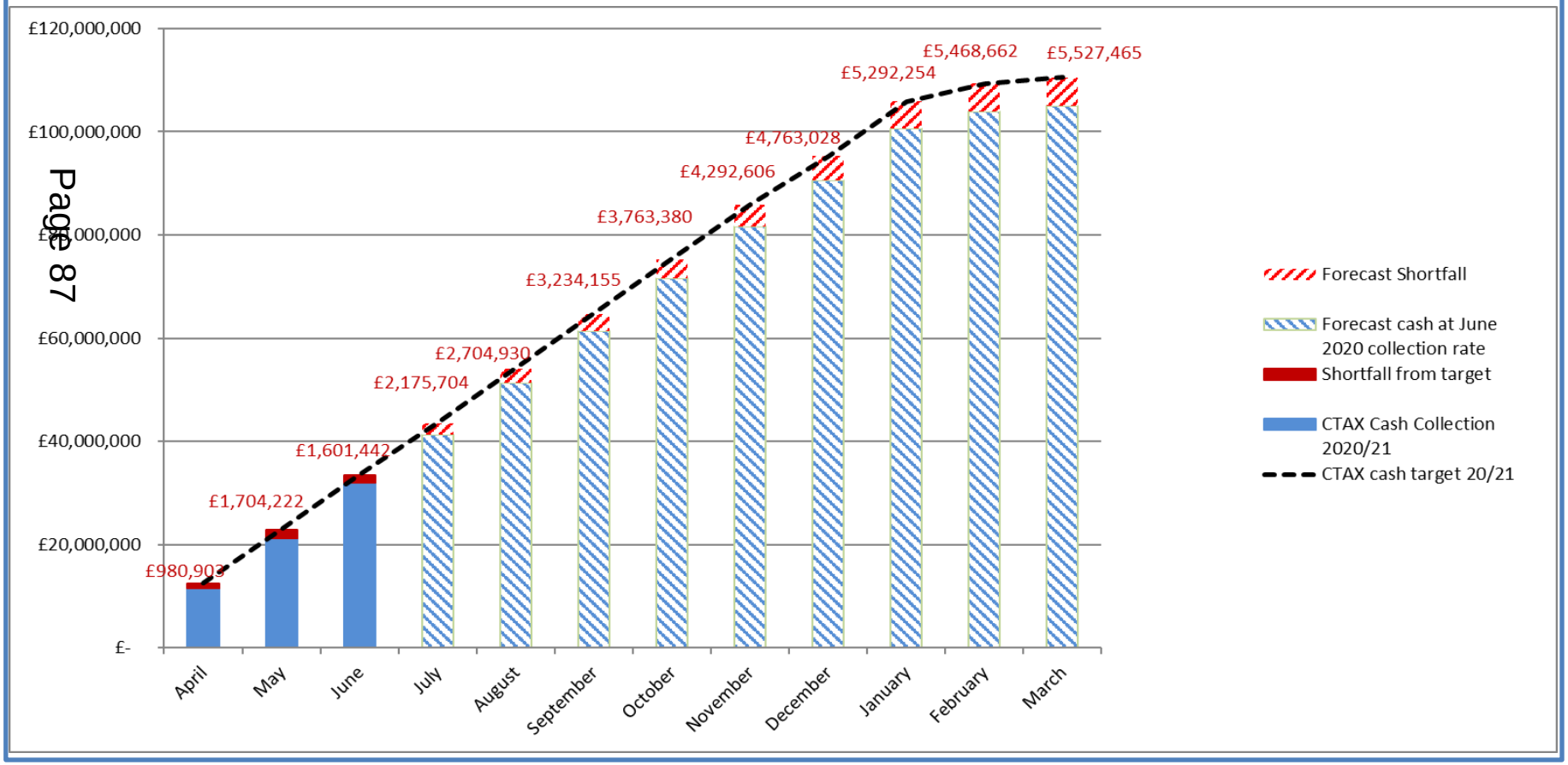
In addition, there are significant financial pressures on Council budgets which are not attributable to Covid-19 and will have financial implications for future years. A one year government funding settlement is expected for 2021/22 but this is unlikely to be published until late 2020, resulting in significant uncertainty over funding levels for 2021/22.

The forecast budget shortfall for 2020/21 does not include any pressures relating to the collection of Council Tax and Business Rates. This is because any deficits on collection are funded retrospectively – so a deficit on collection in 2020/21 will impact on the budget in 2021/22. This is the main reason why the forecast gap spikes significantly in 2021/22. Proposals have been put forward to enable collection fund pressures to be 'smoothed' over three years rather than funded in full in one year, however this will only defer the shortfall in income, it does not remove or reduce it. Further analysis of current collection trends is included on page 10.

Collection Fund

Council Tax and Business Rates Collection

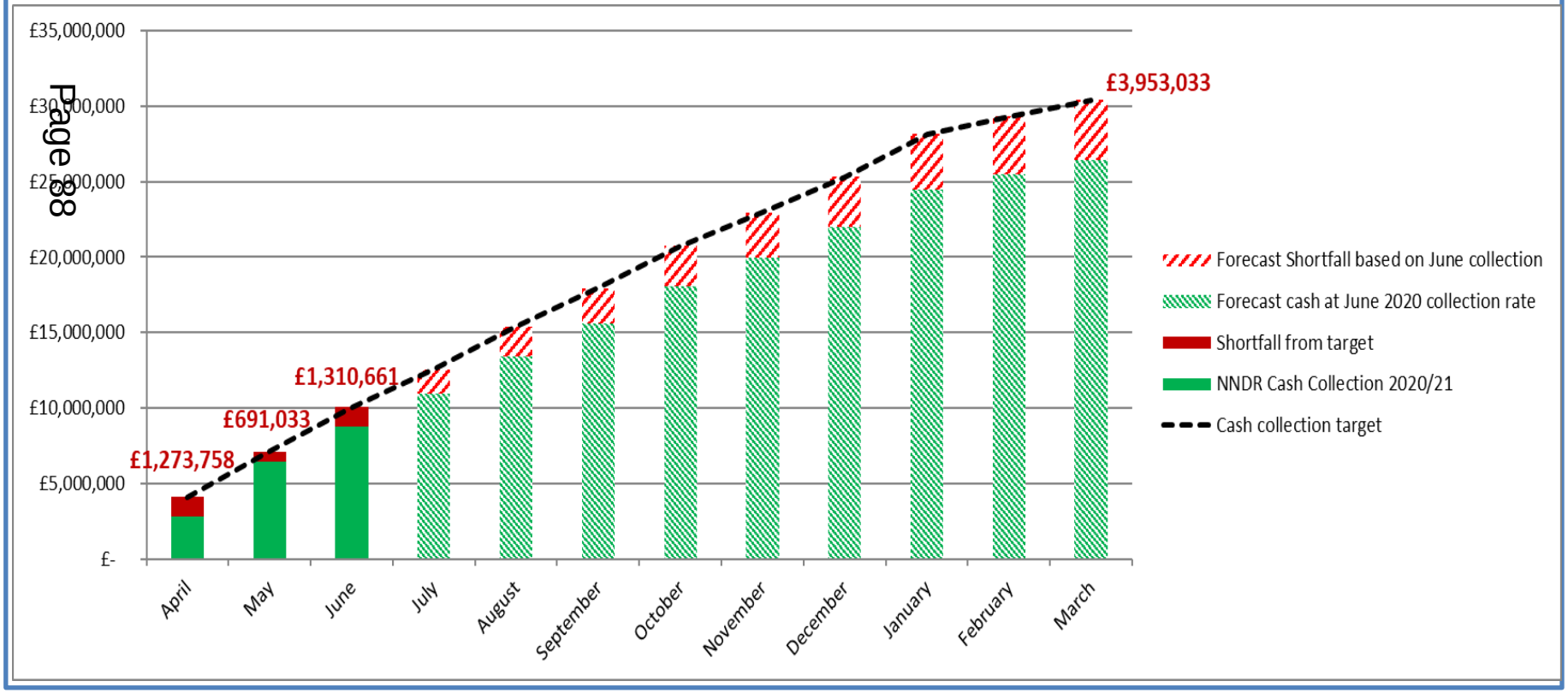
As at the end of June, collection of both Council Tax and Business Rates is below target and prior year trends, and this is attributed to the economic impact of COVID-19.
Council Tax collection rates have slowly improved since April, but remain 5% below target. If this trend continues then the forecast deficit on Council Tax collection by the end of March 2021 is £5.527m of which the Council's share is £4.623m. There has also been an increase in the number of residents eligible for Council Tax Support, with an associated increase in cost. There is a risk that further claims may arise during the year, as the economic impact of the pandemic becomes clearer and furlough payments come to an end in October.



Collection Fund

Business Rates collection improved between April and May, however this improvement was not sustained in June and overall collection remains significantly below target. If this trend continues then the forecast deficit on Business Rates by the end of March 2021 is £3.953m.

Recovery action has recommenced however Court hearings for non payment cases is not possible at the present time. Officers are working with the Courts to establish a 'new normal' when Courts sessions can be held again. There remains a risk that economic conditions may have a significant negative impact on the sustainability of some businesses, resulting in increased non payment with minimal opportunity for recovery.



APPENDIX 2 – Council Budgets Detailed Analysis

Contents:

Local Authority Savings Progress

Directorate	Opening Target £000s	Undeliverable Savings £000s	Red £000s	Amber £000s	Green £000s	Achieved £000s	Total forecast savings £000s
Adults	981	981	0	0	0	0	0
Children's Services	0	0	0	0	0	0	0
Children's - Education	100	0	0	63	0	100	163
Population Health	326	0	0	0	0	0	0
Operations and Neighbourhoods	682	0	0	100	175	407	682
Growth	500	500	0	0	0	0	0
Governance	105	30	0	0	0	75	75
Finance & IT	840	15	0	0	0	825	825
Quality and Safeguarding	0	0	0	0	0	0	0
Capital and Financing	3,002	2,400	0	0	638	0	638
Contingency	0	0	0	0	0	0	0
Corporate Costs	204	0	46	28	0	186	260
Total	**6,740**	**3,926**	**46**	**191**	**813**	**1,593**	**2,643**
%		**58.2%**	**0.7%**	**2.8%**	**12.1%**	**23.6%**	**39.2%**

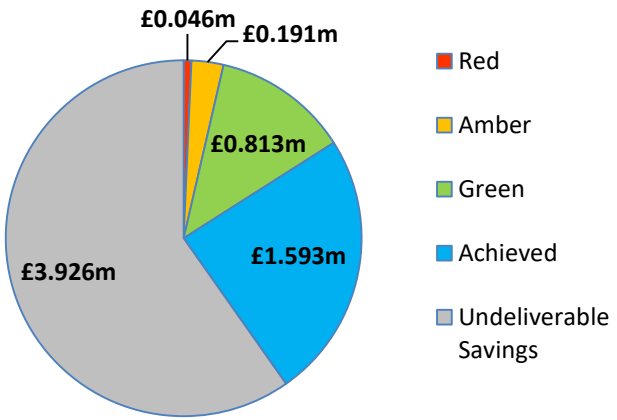
SAVINGS PROGRESS

The 2020/21 Revenue Budget, approved by Full Council on 25 February 2020, included savings targets in respect of a vacancy factor, additional fees and charges, and savings to be delivered by management. Combined with savings identified in previous years, the total savings target for the Council in 2019/20 is £6,740k.

Vacancy Factor - The total vacancy factor for the year is £2,387k. As at the end of period 3, total underspends relating to vacant posts were £3,367k, therefore overachieving the annual target by £1m already.

Other Savings – Overall the Council is forecasting to achieve savings of £2,643k against a target of £6,740k, although £237k remains rated as Red or Amber with risks to delivery. Savings of £813k are rated green and £1,593k already achieved as at the end of June 2020. Just under £4m of planned savings will not be delivered with alternatives now being planned and delivered in place of the original targets.

Savings 2020/21



Local Authority Pressures

PRESSURES

The 2020/21 Council Revenue Budget included funding for pressures across the services of £23,075k. As at month 3 total forecast pressures have increased across a number of areas as set out below. Further narrative on increased pressures in each area is included in the narrative for each service later in this report.

Directorate	Pressures funded in budget £000s	Pressures materialised to date £000s	Total pressures forecast £000s	Increase/(decrease) in pressures £000s
Adults	3,109	132	5,197	2,088
Children's Services	10,509	2,565	12,871	2,362
Children's - Education	402	350	5,329	4,927
Population Health	466	8	466	0
Operations and Neighbourhoods	3,533	640	3,081	(452)
Growth	3,039	3,084	3,197	158
Governance	842	293	987	145
Finance & IT	1,743	47	1,763	20
Quality and Safeguarding	0	0	0	0
Capital and Financing	40	0	40	0
Contingency	(639)	44	(639)	0
Corporate Costs	31	8	31	0
Total	**23,075**	**7,170**	**32,323**	**9,248**

Adults Services R

Adults	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Adults Commissioning Service	56,351	(21,240)	35,111	9,302	35,676	(565)
Adults Neighbourhood Teams	8,215	(85)	8,129	2,241	8,651	(521)
Integrated Urgent Care Team	1,996	0	1,996	379	1,963	34
Long Term Support, Reablement & Shared Lives	13,051	(1,062)	11,989	3,153	12,416	(427)
Mental Health / Community Response Service	4,280	(1,215)	3,065	883	3,686	(621)
Senior Management	1,751	(23,370)	(21,619)	(5,840)	(21,633)	14
TOTAL	**85,643**	**(46,972)**	**38,671**	**10,119**	**40,759**	**(2,088)**

BUDGET VARIATIONS

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

Underspends:

- **£203k** – Favourable service user contribution variance compared to budget towards non residential care packages
- **£1,773k** - Arising due to a forecast reduction of expenditure on new care home placement packages during covid which are being resourced via NHS covid funding.
- **£347k** – Forecast reduced commitments against independent living fund care packages
- **£144k** – Forecast contributions from other local authorities towards care packages not included in the budget

Adults Services R

BUDGET VARIATIONS

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

- **(£375k)** - Employee variance arising from use of agency staff and from the anticipated timing of appointments to vacant posts leading to an adverse variance on the delivery of the vacancy factor

- **(£393k)** - Primarily arising from projected payments of carer grant s compared to budget allocation. In addition there is an adverse variation against the budget allocation for day service provision. Whilst provision of day services has been significantly reduced during covid, payments to providers have been maintained during this period to ensure provider sustainability.

- **(£1,335k)** – Arising due to a forecast reduction of service user contributions towards care home placement packages and day service provision during covid. However, this should be acknowledged alongside the associated forecast favourable expenditure variance on care home placement packages.

- **(£506k)** – Projected reduction in Continuing Health Care packages funded by the NHS together with an adverse forecast variance of housing benefit income for related service users, primarily withi n the homemaker service.

- **(£494k)** – Additional mental health support care packages compared to budget allocation.

- **(£409k)** – Additional costs arising on supported accommodation contracts primarily relating to the national living wage increase from 1 April 2020 and increases to the assessed support needs of service users.

- **(£62k)** – Minor variations

Adults Services R

SAVINGS

Savings Performance:

- **(£254k) -** Review of out of borough placements and related resettlement of service users back to the borough. The programme has been delayed due to COVID but has now resumed.
- **(£188k) -** Oxford Park project has been replaced by a review of all Day Services provision. The review has been delayed due to COVID but again is now underway.
- **(£539k) -** Moving with Dignity (formerly Single Handed Care) which is intended to reduce double handed care support where safe to do so together with the use of support equipment where appropriate. Covid has delayed progress with existing double handed care support packages.

An update to the forecast delivery of all three schemes will be provided by the period 6 monitoring report at the latest.

Scheme	Savings 20/21 Target £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Review of out of borough placements	254	254					0
Oxford Park	188	188					0
Moving with Dignity	539	539					0
Total	**981**	**981**	**0**	**0**	**0**	**0**	**0**

Children's Services – Children's Social Care

R

Children's Services	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Child Protection & Children In Need	8,119	(9)	8,110	1,962	8,477	(367)
Children's Social Care Safeguarding & Quality Assurance	2,030	(10)	2,020	513	2,018	2
Children's Social Care Senior Manageme	761	(7,268)	(6,507)	100	(6,503)	(4)
Early Help & Youth Offending	1,061	(693)	368	161	398	(30)
Early Help, Early Years & Neighbourhood	6,280	(1,681)	4,599	718	4,396	203
Looked After Children (External Placements)	27,613	(539)	27,073	6,603	29,168	(2,095)
Looked After Children (Internal Placements)	10,628	(13)	10,615	2,802	10,890	(274)
Looked After Children (Support Teams)	7,743	(76)	7,667	1,474	7,464	203
TOTAL	**64,234**	**(10,288)**	**53,946**	**14,333**	**56,307**	**(2,362)**

Children's Services – Children's Social Care

R

BUDGET VARIATIONS

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

Pressures:

(£2,362k) - The Directorate is reporting an overspend of £2,362K predominantly due to the number of internal and external placements (£2,012K). There is also a £349K pressure on salaries due to some service areas not being expected to achieve the vacancy factor in full. The number of agency workers has also contributed to the salary overspends. In addition the Children's Homes are reporting overspends on salaries due to increased demand.

Nationally there is a widely accepted assumption that Covid 19 will have masked a range of issues across the continuum of need (Early Help, Child in Need, Child Protection). Whilst many children and families have been out of sight from safeguarding partners such as schools, nurseries, child minders, community health services, A & E and a range of other services, the advent of a wider "lifting of lockdown" ,and particularly the return of more children to school from September, is likely to see a spike in the identification of these needs. The scale of this rise in identification and associated activity, including referrals into the statutory services (Child in Need and Child Protection) is impossible to quantify, but the consensus is that this will largely emerge from now through to the Autumn Term – September / November. If correct, it is likely that any such spike in statutory activity would most likely also result in a rise in the number of Looked After Children.

In anticipation of this we have refocused our Covid19 lockdown arrangements (and the staffing capacity that was realigned to this) in terms of regular contacts with schools and a quick response to issues at the earliest opportunity (from March through to end of May this enabled direct intervention, from lower tier advice and guidance through to complex Early Help intervention to support over 700 children of which only two escalated to Statutory Services).

This resource is currently focused on working alongside statutory social work services in supporting a number of Children in Need in order to prevent escalation, stabilise or where possible step down these cases and will remain aligned to this role in anticipation of increased demand over the coming months

Edge of Care and Family Intervention Services are also focused on the potential rise in demand and it is anticipated that they will be operating a 7 day 8am to 8pm service by September.

The current request for service daily contact with all schools continues until end of term July. Verbal consent will be accepted to ensure referrals can be dealt with quickly and easily during the current circumstances. From September this will move to weekly contact at least the October half term. Verbal consent still will be accepted to ensure referrals can be dealt with quickly. This arrangement will be kept under review and can be amended as necessary.

Children's Services – Education R

Education	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Access Services	16,928	(14,115)	2,813	1,982	7,520	(4,707)
Assistant Executive Director - Education	400	(100)	301	55	206	95
Schools Centrally Managed	2,664	(929)	1,735	(661)	1,717	18
School Performance and Standards	758	(547)	211	(199)	213	(1)
Special Educational Needs and Disabilities	11,727	(10,389)	1,338	(559)	1,543	(205)
TOTAL	**32,477**	**(26,079)**	**6,398**	**619**	**11,198**	**(4,801)**

BUDGET VARIATIONS

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

Underspends:

- **£168k** - Non-grant funded staffing expenditure is £264k less than budget due to part and full year staffing vacancies. This is partly offset by the £96k vacancy factor included for the service.
- **£210k** - A review of the budget has been undertaken understand commitments in year. This has resulted in budget saving of £95k which is suggested supports the wider pressures in the Education service.

SAVINGS

Savings Performance:

- **£63k -**There is further reduced demand on the budget for Teachers retirement pension costs. It is suggested that this additional saving is supports the pressure occurring on SEN Transport.

Scheme	Savings Target 20/21 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Teachers Pensions	100			63		100	**163**
Total	**100**	**0**	**0**	**63**	**0**	**100**	**163**

Children's Services – Education R

BUDGET VARIATIONS

Pressures:

- **(£4,589k)** - SEN Transport – a new significant pressure has materialised. A further pressure of £345k is currently projected for the service in 2020/21 based on the Summer 2020 term route costs. Suppliers have continued to be paid where contracts are in place throughout the Covid 19 situation. 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. It is estimated that £14k of this pressure relates to additional costs of transporting pupils in the Easter and Summer half term holidays as a result of schools being open to vulnerable and key worker children during the Covid 19 situation. An additional pressure of £4.230m has been estimated based on current Government guidance regarding wider re-opening of schools from September 2020 for the Autumn 2020 and Spring 2021 terms for potential additional transport requirements due to social distancing measures. The projected overspend is based on 2m social distancing as applied in the risk assessment. As lockdown eases, the social distancing requirement is likely to reduce and so there will be a consequent reduction in projected overspend. A more detailed review of costs will be undertaken as more information is available.

- **(£444k)** - The Education service is projected to under achieve on its traded income with schools by £444k due to a reduced buy in to services. It's unclear at this point what impact the covid 19 situation has had on this forecast, specifically for those services that trade throughout the year. 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.

- **(£109k)** - There is a projected decrease in Education Welfare penalty notice income due to changes in government legislation during the COVID lockdown period.

- **(£45k)** - Projected loss of Parental and other community income for the Music Service due to restricted access to the service due the COVID lockdown period.

- **(£55k)** - Other minor variations under £50k

The education management team have identified a number of additional actions which could mitigate one off costs. This includes the use of education reserves. These will be discussed with the finance team in detail during period 4.

Population Health R

Service Area	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Population Health	15,882	(263)	15,619	1,534	19,059	(3,440)
TOTAL	**15,882**	**(263)**	**15,619**	**1,534**	**19,059**	**(3,440)**

BUDGET VARIATIONS

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

- **£36k -** a proportion of population health staff are supporting the COVID response – related costs are being charged to NHS covid funding

- **£23k** - increased income arising from additional health and local authority contributions towards programmes

Pressures:

- **(£3,500k)** There is a **Potential risk** arising from the need to maintain the Council's Leisure provision through the Covid pandemic period. The Council's leisure provider, Active Tameside, has seen its income reduce significantly as buildings are closed. The reopening of facilities will mean they cannot run at full capacity therefore incur losses. Estimates of the costs of maintaining a leisure offer for Tameside residents could be as much as £3.5m.

Quality And Safeguarding G

Quality & Safeguarding	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Safeguarding and Quality Assurance	453	(237)	216	13	227	(11)
TOTAL	**453**	**(237)**	**216**	**13**	**227**	**(11)**

Operations and Neighbourhoods A

Operations & Neighbourhoods	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Community Safety & Homelessness	6,304	(2,344)	3,960	191	3,960	0
Cultural & Customer Services	3,784	(372)	3,412	545	3,187	226
Engineers, Highways & Traffic Management	14,558	(10,798)	3,760	1,904	4,162	(402)
Management & Operations	1,425	(2,738)	(1,313)	(424)	(1,349)	36
Operations & Neighbourhoods Management	32,596	(179)	32,416	30,698	32,339	77
Operations, Greenspace & Markets	6,923	(1,704)	5,219	538	4,538	681
Public Protection & Car Parks	4,530	(3,518)	1,013	569	1,724	(711)
Waste & Fleet Management	10,417	(5,914)	4,503	(469)	4,726	(222)
TOTAL	**80,537**	**(27,566)**	**52,971**	**33,551**	**53,287**	**(316)**

BUDGET VARIATIONS

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

Underspends:

- **£249k** - The Engineers Service currently has a number of vacant posts which are being held vacant while a restructure is being undertaken. At this stage, it is not known what form the new structure will take but it is likely some of the budget for these vacant posts will be repurposed in the new structure. As the restructure progresses through the various stages, this reported underspend will reduce, depending on the timescales involved. Some of the posts that are being held vacant would normally have the costs recovered from the scheme budgets. As these costs are not being incurred, they naturally can't be recovered which has reduced the expected income by **£182k.**
- **£117k** - There is an expected underspend on events within the borough this year as a result of the restrictions relating to COVID-19.
- **£265k** - Due to the timing of the current year's budget being set and the transport levy being agreed, an underspend has materialised.
- **£327k** - One off transport underspends are expected within operations and greenspace during this financial year.
- **£300k** - Changes to the way street sweepings are disposed of have been implemented, resulting in significant savings for the authority.
- **£146k** - Due to the increased demand for bereavement services, an increase in expected income is being reported.
- **£26k** - Other minor variations

Operations and Neighbourhoods A

BUDGET VARIATIONS

Pressures:

- **(£77k) -** Due to businesses being closed during the lockdown period, the pest control service has experienced a drop in income.
- **(£251k)** - There have been ongoing delays in the street lighting replacement scheme which have resulted in additional energy and maintenance costs.
- **(£146k) -** In order to deliver an efficient and effective gully cleansing service, an additional vehicle and crew are being hired in. Governance for the purchase of a second vehicle is underway which is expected to delivery savings for the Council, however there is a long lead time on these vehicles. Further work will be done to review the costs associated with this service.
- **(£139k) -** The income received by the markets, particularly by the outdoor markets, has reduced in recent years as part of a nationwide decline. However this has been exacerbated by the closure of the outdoor market during the lockdown period.
- **(£803k) -** Income generated by the car parks within the borough (including fine income) has suffered significantly as a result of reduced demand from COVID-19. There is an additional shortfall as a result of new expected car parks not coming online. A review of car parking options across the borough is currently underway.
- **(£107k) -** Income shortfalls are expected within licensing and public protection across a number of fees and charges.
- **(£59k) -** Additional overtime costs have been incurred within Waste services in order to maintain a full collection service whilst working in very difficult times.

Operations and Neighbourhoods A

SAVINGS

Savings Performance:

- **(£164k)** - It is currently expected that the additional fees & charges savings target will not be achieved by the directorate. However, work will continue throughout the financial year to identify new income streams or ways in which the Council can expand our income generating business areas.

Scheme	Savings Target 20/21 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Extending commercial offer	100			100			**100**
Procurement	50				50		**50**
Disposal of Street Sweepings	125				125		**125**
Waste levy reduction	407					407	**407**
Total	**682**	**0**	**0**	**100**	**175**	**407**	**682**

Growth R

Growth	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Growth Management	530	0	530	58	546	(16)
Development & Investment	1,656	(283)	1,373	156	1,279	94
Economy, Employment & Skills	2,426	(1,219)	1,207	(223)	1,161	46
Major Programmes	575	0	575	31	575	0
Infrastructure	249	(10)	239	29	264	(25)
Planning	1,450	(955)	495	130	683	(188)
BSF, PFI & Programme Delivery	24,037	(24,037)	0	2,659	0	(0)
Asset Management	286	(286)	0	(233)	0	0
Capital Programme	712	(353)	360	54	423	(63)
Corporate Landlord	8,776	(1,963)	6,813	(309)	6,994	(181)
Environmental Development	511	(79)	432	53	361	71
Estates	1,639	(2,686)	(1,046)	338	(203)	(844)
School Catering	2,776	(2,772)	4	182	4	(0)
Vision Tameside	0	0	0	1	0	0
TOTAL	**45,623**	**(34,643)**	**10,981**	**2,927**	**12,086**	**(1,106)**

BUDGET VARIATIONS

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

Underspends:

- **£97k** - There are a number of vacant posts in Development & Investment required to deliver Growth Directorate's Strategic plan. The recruitment of permanent candidates is expected in September. This has resulted in a saving in the current financial year.
- **£69k** - Economy, Employment and Skills have identified administrative underspends this financial year.
- **£70k** - There are a number of vacant posts in Environmental Development required to deliver Growth Directorate's Strategic plan. The recruitment is expected in September. This has resulted in a saving in the current financial year.
- **£86k** - There are a number of underspends that are less than £50k.

Growth R

BUDGET VARIATIONS

Pressures:

- **(£118k) -** £62k Industrial Estate income and £56k of other Estates income will be below budget. There is some rent loss between vacating and re-letting industrial units and less surveyor fee income than in previous years.
- **(£192k)** - Customer and Client receipts are estimated to be below target, of which £147k relates to loss of income from events which will not be received because of Covid-19.
- **(£157k)** - Income from building control is expected to be £113k lower than budget based on activity in April ,May and June due to Covid-19. Planning fee income is expected to be £92k below budget due to Covid-10. Income from land charges is lower than 19/20 while staff have been redeployed to help cope with the increase in demand.
- **(£95k)** - There are a number of vacant posts in Capital Projects Team required to deliver capital schemes. These posts are currently covered by agency. The recruitment of permanent candidates will take time to implement this has resulted in a one-off pressure in the current financial year.
- **(£185k)** - Estates has been brought in-house supported by interims. Once a permanent structure has been implemented permanent appointment can be made.
- **(£180k)** - There are a number of pressures that are less than £50k.

SAVINGS

Savings Performance:

(£500k) - A target has been set for increasing the rent on commercial properties following rent reviews by £1 million over 2 years. A review is taking place to assess the realistic value of what can be achieved.

Scheme	Savings 20/21 Target £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Estates Property Rent Reviews	500	500				0	**0**
Total	**500**	**500**	**0**	**0**	**0**	**0**	**0**

Governance G

Governance	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Democratic Services	791	(119)	672	54	491	180
Executive Support	1,814	(184)	1,629	339	1,593	37
Governance Management	185	(90)	95	44	95	0
Legal Services	1,587	(34)	1,553	364	1,574	(21)
Exchequer	56,908	(55,348)	1,560	4,779	1,451	109
Policy, Performance & Communications	1,765	(290)	1,474	354	1,458	16
HR Operations & Strategy	1,188	(518)	670	(10)	640	29
Organisational & Workforce Development	695	(119)	576	106	590	(14)
Payments,Systems and Registrars	2,139	(838)	1,302	154	1,380	(78)
TOTAL	**67,071**	**(57,540)**	**9,531**	**6,183**	**9,272**	**258**

BUDGET VARIATIONS

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

- **£355k -** Employee related expenses including training are less than budget due to a number of vacant posts across the directorate.
- **£127k -** Democratic Services is forecast to underspend due the cancellation of elections in 2020 as a result of the COVID 19 pandemic.
- **£58k -** The net cost of collection for Council Tax and Business Rates arrears is forecast to be less than budget as a result of increased recovery of income relating to legal costs.
- **£43k -** Other net minor variations across the individual service areas of less than £50k

Governance G

Pressures

- **(£140k)** - Government grant income across the directorate is currently forecast to be £140k less than budget (Exchequer Services is currently forecast to be £106k less than budget based on grant allocations notified to date and Democratic Service £23k).

- **(£54k)** - Income is forecast to be less than budget due to a reduction in the number of schools purchasing HR and Payroll and Recruitment services.

- **(£39k) -** Registrars Income is forecast to under recover by (£39k) due to loss of ceremony income as a result of the COVID 19 situation.

- **(£62k)** - Due to COVID 19, a 6 month cessation of the Priority Account Service (Oxygen) programme has been agreed. It is estimated this will create a £36k pressure along with an anticipated pressure of £26k based on programme delivery in 2019/20. If the cessation is extended this pressure will increase.

SAVINGS

Savings Performance:

- **(£30k)** There is an In year savings target of (£30k) Strive Programme for schools which is currently forecast not to be achieved

Scheme	Savings Target 20/21 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Cease non-statutory appointee & deputyship service for adults	75	0				75	**75**
STRIVE for schools	30	30				0	**0**
Total	**105**	**30**	**0**	**0**	**0**	**75**	**75**

Finance and IT G

Finance and IT	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Financial Management	2,938	(497)	2,441	228	2,408	33
Risk Management & Audit Services	2,755	(1,093)	1,662	1	1,623	40
Digital Tameside	4,386	(629)	3,757	1,394	3,822	(65)
TOTAL	**10,079**	**(2,219)**	**7,860**	**1,623**	**7,853**	**7**

BUDGET VARIATIONS

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

Underspends:

- **£42k -** Other minor variations below £50k

Pressures:

- **(£35k) -** Due to the current Covid-19 situation and the majority of staff working from home there isn't the same demand to print. Therefore, the anticipated recovery of income from services is less than the anticipated cost of the Multi Functional Device's (printers/scanners). A review of devices will be carried out.

SAVINGS

Savings Performance:

- **(£15k) -** It is unlikely that we will achieve the saving for STAR Procurement due to the fee not being reduced in 20/21

Scheme	Savings Target 20/21 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Financial Management restructure	25					25	**25**
STAR procurement	15	15					**0**
Income Management	50					50	**50**
Insurance	750					750	**750**
Total	**840**	**15**	**0**	**0**	**0**	**825**	**825**

Capital Financing, Contingency and Corporate Costs R

Education	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Chief Executive	326	0	326	62	318	8
Corporate and Democratic Core	3,732	(222)	3,510	407	3,480	30
Democratic Processes	1,478	(79)	1,398	254	1,341	57
Investment and Financing	10,619	(9,624)	996	(163)	7,573	(6,577)
Contingency	2,857	0	2,857	0	2,880	(23)
TOTAL	**19,011**	**(9,925)**	**9,087**	**560**	**15,591**	**(6,504)**

BUDGET VARIATIONS

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

Underspends:

- **£123k -** CDC - Other minor variations under £50k

Pressures:

- **(£83k) -** The Coroners service is a joint service with Stockport MBC (Host) and Trafford MBC. Based on most recent information there is forecast increase in costs of (£100k) per authority due to COVID 19 activity.
- **(£266k) -** Estimated interest costs reflect the possibility of borrowing £30m from the PWLB mid-year at the prevailing rate of interest, resulting in an over spend of (£3345k). The PWLB rates have decreased slightly since period 2, resulting in this overspend being reduced by £15k since the previous projection. There is also an under spend of £79k based on updated projections for GM Debt interest.
- **(£6,287k) -** Forecasts have been amended to remove any budgeted dividend income from Manchester Airport Group (MAG) in light of the financial impact of the COVID 19 crisis on the Airport. This is an improvement from period 2 where no income from the Airport was anticipated at all and an overspend of (£8,903k) was projected.
- **(£61k) -** Principal costs are an over spend of (£61k). This is due to the updated pool rate and split of interest and principal for GM Debt compared to budget, and nets off with the under spend on GM Debt interest costs to give an overall position of £18k under spent for GM Debt.
- **(£1k) -** Other minor variations

Capital Financing, Contingency and Corporate Costs R

SAVINGS

Savings Performance:

- **£56k** - Pension Increase Act payments are currently forecasting an over achievement on the £35k saving due to contributions to cost which were not previously forecast.
- **£38k -** Increase to projected interest earned on investments due to combination of higher paying fixed interest deals and higher cash balances than initial conservative estimates. This has increased by 6k since period 2 due to updated cash flow and interest rate projections**.**

Scheme	Savings 20/21 Target £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Treasury Investment Income	50				86		**86**
Pension Increase Act	35			28		63	**91**
Capital & Financing – MRP	552				552		**552**
MAG Dividend Income	2,400	2,400					**0**
Other minor budget adjustments	169		46			123	**169**
Total	**3206**	**2400**	**46**	**28**	**638**	**186**	**898**

COVID-19

COVID-19 Grant funding and other contributions

The table below details the grant funding and contributions the Council is forecasting to receive;

COVID-19 Grant Funding and other Contributions	£000
LA Support Grant	16,213
Council Tax Hardship Grant	2,158
Local Authority Discretionary Grant Fund	2,345
Infection Control Fund Grant	2,131
Local authority test and trace service support grant	1,420
Other COVID-19 contributions	5,686
Total	**29,953**

Government has also announced a scheme to support income losses for Councils in respect of sales, fees and charges but detailed guidance is not yet available. Any additional funding arising from this scheme will reduce the overall COVID pressures on the Council.

COVID-19 Spend

The table below details the Council's COVID spend split by service

Service	Direct £000	Indirect £000	Total £000
Adults	8,023	1,395	**9,418**
Children's Services	168	0	**168**
Education	501	4,398	**4,899**
Schools	0	0	**0**
Population Health	1,622	3,464	**5,086**
Operations and Neighbourhoods	247	674	**921**
Growth	2,419	221	**2,641**
Governance	190	(45)	**145**
Finance & IT	35	35	**70**
Quality and Safeguarding	0	0	**0**
Capital and Financing	0	6,632	**6,632**
Contingency	0	0	**0**
Corporate Costs	2,352	100	**2,452**
Totals	**15,557**	**16,874**	**32,432**

Direct COVID spend is currently not presented within the service positions, and is mainly costs directly attributable to COVID and can individually be identified and allocated against the COVID-19 funding. The indirect COVID spend is currently presented within the service positions, these are costs and loss of income that due to their nature can't easily be individually split out from the NON-COVID elements and allocated against the COVID-19 funding.

Budget Virements

Budget Virements

The table below details the budget virements that need approval;

Reason for virement	Virement Between	Transfer Between		Virement amount £	Nature of virement
		Debit	Credit		
Additional iBCF grant held in contingency transfer to adults	Director	Contingency	Adults	(1,633,000)	Non-recurrent
Additional iBCF grant expenditure budget held in contingency transfer to adults	Director	Adults	Contingency	1,633,000	Non-recurrent
Budget transfer to fund adults demographic pressures	Director	Adults	Contingency	227,000	Non-recurrent
Budget transfer to fund special education needs and disabilities transport pressures	Director	Education	Contingency	200,000	Non-recurrent

Reserve Transfers

Reserve Transfers

The table below details the reserve transfers that need approval;

Service	Details of request	Transfer to/from reserves	Amount to be transferred £
Adults	Improved Better Care Fund drawdown to support quality improvement across Adults Services, and meet demographic pressures prompting increased demand for services	Transfer from	(1,773,510)
Adults	GM Transformation Funding drawdown towards the ongoing cost of the Support at Home care model	Transfer from	(1,291,370)
Education	Education Programme Lead engaged to support essential strategic planning of Education policies and processes.	Transfer from	(51,195)
Education	High Needs Strategic Planning advice to support the review of the Tameside SEND provision.	Transfer from	(5,950)
Education	Dedicated Schools Grant (DSG) – There is forecast to be a deficit on the DSG, mainly due to pressures on High Needs as reported. The deficit will be held in reserve whilst a deficit recovery plan is established.	Transfer from	(4,754,159)
Childrens	Allocation of Unspent Revenue Grant Reserve balance b/fwd from 2019-20 - Monies received not yet spent in relation Individual Revenue Grants received in prior year, ring fenced for specific purposes.	Transfer from	(576,300)

P3 2020/21 Capital Monitoring

2020/21 P3 Capital Monitoring Report

INTRODUCTION

This is the first capital monitoring report for 2020/21, summarising the forecast outturn at 31 March 2021 based on the financial activity to 30 June 2020.

The detail of this monitoring report is focused on the budget and forecast expenditure for fully approved projects in the 2020/21 financial year. The approved budget for 2020/21 is £60.067m (after re-profiling approved at Outturn) and current forecast for the financial year is £47.684m. There are additional schemes that have been identified as a priority for the Council, but approval will be subject to the identification of resources for funding and satisfactory business cases approved by Executive Cabinet.

SUMMARY

The current forecast is for service areas to have spent £47.684m on capital investment in 2020/21, which is £12.383m less than the current capital budget for the year. This variation is spread across a number of areas, and is made up of a number of over/underspends on a number of specific schemes (£0.123m) less the re-profiling of expenditure in some other areas (£12.503m).

Key messages at P3 monitoring are as follows:

- The delays in Vision Tameside Public Realm is due to the Council being asked to prioritise works to the junction in front of the new Interchange. A procurement exercise is due to start this month and works are expected to commence in November 2020. There have also been delays in Ashton Town Centre and Civic Square due to COVID and staff being redeployed to other priority areas of the Council. Design work is on-going throughout 20/21 and is expected to be completed later in the financial year.
- There have been unforeseen delays to the LED Street Lighting scheme which has resulted in delays between the procurement of materials and the appointment of consultants. Design work is expected to be completed shortly and the scheme is due to be completed by the end of the 2021/22 financial year.

2020/21 P3 Capital Monitoring Report

	2020/21 Budget	Actual to 30 June 2020	Projected 2020/21 Outturn	Projected Outturn Variation	P3 Slippage
	£000	£000	£000	£000	£000
Growth					
Investment & Development	10,311	601	8,308	2,003	(2,003)
Corporate Landlord	335	64	200	135	(137)
Estates	114	0	114	0	0
Operations and Neighbourhoods					
Engineers	10,496	367	5,886	4,610	(4,589)
Vision Tameside	5,792	20	527	5,265	(5,272)
Environmental Services	4,242	230	3,970	272	(342)
Transport (Fleet)	2,349	58	2,376	(27)	0
Stronger Communities	16	0	16	0	0
Children's					
Education	13,955	244	13,938	17	0
Children	442	47	442	0	0
Finance & IT					
Finance	3,730	3,740	3,740	(10)	0
Digital Tameside	3,282	959	3,249	33	0
Population Health					
Active Tameside	3,861	464	3,936	(75)	0
Adults					
Adults	1,142	44	982	160	(160)
Total	**60,067**	**6,838**	**47,684**	**12,383**	**(12,503)**

Table 1: Capital Monitoring Statement 2020/21

The current forecast is for service areas to have spent £47.684m on capital investment in 2020/21, which is £12.383m less than the current capital budget for the year. This variation is spread across a number of areas, and is made up of a number of over/underspends on a number of specific schemes (£0.123m) less the re-profiling of expenditure in some other areas (£12.503m).

2020/21 P3 Re-profiling

	2020/21 Re-profile Q1
	£000
Growth	
Investment & Development	2,003
Corporate Landlord	137
Estates	0
Operations and Neighbourhoods	
Engineering Services	4,589
Vision Tameside	5,272
Environmental Services	342
Transport	0
Stronger Communities	0
Children's	
Education	0
Children	0
Finance & IT	
Finance	0
Digital Tameside	0
Population Health	
Active Tameside	0
Adults	
Adults	160
Total	**12,503**

Table 2: Re-profiling requested into 2021/22

Proposed re-profiling of £12.503m include:

- **Investment & Development**: Re-profiling mainly relates to Godley Garden Village as a detailed programme outlining spend is yet to be agreed and also Disabled Facilities Grant as there has been a 50% reduction in work due to COVID-19 and work taking longer than usual to complete.
- **Corporate Landlord:** Re-profiling relates to Retrofit. There is a pipeline of work being planned, however this has been put on temporary hold due to the requirements on us to review our property assets based on service requirements for property post COVID 'lessons learnt'.
- **Engineering Services:** There were unforeseen delays in the procurement of materials and the appointment of consultants to undertake the LED designs. There is a delay in the Hyde to Mottram scheme following a recent feasibility study. Once the issues are addressed work can re-commence.
- **Vision Tameside:** Re-profiling relates to public realm works as well as delays on the Ashton Town Centre project which has been affected by COVID-19.
- **Environmental Services**: Re-profiling relates to Children's playgrounds. This scheme has been delayed in starting due to COVID-19. There are now additional delays to starting the scheme as Engineers have had to re-prioritise staff resources. It is expected that work will commence on site in October 2020.
- **Adults:** The funding relates to a number of 2 year fixed term posts to support the Moving with Dignity scheme. Delays in recruitment have meant that the funding requirement has been partly re-phased into 2021/22.

Programme Summary

TOTAL APPROVED AND EARMARKED CAPITAL PROGRAMME- JUNE 2020	2020/21 Budget (Approved) £000	2020/21 Projected Outturn £000	2021/22 Budget (Approved) £000	2020/21 Budget (Earmarked) £000
Growth				
Investment & Development	10,311	8,308	6,720	9,630
Corporate Landlord	335	200	0	7,228
Estates	114	114	0	1,400
Operations and Neighbourhoods				
Engineering Services	10,496	5,886	0	12,250
Vision Tameside	5,792	527	0	0
Environmental Services	4,242	3,970	0	700
Transport	2,349	2,376	0	0
Stronger Communities	16	16	0	200
Children's				
Education	13,955	13,938	0	0
Children's	442	442	0	508
Finance & IT				
Finance	3,730	3,740	0	500
Digital Tameside	3,282	3,249	0	0
Population Health				
Active Tameside	3,861	3,936	0	0
Adults				
Adults	1,142	982	0	12,700
Total	**60,067**	**47,684**	**6,720**	**45,116**

Programme Summary - After Re-profiling

TOTAL APPROVED AND EARMARKED CAPITAL PROGRAMME- JUNE 2020	2020/21 Budget (Approved) £000	2020/21 Projected Outturn £000	2021/22 Budget (Approved) £000	2020/21 Earmarked Schemes (No approved Budget) £000
Growth				
Investment & Development	8,308	8,308	8,723	9,630
Corporate Landlord	114	200	0	7,228
Estates	198	114	137	1,400
Operations and Neighbourhoods				
Engineering Services	5,907	5,886	4,589	12,250
Vision Tameside	520	527	5,272	0
Environmental Services	3,900	3,970	342	700
Transport	2,349	2,376	0	0
Stronger Communities	16	16	0	200
Children's				
Education	13,955	13,938	0	0
Children's	442	442	0	508
Finance & IT				
Finance	3,730	3,740	0	500
Digital Tameside	3,282	3,249	0	0
Population Health				
Active Tameside	3,861	3,936	0	0
Adults				
Adults	982	982	160	12,700
Total	**47,564**	**47,684**	**19,223**	**45,116**

Programme Changes & Summary

Changes to the Capital Programme	2020/21	2021/22	2022/23	Total
	£000	£000	£000	£000
Opening 2020/21 Approved Capital Programme	**54,020**	**6,720**	**0**	**60,740**
2019/20 Re-Profiling to 20/21	5,344			5,344
Changes per Executive Cabinet 22 April 2020				
- Statutory Compliance (Additional Budget)	61			61
Changes 17 June 2020				
- St Lawrence Road Denton (Approval of earmarked budget)	42			42
- Fairlea Denton and Greenside Lane (Additional Budget)	600			600
Period 3 Fully Approved Capital Programme	**60,067**	**6,720**	**0**	**66,787**

Status	Number of Schemes	2020/21 Budget	2021/22 Budget	2022/23 Budget	Total Budget
Approved	121	60,067	6,720	0	66,787
Earmarked	19	45,116	0	0	45,116
Total	140	105,183	6,720	0	111,903

Service Area Detail Overview

	2020/21 Budget	2020/21 Actual	2020/21 Projected Outturn	2020/21 Projected Outturn Variation	Re-profiling to be approved	Projected Outturn Variation after Slippage
	£000	£000	£000	£000	£000	£000
Growth						
Investment & Development	10,311	601	8,308	2,003	(2,003)	0
Corporate Landlord	335	64	200	135	(137)	(2)
Estates	114	0	114	0	0	0
Operations and Neighbourhoods						
Engineering Services	10,496	367	5,886	4,610	(4,589)	21
Vision Tameside	5,792	20	527	5,265	(5,272)	(7)
Environmental Services	4,242	230	3,970	272	(342)	(70)
Transport	2,349	58	2,376	(27)	0	(27)
Stronger Communities	16	0	16	0	0	0
Children's						
Education	13,955	244	13,938	17	0	17
Children	442	47	442	0	0	0
Finance & IT						
Finance	3,730	3,740	3,740	(10)	0	(10)
Digital Tameside	3,282	959	3,249	30	0	30
Population Health						
Active Tameside	3,861	464	3,936	(75)	0	(75)
Adults						
Adults	1,142	44	982	160	(160)	0
Total	**60,067**	**6,838**	**47,684**	**12,380**	**(12,503)**	**(123)**

Education Budget Virements

	2020/21 Opening Budget	Changes SPCMP 6 July 2020	Changes Executive Cabinet 29 July 2020	Total Budget
SCHOOL CONDITION SCHEMES				
Arlies Primary	23,000	25,000	16,000	64,000
Broadbottom Primary	8,000	100,000	(27,000)	81,000
Buckton Vale Primary	3,000	197,000	(150,000)	50,000
Corrie Primary	6,000		11,000	17,000
Gorse Hall Primary	5,000	10,000	(6,000)	9,000
Holy Trinity Gee Cross Primary	63,000	20,000		83,000
Hollingworth Primary	64,000		(64,000)	0
Lyndhurst Primary	13,000			13,000
Milton St Johns Primary	3,000			3,000
Ravensfield Primary	3,000			3,000
St Johns CE Dukinfield	21,000			21,000
Millbrook Primary	59,000	50,000	28,000	137,000
Russell Scott Primary	246,000			246,000
Asbestos Survey	98,000		(20,000)	78,000
Stock Condition Survey	27,000	50,000		77,000
Structural Engineers Fees	1,000	10,000		11,000
School Condition Related Works Contin	92,000	58,000		150,000
Micklehurst Primary	0	22,000		22,000
St Anne's Denton	0	150,000		150,000
Livingstone Primary	0	250,000	164,000	414,000
The Heys Primary	0	10,000	19,000	29,000
Fairfield Primary	0	80,000	38,000	118,000
Fire Safety Works	0	100,000		100,000
Glass balustrade protection works	0	10,000		10,000
Total Budgets	**735,000**	**1,142,000**	**9,000**	**1,886,000**
School Condition Unallocated Funding	1,664,149	(1,142,000)	(9,000)	513,149
School Condition Total Funding	**2,399,149**	**0**	**0**	**2,399,149**

Further changes are required to the Education budgets for School Condition Schemes following the receipt of further cost information and quotes from the LEP in early July. Initial Budgets were high level estimates prior to receiving quotes for works. Most of these works are planned to take place over the summer holidays.
Members are asked to approve the budget virements listed in this table.
Members are also asked to give approval that, subject to the total overall budget for School Condition Schemes not exceeding £1.886m, the Assistant Director of Education, in consultation with the Assistant Director Finance, is given authority to undertake further virements of funding between these projects should further changes be required.

Prudential Indicators

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Operational Boundary for External Debt	202,431	141,510	(60,921)
Authorised Limit for External Debt	222,431	141,510	(80,921)

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

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Upper Limit for fixed	191,128	41,684	(149,444)
Upper Limit for variable	63,709	(55,325)	(119,034)

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

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Capital Financing Requirement	191,128	191,128	-

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

Prudential Indicators

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Capital expenditure	105,183	6,838	(98,345)

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

Gross borrowing and the capital financing requirement	CFR @ 31/03/20 + increase years 1,2,3	Gross borrowing	Amount within limit
	£000s	£000s	£000s
	191,128	141,510	(49,618)

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

Maturity structure for borrowing 2019/20		
Fixed rate		
Duration	Limit	Actual
Under 12 months	0% to 15%	0.25%
12 months and within 24 months	0% to 15%	0.26%
24 months and within 5 years	0% to 30%	3.26%
5 years and within 10 years	0% to 40%	2.51%
10 years and above	50% to 100%	93.72%

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

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APPENDIX 4: Capital Programme Review 2020/21 & Future Years

INTRODUCTION & CURRENT CONTEXT

The Council maintains a Capital Programme which currently covers the period 2019/20 to 2021/22. This was originally established in October 2017 and is updated annually during the budget process in February and quarterly during the year.

A critical source of funding required to finance the Capital Programme is Capital Receipts from the sale or disposal of Council owned land and buildings. Other sources of finance available include Government Grants, Borrowing, Capital Reserves and Revenue financing (although due to increasing pressures on revenue budgets, this is no longer viable in many cases).

The original Capital Programme agreed in 2017 was predicated on £57m of capital receipts, this is proving to be challenging to achieve which, together with other factors including Covid-19 has resulted in the Council's capital programme ambition becoming unsustainable.

It is important to note that there have been a number of major additions to the programme over the last 3 years which were identified as high priority, these are summarised on the next slide in **Table 1**

As at June 2020 the Programme has a total value of **£111.9m** including both fully approved (£66.8m) and earmarked schemes (£45.1m)

The **Approved** schemes currently in the capital programme require £18.9m of corporate resources,. The Council has capital reserves of £14.6m . This leaves a shortfall of £4.3m which needs to be met from the proceeds from the sale of surplus assets. A summary of the current capital financing is shown in **Table 2.**

In addition, corporate funding would also be required to finance the **Earmarked** schemes, all of which were previously identified as a priority and subject to future business cases. It should be noted however, that many of these schemes were identified in 2017 and therefore should be the subject of a detailed review and reprioritisation. A summary of the Earmarked Schemes is included within this report for reference purposes in **Table 3**.

Further capital receipts must be generated to fund the approved programme. The earmarked schemes will be unable to progress until additional capital receipts are generated. The Growth Directorate are reviewing the estate and developing a pipeline of surplus sites for disposal. It should be noted that demolition costs are likely to be incurred before certain sites are able to be disposed of, and this will create a further pressure of the capital programme in the short to medium term.

Any further cost pressures arising as a result of Covid-19 or other factors will increase the resources needed to deliver the approved programme, and the current shortfall of £4.3m is likely to increase.

Capital Programme Review 2020/21 & Future Years

Table 1 - Major Additions requiring Corporate Funding since 2017/18

Scheme Name	(£'000)
Refurbishment Of Ashton Town Hall (Earmarked)	3,300
ICT Devices (Approved)	3,000
Vision Tameside (Approved)	11,116
Replacement Cremators (Approved)	2,500
Fairlea Denton and Greenside Lane Droylsden (Approved)	600
Ashton Old Baths Annex (Approved)	1,919
Hyde Pool (Approved)	938
Total	**23,373**

Capital Programme Review 2020/21 & Future Years

Table 2 -Capital Financing

	(£'000)
Total Approved Schemes Requiring Corporate Funding	**66,787**
Scheme Financing	
Capital Reserve	14,593
Borrowing	10,428
Contribution	309
Grants	37,178
*****Capital Receipts Required to fund Approved Schemes***	***4,279***
Total Funding	**66,787**

	(£'000)
Earmarked Schemes (as per approved capital programme)	**45,116**

All Earmarked Schemes currently require Corporate financing for which there are insufficient levels of Capital Receipts currently identified.

In light of this, a full review and reprioritisation exercise of all Earmarked Schemes is required urgently**. Members are asked to approve a pause on all earmarked schemes and support a full review and re-prioritisation of the future Capital Programme, to be concluded alongside the Growth Directorate's review of the estate and identification of surplus assets for disposal.**

Capital Programme Review 2020/21 & Future Years

Table 3 - Earmarked Schemes

Directorate	Scheme Name	Estimated Cost (£'000)
Operations & Neighbourhoods	Tameside Highways Asset Management Plan	12,000
Operations & Neighbourhoods	Borough Gateways	300
Growth	Refurbishment of Ashton Town Hall	9,630
Adults	Union Street Health Hub	5,500
Adults	Denton Festival Hall Health Hub	3,500
Adults	Care Together Digital Funding	3,000
Growth	Property- Refurbishment of Capital Assets	2,500
Growth	Hyde Indoor Market Redevelopment	2,500
Growth	Property Assets Statutory Compliance	728
Growth	Pension Fund Building (Droylsden Library)	1,400
Growth	Hyde Town Hall Roof	1,300
Childrens	New Children's Home	508
Adults	A&E Streaming	700
Finance	Asset Management Software	500
Growth	Ashton Library	200
Operations & Neighbourhoods	CCTV	200
Operations & Neighbourhoods	Parking Enforcement System Upgrade	200
Operations & Neighbourhoods	Woodend Mill Chimney	200
Operations & Neighbourhoods	Crowded Places Pedestrian Safety	250
Total		**45,116**

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)

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.

Dedicated Schools Grant 2020/21

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 SEN2 return which collects information regarding pupils with Additional needs shows that between 2018 and 2019 Tameside has had the greatest increase in number of Education Health Care plans (EHCP) in Greater Manchester (GM). Despite increases to our High Needs budget Tameside continues to receive the lowest total High Needs budget and the lowest amount of cash per EHCP in GM, this is a proxy measure as the High Needs Fund supports more than EHCP's. Tameside is not the smallest GM authority and it is amongst the most deprived.

The DfE have put extra funding into High Needs in Tameside however the growth in numbers of pupils needing support means we actually have £3,235 less funding available to support each pupil with a plan. The SEN2 data for 2020 has now been released an updated position will be presented to Members in the next monitoring report

High Needs Block Funding Comparison across Greater Manchester:

Local Authority	2019/20 £000	2020/21 £000	Increase £000
Bolton	35,074	40,136	5,063
Bury	30,542	33,091	2,550
Manchester	76,942	88,252	11,311
Oldham	33,043	38,250	5,207
Rochdale	23,812	27,706	3,894
Salford	33,050	36,142	3,092
Stockport	31,022	33,694	2,673
Tameside	20,782	24,240	3,458
Trafford	26,723	29,028	2,305
Wigan	29,745	34,467	4,722

Dedicated Schools Grant 2020/21

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 1,267 (34%).
- In 2019-20 the number of plans increased by 303 from 1,267 to 1,570 (24%)
- Current projections show if plans continue to increase at current levels the number of plans issued could increase by a further 280 (18%) 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 2020/21

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)

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.

APPENDIX 6

IRRECOVERABLE DEBTS OVER £3000

1 April 2020 to 30 June 2020
Note individuals are anonymised

REF:	DEBT:	FINANCIAL YEAR(S)	BALANCE	REASON
10124097	Council Tax	2012 – 2013 £266.18 2013 – 2014 £576.83 2014 – 2015 £639.14 2015 – 2016 £1197.02 2016 – 2017 £1240.03 2017 – 2018 £1303.58 2018 – 2019 £1180.91	£6403.69	Debt Relief Order granted 15/07/2019
15182320	Council Tax	2011 – 2012 £135.26 2012 – 2013 £140.48 2013 – 2014 £373.26 2014 – 2015 £388.62 2015 – 2016 £452.90 2016 – 2017 £400.76 2017 – 2018 £481.03 2018 – 2019 £909.09 2019 – 2020 £958.27	£4239.67	Debt Relief Order granted 28/02/2020
COUNCIL TAX		**SUB TOTAL – Debt Relief Order**	**£10,643.36**	
COUNCIL TAXIRRECOVERABLE BY LAW TOTAL			**£10,643.36**	

SUMMARY OF UNRECOVERABLE DEBT OVER £3000		
IRRECOVERABLE by law	Council Tax	£10,643.36
	Business Rates	NIL
	Overpaid Housing Benefit	NIL
	Sundry	NIL
	TOTAL	**£10,643.36**

DISCRETIONARY write off – meaning no further resources will be used to actively pursue	Council Tax	NIL
	Business Rates	NIL
	Overpaid Housing Benefit	NIL
	Sundry	NIL
	TOTAL	**NIL**

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Report to:	**STRAGEIC COMMISSIONING BOARD**
Date:	29 July 2020
Reporting Officer:	Dr Jeanelle de Gruchy – Director of Population Health
Subject:	**LOCAL OUTBREAK CONTROL PLAN AND UPDATE**
Report Summary:	The Local Outbreak Control plan for Tameside provides a summary of the principles of Covid-19 outbreak management across Tameside including an outline of the key roles and responsibilities across the system, the mechanisms & infrastructure in place to deliver this, and appropriate routes of accountability. This is a high level summary of the approach to managing and preventing the spread of Covid-19 in Tameside, which will allow our residents and communities to safely live with Covid-19 during the current phase of the pandemic. It includes sections on how our approach aligns to national and regional systems; detail of the approaches we are taking to prevent outbreaks; and a description of the systems and steps in place to effectively manage outbreaks that may occur across our population. This is an iterative plan which will continue to be informed by local circumstances; intelligence; evidence; and ongoing engagement with our communities.
Recommendations:	That Board approve the content of this plan and note the update.
Corporate Plan:	The Outbreak Control Plan describes how we will manage and control Covid-19 in the current phase of the pandemic and will be crucial in enabling our communities to live with Covid-19. Providing this safe approach will be crucial in supporting the system across Tameside & Glossop to deliver against the corporate plan priorities, particularly considering those residents who are more vulnerable to the impacts of Covid-19 (Nurturing Communities; and Longer & Healthier Lives)
Policy Implications:	This is a key strategic plan which will inform and enable wider policy across the Council as to the steps we take to protect lives and safely ease lockdown.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	The Council and CCG have received additional funding to support the outbreak of Covid-19. This includes £ 13.9 million allocated to the Council together with an indicative £ 6.2 million allocated to the CCG. However, it should be noted that current forecasts suggest this funding will be insufficient to support the related additional costs and reduced levels of budgeted income. In addition the Council has been allocated £ 2.1 million relating to Infection Control, 75% of which has to be distributed to care home providers in the borough to support related measures. The government have also recently allocated a ringfenced test and trace grant of £ 1.4 million to the Council. Members are requested to note these allocations as additional government funding that will support the local outbreak control

plan.

Legal Implications:

(Authorised by the Borough Solicitor)

This report is intended to provide Members with a comprehensive overview of the response to Covid 19 locally with particular regard to The Government's four key strand approach of test; trace; contain; and enable to tackling Covid-19.

A number of the actions in the plan will require their own governance and decision making. This will be particularly important given the budgetary pressures as set out in the financial implications and detailed legal implications will be included for Members' consideration at that time.

Risk Management:

The challenges posed by Covid-19 present significant risks to the Council and this plan is a mechanism via which we will mitigate direct risks of Covid-19 infection and transmission. This plan outlines the key steps and functions that will ensure emerging risks in the form of outbreaks in the local area are quickly identified; risk assessed; and acted upon.

Background Information:

The background papers relating to this report can be inspected by

contacting James Mallion, Consultant in Public Health, Population Health

Telephone: 07970946485

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

1. INTRODUCTION

1.1 This plan provides a summary of the principles of Covid-19 outbreak management across Tameside including an outline of the key roles and responsibilities across the system, the mechanisms & infrastructure in place to deliver this, and appropriate routes of accountability.

1.2 It is a high level summary of the approach to managing and preventing the spread of Covid-19 in Tameside, which will allow our residents and communities to safely live with Covid-19 during the current phase of the pandemic. The detail of how individual outbreaks in specific settings and circumstances will be managed may be referenced but will not be described in detail in this document.

1.3 This is an iterative plan which will continue to be informed by local circumstances; intelligence; evidence; and ongoing engagement with our communities. This

2. KEY AIMS OF THE OUTBREAK CONTROL PLAN

2.1 The key aims of the Outbreak Control Plan are to:

- Prevent spread of Covid-19 and contain and suppress outbreaks.
- Early identification of and management of outbreaks
- Define governance, roles and responsibilities and command & control arrangements relating to Covid-19 management
- Set out communications and engagement arrangements with partner organisations and residents
- Outline how the impact of outbreaks will be mitigated for residents
- Outline the approach to surveillance using data and other sources of information to monitor the extent and impact of Covid-19 infection across Tameside
- Where possible incorporate Covid-19 response into existing structures and ways of working

3. RECOMMENDATIONS

3.1 As set out at the front of the report.

Contents

CHAPTER 1

INTRODUCTION

1. Purpose

This document provides a summary of the principles of Covid-19 outbreak management across Tameside including an outline of the key roles and responsibilities across the system, the mechanisms & infrastructure in place to deliver this, and appropriate routes of accountability.

It is a high level summary of the approach to managing and preventing the spread of Covid-19 in Tameside, which will allow our residents and communities to safely live with Covid-19 during the current phase of the pandemic. The detail of how individual outbreaks in specific settings and circumstances will be managed may be referenced but will not be described in detail in this document.

This is an iterative plan which will continue to be informed by local circumstances; intelligence; evidence; and ongoing engagement with our communities.

2. Aims

1. Prevent spread of Covid-19 and contain and suppress outbreaks.
2. Early identification of and management of outbreaks
3. Define governance, roles and responsibilities and command & control arrangements relating to Covid-19 management
4. Set out communications and engagement arrangements with partner organisations and residents
5. Outline how the impact of outbreaks will be mitigated for residents
6. Outline the approach to surveillance using data and other sources of information to monitor the extent and impact of Covid-19 infection across Tameside
7. Where possible incorporate Covid-19 response into existing structures and ways of working

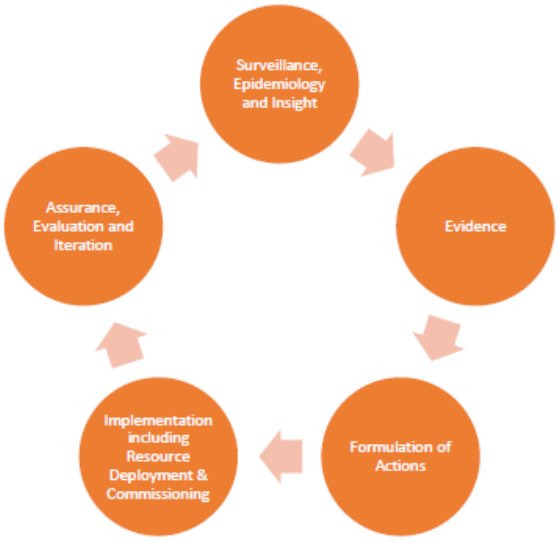
3. Guiding Principles

The Association of Directors of Public Health (ADPH) sets out four principles for the design and operation of Local Outbreak Plans.

The prevention and management of the transmission of COVID-19 should:

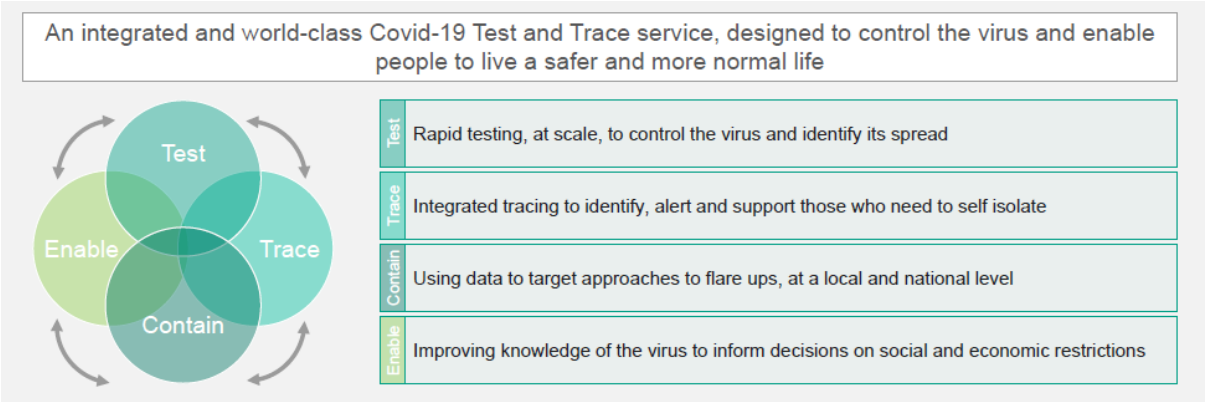
1. Be rooted in public health systems and leadership
2. Adopt a whole system approach
3. Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
4. Be sufficiently resourced

The circle of health protection action below underpins how our approach to health protection and outbreaks are managed. As such this will be a live document that is under constant review as the response to Covid-19 is improved and based on our growing understanding informed by local circumstances; intelligence; evidence; and ongoing engagement with our communities. It is also important to note that as our local learning improves based on how the system responds to complex, bespoke situations, approaches will be adapted and updated to incorporate this learning.



4. National Approach

The UK Government has set out four key strands to the national approach to tackling Covid-19: test; trace; contain; and enable. The intention is for this to form a continuous data capture and information loop at each stage that flows through the Joint Biosecurity Centre to recommend actions. The local planning and response will be key to the success of this system, with local government having a key role to play in identification and management to contain the spread of infection. This plan outlines how the wider system in Tameside will achieve this.



5. Seven Key Themes to Managing & Controlling Covid-19

The following seven key themes have been identified nationally as key priorities on which to focus our local work to manage and control Covid-19. These are based on the priority areas and actions we need to focus on based on the wider experience of the pandemic to date, and also highlight the key mechanisms through which to deliver on these priorities including data; testing; and engagement.

1) **Care homes and schools**

   Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).

2) **High risk places, locations and communities**

   Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access

points (e.g., ports, airports), detained settings, rough sleepers etc (e.g. defining preventative measures and outbreak management strategies).

3) **Local testing capacity**

Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment)

4) **Contact tracing in complex settings**

Assessing local and regional contact tracing and infection control capability in complex settings (e.g., Tier 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).

5) **Data integration**

Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security, data requirements including NHS linkages).

6) **Vulnerable people**

Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.

7) **Local Boards**

Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

6. Greater Manchester Covid-19 Outbreak Control Plan

As part of the existing integrated working across GM and the key role of the GM Combined Authority and the GM Health & Social Care Partnership, a Covid-19 Outbreak Control Plan has been developed across GM which follows the same principles as the outbreak control plans that each of the 10 GM local authorities have developed.

The GM plan supports our local plans with clear approaches across the city region to each of the seven key themes of the outbreak control plans including the overlapping systems of command and control required during outbreak response, which feed into the Local Resilience Forum.

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CHAPTER 2

LIVING WITH COVID

Preventing Outbreaks

The most effective way to deliver on the priorities in this plan is to ensure appropriate measures are taken and partners and communities are enabled to prevent Covid-19 transmission and outbreaks occurring. The key partners involved in this plan and the ongoing work around the cycle of health protection and outbreak management will continually work to embed this preventative approach.

Some of the key measures and actions that will be taken to prevent the further spread of Covid-19 include:

1. **Communicating** simple and clear preventative messaging across a range of stakeholders, including staff, local employers and residents.
2. **Engaging** with local communities to understand barriers to adhering to social distancing and isolation. This will also improve our insight and understanding of how to enable people to have appropriate understanding of risks and make informed decisions.
3. **Local Testing Capacity** – developing sufficient capacity and access to testing to reduce onward transmission.
4. **Contact Tracing** – supporting the delivery of the national Test & Trace programme as well as taking forward our robust local response across Tameside and GM
5. **Infection control** – ensuring that organisations have the appropriate guidance, training and supplies to maintain basic infection control processes.
6. **PPE** - Ensuring key organisations have access to appropriate PPE and the guidance, education and support to use it properly.
7. **Consequence Management** - supporting residents to self-isolate and prevent onward transmission through the humanitarian hub.
8. **Data Integration -** closely monitoring case rates in local areas to ensure increases are identified and action taken.
9. **High Risk Settings & Groups** - identifying and developing specific outbreak plans and preventative approaches for high risk settings. This extends to supporting high risk demographic groups as appropriate such as those who are shielded or BAME groups.

1. Communicating

This section outlines the key areas for communications across our system and communities relating to Covid-19. The detailed plans and progress around this will sit with a dedicated Communications & Engagement Group that has been established and will report into the Health Protection Board.

Part of the delivery of these messages will be in the form of communication campaigns such as the #TogetherGM campaign across Greater Manchester and the Limiting The Spread Campaign locally in Tameside, which will engage with all households in the borough.

With Residents

- It is essential the system continues to reiterate the consistent behavioural messages to our residents that will reduce virus transmission:
    - Handwashing
    - Social distancing
    - “Don’t be a contact”
    - What to do if you have symptoms

    - What to do if your household members/close contacts have symptoms
    - Support available when self-isolating and how to access it (particularly important for those where isolating may cause financial hardship).

- This approach relies on saturation of simple messages focussed around personal responsibility and protecting those who are more vulnerable
- The communication approach will vary for different communities. A detailed communications plan outlines this in more detail and the range of approaches that will be used for different demographics and communities across Tameside, as well as the media used; language; cultural sensitivity; and frequency of communications.
- Communications will also be adaptive and rapidly respond to situations informed by the cycle of health protection and outbreak control as intelligence informs us of increasing risks or target areas/communities/settings.

With Partners

- Tameside Health & Wellbeing Board and the multi-agency Health Protection Board will be working across all partner organisations to ensure consistent messages are reinforced
- Third sector partners will be integral to this both in supporting the wide range of third sector staff and volunteers with regular information and FAQs; and also to support promoting relevant messages to large sections of our community in Tameside

With Local Employers and Businesses

- It is important for local employers and businesses to have access to and promote clear and consistent messaging to enable people working and engaging with them to prevent transmission of Covid-19
- Specific communication to local employers and businesses will include the simple behavioural messages highlighted for residents above, as well as regular information and FAQs for staff. A costed communications plan is being developed outlining how businesses can reopen safely and will include key messages for information and assurance for the public. This has been informed by surveying town centre businesses and spaces to understand and support the works required to make them 'Covid-safe'.
- The Tameside Council Employment & Skills team provide proactive communications to local employers and businesses to make clear the support available if businesses need to reduce operations or close temporarily as a result of Covid-19 impacts

2. Engaging with Communities

Resident engagement is key to driving our understanding of how residents relate to and understand advice relating to Covid-19 (preventing the spread), but also in terms of what the consequences may be for residents e.g. economic, social.

A dedicated Communications & Engagement Group reports into the Health Protection Board which will deliver on more detailed plans to engage with our communities, sitting alongside the established plans and campaigns to communicate. The Tameside Health & Wellbeing Board will continue to be a key driver for this engagement and our wider community response to Covid-19.

This approach links in to how we support high risk places, communities and groups and the priority will be doing this with our residents and communities. Enforcement approaches are to be a last resort.

This will link to the wider approach to communications and engagement across Greater Manchester, which is detailed in the GM Covid-19 Outbreak Control Plan and uses the established messaging of the #TogetherGM campaign. This aims to increase public understanding of and

compliance with public health instructions, while providing a sense of community, hope and optimism – by showing how Greater Manchester is joining together by everyone playing their part in stopping the spread of Covid-19.

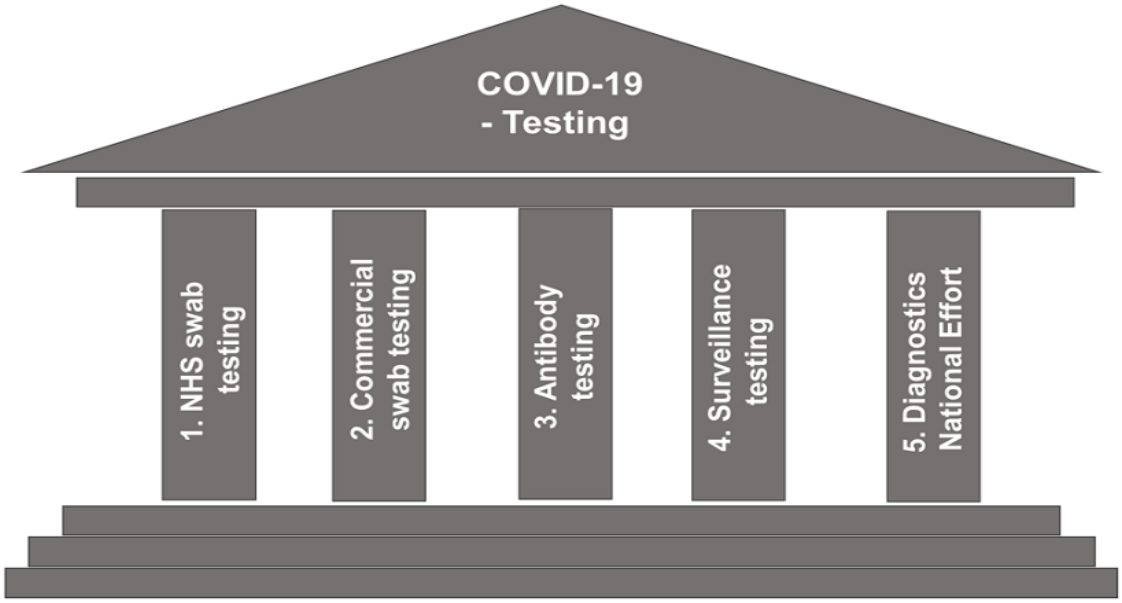
There are also clear local opportunities via groups including faith leaders and Faith United Tameside, as well as the wider range of third sector organisations, coordinated by Action Together to provide messaging, engagement and support into communities.

3. Local Testing Capacity

The aim of mass testing for Covid-19 in Tameside is to minimise the overall harm caused by the Covid-19 pandemic and allow lockdown restrictions to be eased. This mass testing strategy can support surveillance; treatment of individuals; support for essential workers; contact tracing; and outbreak management.

Delivery of the Mass Testing Strategy in Tameside will sit with the Health Protection Board via the Test and Trace Working Group. This structure will carry out the work required to ensure optimal capacity and access to testing across Tameside.

The national approach to Covid-19 testing includes 5 separate Pillars through which testing is delivered. The testing Pillars cover a number of pathways. Broadly, each pathway, irrespective of location, includes the same steps of: Requesting, Testing, Laboratory analysis and Reporting.



Across GM there is a Mass Testing Strategy and Operational Model which set out governance, resource requirements and delivery of testing across GM.

Pillar 1 – NHS Testing

Pillar 1 testing is NHS swab testing for those within an Acute setting. . Tameside & Glossop Integrated Care Trust (ICFT) are testing the following groups on the hospital site:

- Patients who are symptomatic
- Staff who are symptomatic and/or and symptomatic family members they live with

- Patients being discharged to care homes/hospice
- Patients in the hospice as requested
- All non-elective admissions to hospitals
- Patients requiring planned admissions

Pillar 2 – Resident and Essential Worker Testing
Anyone in Tameside **who has symptoms** of coronavirus, whatever their age, can ask for a test through the NHS website national portal or calling 119. Essential workers in Tameside can access priority testing through GOV.UK or through local processes via a dedicated email address..
The Pillar 2 testing programme includes:

- Viral antigen testing – indicating that the individual has a current infection
- Throat and nasal swabbing in communities
- Symptomatic or asymptomatic presentation
- Testing for Care Homes - Whole home testing of residents and staff has been carried out in Tameside care homes via Pillar 2 to understand the prevalence of Covid-19 in these settings and inform management. Options will be explored going forward as to how this may continue to ensure appropriate surveillance of Covid-19 infection in Care Homes as one of the highest risk settings.
- Testing for essential workers, local residents, children aged 0-18
- Local satellite site at Ashton Primary Care Centre, mobile pop-up testing site at Ashton Curzon and postal self-administered tests (nationally booked). The public health team are developing proposals to deal with 'surge' capacity where additional swabbing may be necessary – for example case finding during outbreaks or within health and social care settings such as domiciliary care or sheltered accommodation.
- Non-hospital/PHE Laboratories such as the 'Lighthouse Labs'

Pillar 3 – Antibody Testing
Antibody testing – 'serology test', commenced in June 2020. The presence of antibodies in a person's serum (taken from a blood sample) indicates past infection and does not necessarily confirm any form of immunity at the time. Results are being collected as a measure of prevalence of the COVID-19 virus in the population. The programme is targeting all asymptomatic NHS staff in hospitals, NHS patients, and will roll out to primary care staff, patients and in Care Homes.

Pillar 4 – Surveillance Testing
Pillar 4 is around surveillance of the population and is a core outcome of Contact Tracing. Individuals who test positive for COVID-19 through current or mass testing activity may be included in the tracing programme . Other groups of individuals traced after contact with someone who has tested positive will require inclusion in the testing programme.

Pillar 5 – Diagnostics National Effort
Pillar 5 programme supports industrial growth of capacity to provide and analyse more tests. The current limiting factors for antigen testing relate to laboratory requirements for platform/analyser-specific chemical reagents. Current assumption on supply of reagents is that production lies outside the UK. Consideration is being given to establishing production within the UK and/or within GM and EC to harness the regional life sciences and manufacturing assets and to maximise the economic opportunities.

4. Contact Tracing

The UK Government has announced the launch of the Test and Trace service as part of an integrated test, trace, constrain and enable (TTCE) approach to COVID-19. The aims of the national test and trace service are to reduce the national R number to below 1.0; save lives; and allow safe release from lockdown.

The national capacity around contact tracing consists of teams of national call handlers (Level 3) and professional contact tracers employed via NHS Professionals (Level 2). More complex issues will be passed to local areas (Level 1).

The key roles and responsibilities of the national test and trace service (Level 2 and 3) are as follows:

- Providing advice to contacts according to Standard Operation Procedures (SOPs) and scripts. This will include the Household and Community contexts of cases escalated to Level 1.
- Level 3 call handlers to escalate difficult issues to the level 2 staff who will deal with these issues.
- The interviewing of cases, and identifying their contacts using Standard Operating Procedures (SOPs) and scripts
- Level 2 staff will escalate complex issues and situations to Level 1.

As part of the test and trace service, cases where there is added complexity, high risk setting, or people who are more vulnerable will be passed to local areas to provide more bespoke support (Level 1). To enable this across GM, a Contact Tracing Hub has been established to bring additional contact tracing capacity as well as expertise from the Health Protection Team in Public Health England into the system. The GM hub acts as Level 1 in Greater Manchester and will be an interface for those complex cases passed through by the national service. This includes complex contact tracing or supporting people to isolate where required.
The key roles and responsibilities of the GM Contact Tracing Hub (Level 1) are as follows:

- Receipt of escalated cases from Level 2 and 3 of the national Test and Trace service
- Receipt of contact tracing requirements directly from localities where local intelligence identifies issues in the first instance
- Completion of setting-specific contact tracing or escalation to appropriate setting to undertake contact tracing themselves (eg. hospitals; fire & rescue service; police)
- Information sharing with localities where issues are dealt with
- Escalation of potential individual / household support requirements to locality SPOC
- Assessment of whether an outbreak has been identified (PHE)
- Joint management of outbreaks

As part of this system, a dedicated Single Point of Contact (SPOC) has been established in Tameside to manage these cases where input is required from the local authority.

The key roles for the local authority in supporting contact tracing include:

- Escalation of locally identified potential contact tracing requirements to GM SPOC.
- Oversight and management of contact tracing requirements in relation to care homes (Infection Prevention & Control team)
- Contact tracing for complex scenarios which fall outside the scope of the SOP, or where there is an acute level of complexity that requires a bespoke response. These are articulated in the SOP as ‘underserved’ populations.
- Co-ordination of locality consequence management in relation to complex settings
- Safeguarding potentially vulnerable people and providing support to potential vulnerable individuals / households
- Co-ordination of local communications and engagement in relation to potentially contentious or controversial for either information or action
- Recording activity and reporting back to GM Contact Tracing Hub
- Training and development of locality staff
- Joint management of an outbreak in accordance with SOP

Further detail of these processes can be found in the GM Outbreak Control Plan and associated SOPs developed by the GM Hub and PHE, which provide detailed step-by-step guidance as to the processes followed in each specific situation.

5. Infection control processes

Good, basic infection control processes are essential in ensuring that the risk of transmission of Covid-19 is minimised. Population Health and the Infection Prevention and Control Team continue to provide guidance, education and support to settings on infection control, including handwashing, environmental cleaning, waste disposal, and the proper use of PPE.

6. PPE Management

Personal Protective Equipment (PPE) is crucial in preventing the spread of Covid-19, particularly for staff who come into contact with people who may be infected with the virus. Tameside & Glossop Strategic Commission has worked with GM procurement in supporting the local system to access the necessary volumes of PPE throughout the Covid-19 pandemic. This support will continue throughout the outbreak, and an emergency stockpile of PPE will be maintained to:

- Provide additional PPE if there are local outbreaks in certain settings which require immediate increase in PPE use to prevent spread.
- To provide a buffer should an organisations PPE stock become reduced as a result of order delays/supply chain issues.

7. Consequence Management

When contact tracers advice residents to self-isolate there are potentially consequences for individuals and organisations within Tameside. These consequences will be managed locally to minimise the impact of the virus on residents.

Organisational Consequences

Organisations that deliver essential services may require support if large numbers of staff are asked to self-isolate; this is a key role of the SPOC.

In situations where consequence management issues are identified for organisations, the following actions will be taken:

1. Escalated to the Tameside SPOC via the GM hub or via local intelligence
2. The impact on the organisation will be discussed with the organisation – this will include any other relevant partners
3. Agile risk assessments will be conducted with all partners and actions will be developed to mitigate the impacts identified

This process will ensure that appropriate isolation as advised by the test and trace service can take place to prevent further spread of Covid-19 while also limiting any adverse impacts this may have.

Critical organisations/services in Tameside which are at risk if high numbers of staff self-isolate include but are not limited to:

- Hospital services
- Primary Care services
- Emergency Services (Police; Fire & Rescue; Ambulance)
- Essential council services (e.g. refuge collection, safeguarding, social care)
- Care homes
- Utilities
- Schools and childcare providers

Consequences for Individuals

Some individuals may either not be in a position to comply with self-isolation (e.g. homeless people, those with social or mental health issues), may struggle to self-support if they are shielded

or may not comply with self-isolation due to the economic and social impact on them and their family.

In situations where consequence management issues are identified for individuals, the following actions will be taken:

1. Escalated to the Tameside SPOC via the GM hub or via local intelligence
2. The Tameside SPOC will identify the most appropriate method to provide support to the individual to enable them to comply with self-isolation (via referral into relevant support or specialist service) – this will include any other relevant partners
3. Key partners to support individuals include but not limited to:

- TMBC Contact Centre as a front door to main support and council services as well as humanitarian hub support
- Citizen's Advice Bureau – supporting residents to access financial support during isolation e.g. payment holidays.
- Welfare rights for more complex financial support and welfare assistance benefits.
- NHS volunteer service and local third sector support in their community.
- Action Together – as the main support agency and link into wider third sector organisations including volunteers across the borough

There is a potential resource impact for the system of supporting individuals to self-isolate, for example through continuing to provide humanitarian hub support. These resource implications will be escalated via the Tameside Test & Trace Working Group and fed through to the Health Protection Board where required.

8. Data Integration

As outlined in the cycle of health protection and outbreak management, data surveillance and intelligence are crucial in informing areas for action and increased focus or response.

As part of the governance structure around this plan, a Data & Intelligence group reports into the Health Protection Board which is working to develop a robust intelligence dashboard to inform how we control and manage Covid-19 in Tameside.

The data flows from the test and trace system are essential for improving the understanding of the location and spread of the virus within the local population. This needs to be integrated with local surveillance data to provide a fully integrated intelligence dashboard both at a GM and Tameside level.

As data flows and access improve, our ambition will be to gain a more detailed picture of the spread of Covid-19 across Tameside which will be nearer to real-time data (in the form of daily dashboards). The aim will be to use time series/trend analyses to:

- Identify local outbreaks and hotspots through data analysis and mapping;
- Provide evidence to support neighbourhood-level decision making
- Provide evidence to support resource distribution decisions (eg. testing capacity)
- Provide evidence of communities or groups who may require additional support (eg. aware of larger numbers of people in a particular area self-isolating)
- Where possible, undertake forecasting and predictive analytics.

The key areas of focus for the daily dashboards will be:

- Care Homes
- Hospitals
- Other high risk settings (eg. homeless accommodation)
- Schools
- Local geographies (by MSOA/Town/Postcode)
- Those experiencing inequalities (eg. BAME and Shielded groups)

Data presentation will move towards local mapping and decision making frameworks of indicators as we move forward and data flows and access improve.

Additional Information

There is an important role for soft intelligence to support the work of the Data & Intelligence Group. It is proposed this will operate as a regular 'touch base' with key partners including the hospital (infection prevention & control team); adult health and social care; local business leaders group; key VCSFE representatives (Action Together); Pandemic Resilience Leads and Managers; other providers of council services.

There is also an established Covid-19 Impacts Dashboard produced by Tameside & Glossop Strategic Commission Business Intelligence team. This details metrics, outcomes and information relating to the wider impacts of the Covid-19 pandemic on the delivery of the Tameside & Glossop Corporate Plan priorities. This includes areas such as vulnerable children and adults; economic; environmental; and organisational impacts.

9. High Risk Settings & Groups

Identifying and planning how to manage high risk places, settings and communities of interest is critical to ensuring that those groups who are most in need get the support required to prevent transmission and manage the consequences of the virus.

As part of the national Test & Trace service, complex contact tracing which involves high risk settings or individuals requiring additional support will be automatically passed to the GM Contact Tracing Hub. Further detail about the process and roles and responsibilities in these situations is detailed in the previous section on contact tracing and there is further detail in the GM Outbreak Control Plan.

Support for vulnerable individuals

The council are taking proactive steps to support those who are more vulnerable to Covid-19 via the existing Humanitarian Hub and the core support provided around food, medicines and wellbeing. This has supported those who are shielding throughout the pandemic and is also accessible via the Council's main contact centre.

The GM Contact Tracing Hub and Tameside SPOC will also provide assistance and prevention advice where vulnerable individuals are identified as cases or contacts through the Test and Trace service. This support may include referral into the local humanitarian hub; or bespoke support via existing specialist services (eg. social care; domestic abuse services).

Support for high risk settings

Table 1 below outlines some of the known high risk settings in the borough. This is based on local intelligence and information and also the criteria which the national Test and Trace service have applied to situations where local input will be required. Further detail of this can be found in the GM Outbreak Control Plan. This is not an exhaustive list and is expected to grow and develop over time as new situations arise.

As part of the established governance around this plan, the Health Protection Board and Tameside Test & Trace Working Group are working proactively with a range of settings, services and organisations to ensure risk assessments and mitigation plans are in place to minimise the risk of Covid-19 transmission. This risk assessment process has been led by Tameside Council's Health & Safety team and has included working closely with all Council services, schools and other partners to ensure these steps have been taken. Appendix 4 outlines a list of further national

guidance and standard operating procedures for specific settings in the context of working with Covid-19.

Ongoing discussions and communications with other sectors such as health care, emergency services, voluntary and community sector organisations and local employers and businesses are also taking place. This is supported by the Council's Environmental Health, Trading Standards and Business Compliance teams as well as the Employment & Skills team who all provide proactive support to businesses.

The most appropriate point of contact for these settings where situations or concerns arise is the Tameside Single Point of Contact at covid-19@tameside.gov.uk

Setting	**Key Partners & Processes (contact tracing and consequence management)**
People living or working in prisons	PHE NW / GM Hub to coordinate support
Homeless population	Tameside SPOC will liaise with TMBC Community Safety Team (risk assessments and mitigation plans in place)
Border Force and Immigration officers	PHE NW / GM Hub to coordinate support
Care home resident or staff member	TMBC PH / Adult Social Care / ICFT Infection Control teams coordinate management and response (dedicated procedures and SOPs). National contact tracers to follow up staff. Further information and local guidance for care homes can be found here: PHE NW Care Home COVID-19 pack 2020 PPE guidance - Tameside summary a
Primary Care	PHE NW / GM Hub to coordinate support and liaise with Tameside SPOC / CCG Primary Care leads where significant complexity or consequence management issues arise (risk assessments and mitigation plans in place). General Practice If significant staffing pressures occur in General Practice, practices should invoke their business continuity plan and notify the CCG. Community Pharmacy Staff in community pharmacies may be unable to socially distance, therefore the use of PPE is routine. Full guidance can be accessed via the link to the Community Pharmacy SOP in Appendix 4. If significant staffing pressures occur in Community Pharmacy, they should invoke their business continuity plan and notify GMH&SCP. Dentistry Services are currently being stepped back up; where face-to-face care is required, staff wear appropriate PPE. Full guidance can be accessed via the link to the Dentistry SOP in Appendix 4 Optometry Routine services have been re-instated; where face-to-face care is required, staff wear appropriate PPE. Additional guidance can be found

Setting	Key Partners & Processes (contact tracing and consequence management)
	in the Optical SOP in Appendix 4.
Acute Healthcare Workers	ICFT Infection Prevention & Control Team will lead follow up in acute healthcare settings as per existing procedures
Emergency Service Workers	PHE NW / GM Hub to coordinate support
School pupils or staff and early years	PHE NW / GM Hub to coordinate support – Tameside SPOC and TMBC Education team to provide proactive support to these settings (dedicated schools/childcare resource pack). Tameside SPOC also rapidly escalate issues to GM Hub based on local intelligence Further information and guidance for schools can be found in the Tameside Schools Support Pack Tameside COVID 19 Resource Pack for Sc	
Residents with mental health illness	PHE NW / GM Hub to coordinate support alongside Tameside SPOC – to liaise with specialist services where appropriate and/or additional support including humanitarian hub
Entertainment venues	PHE NW / GM Hub to coordinate support alongside Tameside SPOC – to liaise with TMBC licensing and environmental health teams to consider appropriate support / actions
Religious settings / places of worship	PHE NW / GM Hub to coordinate support alongside Tameside SPOC – to liaise with relevant partners including faith leaders where appropriate to consider support/actions
Other businesses / charities	PHE NW / GM Hub to coordinate support alongside Tameside SPOC – to liaise with relevant partners and businesses to consider support/actions

Compliance and enforcement

Some situations may involve potentially infectious people who cannot or will not agree voluntarily to be tested. In such circumstances you should still try to persuade the potentially infected person to agree to a test or to self-isolate by: the 4 E's - Engage, Explain, Encourage, and last resort Enforce.

- Attempt negotiation directly,
- Advise of consequences (power to direct to attend, offence if they fail to attend, remove with reasonable force)
- Ask for assistance (Trusted person contact, case worker, family member or friend, religious leader, Environmental Health officer, local councillor, police officer to provide assistance)

CHAPTER 3

RESPONSE

The previous chapter outlined the key mechanisms and steps that will be taken to prevent outbreaks of Covid-19 in Tameside, based on the seven key themes of outbreak control plans that have been identified nationally. The following sections detail the system responses in place where outbreaks of Covid-19 do occur.

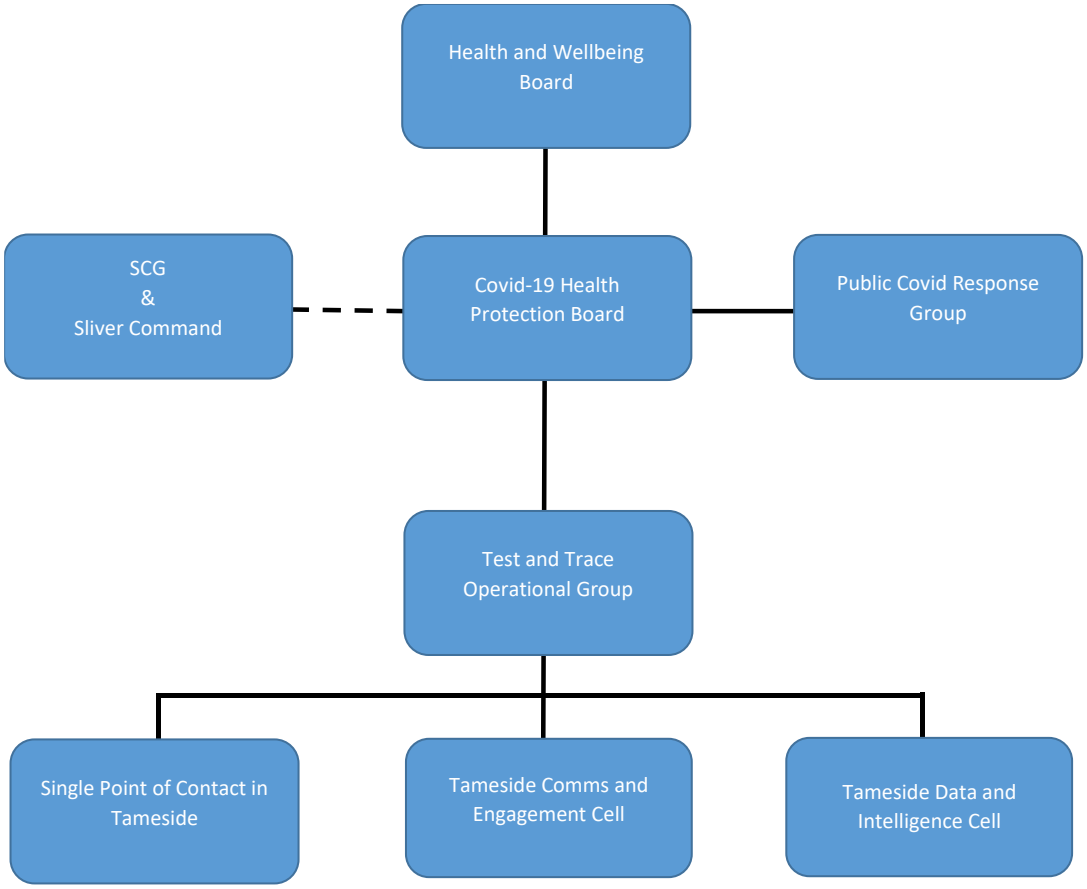
1. Defining an outbreak

The emergence of Covid-19 represents an outbreak on a macro scale, which is comprised of a number of more localised outbreaks.
Appendix 1 outlines the detailed definitions for Covid-19 clusters and outbreaks in different settings, as well as criteria to measure recovery and declare the end of an outbreak.

2. Governance / Command & Control Arrangements

Overall accountability and oversight of the Tameside Covid-19 Outbreak Control Plan, and the response to Covid-19 outbreak situations sits with Tameside Health & Wellbeing Board. This is supported by the Health Protection Board, which is chaired by the Director of Public Health.

See figure 1 below for governance structure.



The following structures and partners across Tameside are currently established to support the Health Protection Board and manage the response to COVID-19:

- Tameside SCG
- Tameside Silver (Operations / Health & Care)
- Tameside COVID Single Point of Contact (Population Health)
- Tameside and Glossop Integrated Care NHS Foundation Trust (T&G ICFT) – Infection Prevention & Control
- North West Health Protection Team, Public Health England (GM Hub)
- Tameside Test & Trace Working Group
- Covid-19 Data and Intelligence Cell
- Covid-19 Comms & Engagement Cell
- GM Mass Testing Steering Group
- GM Contact Tracing Group

These command and control structures will feed into SCG via the Health Protection Board. This route of accountability will have responsibility for:

- Monitoring and contributing to the surveillance of new and emerging outbreaks of COVID-19
- Identifying and implementing national and local Public Health actions in both clinical and non-clinical settings
- Leading on testing and contact tracing systems as part of the wider Test, Trace, Contain and Enable strategy
- Providing scientific and technical oversight
- Continued oversight of implemented actions and Infection Prevention Control Teams

Lead officers for the Tameside Single Point of Contact (SPOC) will feed relevant information and raise challenges or issues that may require wider input into the Health Protection Board

3. Managing an Outbreak - Key Roles and Responsibilities

As outlined in the previous section on Contact Tracing, all positive Covid-19 test results are fed through the national Test and Trace service. From here, relevant contact tracing will take place by national Level 2 and Level 3 call handlers, with more complex issues and cases being passed to the GM Hub for relevant follow up, which may subsequently include the Tameside SPOC.

If multiple cases are identified in a setting (two or more confirmed cases occur in the same setting within 14 days), or with other clear epidemiological links, the GM Hub will risk assess whether this is likely to indicate transmission within a particular environment. This risk assessment will include:

- Monitoring dates of onset of illness and of last attendance at the setting
- Monitoring dates of contact between cases in the setting and use of PPE / social distancing during contact
- Links between cases outside the setting (e.g.: home address; social activities; friends; other known links)

This risk assessment will be led by colleagues in the NW Health Protection Team (PHE) who sit in the GM Hub. If following assessment, this is identified as an outbreak it will progress under existing outbreak management arrangements as per the established Operational Local Health Economy Outbreak Plan for Tameside. Further details of the steps required in specific situations are outlined in the GM Outbreak Control Plan and associated SOPs developed by PHE. The key steps that will be led by Tameside Council in conjunction with PHE are as follows:

1. **Notification**

This will happen either via GM Hub or locality. Initial notification of a confirmed case will link in with the contact tracing process outlined in the previous chapter.
The Tameside SPOC will be informed of the situation and will log basic information to determine next steps and immediate follow-up.

2. **Outbreak Investigation & Risk Assessment**
   The Tameside SPOC will work with the NW Health Protection Team (PHE) to review intelligence and make connections that lead to a potential outbreak situation. This will involve contact with the setting to gather further information about numbers of symptomatic individuals and potential contacts including any other risks. Where significant risk is identified a joint decision will be taken between Tameside MBC and PHE to declare an outbreak.

3. **Advice & Controls**
   Infection prevention & control advice provided to the setting to manage immediate risks. Also to include social distancing; hygiene; PPE use; protective groupings (cohorts); enhanced cleaning; requirement for closure. Links to relevant national and local advice to be provided including template letters for further communications; FAQs; detailed infection control advice where required. Consideration for wider communications / media support such as letters out to wider groups or reactive press statements.

4. **Assess Testing Need**
   Tameside MBC and PHE to determine the need for any further testing requirements with the priority being any symptomatic people who have not yet been tested.

5. **Assess Need for Outbreak Control Team**
   If the outbreak is complex and multiple issues arise, Tameside MBC and PHE will discuss the need to convene and Outbreak Control Team (key members will include Tameside Population Health; PHE; Infection Control Team; representative of setting; other relevant stakeholders and partners including healthcare; CCG; or environmental health representatives). Communications implications should also be considered at this stage and involved in the OCT if appropriate. A high threshold will be applied and an OCT will only be convened for the most complex situations. In lower risk scenarios, the Tameside SPOC will coordinate local response and determine whether a local response team meeting is required.

6. **Continued Follow-up**
   Consequence management issues to be picked up across partners and addressed. This will be coordinated by the Tameside SPOC. Examples may include bespoke support for vulnerable individuals; PPE supply issues; complex local contact tracing requirements; staffing and continuity issues in a service/setting. Settings will remain in contact with PHE and Tameside SPOC to inform of any further issues or changes to the situation. The risk assessment will be reviewed if information emerges that would change the approach (eg. increase in number of cases)

7. **Close Outbreak**
   In the short term, once all necessary infection prevention and control and consequence management actions are complete the situation is closed for further actions. The outbreak can be declared over 28 days after the last case of Covid-19 infection. Further actions around consequence management may need to continue beyond this period if there has been significant impact.

8. **Further Monitoring / Notification**
   The setting will monitor the situation and will notify Tameside SPOC and PHE if the situation worsens and further input is required.

The GM Hub holds the SOPs which outline more detailed steps that will take place in the event of outbreaks in specific settings and situations. These have been informed by detailed scenario planning which has taken place at a GM and local level.

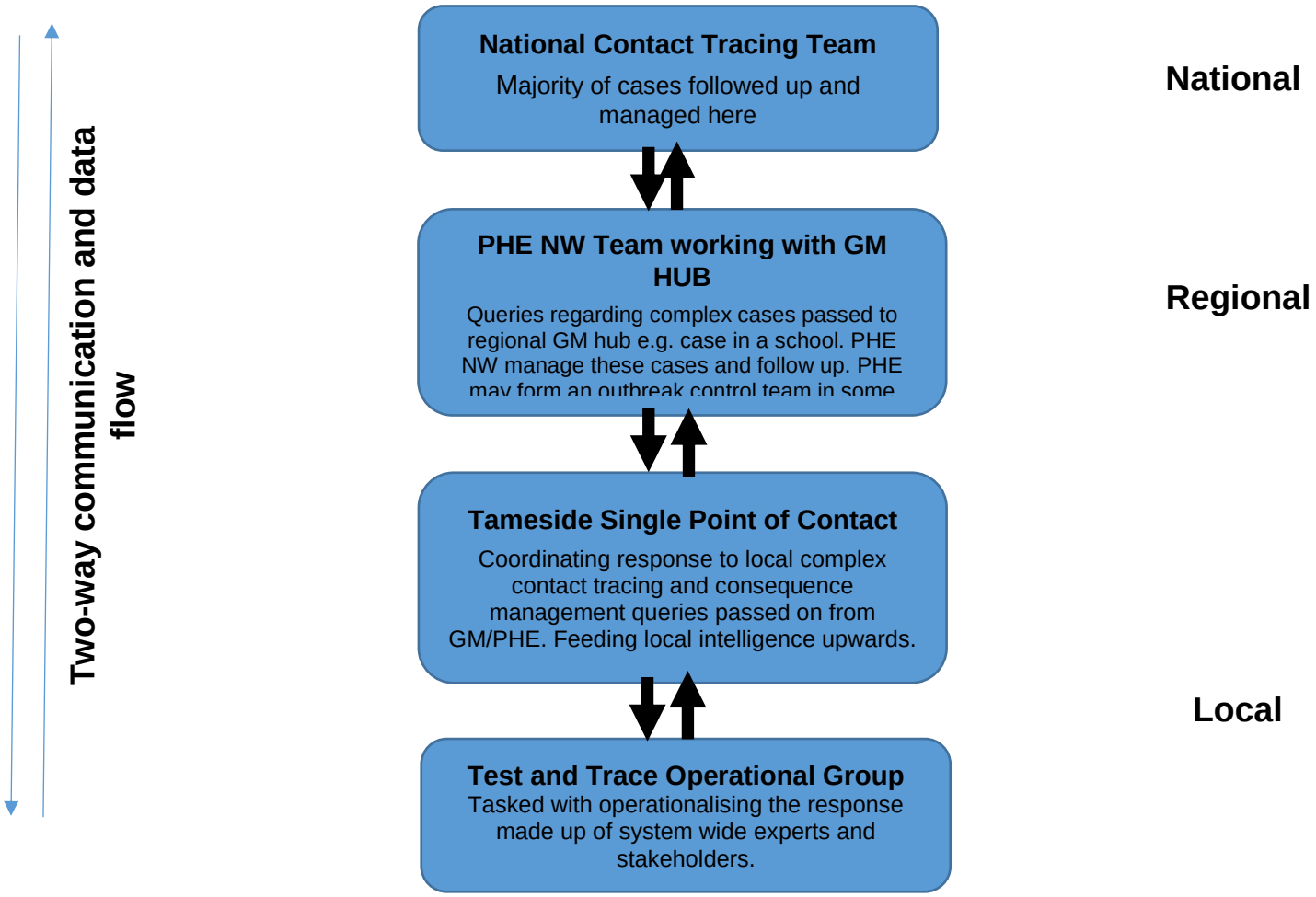
Hours of Operation

The Tameside SPOC will operate from 09:00 – 17:00 Monday to Friday. Outside of these hours, in emergencies, health protection advice will be provided by the PHE North West Health Protection Team.
Tameside Council's normal civil contingency contacts will be used for any relevant out of hours requirements.

See Appendix 5 for a list of key contact details.

Figure 3 below summarises the different levels of roles and responsibilities during an outbreak situation emphasising the important role of two-way communication in that system.

Figure 3 - Summary of Roles and Responsibilities Relating to Covid-19 Outbreak Management



Other Outbreak Management Considerations

Communications during a specific outbreak

- During an outbreak it will be necessary to ensure clear communication across all partners. The Tameside SPOC will work with communications leads across Tameside Council and other partners including PHE to determine any reactive and wider communications required in relation to a specific outbreak
- Where required, Tameside SPOC will work with PHE to develop reactive press statements relating to outbreak situations as they arise
- SPOC contact details will be shared with partners to help two-way communication and help support partners in preventing and managing cases.

Media and Political Impact

Outbreaks in certain organisations such as schools may result in wider media interest, which can cause public unrest and disruption.

The Health Protection Board and the Tameside SPOC will support specific settings with existing resources to provide clear advice and information and will manage any wider media and political impacts in these situations as they arise.

Managing Delivery

A log of all actions arising from the various work streams supporting Covid-19 outbreak management will be held by the Tameside SPOC and PHE centrally and can be reviewed through the governance to track progress and ensure actions and control measures are being followed up.

APPENDICES

Appendix 1 - Outbreak Definitions

Outbreak definition for non-residential settings

1. Table 1 provides the definition of an outbreak in non-residential settings and also includes the criteria to measure recovery and declare the end of an outbreak. This definition is consistent with the WHO outbreak definition.

2. A cluster definition is also provided to capture situations where there is less epidemiological evidence for transmission within the setting itself and there may be alternative sources of infection; however, these clusters would trigger further investigation.

Table 1: Declaring and ending an outbreak and cluster in a non-residential setting (e.g. a workplace, local settings such as schools and national infrastructure)

	Criteria to declare	**Criteria to end**
Cluster	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days (In the absence of available information about exposure between the index case and other cases)	No confirmed cases with onset dates in the last 14 days
Outbreak	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters)

	the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases	

Outbreak definition for residential settings

3. Table 2 provides a broader definition of an outbreak in residential settings. This definition differs from the definition for non-residential settings because SARS CoV2 is known to spread more readily in residential settings, such as care homes and places of detention, therefore a cluster definition is not required.

Table 2: Declaring and ending an outbreak and cluster in an institutional or residential setting, such as a care home or place of detention

	Criteria to declare	**Criteria to end**
Outbreak	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVDI-19 among individuals associated with a specific setting with onset dates within 14 days NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days in that setting

4. Table 3 provides a broader definition of outbreaks in either in-patient and out-patient settings.

Table 3: Declaring and ending an outbreak in an inpatient setting such as a hospital ward or ambulatory healthcare services, including primary care

	Criteria to declare	**Criteria to end**
Outbreak in an inpatient setting	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVDI-19 among individuals associated with a specific setting with onset dates 8-14 days after admissions within the same ward or wing of a hospital. NB. If there is a single laboratory confirmed case,	No confirmed cases with onset dates in the last 28 days in that setting (higher threshold for outbreaks compared to clusters

	Criteria to declare	Criteria to end
	this would initiate further investigation and risk assessment.	
Outbreak in an outpatient setting	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND ONE OF: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case OR (when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases	No confirmed cases with onset dates in the last 28 days in that setting

Other Definitions

Possible case	New persistent cough, OR fever (over 37.8) OR change or lack of sense of smell or taste.
Confirmed case	Person with positive PCR test for SARS-CoV-2 (regardless of symptoms).
Outbreak	Two or more confirmed cases linked in space and time.
Incubation period	Range 4 to 6 days, with the shortest recorded incubation of 1 day, and longest of 11 days
Infectious period	48 hours before onset of symptoms until 7 days from onset of symptoms
Exclusion period	Symptomatic confirmed cases – 7 days from onset of symptoms; 14 days for elderly care home residents Asymptomatic confirmed cases – 7 days from date of test Household contacts of cases – 14 days from onset of symptoms/(date of test if asymptomatic) in family member

Appendix 2 – Functions and details of the Tameside Covid-19 Single Point of Contact

As part of the preventative approach to the control and management of Covid-19 in Tameside, a Single Point of Contact has been established to interface with the GM Contact Tracing Hub. This acts as a point of contact for two way communication with the GM hub and colleagues in Public Health England to escalate cases and situations where they are identified both by the national Test and Trace system, and locality intelligence.

Tameside SPOC – covid-19@tameside.gov.uk
Hours of Operation: 9am-5pm Mon-Fri
Ownership – Population Health Team, Tameside MBC

Key Functions of the Tameside SPOC:

- To act as contact point for GM Contact Tracing Hub
- Will receive cases from the GM Contact Tracing Hub in 3 forms of escalation
    - For information
    - For action
    - For preparedness (no action required, but may be required in the future)
- Criteria considered for escalation to Tameside SPOC from GM Contact Tracing Hub
    - Large number of contacts are likely to meet the proximity or direct contact definition
    - High numbers of vulnerable people are identified as potential contacts within the setting
    - Potential impact on service delivery if staff are excluded for 14 days from exposure
    - Significant consequence management concerns
    - Concerns around support needs of potentially vulnerable individual or household
    - Outbreak declared
    - Healthcare setting
    - Social care setting
    - Death or severe illness reported in the case or contacts
    - Significant likelihood of media or political interest in situation
- To escalate issues/cases identified locally to the GM Contact Tracing Hub where further contact tracing support or specialist input from the Health Protection Team (PHE) is required
- To act at a key point of contact and coordination in the event of an outbreak situation – in liaison with PHE and the GM Contact Tracing Hub

Resources

The Tameside SPOC will require the following resources to process enquiries and escalations and also follow up with appropriate actions:

- Oversight from Consultants in Public Health (x 3)
- Administrative / Business Support Capacity (x 1 WTE)
    - Responsible for logging and cascading relevant actions and recording actions taken
- Case management capacity
    - To be drawn from pre-identified resource in the system (eg. Population Health Team; Community Infection Prevention and Control team; other specialist colleagues drawn from the Tameside Test & Trace Working Group membership as required)

Wider resource requirements to support the functioning of the Tameside SPOC will include:

- Dedicated business intelligence analytic capacity (TMBC BI Team) to support the Data & Intelligence Group which reports into the Health Protection Board

- Dedicated communications and engagement capacity (TMBC Communications team; Action Together) to support the Comms & Engagement group which reports into the Health Protection Board
- Local resource to flexibly deploy Covid-19 testing capacity

Appendix 3 – Terms of Reference of key groups as part of Covid-19 Outbreak Control Plan governance

- COVID Health Protection Board

  COVID Health Protection Board To

- Tameside Health & Wellbeing Board
  INSERT TOR

- Tameside Test and Trace Working Group

  Draft TOR Tameside Test and Trace Worki

Appendix 4 – Links to relevant national guidance and operating procedures for specific settings

- NHS England Primary Care Guidance
- Current guidance on the use of PPE in all Primary Care settings
- Standard Operating Procedures for General Practice
- Standard Operating Procedures for Community Pharmacy
- Standard Operation Procedure for Dental Practice
- Standard Operating Procedure for Optometry
- List of adult social care guidance: https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance
- Infection prevention and control guidance (including PPE guidance): https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control
- Wider advice for schools and education settings https://www.gov.uk/government/publications/covid-19-school-closures

Appendix 5 – Key Contacts

Organisation/ Role	Email address	Phone number
Tameside SPOC	Covid-19@tameside.gov.uk	

Tameside Council Contact Centre	-	0161 342 8355
Tameside Council Communications Team	communications@tameside.gov.uk	-
Tameside Council Civil Contingencies Out of Hours	-	0161 342 2222
Public Health England North West Health Protection Team	Icc.northwest@phe.gov.uk	09:00 – 17:00 Monday to Friday 0344 225 0562 (option 0 then 3) Out of hours 0151 434 4819
Tameside & Glossop (ICFT) Community Infection Prevention & Control Team	-	0161 922 6194 (9-5pm – out of hours please call PHE contact)
GM H&SCP Pharmacy, Optometry and Dentistry Teams	-	For pharmacy and optometry england.gmtop@nhs.net For dentistry England.gmdental@nhs.net

Appendix 6 – Other Supporting Documents

Tameside Operational Local Health Economy Outbreak Plan	Operational Local Health Economy Outb
National college of Policing guidance	Coronavirus-Act-2020-030420-public he
Greater Manchester COVID-19 Outbreak Control Plan	DRAFT GM COVID-19 Outbreak

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 29 July 2020

Executive Member Cllr Eleanor Wills, Executive Member (Adult Social Care and Health)

Clinical Lead: Ashwin Ramachandra

Reporting Officer: Jessica Williams, Director of Commissioning

Subject: **COVID-19 URGENT EYECARE SERVICE - CUES**

Report Summary:

On 17 April 2020 a new service specification was released by NHS England (approved by Royal College of Ophthalmologists) for COVID-19 Urgent Eyecare Service (CUES). This specification suggests that to support whole system management of urgent eye conditions during the current COVID phase and recovery phase CCGs should commission a CUES service. Across Greater Manchester CCGs are commissioning the CUES either as a development of their Minor Eye Conditions Service (MECS) or as a new service from Primary EyeCare Services.

Tameside and Glossop have commissioned MECS from Primary Eyecare Services for several years and developing this as CUES would improve access and reduce the risk that patients with urgent eye health issues will find it difficult to access care, with potential implications for their sight and long term eye health.

The enhanced service would be varied into the existing contract with Primary EyeCare Services

Recommendations: SCB are asked to approve the commissioning of the CUES service from Primary EyeCare Services in line with National and Greater Manchester expectations with a review scheduled for January 2021 to inform ongoing commissioning in 2021/22.

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

Budget Allocation (if Investment Decision)	Annual Budget £295k MECS
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	Based on the assumptions in this paper, the service will remain below the expected costs for 20/21 even with the increased cost for some activity which is uplifted for CUES.
Additional Comments	

	Savings will not be realised in hospitals under the national block funding arrangements even though CUES will replace activity that will have been counted when assessing the block values.
Legal Implications: **(Authorised by the Borough Solicitor)**	It is unclear from the report whether it is intended that the additional services are procured via a modification of an existing contract or via a fresh procurement exercise and whether the procurement exercise will be relying on any of the temporary changes to the procurement regime as a result of the Covid Pandemic. It is therefore critical that the commissioners seek and rely on procurement advise to ensure that a compliant procurement route is adopted and that officers do not operate outside of their own governance requirements.
How do proposals align with Health & Wellbeing Strategy?	The proposal aligns with the vision of increased access to neighbourhood based care and prompt care that supports effective recovery.
How do proposals align with Locality Plan?	The proposal supports the Longer Healthy Lives and Independence and Dignity in Older Age priorities in the corporate plan.
How do proposals align with the Commissioning Strategy?	The proposal aligns with the vision of increased access to assessment and care in a community setting and reduction in hospital based activity.
Recommendations / views of the Health and Care Advisory Group:	
Public and Patient Implications:	The proposal improves patient access and the satisfaction levels for the MECS service on which this proposal is built shows 99.35% of patients were either extremely likely or likely to recommend the service to family of friends.
Quality Implications:	The improved access should improve patient experience and outcomes.
How do the proposals help to reduce health inequalities?	The proposal improves access to neighbourhood based services which supports people less able to travel to the acute hospitals outside the Locality where the majority of Ophthalmology activity takes place.
What are the Equality and Diversity implications?	The proposal improves access to neighbourhood based services which is beneficial to many groups.
What are the safeguarding implications?	None
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no additional IG implications
Risk Management:	The proposal enables a new community based service to be

tested whilst remaining within the financial budget set for the service on which it is built.

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 On 17 April 2020 a new service specification was released by NHS England (approved by Royal College of Ophthalmologists) for COVID-19 Urgent Eyecare Service (CUES). This specification suggests that to support whole system management of urgent eye conditions during the current COVID phase and recovery phase CCGs should commission a CUES service.

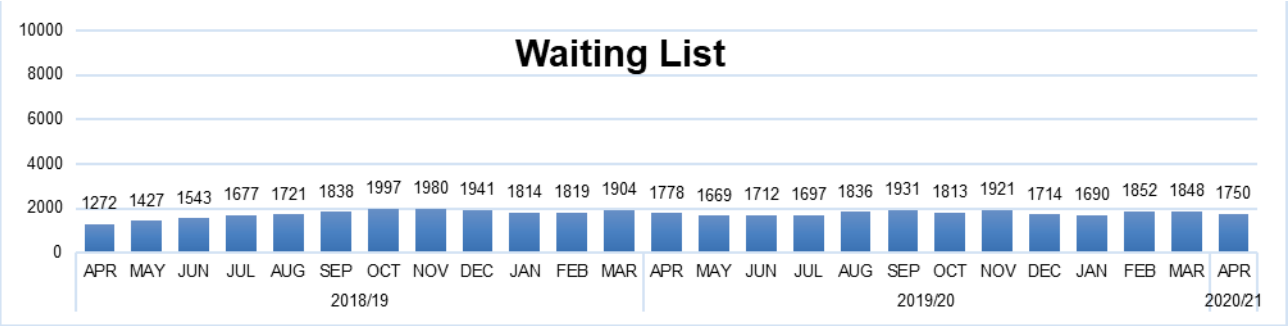
1.2 Across Greater Manchester all other CCGs are commissioning the CUES either as a development of their Minor Eye Conditions Service (MECS) or as a new service. The service is commissioning from Primary EyeCare Services as they are the only provider operating the MECS within Greater Manchester and neighbouring areas, delivering it through a network of 'high street' Primary Care providers.

1.3 This report sets out the proposal for Tameside and Glossop.

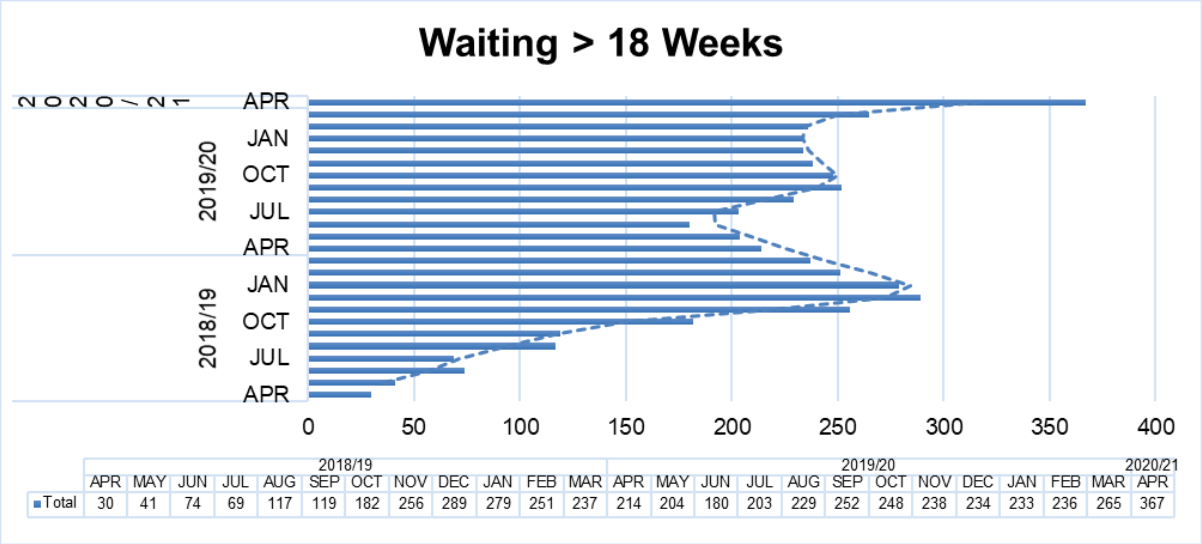
2. BACKGROUND

2.1 Tameside and Glossop have commissioned a Minor Eye Conditions Service (MECS) from Primary Eyecare Services (a network of optical practices) for several years successfully supporting people to access urgent eye care out of a hospital setting, through primary care optometrist practices, and without the need to be seen by a GP. The MECS service accepts referrals from Pharmacy, GPs and Hospital eye services as well as self-referral.

2.2 Over the last two years waiting lists for Ophthalmology have grown significantly in Tameside and Glossop with issues in services across the main NHS providers.



2.3 The onset of COVID has compounded the situation with a rise of circa 100 people waiting more than 18 weeks in April 2020.



2.4 National guidance has been followed during COVID with reduction in hospital activity and changes in access for community services. For MECS this involves:

- Suspension of walk in service
- All referrals being triaged via telephone
- Patients being assessed using telemedicine, telephone and video calls. Advice and guidance is given to patient where appropriate with telephone follow-ups where required
- If needed, patients are seen for a face-to-face appointment at the optometry practice following appropriate safety measures

2.5 It is recognised that delays in Ophthalmology treatment can result in poorer outcomes for some patients and Ophthalmology is one of the areas highlighted for elective reform with increased access to services out of hospital and streamlined pathways key expectations.

3. PROPOSAL

3.1 The CUES service specification (Appendix 1) offers what we already have in our MECS with the addition of:

3.2 **Ability for optometrists to perform Optical Coherence Tomography (OCT) scans and send to hospital consultants for advice and guidance**. This would be suitable for those patients with macula issues detected during CUES appointment. Currently these patients would need to be referred to secondary care for an outpatient appointment. The transfer of OCT allows the Optometrist and ophthalmologist to decide on the best treatment plan for the patient during the Covid-19 outbreak.

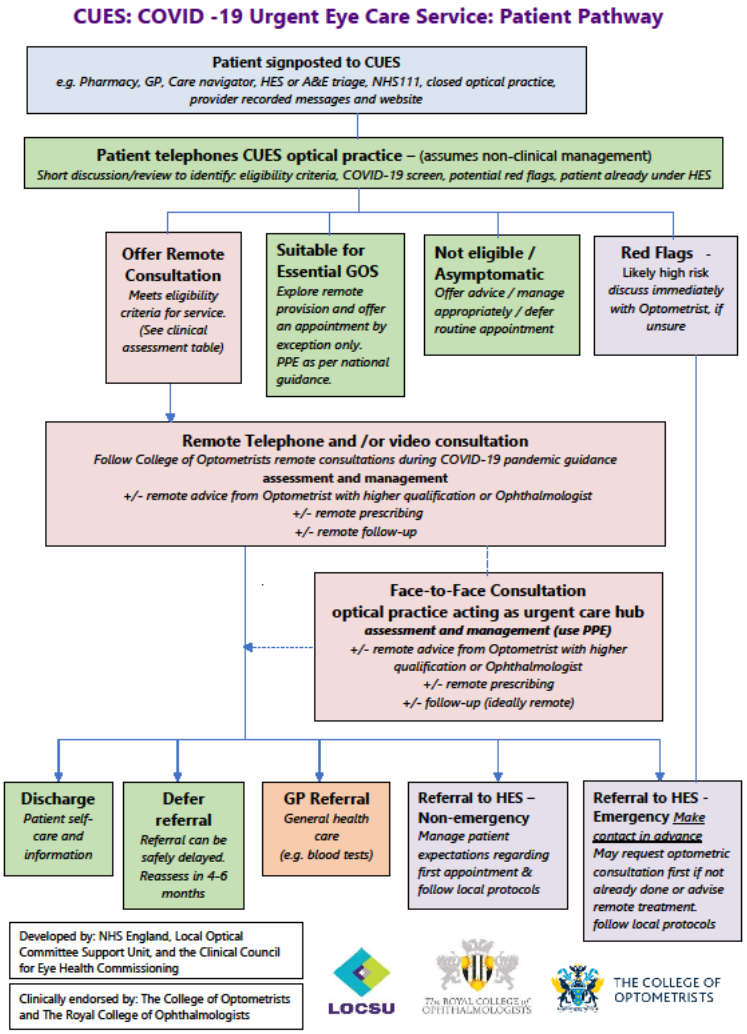
3.3 The use of OCT imaging in the CUES is for screening purposes when patients present to optometrists with emergency/urgent eye conditions. Primary Eyecare Services have been working with an IT developer FDS and have now developed a solution where the large OCT file can be sent to an ESR clinic and consultants can provide the necessary advice and guidance to the referring optometrist. This system has been demonstrated to GM NHS providers and it is understood the transfer of the images in the file and its web-based access would work well for them. The system is understood to be at no cost to the GM providers.

3.4 **Ability for Independent Prescribing optometrists to be able to prescribe appropriate medications to patients in the community.** This aims to prevent patients being

unnecessarily referred for an outpatient appointment and adds efficiency to the pathway as patients could potentially be prescribed treatment on the same day as appointment with community optometrist. There are independent prescribers in most localities across GM. These prescribers have had training placements at trusts across Greater Manchester and there is an agreement re competency and value of this service being commissioned in the community.

3.5 People will access the CUES in the same way as MECS with a focus on triage and use of remote consultations where appropriate to ensure effective management whilst minimising the number of face to face patient interactions and managing the risk of COVID transmission.

3.6 The service will provide telephone triage, remote consultation and where necessary assessment and management of recent onset symptomatic / urgent ocular presentations.



3.7 By commissioning the CUES specification from Primary EyeCare Services, the current provider of our MECS, people living in Tameside and Glossop will be able to access an increased range of ophthalmological care in their neighbourhoods through a network of optical practices while minimising the risk of COVID-19 infection. This will both support our population and reduce pressure on hospital services.

4. FINANCE

4.1 The activity in MECS is classified as Urgent and Routine and in 19/20 (Q1to Q3) the split averaged at 60% Urgent. During COVID although Routine activity has been suspended it is possible that whilst treated as Routine previously and seen within 5 working days some activity may need to be reclassified as Urgent if an indefinite wait would cause harm. Therefore the working assumption below is that 70% of total monthly activity will continue during COVID.

4.2 It is also not clear what percentage of the urgent activity will be triaged into an appointment which requires OCT/ independent prescriber, however, the current estimate is 20% which has been used to calculate the additional cost as these appointments cost £25 more than the currently commissioned urgent appointments.

4.3 Based on the above assumptions the service will remain below the expected costs for 20/21 even with the increased cost for some activity.

	Activity	Cost per Activity	Total Cost
PRE COVID MECS			
Average Monthly Activity and spend pre COVID URGENT	242	£59	£14,302
Average Monthly Activity and spend pre COVID ROUTINE	162	£59	£9,534
Total Monthly Activity	404	£59	£23,836
CUES			
Predicted Monthly Activity (70% of pre-COVID total)	283		£18,099
Predicted MECS activity (80%)	226	£59	£13,348
Predicted OCT/ Independent Prescriber Activity (20%)	57	£84	£4,751

4.4 The above costs do not include any prescribing costs as the assumption is that these costs would have existed regardless.

4.5 Savings will not be realised in hospitals under the national block funding arrangements even though CUES will replace activity that will have been counted when assessing the block values.

5. CONCLUSION

5.1 Commissioning the proposed CUES service will bring Tameside and Glossop in line with other commissioners in Greater Manchester and provide an opportunity for improved patient care by reducing the risk of long waits for urgent eye care causing harm, increasing access to neighbourhood based care and freeing up access in GP and hospital services to manage other people.

5.2 The service will reduce the risk of growth in the Ophthalmology waiting list by treating people in the community where possible.

5.3 The service aligns with the GM elective reform ambition to reduce avoidable patient attendance at secondary care and by commissioning this year it provides an opportunity to

test system wide change at a time when it will have limited financial impact and it will support organisation wide efforts in managing demand during COVID.

5.4 Commissioning as a service enhancement within the existing contract with Primary EyeCare Services enables rapid deployment of a service seen nationally as a key improvement whilst living with the impact of COVID.

6. RECOMMENDATIONS

6.1 As set out at the front of the report.

Appendix 1 SCHEDULE 2 – THE SERVICES

A. Service Specification

Model Structure provided from NHS Standard contract 2019/20 Particulars.

This service specification outlines a COVID-19 Urgent Eyecare Service delivered from a network of optical practices, acting as urgent eye care hubs, to support the immediate and recovery phase of Coronavirus Pandemic.

Service Specification No.	
Service	**COVID-19 Urgent Eyecare Service - CUES. (NHS England Publication approval reference: 001559)**
Commissioner Lead	Regional lead CCG
Provider Lead	
Period	April 2020 -
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

In response to the coronavirus (COVID-19) pandemic, NHS England/Improvement has set out that as routine sight testing has ceased(NHS England Publication approval reference: 001559), COVID-19 urgent and emergency eye care will need to be commissioned and delivered through a contract with local commissioners (ICSs/STPs and CCGs).

NHSE/I regional teams will work with appropriate commissioners, health systems and optical practices to ensure the availability of appropriate and adequate levels of urgent eye care which will:

- safely deliver urgent eye care in the community
- deliver remote triage and consultations (by telephone or video) to minimise face-to-face appointments.
- make use of technology to reduce patient – practitioner contact time
- reduce the expected burden on the rest of primary care (GP practices) and reduce pressures on ophthalmology departments within secondary care
- maintain local access to quality eyecare services for local populations.

All routine sight testing has ceased, and essential General Ophthalmic Services is not an urgent or emergency service. In response to national COVID-19 guidance hospital ophthalmology departments have reduced all routine out-patient and surgical activity, providing services only for high risk patients and emergency care. As a consequence, there is a risk that patients with urgent eye health issues will find it difficult to access care, with potential implications for their sight and long term eye health

Primary eye care providers within optical practice teams have a role to play in supporting hospital ophthalmology and primary care teams in the immediate response to the pandemic.

There is evidence at a regional and local level that where Minor Eye Conditions services are already commissioned by CCGs, services are being changed to support the delivery of urgent eye care from optical practices. For clarification,Covid-19 Urgent Eye Care Service (CUES) is not a Minor Eye Conditions Service (MECS).

In order to support CCG areas where no contracts exist with optical practices, and to ensure equitable provision, urgent eye care service should be established where possible across an ICS/STP footprint (rather than at CCG level) in England, to manage presenting patients for which essential GOS is inappropriate (NHS England Publication approval reference: 001559).

Through a network of optical practices, and utilisation of technology, patients will be able to gain prompt access to a remote consultation and, in most cases, a care plan for the patient to either self-manage their ocular condition (with access to appropriate topical medications where appropriate), be managed by their optometrist with advice, guidance and remote prescribing as necessary by hospital eye service or be appropriately referred to ophthalmology services.

This will reduce the burden on patients physically visiting GP surgeries, pharmacies and secondary care facilities. The use of technology will allow virtual consultations allowing many people to receive their consultation from their home.

It will also help to both support the public health agenda (to stay at home), whilst ensuring that patients who are in the high-risk vulnerable category, or patients who are self-isolating can access urgent and emergency eyecare appointments appropriately.

The service specification outlines a COVID-19 urgent eye care service (referred to hereafter as the Service) delivered from optical practices. It was developed by NHS England, LOCSU and the Clinical Council for Eye Health Commissioning.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	**X**
Domain 2	**Enhancing quality of life for people with long-term conditions**	
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
Domain 4	**Ensuring people have a positive experience of care**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

2.2 Local defined outcomes

The expected benefits of the Service include:

- Reduction in the number of ophthalmology attendances (an essential outcome in response to the COVID-19 due to limited staff and numbers of clinicians redeployed to assist patients requiring critical care.

- Reduction in the number of eye-related GP appointments
- Release hospital workforce for more complex ophthalmic care and potential for front-line COVID-19 response
- Reduce coronavirus infection risk by minimising patient travel and patient – practitioner contact time
- Provide a rapid, safe access, high quality service for patients
- Reduce the total number of patient face to face appointments
- Improve the quality of referrals and referral pathway
- Care closer to home and in a lower risk setting
- Direction to self-care; e.g. patient leaflets, websites, online symptom checker
- Improve quality of life
- Provide accurate data about outcomes and patient satisfaction across multiple providers
- Provide outcome data to providers to enable quality improvement

3. Scope

3.1 Aims and objectives of service

The primary aim of the Service is to ensure people can access urgent eyecare within primary care, utilising the established trained workforce in optical practices.

This is essential to reduce demand on primary care including general practice and pharmacy, and the pressures on the hospital eye services during the coronavirus (Covid-19) pandemic, and inform the requirements for service development for the recovery phase that will follow

The service objectives are to:

- Deliver a COVID-19 urgent eye care service to people, from optical practices, acting as urgent eye care hubs, in the community as set out in NHS England Publication approval reference: 001559.
- Improve access to local timely care for patients with urgent ocular presentations, reducing the need to travel to the hospital
- Identify at risk and confirmed people with COVID-19 and, where patient needs aren't met by remote consultation within the service, refer to appropriate services with advice on restrictions to access.
- Deliver clinical triage, assessment, treatment and advice by telephone or video to reduce the need for face-to-face contact, where appropriate, avoiding the need for many patients to leave their home.
- Provide face to face consultations where required in some optical practices,
- Apply appropriate social distancing and infection control measures where a face-to-face consultation is required.
- Facilitate urgent and emergency eye referrals, where necessary, following local referral protocols (Alerting where the patient reports symptoms of Covid-19, or is in an at-risk group)
- Ensure the knowledge and skills of the optical practice workforce (Optometrists, Dispensing Opticians and Contact lens Opticians) are utilised as primary health care providers.
- Provide an equivalent remote service to people who are house-bound or shielding during the period of COVID-19.
- Provide access to specialist ophthalmic advice and guidance and remote prescribing when required to support practitioner clinical decision making and treatment.
- Support compliance with COVID-19 control measures and follow best practice PPE guidance relating to infection control (Service policies and protocols will be regularly

updated in line with national Public Health England (PHE) guidance)

- Consider a single point of access (SPoA) when required to ensure patients are directed to the most suitable care setting/service with the appropriate level of urgency.

3.2 Service description/care pathway

The Service will provide initial contact, telephone triage, remote consultations and where necessary face to face assessments and management of recent onset symptomatic or urgent ocular presentations.

The Service will maintain a minimum number of face to face patient interactions by:

- adopting remote consultation by the most appropriate clinician
- triage to the most appropriate clinician if a face to face appointment is necessary
- optimising each consultation with ophthalmologist, or optometrist with independent prescribing advice & guidance, where appropriate.

Initial telephone contact and access to clinical triage – access to the Service is restricted to telephone booking only, to:

- identify people with Covid-19 symptoms, at risk /self-isolating people to signpost to appropriate services.
- offer telephone/ video consultation and selfcare advice or provide signed orders remotely, where appropriate
- offer face to face appointments with optometrist following telephone/video consultations for those who are presenting with urgent and higher risk symptoms (observing PPE guidance and social distancing advice)
- Signpost to emergency services, as appropriate.

Urgent Eye Care – see *Patient Pathway and Service Risk Stratification, Conditions and Pathway* documents. The Service might typically include people presenting with a red or painful eye, foreign body, sudden change in vision, or flashes and floaters which might suggest retinal detachment, who would otherwise present to general practice, hospital services and A&E.

Patients can self-present (by telephone) or be referred / redirected from other services for clinical assessment and management.

- The Service will utilise current clinical capability within optical practice
- Should a local optical practice be closed, a recorded telephone message will redirect the caller to the nearest optical practice, acting as an urgent eyecare hub.
- By accepting redirected referrals from the Hospital Eye Service for assessment / continued care
- The Service will recognise that where available, optometrists with higher qualifications (independent prescribing and higher qualifications from the College of Optometrists e.g. glaucoma qualifications) will be able to manage a broader scope of eye conditions, initiate treatment and deliver care as necessary, as well as supporting other practitioners with advice and guidance as required.
- Optometrists without higher qualifications can be supported in decision making and providing treatment through advice, guidance and remote prescribing from the hospital eye service
- It is accepted that in many areas, referrals to ophthalmology may require clinical discussion first (or by email if not urgent) with an ophthalmologist to explore alternative management options thereby reducing the need to

attend hospital, provide additional advice and guidance, determine the appropriate timing for attendance or agree a collaborative approach for patient management.

Implementation

The main priority is to address the need for the rapid commissioning, and implementation of, an accessible urgent eye care service in areas without an existing CCG commissioned primary eye care pathway for the duration of the coronavirus (COVID-19) pandemic as outlined in NHS England Publication approval reference: 001559.

The Service should be commissioned as a minimum on an ICS/STP footprint using existing commissioning relationships and mechanisms. Where appropriate, larger regional groupings may wish to commission at a larger scale. In health communities where a prime provider is already involved in the delivery of locally commissioned optometric services, commissioners should expect to continue using this mechanism to deliver and manage the CUES service. Commissioners without such relationships should consider their use to deliver the CUES service.

Across England, many CCGs hold primary eye care service contracts for the delivery of Minor Eye Conditions (MECS). Some CCGs and primary eye care services have already agreed amended service delivery specifications to use the skills of primary eye care practitioners to triage, manage and prioritise patients presenting with an urgent eye condition. This Service specification is not intended to interfere with locally agreed arrangements to manage the COVID-19 pandemic, where they are working well. However, the patient pathway, and the risk stratification / service pathway may serve as a guide to optimise existing services to the standards laid out in the service specification.

Clinical leadership

Any service requires clinical leadership in enabling and assuring the delivery of high-quality care. The Service will therefore provide effective clinical leadership using the principles of multidisciplinary and organisational collaboration, training, clinical governance and clinical audit.

A locally based clinical lead optometrist will oversee the implementation and performance management of the Service, and will work in partnership with the Trust clinical lead ophthalmologist to agree local pathways; revisions to local ophthalmology triage guidelines, joint care protocols and support responsive service co-developments, as required.

Service innovation and development

Emergent pandemics are times of high uncertainty, the commissioners and service provider and local ophthalmology department will need to work collaboratively to adapt and develop the service to best meet the immediate and intermediate needs of the local health care system, for the duration of the pandemic.

Working in an integrated way with local ophthalmology teams the Service has the potential to provide a basis for offering further support during the recovery of routine hospital eye services:

For discussion, the following could include (but should not be limited to):

- **Ophthalmology (or single point of) advice and guidance** (may not be available from service implementation). A dedicated advice & guidance phone line with rapid access to senior clinician/decision maker and prescriber would support collaborative

management.

- **Single Point of Access –** to support signposting / transfer of patients between secondary and primary care **-** this could include redirected referrals following triage by HES urgent care / A&E.
- **Post-operative care** – delivered from optical practice following a hospital-initiated management plan
- **Support for ongoing HES follow up care -** data gathering to support HES virtual assessments (visual acuity / IOP / wound healing / imaging / OCT)
- **Telemedicine** could be explored to further develop the offer in optical practice.

The detailed Service delivery model and supporting documents are provided in the table below:

CUES : Urgent Eye Care Service - detailed service delivery model	CUES Service delivery pathway - u
CUES: Patient pathway	COVID-19 Urgent Eyecare Services CUE
CUES : Risk Stratification, Conditions and Service Pathway Table	COVID-19 CUES Risk Stratification C(
Formulary – an example	Formulary.pdf
Written Order Form – an example	Written Order April 2019.docx
Single Point Of Access to Advice (SPoA) Diagram - an example	LOCSU Pathway SPoA.pdf

3.3 Population covered / geographic coverage/boundaries

The Service will be accessible to all adult and child patients presenting with an urgent eye condition, although it is envisaged that the majority of users will be registered with a GP within the relevant ICS/STP boundary.

The Service will accommodate those who are not registered with any GP but are resident and eligible for NHS care e.g. members of travelling communities, homeless people.

3.4 Any acceptance and exclusion criteria and thresholds

Acceptance:

People self-presenting with an urgent eye condition requiring consultation (Closed door

policies apply with telephone booking only)

Patients referred to the Service by another health care provider (e.g. GP or following hospital triage).

Exclusion:

People with a minor eye condition or long-term condition who already have an appropriate management plan.

People with an eyecare need that is best met within essential GOS services

Note - People identified with Covid-19 symptoms, confirmed Covid-19 infection or in one of the at-risk groups must be managed by remote consultation or referral, as they will not be offered a face-to-face consultation within the service.

3.5 Interdependence with other services/providers

- Ophthalmology providers
- Local Optical Committees
- GPs and their practice staff
- Pharmacy practice staff
- Primary optical practice staff

3.6. Data Protection - All Providers are expected to maintain secure patient records, and when required, cooperate and securely share (e.g. NHS mail) information with others involved in a patients' clinical care, treatment and support while having regard to the patients' right to confidentiality.

3.7. **Registration** - Health professionals delivering services must be registered with the regulatory body (General Optical Council) as appropriate to their profession and must adhere to the professional standards and codes of practice set out by that body.

4. Applicable Service Standards

4.1 Service Standards. The Provider will ensure all aspects of the service are delivered where applicable within:

- NICE Guidelines
- The College of Optometrists Guidance for Professional Practice https://guidance.college-optometrists.org/home/
- The College of Optometrists Clinical Management Guidelines. https://www.college-optometrists.org/guidance/clinical-management-guidelines.html
- Local guidelines between optometrists and ophthalmology with a reasonably comprehensive list of conditions /urgency/setting for care (NB guidelines will need to be agreed for the service and not for each and every local Trust).

4.2 Governance: The provider will demonstrate that there are clear organisation governance systems and structures, with clear lines of accountability and responsibility. The provider will ensure clinical and corporate governance processes are in place to include:

- Full recording of clinical notes
- Incident reporting (jointly, where appropriate)
- Infection control
- Serious Incidents (SIs) reporting & investigation
- Quality assurance
- Patient confidentiality
- Clear policies to manage risk and procedures to identify and remedy poor professional performance

- Clear mechanisms for where joint reporting/management of incidents/complaints/SIs, clinical audit and learning shared across whole pathway including optometrists and HES (as rapid reporting and learning will be required for such a new and rapidly implemented service).
- Escalation routes are set out clearly with problems being solved as early as possible
- Communication and sharing information take place with all partners at the appropriate level

4.3 Leadership: There will be a locally based clinical lead optometrist for the Service who will support local implementation of the service pathway working closely with the Trust clinical lead ophthalmologist, as necessary. The clinical lead optometrist and the clinical lead ophthalmologist will also act as their respective service clinical governance leads. Working collaboratively across the system, as governance leads, they should review and recommend updates to the service specification, subject to CCG approval, in light of performance and clinical governance data and to manage safety issues detected after initial implementation. If there are multiple Trust clinical leads for ophthalmology, wherever practicable, one will act as the single lead ophthalmologist to liaise with the service clinical lead optometrist and facilitate interactions with, and support from, other Trust ophthalmology leads to any clinical details and clinical governance for the service.

4.4 Learning: Once the service is in place, there should be remote updates to provide a learning forum for all practitioners delivering urgent care. This could be organised by the clinical leads and delivered by senior /HQ/IP optometrists, local ophthalmologists via webinar. Provider to consider email groups or regular telecalls to support learning and anonymised case discussions, feedback learning on good practice, incidents etc.

4.5 Clinical Audit: Audit and performance measures to be agreed between optometric and ophthalmic leads and any other regional leads.

Essential data collection

- Numbers of patients seen, and in which type of care delivery
- Every clinical interaction and outcome must be recorded by optical practices
- Adherence to local clinical protocols
- Serious Incidents and incidents of inappropriate care
- Other audits as requested by the commissioner

Retrospective audit

- Number of patients diverted from HES because of alternative provision
- Total number of appointments by type (remote & face to face)
- Number of follow up appointments by type (remote & face to face)
- Number ofF2F in optical practice
- Audit of HES referrals received
- HES delays in treatment and impact on patient outcomes
- Overall patient experience/satisfaction

4.6 Other applicable national standards

Clinical Council for Eye Health Commissioning (CCEHC) System and Assurance Framework for Eye-health (SAFE) – Emergency and Urgent Care. Published November 2018. https://www.college-optometrists.org/uploads/assets/e827d379-9165-4656-9458c83b0e33da79/SAFE-Emergency-and-Urgent-Care.pdf

NICE Guideline Age-related macular degeneration [NG82] published January 2018. https://www.nice.org.uk/guidance/ng82/evidence/full-guideline-pdf-170036251098

Royal College of Ophthalmologists, The Way Forward - Emergency Eye Care 2017.

https://www.rcophth.ac.uk/wp-content/uploads/2015/10/RCOphth-The-Way-Forward-Emergency-Eye-Care-Summary-300117.pdf

Clinical Council for Eye Health Commissioning (CCEHC) SAFE: Quality Indicators for Commissioning. Published March 2018. https://www.college-optometrists.org/uploads/assets/29af6c37-788f-490b-9a371d64146b84e1/SAFE-Quality-Indicators-for-Commissioning.pdf

Clinical Council for Eye Health Commissioning - Primary Eye Care Framework (2018). https://www.college-optometrists.org/uploads/assets/8a93d228-ac28-4e6e-98af94c62c0f8442/Primary-Eye-Care-Framework-for-first-contact-care.pdf

4.7 COVID-19 guidance – ensure to check for updates.

Guidance is subject to regular update, the following websites are regularly updated

- **NHS England:** A new guidance webpage for primary care - contains all COVID-19 resources for primary care, including the optical SOP.
- **UK Government:** https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response
- **The College of Optometrists -** COVID guidance and updates for practice – https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus2019-advice-for-optometrists.html
- **ABDO advice** to members can be found: https://www.abdo.org.uk/coronavirus/
- **RCOphth guidance -** COVID guidance COVID-19 clinical guidance for ophthalmologists (from a HES perspective**)** https://www.rcophth.ac.uk/2020/03/covid-19-update-and-resources-for-ophthalmologists/
- **Protecting Patients, Protecting Staff** : https://www.rcophth.ac.uk/wp-content/uploads/2020/03/Protecting-Patients-Protecting-Staff-UPDATED-300320.pdf
- **Association of Optometrist guidance relating to COVID -19** https://www.aop.org.uk/coronavirus-updates

4.8 Applicable local standards

Consider inclusion in the development of local referral protocols

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C) None

5.2 Applicable CQUIN goals (See Schedule 4D) None

6. Location of Provider Premises

Primary optical practices holding a General Ophthalmic Services contract

Covid-19 Urgent Eyecare Service (CUES): Risk Stratification, Conditions and Service Pathway

RISK STRATFICATION			SERVICE PATHWAY				
RISK Category	**Possible SYMPTOMS**	**Possible CONDITIONS**	**Patient Telephones CUES optical practice**	**REMOTE Telephone / Video consultation**	**F2F CONSULTATION (access via telephone/ video triage, use PPE)**	**REFERRAL to Ophthalmology Service /eye casualty**	**COLLABORATIVE management options**
The service pathway provides a structure for practitioners to use their professional judgement, considering local referral guidance, accessibility to ophthalmology/secondary care and jointly agreed local protocol arrangements. **It does not remove from practitioners their professional responsibility to each patient, who should be dealt with on an individual basis.** **PATIENTS WITH ONLY ONE EYE OR THOSE WHO HAVE MULTIPLE OCULAR CO-MORBIDITY IN AN ONLY EYE MAY CONSTITUTE A HIGHER RISK.** **Patients with suspected/likely COVID +ve not to be seen face to face (deferred) until safe to do so unless emergency in which case discuss with HES.**			Receptionist takes call. Short initial telephone assessment to identify: eligibility criteria, screen for COVID-19, potential red flag check list, and if patient already under HES. Direct clinical concerns to most appropriate practitioner. Signpost to relevant patient information and support where possible with no further input.	Telephone (combined with initial call if clinician answers) and video where necessary to ensure the patient is triaged appropriately and gather information to minimise F2F and ensure a fully informed referral (if F2F delivered by another primary care network clinician). May seek advice and guidance by video call as part of the consultation.	Face to face consultation by CUES optometrist if deemed essential following telephone/video review.	Decision to refer. Optometrist contacts local ophthalmology service (may be with or without patient present depending on remote or F2F) to discuss case and arrange appointment if necessary. Referral information sent via NHS.net where possible or alternative means. NB This requires direct communication links between primary care and HES to be established.	Ophthalmologist and Optometrist discuss to arrange specific investigations or support care and prescribing if possible, and where helpful use virtual assessment of images. OR Collaborative management with optometrist with independent prescribing/ higher qualifications† Results / outcomes of management to be communicated via NHS.net or similar secure route.
MINOR EYE CARE **(LOW RISK)**	Typical symptoms: dry eye, gritty eye, red eye (when isolated symptom), mildly blurry vision, non-specific irritation, watery eye,	Examples: dry eye / stye/ blocked tear duct / red eye / conjunctival cyst / chalazion /subconjunctival haemorrhage /pinguecula/ pterygia / concretions / allergies / vitreous floater/ conjunctivitis / blepharitis/ meibomian gland dysfunction / entropion/ ectropion / episcleritis / molluscum contagiosum / early cataract / ocular migraine / physiological pupil defects.	S If required	Options: 1. Exclude high risk conditions 2. Provide self-care or management advice 3. Provide reassurance and advice. 4.. Signpost to relevant patient information and support	Not required	Not required	Not required

RISK STRATFICATION			SERVICE PATHWAY				
RISK Category	**Possible SYMPTOMS**	**Possible CONDITIONS**	**Patient Telephones CUES optical practice**	**REMOTE Telephone / Video consultation**	**F2F CONSULTATION (access via telephone/ video triage, use PPE)**	**REFERRAL to Ophthalmology Service /eye casualty**	**COLLABORATIVE management options**
URGENT EYE CARE (MEDIUM RISK)	Typical symptoms: Red eye with pain/ photophobia , painful eye, flashes & new floaters, blurry vision, diplopia, distorted vision, sudden loss of vision, mild trauma (superficial , blunt, non-penetrating injuries)	**Required primary care review for differential diagnosis** Possible high risk but uncertain Examples: contact lens keratitis, headache possibly GCA / symptomatic PVD possible retinal breaks or detachment / suspect uveitis / suspect wet AMD / intermittent diplopia / episcleritis / occlusive disease / worsening diabetic retinopathy/ BRVO (NB referral is unlikely to be seen for at least 4 months).	YES	YES If likely high-risk diagnosis refer patient to eye casualty. If uncertain arrange primary care consultation for differential diagnosis and treatment	NO YES Provide reassurance (eg PVD), provide care or medications (e.g. uveitis) (written order, IP or via HES) Book review via face to face or video as clinically required. Advise patient to get back in contact immediately if symptoms worsen.	YES	Optometrist phones through (with or without patient present) to discuss case with ophthalmology (+ share images where appropriate) and arrange prescription or appointment if necessary. If required, referral is sent via NHS.net OR Collaborative management with optometrist with independent prescribing/ higher qualifications †
		HES supported optometric treatment Examples: corneal foreign body / mild microbial keratitis / anterior uveitis / herpetic keratitis / episcleritis /mild chemical injury/ mild-moderate blunt trauma / mild-moderate preseptal cellulitis / suspicious disc/vernal and atopic keratoconjunctivitis		-YES If likely medium risk diagnosis is one of these conditions gather information via telephone / video to minimise F2F and arrange primary care consultation for differential diagnosis or treatment	YES Provide reassurance, provide care (eg FB removal) or medications (written order, IP or via HES). Book review via face to face or video as clinically required. Advise patient to get back in contact immediately if symptoms worsen.	NO	

RISK STRATFICATION			SERVICE PATHWAY				
RISK Category	**Possible SYMPTOMS**	**Possible CONDITIONS**	**Patient Telephones CUES optical practice**	**REMOTE Telephone /Video consultation**	**F2F Consultation (access via T telephone/ video triage, use PPE)**	**REFERRAL to Ophthalmology Service /eye casualty**	**COLLABORATIVE management options**
EMERGENCY EYE CARE (HIGH RISK)	Typical Red Flag symptoms: sudden onset of red and painful eye which may be associated with photophobia or nausea , severe reduction or loss of vision, recent onset of shadows or 'curtaining' in the field of vision, sudden onset ptosis and diplopia.	Examples: acute angle closure glaucoma, proliferative retinopathy (any cause), wet AMD, anterior ischaemic optic neuropathy / orbital cellulitis / serious chemical Injury / severe keratitis/ CRVO/ CRAO<4 hours old / endophthalmitis / hypopyon / definite papilloedema / penetrating injuries / third nerve palsy (acute) with pain / vitreous haemorrhage / white pupil in a child / retinal detachment/severe blunt trauma - hyphaema with high IOP/giant cell arteritis /central retinal vein occlusions.	YES	YES if receptionist receives initial call, optometrist may request urgent telephone / video call with patient if uncertainty from reported symptoms		YES	
Acute worsening of existing/ known condition of <u>patient already under HES</u>			YES Check if HES have made arrangements for this patient scenario with help-lines and contact details for advice and support. If patient unable to make contact, refer to secondary care with discussion if new symptoms.	NO YES		YES	Possible co-management - optometrist and ophthalmologist - arranged on a case by case basis.

† Should an optometrist with independent prescribing work beyond their competence, they should seek advice from the hospital eye service following the principles in the Joint Colleges' document Ophthalmology and Optometry Patient Management during the COVID-19 Pandemic https://www.rcophth.ac.uk/2020/04/ophthalmology-and-optometry-patient-management-during-the-covid-19-pandemic/ and https://www.college-optometrists.org/the-college/media-hub/news-listing/patient-management-during-the-covid-19-pandemic.html

Other relevant guidance: please check for updates

- College of Optometrists Clinical Management Guidelines https://www.college-optometrists.org/guidance/clinical-management-guidelines.html
- College of Optometrists: Coronavirus pandemic: Guidance for optometrists https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-covid-19-guidance-for-optometrists.html
- College of Optometrists: Remote consultations during the COVID-19 pandemic https://www.college-optometrists.org/the-college/media-hub/news-listing/remote-consultations-during-covid-19-pandemic.html
- College of Optometrists clinical telephone/video review record https://www.college-optometrists.org/uploads/assets/0d35dcdd-2d56-4bd1-a56fd53189cd429a/Clinical-telephone-review-form-1-April-2020.pdf
- Royal College of Ophthalmologists COVID guidance https://rcophth.ac.uk/2020/04/covid-19-update-and-resources-for-ophthalmologists/ https://www.rcophth.ac.uk/wp-content/uploads/2017/08/Emergency-eye-care-in-hospital-eye-units-and-secondary-care.pdf https://www.rcophth.ac.uk/wp-content/uploads/2019/02/Primary-Eye-Care-Community-Ophthalmology-and-General-Ophthalmology-2019.pdf
- Royal College of Ophthalmologists Ophthalmic clinical guidelines: https://rcophth.ac.uk/standards-publications-research/clinical-guidelines/
- Royal College of Ophthalmologists Quality standards https://rcophth.ac.uk/standards-publications-research/quality-and-safety/quality-standards/
- COVID-19 Infection Prevention and Control (update 12 April 2020) https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control
- COVID-19 Infection Prevention and Control (update 12 April 2020)- Table 2 (primary care settings – possible or confirmed case): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary__outpatient__community_and_social_care_by_setting.pdf
- COVID-19 Infection Prevention and Control (update 12 April 2020)- Table 4 (any setting – currently not a possible or confirmed case): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf

Developed by: NHS England, Local Optical Committee Support Unit, the Clinical Council for Eye Health Commissioning, The College of Optometrists, and The Royal College of Ophthalmologists

Clinically endorsed by: The College of Optometrists and The Royal College of Ophthalmologists

The ROYAL COLLEGE of OPHTHALMOLOGISTS

THE COLLEGE OF OPTOMETRISTS

Medication	Form	Strength	Quantity
Chloramphenicol	Eye drops*	0.5%	10ml
Chloramphenicol	Eye ointment*	1%	4g
Fusidic Acid	Eye drops	1%	5g
Hypromellose	Eye drops	0.5%	10ml
Carbomer 980	Eye gel	0.2%	10g
Liquid paraffin and white soft paraffin (Lacri-Lube)	Eye ointment		3.5 g
Antazoline and Xylometazoline (Otrivine-antistin)	Eye drops	0.5%/0.05%	10ml
Sodium Cromoglycate	Eye drops	2%	10ml
Sodium Hyaluronate	Preservative Free	0.15%	10ml

* if provided by a written order the POM product should be supplied.

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COVID-19 EMERGENCY CONTRACT AWARD EXEMPTION REPORT

This report is for action by the relevant Corporate Director

Section 1: Report Detail			
Report Date:	2nd July 2020	Report Submitted to:	Strategic Commissioning Board
Section 2: Requesters Details			
Council:	Tameside	Directorate:	Commissioning
Submitting Officer:	Elaine Richardson	Service:	Commissioning
Job Title:	Strategic Lead for Ageing Well and Assurance	Telephone:	07855469931
e-mail:	Elaine.richardson@nhs.net	Budget Holder:	Elaine Richardson
Key Decision:	Yes	Budget Code:	613651 52161002
Request Submitted:	Modification of Existing Contract	Applicable Regime:	1. Detailed Financial Policy
Section 3a: Request Detail – If Award of Above Threshold Contract / If Award of below threshold contract under an Exemption			
Contract Detail (*Include a summary of what will be delivered under the contract*)	N/A – See Section 3b	Party Detail (*Include name and address of provider/contractor*)	N/A – See Section 3b
Contract Start	N/A – See Section 3b	Contract End	N/A – See Section 3b
Contract Extensions (*Include detail of any extension provisions included in the contract*)	N/A – See Section 3b		
Total Contract Value	N/A – See Section 3b		
Any other relevant contract detail	N/A – See Section 3b		
Section 3b: Request Detail – If Modification to Existing Contract			
Contract Detail: *(Include a summary of what is delivered under the contract)*	Community Optometry Service:- • Enhanced Cataract Referral and Post Cataract Follow Up Pathway • Repeat Measures Service • Minor Eye Conditions Service		
Contract Detail *(Include name and address of provider/contractor)*	Primary Eyecare Services ODS Code: AFW00 Registered Address: 2 Woodbridge Street, London EC1R 0DG Company Number: 6722353		
Original Agreement Expiration Date	31st March 2021	New Agreement Expiration Date(if applicable)	31st March 2021
Details of proposed Modification	Enhancement of Minor Eye Conditions Service COVID-19 Urgent Eyecare Service - CUE		
Original Contract Value (the total potential value of contract at the time of contract award and as advertised in original OJEU advert)			£ MECS accounts for £295,000 a

	year
Current Agreement Value (the current contract spend, including spend pursuant to any previous Modifications approved):	£160,300
Value of the proposed Modification:	**£ 10,000**
Total Agreement Value (Current Agreement Value + Value of this Modification):	**£170,000 (based on cost per case and modified until the end of the year)**

Section 4: Justification

Details as to why this is urgent / an emergency (refer to evidence requirements above – provide supporting argument)	The Covid-19 pandemic is currently placing high levels of strain on Health and Social Care services in Tameside and Glossop. The requirement to protect hospital capacity and reduce the risk of infection means additional patients will need to be managed in the community. The CUES enables a network of optical practices, acting as urgent eye care hubs, to support the immediate and recovery phase of the coronavirus pandemic. It is in line with NHS England's advice on how urgent eye care can safely continue during the pandemic, and the role that primary care optometrists should play in delivering this care. The legal provisions that support this justification are set out below along with reasoning to justify / address compliance with each point: Regulation 72(1) of the Public Contracts Regulations 2015 sets out the following: Contracts … may be modified without a new procurement procedure … in any of the following cases: (c) where all of the following conditions are fulfilled: (i) the need for modification has been brought about by circumstances which a diligent contracting authority could not have foreseen; ***The emergence of COVID-19 and the effects, in particular the effect on this contract, could not have been foreseen by the authority. It is due to a mandate from NHS England in response to COVID-19 that has resulted in the modification to contract being required.*** (ii) the modification does not alter the overall nature of the contract; ***The overall nature of the contract remains unchanged as the additional requirement is of an extremely similar nature to the original scope.*** (iii) any increase in price does not exceed 50% of the value of the original contract or framework agreement. ***The value of the modification is £10k, this is significantly below the 50% cap, sitting at only 3.38% of the original contract value. The contract is paid on a cost per case basis and this temporary increase for the enhancement does not exceed 50% of the total agreed financial framework.*** The justification provided above demonstrates that the decision to modify this contract is related to the COVID-19 outbreak and details the specific facts.
Action taken by the Corporate Director / Corporate Director's comments	Scrutiny and assurance has been provided by Strategic Commissioning Group, Board and the Strategic Commissioning Board

Section 5: Submission Signatories

	Relevant Corporate Director	Finance SRO	Legal SRO
Signed:			
Name:	Jessica Williams		

Date:			
If Tameside Council: Relevant Portfolio Holder			
Signed:			
Name (and remit):			
Date:			

Notes:

If you have an urgent requirement for goods, services or works due to COVID-19, and you need to procure this under the Public Contract Regulations 2015 (PCRs) and/or Contract Procedure Rules, there are various options available.

These include:

- direct award due to extreme urgency;
- direct award due to absence of competition or protection of exclusive rights;
- call off from an existing framework agreement or dynamic purchasing system;
- call for competition using a standard procedure with accelerated timescales;
- extending or modifying a contract during its term.

In respect of contract awards, depending on the specific nature of your requirement there may be further options under the PCRs, such as the additional delivery of supplies from an existing supplier (regulation 32(5)), additional similar works or services from an existing supplier (regulation 32(9)), or using the services of a subsidiary of another contracting authority (regulation 12). We could look to reduce the minimum timescales for the open procedure, the restricted procedure and the competitive procedure with negotiation if a state of urgency renders the standard timescales impracticable. We could also consider the use of the Light Touch Regime for specific health and social care related services (see regulation 74-77). You should seek advice from STAR Procurement in respect of these options.

In accordance with the Council's Contract Procedure Rules, The Public Procurement Regulations and Cabinet Office Procurement Policy Notes responding to the COVID-19 outbreak, this form must be completed in the following circumstances:

- Where there is an intention to award a contract without seeking competition, where the contract value is below the relevant OJEU threshold, for reasons of: extreme urgency; to comply with legislative requirements; or due to absence of competition or protection of exclusive rights, which are linked to Covid19 circumstances; or
- Where there is an intention to award a contract without seeking competition, where the contract value exceeds the relevant OJEU threshold, for reasons of: extreme urgency; to comply with legislative requirements; or due to absence of competition or protection of exclusive rights, which are linked to Covid19 circumstances; or
- Where there is an intention to modify an existing contract (where the contract value is either above or below the relevant OJEU threshold) during its term for reasons of extreme urgency or to comply with legislative requirement linked to Covid19 circumstances.

For all other non-emergency contract awards and modifications (either above threshold or below thresholds) the CPRs should be adhered to and usual processes followed.

Please note, in making an award of contract or modifying a contract and in completing this report:

- You should limit your requirements to only what is absolutely necessary both in terms of what you are procuring and the length of contract;
- Delaying or failing to do something in time does not make a situation qualify as extremely urgent, unforeseeable or not attributable to the contracting authority;
- It is important that contracting authorities continue to achieve value for money and use good commercial judgement during any direct award and this should be demonstrated in the report;
- The table below further sets out the written evidence which must be recorded within this report to demonstrate justification which satisfies all relevant tests.

Where there is an intention to award a contract without seeking competition, where the contract is below the relevant OJEU threshold, for reasons of extreme urgency or to comply with legislative requirement linked to Covid19 circumstances:	
The Grounds for award of contract:	The Evidence to be recorded in this report:
• To comply with legal requirements; • The contract is for supplies, services or execution of works which are required in circumstances of extreme urgency and unforeseeable emergency involving risks to person, property or serious disruption to Council services; • Any other exceptional circumstances.	In responding to COVID-19, you must be able to demonstrate in the report that the following tests have all been met: 1) There are legal requirements which require the Local Authority to take measures in order to comply with those legal requirements; and/or 2) There are genuine reasons for extreme urgency, eg: ○ you need to respond to the COVID-19 consequences immediately because of public health risks, loss of existing provision at short notice, etc; ○ you are reacting to a current situation that is a genuine emergency - not planning for one; and/or 3) The events that have led to the need for extreme urgency were unforeseeable, eg: ○ the COVID-19 situation is so novel that the consequences are not something you should have predicted; and/or 4) It is impossible to comply with the usual requirements in the CPRs: ○ there is no time to seek quotations; ○ there is no time to place a call off contract under an existing commercial agreement such as a framework or dynamic purchasing system; and/or 5) The situation is not attributable to the contracting authority, eg: ○ the authority has not done anything to cause or contribute to the need for extreme urgency

Where there is an intention to award a contract without seeking competition, where the contract value exceeds the relevant OJEU threshold, for reasons of extreme urgency or to comply with legislative requirement linked to Covid19 circumstances	
The Grounds for award of contract:	The Evidence to be recorded in this report:
• **Direct award due to extreme urgency** (regulation 32(2)(c)); *The negotiated procedure without prior publication may be used for public works contracts, public supply contracts and public service contracts in any of the following cases: ...* *(c) insofar as is strictly necessary where, for reasons of extreme urgency brought about by events unforeseeable by the contracting authority, the time limits for the open or restricted procedures or competitive procedures with negotiation cannot be complied with.* *... the circumstances invoked to justify extreme urgency must not in any event be attributable to the contracting authority.*	In responding to COVID-19, you must be able to demonstrate the following tests have all been met: 1) There are genuine reasons for extreme urgency, eg: ○ you need to respond to the COVID-19 consequences immediately because of public health risks, loss of existing provision at short notice, etc; ○ you are reacting to a current situation that is a genuine emergency - not planning for one. 2) The events that have led to the need for extreme urgency were unforeseeable, eg: ○ the COVID-19 situation is so novel that the consequences are not something you should have predicted. 3) It is impossible to comply with the usual timescales in the PCRs, eg: ○ there is no time to run an accelerated procurement under the open or restricted procedures or competitive procedures with negotiation; ○ there is no time to place a call off contract under an existing commercial agreement such as a framework or dynamic purchasing system. 4) The situation is not attributable to the contracting authority, eg: ○ you have not done anything to cause or contribute to the need for extreme urgency
• **Direct award due to absence of competition or protection of exclusive rights (regulation 32(2)(b));** *The negotiated procedure without prior publication may be used for public works contracts, public supply contracts and public service contracts in any of the following cases: ...* *(b) where the works, supplies or services can be supplied only by a particular economic operator for any of the following reasons: ...*	Therefore, a contracting authority may make a direct award where the works, goods or services needed to respond to COVID-19 can only be supplied by a particular supplier because: • competition is absent for technical reasons eg there is only one

(ii) competition is absent for technical reasons, *(iii) the protection of exclusive rights, including intellectual property rights,* *… but only where no reasonable alternative or substitute exists and the absence of competition is not the result of an artificial narrowing down of the parameters of the procurement.*	supplier with the expertise to do the work, produce the product or with capacity to complete on the scale required; or ● the protection of exclusive rights, including intellectual property rights eg: ○ the supplier owns those rights (including intellectual property rights); ○ it has the exclusive right to exploit intellectual property rights. You should also demonstrate that: ● there is no reasonable alternative or substitute available; and ● the contracting authority is not doing something which artificially narrows down the scope of the procurement eg by over-specifying the requirement

Where there is an intention to modify an existing contract (where the contract value is either above or below the relevant OJEU threshold) during its term for reasons of extreme urgency or to comply with legislative requirement linked to Covid19 circumstances.	
The Grounds for modification of contract:	The Evidence to be recorded in this report:
Regulation 72(1) sets out the following: *Contracts … may be modified without a new procurement procedure … in any of the following cases:* *(c) where all of the following conditions are fulfilled:* *(i) the need for modification has been brought about by circumstances which a diligent contracting authority could not have foreseen;* *(ii) the modification does not alter the overall nature of the contract;* *(iii) any increase in price does not exceed 50% of the value of the original contract or framework agreement.* *There are other grounds available under regulation 72 for extending contracts, including: if the proposed variation has been specifically*	You must record the justification that satisfies these conditions, including limiting any extension or other modification to what is absolutely necessary to address the unforeseeable circumstance. This justification should demonstrate that your decision to extend or modify the particular contract(s) was related to the COVID-19 outbreak with reference to specific facts, eg your staff are diverted by procuring urgent requirements to deal with COVID-19 consequences, or your staff are off sick so they cannot complete a new procurement exercise. The modification will need to be published in an OJEU notice to say you have relied on regulation 72(1)(c). Multiple modifications are permissible, however each one should not exceed the 50% of the original contract value. You should also consider limiting the duration and/or scope of the modification and running a procurement for longer-term/wider scope requirements alongside it. If more than one ground is applicable this may

provided for in the contract (regulation 72(1)(a)); where a change of contractor cannot be made for economic or technical reasons (regulation 72(1)(b)), and where the modifications are not substantial (regulation 72(1)(e))	lower the legal risk and therefore you should ensure all relevant grounds are included in your written justification. You should seek advice from STAR if there is more than one ground available.

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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	29 July 2020
Executive Member:	Cllr Eleanor Wills – Executive Member (Adult Social Care and Health)
Clinical Lead:	Dr Ashwin Ramachandra – CCG Co-Chair
Reporting Officer:	Jessica Williams, Director of Commissioning
Subject:	Measures for Recovery – T&G Response to Simon Stevens letter
Report Summary:	This briefing provides assurance regarding the Phase 2 response in Tameside and Glossop to safely supporting Covid-19 patients whilst also reintroducing aspects of proactive and preventative healthcare as advised by NHS England.
Recommendations:	SCB is asked to note the content of the report.

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

Budget Allocation (if Investment Decision)	N/A
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	Across all areas
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	There are no immediate financial implications arising from this report as it is a high level report setting out T&Gs plans to roll out phase 2 of getting services to be reintroduced safely.

Additional Comments

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.** 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 8 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."*
Legal Implications: (Authorised by the Borough Solicitor)	This is a high level report setting out Tameside and Glossop's response to the expectations set down by the NHS in relation to covid 19.
How do proposals align with Health & Wellbeing Strategy?	The report sets out Tameside and Glossop's response to the expectations set down by the NHS in relation to covid 19 and will continue to align with the Health & Wellbeing Strategy where possible.
How do proposals align with Locality Plan?	Services will be reintroduced gradually and will align with the Locality Plan where possible.
How do proposals align with the Commissioning Strategy?	Services will be reintroduced gradually and will align with the Commissioning Strategy where possible.
Recommendations / views of the Health and Care Advisory Group:	N/A
Public and Patient Implications:	To be considered on individual basis for each service area prior to services reopening.
Quality Implications:	There are no specific quality issues.
How do the proposals help to reduce health inequalities?	To be considered on individual basis for each service area prior to services reopening.
What are the Equality and Diversity implications?	There are no specific Diversity and Equality implications.
What are the safeguarding implications?	There are no specific safeguarding implications.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no additional IG implications.
Risk Management:	Any risks are to be considered on individual basis for each service area prior to services reopening.

Access to Information:

The background papers relating to this report can be inspected by contacting Martin Ashton, Associate Director of Commissioning: Living Well

Telephone: 07387 056042

e-mail: martinashton@nhs.net

1. INTRODUCTION

1.1 The spread of Covid-19 meant that the delivery of emergency and urgent care was prioritised with the NHS operating as a command and control system.

1.2 This briefing provides assurance regarding the response in Tameside and Glossop to the NHS England Phase 2 mandate which aims to safely support Covid-19 patients whilst also reintroducing aspects of proactive and preventative healthcare.

2. PHASES

2.1 Phase 1: On 30 January the first phase of the NHS preparation and response to Covid-19 was triggered with the declaration of a Level 4 National Incident.

2.2 Phase 2: Earlier this quarter Sir Simon Stevens wrote to partners outlining expectations from NHS England as part of the second phase of the NHS response to covid-19. Phase 2 planning identifies how patients can be effectively supported with Covid-19, whilst other proactive and preventative services are safely reintroduced.

2.3 Phase 3: To ensure the NHS has the capacity to deal with winter pressures and reintroduced activity and the flexibility and resilience to deal with ongoing Covid-19 demand. National guidance on Phase 3 is expected shortly that will include the financial and delivery context, the regulation and oversight approach and a request for plans to be developed at a Greater Manchester system level.

3. KEY AREAS OF FOCUS FOR PHASE TWO ASSURANCE

3.1 Full details of the key priorities are found in the attached excel spreadsheet, a summary is included below

3.2 Urgent care: Increase the availability of booked appointments that allow patients to bypass the emergency department altogether. Reintroduce time-critical procedures and ensure all admitted patients are assessed daily for discharge.

3.3 Routine surgery and care: Where additional capacity is available, restart routine elective surgery. In the absence of face-to-face visits, primary and secondary care clinicians should stratify and proactively contact their high risk patients

3.4 Cancer: Maintain access to essential surgery. Safely reintroduce referrals, diagnostics and treatment to minimise potential harm and to reduce the scale of the post-pandemic surge in demand.

3.5 Cardiovascular Disease, Heart Attacks and Stroke: Secondary care to prioritise capacity for urgent arrhythmia services plus management of patients with severe heart failure and severe valve disease. Hospitals to prioritise capacity for stroke services.

3.6 Maternity: Providers to make direct and regular contact with all women receiving antenatal and postnatal care. Ensure obstetric units have appropriate staffing levels including anaesthetic cover. Maintain Antenatal and Newborn Screening Services.

3.7 Primary Care: Ensure patients have clear information on how to access primary care services and are confident about making appointments. Complete work on implementing digital and video consultations. Given the reduction of face-to-face visits, stratify and proactively contact their high-risk patients with ongoing care needs. Support delivery of the Enhanced Care in Care Homes service. Deliver as much routine and preventative work as

can be provided safely including vaccinations immunisations, and screening. Maintain good vaccine uptake and coverage of immunisations. Plan for an expanded flu programme.

3.8 Community Services: Sustain the Hospital Discharge Service, working across secondary care and community providers in partnership with social care. Prepare to support the increase in patients who have recovered from Covid and who having been discharged from hospital need ongoing community health support.

3.9 Mental Health and Learning Disability/ Autism services: Establish all-age open access crisis services and helplines. For existing patients known to mental health services, continue to ensure they are contacted proactively and supported. Prepare for a possible longer-term increase in demand as a consequence of the pandemic. Annual health checks for people with a learning disability should continue to be completed.

3.10 Reduce the risk of cross-infection and support the safe switch-on of services by scaling up the use of technology-enabled care: General Practices and NHS Trusts should continue to triage patient contacts and utilise remote appointments.

3.11 There are fundamental interdependencies between estates, workforce and IT which mean that they cannot be considered in isolation and must be developed with key consideration of one other.

4. NEXT STEPS

4.1 The Phase 2 action response document will be reviewed at Out of Hospital Silver monthly with reports by exception to Covid Senior Coordination Group.

4.2 As we move into Phase 3 there will be further emphasis on returning critical services to agreed standards, beginning to resume other elective activity and putting plans in place to deal with the backlog of activity.

4.3 Providers have demonstrated a great ability to adapt and change when under significant pressure and it is important that we take hold of the opportunities presented through these adverse times and not lose momentum with the transformational progress that has come about. We will seek to take this opportunity to ‘lock in’ beneficial changes that have been introduced in recent months. This includes strong clinical leadership, flexible and remote working, and rapid innovation including introducing new technology-enabled service delivery options such as digital consultations.

5. RECOMMENDATIONS

5.1 As set out at the front of the report.

NHS England: Simon Stevens Letter of 29th April 2020 Last Updated 17.07.20

	Area and Key Priorities of Simon Stevens letter dated 29 April 2020	Lead	Key People	Groups/Governance	Current Status 01.07.2020	Actions Required	RAG Rating On track Some concerns - mitigations in place Significant concerns	Current Status 01.08.2020	Actions Required 01.08.2020	RAG Rating
Cancer	• Providers have previously been asked to maintain access to essential cancer surgery and other treatment throughout the Covid19 pandemic, in line with guidance from the Academy of Medical Royal Colleges and the NHS (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0239-Specialty-guide-Essential-Cancer-surgery-and-coronavirus-v1-70420.pdf and https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0239-Specialty-guide-Essential-Cancer-surgery-and-coronavirus-v1-70420.pdf). An exception has been where clinicians consider that for an individual patient the risk of the procedure at the current time outweighs the benefit to the patient.	Louise Roberts	Alison Jones / Lisa Galligandawson / GM Cancer Alliance/Jan Smart	GM Cancer Alliance / H&SC Partnership	All GM providers working with GM Cancer Alliance to manage capcaity , with GM oversight of Local recovery plans. ICFT support patinets throughout the process and managing surgery and treatment in accordance with the guidance. GM and Local communications in place. Referrals continued throughout COVID19 with provide, ICFT has safety netting proccess in place.	Maintain involvement in GM work on recovery plans. Continue GM Cancer Commissioners meetings. Maintain regular oversight and assurance meetings with providers. Continued monitoring through regular contact with providers and GM Cancer alliance team.	Green			
	• Local systems and Cancer Alliances must continue to identify ring-fenced diagnostic and surgical capacity for cancer, and providers must protect and deliver cancer surgery and cancer treatment by ensuring that cancer surgery hubs are fully operational. Full use should be made of the available contracted independent sector hospital and diagnostic capacity locally and regionally. Regional cancer SROs must now provide assurance that these arrangements are in place everywhere.	Louise Roberts	Alison Jones / Lisa Galligandawson / GM Cancer Alliance/Jan Smart / GM H&SC Partnership/ Kate Kooper at Salford	GM Cancer Alliance / H&SC Partnership	All GM providers working with GM Cancer Alliance to manage capcaity , with GM oversight of Local recovery plans. ICFT support patinets throughout the process and managing surgery and treatment in accordance with the guidance. ICFT has safety netting proccess in place.	Maintain involvement in GM work on recovery plans. Continue GM Cancer Commissioners meetings. Maintain regular oversight and assurance meetings with providers. Link with ICFT lead for ISC on recovery and implementation at GM level. Continued close monitoring of clinically led PTL's.	Green			
	• (from screening section) Increase the delivery of diagnostic pathways (including endoscopy) to catch up with the backlog of those already in an active screening pathway, followed by the rescheduling of any deferred appointments.	Louise Roberts	Alison Jones / Lisa Galligandawson / GM Cancer Alliance/Jan Smart / James Mallion	GM Cancer Alliance / H&SC Partnership	NHSE Quality Assurance team provides GM oversight of local plans, processes and outcomes for Colposcpy.Recovery plans reflect the reduced capcity due to infection prevention and social distancing. All GM providers working with GM Cancer Alliance to manage capcaity , with GM oversight of Local recovery plans.	Maintain involvement in GM work on recovery plans. Continue GM Cancer Commissioners meetings. Maintain regular oversight and assurance meetings with providers. Restarting of the National Screening Programmes across GM for Breast, Cervical and Bowel screening, in line with guidance. Provision has been made at labs (MRI) to allow for FIT for High Risk Symptomatic patients in secondary care who have not accessed their offered colonoscopy, and this is being managed within NHS T&G ICFT. FIT for Low Risk Symptomatic to commence in primary care, will reduce numbers requiring colonoscopy.	Amber			
	• Referrals, diagnostics (including direct access diagnostics available to GPs) and treatment must be brought back to pre-pandemic levels at the earliest opportunity to minimise potential harm, and to reduce the scale of the post-pandemic surge in demand. Urgent action should be taken by hospitals to receive new two-week wait referrals and provide two-week wait outpatient and diagnostic appointments at pre-Covid19 levels in Covid19 protected hubs/environments.	Elaine Richardson	Sue Gibson Ian Bromilow Kate Conner		Direct Acess Diagnostics available for MRI. AQP providers being brought back on line through a GM process. Locally commissioned Nerve Conduction Studies and Dexa being brought back on line. All activity will be at reduced capacity due to infection prevention and social distancing Endoscopy activity primarily within ICFT and being considered on a GM basis. Overall SCR (2ww) referralsbeingining to picking back up loaclly and within GM. Referrals to skin, breast, Urology and Head and Neck are back to normal levels. Referrals to Lung , breast symptomatic , Gynae and lower GI continue to remain low.	Maintain involvement in GM cancer work on recovery plans. Continue GM Cancer Commissioners meetings. Maintain regular oversight and assurance meetings with providers. Implement BTP for Lung, Prostrate and Colerectal initially. Promotion of Gateway C (on line learning tool), to reduce DNAs and minimise delays. Implement Breast Stratified FU pathways. Provision has been made at labs (MRI) to allow for FIT for High Risk Symptomatic patients in secondary care who have not accessed their offered colonoscopy, and this is being managed within NHS T&G ICFT. FIT for Low Risk Symptomatic to commence in primary care, will reduce numbers requiring colonoscopy. Multi Agency focus on screening, early identification and prevention to raise awareness of the signs and sysptoms of cancer, to encourage people to seek the help and support they need.	Amber			
	• High priority BMT and CAR-T procedures should be able to continue, where critical care capacity is available.	Louise Roberts	Alison Jones / Lisa Galligandawson / GM Cancer Alliance		All GM providers working with GM Cancer Alliance to manage capcaity , with GM oversight of Local recovery plans.	Maintain involvement in GM work on recovery plans. Continue GM Cancer Commissioners meetings. GM Cancer Alliance commissioner maintain regular oversight and assurance meetings with providers.	Green			
Cardiovascular Disease, Heart Attacks and Stroke	• Hospitals to prioritise capacity for acute cardiac surgery, cardiology services for PCI and PPCI and interventional neuroradiology for mechanical thrombectomy.	Martin Ashton	James Mallion, Heather Palmer, Mark Owen Heather Palmer, Peter Howarth, Mark Owen, Tori O'Hare, James Mallion		Yes , ICFT do not perform cardiac surgery. This is undertaken at MFT.	Support Manchester commisioners as required	Green			
	• Secondary care to prioritise capacity for urgent arrhythmia services plus management of patients with severe heart failure and severe valve disease.				The ICFT are currently seeing rapid access chest pain patients and heart failure patients as two week waits. If the BNP is above 2000 the patients are being seen as a face to face and having an echocardiogram on the same day.	None at this time	Green			
	• Primary care clinicians to continue to identify and refer patients acutely to cardiac and stroke services which continue to operate throughout the Covid19 response.				Primary care clinicians are continuing to identify and refer patients acutely to cardiac and stroke services which continue to operate throughout the Covid19 response.	Ongoing monitoring of the pathway	Green			
	• Hospitals to prioritise capacity for stroke services for admission to hyperacute and acute stroke units, for stroke thrombolysis and for mechanical thrombectomy.				The ICFT are prioritising beds for patients returning from Hyper-acute Stroke Unit (HASU) sites based on their breach dates. This pathway has not changed during covid	None at this time	Green			
Community Services	• Sustain the Hospital Discharge Service, working across secondary care and community providers in partnership with social care. Includes daily reviews of all patients in a hospital bed on the Hospital Discharge List; prompt and safe discharges when clinically and in line with infection control requirements with the planning of ongoing care needs arranged in people's own homes; and making full use	Elaine Richardson	Susan Hall, Sandra Whitehead	A&E DB	Strong focus on discharge continues at ICFT with close monitoring of LOS. Involved in GM Out of Area Discharge Group to expedite discharges Involved in GM work on Discharge	Maintain involvement in GM work on Discharge	Green			
	• Prepare to support the increase in patients who have recovered from Covid and who having been discharged from hospital need ongoing community health support.	Elaine Richardson	Grace Wall, Kate Hebden, Martin Ashton, PCN CDs, Chris Pimlott	PCARG, Living with COVID, HCAG,	T&G ICFT Post Covid Patient information pack has been produced to support patients, discussion planned at TARGET on 16th July with a whole TARGET session planned for September on respiratory. Embedding psychological therapy into all rehab programmes as a default plus options to embed into IUCT to be explored	MH offer to be clarified and embedded within Post Covide recovery	Amber			
	• Essential community health services must continue to be provided, with other services phased back in wherever local capacity is available. Prioritise home visits where there is a child safeguarding concern.	Martin Ashton	Jess Williams, Trish Cavanagh, CCG chairs, Angela Brierley, Saif Ahmed, Nav Riyaz, PRG Managers, PCN CDs	BBB in Neighbourhoods, LEG, PCC, SCB	Commitment in strategic commission work programme, brief discussion at LEG, build back better in neighbourhoods group planned, integrated governance arrangements required. CYPF Early Help Access point went live 1.7.20 to support families receiving support early. Healthy Child Programme (School Nursing, Health Visiting, etc) - staff back from redeployment, implementing guidance to continue the delivery of the programme, inlcuding the prioritisation of children and young people who need to be physically seen e.g. safeguarding, child development delays etc. Healthy Child Programme working with Early Years partners within the Children Centres to deliver the Early Years Delivery Model and Pathways. Healthy Child Programme are attending safeguarding meetings. Healthy Child Programme have built up a social media presence, as well as estbalished a helpline for professionals and families. Challenges in restoring face-to-face appointments in clinics and Children Centres - capacity due to social distancing.	Implement build back better in neighbourhoods group Review integrated governance arrangements Review of integrated neighbourhood model Develop strategic partnership with VCFSE sector Review of community venues to support capacity for face-to-face appointments	Amber			
Maternity + Children and Young People	• Providers to make direct and regular contact with all women receiving antenatal and postnatal care, explaining how to access maternity services for scheduled and unscheduled care, emphasising the importance of sharing any concerns so that the maternity team can advise and reassure women of the best and safest place to receive care.	Debbie Watson	Kerry Reed Field, Jacqui Donald	T&G Maternity Voices Partnership	Antenatal appointments have moved from GP Practices into the Acorn Birth Centre, as we recover, Maternity, Commissioners and partner agencies are starting to look at Community Hubs. Ongoing conversations and communication with the Maternity Voices Partnership, including the production of question and answer videos (antenatal, intrapartum and postnatal) to help women and families understand the changes to the service and to provide re-assurance. Maternity have set up a dedicated phone helpline for women, if they have any questions and there is information available on social media. Home Births were suspended, but have been reinstated as of the 13/07/2020. Continuity of Carer remains a priority. Successful recruited to PIMH Midwife, whom will play an important role.	Continuing to implement guidance: https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/ Maternity Voices Partnership meeting taking place first week of August to discuss Building Back Better with partners and service users, including the development of Community Hubs.	Amber			
	• Ensure obstetric units have appropriate staffing levels including anaesthetic cover.		Kerry Reed Field, Jacqui Donald		A Sit Rep is provided by the Head of Midwifery every week. Safe staffing levels have been maintained throughout the pandemic. Workforce plans have been developed to encompass reduced staffing from sheilding, isolation, sickness and non patient facing work tasks. Antenatal clinics were moved into the Acorn Unit to ensure staffing levels were maintained as part of business continuity plans. Yr 2/3 students have supplemented the workforce with additional support across all areas of the service including discharge planning and infant feeding. No issues with anaesthetic cover.	Sit Reps are ongoing - The service are currently planning for restoration of services post COVID.	Green			
Mental Health and Learning Disability/ Autism services	• Establish all-age open access crisis services and helplines and promote them locally working with partners such as local authorities, voluntary and community sector and 111 services.	Pat McKelvey	Chris Pimlott, Stan Wimbury, Arrianne Garton, Caroline Price	Monthly Pennine Care CPQG,	There are 3 telephone helplines in place -NHS 111 and CAS commissioned by GM -Pennine Care 24/7 Helpline for known service users Longer term GM solution is being developed -T&G Minds Matter Helpline - currenlty 10 till 2pm. To be extended to 8pm.	Maintain support to GM team to develop a comprehensive model of 24/7 support that makes best use of total resource across GM. Expansion of Minds Matter Helpline (with Big Lottery funding) to be expedited, with significant comms	Amber			
	• For existing patients known to mental health services, continue to ensure they are contacted proactively and supported. This will continue to be particularly important for those who have been recently discharged from inpatient services and those who are shielding.		Chris Pimlott, Stan Boaler, Simon Darvill, Natasha		There are pressures in CMHT and on wards due to comlexity and acuity. Addiotnal funding from Big Lottery to support Anthony Seddon to increase outreach and peer to peer support.	PCFT and commisisoners to meet to ascertain the root cause and plan mitigation. Community support for people with SMI to be increased - Review status of other support - Opt In, Peer Support and Recovery, Infinity Initiatives and Health and Well-being College.	Red			
	• Ensure that children and young people continue to have access to mental health services, liaising with your local partners to ensure referral routes are understood, particularly where children and young people are not at school.		Philippa Robinson, Sarah Leah, Christine Ahmed, Maureen		Early Help Single Point of Access launched 1/7/2020 supports families into wide range of MH and other family support	Develop and maintain comms- Regular communication and dialogue with schools and wider support service is required to ensure early identification of emerging needs.	Green			
	• Prepare for a possible longer-term increase in demand as a consequence of the pandemic, including by actively recruiting in line with the NHS Long Term Plan.		Chris Pimlott, Arrianne Whitley, Vinny Khunger, Stan Boaler, Simon Darvill et al		Recovery and Build Back Better planning is underdevelopment, focused on the elements that we can take forward at locality level. This includes -Crisis and acute care Trauma and loss -CYP -Living Life Well and CMHT redesign - working with PCNs Trust is recruiting to vacancies. CCG monitoring.	MH Recovery workshops underway. LLW MH Transformation Team to be established	Amber			
	• Annual health checks for people with a learning disability should continue to be completed.		Chris Pimlott, Arrianne Whitley,Vinny Khunger		Prior to covid 19 athe CCG led a locality stakeholder working group to support improvement in uptake of LD annual health checks, which has historically been a huge challenge. The last 12 months work on this agenda has led to performance improving significantly. The current challange is that practices will still be paid for checks based on last years performance even if they complete less checks and balancing bringing vulnerable people into settings for checks. Therefore, a task and finish group comprising of local GPs and management support was set up to create a revised way of undertakine the health check.	Regular monitoring of uptake of LD health checks, liaison with practices. Regular communication in Primary Care	Green			
	• Ensure enhanced psychological support is available for all NHS staff who need it.		Arrianne Whitley, Vinny Khunger		GM commissioned the Resilience Hub to focus on staff. This is open and active at providing and delivering a range of support across health and social care. Staff support is on CCG and TMBC webistes MH commissioners work closely with the TMBC workforce develeopment team on regualr signposting of the local offer of support available across Tameside.	The locality is continuing to promote the emotional wellbeing and mental health offer open to staff. Regular comms- more communications into ICFT regading mental health support and the local and GM offer available.	Green			
	• Ensure that you continue to take account of inequalities in access to mental health services, and in particular the needs of BAME communities.		Arrianne Whitley, Vinny Khunger, Gemma, Diversity Matters NW		GM have commissioned additional Covid support from a range of BAME groups and, once launched, we will ensure that these are embedded within all pathways. The CCG continues to support the NHS Trust and voluntary sector providers to ensure links are maintained and continually improved across BAME communities.	Continue to work with GM to promote uptake of additional Covid support	Green			
Primary Care	• Ensure patients have clear information on how to access primary care services and are confident about making appointments (virtual or if appropriate, face-to-face) for current concerns.	Tori O'Hare	Communications Team, Chris Martin, Joe Corbett, PCNs & Practices	Living with Covid group, PCDIG	Communications campaign regarding general practice/primary care being open. Healthwatch survey undertaken and feedback given to CCG. COVID Primary Care Quality Reporting process developed - to refine communication between providers and patients and dvelop a mechanism to capture and resolve queries from the public and colleagues within the health economy on their interactions with primary care.	Healthwatch feedback PCDIG and PCC as standing item on agendas but active dialogue between the two organisations throughout.	Green			
	• Complete work on implementing digital and video consultations, so that all patients and practices can benefit.		Joe Corbett, Martin Ashton, Dr Ash Ramachandra, LMC, Sheila Mills, Tim Rainey	Digital Strategy Group, BBB in neighbourhoods	Locally all practices have access to a CCG or centrally funded Video and Online Consultation solution. Adoption of these solutions varies. 21 practices are currently actively using an online consultation solution whether that be the CCG solution or practice funded. A procurement exercise is required to secure a CCG funded video consultation solution by April 2021.	Development of a digital first work programme, including the implementation of Graphnet	Amber			
	• Given the reduction of face-to-face visits, stratify and proactively contact their high-risk patients with ongoing care needs, to ensure appropriate ongoing care and support plans are delivered through multidisciplinary teams. In particular, proactively contact all those in the 'shielding' cohort of patients who are clinically extremely vulnerable to Covid19, ensure they know how to access care, are receiving their medications, and provide safe home visiting wherever clinically necessary.		PCCA team, Peter Howarth, Meds Mgt team, PRG Managers, Practice Managers, PCN CDs	Living with Covid group, PCDIG, PCC	Practices have been engaged with the shielding process throughout. The medicines hub has also been in place. Although the humanitarian hub ends the remaining services will continue to provide that proactive support to patients.	Review the role of the medicines hub and identify sustainable solutions. Continue to proactively contact high-risk patients	Green			
	• To further support care homes, the NHS will bring forward a package of support to care homes drawing on key components of the Enhanced Care in Care Homes service and delivered as a collaboration between community and general practice teams. This should include a weekly virtual 'care home round' of residents needing clinical support.		Elaine Richardson Steph Butterworth Sandra Whitehead Jane Harvey Martin Vernon Peter Howarth	Support to Care Homes Cell reporting into Silver	Locally three elements in place coordinated through PCNs with support through Digital Health Sub group being convened to co-produce a service model that delivers the longer term outcome of the Enhanced Health in Care Homes Framework	Development of the service model	Green			
	• Make two-week wait cancer, urgent and routine referrals to secondary care as normal, using 'advice and guidance' options where appropriate.		Elaine Richardson Louise Roberts Sue Gibson Ash Cressida Crabtree		Strong Advice and Guidance service in place with ICFT already and GPs repeatedly reminded to utilise and refer as clinically required Encourage practices to focus on the early diagnosis of cancer QI QOF element	Confidence needs to be built with the population so willing to contact Primary Care and when treatment options discussed to agree where in their best interst to a referral being made and any appointment attended	Green but suspect some pateints are not seeking help so not being referred			
	• Deliver as much routine and preventative work as can be provided safely including vaccinations immunisations, and screening.		Dr Kate Hebden, Dr Joanna Bircher, Christopher Martin, PRG Managers, Practice	Living with Covid Group, PCDIG, PCC	Re-starting proactive and preventative work for LTCs in Primary Care, local 'unlocking guidance' produced + ensuring the appropriate identification and clinical management of LTCs which are associated with increased risk of severe illness from Covid-19 including hypertension, diabetes etc. Self care support document being developed.	Continue evolution of the support/guidance documents to practices through the LWC group. Role of PCNs to support equity of offer across neighbourhood populations, recognising where practice resilience (workforce and/or estate) may be an issue.	Green			
Reduce the risk of cross-infection and support the safe switch-on of services by scaling up the use of technology-enabled care	• In response to Covid19, general practice has moved from carrying out c.90% of consultations with patients as face-to-face appointments to managing more than 85% of consultations remotely. 95% of practices now having video consultation capability live and the remaining few percent in the process of implementation or procurement of a solution. GP Practices should continue to triage patient contacts and to use online consultation so that patients can be directed to the most appropriate member of the practice team straight away, demand can be prioritised based on clinical need and greater convenience for patients can be maintained.	Elaine Richardson	Sue Gibson		We have one practice with concerns around implementing video consultations. Online Consultations have been adapted by 21 practices in our locality. We have a video and online consultation solution available to be deployed at all of our practices. Delivery of these digital first solutions are contractual requirements for core GP contract which came in to place in the 20/21 GP contract. Due to COVID-19 conversations have not been pushed to deliver these requirements.	Contractual review of Online Consultation provider - currently underway Procurement by April 2021 of Video Consultation solution - this depends on financial conversations next week Consideration to be made about scale of procurement.	Green but decision needs to be made soon around options available around procurement and spend due to financial constraints due to command and control structure			
	• Referral streaming of new outpatient referrals is important to ensure they are being managed in the most appropriate setting, and this should be coupled with Advice and Guidance provision, so that patients can avoid an outpatient referral if their primary care service can access specialist advice (usually via phone, video too).				Providers already triaging referrals and GPs using Advice and Guidance	Need to ensure Primary Care fully able to manage the patient both in capacity and capabiliy	Green			
	• All NHS secondary care providers now have access to video consultation technology to deliver some clinical care without the need for in-person contact. As far as practicable, video or telephone appointments should be offered by default for all outpatient activity without a procedure, and unless there are clinical or patient choice reasons to change to replace with in-person contact. Trusts should use remote appointments - including video consultations - as a default to triage their elective backlog. They should implement a 'patient initiated follow up' approach for suitable appointments - providing patients the means of self-accessing services if required.	Elaine Richardson	Trish Cavanagh		ICFT are utilising remote option where practical and other CCG commisisoned providers advised to maximise opportunities to manage patients remotely	Evaluation of the effectiveness of remote verses face to face at a speciality/condition and pateint cohort level to be sure able to progress effective treatment/close pathways as efficeiently as via physical appointment	Green			
Routine surgery and care	• Where additional capacity is available, restart routine electives, prioritising long waiters first. Make full use of all contracted independent sector hospital and diagnostic capacity.	Elaine Richardson	Trish Cavanagh Ian Bromilow	GM In hospital Cell GM Elective Reform Programme	ICFT are planning how manage and GM looking STP level work involving IS providers Non admitted care providers opening up acess to routine care	GM need to confirm plans from In Hospital Cell	Amber			

	•In the absence of face-to-face visits, primary and secondary care clinicians should stratify and proactively contact their high risk patients to educate on specific symptoms/circumstances needing urgent hospital care, and ensure appropriate ongoing care plans are delivered.		Trish Cavanagh		ICFT reviewing waiting lists and support pateints including safety netting where necessary	Clarity needed on expectation of GPs who have referred people will assume the secondary provider is managing that referral and ongoing support re the condition	Green			
Screening and Immunisations	• Ensure as a first priority that screening services continue to be available for the recognised highest risk groups, as identified in individual screening programmes.	Sarah Exall	GMHSCP, GM Cancer		Update required from GMHSCP		Amber			
	• Antenatal and Newborn Screening Services must be maintained because this is a time critical service.		GMHSCP, Debbie Watson		Services maintained - further updates required.		Amber			
	• Providers and commissioners must maintain good vaccine uptake and coverage of immunisations. It is also likely that the Autumn/Winter flu immunisation programme will be substantially expanded this year, subject to DHSC decision shortly		GMHSCP, Jessica Williams, Peter Howarth, Guy Wilkinson, Megan Harrison		GM & T&G flu groups active, PCNs working collaboratively to provide innovative flu solutions	Liaise with GMHSCP to leverage additional investment to deliver flu differently in T&G	Amber			
Urgent Care	• Strengthen 111 capacity and sustain appropriate ambulance services 'hear and treat' and 'see and treat' models. Increase the availability of booked appointments and open up new secondary care dispositions (SDEC, hot specialty clinic, frailty services) that allow patients to bypass the emergency department altogether where clinically appropriate.	Elaine Richardson	Nav Riyaz GM LEC Team Trish Cavanagh Chris Pimlott	GM In Hospital Cell A&E DB	GM work in place to improve CAS and to support SDEC A&E by appointment options being developed Digital Health, Streaming and Direct Admission in place in ICFT	Continue involvement in GM work	Green			
	• Provide urgent outpatient and diagnostic appointments (including direct access diagnostics available to GPs) at pre-Covid19 levels.		Trish Cavanagh		Already in Place with capacity being managed to met demand	Consider requirement to commision additional providers for diagnostics	Green			
	• Ensure that urgent and time-critical surgery and non-surgical procedures can be provided at pre-Covid19 levels of capacity. The Royal College of Surgeons has produced helpful advice on surgical prioritisation available at: (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0221-specialty-guide-surgical-prioritisation-v1.pdf)		Trish Cavanagh				Green			
	• Provide local support to the new national NHS communications campaign encouraging people who should be seeking emergency or urgent care to contact their GP, go online to NHS 111 or call 999 if necessary.		Jordana Rawlinson		Work with GM communication messages and using local channels to encourage people to seek help through GP, 111 and 999 as appropriate		Green			
	• All NHS acute and community hospitals should ensure all admitted patients are assessed daily for discharge, against each of the Reasons to Reside; and that every patient who does not need to be in a hospital bed is included in a complete and timely Hospital Discharge List, to enable the community Discharge Service to achieve safe and appropriate same day discharge.		Trish Cavanagh Nav Riyaz		Strong focus on discharge continues at ICFT with close monitoring of LOS.		Green			