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STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 28 October 2020
Time: 1.00 pm
Place: Zoom Meeting

Item No.	AGENDA	Page No
1	WELCOME AND APOLOGIES FOR ABSENCE	
2	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Board.	
3	MINUTES	
3a	MINUTES OF THE PREVIOUS MEETING The Minutes of the meeting of the Strategic Commissioning Board held on 30 September 2020 to be signed by the Chair as a correct record.	1 - 14
3b	MINUTES OF EXECUTIVE BOARD To receive the Minutes of the Executive Board held on: 16 September, 23 September, 30 September and 7 October 2020.	15 - 42
3c	MINUTES OF THE LIVING WITH COVID BOARD To receive the Minutes of the Living with Covid Board held on: 23 September 2020.	43 - 54
4	REVENUE MONITORING STATEMENT AT 31 AUGUST 2020 To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	55 - 70
5	BUDGET CONVERSATION 2021/22 To consider the attached report of the Executive Leader / Executive Member, Finance and Economic Growth / CCG Co-Chairs / Assistant Director, Policy Performance and Communications / Assistant Director, Finance.	71 - 90
6	COMMUNITY SAFETY AND HOMELESSNESS CONTRACTS EXTENSION AND SERVICE MODIFICATION To consider the attached report of the Executive Member, Neighbourhoods, Community Safety and Environment/ Clinical Lead, Living Well / Assistant Director, Operations and Neighbourhoods.	91 - 100

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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7	COMMUNITY CARDIOLOGY DIAGNOSTICS SERVICE To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Lead / Director of Commissioning.	101 - 108
8	CONTRACT UPLIFTS IN CONSIDERATION TO NLW INCREASE FOR 20/21 To consider the attached report of the Executive Member, Health, Social Care and Population Health / Clinical Lead, Living Well / Director of Adult Services.	109 - 128
9	IMPROVING DEMENTIA SERVICES IN THE NEIGHBOURHOODS To consider the attached report of the Executive Member, Health, Social Care and Population Health / Director of Commissioning.	129 - 134
10	PRIMARY CARE - COVID RESPONSE BRIEFING PAPER To consider the attached report of the Executive Member, Health, Social Care and Population Health / Director of Commissioning.	135 - 146
11	URGENT ITEMS To consider any items the Chair considers to be urgent.	

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.

STRATEGIC COMMISSIONING BOARD

30 September 2020

Comm: 1.00pm

Term: 2.25pm

Present:

- Dr Ashwin Ramachandra – NHS Tameside & Glossop CCG (Chair)
- Councillor Brenda Warrington – Tameside MBC
- Councillor Warren Bray – Tameside MBC (part meeting)
- Councillor Gerald Cooney – Tameside MBC
- Councillor Bill Fairfoull – Tameside MBC
- Councillor Leanne Feeley – Tameside MBC
- Councillor Allison Gwynne – 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 Kate Hebden – NHS Tameside and Glossop CCG
- Dr Christine Ahmed – NHS Tameside & Glossop CCG
- Dr Vinny Khunger – NHS Tameside & Glossop CCG
- Carol Prowse – NHS Tameside & Glossop CCG

Apologies for absence: Councillor Kitchen

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
Richard Hancock	Director of Children's Services
Jayne Traverse	Director of Growth
Jessica Williams	Director of Commissioning
	Director of Population Health
Paul Smith	Assistant Director, Strategic Property
Sarah Threlfall	Assistant Director, Policy, Performance and Communication
Tim Rainey	Assistant Director, Digital Tameside
Emma Varnam	Assistant Director, Operations and Neighbourhoods
James Mallion	Consultant, Public Health

34. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

35. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 26 August 2020 be approved as a correct record.

36. MINUTES OF THE COVID RESPONSE BOARD

RESOLVED

That the Minutes of the meetings of the Covid Response Board held on 2 September 2020, be noted.

7. REVENUE MONITORING STATEMENT AT 31 JULY 2020

Consideration was given to a report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance, which updated Members on the financial position up to Month 4. It was explained that in the context of the on-going Covid-19 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 subject to change over the course of the year as more information became available, the full nature of the pandemic unfolded and there was greater certainty over assumptions.

The report provided the 2020/21 consolidated financial position statement at 31 July 2020 for the Strategic Commission and ICFT partner organisations. The Council had 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 drew on £12.4m of reserves to allow services the time to turn around areas of pressures. These areas were broadly, Children's Services placement costs, Children's Services prevention work (which was to be later mainstreamed and funded from reduced placement costs), shortfalls on car parking and markets income. Each of these services required on-going development work to have the impact of allowing demand to be taken out of the systems and additional income generated. There was additional investment around the IT and Growth Directorate Services, to invest in IT equipment, software and capacity and to develop strategically important sites for housing and business development, including key Town Centre masterplans.

A delay in delivering the projects that the reserves were funding was likely to mean more reserves would be required in future years, placing pressure on already depleting resources. The CCG continued to operate under a 'Command and Control' regime, directed by NHS England & Improvement (NHSE&I). NHSE had assumed responsibility for elements of commissioning and procurement and CCGs had been advised to assume a break-even financial position in 2020-21.

Although the CCG delivered its QIPP target of £11m in 2019/20, only 40% of savings were delivered on a recurrent basis. Therefore the CCG was facing a significant challenge in order to meet the 2020/21 target before the COVID pandemic hit. Under command and control there was no requirement or expectation that the CCG would deliver efficiency savings in the first four months of the year. While this report assumed a year end break even position in line with national guidance, it was unclear what would happen with QIPP in future months or how savings would be achieved in the current climate.

It was noted that the Integrated Commissioning Fund (ICF) for the Strategic Commission was bound by the terms within the Section 75 and associated Financial Framework agreements.

As at Period 4, the Council was forecasting an overspend against budget of £3.540m. The £3.540m pressure was non-COVID related and reflected underlying financial issues that the Council would be facing regardless of the current pandemic. This included continuing significant financial pressures in Children's Social Care, Adults Services and income shortfalls in the Growth Directorate. Further detail of the financial position at Month 4 was provided in an appendix to the report.

RESOLVED

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

38. ENGAGEMENT UPDATE

Consideration was given to a report of the Executive Leader/CCG Co-chairs/CCG Lay Member for Public and Patient Engagement/Director of Governance and Pensions/Assistant Director for Policy, Performance and Communications which provided Members with an update on the delivery of engagement and consultation activity in 2019/20. Members were informed of the following activity:

- Facilitated 50 thematic Tameside and/or Glossop engagement projects
- Received 4,753 engagement contacts (excluding attendance at events / drop-ins) – 2,875 in 2019 and 1,878 in 2020 so far.
- Supported 39 engagement projects at the regional and Greater Manchester level
- Promoted 46 national consultations where the topic was of relevance to and/or could have an impact on Tameside and/or Glossop
- Delivered four Partnership Engagement Network (PEN) conferences attended by over 280 delegates.
- Delivered four virtual Partnership Engagement Network sessions focusing on the impact of COVID-19 and how we can build back better. These were attended by over 50 participants.
- Held a virtual engagement session with young people to understand the impact of the pandemic on them and how they feel things can be done differently in the future.
- Undertook the second joint budget consultation exercise for Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group with planning for the budget conversation 2021/22 underway.
- Delivered two stakeholder 'summits' bringing a range of public service leaders, VCFSE groups and public / patient representatives together to guide future planning on key issues – Neighbourhood Summit (January 2019) and Co-operative Summit (October 2019).

In Tameside & Glossop the Partnership Engagement Network (PEN) delivered the strategic approach to engagement and consultation. In late 2019 it was proposed to review the work of PEN so far and develop ideas to inform its approach. In early 2020 a survey was shared with PEN members seeking views on how they felt PEN was working. The results of the survey were shared with Members. Consideration would now be given to a medium and long term plan to reintroduce PEN conferences and large showpiece events when it was safe to do. Other ideas and opportunities for consideration and possible development were detailed in the report.

To start discussion and take away learning from Covid-19, four virtual engagement sessions took place in July and August. Attended by over 50 PEN members, the sessions were a way for members of the network to learn from one another and to recommence Covid-19 safe PEN activity.

Each of the virtual engagement sessions invited participants to share their experiences, both as individuals or speaking on behalf of their organisation where appropriate. Despite there being a distinct topic for each of the workshops, there were clear themes that arose from each of the sessions. The full report detailing the findings from the virtual PEN engagement sessions was appended to the report.

A survey on the Impact of COVID-19 / Building Back Better was hosted through July and August by the Strategic Commission via the Big Conversation pages on the Council and CCG websites. The survey aimed to understand how the pandemic had impacted the lives of people who live, work or spend time in Tameside & Glossop. Some of the key themes emerging from the survey are drawn out below with the more detailed findings included in **Appendix 2** to the report.

Additional engagement work around the impacts of COVID-19 had also been undertaken via other forums specifically the Children in Care Council and via the Council's two Scrutiny Panels. The engagement work undertaken with the Children in Care Council consisted of two questionnaires circulated via children's social workers. These contained statements about mental wellbeing and how well children felt they had been supported during lockdown.

Engagement with residents and communities were reported via Elected Members on the council's Scrutiny Panels. Scrutiny Panel members were well placed to report on feedback from residents in their wards, and so it was requested that they take time to note experiences, impacts and the response to Covid-19 in Tameside. These were summarised within the report.

RESOLVED

The content of the report be noted and the future engagement and consultation activity with the communities of Tameside and Glossop, be supported.

39. TAMESIDE DIGITAL STRATEGY

Consideration was given to a report of the Assistant Executive Member to the Executive Leader / Assistant Director for Digital Services, which set out a five year vision and plan for the use of digital technologies for Tameside Council and Tameside and Glossop Clinical Commissioning Group.

The Strategy document, set out the five year Digital ambition for Tameside. It was proposed that the strategy was kept under constant review to ensure it remained relevant and appropriate. The strategy detailed how digital technology would be used to improve public services, empower employees and residents, and drive economic growth.

Tameside's Digital, Creative and Tech ambitions continued to be of growing importance. As a city region it was anticipated that the sector would grow by a further half a billion GVA with over 10,000 new jobs created over the next five years.

The strategy also reflected that digital technology would underpin the Councils and CCG's ambitions to improve the lives of all citizens along with the Council and health care services they used. It had strong ties to the Greater Manchester Health & Social Care Partnership's Digital Strategy refresh which was currently underway, and would complement the digital work and ambitions of the Tameside and Glossop ICFT. It had a limited number of digital priorities focused on key priority areas.

It was stated that the strategy aimed to be inclusive and to ensure that everyone in Tameside regardless of their age, location or situation, could benefit from the opportunities digital could bring. The digitally excluded were often those with poor health outcomes. Often these people stand to benefit from technologies in the home that could help keep people safe, well and independent but which required good connectivity and links with patient and care management system. Key priorities would be to develop the Community Response Services use of mobile technology, the digitization of Early Years Health visiting and to promote and encourage the wide spread adoption of the NHS App.

There were six priority categories for the Strategy and these were divided into two parts. Corporate Themes and Digital Foundations. Each category had 6 sub-priorities with actions and outcomes, delivery of which will demonstrate progress.

Corporate theme were outlined to the Members of the Board.

- Digital Public Services - At the forefront of responsive and ubiquitous high quality digital public services.
- Digital Enabled Workforce - Highly skilled and agile workforce confident in using technology
- Digital Economy - Strong and sustainable economy maximising digital opportunities.
- Digital Foundations - Sustainable digital eco system which provides the building blocks for transformation.
- Digital Skills - Opportunities for people and business to fulfil their potential through technology.
- Digital Infrastructure - Fast resilient digital infrastructure connecting all communities'

Alongside the six priority categories there were also two cross cutting enablers Cyber Safe and Secure and Marketing and Communications

RESOLVED

That the following recommendations to Executive Cabinet be endorsed:

That the aims and objectives of the strategy be approved and the priorities and actions be kept under constant review to ensure the strategy keeps pace with the fast moving dynamic nature of the digital world.

40. REFRESH OF EARLY HELP STRATEGY

A report was submitted by the Deputy Executive Leader and Executive Member, Children and Families / Director of Children's Services / Assistant Director, Population Health summarising the work completed in refreshing the 2017 Early Help Strategy and outlined the content of the refreshed strategy.

The Early Help Strategy had been refreshed in partnership with multiple partner agencies who formed part of the Early Help Strategic Group, as well as informed by a wider partner consultation exercise.

The Strategy provided an understanding to the early help approach and offer in Tameside, in line with the Tameside Children's Safeguarding Thresholds. As well as included updated principles, aligning to the Tameside Corporate Plan and the Cooperative Principles, such as placed based working, and 'nothing about me, without me'.

The strategy continued to emphasise the importance of prevention and early interventions, and acknowledged the need to 'Build Back Better' from COVID-19, by having a flexible and live implementation plan.

The strategy sought to work along existing strategies, such as the Early Years Strategy, the Domestic Abuse Strategy and the Neglect Strategy, rather than duplicate.

Moreover, the strategy outlined headline successes since the launch of the 2017 strategy, including the development of neighbourhood learning circles, the Team Around approach, the Early Help Assessment Point and the roll out of the 'Signs of Safety' Training.

The strategy remained to be clear on its priorities which were:

- The early help approach will be Smarter in the way we do things.
- We will be Stronger because we know we are making the right impact and improving outcomes for children and young people.
- Children, young people and families will get what they need sooner, making sure the right help is available to the right people in the right place at the right time.
- We will ensure children live in strong protective communities and families where they are Safer.

The strategy set out a clear governance structure and illustrated the outcomes it set out to achieve, and how these would be monitored. The Early Help Strategy (2020) aligned and supported the work programme of the Starting Well Partnership, the SEND Improvement Board and Children's Improvement Board. Centrally the Early Help Strategy (2020) aligned to the Tameside and Glossop Corporate Plan with particular reference to the following priorities:

- (1) Very best start in life where children are ready to learn and encouraged to thrive and develop.
- (2) Aspiration and hope through learning and moving with confidence from childhood to adulthood.
- (3) Resilient families and supportive networks to protect and grow our young people.

- (4) Opportunities for people to fulfil their potential through work, skills and enterprise.
- (6) Nurturing our communities and having pride in our people, our place and our shared heritage.
- (7) Longer and healthier lives with good mental health through better choices and reducing inequalities.

Moreover, the Strategy strongly supported Public Reform Principles and delivered:

- A new relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
- An asset based approach that recognises and builds on the strengths of individuals, families and our communities rather than focusing on the deficits.
- A stronger prioritisation of wellbeing, prevention and early intervention.
- An evidence led understanding of risk and impact to ensure the right intervention at the right time.

It was reported that running alongside the Early Help Strategy was a refresh of the implementation plan. Some of the key actions that fell out of the strategy included strengthening the partnership with primary care, implementation of the Early Help Module, implementation of the enhanced Family Intervention service and the ambition towards co-location of services within each neighbourhood, but acknowledged the flexibility to include actions to 'build back better', as a result of learning from responding and living with Covid-19.

RESOLVED

That the following recommendations to Executive Cabinet be endorsed:

- (i) That the Early Help Strategy 2020-22, as appended to the report, be approved; and**
- (ii) That the Strategy be presented to all Members as part of the Member Development Programme.**

41. SEND STRATEGY AND GOVERNANCE

Consideration was given to a report of the Executive Member, Lifelong Learning, Equalities, Culture and Heritage / Assistant Director, Education informing the Board that in order to ensure effective strategic oversight of Special Education Needs and Disability (SEND) activity in Tameside, a SEND strategy had been developed. The report provided an overview of current SEND strategic activity in relation to this. The strategy enabled partners to work together to achieve the vision and outcomes for SEND in Tameside. The report outlined the proposed governance structure for SEND in Tameside and proposed arrangements for Tameside's parent carer forum.

Consideration was given to a report of the Executive Member for Lifelong Learning & Skills / Assistant Director for Education which provided an overview of current SEND strategic activity. The strategy enabled partners to work together to achieve the vision and outcomes for SEND in Tameside. In order to ensure that this was effective, appropriate governance needed to be in place. The report outlined the proposed governance structure for SEND in Tameside and proposed arrangements for Tameside's parent carer forum.

The vision for SEND in Tameside was ambitious and aspirational, it stretched beyond the boundaries of the Local Authority to all partners and children and young people with SEND, with or without an EHCP.

The implementation of the SEND Strategy would be guided by the following principles:

- Work in a spirit of co-production and partnership with parents and their children and young people with SEND, involving them in all key decisions.
- Work in partnership with partner agencies and schools involving them in all key decisions guided by our Listening framework.

- Have the highest expectations for children and young people with SEND, ensuring that they were fully included in all educational settings and that their needs were met by high performing local schools.
- Maintain a commitment to Tameside's maintained schools and academies, promoting and championing strong leadership and inclusive practice for children and young people with SEND across all phases, mainstream and special.
- Ensure a rigorous focus on the preparation for adulthood outcomes and life after school.
- Ensure that resources are fairly and consistently allocated according to needs

The strategy aimed to achieve 5 key outcomes. For children and young people with SEND to be Safe, Happy, Healthy and Ambitious for their future and to Develop Skills for Life.

Based on advice from JSNA and in partnership with parent-carers, young people and partners across education, care and health, 4 Headline Strategic Priorities had been developed:

- Increasing & improving inclusion
- Increasing confidence
- Involving children & young people
- Improving accuracy & timeliness

It was stated that Strategic leads had been identified to take forward the 4 Headline Priority work streams. Each work stream had an Improvement & Development Action Plan (IDAP) that would be used to monitor and track progress towards achieving the identified outcomes.

The SEND improvement Group had developed an Outcomes Framework that would be used alongside the IDAPs to track and monitor progress. It was important that Tameside had a clear governance structure for all SEND activity. Attached at **Appendix 2** was a proposed Governance Chart for the strategic oversight of SEND in Tameside.

RESOLVED

That the following recommendations to Executive Cabinet be endorsed:

- (i) To approve the Special Education Needs and Disability Strategy 2020-2023 at Appendix 1 to the report;**
- (ii) To endorse the proposed Governance structure for Special Education Needs and Disability strategic implementation at Appendix 2;**
- (iii) To note the plan on a page for Special Education Needs and Disability strategic fit at Appendix 3;**
- (iv) To note that Improvement Development & Action Plans and a SEND outcomes framework will be developed to ensure delivery of the SEND strategy;**
- (v) To approve the proposed arrangements for a SEND parent carer forum in Tameside; and**
- (vi) To note the arrangements for the SEND parent carer forum in Tameside and agree that the Director of Children's Services takes forward a Memorandum of Understanding with Tameside's parent carer forum.**

42. LOOKED AFTER CHILDREN – 7 SUSTAINABILITY PROJECTS

The Deputy Executive Leader and Executive Member for children and Families / Assistant Director of Children's Services, submitted a report, which updated the Board on in respect of progress of the Looked After Children - 7 Sustainability Projects.

It was anticipated prior to COVID that the implementation of the 7 projects, would begin to reduce projected rises of the number of children in our care from September 2020. While exact predictions were difficult to make given the number of variables, success would be measured by the cumulative impact of these measures on local authority numbers and placement mix. Therefore the aim was to:

- Reduce the LAC population to 650 by April 2021.

- Reduce the proportion of residential placements from 16% to 13% by October 2020

A short summary of the key risk areas/impact of the current Covid-19 situation was outlined to the Board as follows:

- Project 1: Early Help – Implementation of a co-located early help service could be delayed
- Project 2: Family Intervention Service – The key risk was the impact of school closures and resulting limited contact with children and families
- Project 3: Team Around the School –Risk associated with school closures and limited contact on ability to deliver interventions effectively
- Project 4: Duty/Locality Restructure – Difficulty merging teams during Covid lockdown and the impact on the implementation of the new MASH/Early Help Access Point
- Project 5: Positive Futures – The key risk was the purchase of Greenwood Avenue as the location for the assessment unit
- Project 6: Fostering – The key risk was the services does not recruitment sufficient Foster Carers to meet demand.
- Project 7: Placements Review/Sufficiency Strategy – Capacity of the system during Covid-19, delay in securing standard placements strategy

The new timeline for The Looked After Children’s Sustainability 7 projects was as follows;

1. The Early Help project start date for implementation would move from October 2020 to a start date for implementation of February 2021
2. The Family Support Service project would move the start date for implementation from March 2020 to a start date of June 2020.
3. The Team around the School project started implementation in January 2020 this had partially been achieved however the date for full implementation date would now be July 2020 instead of March 2020.
4. The Duty/Locality project started implementation as scheduled this had partially been achieved however the date for full implementation will move from July 2020 to August 2020.
5. The Positive Futures project start date for implementation would move from June 2020 to January 2021.
6. The Fostering project start date for implementation was October 2020 whilst the project had started and some areas are due to be implemented, the overall start date for implementation would move to February 2021.
7. The Placements project had an implementation start date of December 2019 and whilst implementation had start in a limited way the start date for full implementation would move to May 2020.

The financial implication in relation to the issues detailed was difficult to quantify however what was certain was that the current projection of a reduction in the numbers of children looked after to 650 by April 2021 and the subsequent savings attached to this reduction would not be realised.

The change in forecast costs of each scenario when comparing between periods 3 and 4 was predominately due to an increase in the number of external residential placements which had increased the costs for all of the scenarios.

Additional analysis of forecast total expenditure by placement type and age banding, together with related volumes will be included in future monitoring reports to provide further context on where the related forecast cost increases or reductions were arising between reporting periods. It was envisaged that this additional analysis would be included by the period 6 revenue budget monitoring report.

RESOLVED

That the following recommendations to Executive Cabinet be endorsed:

- (i) **To note the financial impact as a result of the agreed revised timescales for delivery of the projects as a result of the COVID 19 pandemic together with the outcome of the estimated financial modelling on placements as detailed in section 3 and Appendix 2 to the report; and**

- (ii) To receive a further report in December 2020 given the on-going uncertainty caused by the Covid 19 pandemic.

43. SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Clinical Lead / Director of Population Health, which proposed to extend the existing contract for 12 months beyond the current end date, at the same contract value, to ensure service continuity; allow for service recovery in light of the COVID situation; and to allow appropriate time for providers to prepare for and take part in a competitive tender exercise.

It was explained that the current specialist integrated Sexual and Reproductive Health and HIV service in Tameside was provided by Manchester NHS Foundation Trust (MFT), delivered under the MFT branding of "The Northern", and aimed to meet the sexual and reproductive health needs of residents through the provision proactive prevention across the cluster area, HIV/STI testing services, STI treatment services (excluding treatment for HIV), and contraception and reproductive health services.

It was stated that Local authorities were responsible for commissioning HIV/STI testing services, STI treatment services (excluding HIV treatment) and contraception services on an open-access basis for the benefit of all persons present in their area. NHS England was responsible for commissioning and funding HIV treatment and care services as well as the provision of routine contraception and opportunistic screening and treatment within general practice. Clinical Commissioning Groups were responsible for funding abortion services as well as vasectomies and sterilisation procedures.

The Local Authority was mandated to provide appropriate access to sexual health services (Health & Social Care Act 2012) to commission confidential, open access services for Sexually Transmitted Infections and Contraception, as well as ensuring that the local population has reasonable access to all methods of contraception.

The current Sexual and Reproductive Health Service contributed to the two high level outcomes in the 'Public Health Outcomes Framework (PHOF)' 2019/20: Increased healthy life expectancy; and reduced differences in life expectancy and health life expectancy between communities. These outcomes were also relevant across each life course and are a significant contributing factor to a range of the specific outcomes and objectives with in the Tameside & Glossop Corporate Plan.

The current contract was due to come to an end on the 31 March 2021. With regards to the justification for extension the need for modification had been brought about by circumstances which a diligent contracting authority could not have foreseen. The need for this modification had been brought about by Covid 19. This cluster was due to go out to tender for sexual and reproductive health services in June 2020, with a new service due to commence 1 April 2021. However, as Providers and Commissioners alike had been directed to prioritise other work related to Covid 19, there was a risk in delivering an effective tender process due to shortage of providers bidding for the contract, a failure of the tender and for TUPE processes to be fair, open and transparent.

In order to inform the model there was a need to consult widely with stakeholders and service users. The current restrictions arising from Covid 19, made this difficult to do in a meaningful way. Communication activity was focussed on other key messaging and service users/stakeholders had other priorities focused on patient care and service recovery.

The modification did not alter the overall nature of the contract. There were no proposed changes to the current provision as detailed in the current service specification and contract other than further work with the provider to enhance and improve the current service performance and offer.

The current specification was still appropriate and the provider had been delivering the service to the required standard.

The requested extension was based on maintaining a local sexual and reproductive health service provision in 2021/22. The intention was to delay re-tendering for a minimum reasonable amount of time until services have sufficient capacity to engage in a full scale retendering exercise. The provider had indicated that it would accept a 12 month extension. The intention is for all boroughs to conduct a joint procurement exercise and share a common specification. If this extension was approved, the expectation was that we will be in a position to go out to tender for a new service in June 2021 and have the new service in place from 1 April 2022.

Members were advised of the options appraisal

- Do nothing and not extend the existing contract and go out to tender for this service during the summer of 2020 for a new service to commence 01 April 2021
- Extend the contract for 12 months retaining current contract value
- Extend the contract for 12 months reducing the current contract value

RESOLVED

That the 12 month extension to the existing Sexual and Reproductive Health Service provided by MFT, retaining the current contract value, which was due to end on 31 March 2021, be approved.

44. TAMESIDE AND GLOSSOP CHILDREN AND YOUNG PEOPLE'S EMOTIONAL AND MENTAL WELLBEING COMMUNITY OFFER – COMMISSIONING INTENTIONS

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Clinical Lead, Starting Well / Director of Commissioning / Assistant Director, Population Health, which explained that, following the agreement at SCB in April 2020 to the principle of pooling Population Health and Clinical Commissioning Group funding, authorisation was required to tender for a Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer.

The NHS Long Term Plan, the Future in Mind report and the Tameside and Glossop Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan outlined ambitious service transformation and commissioning to increase access and range of support for children and young people's emotional wellbeing and mental health. The tender of a Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer would support this ambitious transformation by co-producing the offer with children, young people and local partners, as well as seeking all opportunities to reducing inequalities and improving and increasing ease of access to support.

Members were informed that the counselling contract and grants come to an end on the 30 June 2021, opening an opportunity to pool resources to co-produce an effective and efficient Community Offer with children, young people and local partners, which can be live from the 1 July 2021. Whilst authorisation was sought for the procurement method described in section 4 of the report, it was important to recognise that the specification for the Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer, would not be written based on what purely adults believed what children and young people needed, but would be co-produced over Autumn 2020 with children and young people, as well as local partners and experts.

Joint work with STAR had been ongoing with this tender project, including the completion of a Project Initiation Document (PID) and STAR would be providing procurement support to the Commissioners. It was the intention to run this exercise as a light touch regime under the 'health' CPV codes. The intention was to undertake a Competitive Dialogue process, which included further stages within an open tender to allow negotiation and discussions to take place with the bidders in order to achieve the most economically advantageous tenderer. With the history of this

procurement and the relationship with the incumbent provider, it was recognised that a Competitive Dialogue process would allow bidders to develop alternative proposals in response to the Strategic Commission's outline requirements. Only when the Strategic Commission was satisfied that bidders proposals were developed to sufficient detail would tenderers be invited to submit competitive bids. The aims were to increase value by encouraging innovation and to maintain competitive pressure in bidding for specific contracts.

The annual contract value for the Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer would be £250,000. Moreover subject to approval for a 3+2 year contract, the total contract value £1,250,000. This could be broken down to understand the different funding streams for total contract value, which equates to £540,000 from Population Health and £710,000 from the CCG.

RESOLVED

- (i) That approval be given to tender for the Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer, with a 3+2 year contract, with an annual value of £250,000, totalling to £1,250,000 over 5 years; and**
- (ii) That a report be received at a future meeting, with recommendations on the agreed design of the contract to be procured and how Children's voice has been heard together with the clear deliverables to be achieved, how it meets priorities together with how it will be monitored and consequences for non-achievement outcome from the tender panel and any TUPE issues.**

45. GRANT NO. 31/5110: LOCAL AUTHORITY EMERGENCY ASSISTANCE GRANT FOR FOOD AND ESSENTIAL SUPPLIES

Consideration was given to a report of the Assistant Director Policy, Performance and Communications / Assistant Director Operations and Neighbourhoods / Assistant Director Exchequer Services / Assistant Director Children's Services / Assistant Director Population Health.

The report outlined a proposal to spend the £331,533.64 provided to Tameside Council as part of the government's *'Local Authority Emergency Assistance Grant for Food and Essential Supplies'* fund. The proposals were one off schemes due to the non-recurrent nature of the grant from government. The report also suggested consideration was given to the establishment of a Tameside Welfare Assistance Scheme to build an ongoing model of emergency support to those in financial crisis to avoid escalation in outcomes and costs for both individuals and public bodies supporting them.

In acknowledgement of the wider impacts beyond shielding, the government was providing local authorities with an emergency assistance grant for food and essential supplies.

The government announced an emergency fund of £63 million to be distributed to local authorities in England to help those who were struggling to afford food and other essentials due to Covid-19. *Grant No. 31/5110: Local Authority Emergency Assistance Grant for Food and Essential Supplies* was a one-off contribution for the 2020/21 financial year and was made under Section 31 of the Local Government Act 2003.

The grant letter defined the purpose of the funding as – *'to help local authorities to continue to support those struggling to afford food and other essentials over the coming months due to COVID-19'*. The grant guidance was relatively short and provides some flexibility for local discretion. The allocation for Tameside Metropolitan Borough Council was £331,533.64.

Each investment sought to achieve one or more of the following aims – alleviate extreme hardship; ensure access to the most basic essentials such as food and fuel; sustain tenancies and prevent homelessness; help families stay together; provide relief from immediate financial crisis; identify the cause of issues and work with people to find long-term sustainability and resilience.

The report summarised the spending proposals as follows:

PROVISION	£
The Bread and Butter Thing	£100,000
Food support (investment in existing and new groups providing access to affordable food)	£30,000
Action Together coordination and support to voluntary, community, faith and social enterprise groups working with vulnerable people affected by Covid-19 in terms of access to basic supplies and essentials – food, fuel, clothing etc.	£85,000
Family support (provision of basic essentials like nappies, formula milk, school uniform, cots to families with babies and young children)	£15,000
Groundwork energy advice and support (top up to the existing Energy Redress funding secured by Groundwork)	£20,000
Financial and debt advice (additional capacity for the Welfare Rights team either employed or commissioned)	£40,000
Development and Sustainability Officer (fixed term post to oversee the delivery of the schemes, identify future opportunities , plan for sustainability and develop a Welfare Assistance Scheme)	£40,000
TOTAL	£330,000

It was stated that the discretionary element of the Social Fund was abolished as part of the Welfare Reform Act 2012. Tameside Council working with partners established the Tameside Independent Living Scheme. The scheme was part of a wider support network that provided support for people in a crisis and those in need of support to live independently. It aimed to provide a safety net in an emergency or when there was an immediate and serious risk to the health or safety of the applicant and their family and enable people to stay living at home or resettle into a new home following a period in institutional care, prison, temporary accommodation of living an unsettled way of life. In broad terms eligibility criteria were based on having a low income, no savings and experiencing a situation that warrants support in order to meet the aims as outlined.

Members were advised that the scheme ceased a few years ago. Although some aspects of the support provided were picked up within other areas such as the work of the Homelessness Team in helping people secure tenancies etc.

It was proposed that consideration was given to the establishment of a new scheme on similar terms. The purpose being to draw together some of the elements outlined in the plan to spend Covid-19 support grant (Grant No. 31/5110) with a view to providing a model that was available beyond that limited funding in recognition of the impact of Covid-19 being substantial over the next few years.

The overarching aim of any Welfare Assistance Scheme would be to provide some form of stability in a financial crisis tied to advice and support to build resilience. Alongside this, a scheme would prevent escalation of problems and the associated knock on costs for public bodies.

RESOLVED

- (i) That the spending proposals, as detailed in the report, for Grant No. 31/5110 be approved; and**
- (ii) That the Development of a Tameside Welfare Assistance Scheme be approved.**

46. URGENT ITEMS

RESOLVED

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

CHAIR

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BOARD

16 September 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, Jeanelle De Gruchy, Richard Hancock, Dr Ashwin Ramachandra, Kathy Roe, Ian Saxon, Paul Smith, Sarah Threlfall, Jayne Traverse, Emma Varnam. Debbie Watson, Sandra Whitehead and Jess Williams

90 DECLARATIONS OF INTEREST

There were no declarations of interest.

91 MINUTES OF PREVIOUS MEETING

AGREED:

That the minutes of the meeting of Executive Board for the meeting on the 2 September 2020 be approved as a correct record.

92 CORPORATE PLAN

Consideration was given to a report of the Executive Leader/Joint Chairs of CCG/Assistant Director of Policy, Performance & Communications, which provided an update on progress against delivery of the Corporate Plan outcomes. The report provided an update on the 56 indicators being monitored to measure the performance of the Corporate Plan.

Key statistics that highlighted the impact of Covid-19 were set out in the report.

- Contacts to Children's Services dropped by 40% between January/February and April/May. Although they had picked up more recently they were still 8% below the level at the start of the year.
- Referrals to Children's Services were a third below the level at the start of the year, and were nearly half in April/May.
- GP appointments had been around 25% down throughout the period of Covid-19 compared to the two-year average pre Covid-19, and referrals down by half.
- Urgent care admissions were half the level of the two-year average pre Covid-19.
- 25,111 residents of Tameside were claiming Universal Credit. Up from 14,281 in January 2020, an increase of 75%.
- 3 out of 10 jobs held by residents of Tameside had been furloughed. 32,800 jobs in total.
- The average weekly number of calls to Welfare Rights in July 2020 was double that in February 2020.

Members were advised of the key headlines, of the 56 indicators being measured in the Corporate Plan; 45 could be measured against the national average. Of these 45 indicators; 16 were performing better than the national average, 27 were performing worse than the national average and 2 were in line with it. The key changes in performance were:

- Increase in the rate of smoking at time of delivery (12.9% to 13.3%) almost 3 % points above the national average (10.4%).
- Percentage of 3 & 4 year olds at good or outstanding early year's settings increased from 91% to 93% and was now above the national average of 92%.

- Reduction in the percentage of 2 year olds in funded early education from 77% to 75% but remains above the national average of 69%.
- Increase in the percentage of 16 & 17 year olds in education or training from 93.14% to 94.68%, this is above the national average (92.59%).
- The mean worthwhile rating for adults aged 16 and over remains static at 7.92, above the national average (7.86).
- The number of CAFs currently open had increased from 667 to 822.
- The LAC rate had remained static at 142 per 10,000 but still substantially above the national average of 65.
- The overall number of referrals made to Children's Social Care related to domestic abuse had reduced from 2,757 to 1,850.
- In the first three-quarters of 2019/20, 1,380 people started an apprenticeship. As the last quarter covers May 2020 to July 2020, it was unlikely that we achieve figures similar to 2018/19 (2,050).
- Maximum mean download speed (43.8)
- Reduction in the number of rough sleepers (3 to 2)
- Increase in the rate of Public protection Incidents (PPIs) related to domestic abuse per 1,000 (23.3 to 24.5)
- Mean life satisfaction ratings remained static at 7.74 but still above the national average of 7.66.
- 10,465 people accessed the Psychological Therapies programme (IAPT) in 2019/20 exceeding the 2018/19 figure of 9,435.
- The average happiness rating had reduced from 7.61 to 7.39 and is below the national average (7.48).
- Increase in the prevalence of smoking from 16.8% to 17.3% and was above the national average (13.9%).
- Reduction in the number of new permanent admissions to residential care in the 65+ age group per 100,000 (677.4 to 649.7).
- % of adult social care users who find it easy to find information remained static at 70.6% but remains above the national average (69.7%).
- Increase in the percentage of care homes being rated good or outstanding by CQC (80% to 81%).

AGREED

That Executive Cabinet and the Strategic Commissioning Board be recommended to note the content of the report and the progress being made across the range of indicators and the potential impact that Covid-19 may have had or will have in the future progression.

93 ENGAGEMENT UPDATE

Consideration was given to a report of the Executive Leader/CCG Co-chairs/CCG Lay Member for Public and Patient Engagement/Director of Governance and Pensions/Assistant Director for Policy, Performance and Communications which provided Members with an update on the delivery of engagement and consultation activity in 2019/20. Members were informed of the following activity:

- Facilitated 50 thematic Tameside and/or Glossop engagement projects
- Received 4,753 engagement contacts (excluding attendance at events / drop-ins) – 2,875 in 2019 and 1,878 in 2020 so far.
- Supported 39 engagement projects at the regional and Greater Manchester level
- Promoted 46 national consultations where the topic was of relevance to and/or could have an impact on Tameside and/or Glossop
- Delivered four Partnership Engagement Network (PEN) conferences attended by over 280 delegates.
- Delivered four virtual Partnership Engagement Network sessions focusing on the impact of COVID-19 and how we can build back better. These were attended by over 50 participants.

- Held a virtual engagement session with young people to understand the impact of the pandemic on them and how they feel things can be done differently in the future.
- Undertook the second joint budget consultation exercise for Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group with planning for the budget conversation 2021/22 underway.
- Delivered two stakeholder ‘summits’ bringing a range of public service leaders, VCFSE groups and public / patient representatives together to guide future planning on key issues – Neighbourhood Summit (January 2019) and Co-operative Summit (October 2019).

In Tameside & Glossop the Partnership Engagement Network (PEN) delivered the strategic approach to engagement and consultation. In late 2019 it was proposed to review the work of PEN so far and develop ideas to inform its approach. In early 2020 a survey was shared with PEN members seeking views on how they felt PEN was working. The results of the survey were shared with Members. Consideration would now be given to a medium and long term plan to reintroduce PEN conferences and large showpiece events when it was safe to do. Other ideas and opportunities for consideration and possible development were detailed in the report.

To start discussion and take away learning from Covid-19, four virtual engagement sessions took place in July and August. Attended by over 50 PEN members, the sessions were a way for members of the network to learn from one another and to recommence Covid-19 safe PEN activity.

Each of the virtual engagement sessions invited participants to share their experiences, both as individuals or speaking on behalf of their organisation where appropriate. Despite there being a distinct topic for each of the workshops, there were clear themes that arose from each of the sessions. The full report detailing the findings from the virtual PEN engagement sessions was appended to the report.

A survey on the Impact of COVID-19 / Building Back Better was hosted through July and August by the Strategic Commission via the Big Conversation pages on the Council and CCG websites. The survey aimed to understand how the pandemic had impacted the lives of people who live, work or spend time in Tameside & Glossop. Some of the key themes emerging from the survey are drawn out below with the more detailed findings included in **Appendix 2** to the report.

Additional engagement work around the impacts of COVID-19 had also been undertaken via other forums specifically the Children in Care Council and via the Council’s two Scrutiny Panels. The engagement work undertaken with the Children in Care Council consisted of two questionnaires circulated via children’s social workers. These contained statements about mental wellbeing and how well children felt they had been supported during lockdown.

Engagement with residents and communities were reported via Elected Members on the council’s Scrutiny Panels. Scrutiny Panel members were well placed to report on feedback from residents in their wards, and so it was requested that they take time to note experiences, impacts and the response to Covid-19 in Tameside. These were summarised within the report.

AGREED

The Strategic Commissioning Board and Executive Cabinet be recommended to note the contents of the report and support future engagement and consultation activity with the communities of Tameside and Glossop.

94 DISPOSAL OF COUNCIL OWNED LAND

Consideration was given to a report of the Executive Member (Finance and Economic Growth)/Director of Growth, which provided an updated policy for the disposal of Council owned land, including increased transparency, plus a list of proposed assets that the Council was seeking to declare surplus to Council requirements in order to progress sale or transfer.

The Council had adopted a Strategic Asset Management Plan (SAMP) to ensure that the Council and CCG land and property assets contributed pro-actively to the delivery of the organisations priorities.

The Council had a legacy portfolio of property assets, many of which were no longer fit for purpose and/or were not in the right location to support efficient and accessible public services. Therefore, surplus property assets were required to be sold to generate capital receipts to reinvest into Council priorities as set out in the Corporate Plan.

The schedule comprised surplus property assets with an estimated capital receipt value of between £5m and £10m; the receipts from which could then be used to support the Council's Financial Strategy and support delivery of its priorities, as defined by the Corporate Plan. These disposals would reduce revenue/management costs and avoid backlog maintenance costs of these assets.

In light of the financial effects of the COVID-19 pandemic, there was a requirement to accelerate the process for identifying assets to declare surplus to Council requirements. This related to the requirement for raising capital receipts to support Council priorities and the likelihood that the Council should no longer require some of its operational property and land holdings due to services that no longer require a traditional office function as new and innovative ways of working were introduced.

Members received a summary of the Land Assets for Disposal consideration:

- Land at Morningside Close, Droylsden – 0.47 acres.
- Land at Fern Lodge Drive, Ashton-under-Lyne – 1.86 acres.
- Land at Old Road, Hyde – 1.26 acres.
- Land at Bennett Street, Hyde – 3.47 acres.
- Land at Yew Tree Lane, Dukinfield – 3.51 acres.
- Land Adjacent to Manchester Road, Audenshaw – 296 m2.
- Land at Hattersley Former District Centre, Hattersley – 1.49 acres.
- Mossley Hollins Former School Site, Mossley – 4.72 acres.

With regards to Building Assets to be declared as surplus to requirements, Members received an outline of each of the assets.

- Concord Suite Droylsden, the Council had previously commissioned reports in order to consider future schemes for the building, however, the cost of refurbishing the building and putting the significant space back into use had been cost prohibitive. Therefore the Council sought to declare the asset surplus to Council requirements in order to progress further feasibility studies with a view to carrying out a disposal, subject to a suitable proposal.
- Taunton Sunday School, Ashton-under-Lyne, the site had remained vacant since 2015 and had been subject to vandalism and deterioration due to the building's age. Following a storm in 2019, the Council placed screens over the windows to assist in protecting the building's fabrics which has had a detrimental effect on its appearance. The site was likely to attract community and residential interest.
- Hippodrome, Ashton-under-Lyne. The Council operated the Hippodrome as a functioning Theatre via a provider until its closure in 2008 and the building had remained vacant since. The building condition had deteriorated over time and the structural frame and interior requires a significant capital investment in order for it to be restored for any meaningful use. Areas of the interior architecture had a listed status which complicated any future use and repair of the building. The site was likely to attract significant interest from community groups, however the Council would need to ensure that interested parties demonstrate the longer term financial and social sustainability of proposals.
- Denton Former Baths, Denton: Following completion of the new Denton Wellness Centre, the former Denton Pool was closed and possession of the asset reverted to the Council under the

terms of the lease with Active Tameside. The Council was now seeking to declare the site surplus to Council requirements with a view to undertaking an eventual disposal, subject to the appropriate governance and costs relating to a demolition of the site.

Members were advised that the Council owned a number of empty park buildings such as former pavilions, club houses, changing rooms and toilet blocks. Most of these buildings had been vacant for some time which had resulted in deterioration or vandalism which presents health and safety and maintenance liabilities. The Council had made previous attempts to bring the assets back into use with local community groups or sports clubs, however, the costs of restoration had limited interest. The Council now proposed to undertake an extensive marketing exercise to invite expressions of interest from community groups and associations to make use of the following buildings:

- Cheetham Park Buildings – Stalybridge
- Garden Street Football Changing Rooms – Hyde
- Egmont Street Football Changing Rooms – Mossley
- King George’s Football Changing Rooms – Audenshaw

The Council would consider all suitable applications subject to the financial sustainability of the proposal. Should a suitable proposal be accepted, a disposal was likely to be considered via a community asset transfer or a long lease for a nominal consideration. Should there be a lack of interest or no suitable proposals received, then the Council may need to seek governance in order to carry out demolition of the building.

AGREED

That Executive Cabinet be recommended to:

- (i) note that all land and property disposals shall be presented to Executive Cabinet for a decision.**
- (ii) approve the revised policy for the Disposal of Council Owned Land as attached at Appendix1.**
- (iii) agree for the Council to declare the named assets surplus to Council requirements as attached at Appendix 3.**
- (iv) note that all assets specified have been subject to a Ward Member Consultation process in conjunction with the Executive Member Finance and Economic Growth.**
- (v) agree all reasonable and necessary expenditure in relation to the preparation and disposal of each named asset which accounting regulations allow to be recovered via its capital receipt. The expenditure shall be capped at a maximum of 4% of the gross capital receipt value with all cost details included within the site specific disposal report presented at Executive Cabinet.**
- (vi) note that a separate policy document on Community Asset Transfers is being produced and shall be presented to a future Executive Cabinet.**

95 GRANT PAYMENTS TO SCHOOLS

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Assistant Director for Education / Assistant Director for Finance, which outlined the nature of the grant payment to Newbridge Trust and Droylsden Academy to support the delivery of additional places in the borough.

It was explained that continued pressure on accommodation at Hawthorns because of a high demand for its specialist provision, led to additional temporary accommodation for the school being approved by Executive Cabinet in 2019, following recommendation from Strategic Planning and Capital Monitoring Panel, An Executive Decision Notice dated 14 August 2019 agreed a grant of £150,000 from Basic Need to the Newbridge Academy Trust to directly procure two additional temporary classrooms.

The additional temporary extension was needed to accommodate additional pupils from September

2020 when the school would have 136 pupils in a school built for 63. There had been some internal remodelling but the additional four temporary classrooms were essential.

The temporary accommodation would also give the Council, the school and partners the opportunity to plan a suitable permanent solution for current demand and predicted growth. A strategic review of accommodation was underway and further reports on the outcomes and recommendations would be presented through the relevant governance route.

With regards to Droylsden Academy the Education Capital report to SPCMP in March 2020 requested that panel recommend to Cabinet an allocation of £15,000 to Droylsden Academy for conversion of a classroom to accommodate an additional 15 pupils into Year 7 in September 2021 and 2023. A grant agreement between the Council and the Academy Trust had been drawn up to ensure the grant was spent for this purpose. This grant would be funded from an unallocated Developer Contribution for spend Education in the Droylsden area.

AGREED

That the Executive Member for Lifelong Learning, Equalities, Culture and Heritage be recommended to approve

- (i) A grant of £150,000 to be paid to Hawthorns Academy (the Newbridge Trust) to fund the provision of two temporary mobile classrooms to accommodate an increase in pupil numbers to 136 from September 2020 subject to a grant agreement being in place in the form attached at Appendix 1.**
- (ii) A grant of £15,000 to be paid to Droylsden Academy to contribute to works that would facilitate an additional intake of 15 pupils in 2021 and 2023 subject to a grant agreement being in place in the form attached at Appendix 2 to the report.**

96 SEND STRATEGY

Consideration was given to a report of the Executive Member for Lifelong Learning & Skills / Assistant Director for Education which provided an overview of current SEND strategic activity. The strategy enabled partners to work together to achieve the vision and outcomes for SEND in Tameside. In order to ensure that this was effective, appropriate governance needed to be in place. The report outlined the proposed governance structure for SEND in Tameside and proposed arrangements for Tameside's parent carer forum.

The vision for SEND in Tameside was ambitious and aspirational, it stretched beyond the boundaries of the Local Authority to all partners and children and young people with SEND, with or without an EHCP.

The implementation of the SEND Strategy would be guided by the following principles:

- Work in a spirit of co-production and partnership with parents and their children and young people with SEND, involving them in all key decisions.
- Work in partnership with partner agencies and schools involving them in all key decisions guided by our Listening framework.
- Have the highest expectations for children and young people with SEND, ensuring that they were fully included in all educational settings and that their needs were met by high performing local schools.
- Maintain a commitment to Tameside's maintained schools and academies, promoting and championing strong leadership and inclusive practice for children and young people with SEND across all phases, mainstream and special.
- Ensure a rigorous focus on the preparation for adulthood outcomes and life after school.
- Ensure that resources are fairly and consistently allocated according to needs

The strategy aimed to achieve 5 key outcomes. For children and young people with SEND to be Safe, Happy, Healthy and Ambitious for their future and to Develop Skills for Life.

Based on advice from JSNA and in partnership with parent-carers, young people and partners across education, care and health, 4 Headline Strategic Priorities had been developed.

- Increasing & improving inclusion
- Increasing confidence
- Involving children & young people
- Improving accuracy & timeliness

It was stated that Strategic leads had been identified to take forward the 4 Headline Priority work streams. Each work stream had an Improvement & Development Action Plan (IDAP) that would be used to monitor and track progress towards achieving the identified outcomes.

The SEND improvement Group had developed an Outcomes Framework that would be used alongside the IDAPs to track and monitor progress. It was important that Tameside had a clear governance structure for all SEND activity. Attached at **Appendix 2** was a proposed Governance Chart for the strategic oversight of SEND in Tameside.

AGREED

That Executive Cabinet be recommended to:

- (i) approve the Special Education Needs and Disability Strategy 2020-2023 at Appendix 1**
- (ii) endorse the proposed Governance structure for Special Education Needs and Disability strategic implementation at Appendix 2**
- (iii) note the plan on a page for Special Education Needs and Disability strategic fit at Appendix 3.**
- (iv) note that Improvement Development & Action Plans and a SEND outcomes framework will be developed to ensure delivery of the SEND strategy.**

97 TAMESIDE DIGITAL STRATEGY

Consideration was given to a report of the Assistant Executive Member to the Executive Leader / Assistant Director for Digital Services, which set out a five year vision and plan for the use of digital technologies for Tameside Council and Tameside and Glossop Clinical Commissioning Group.

The Strategy document, set out the five year Digital ambition for Tameside. It was proposed that the strategy was kept under constant review to ensure it remained relevant and appropriate. The strategy detailed how digital technology would be used to improve public services, empower employees and residents, and drive economic growth.

Tameside's Digital, Creative and Tech ambitions continued to be of growing importance. As a city region it was anticipated that the sector would grow by a further half a billion GVA with over 10,000 new jobs created over the next five years.

The strategy also reflected that digital technology would underpin the Councils and CCG's ambitions to improve the lives of all citizens along with the Council and health care services they used. It had strong ties to the Greater Manchester Health & Social Care Partnership's Digital Strategy refresh which was currently underway, and would complement the digital work and ambitions of the Tameside and Glossop ICFT. It had a limited number of digital priorities focused on key priority areas.

It was stated that the strategy aimed to be inclusive and to ensure that everyone in Tameside regardless of their age, location or situation, could benefit from the opportunities digital could bring. The digitally excluded were often those with poor health outcomes. Often these people stand to benefit from technologies in the home that could help keep people safe, well and independent but which required good connectivity and links with patient and care management system. Key priorities would be to develop the Community Response Services use of mobile technology, the

digitization of Early Years Health visiting and to promote and encourage the wide spread adoption of the NHS App.

There were six priority categories for the Strategy and these were divided into two parts. Corporate Themes and Digital Foundations. Each category had 6 sub-priorities with actions and outcomes, delivery of which will demonstrate progress.

Corporate theme were outlined to the Members of the Board.

- Digital Public Services - At the forefront of responsive and ubiquitous high quality digital public services.
- Digital Enabled Workforce - Highly skilled and agile workforce confident in using technology
- Digital Economy - Strong and sustainable economy maximising digital opportunities.
- Digital Foundations - Sustainable digital eco system which provides the building blocks for transformation.
- Digital Skills - Opportunities for people and business to fulfil their potential through technology.
- Digital Infrastructure - Fast resilient digital infrastructure connecting all communities'

Alongside the six priority categories there were also two cross cutting enablers Cyber Safe and Secure and Marketing and Communications

AGREED

That the Executive Cabinet be recommended to approve the aims and objectives of the strategy and agree to keep the priorities and actions under constant review to ensure the strategy keeps pace with the fast moving dynamic nature of the digital world.

98 CHILDREN'S SERVICES SUSTAINABILITY PROJECTS UPDATE

Consideration was given to a report of the Deputy Executive Leader / Assistant Director of Children's Services, which updated the Board on progress of 7 Sustainability Looked After Children.

It was anticipated prior to COVID that the implementation of the 7 projects, would begin to reduce projected rises of the number of children in our care from September 2020. While exact predictions were difficult to make given the number of variables, success would be measured by the cumulative impact of these measures on local authority numbers and placement mix. Therefore the aim was to:

- Reduced the LAC population to 650 by April 2021.
- Reduced the proportion of residential placements from 16% to 13% by October 2020

A short summary of the key risk areas/impact of the current Covid-19 situation was outlined to the Board as follows:

- Project 1: Early Help – Implementation of a co-located early help service could be delayed
- Project 2: Family Intervention Service – The key risk was the impact of school closures and resulting limited contact with children and families
- Project 3: Team Around the School –Risk associated with school closures and limited contact on ability to deliver interventions effectively
- Project 4: Duty/Locality Restructure – Difficulty merging teams during Covid lockdown and the impact on the implementation of the new MASH/Early Help Access Point
- Project 5: Positive Futures – The key risk was the purchase of Greenwood Avenue as the location for the assessment unit
- Project 6: Fostering – The key risk was the services does not recruitment sufficient Foster Carers to meet demand.
- Project 7: Placements Review/Sufficiency Strategy – Capacity of the system during Covid-19, delay in securing standard placements strategy

The new timeline for The Looked After Children's Sustainability 7 projects was as follows;

1. The Early Help project start date for implementation would move from October 2020 to a start date for implementation of February 2021
2. The Family Support Service project would move the start date for implementation from March 2020 to a start date of June 2020.
3. The Team around the School project started implementation in January 2020 this had partially been achieved however the date for full implementation date would now be July 2020 instead of March 2020.
4. The Duty/Locality project started implementation as scheduled this had partially been achieved however the date for full implementation will move from July 2020 to August 2020.
5. The Positive Futures project start date for implementation would move from June 2020 to January 2021.
6. The Fostering project start date for implementation was October 2020 whilst the project had started and some areas are due to be implemented, the overall start date for implementation would move to February 2021.
7. The Placements project had an implementation start date of December 2019 and whilst implementation had start in a limited way the start date for full implementation would move to May 2020.

The financial implication in relation to the issues detailed was difficult to quantify however what was certain was that the current projection of a reduction in the numbers of children looked after to 650 by April 2021 and the subsequent savings attached to this reduction would not be realised.

The change in forecast costs of each scenario when comparing between periods 3 and 4 was predominately due to an increase in the number of external residential placements which had increased the costs for all of the scenarios.

Additional analysis of forecast total expenditure by placement type and age banding, together with related volumes will be included in future monitoring reports to provide further context on where the related forecast cost increases or reductions were arising between reporting periods. It was envisaged that this additional analysis would be included by the period 6 revenue budget monitoring report.

AGREED

That the Executive Cabinet be recommended to:

- (a) **note the financial impact as a result of the agreed revised the timescales for delivery of the projects as a result of the COVID 19 pandemic together with the outcome of the estimated financial modelling on placements as detailed in section 3 and Appendix 2; and**
- (b) **receive a further report in December 2020 given the on-going uncertainty caused by the Covid 19 pandemic.**

99 REFRESH OF EARLY HELP STRATEGY

Consideration was given to a report of the Deputy Executive Leader / Director of Children's Services / Assistant Director for Population Health, which summarised the work completed in refreshing the 2017 Early Help Strategy and outlined the content of the refreshed strategy.

The Early Help Strategy had been refreshed in partnership with multiple partner agencies who formed part of the Early Help Strategic Group, as well as informed by a wider partner consultation exercise.

The Strategy provided an understanding to the early help approach and offer in Tameside, in line with the Tameside Children's Safeguarding Thresholds. As well as included updated principles, aligning to the Tameside Corporate Plan and the Cooperative Principles, such as placed based working, and 'nothing about me, without me'.

The strategy continued to emphasise the importance of prevention and early interventions, and acknowledged the need to 'Build Back Better' from COVID-19, by having a flexible and live implementation plan.

The strategy sought to work along existing strategies, such as the Early Years Strategy, the Domestic Abuse Strategy and the Neglect Strategy, rather than duplicate.

Moreover, the strategy outlined headline successes since the launch of the 2017 strategy, including the development of neighbourhood learning circles, the Team Around approach, the Early Help Assessment Point and the roll out of the 'Signs of Safety' Training.

The strategy remained to be clear on its priorities which were:

- The early help approach will be Smarter in the way we do things.
- We will be Stronger because we know we are making the right impact and improving outcomes for children and young people.
- Children, young people and families will get what they need sooner, making sure the right help is available to the right people in the right place at the right time.
- We will ensure children live in strong protective communities and families where they are Safer.

The strategy set out a clear governance structure and clearly illustrates the outcomes it set out to achieve, and how these would be monitored. The Early Help Strategy (2020) aligned and supported the work programme of the Starting Well Partnership, the SEND Improvement Board and Children's Improvement Board. Centrally the Early Help Strategy (2020) aligned to the Tameside and Glossop Corporate Plan with particular reference to the following priorities:

- (1) Very best start in life where children are ready to learn and encouraged to thrive and develop.
- (2) Aspiration and hope through learning and moving with confidence from childhood to adulthood.
- (3) Resilient families and supportive networks to protect and grow our young people.
- (4) Opportunities for people to fulfil their potential through work, skills and enterprise.
- (6) Nurturing our communities and having pride in our people, our place and our shared heritage.
- (7) Longer and healthier lives with good mental health through better choices and reducing inequalities.

Moreover, the Strategy strongly supported Public Reform Principles and delivered:

- A new relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
- An asset based approach that recognises and builds on the strengths of individuals, families and our communities rather than focusing on the deficits.
- A stronger prioritisation of wellbeing, prevention and early intervention.
- An evidence led understanding of risk and impact to ensure the right intervention at the right time.

It was reported that running alongside the Early Help Strategy was a refresh of the implementation plan. Some of the key actions that fell out of the strategy included strengthening the partnership with primary care, implementation of the Early Help Module, implementation of the enhanced Family Intervention service and the ambition towards co-location of services within each neighbourhood, but acknowledged the flexibility to include actions to 'build back better', as a result of learning from responding and living with Covid-19.

AGREED

That the Executive Cabinet be recommended to approve the Early Help Strategy appended to the report.

100 LOCAL DEVELOPMENT SCHEME AND AUTHORITY'S MONITORING REPORT UPDATE

Consideration was given to a report of the Executive Member for Housing, Planning and Employment / Director of Growth, which sought approval to publish an updated Local Development Scheme (LDS) and Authority's Monitoring Report for 2018/19.

The Council's most recent LDS came into effect on 10 January 2017 and set out a programme for both the Greater Manchester Spatial Framework (GMSF) and the Tameside Local Plan. That LDS clearly showed the production of the Local Plan following the key stages of production of the GMSF to allow the Local Plan to reflect the policy content developed at the sub regional level and provided the appropriate context. Performance against that timetable was measured within the Authority's Monitoring Report.

It was explained that the revised LDS was required to bring up to date the intended programmes for both the GMSF and Tameside Local Plan. A revised programme, proposed for the GMSF, recently published through the Greater Manchester Housing, Planning and Overview Scrutiny Committee on 29 July 2020, was now incorporated into the Council's LDS. Since the previously approved LDS, publication of the GMSF did not occur as had been envisaged within the timescales set out. Instead, a further period of consultation on a draft plan occurred between January and March 2019 to re-examine the issues of the scale and distribution of development and potential changes to Green Belt boundaries. And more recently, there had been the need to reflect on the impacts of the global Coronavirus pandemic, in particular the impact which the availability of resource to complete work had and the need to reflect on government guidance on social distancing.

It was therefore timely to refresh the Council's LDS to ensure the Borough's communities and interested parties were aware of and able to keep track of progress of plan making activities and ensure that Development Plan Documents were prepared in accordance with the timescales set out.

The updated timetable for the GMSF and Tameside's Local Plan was considered to represent a realistic and practical approach to preparing these documents but would continue to need to be monitored carefully. Additionally, the revised LDS provided greater detail as to the current and intended planning frameworks for the Borough, comparative to the LDS it replaced. It also updated the position on the production of Supplementary Planning Documents and removed a chapter relating to public participation.

There was a requirement in section 35 of the Planning and Compulsory Purchase Act 2004 (as amended by the Localism Act 2011) to report on monitoring activities at least every 12 months and for a report to begin with the end of the period covered by the authority's most recent report. While the authority had not published a single AMR since 2013/14 much of the supportive background data and information is contained within other monitoring documents such as those associated with employment, housing and Brownfield Land Register monitoring. This monitoring report sought to establish a new baseline position from which monitoring activities could be taken forward as required by the legislation.

AGREED

That the Executive Cabinet be recommended to agree:

- (i) To publish and bring into effect in accordance with the date of this decision the updated LDS.**
- (ii) To the publication of the 2018/19 AMR.**

101 ALDWYN SCHOOL EXTENSION

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Executive Member for Finance and Economic Growth which stated that the Aldwyn Primary School extension scheme was part of the Council's Basic Needs Funding programme. The aim of the programme was to ensure that the Council was able to meet its

statutory duty to provide sufficient school places and provide schools with sufficient facilities to increase pupil intake and improve the education needs of the Authority.

A decision to increase the Published Admission Number at Aldwyn Primary School from 45 to 60 was formally made by Executive Cabinet on 7 February 2018 although the school had been taking additional pupils since 2015.

There were now three temporary classrooms on site to ensure that additional pupils could be catered for whilst awaiting the completion of the permanent extension to the building. This was not an ideal solution for the school and had also resulted in significant additional costs to the project to bring in the demountable classrooms. The issue of teaching in temporary accommodation had been raised with elected members by parents at the school who were unhappy with the situation.

Without the additional accommodation at the school, the Council would be forced to go out of borough for placements at significant additional cost to the Council. Additionally, the parents of children currently in the school had made representation to the Assistant Executive Director for Education about the overcrowding at the school and are anxious about the impact that this was having on their children's education.

The school required additional teaching space to accommodate their allocated pupils within the current space provision. The scope of the proposed scheme was to construct a permanent three classroom extension, associated link corridor, toilet facilities, remodelling of adjacent areas and works to the carpark.

Since the project had been scoped a roof condition survey had been received which raised significant concerns and would need to be addressed before the contract could be entered into.

AGREED

That the Executive Member for Lifelong Learning, Equalities, Culture and Heritage and the Executive Member for Finance and Economic Growth be recommended to :

- (i) Approve that the Council enter into the Head Contract with the LEP for the Aldwyn Primary School extension scheme in the sum of £2,039,478 inclusive of 5% Covid 19 risk option (Option 3) to deliver a permanent three classroom extension, associated link corridor, toilet facilities, remodelling of adjacent areas and works to the carpark on the basis that this includes 5% COVID risk sum to cap any liability deriving from any COVID risks and that it is agreed that liability of the contractor is capped at 10 times the contract value which is a deviation from the existing contractual requirements.**
- (ii) To note that the Independent Certifier (Currie and Brown) agree that the contract price including COVID, risk proposed insurance, and capped liability represent value for money; and**
- (iii) Approve that the Council enter into a Deed of Appointment with the LEP and appoint an Independent Certifier for the Aldwyn Primary School extension scheme in the additional sum of £18,000.**
- (iv) That before the decision finalised the issue with the failing roof and the condition survey be addressed so that there was a clear final scope of project which could be monitored and to reduce the risks to the Council of it not being within the contract.**

103 ST JOHN'S CE PRIMARY SCHOOL EXTENSION

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Executive Member Finance and Economic Growth/Director of Children's Services which proposed the expansion of St Johns CE Primary School to ensure that the Council was able to meet its statutory duty to provide sufficient school places and provided schools with sufficient space and facilities to accommodate increased pupil intake and improve the education provision of the Authority.

A decision to increase the Published Admission Number at St John's CE Primary School permanently from 30 to 45 was formally made by Executive Cabinet on 27 March 2013. This approved a series of phased works. The Foundation Stage Unit was extended and remodelled to allow the greater intake into the Reception class from September 2014. A former Community Room was remodelled into a classroom over summer 2015 to create additional places for Sept 2015 and September 2016. An ICT suite was remodelled to create additional space from September 2017 and 2018. This meant that all of KS1 was enlarged leaving four year groups in Key Stage 2 to expand. It was proposed that this shortfall in accommodation would be resolved by constructing a two classroom extension and associated link corridor and additional toilet facilities.

A temporary two-classroom mobile was erected over summer 2019 to ensure that additional pupils could be accommodated whilst the permanent extension was procured and constructed. Without the extra accommodation the school was significantly overcrowded and insufficient for the pupil numbers. This approach was not an ideal solution as it had resulted in additional costs providing the temporary accommodation and parents were unhappy with the quality of accommodation leading to a formal complaint.

Work had continued to progress the procurement of the permanent two classroom extension project and despite a number of challenges all parties are now in agreement with the proposed scheme scope and the associated contract terms.

The proposed St John's CE Primary School extension scheme was being procured through the Local Education Partnership (the LEP) on behalf of the Council. The capital budget for the scheme now stood at £1.343m which was in keeping with the projected scheme costs inclusive of the 5% Covid 19 risk allowance. The LEP has progressed the scheme to a point where the contracts, including Head Contract with the Council and the Deed of Appointment for the Independent Certifier are ready for signing subject to sign off by all schedules by the Council's capital project management team including Schedule 4 (programme), Schedule 7 (completion dates, and Schedule 9 (payment milestones).

AGREED

That the Executive Member for Lifelong Learning, Equalities, Culture and Heritage and Executive Member for Finance and Economic Growth be recommended to:

- (i) Approve that the Council enter into the Head Contract with the LEP for the St John's CE Primary Schools extension scheme in the sum of £1,063,364 to deliver a permanent two classroom extension, associated link corridor, toilet facilities and some necessary remodelling of adjacent areas on the basis that this is subject to the following**
 - (a) the price is inclusive of 5% Covid 19 risk option (Option 3) to cap any liability deriving from any COVID risks;**
 - (b) The design works referred to in paragraph 1.4 progressed the contact through the LEP Tameside Additional Services (TAS) contract need to be covered by the Design & Build contract to ensure the Council is properly protected; and**
 - (c) liability of the LEP/contractor is capped at 10 times the contract value, which is a deviation from the existing contractual requirements.**
- (ii) Note that the Independent Certifier (Currie and Brown) agree that the contract price including COVID, risk proposed insurance, and capped liability represent value for money; and**
- (i) To Approve that the Council enter into a Deed of Appointment with the LEP and appoint an Independent Certifier for the St John's CE Primary Schools extension scheme in the additional sum of £14,000 to include confirming the scheme and costings provide value for money.**

103 SEXUAL & REPRODUCTIVE HEALTH SERVICES

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Clinical Lead / Director of Population Health, which proposed to extend the existing contract for 12 months beyond the current end date, at the same contract value, to ensure service continuity; allow for service recovery in light of the COVID situation; and to allow appropriate time for providers to prepare for and take part in a competitive tender exercise.

It was explained that the current specialist integrated Sexual and Reproductive Health and HIV service in Tameside was provided by Manchester NHS Foundation Trust (MFT), delivered under the MFT branding of "The Northern", and aimed to meet the sexual and reproductive health needs of residents through the provision proactive prevention across the cluster area, HIV/STI testing services, STI treatment services (excluding treatment for HIV), and contraception and reproductive health services.

It was stated that Local authorities were responsible for commissioning HIV/STI testing services, STI treatment services (excluding HIV treatment) and contraception services on an open-access basis for the benefit of all persons present in their area. NHS England was responsible for commissioning and funding HIV treatment and care services as well as the provision of routine contraception and opportunistic screening and treatment within general practice. Clinical Commissioning Groups were responsible for funding abortion services as well as vasectomies and sterilisation procedures.

The Local Authority was mandated to provide appropriate access to sexual health services (Health & Social Care Act 2012) to commission confidential, open access services for Sexually Transmitted Infections and Contraception, as well as ensuring that the local population has reasonable access to all methods of contraception.

The current Sexual and Reproductive Health Service contributed to the two high level outcomes in the 'Public Health Outcomes Framework (PHOF)' 2019/20: Increased healthy life expectancy; and reduced differences in life expectancy and health life expectancy between communities. These outcomes were also relevant across each life course and are a significant contributing factor to a range of the specific outcomes and objectives with in the Tameside & Glossop Corporate Plan.

The current contract was due to come to an end on the 31 March 2021. With regards to the justification for extension the need for modification had been brought about by circumstances which a diligent contracting authority could not have foreseen. The need for this modification had been brought about by Covid 19. This cluster was due to go out to tender for sexual and reproductive health services in June 2020, with a new service due to commence 1 April 2021. However, as Providers and Commissioners alike had been directed to prioritise other work related to Covid 19, there was a risk in delivering an effective tender process due to shortage of providers bidding for the contract, a failure of the tender and for TUPE processes to be fair, open and transparent.

In order to inform the model there was a need to consult widely with stakeholders and service users. The current restrictions arising from Covid 19, made this difficult to do in a meaningful way. Communication activity was focussed on other key messaging and service users/stakeholders had other priorities focused on patient care and service recovery.

The modification did not alter the overall nature of the contract. There were no proposed changes to the current provision as detailed in the current service specification and contract other than further work with the provider to enhance and improve the current service performance and offer. The current specification was still appropriate and the provider had been delivering the service to the required standard.

The requested extension was based on maintaining a local sexual and reproductive health service provision in 2021/22. The intention was to delay re-tendering for a minimum reasonable amount of time until services have sufficient capacity to engage in a full scale retendering exercise. The provider had indicated that it would accept a 12 month extension. The intention is for all boroughs

to conduct a joint procurement exercise and share a common specification. If this extension was approved, the expectation was that we will be in a position to go out to tender for a new service in June 2021 and have the new service in place from 1 April 2022.

Members were advised of the options appraisal

- Do nothing and not extend the existing contract and go out to tender for this service during the summer of 2020 for a new service to commence 01 April 2021.
- Extend the contract for 12 months retaining current contract value
- Extend the contract for 12 months reducing the current contract value

AGREED

That the Strategic Commissioning Board be recommended to give approval for the 12 month extension to the existing Sexual and Reproductive Health Service provided by MFT, retaining the current contract value, which was due to end on 31 March 2021.

104 FLU VACCINATION PROGRAMME: PART B - STRATEGIC COMMISSION WORKFORCE VACCINATION

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Director of Population Health / Consultant in Public Health which set out the aims, ambitions and rationale for a flu vaccination programme for all front-line staff in the Local Authority and CCG workforce. It goes on to recommend a model for the provision of staff vaccination.

It was explained, front line health and social care workers were at higher risk than most of the population of contracting seasonal influenza ("flu"), due to the number of people they were in contact with through their work and the nature of these contacts. In addition, there was a risk of them transmitting flu to the vulnerable people they cared for.

Further, evidence from staff flu vaccination programmes suggested:

- (a) "During a mild flu season around 25% of frontline (health and social care) staff may become infected with the virus, of which up to 59% may not realise they are infected, so they could infect others, including the patients they care for"
- (b) Approximately 60% of cases were avoided by the vaccine. This was dependent on the year, and could be higher or lower, depending on how well the flu vaccine was matched to the circulating strains of flu.
- (c) The net saving, based only on reduction in lost working hours, was around £16-£27 per employee vaccinated. This amounted to a return on investment of approximately £2 per pound invested.

Because of the potential for co-circulating flu and covid-19, this season's net saving may be even higher. For the 2020/21 flu season, the national target is to ensure that 100% of all health and social care staff were offered the vaccination. Due to likely pressures on the vaccine supply this year, vaccination providers had been advised to prioritise people who are in eligible and at-risk cohorts. For this reason, it was not recommended to vaccinate the entire workforce.

There were approximately 1000 front-line staff across the Strategic Commission, who should all be offered a flu vaccine. Last year, around 21% of those offered took up a voucher to claim a vaccine.

Based on experiences in other parts of the world, it was expected that there will be a significant increase in demand for the flu vaccine this year. Consequently, with an accessible flu vaccination offer, a good internal communications drive, and sufficient support to access the vaccination, a high uptake should be achievable.

An uptake of 90% would match the maximum CQUIN target set for frontline CCG commissioned staff this year.

It was reported that in previous years there had been interest from schools in offering vaccination for their staff as part of the Strategic Commission's offer. As school budgets were devolved, funding for this would come from schools' themselves. However, there was the potential to offer schools the opportunity to arrange vaccination for their staff using the same model procured for front-line TBMC/ T&G CCG staff.

AGREED

That the Strategic Commissioning Board be recommended to approve:

- (i) the model proposed in section 7**
- (ii) Commit to supporting and enabling front-line staff to receive a vaccination**

106 FORWARD PLAN

AGREED

That the forward plan of items for Board be noted.

CHAIR

EXECUTIVE BOARD

30 SEPTEMBER 2020

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

Also In Attendance: Richard Hancock, Tim Bowman and Tom Wilkinson

**Apologies for
Absence** Councillors Kitchen and Wills

108 ST GEORGES CHURCH OF ENGLAND PRIMARY SCHOOL HYDE – CONVERSION TO ACADEMY STATUS

Consideration was given to a report of the Executive Member (Lifelong Learning, Equalities, Culture and Heritage) / Assistant Director for Learning, which sought approval for St Georges Church of England Primary School Hyde to convert to Academy Status and approval for the financial and contractual basis of transfer.

Members were advised that the Secretary of State notified the Council that an Order, dated 29 May 2020, had been published, confirming her approval for the conversion of St George's Church of England Voluntary Aided Primary School, Hyde to an Academy.

The School has chosen to convert to Academy status with the Chester Diocesan Academies Trust as a sponsor. St Georges Church of England Primary School was the second school in the Borough to convert with the Chester Diocesan Academies Trust as sponsor.

St George's Church of England Primary School, Hyde had a Planned Admission Number (PAN) of 30 and provided education for boys and girls aged three to eleven.

It was stated that the conversion process was closely prescribed by DfE guidance and standard documentation. The government had the power to enforce a conversion by statutory order if the standard documentation and guidance was not reasonably followed or if the local authority could not agree upon the detail of the conversion.

It was stated that in accordance with The Transfer of Undertakings Protection of Employment Regulations 2006, (TUPE) the employment of staff at St George's Church of England Primary School, Hyde would automatically transfer from the Governing Body to Chester Diocesan Academies Trust on the date of the transfer, currently targeted for 1 October 2020. This meant that individual contracts would be treated as if they had originally been made with the new organisation. The staff were not employed by the Council but the Governing Body as a voluntary aided school, however, the school purchased the services of the Council's HR service who would support this transfer.

Staff would continue to work in the job that they were contracted to carry out, with the school and their contractual terms and conditions were protected as at the date of the transfer. There was an obligation on school to make staff and trade union colleagues aware of any 'measures' that the Academy trust intends to take in connection with the proposed transfer.

Arrangements for the transfer of records and payroll had been agreed to ensure that there was no break in the smooth running of the staffing.

Teaching staff transferring to the Chester Diocesan Academies Trust would continue to access the

teachers' pension fund. Other staff would continue to access the Greater Manchester Local Government Pension Scheme. The Council expects that whilst the Academy continued to be an employer in the Pension Fund, it would allow access to all eligible employees and not create a two tier workforce.

It was explained that non-teaching or support staff were eligible to be members of the Local Government Pension Scheme. Chester Diocesan Academies Trust would continue to offer this to staff who transfer. However the Council had to decide how the liabilities would transfer. The Local Government Pension Scheme was a funded scheme. Whilst the scheme was funded, if the liabilities of the scheme exceeded the assets, then each employer would be responsible for a section of the overall deficit. The rates that an employer had to pay were calculated by reference to the deficit on the part of the scheme for which they were responsible.

There were two options for the Council as Administering Authority for the Greater Manchester Pension Fund and the Academy with respect to the future management of the fund:

- (a) **Pooled with the Council** - Under this arrangement the Council and the Academy would pay the same contribution rate going forward. This included an allowance to cover certain 'pension strain' costs incurred by either employer (e.g. by ill health retirements). The pool contribution rate was based on the combined assets and liabilities of all employers in the pool (the Council has by far the largest share) and therefore the Council would meet the bulk of any additional costs due to membership experience at the Academy (such as high-pay growth).
- (b) **Academy to be set up as a 'stand-alone' employer in GMPF** — From 1 October 2020 the Academy would pay a contribution rate based on its own membership and the funding position of its own section of GMPF. From 1 October 2020 ill-health early retirement costs would be met by a GMPF insurance arrangement, but the Academy would remain responsible for meeting any non-ill-health early retirement costs.

Under both options the amount of assets transferred from the Council's section of GMPF to the Academy's section of GMPF was set using standard factors issued by the Government Actuary's Department ('GAD'). Typically this resulted in the Academy having a funding deficit at the point of transfer, however this was largely irrelevant under the pooling approach.

The pension arrangements had determined that they wish to be set up as a standalone employer in GMPF and would not had the benefit of pooling arrangements.

With regards to the financial implications, as Academies were funded directly from central government, the Council would see a reduction in the amount of revenue income it receives through the Dedicated Schools Grant and capital funding for repair and maintenance of buildings.

Schools had been trading with the Council for a wide range of infrastructure and support services, including HR, ICT, Finance, Legal and Educational services. In common with all schools, Academies would not be obliged to purchase services from the Council. In addition, as more resources were paid directly to Academies, the Council loses some of the economies of scale which it had previously enjoyed.

The School had been allocated an estimated delegated budget of £1,096,977. School would also receive an element of the DSG based on estimated nursery pupil numbers and this would be adjusted to reflect actual numbers on the three pupil census that were carried out during the financial year, their current estimated funding is £62,224. The school was currently projecting a full year out turn balance of approximately £83,807 at the end of March 2021.

The School paid £3,046 in Business Rates per annum, as a voluntary aided schools this already included Business Rate Relief so would continue at this rate once the school converted to Academy status.

The costs shown in the table had already been recharged to the School for the full financial year in 2020/21. As the School was converting on 1 October 2020 affected council services would need to re-negotiate new service level agreements with the Academy.

Description of Service	Annual Cost 2020/21
Access Education Budget Planning software	£500
Data Pack	£298
Education Welfare	£1,200
FSM Eligibility Checking service	£350
Governor Clerking	£1,200
Governor Training	£960
Health and Safety	£1,091
Human Resources	£2,448
Legal Services	£550
Pest Control	£285
Recruitment & Payroll	£3,677
School Crossing Patrol	£6,510
Schools Finance Support Team	£3,470
SIMS Licence	£976
SIMS Support Team	£2,300
Tameside Safeguarding Children Partnership contribution	£597
Trade Union	£1,365
Trade Waste Services	£1,421
Totals	£29,198

There could therefore be a corresponding reduction of revenue funding received by the Council for the services no longer required from 2021/22 onwards.

AGREED

That the Executive Member for Lifelong Learning, Equalities, Culture and Heritage be recommended to approve:

- (a) **the Borough Solicitor or her nominated representative be authorised to enter into the Commercial Transfer Agreement, in the form set out in Appendix 2, on the principle that risk and liability does not transfer back to the Council and in respect of which the funds and reserves to manage the risks/liabilities will transfer to the Academy and consequently the Council should be in no worse position because of the transfer.**
- (b) **the pension arrangements be agreed so that the academy is set up as a standalone employer in GMPF as set out in the report at paragraph 5.9(b).**
- (c) **delegation of authority to the Assistant Executive Director, Finance or their nominated representative to execute any necessary Greater Manchester Pension Fund for Transferee Admission Bodies documentation**

CHAIR

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BOARD

7 October 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
	Deputy S151	Tom Wilkinson
Also In Attendance:	Steph Butterworth, Richard Hancock, Dr Ashwin Ramachandra, Ian Saxon, Paul Smith, Sarah Threlfall, Jayne Traverse, Debbie Watson, and Jess Williams	

107 DECLARATIONS OF INTEREST

There were no declarations of interest.

108 MINUTES OF PREVIOUS MEETING

AGREED:

That the minutes of the meetings of Board held on 16, 23 and 30 September 2020 be approved as a correct record.

109 MONTH 5 FINANCE REPORT

Consideration was given to a report of the Executive Leader/Joint Chairs of CCG/Director of Finance which informed Members of expenditure as at 31 August 2020 and forecast outturn at 31 March 2021. It was explained that in the context of the on-going Covid-19 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 subject to change over the course of the year as more information became available, the full nature of the pandemic unfolded and there was greater certainty over assumptions.

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

It was explained that as at Period 5, the Council was forecasting an overspend against budget of £3.678m. The £3.678m pressure was non-COVID related and reflects underlying financial issues that the Council would be facing regardless of the current pandemic.

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 for our populations, resulting in losses of income for the Council across a number of areas, potentially for a number of years. Whilst the immediate focus was quite rightly to manage and minimise the impact of the virus on public health, the longer term financial implications and scenarios do need to be considered.

Members were informed that included within the Education Capital Programme was a scheme to increase capacity at Aldwyn School from a 45-pupil intake to 60. The Scheme had a total

approved budget of £2.716m. In addition to the proposed extension works at Aldwyn school, the project scope would also include resurfacing of the flat roof area of the existing school. The proposed extension works require the new roof and existing roof to connect. Rather than forming a joint to a poor quality roof, it was recommended that given the age and condition of the existing roof (including ongoing leaks) it would be more cost effective and less disruptive to the school to renew the roof covering at the same time. This would reduce the potential future leak risk and water damage to the new extension. The estimated roofing cost was £200k. This would need to be funded from School Condition grant as the works related to repairs and maintenance of the existing site.

AGREED

- (i) That the forecast outturn position and associated risks for 2020/21 as set out in appendix 1 be noted.**
- (ii) That the extended scope of the Aldwyn School Extension project to include roof repairs as set out in section 3 of this report be approved.**
- (iii) That an allocation of £200,000 of School Condition Grant Funding to fund the roof repair works at Aldwyn School be approved.**

110 CYBER SECURITY AND DEFENCE STRATEGY

Consideration was given to a report of the Executive Leader/Assistant Director (Digital Services) which explained that in recent years, Cyber Security had become a high risk and high priority for many businesses as well as the general public. The report detailed the Council and CCG's new Cyber Security and Defence Strategy. It contained details of controls, processes and systems that had been put in place to protect our digital assets, and it set out how the organisations should prepare for the possibility of a future cyber incidents and how to react should that eventuality occur.

This strategy applied to all computer systems operated by Tameside Council and Tameside and Glossop Clinical Commissioning Group. Also included were any systems hosted on behalf of partner organisations, and to any person using Council equipment and/or accessing any computer systems hosted by the Council whether on premise or off premise. It also applied to all of the Council's computer systems and data hosted by third parties, including in those hosted in the "Cloud".

The council was working to achieve the IASME cyber security standard. IASME was developed over several years using UK government funding and it was an affordable and achievable alternative to the international standard, ISO27001. It was the sole partner to the National Cyber Security Centre (NCSC) for delivery of their Cyber Essentials Scheme. It was already widely adopted with over 30 council's throughout the United Kingdom. The IASME Governance directly mapped onto the NHS Digital Data Security Standards and it met or exceeded the NHS requirements.

Accreditation would be achieved through the audited IASME Governance process. Carried out by a skilled, independent third party, this was an independent on-site audit of the level of information security in-place within the organisation and offered a comparable level of assurance to the internationally recognised ISO27001. The standard included all of the five Cyber Essentials technical topics and adds additional topics that relate to people and processes:

- Risk assessment and management
- Training and managing people
- Change management
- Monitoring
- Backup
- Incident response and business continuity

Gaining the Audited IASME Governance certificate would provide the appropriate assurance to the organisation, our customers and suppliers that the Council is providing the highest levels of cyber security.

Adopting the IASME standard also meant the Council would be conforming to the HMG security framework. The HMG framework was introduced by the UK Government in June 2018. Developed and delivered in collaboration with NCSC (National Cyber Security Centre), the standard that all Government “Departments”, including organisations, agencies, arm’s length bodies, and contractors must adhere to without exception.

It was widely acknowledged that people remained the key risk and potential weak spot for cyber-attacks. Whilst advanced technology such as firewalls and virus identification and protection software could be deployed to give a hard protective shell around the organisations ICT systems and Data staff remained a risk. Simply clicking on a seemingly innocuous link within an email, or opening an infected attachment can quickly lead to a serious cyber-attack being launched.

AGREED

That Executive Cabinet be recommend to endorse the approach being taken to protect the Council from Cyber-attack and approve the new Cyber Strategy and controls, measures and processes contained within.

111. INCLUSIVE GROWTH STRATEGY

Consideration was given to a report of the Executive Member (Finance and Economic Growth)/Director of Growth which set out the vision, aims and priorities of the emerging Tameside Inclusive Growth Strategy 2021-26 along with a timeline for consultation and adoption.

The draft Inclusive Growth Strategy 2021-26 set the vision, aims, priorities and delivery plans to transform Tameside by harnessing the strengths and opportunities of people, land, health and digital. Inclusive Growth for Tameside’s economy would deliver economic growth for all by enabling all Tameside’s residents to access opportunities. The emerging vision, aims and priorities were considered by Executive Board on the 4 March 2020. The Strategy would be dependent on a range of partners working across private, public and voluntary sectors to deliver out plans. In the development and production of this strategy steps have been taken to ensure that the idea of inclusiveness is practiced in engagement in and delivery of our practical work.

The Strategy would provide detail to the Corporate Plan on how to realise and deliver overarching priorities. The Inclusive Growth Strategy would provide the local response to the Greater Manchester (GM) Local Industrial Strategy and sits at the centre of a range of core local strategies that are interdependent, these include:

- Tameside Housing Strategy (in development)
- Tameside Strategic Asset Management Plan (in development)
- GM Combined Authority (GMCA) 5 year Environment Plan
- Tameside Local Plan (in development)
- GM Spatial Framework (in development)
- Tameside Locality Plan

The Strategy would deliver across all of the priorities in the Corporate Plan. The Strategy would be parent to sub delivery plans that further evidenced the work across wider determinant strands such as health and poverty.

The Strategy had been informed by the GM Local Industrial Strategy, Independent Prosperity Review 2019 and Tameside Economic Baseline Review 2020. Wider studies, reports and research documents had also informed this work including the emerging Tameside Housing and Asset Management strategies. The Tameside Economic Baseline Review provided the core evidence base for this strategy.

AGREED

Executive Board be recommended to:

- (i) **Review the draft Inclusive Growth Strategy for consultation, provide comment and approve for consideration by Executive Cabinet**
- (ii) **Approve the commencement of the consultation on the Draft Inclusive Growth Strategy with a minimum consultation period of 6 weeks subject to Executive Cabinet approval.**
- (iii) **Note the Economic Baseline Report and to make it available as part of the consultation with the public.**
- (iv) **For the outcome of the consultation to be brought back to Board and Cabinet for further consideration**

112. DISCRETIONARY GRANT FUND REPORT

Consideration was given to a report of the Executive Member (Finance and Economic Growth)/Director of Growth which stated that the Tameside Discretionary Grant Fund (DGF) had been delivered between June and September 2020 in accordance with the Scheme adopted on the 3 June 2020. The DGF totalled £2,345,250. The full list of Decisions relating to the Discretionary Grant Fund was provided in the report.

It was suggested that the DGF should be considered in context of the Small Business Grant (SBG) and Retail Hospitality Leisure Grant (RHLG), which provided non-discretionary payments to Tameside businesses totalling £44m. Applicants to the SBG or RHLG were ineligible for DGF and therefore all the schemes had provided a combined coverage of support. Any business in Tameside with a Rateable Value up to £51k was able to apply for some form of grant.

The DGF used social media, printed press, press releases, eshots (email to 2,500 Tameside businesses), business networks and radio interviews to reach potential applicants and achieved the following numbers with regards to communication:

- Round 1 - 2,106 unique visits to scheme/application webpage.
- Round 2 - 4,017 unique visits to scheme/application webpage 34,800 twitter views and 24,757 Facebook views.
- Round 3 – 2,587 unique visits to scheme/application webpage, 62,618 twitter views and 18,462 Facebook views.

These visits resulted in 392 applications to the Discretionary Grant Fund totalling £2,934,000. There were 240 eligible applications and their value (£1,883,000) and 152 ineligible applications.

There were 6,140 businesses in Tameside, it was not possible to determine how many of those businesses could have potentially applied for the scheme due to the lack income loss and property cost information. This was set out in the Key Decision on 3 June 2020 and Executive Decision Round 3 proposal report of 22 July 2020 (section 3.1 below).

AGREED

Executive Board are recommended to note the report and that Appendix A (applicants who received an award) of the report will be published on the Council's Discretionary Grant Fund webpage

113. BACK TO SCHOOL

Consideration was given to a report of the Executive Member for Lifelong Learning & Skills / Director of Children's Services which outlined the work that had been undertaken by all in Tameside to ensure that schools opened to their pupils in a safe and sensible way. It was stated that the approach had always been inclusive and collaborative with some key pieces of work such as the "back to school – Tameside loves school" campaign held up as national good practice. The

range of measures in place and guidance that had been assimilated has been significant and the new year will undoubtedly bring additional challenges. However, the approach taken so far would stand the borough in good stead to meet any challenges going forward.

Since lockdown began at the beginning of the pandemic, schools had been at the centre of many national conversations about dealing with COVID-19. Schools were closed to all but the most vulnerable children and the children of key workers from mid-March. Primary schools opened more widely to Reception, Year 1 and Year 6 pupils after Whit half terms and secondary schools opened to Year 10 pupils.

The wider opening had been carefully planned by schools and followed government guidance and was supported by the colleagues across the Council, particularly from the Health and Safety and Public Health teams. All of the wider opening was done taking a safe and sensible approach, with local trade union and staff representatives being fully involved at all planning stages.

Support for schools had always been available to all schools, whatever type they may be and whatever phase or sector they are in. This had helped to maintain a borough-wide approach to identifying collective processes which support local decisions.

Attendance during the pandemic had generally been very good for those eligible to attend. Whilst all Tameside maintained schools and academies had been open throughout the pandemic (3 schools (2 Academies) closed for short periods due to cleaning and staffing), the figures below are based on data submitted to the Department for Education (DfE). The response rate to the DfE Educational Settings Status form from 8 June onwards (1 June – 5 June was summer half term in Tameside and response rates were low) was between 72% and 81%.

School attendance was consistently above the national average estimate from 23 March to 29 May with the exceptions of bank holidays and 1 May when there were submission issues. Attendance ranged daily between 1% and 3% of all Tameside pupils (with exceptions of bank holidays).

School attendance was below the national average estimate from 1 June to 17 July (primarily due to the Whit half term break and the prolonged closure of Tameside schools until 22 June) though it increased week on week and was at a high of 16.4% on 07 July (National estimate of 17.5%).

The report set out the areas where support for schools and families had been focussed, as follows:

- Support for our most vulnerable pupils
- Digital devices
- Personal Protective Equipment
- Fact sheets / Workforce FAQ's
- Risk assessments
- Webinars
- Contact and communication
- Free school meals
- Support for transition
- Summer offer
- Covid Exceptional Costs Support

In conclusion the report provided details of work being undertaken in preparation for September, included details of:

- INSET days
- COVID Catchup Premium
- Partnership with the Education Endowment Foundation
- Task and Finish Groups and GM Y1 Transition Support
- SEND
- Specialist Settings
- SEN Transport

- Dedicated school transport
- Attendance campaign
- Test and trace and the contain framework

AGREED

That the update be noted.

114. COMMUNITY CARDIOLOGY DIAGNOSTICS SERVICE

Consideration was given to a report of the Executive Member (Adult Social Care and Health)/Clinical Lead/Director of Commissioning which presented options for the locality for the commissioning of community cardiology diagnostics from March 2021.

Members were informed that Tameside and Glossop CCG commissioned Broomwell Healthwatch to deliver community cardiology diagnostic services. Broomwell Healthwatch was commissioned to deliver this service until March 2021. A procurement process was required for contract arrangements from April 2021

It was stated that Broomwell Healthwatch had successfully delivered services to Tameside & Glossop for a number of years. The current contract began April 2016 as a 3 year contract following a successful procurement process with the option to extend for two years. The option to extend was taken up and would end on 31 March 2021. The indicative annual contract value for the 2 services was £305k. The current contract had consistently over performed and activity had grown exponentially over the life of the contract.

Current average activity for the service was 839 reviews each month, with activity increasing by 16% over the course of the contract. Current average activity for the 24 hour ECG service was 91 per month, with activity increasing by 76% over the course of the contract.

Rising levels of activity were essential as early mortality rates (under 75 years) from coronary heart disease in Tameside & Glossop were significantly higher than the England average. A proactive approach to diagnosing and testing for heart conditions was essential to raise healthy life expectancy. The NHS long term plan stated that cardiovascular disease caused a quarter of all deaths in the UK and was the largest cause of premature mortality in deprived areas. This was the single biggest area where the NHS could save lives over the next 10 years. Increasing activity would also help increase the diagnosed prevalence of atrial fibrillation (AF). Public Health England estimated that there could be an additional 1,050 people with undiagnosed atrial fibrillation across Tameside and Glossop. This was an activity-based contract, if successful, activity would continue to increase and deflect urgent activity away from other services. Due to the nature of this contract it was not deemed suitable for a block contracting arrangement.

AGREED

That Strategic Commissioning Board recommended to:

- (i) Support a 3-6 month extension of the current contract to enable a procurement exercise to take place which will be facilitated by STAR procurement, the delay in this process starting earlier has unfortunately been exacerbated by the COVID-19 pandemic.**
- (ii) Support the procurement process outlined within the paper, including permission to award the contract following a successful procurement exercise**

113. HYDE COMMUNITY COLLEGE

Consideration was given to a report of the Executive Member (Lifelong Learning, Equalities, Culture and Heritage)/Executive Member (Finance and Economic Growth)/Assistant Director (Strategic Property) which explained that Hyde Community College (HCC) was a PFI school funded and procured through the Building Schools for the Future programme. Hyde Community

College was one of five schools with Project Co2 managed through a special purpose vehicle called Inspired Spaces. Inspired Spaces is managed by Amber Infrastructure. This was a 25 year contract and as well as constructing the school the SPV was responsible for the ongoing Facilities Management and Lifecycle Maintenance. Any changes to the contract followed a structured variation process.

The proposed scheme was to remodel some internal classrooms following the closure of the sixth form provision at the school and to remodel a large open space that had previously been used for vocational education. The work was planned in three phases and regular reports on progress were presented to the Strategic Planning and Capital Monitoring Panel. All three phases were essential to ensure the school could take 240 pupils per year group. The current coronavirus pandemic and the need for appropriately risk assessed provision in the school was also impacting on the need for additional temporary accommodation.

The project commenced on site in July 2020 without planning permission or governance approval. The reasons for this are subject to an internal investigation. Planning was granted on 19 August 2020 with supplementary prestart planning condition relating to drainage. Works therefore ceased on site on 20 August 2020. The prestart planning condition has now been met.

The 5 classrooms proposed were modular units whose manufacture has been completed and were due to be delivered to site on 20 August 2020.

Meanwhile, work had been ongoing to sort out all the contractual arrangements including any lease and licence requirements and ensure there was clarity on the lifecycle costs going forward. This was because there would be a change in the school and the necessary cleaning requirements together with the liabilities for the PFI company to care for and look after the fabric of the new classrooms this required a changes to the monthly charge which needs to be tested for value for money.

Unfortunately, the Council was advised on 6 October 2020 by Amber (PFI management company) that the modular unit supplier had stated that if the 5 classroom modular unit were not delivered to site on Tuesday 13 October 2020 then they could not then deliver them until March 2021. This has been because of the significant demand on suppliers for more modular classrooms had increased significantly as Schools nationally attempted to deal with the impact of Covid 19 and the requirements to social distance and creating additional capacity within the schools not necessarily for classrooms. Amber further stated that in order to accept the modular units on site on 13 October they required an instruction from the Council to proceed within 24 hours namely by close of business on 7 October 2020 in order to complete ground works on site in preparation to take delivery of the modular units.

Accordingly, this report sought authority to enter in a Contract Variation Notice for the sum of £1,147,142 in order to deliver:

- Phase 2 works - new Science Block. Work to provide a 5-classroom science block for the start of September 2020 term. Block to provide two full science labs and three other rooms in which science may be taught. The three classrooms to include a demonstration area equipped with gas for bunsen burner use etc. Each of the five classrooms to be equipped with power and data. Additionally a staff work area/kitchenette with provision of sink, worktops, and cupboards along with sockets for kettle and microwave. Additionally store rooms, boys and girls wc and disabled wc, staircase and ancillary rooms. Block to be be appropriately fire-rated given use for experiments. Staircase to be protected with refuge area. Furniture and ICT whiteboards to be provided separately. This CVN to cover design and development work, planning and building control, project management as well as groundworks and provision of the actual block. Cost to include demolition and removal from site of D&T external store. Scheme to include appropriate external fencing and gates as necessary.

AGREED

That the Executive Member (Lifelong Learning, Equalities, Culture and Heritage)/Executive Member (Finance and Economic Growth) be recommended to agree that in the circumstances that the Council authorised the Assistant Director Strategic Property, to sign off the Contract Variation Notice in the sum of £1,147,142 referred to in paragraph 1.14 of the report in order to deliver *Phase 2 works - new Science Block. Work to provide a 5-classroom science block for 13 November 2020* under the variation Procedure set out in the PFI Project Agreement on the basis set out in the report and subject to a further report being received by the Board setting out:

- (a) the requirements for the whole project including the position and any governance required for any variation, change orders and warranties required to the original PFI contractual arrangements to facilitate the project and to receive the value for money report.
- (b) the actions being taken to ensure that school capital projects are properly managed with governance being obtained in advance so that the Council is in a position to properly agree to risks and manage the Council's statutory duties to deliver school places efficiently and effectively within a balanced budget.

114 FORWARD PLAN

AGREED

That the forward plan of items for Board be noted.

CHAIR

LIVING WITH COVID BOARD

23 September 2020

Present	Elected Members	Councillors Warrington (In the Chair), Bray, Cooney, Fairfoull, Feeley, Kitchen, Ryan, Gwynne and Wills
	Tameside and Glossop CCG Members	Dr Asad Ali, Dr Ashwin Ramachandra, Dr Kate Hebden, Dr Vinny Khunger, Dr Christine Ahmed, Clare Todd, David Swift,
	Chief Superintendent	Jane Higham
	Chief Executive Tameside and Glossop NHS Trust	Karen James
	Medical Director Tameside and Glossop NHS Trust	Brendan Ryan
	Action Together	Liz Windsor-Welsh
	Chief Executive TMBC	Steven Pleasant
	Borough Solicitor	Sandra Stewart
	Section 151 Officer	Kathy Roe

Also In Attendance: **Steph Butterworth, Jeanelle De Gruchy, Gill Gibson, Richard Hancock, Dr Ashwin Ramachandra, Kathy Roe, Ian Saxon, Paul Smith, Sarah Threlfall, Emma Varnam. Debbie Watson, Tom Wilkinson and Jess Williams**

Apologies for Absence: **Councillor Oliver Ryan, Dr Tim Hendra, Carol Prowse and Karen Huntley**

1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2 LIVING WITH AND CONTAINING COVID GOVERNANCE AND DECISION MAKING

Consideration was given to a report of the Executive Leader / Chief Executive, which outlined the approach to containing and living with Covid governance.

It was proposed that a 'Living with Covid-19' Board would be introduced supported by two working groups. A 'Containing Covid-19' working group and a, 'Impact and Recovery' working group. These groups in turn would be supported by a series of issue specific cells. The Living with Covid-19 Board would:

- make recommendations to the Strategic Commissioning Board (and where outside its remit to its constituent bodies through the Council's Cabinet and the CCG Governing Body) around measures to limit the spread and impact of Covid (breaking the chain of transmission) and to support the population in mitigating the impact of the pandemic.
- oversee the development of the Local Outbreak Management Plan.
- provide assurance to the Cabinet/ Strategic Commissioning Board on local arrangements for the prevention, surveillance, planning for, and response to, COVID-19.
- have appropriate health protection intelligence and data support to inform local decision making in partnership with lead agencies.
- monitor a 'COVID-19 health protection dashboard' and highlight concerns about significant health protection issues and the appropriateness of health protection arrangements, raising any concerns with the relevant commissioners and/or providers or, as necessary, escalating concerns to the cabinet/ strategic commissioning board
- seek assurance that the lessons identified were embedded in future working practices.

The Living with Covid 19 Board would be chaired by Councillor Brenda Warrington with Dr Ashwin Ramachandra / Dr Asad Ali acting as deputies and its membership would be the Executive Cabinet and the CCG Governing Body and given the nature of the pandemic supported by the Chief Executive of the Tameside and Glossop ICFT (Karen James) and the locality Superintendent of Greater Manchester Police (Jane Higham).

Any formal decision making would take place in compliance with transparency and legal requirements at the Strategic Commissioning Board with appropriate consultation where required with the Health and Wellbeing Board, subject to any matters not within the jurisdiction of the Strategic Commissioning Board being recommendations to the Council's Executive Cabinet and the CCG's Governing Body in the usual way.

The Living with Covid-19 Board would report back to the Strategic Commissioning Board, and consult/update the Health and Wellbeing Board as appropriate by submitting formal reports including any concerns or recommendations.

The Living with Covid-19 Board would receive reports from (a) the Tameside Covid Containment Working Group (Chaired by Steven Pleasant) and (b) the Covid Impact and Recovery Working Group (Chaired by Councillor Brenda Warrington) with operational progress on the national and local implantation of the programme including any arising issues or formal decisions, which needed to be escalated into Cabinet/ Strategic Commissioning Board.

The working groups would be supported by a number of focussed cells including, a test and trace cell, a data and intelligence cell; and a communications & engagement cell; and the existing Care Home outbreaks cell which would ensure the appropriate officers and professionals provide information and recommendations within their expertise.

AGREED

That the proposed governance is noted.

3 LOCAL OUTBREAK UPDATE PLAN

Consideration was given to a report of the Director of Population Health / Assistant Director for Policy, Performance and Communications and the Assistant Director of Operations and Neighbourhoods.

The Local Outbreak Control plan for Tameside provided 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 and infrastructure in place to deliver this, and appropriate routes of accountability.

The Director of Population Health delivered a presentation regarding Data and Intelligence. Key statistics on Covid -19 in Tameside were detailed to the Board. Members were advised that the total number of cases (cumulative) was 2,590 in Tameside. The number of new infections in the last 7 days was 256. The rate of cases in Tameside for the last 7 days was 113 per 100,000. Testing had remained steady however the number of positive tests had increased by 4.6% in the last 7 days. Further, there was a high death rate from Covid-19 with 334 deaths from Covid-19 in Tameside in total. It was stated that Tameside ranked 11th nationally for the rate for new cases in the last 7 days.

Members received a comparison of the GM local authorities detailing the number of individual tests in each authority, the number of confirmed cases, rate of testing and the rate of positive tests. With regards to the current situation in Greater Manchester, weekly incidence rate had risen across all boroughs. There was a pattern of spread, general community transmission and household transmission. There were a wide range of ages that were not contracting the virus, a mix of ethnicities and varied workplaces. Hospital admissions had been increasing in some GM boroughs.

Incidences of cases within schools appeared to be driven by importing community based transmission rather than transmission within schools.

It was stated that between 14 – 20 September, T&G ICFT saw a total of 11 new admissions for patients with Covid-19. At the peak, the 7 day high was 17 total admissions across a 7 day period. The 17 September saw 14 new admissions for the previous 7 days. Further, the number of beds occupied by Covid-19 positive patients had increased to 41 as of 20 September 2020.

Members were advised that the UK government's scientific advisers believed that the chances of dying from a coronavirus infection were between 0.5% and 1%. There had been 334 deaths of Tameside residents involving Covid-19, 1 in 4 of these had been in care homes. Further, 81% of the Covid-19 deaths of Tameside had at least one comorbidity.

The Assistant Director of Population Health delivered a presentation on containing and Track and Trace. With regards to testing, there had been regular repeat testing in high risk settings such as care homes and hospitals. Work was underway to identify a Local Testing Site, this would be a permanent facility 9am-8pm 7 days a week. It was expected that the site would be located at Darnton Roach Car Park and the site would go live on the 7 October 2020. This site would have the capacity for 240 tests a day.

Members were advised that the GM hub had been dealing with complex cases and settings. It was reported that there had been capacity issues, there had been a surge in infection rates with schools returning and a large increase in infections from businesses and workplaces. The GM hub was increasing its capacity from 6 to 21 full time equivalents in the next 2 weeks. Further, the GM hub would be moving to a 7 day service. Local contact tracing had started, this was to compliment the national trace system. GM borough were moving forward with a model of Locally Supported Contact Tracing, this was to pick up the confirmed cases who national tracers (Level 2) did not get hold of in the first 24 hours. It was reported that the Level 2 Locally Supported Contact tracing had gone live. There had been demand challenges with the volume being higher than expected, 80% of cases had come through locally meaning that the national contact tracing system had been picking up 20% of cases locally in the last 5 days. Further, a delay in testing had meant that the locally supported contact tracing team were missing a window of opportunity.

The Assistant Director of Policy, Performance and Communication delivered a presentation on Communications and Engagement. Members were advised that the service was listening to the feedback received and that this was being used to help shape the services communications. A number of communication methods were being used and explored including, radio, billboards traffic matrix signs and already 250,000 leaflets had been handed out across the borough. The communications were targeting specific communities and age groups to reflect the changing circumstances. An example was given of a disproportionate number of cases in younger age groups; this was being factored into the communications approach.

Members of the Board received examples of the materials that were being used as part of the communications approach.

Community champions had been set up to have people routed within the community who could identify what was working and what wasn't further community champions would help distribute the message within the community. Members received a summary of the organisations that had engaged with the service and helped target the hardest to hear groups.

The Director of Operations and Neighbourhoods delivered a presentation covering the Compliance Cell. It was explained that the Compliance Cell was preventative work; visits had taken place to a wide range of commercial and domestic premises. The emerging priority was non-compliance with quarantine rules. It was stated there were a number of priority areas including schools, events and domestic parties, the emerging priority was over the use of face coverings and house quarantines.

It was reported that Members were advised of the enforcement and compliance action carried out since the lockdown on 23 March 2020.

AGREED

That the Living with Covid Board note the update in relation to the various actions undertaken by the locality.

4 FLU UPDATE

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Dr Ashwin Ramachandra Joint Chair for the NHS Tameside & Glossop CCG / Director of Commissioning.

It was stated that the flu vaccination programme protects those who were at more risk of serious illness or death should they develop flu, and reduced transmission of the infection, thereby contributing to the protection of vulnerable individuals who could have a suboptimal response to their own immunisation.

Members were advised that the eligible cohorts had been expanded this year, the eligible groups were summarised in the report as follows:

- Aged 65 years and over (at least 75%)
- Clinical at risk group (at least 75%)
- Pregnant women (at least 75%)
- 6 months to under 65 years in clinical risk groups (at least 75%)
- All children aged 2-10 years on 31 August 2020 (Pre-school 50%, Primary School 65%)
- Frontline Health and Social Care workers (100% offer)
- Household contacts of those on the NHS Shielded Patient List. Specifically individuals who expected to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact was unavoidable.
- Health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.
- There would be a further extension to the vaccine programme in November and December to include the 50-64 year old age group, subject to vaccine supply. This extension was being phased to allow practices to prioritise those in at risk groups first. Providers would be given notice in order to have services in place for any additional cohorts later in the season.

In previous years General Practices would deliver flu vaccinations to their own patients. Covid-19 would make this more problematic, due to the need for increased infection control measures. Alternative methods of delivery had been explored for the extra cohorts. Where possible PCNs would work together to improve access to vaccinations.

The Director of Commissioning explained that Hyde PCN had chosen to deliver utilising a different model and had made significant changes to the way they would be offering their vaccinations this year. This would include a drive-through vaccination clinic at Hyde Leisure Centre. The drive-through method was expected to improve safety and efficiency. In order for the drive-through to be possible, all 8 practices had agreed to pool their vaccines and workforce. For patients who were unable to access the drive-through, they could book a face to face appointment at one of the 12 local pharmacies. Pharmacies would also vaccinate staff and residents of care homes for Hyde.

It was further explained that Hyde PCN took the decision to develop an online booking system to enable the practices and the pharmacies to work together, and to enable patients to have an easy way of booking an appointment at any location. The booking solution went live on the 19th August and there were 4500 patients registered. Health Innovation Manchester would evaluate the delivery model which has received national exposure.

With regards to the delivery in secondary care, Planning for the vaccination of front line acute and community staff in Tameside & Glossop Integrated Care Foundation Trust (ICFT) was in process, with an estimate of mid-September for the arrival of the first vaccines. The communications campaign was planned and managers were taking responsibility for promoting vaccination among their staff.

The maternity service was also planning their vaccination programme, which would be different this year due to Covid-19. Previously, maternity clinics had been undertaken in general practices. However, over the coming months, clinics, and therefore vaccinations, would take place in community settings.

Pennine Care Foundation Trust would be launching their staff vaccination communications campaign at the end of September. They would be holding vaccination clinics on an appointment-only basis. They would also vaccinate eligible in-patients in the Trust.

As last year, CGL, the provider of drug and alcohol services for Tameside, would be offering vaccination to their eligible service users. They were also offering to pay staff the cost of the vaccine as an incentive to get the vaccination.

It was stated that for the first time this year, the schools vaccination programme had been extended into secondary schools and vaccinations would be offered to all schoolchildren aged 4-10 years as at 31 August 2020.

Members were advised that the communications campaign would match the Greater Manchester campaign, and would focus on the same key cohorts, which were expected to be people with Learning Disabilities and children aged 2 – 3 years.

In July, an additional £3bn of funding was announced by the Prime Minister to help the NHS prepare for a potential second wave of coronavirus. Funding for the wider roll out of the national flu vaccine programme was included as part of this announcement. It was anticipated that funding would flow through GMHSCP accounts rather than CCG budgets. As such, the planned expansion of eligible cohorts would have minimal impact on CCG budgets.

Members were advised that the risk for this seasons flu campaign were considerable, vaccine supply, an increase in the size of the cohorts, workforce availability, social distancing and increased infection control measures make the delivery of the programme more challenging than ever before.

AGREED

That Members of the Board note the significant challenge of delivering the influenza vaccination programme during the Covid-19 pandemic.

5 OPERATIONS AND NEIGHBOURHOODS SERVICE CHANGE DECISIONS UPDATE SEPTEMBER 2020

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Executive Member for Housing, Planning and Employment / Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Executive Member for Transport and Connectivity / Director of Operations and Neighbourhoods.

The report provided a service change decision update across Operations and Neighbourhoods in response to the evolving Covid-19 pandemic. A review in September for Members was agreed at the 24 June 2020 Executive Meeting.

The Assistant Director of Operations and Neighbourhoods highlighted key changes and updates.

It was reported that the Ashton Indoor Market had continued to operate throughout this pandemic by supporting the essential businesses that had been allowed to continue their trade. Hyde Indoor Market reopened on the 1 June 2020 in a decision requested by the essential traders.

Non-essential traders were allowed to return to both the Ashton and Hyde Market Halls from the 15 June 2020 following the national government guidance. Outdoor Markets reopened on a reduced basis from the 22 June 2020 to enable the team to monitor and manage the appropriate social distancing measures. The Outdoor Markets returned to full operations on the 20 July 2020 having reopened successfully.

With regards to changes to the Bereavement Service from the 8 July 2020 the restrictions on the number of mourners allowed at Dukinfield Crematorium Chapel increased to 20 mourners. Up to 30 mourners were allowed to attend burials outside when adhering to social distancing measures. The temporary closure to the public of the crematoria reception, waiting area and crematory was to continue until work had been completed to ensure visitor and staff safety. The scattering of cremated remains or the placing of cremated remains in memorial sanctums had recommenced from the 10 August 2020 with social distancing measures and updated service risk assessments in place. It was reported that 5 additional staff members had qualified to safely operate cremators under a special measure scheme to increase the resilience of the service.

Members were advised that the Council's statutory homelessness services, provided by their commissioned partner Jigsaw Homes, were now operating limited appointment only visits at their premises Tameside Housing Advice.

On 24 July, the Council Leader formally opened "The Town House", a new premises designed to offer a broad range of support to people who were homeless and at risk of rough sleeping, and other vulnerable Tameside residents. Situated next to St Anne's Church on Burlington St in Ashton, The Town House was a community hub which combined overnight emergency accommodation with a community café, counselling spaces, kitchens and meeting rooms where vulnerable service users could meet with specialists to address their needs and start to tackle the issues which had led to their homelessness.

The Assistant Director of Operations and Neighbourhoods stated that the Parking Services continued to operate a full range of services effective from the 1 July 2020 as approved by Executive Cabinet on the 24 June 2020.

Four of the Council's eight libraries re-opened on the 6 July 2020 following implementation of all Covid-19 safety measures and test and trace requirements. Visitors to these libraries expressed appreciation that the service was operational again, albeit in a more restricted way. During the first 4 weeks of opening there were over 12,000 loans and visitor numbers were just over 50% of what would normally be expected for the time of year.

Using learning from the four venues currently operational, work had continued to prepare for the re-opening of the remaining four libraries with the same offer available. It was proposed that these sites open on the 12 October 2020 provided all relevant safety measures were in place. Monitoring of the recent local Covid-19 infection rates may have an impact on the opening date.

As more staff were required in each venue to manage the service safely and collect test and trace data opening hours at the remaining four libraries have had to be reviewed. It would not be possible to open Denton and Hyde libraries on Saturdays as there was insufficient staff available to cater for this across the service.

Consideration had been given to how Portland Museum can operate safely given the prevalence of Covid-19.

Following a Covid-19 risk assessment it had been determined that to keep people safe an appointment booking system would be required. This would in effect allow 10 people every 15

minutes to enter the museum (40 over an hour). By operating an appointment booking system and implementing a one-way system social distancing requirements could be satisfied. However, when busy it would be necessary to restrict the length of a visit to around 1 hour to enable all people wanting to attend get the opportunity to do so. People would not be asked to leave unless numbers cannot be safely managed. The number entering would be evaluated and reviewed if necessary following the initial weeks of opening. The appointment booking system was being developed, along with other Covid-19 safety measures with a view to opening the museum on the 14 October 2020, although this would be dependent on the local infection rates.

With regards to the Local Studies and Archive Centre, the nature of this service was research rather than a borrowing service like the public library service. In order to ensure Covid-19 safety there would be the need to operate an appointment based system to ensure social distancing and a cleaning regime between customers. A one-way entry and exit system would also be in place.

A Covid-19 risk assessment had been undertaken and following relevant safety measures such as Perspex screens being installed it was proposed that this service re-open on the 13 October 2020. This would be dependent on the current local infection rates and all relevant safety measure being in place.

Alternative proposals have been developed for the Christmas celebrations across the borough. These proposals included lit Christmas trees across the 9 towns, albeit without the traditional switch on event and Civic buildings also being lit.

Additionally, it was proposed that the corporate Christmas celebration this year would be replaced with themed activities allowing for social distance and the avoidance of gatherings. The proposal involved theming the first twelve days of December around the traditional and festive *12 Days of Christmas* carol ensuring all nine towns of Tameside were featured in the project.

AGREED

That Members note:

- 1. The revised opening times of the Ashton and Hyde Indoor markets: Monday – Saturday between 9am – 4pm.**
- 2. The Outdoor Markets reopened on a reduced basis on the 22 June 2020 and returned to full operations on the 20 July 2020.**
- 3. Organised events within parks and countryside remain suspended, with the exception of the activities organised by Youth Services as detailed in section 4.4. The volunteer led guided walks programme is being reviewed for reintroduction in January 2021 if considered safe to do so.**
- 4. The operational service changes of the Bereavement Services in line with the Health Protection Regulations 2020 detailed in sections 3.1-11.**
- 5. Staff will still not enter the properties of deceased persons when dealing with Public Health Funerals in order to find financial or personal details.**
- 6. The current Guidance and Procedures for Welfare and Community Funerals continues to apply and a further review will be undertaken by 31 October 2020.**
- 7. The Council's statutory homelessness services, provided by their commissioned partner, Jigsaw Homes, are now operating limited appointment only visits at their premises Tameside Housing Advice.**
- 8. Youth Services have provided outdoor activities from the 3 August 2020 with social distancing and safety measures in place.**
- 9. To consider the proposal to continue the suspension of the monthly parking deductions for all staff contract car park passes. This will be reviewed at the end of the calendar year.**
- 10. Some low risk programmed inspections and enforcement activity remains suspended to allow or provide additional capacity to enforce the Health Protection (Coronavirus Business Closure) Regulations 2020 as detailed in sections 5.5-6**
- 11. The Health and Safety team continue to provide organisational wide-support on an ongoing basis, as detailed in sections 5.7-5.8**

12. **The operational service changes of the Licensing function detailed in sections 5.9-10**
13. **To confirm that the Buy with Confidence Membership Scheme is still proposed to recommence from the 1 October 2020.**
14. **Four of the Council's eight libraries reopened on the 6 July 2020. It is proposed that the further four libraries reopen on the 12 October 2020, dependent on local infection rates, as detailed in sections 6.1-6.4.**
15. **To consider the proposal to further extend library item loans and the accrual of fines to the 31 October 2020, as detailed in section 6.5.**
16. **To consider the proposal to reopen the Portland Basin Museum and the Astley Cheetham Art Gallery on the 14 October 2020, dependent on local infection rates, as detailed in sections 6.6-6.13.**
17. **To consider the proposal to reopen the Local Studies and Archive Centre on the 13 October 2020, dependent on local infection rates.**
18. **TMBC is advising against any organised event which would involve the gathering of more than 30 people, both indoors and outdoors until January 2020.**
19. **To note and consider the proposals for Christmas celebrations, as detailed in sections 6.18-6.23 and in Appendix 1.**

6 COVID-19 PREVENTION AND COMMUNITY OUTREACH

Consideration was given to a report of the Executive Leader / Director of Governance / Assistant Director of Policy, Performance and Communications, which set out details of the proposed approach to supporting the most vulnerable, in particular the requirement to support those who were extremely clinically vulnerable in the event of being asked to shield or in the event of a local lock down.

It was explained that as Covid-19 rates in Tameside had been rising in recent weeks, there was an increasing possibility that those who were particularly vulnerable to the virus in terms of poor health outcomes or death would be asked by the government to shield. As a locality we were also starting to communicate directly with this cohort about planning for the possibility of a lockdown or call to shield and about the need to avoid potentially risky situations.

The government had passed responsibility to local authorities for supporting all shielded individuals with outreach and basic essentials in the event of a call to shield. Such a decision would be made by the government and has an impact on statutory sick pay eligibility.

Any call to shield/ lockdown could be pan Greater Manchester, whole borough or part borough. There remained significant questions around the impact of such a decision on those working in the borough and living outside and vice versa, we continue to seek advice and clarification on this matter.

There were around 10,000 individuals on the shielding list in the Borough in common with the work we did during the first lock down there would be a need to support those unable to access food and basic essentials as a result of financial or social factors.

It was stated that the Council would be required to support those individuals who were resident in the Borough to access food and basic essentials, Tameside and Glossop Clinical Commissioning Group we would also be required to support individuals in Tameside and Glossop with access to medicines and medical supplies.

The Assistant Director for Policy, Performance and Communications outlined the principles that were proposed to deliver an effective delivery of this support.

- Reduce reliance and dependency wherever possible, supporting and enabling individuals to find sustainable support for the long term.
- There had been time for commercial routes for support to evolve which should reduce the level of support needed to be provided directly by the public sector.

- Limited resources to support the most vulnerable would be protected and those who were able to pay for food would be supported to do so
- The exception to this would be in the event of a shortage of food supplies or difficulty accessing commercial offers a model of direct provision would be considered.
- The Council's role would be focused on providing support and brokerage.
- Any residual need which could not be met through commercial or welfare routes would be supported through the existing residual provision being delivered through the existing provision for the most vulnerable, operationally managed by operations and neighbourhoods, should the need for food grow or our assumptions prove to be wrong in terms of direct provision the Council would model the approach taken in the last lockdown and establish a food hub at Plantation Estate which could deliver larger volumes of food. A show plan was being developed to enable this provision to be established at short notice once the model was in place, although this would not be the preferred model.

With regards to Tameside's proposed shielding model, Individuals who were identified as extremely clinically vulnerable would be advised to take extra precautions and would receive a letter advising them to contact their local authority should they require support.

Individuals would be encouraged to identify family and or friends who can support them directly. This should be a reasonable option for the majority as it was not anticipated that there would be general problems with food supply and the move to a lockdown/ call to shield should be given with more notice. A letter had gone to all residents on the Clinically Extremely Vulnerable List to advise them to make preparations for the possibility of a shielding programme as rates rise.

The government had been clear that they were not expecting local authorities to necessarily provide food and basic essentials to residents but that they should play a key role in supporting and facilitating shielded individuals to access food and basic essentials.

In the event of friends or family being unable to support it was proposed that advisors would be encouraged to support individuals to access supermarket priority slots, which would be the preferred option for those individuals.

AGREED

That Members agree to:

- **the proposed outreach model and approach**
- **the principles around the operation of support to those required to shield**

7 DEFRA GRANT- LOCAL AUTHORITY EMERGENCY ASSISTANCE GRANT FOR FOOD AND ESSENTIAL SUPPLIES

Consideration was given to a report of the Assistant Director Policy, Performance and Communications / Assistant Director Operations and Neighbourhoods / Assistant Director Exchequer Services / Assistant Director Children's Services / Assistant Director Population Health.

The report outlined a proposal to spend the £331,533.64 provided to Tameside Council as part of the government's *'Local Authority Emergency Assistance Grant for Food and Essential Supplies'* fund. The proposals were one off schemes due to the non-recurrent nature of the grant from government. The report also suggested consideration was given to the establishment of a Tameside Welfare Assistance Scheme to build an ongoing model of emergency support to those in financial crisis to avoid escalation in outcomes and costs for both individuals and public bodies supporting them.

In acknowledgement of the wider impacts beyond shielding the government has provided local authorities with an emergency assistance grant for food and essential supplies. This paper outlines a series of proposals for how to spend the grant in Tameside.

The government announced an emergency fund of £63 million to be distributed to local authorities in England to help those who were struggling to afford food and other essentials due to Covid-19. *Grant No. 31/5110: Local Authority Emergency Assistance Grant for Food and Essential Supplies* was a one-off contribution for the 2020/21 financial year and was made under Section 31 of the Local Government Act 2003.

The grant letter defined the purpose of the funding as – ‘to help local authorities to continue to support those struggling to afford food and other essentials over the coming months due to COVID-19’. The grant guidance was relatively short and provides some flexibility for local discretion. The allocation for Tameside Metropolitan Borough Council was £331,533.64.

Each investment sought to achieve one or more of the following aims – alleviate extreme hardship; ensure access to the most basic essentials such as food and fuel; sustain tenancies and prevent homelessness; help families stay together; provide relief from immediate financial crisis; identify the cause of issues and work with people to find long-term sustainability and resilience.

The report summarised the he spending proposals as follows:

PROVISION	£
The Bread and Butter Thing	£100,000
Food support (investment in existing and new groups providing access to affordable food)	£30,000
Action Together coordination and support to voluntary, community, faith and social enterprise groups working with vulnerable people affected by Covid-19 in terms of access to basic supplies and essentials – food, fuel, clothing etc.	£85,000
Family support (provision of basic essentials like nappies, formula milk, school uniform, cots to families with babies and young children)	£15,000
Groundwork energy advice and support (top up to the existing Energy Redress funding secured by Groundwork)	£20,000
Financial and debt advice (additional capacity for the Welfare Rights team either employed or commissioned)	£40,000
Development and Sustainability Officer (fixed term post to oversee the delivery of the schemes, identify future opportunities , plan for sustainability and develop a Welfare Assistance Scheme)	£40,000
TOTAL	£330,000

It was stated that the discretionary element of the Social Fund was abolished as part of the Welfare Reform Act 2012. Tameside Council working with partners established the Tameside Independent Living Scheme. The scheme was part of a wider support network that provided support for people in a crisis and those in need of support to live independently. It aimed to provide a safety net in an emergency or when there was an immediate and serious risk to the health or safety of the applicant and their family and enable people to stay living at home or resettle into a new home following a period in institutional care, prison, temporary accommodation of living an unsettled way of life. In broad terms eligibility criteria were based on having a low income, no savings and experiencing a situation that warrants support in order to meet the aims as outlined.

Members were advised that the scheme ceased a few years ago. Although some aspects of the support provided were picked up within other areas such as the work of the Homelessness Team in helping people secure tenancies etc.

It was proposed that consideration was given to the establishment of a new scheme on similar terms. The purpose being to draw together some of the elements outlined in the plan to spend Covid-19 support grant (Grant No. 31/5110) with a view to providing a model that was available

beyond that limited funding in recognition of the impact of Covid-19 being substantial over the next few years.

The overarching aim of any Welfare Assistance Scheme would be to provide some form of stability in a financial crisis tied to advice and support to build resilience. Alongside this, a scheme would prevent escalation of problems and the associated knock on costs for public bodies.

AGREED

That the Living with Covid-19 Board recommend that the Strategic Commissioning Board and Executive Cabinet approve the:

- **Spending proposals for Grant No. 31/5110; and**
- **Development of a Tameside Welfare Assistance Scheme.**

CHAIR

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Agenda Item 4

Report To:	STRATEGIC COMMISSIONING BOARD
Date:	28 October 2020
Executive Member / Reporting Officer:	Cllr Ryan – Executive Member (Finance and Economic Growth) Dr Ash Ramachandra – Lead Clinical GP Kathy Roe – Director of Finance
Subject:	STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE REPORT CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 31 AUGUST 2020
Report Summary:	<p>This report covers the Month 5 2020/21 financial position, reflecting actual expenditure to 31 August 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 subject to change over the course of the year as more information becomes available, the full nature of the pandemic unfolds and there is greater certainty over assumptions.</p> <p>The CCG continues to operate under a ‘Command and Control’ regime, directed by NHS England & Improvement (NHSE&I). NHSE has assumed responsibility for elements of commissioning and procurement and CCGs have been advised to assume a break-even financial position in 2020-21.</p> <p>As at Period 5, the Council is forecasting an overspend against budget of £3.678m. The £3.678m pressure is non-COVID related and reflects underlying financial issues that the Council would be facing regardless of the current pandemic.</p>
Recommendations:	Members are recommended to : <ol style="list-style-type: none">1. Note the forecast outturn position and associated risks for 2020/21 as set out in Appendix 1.2. Approve the extended scope of the Aldwyn School Extension project to include roof repairs as set out in section 3 of this report.3. Approve an allocation of £200,000 of School Condition Grant Funding to fund the roof repair works at Aldwyn School.
Policy Implications:	Budget is allocated in accordance with Council/CCG Policy
Financial Implications: (Authorised by the Section 151 Officer & Chief Finance Officer)	This report provides the 2020/21 consolidated financial position statement at 31 August 2020 for the Strategic Commission and ICFT partner organisations. 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 drew on £12.4m of reserves to allow services the time to turn around areas of pressures. These areas were broadly, Children's Services placement costs, Children's Services prevention work (which was to be later mainstreamed and funded from reduced placement costs), shortfalls on car parking and markets income. Each of these services required on-going development work to have the impact of allowing demand to be taken out of the systems and additional income generated. There was additional investment around the IT and Growth Directorate Services, to invest in IT equipment, software and capacity and to develop strategically important sites for housing and business development, including key Town Centre masterplans. A delay in delivering the projects that the reserves were funding is likely to mean more reserves will be required in future years, placing pressure on already depleting resources.

Although the CCG delivered its QIPP target of £11m in 2019/20, only 40% of savings were delivered on a recurrent basis. Therefore the CCG was facing a significant challenge in order to meet the 2020/21 target before the COVID pandemic hit. Under command and control there was no requirement or expectation that the CCG would deliver efficiency savings in the first four months of the year. While this report assumes a year end break even position in line with national guidance, it is unclear what will happen with QIPP in future months or how savings will be achieved in the current climate.

It should be noted that the Integrated Commissioning Fund (ICF) for the Strategic Commission is bound by the terms within the Section 75 and associated Financial Framework agreements.

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

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

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

A sound budget is essential to ensure effective financial control in any organisation and the preparation of the annual budget is a key activity at every council. Budgets and financial plans will be considered more fully later in the workbook, but the central financial issue at most councils is that there are limits and constraints on most of the sources of funding open to local councils. This makes finance the key constraint on the council's ability to provide more and better services.

Every council must have a balanced and robust budget for the forthcoming financial year and also a 'medium term financial strategy (MTFS)' which is also known as a Medium Term Financial Plan (MTFP). This projects forward likely income and expenditure over at least three years. The MTFS ought to be consistent with the council's work plans and strategies, particularly the corporate plan. Due to income constraints and the pressure on service expenditure

through increased demand and inflation, many councils find that their MTFS estimates that projected expenditure will be higher than projected income. This is known as a budget gap.

Whilst such budget gaps are common in years two-three of the MTFS, the requirement to approve a balanced and robust budget for the immediate forthcoming year means that efforts need to be made to ensure that any such budget gap is closed. This is achieved by making attempts to reduce expenditure and/or increase income. Clearly councillors will be concerned with any potential effect that these financial decisions have on service delivery.

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

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

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

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

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

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

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

In times of austerity, it is tempting for a council to run down its reserves to maintain day-to-day spending. However, this is, at best, short sighted and, at worst, disastrous! Reserves can only be spent once and so can never be the answer to long-term funding problems. However, reserves can be used to buy the council time to consider how best to make efficiency savings and can also be used to 'smooth' any uneven pattern in the need to make savings.

Risk Management:

Associated details are specified within the presentation.

Failure to properly manage and monitor the Strategic Commission's budgets will lead to service failure and a loss of public confidence. Expenditure in excess of budgeted resources is likely to result in a call on Council reserves, which will reduce the resources available for future investment. The use and reliance on one off measures to balance the budget is not sustainable and makes it more difficult in future years to recover the budget position.

Background Papers:


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

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

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 e-mail: tracey.simpson@nhs.net

1. BACKGROUND

- 1.1 Monthly integrated finance reports are usually prepared to provide an overview on the financial position of the Tameside and Glossop economy.
- 1.2 Capital Monitoring Reports covering the whole capital programme are usually prepared on a quarterly basis, with progress updates on Directorate areas reported to Strategic Planning and Capital Monitoring Panel. Only capital items requiring approval outside of this reporting timetable are included within this report.
- 1.3 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.
- 1.4 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:
 - Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT)
 - NHS Tameside and Glossop CCG (CCG)
 - Tameside Metropolitan Borough Council (TMBC)

2. FINANCIAL SUMMARY (REVENUE BUDGETS)

- 2.1 At Month 5, the Council is overspending by £5.2m on a YTD basis, with a forecast that this pressure will be reduced to £3.7m by the end of the year. The £3.7m pressure is not COVID related and 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, Adults services and income shortfalls in the Growth Directorate. **Appendix 1** provides further detail of the financial position at Month 5.
- 2.2 The CCG continues to operate under a 'Command and Control' regime, directed by NHS England & Improvement (NHSE&I). NHSE has assumed responsibility for elements of commissioning and procurement and CCGs have been advised to assume a break-even financial position in 2020-21. **Appendix 1** provides a more in depth explanation of these issues.

3. EDUCATION CAPITAL PROGRAMME

- 3.1 Strategic Planning and Capital Monitoring Panel receive regular update reports on the Education Capital Programme. Included within the Education Capital Programme is a scheme to increase capacity at Aldwyn School from a 45-pupil intake to 60. The Scheme has a total approved budget of £2.716m.
- 3.2 In addition to the proposed extension works at Aldwyn School, the project scope will also include resurfacing of the flat roof area of the existing school. The proposed extension works require the new roof and existing roof to connect. Rather than forming a joint to a poor quality roof, it is recommended that given the age and condition of the existing roof (including ongoing leaks) it would be more cost effective and less disruptive to the school to renew the roof covering at the same time. This will reduce the potential future leak risk and water damage to the new extension. The estimated roofing cost is £200k. This will need to be funded from School Condition grant as the works relate to repairs and maintenance of the existing site.
- 3.3 The Council has £2,399,149 of School Condition funding available to be spent during the 2020/21 financial year, to improve and maintain the school estate. Grant has previously been earmarked for schemes totalling £1,900,000 and there is a balance of unallocated School

Condition funding of £499,149. This unallocated balance will reduce to £299,149 if this additional funding for Aldwyn is approved.

4. FINANCIAL OUTLOOK 2020/21

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

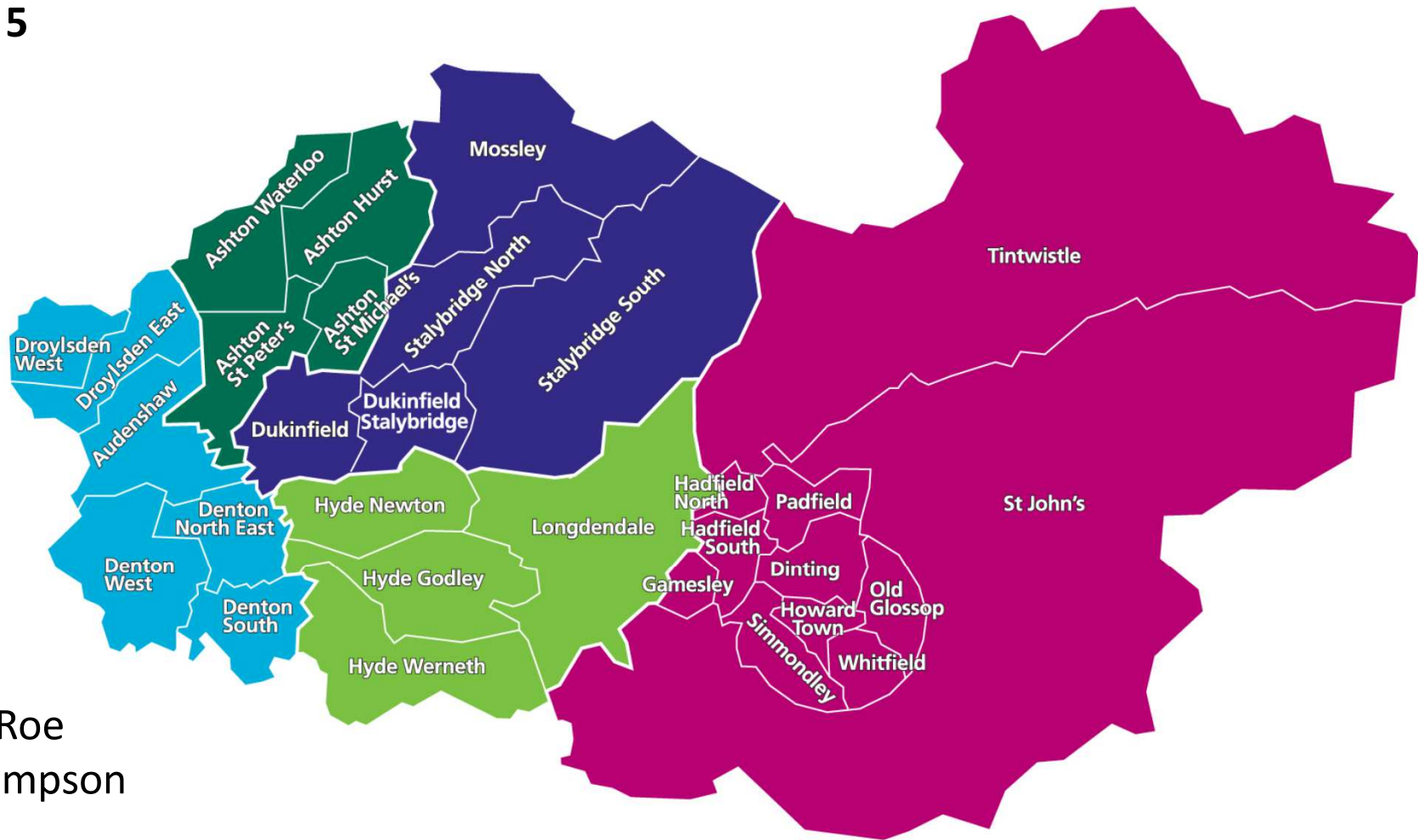
5. RECOMMENDATIONS

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

Tameside and Glossop Strategic Commission

Finance Update Report Financial Year Ending 31st March 2021 Month 5

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Kathy Roe
Sam Simpson

Period 5 Finance Report

Executive Summary	3
Strategic Commission Budgets	4
Council Budgets	5 - 7
CCG Budgets	8 - 9
ICFT Budgets	10

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

Finance Update Report – Executive Summary

Message from the Directors of Finance

As we enter Autumn, the financial position remains challenging and significant uncertainty remains as a result of the on-going Covid-19 pandemic. Pressures continue in Adults and Children’s services, together with significant income pressures for the Council. Forecasts for the remainder of the financial year have been prepared using the best information available but are based on a number of assumptions. Forecasts are inevitably subject to change over the course of the year, as new information comes to light and our understanding of the pandemic develops.

The NHS continues to operate under a nationally directed ‘Command and Control’ finance regime, with CCGs advised to assume a break-even financial position in 2020-21. Current guidance has been extended into August and September, with a new financial regime, based on STP (Sustainability & Transformation Partnership) level control totals to be introduced from Month 7 onwards.

At Month 5, the Council is overspending by £5.2m on a YTD basis, with a forecast that this pressure will be reduced to £3.7m by the end of the year. The £3.7m pressure is not COVID related and 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, Adults services and income shortfalls in the Growth Directorate.

Updated NHS guidance allows the CCG to continue to claim additional COVID related costs from NHS England. Similar arrangements are in place for provider top ups at the ICFT. At M4 the CCG has claimed £9.3m of additional COVID related costs in 2020-21, with a forecast that this will reach £11.3m by September, when the current scheme is due to end. This is in addition to £0.5m received in 2019-20. £8.5m of the forecast £11.3m is with the council, primarily to support Hospital Discharge and the Care Home sector and is included in the Councils income position.

The council are forecasting £31.5m of COVID income in total this year which is being used to offset direct and indirect COVID costs, and losses of income due to COVID.

The ICFT has reported an underlying overspend of £0.005m before the impact of COVID. COVID spend was £1.485m, meaning a top up payment of £1.490m is required to enable the reported breakeven position.

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	YTD Position			Forecast Position			Variance	
	Budget	Forecast	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
CCG Expenditure	180,317	180,317	0	432,760	432,760	(0)	(0)	0
TMBC Expenditure	86,629	91,889	(5,260)	205,279	208,957	(3,678)	(5,966)	2,426
Integrated Commissioning Fund	266,946	272,206	(5,260)	638,039	641,717	(3,678)	(5,966)	2,426

Finance Update Report – Strategic Commission Budgets

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Forecast Position £000's	Forecast Position					Net Variance		Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	COVID Variance	Non-COVID Variance	Previous Month	Movement in Month
Acute	223,219	0	223,219	223,238	(19)	(19)	0	(29)	10
Mental Health	40,039	0	40,039	40,486	(447)	(447)	0	(359)	(88)
Primary Care	90,771	0	90,771	91,614	(843)	(843)	0	(544)	(299)
Continuing Care	17,332	0	17,332	17,337	(5)	(5)	0	(5)	(0)
Community	34,107	0	34,107	34,107	0	0	0	0	0
Other CCG	22,805	0	22,805	32,837	(10,032)	(10,032)	0	(9,771)	(261)
CCG TEP 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	(11,346)	11,346	11,346	0	10,709	637
Adults	85,659	(46,972)	38,687	40,600	(1,912)	(981)	(931)	(1,929)	16
Children's Services - Social Care	64,234	(10,288)	53,946	56,641	(2,695)	0	(2,695)	(2,328)	(367)
Education	32,477	(26,079)	6,398	7,350	(952)	(612)	(340)	(953)	0
Individual Schools Budgets	119,648	(119,648)	0	0	0	0	0	0	0
Population Health	15,882	(263)	15,619	19,040	(3,421)	(3,464)	43	(3,421)	0
Operations and Neighbourhoods	80,537	(27,566)	52,971	53,287	(316)	(674)	358	(316)	0
Growth	45,631	(34,643)	10,988	12,094	(1,106)	(221)	(884)	(1,106)	0
Governance	67,071	(57,540)	9,531	9,186	344	45	299	344	0
Finance & IT	10,129	(2,219)	7,910	7,903	7	(35)	42	7	0
Quality and Safeguarding	430	(237)	193	184	9	0	9	(10)	19
Capital and Financing	10,619	(9,624)	996	7,573	(6,577)	(6,632)	55	(6,577)	0
Contingency	2,857	0	2,857	2,880	(23)	0	(23)	(23)	0
Contingency - COVID Direct Costs	0	0	0	18,708	(18,708)	(18,708)	(0)	(18,414)	(294)
Corporate Costs	5,486	(301)	5,184	5,089	96	(100)	196	96	0
LA COVID-19 Grant Funding	0	0	0	(24,266)	24,266	24,266	0	24,266	0
Other COVID contributions	0	0	0	(7,311)	7,311	7,311	0	6,823	488
Integrated Commissioning Fund	973,419	(335,380)	638,039	641,717	(3,678)	194	(3,872)	(3,540)	(138)

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	208,957	(3,678)	194	(3,872)	(3,540)	(138)
Integrated Commissioning Fund	973,419	(335,380)	638,039	641,717	(3,678)	194	(3,872)	(3,540)	(138)

Finance Update Report – Council Budgets

Headlines

Budgets continue to face 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, £3.5m of forecast overspends do not relate to COVID pressures and instead reflect an underlying financial position which requires urgent attention by Directorates.

Children's Services

The Children's Social Care Directorate is reporting an adverse movement of £367K compared to the finance position reported at period 4. This is predominately due to an increase in the placement forecasts (£233K) of which £206K is in relation to externally commissioned placements (Children's Residential Homes, Independent Foster Agency and Semi Independence provision). Whilst the number of externally commissioned placements and unit costs have remained relatively unchanged between period 4 and 5, a number of expensive placements have been extended further than previously forecasted. Further work is required to review the forecast end dates for existing placements. Salary forecasts have increased by a total £134K since period 4 which is predominantly due to an increase in agency employees (£150K). There have been further slippages in filling vacant posts (£16K) which has partially offset the increase in agency employees.

Population Health

The forecast position includes assumed financial support to Active Tameside for loss of income of £3.5m. The MHCLG income compensation scheme does not cover Leisure Services run by Active Tameside and therefore this remains a significant pressure resulting from COVID.

Income

The adverse variances in Growth, Operations & Neighbourhoods, and Capital & Financing are predominantly due to significant shortfalls in income, most as a result of the COVID pandemic. MHCLG have recently launched an income compensation scheme which will enable the Council obtain additional funding to compensate for income losses in some areas (such as car parking losses). Forecasts as at Month 5 do not yet reflect this income compensation scheme, however the first claim will be submitted in September and forecasts updated as at period 6. The income compensation scheme only covers certain categories of income and will not provide any compensation for losses in respect of the Manchester Airport Dividend or losses on rental income.

Collection Fund

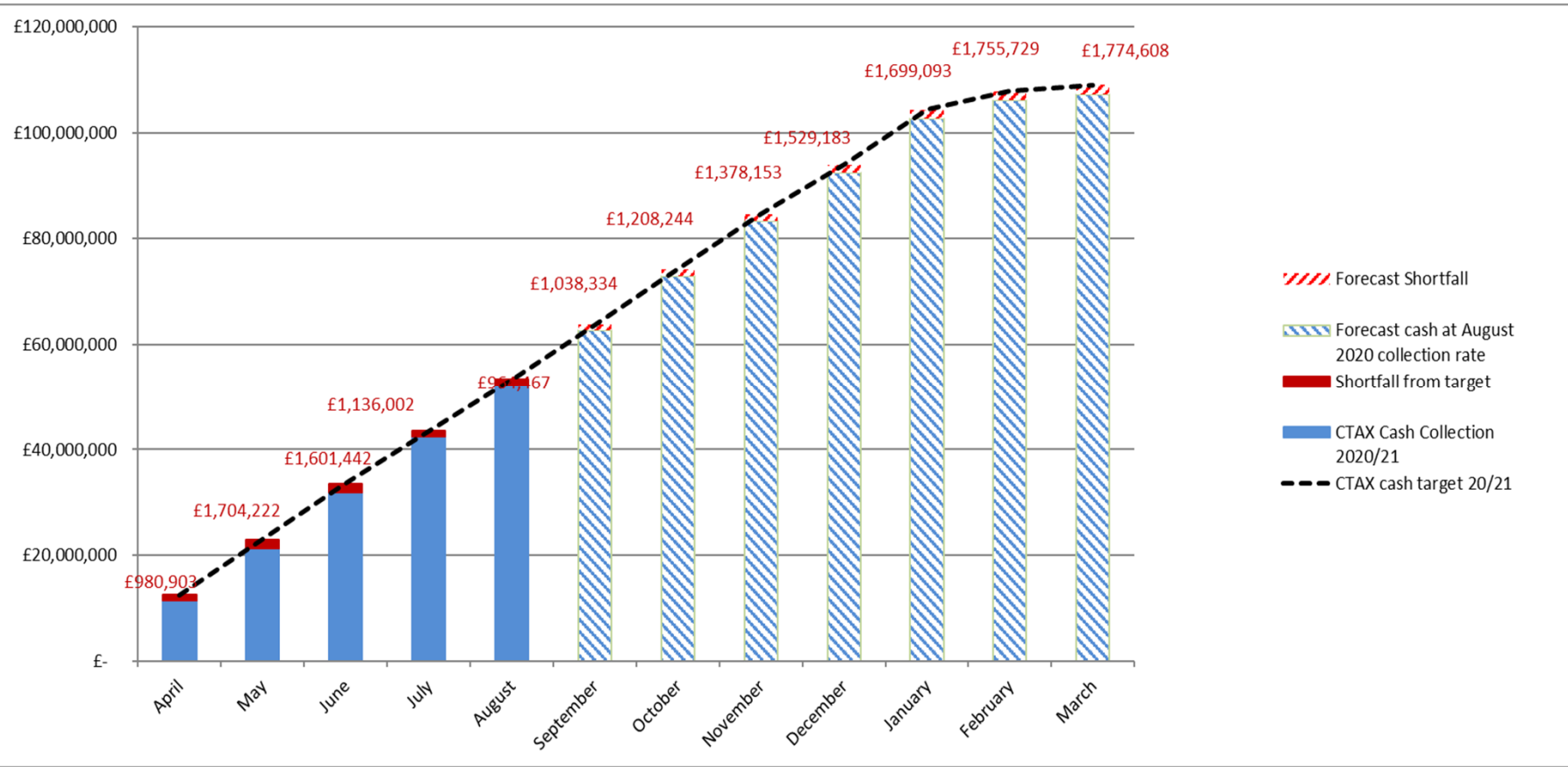
As set out on pages 6 and 7, the Council is still experiencing significant shortfalls on Council Tax and Business Rates income which will result in a deficit on the Collection Fund for 20/21. This deficit will need to be repaid over a three year period (rather than the usual one) but will still place significant pressure on future year budgets.

Collection Fund

Council Tax and Business Rates Collection

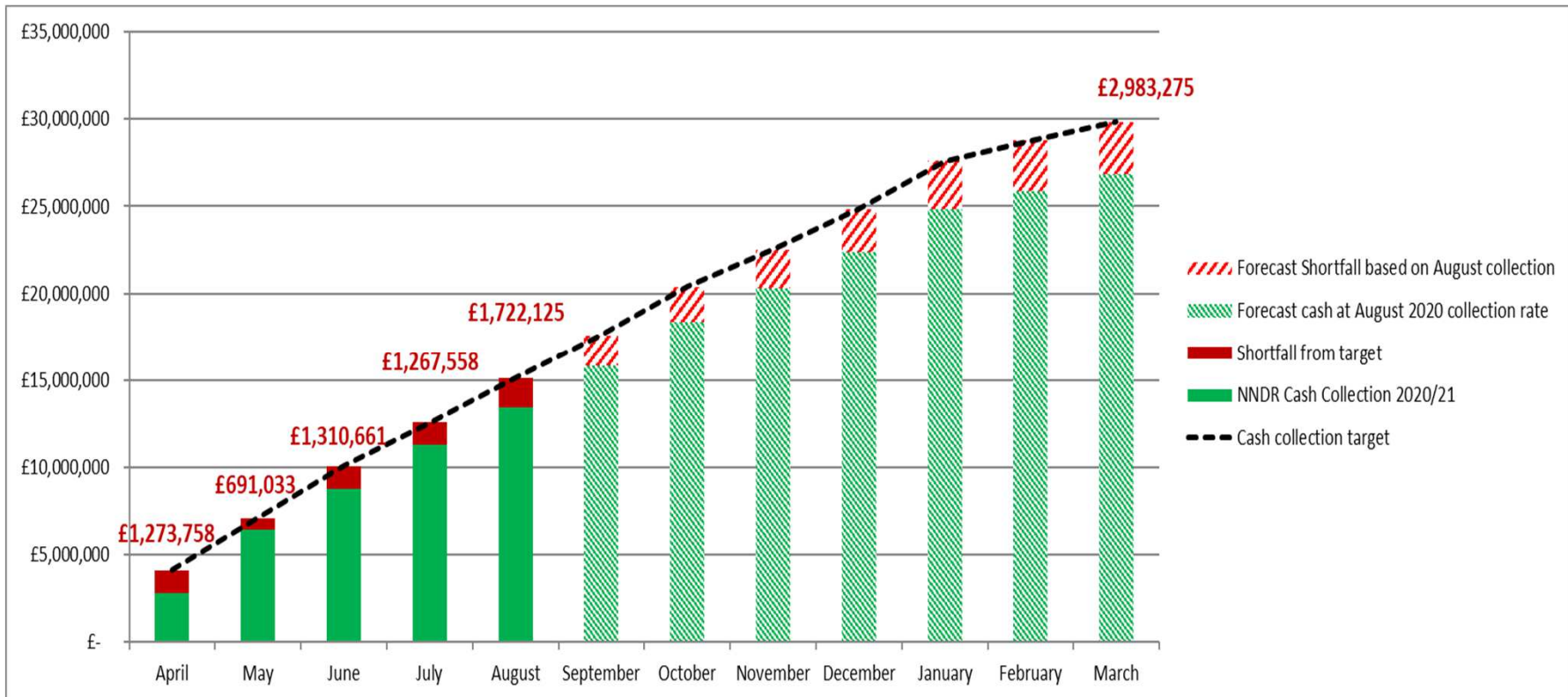
As at the end of August, collection of both Council Tax and Business Rates is below target and prior year trends, and this is attributed to the economic impact of COVID-19.

Council Tax collection rates have slowly improved since April, but remain 2% below target. If this trend continues then the forecast deficit on Council Tax collection by the end of March 2021 is £1.775m of which the Council's share is £1.484m. 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.



Collection Fund

Business Rates collection improved between April July, However this improvement was not sustained in August and overall collection is still significantly below target. If this trend continues then the forecast deficit on Business Rates by the end of March 2021 is £2.983m. 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.



Month 5 CCG Forecasts

- With the outbreak of COVID-19 in March, emergency planning procedures were instigated by NHS England (NHSE), with all finances governed by a new a national command and control framework. NHSE have assumed responsibility for numerous elements of commissioning and procurement, while CCGs were advised to assume a break-even financial position in 2020-21.
- Under command and control, acute contract payments have been calculated nationally (based on the month 9 agreement of balances exercise), with the CCG unable to pay anything to providers outside of this calculated figure in the first six months of this financial year. Other budgets were also nationally derived, based on 2019-20 costs at month 11 with growth/uplift rates applied. No investment other than that related to the pandemic response is allowed and there is no requirement to deliver efficiency savings during this four month period.
- At Month 5, we have reported YTD actuals in line with the national command and control requirements via the Integrated Single Financial Environment (ISFE). This covers baseline spend as referenced above and additional COVID-19 related costs. The national financial regime does not require (or allow) a full year forecast of expenditure to be submitted.
- Because of this, the financial data included in this report, deviates from the data reported nationally via ISFE. The CCG financial position reported in this Month 5 report is based on the 2020-21 financial plans approved through internal governance and submitted to NHSE prior to the pandemic, plus an adjustment for additional COVID related costs in 2020/21. This allows us to report a full year position across the Integrated Commissioning Fund as a whole, while maintaining consistency with the national advice that CCGs should assume a break even position for 2020-21.
- It should be noted that implicit within our break-even position is an assumption that the 2020-21 QIPP target of £12.5m will be fully achieved. While we know that under the command and control regime there is no national requirement for efficiency in the first six months of the year, it is unclear what will happen in future months or how savings will be achieved given the current climate.
- A letter from Simon Stevens (NHS Chief Executive) and Amanda Prichard (NHS Chief Operating Officer) detailing the third phase of the NHS response to the COVID-19 crisis was published on 31 July. This sets out operational priorities for the rest of the year and outlines proposed changes to the command and control financial regime.
- Operational priorities include increasing activity to 'near normal' levels, preparing for winter demand pressures (including a potential second wave of the virus) and learning lessons from the first COVID peak.
- More detailed finance guidance will follow, but from the letter it is clear that a revised financial framework will be introduced from M7 onwards. This will retain simplified arrangements for payment and contracting but with a greater focus on system partnership and the restoration of elective services. The intention is that systems will be issued with funding envelopes, but operational arrangements for these envelopes and precise values will require further development. Data about our financial position based on current run rates has been provided to GMHSCP in preparation for phase 3 and to allow speedy financial analysis once financial envelopes are published.

CCG COVID-19 Spend

Cost Type	March Actual	April Actual	May Actual	June Actual	July Actual	August Forecast	September Forecast	Forecast Outturn
Hospital Discharge Programme	151,222	655,367	1,127,364	1,405,143	1,729,003	1,735,211	1,136,825	7,940,136
Remote management of patients	175,417	348,381	362,749	241,968	185,173	157,641	372,282	1,843,611
National Procurement Areas	0	204,973	139,509	124,968	7,630	90,350	195,000	762,429
PPE	41,922	0	0	0	0	0	0	41,922
Support stay at home model	94,860	0	0	0	0	0	0	94,860
Sickness / isolation cover	7,282	0	0	0	0	0	0	7,282
Bank Holidays	0	39,325	21,975	11,500	41,199	3,220	0	117,220
Backfill for higher sickness absence	0	0	21,985	18,230	11,701	790	0	52,707
GP SMS Additional Costs	0	0	0	46,579	0	0	0	46,579
Other action (provide commentary)	75,792	0	0	0	0	0	0	75,792
Other Covid-19	0	33,646	12,037	48,468	124,200	372,606	319,400	910,357
Grand Total	546,496	1,281,692	1,685,619	1,896,856	2,098,906	2,359,820	2,023,507	11,892,896

- The table above summarises £11,893k of additional costs associated with COVID-19. In line with the latest guidance we are able to claim for additional related COVID costs upto the end of September. A new financial regime will be in place from October onwards.
- This table captures actual and forecast COVID spend with all providers across two financial years. £546k relates to 2019/20 financial year, with £11,346k in 2020/21. Actual spend of £9,869k to end of August has been reported to NHSE (£9,323k in the current financial year).
- The outturn position at M5 has increased by £637k since last month. This pressure has been driven by an increase in the number of packages of care under the Hospital Discharge Programme, the inclusion of an approved GM scheme for additional mortuary costs, an extension to the Silver Cloud Mental Health service and new guidance allowing primary care services delivered in care homes to be claimed from COVID. These pressures have been partially offset by reduced spend on GP practice claims, the Integrated Urgent Care Team (IUCT) and community equipment/adaptations.
- Our COVID spend represents a significant pressure against nationally calculated indicative funding of £6.2m (covering March - July). The CCG was required to complete supplementary templates explaining this variance at the end of both M3 and M4. However 'top up' budget allocations have been received to fully cover YTD spend at M4.
- Based on current run rates and known changes next month, we currently project spend of £11,893k to the end of September. The majority of this spend (£8,522k) is with TMBC and is included in the Council part of the Integrated Commissioning Fund.

Month 5 Position

Summary

Trust I&E excluding COVID-19 expenditure -	£5k overspend
COVID-19 expenditure:	£1.485m
Net deficit (I&E + COVID-19 Exp):	£1.490m overspend

Additional Top up (True up) funding required: (£1.490m)

Net deficit Break Even

In Month Movement: (£329k) Adverse

- I&E Excl COVID-19: (£502k) Increase

- COVID-19 Expenditure: (£173k) Reduction

Agenda Item 5

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	28 October 2020
Executive Member/Clinical Lead/Reporting Officer:	<p>Cllr Brenda Warrington – Executive Leader</p> <p>Cllr Oliver Ryan - Executive Member – Finance and Economic Growth</p> <p>Dr Ashwin Ramachandra / Dr Asad Ali – Co-chairs (Tameside and Glossop Clinical Commissioning Group)</p> <p>Sarah Dobson –Assistant Director of Policy, Performance and Communications (Governance and Pensions)</p> <p>Tom Wilkinson – Assistant Director of Finance (Finance)</p>
Subject:	BUDGET CONVERSATION 2021-22
Report Summary:	<p>It is important that Tameside and Glossop Strategic Commission (Council and CCG) understand the priorities of the public – local residents, businesses, patients and service users. This report outlines a proposal to engage with the public in autumn 2020 on their priorities for spending within the context of the financial challenges facing public services, including the impact of the Covid-19 pandemic. Engagement will take place through an online survey, attendance at virtual meetings, in-person meetings (where Covid-19 restrictions allow), social media and email. Engagement will be supported by an extensive communications campaign which will include digital methods such as websites, social media and email and non-digital methods such as newspapers, radio, and partner organisation networks. The public will be provided with the opportunity to leave comments and feedback including ideas and suggestions for saving money and improving services.</p>
Recommendations:	<p>Executive Board notes the content of the report and agrees the proposal is taken forward to seek approval to proceed from Executive Cabinet and Strategic Commissioning Board.</p>
Links to Corporate Plan:	<p>An effective conversation with the public will inform the budget setting process and ensure the budget aligns with the priorities of local people and the Strategic Commission’s Corporate Plan.</p>
Policy Implications:	<p>The budget reflects the policy choices that the Council and CCG intends to pursue. The outputs from the conversation with public will inform the budget setting for 2021/22 and in turn that budget will have implications for future policy.</p>
Financial Implications:	<p>In February and March 2020, the Strategic Commission agreed 2020/21 budgets for the Tameside and Glossop Clinical Commissioning Group (CCG) and Tameside Council. When the 20/21 budget was set, projections for 2021/22 estimated a funding gap of just over £19m. This gap has increased significantly as a result of the COVID-19 pandemic, mainly due to a number of key income sources being reduced or eliminated in the short or medium term.</p> <p>Work is ongoing to assess the most likely impact for 21/22 but early modelling suggests a gap of between £36m and £61m depending</p>

on a number of scenarios. Whilst there remains a significant degree of uncertainty over the financial impact of COVID-19, and whilst some additional government funding has been provided in 20/21, 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 funding shortfall facing the Strategic Commission in 2021/22 remains significant. In the absence of further additional funding, reprioritisation of resources and identification of significant budget savings will be needed to enable a balanced budget to be set.

Legal Implications:

As set out in the main body of the report the Council has a legal duty to both undertake and consider the outcome of consultation.

Failure to do both could leave the Council budget decisions vulnerable to challenge.

Particular care needs to be taken when undertaking consultation at this time to ensure that residents are able to engage in consultation whilst complying with all covid related requirements especially regarding social distancing.

Risk Management :

The Council and CCG have statutory duties to engage and consult with the public. Failure to engage on the spending priorities and proposed changes to the budget could lead to challenge and negative public attitude.

Access to Information :

The background papers relating to this report can be inspected by contacting Simon Brunet, Head of Policy, Performance and Intelligence, Governance and Pensions.



Telephone: 0161 342 3542



e-mail: simon.brunet@tameside.gov.uk

1. BACKGROUND

- 1.1 Tameside & Glossop Strategic Commission (Tameside Metropolitan Borough Council and NHS Tameside & Glossop Clinical Commissioning Group) continue to face major financial challenges, which have been further impacted by the ongoing Covid-19 pandemic.
- 1.2 The council has a statutory duty to consult with business and other representatives of non-domestic ratepayers on our annual spending proposals which has taken place when the draft budget has been prepared. Since 2018 the Strategic Commission has undertaken a joint budget conversation with residents and businesses across Tameside and Glossop in the form of two broad, open-text questions. These were conducted in late 2018/early 2019 for the 2019/20 budget and in winter 2019/20 for the 2020/21 budget. It is proposed that a budget conversation will take place again between 28 October 2020 and 6 January 2021 seeking public input on the 2021/22 budget.
- 1.3 It remains important that we understand the priorities of local residents and service users, particularly following the unprecedented health, financial and societal impact of the Covid-19 pandemic. This report outlines a proposal on how we will engage with the public in autumn 2020 / winter 2021 on the budget challenges facing Tameside & Glossop Strategic Commission.

2. BUDGET CONVERSATION

Engagement

- 2.1 It is proposed that this year's engagement will take the form of a conversation with the public on providing sustainable public services for the future and their priorities including the impact of the Covid-19 pandemic.
- 2.2 Due to changing national and local Covid-19 social distancing restrictions, engagement may take place at in-person meetings if safe and practical, but the majority of engagement is likely to take place through virtual engagement. Methods of virtual engagement may include Skype or Zoom video meetings, an online survey and social media. Engagement will be supported by an extensive communications campaign that will include digital methods such as websites, social media and email and non-digital methods such as newspapers, radio, and partner organisation networks
- 2.3 The conversation will be used to educate and inform the public on the Strategic Commission's budget and its financial challenges whilst also allowing feedback and ideas from the public on how services can be improved and savings made.
- 2.4 The conversation with Glossop residents will relate to health services commissioned by Tameside & Glossop Strategic Commission only. Engagement material will be tailored accordingly.
- 2.5 It is proposed that the Budget Conversation will cover the following topics:
 - Where the Strategic Commission's money comes from: business rates, council tax and government grant.
 - Change in funding over time
 - Financial impact of Covid-19
 - How the Strategic Commission currently spends its money: broad spending areas including general spend (wages, buildings etc) and service spend
 - Examples of how the Strategic Commission has provided support to residents during the Covid-19 pandemic
 - Invite any views and comments on the information outlined above
 - Invite any ideas or suggestions on how we can make further savings

2.6 A set of draft slides outlining the proposed content for the Budget Conversation is included at **Appendix 2**.

Communications

2.7 To support the engagement activity, a full programme of communications will be undertaken. This will include a full suite of infographics that can be used to help explain the Strategic Commission's budget and spend. These infographics will be used in the presentation to make it easier for the public to digest the information. This can then also be used on social media, websites, and other promotional material.

2.8 Web pages dedicated to the Budget Conversation will be created explaining all aspects of the conversation with links to the feedback form. These will be hosted on the Council and CCG websites. A dedicated email account will also be provided to enable public / service users / businesses to make any comments.

2.9 The following channels will be used for communicating to the public (including staff) that the engagement is taking place:

- Websites: Tameside Council, Tameside & Glossop CCG, Tameside and Glossop Integrated Care NHS Foundation Trust.
- Twitter
- Facebook
- Instagram
- E-News
- Leader's blog
- Leader's weekly column (Report & Weekly News)
- Tameside Radio
- Tameside Reporter
- Stalybridge Correspondent
- Tameside Advertiser
- Tameside Citizen
- Press release
- Members and Staff Portals
- Staff e-mail signature and screensavers
- Chief Executive's brief
- LiveWire
- Public access TV – GP surgeries
- Public sector partners' newsletters, emails, websites etc.
- Partnership Engagement Network mailing list
- Big Conversation mailing list
- Equalities, Consultation and Engagement Champions mailing list
- Purple Wifi
- Information Ambassadors Network
- Head Teacher E-Newsletter
- Use of VCSE networks and channels

2.10 **Target Audience**

- Tameside and Glossop Residents
- Service Users (both TMBC and T&G CCG)
- Patients
- Local Stakeholders.
- TMBC and T&G CCG staff
- Elected Members.
- Businesses
- Voluntary & Community Sector
- Strategic and Community Partners, including:

- Tameside & Glossop Integrated Care (NHS) Foundation Trust
- GP Surgeries.
- Sixth Form Colleges
- Tameside Youth Council
- Patient Neighbourhood Groups
- Patient Participation Groups
- Representatives of different protected characteristic groups e.g. Tameside Carers Group, Age UK, People First Tameside, Diversity Matters North West etc.

2.11 Key messages

- TMBC and T&G CCG are responsible for a range of services from bin collections through care for the elderly to the provision of GP surgeries.
- The total amount of money spent by both organisations combined is £974 million.
- Both TMBC and T&G CCG are legally required to set a balanced budget for 2021/22.
- Over the past year TMBC and T&G CCG have faced significant financial challenges due to ongoing cuts from central government funding.
- The impact of the coronavirus pandemic has significantly reduced our income (potential challenge to collect business rates and council tax) and increased demand for services.
- We must find increasingly new and innovative ways to provide the services local people want – particularly as we look to build back better post-coronavirus.
- The Budget Conversation aims to explain where the money we spend comes from, where we spend it then ask for your views that will help us set out budget for 2021/22.
- Go to our Budget Conversation webpage (*link to be included*) to find out more and tell us what is important to you.

3. TIMELINE

3.1 The table below sets out the engagement timetable for the Budget Conversation.

ACTIVITY	DATE
Initial Report & Presentation to SLT	6 October 2020
Initial Report to Executive Board	14 October 2020
Initial Report to Strategic Commissioning Board and Executive Cabinet (Approval to launch)	28 October 2020
Engagement begins	28 October 2020
Launch of communications campaign including social media	28 October 2020
Press release Executive Leader's blog	2 November 2020
Events / Engagement period	28 October 2020 – 6 January 2021
Ongoing messaging through all communication channels	28 October 2020 – 6 January 2021
Engagement ends	6 January 2021
Final Report to SLT	19 January 2021
Final Report Executive Board	3 February 2021
Final Report to Strategic Commissioning Board and Executive Cabinet	10 February 2021
Budget Report (including Budget Conversation results) to Full Council	23 February 2021

3.2 The table below sets out the timetable for the statutory budget consultation with business rate payers.

ACTIVITY	DATE
Executive Board	3 February
<u>Commencement</u> of statutory consultation with business ratepayers on the draft budget – i.e. when papers for Executive Cabinet (joint meeting with Overview (Audit) Panel) and Strategic Commissioning Board are published.	To commence when Executive Cabinet / SCB papers are released
Statutory budget consultation with business rate payers	Date Executive Cabinet / SCB papers are released to Day prior to Full Council papers being released
Executive Cabinet	10 February 2021
<u>Close</u> of statutory consultation with business rate payers on the draft budget – i.e. day before papers issued for Full Council	Day prior to Full Council papers being released
Full Council	23 February 2021

LIST OF EVENTS

A1. The following groups will be used to engage with residents and businesses in Tameside and Glossop. This list is not exhaustive. Service areas will be requested to submit ideas for groups that can be engaged to ensure coverage across all council and CCG areas of responsibility. If Covid-19 restrictions allow these meetings to take place in-person we will look to do so, alternatively we will look to engage with these groups virtually.

- Elected Member Scrutiny Sessions (x2)
- Tameside & Glossop Partnership Engagement Network
- Employee Engagement Group
- Ashton Sixth Form College
- Clarendon Sixth Form College
- Tameside College
- Youth Council
- Tameside Carers Association
- Derbyshire Carers
- Patient Neighbourhood Groups including Glossop/Patient Participation Groups
- Action Together
- The Bureau – Glossop
- High Peak CVS
- Heathwatch (Tameside and Glossop branches)
- Tameside & Glossop MIND
- Volunteer Centre Glossop and District
- Other local voluntary organisations networks
- Poverty Action Group
- Grafton Centre
- RSL networks
- Countryside volunteers
- Age Concern Tameside/Glossop
- Residents Associations
- Stroke Association
- Dementia UK

Subject to Covid-19 social distancing restrictions, drop-in sessions may also be arranged in key locations across Tameside & Glossop for residents to access. These could be held at locations such as civic buildings, libraries, children's centres, markets etc.

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BUDGET CONVERSATION



Page 79



BUDGET CONVERSATION



Tameside Council (TMBC) and NHS Tameside and Glossop Clinical Commissioning Group (CCG) together form the Tameside and Glossop Strategic Commission. We are responsible for a range of services from bin collections through care for the elderly to the provision of GP surgeries.

The total amount of money spent by both organisations combined is £974 million. Although a significant sum of money, that amount has reduced considerably over recent years due to cuts in funding from central Government. Both organisations have had to find increasingly new and innovative ways to provide the services local people want.

The coronavirus pandemic has also resulted in significant financial challenges for the Strategic Commission, which now need to be addressed as part of our budget setting process.

Over the next few pages we explain where the money we spend comes from, where we spend it and then ask for your views that will help us set our budget for 2021/22.

(Note 1: The figures in the following pages are an indicative guide to the scale of spending and the main areas of spend. The figures are not a draft budget for 2021/22).

(Note 2: Tameside & Glossop Strategic Commission provide health services for Tameside & Glossop and council services for Tameside only. Council services in Glossop are the responsibility of Derbyshire County Council and High Peak Borough Council and are not part of this budget conversation).

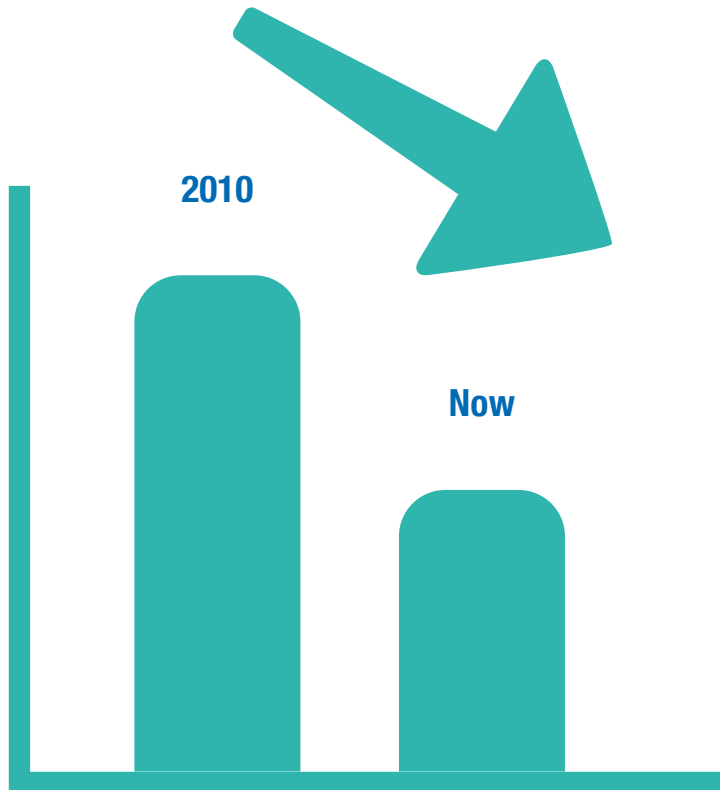


BUDGET CONVERSATION

2021
2022

Over recent years the amount of money in real terms we have to spend on local service has decreased significantly, particularly for the council. This is expected to continue in future years.

Page 81



Research shows that funding from central government to local government has been cut in half since 2010 in real terms.

We have had to save
£171 million

in the last 7 years to balance the books. This is due to a combination of rising costs, cuts in funding from central government and increased demand for services.



We estimate that we may need to save
over £60 million
in 2021.

The impact of Covid-19 has more than doubled what we expected we would already have to save. This estimation is based on increased demand on services and reduced income from business rates, fees, charges and investments. However there are significant uncertainties around the financial impact of Covid-19, particularly on income sources, and whether the government will provide more emergency funding.

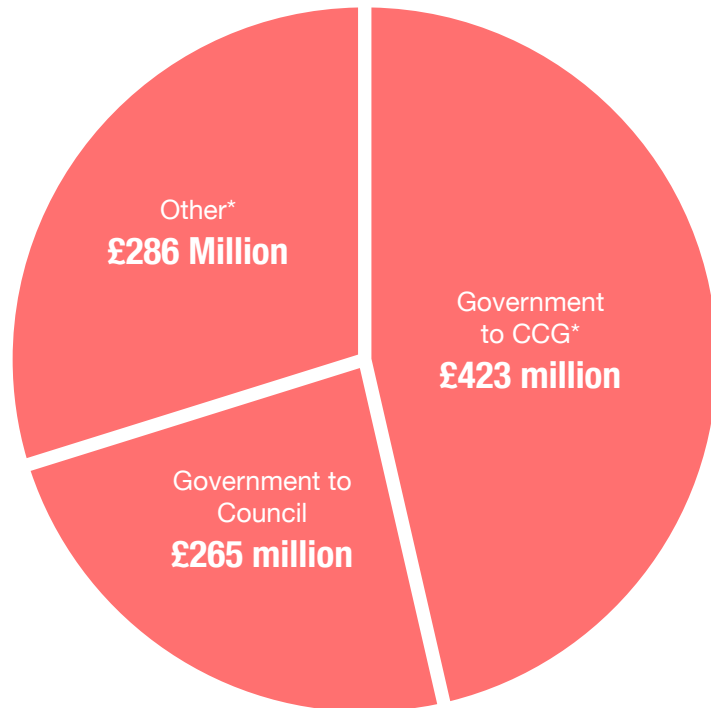
BUDGET CONVERSATION

2021
2022

So where does the £974 million come from?

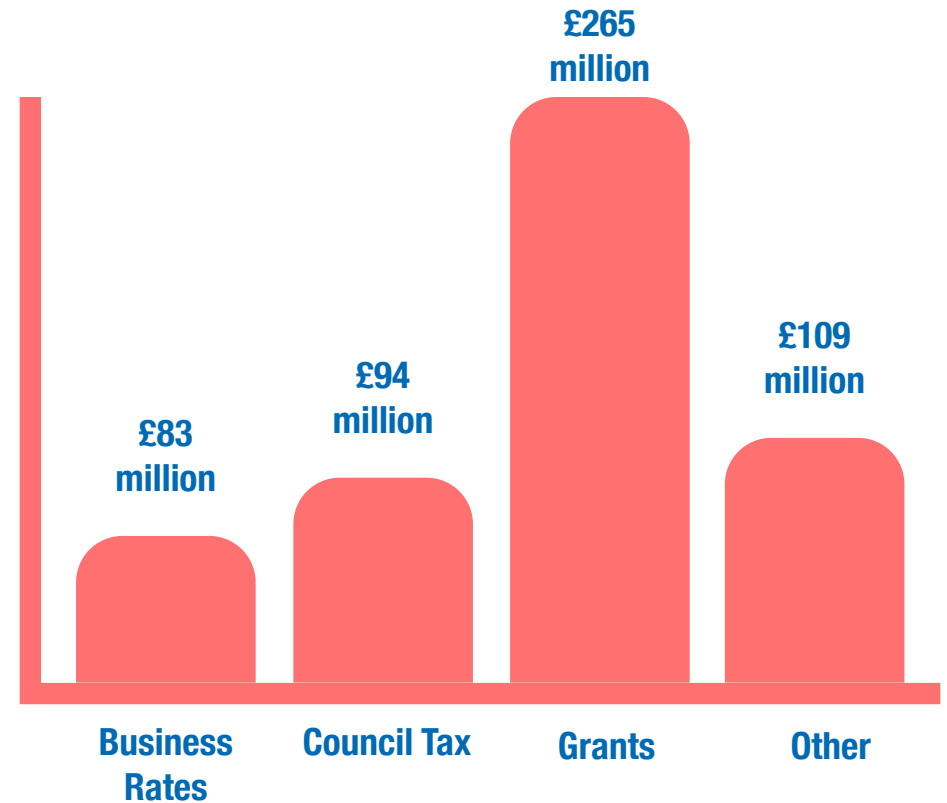
Government Funding

The Government provides nearly three quarters of the money we spend. All the CCG's spending and just under half of the councils spending.



Council Tax, Business Rates, Grants and Other

Money from Council Tax makes up just 17% of council spending.



*All the CCG's spending is funded by the Government.

(Tameside Council spending only)

BUDGET CONVERSATION

2021
2022

Money is spent in different ways. Here are some examples:



£189 million

on wages for staff directly employed by the council and CCG (including school based staff)



£43 million

on drugs and medicines



£121 million

passed straight to schools to decide how to spend



£9 million

on vehicles and machinery



£23 million

on buildings and premises from which we provide services.



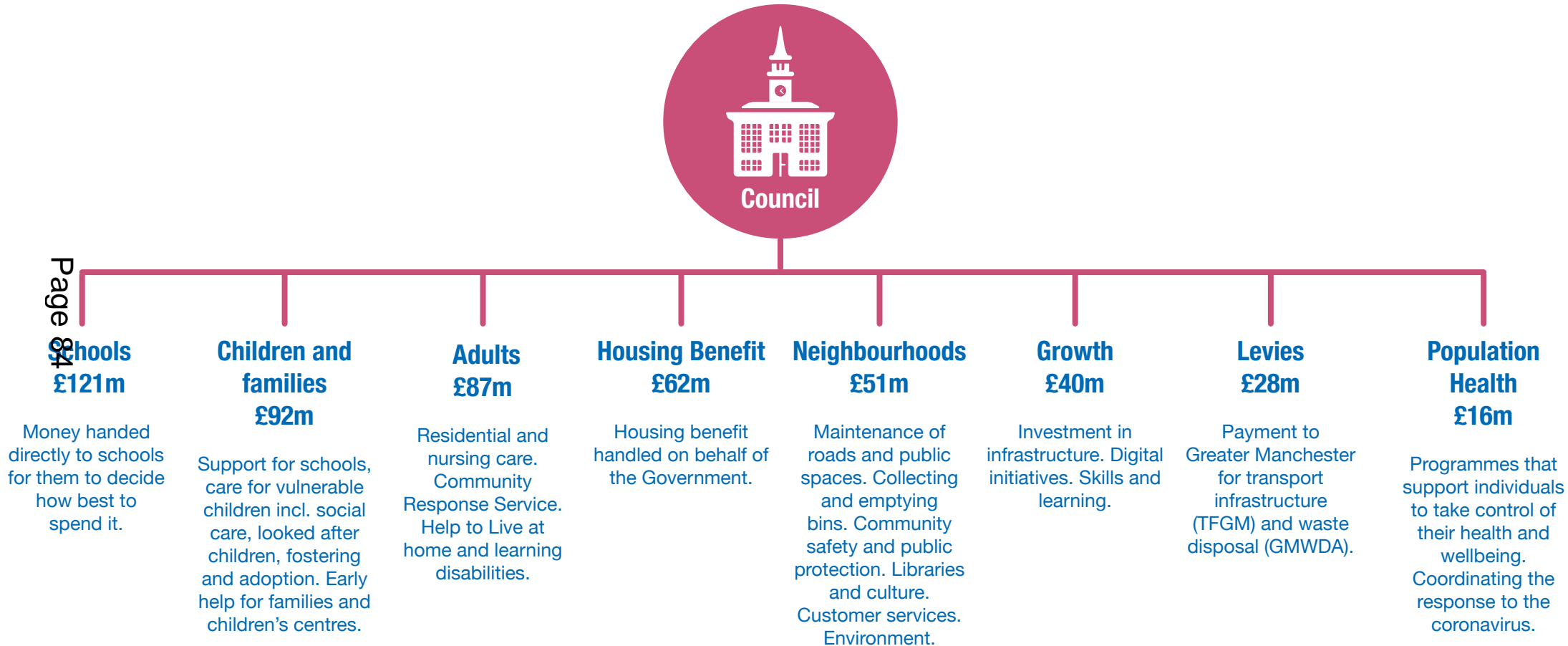
£41 million

for GP's and other Primary Care services

BUDGET CONVERSATION

2021
2022

The main spending areas are:



The council has limited influence over some areas of spending such as schools and housing benefits as they are set by the government. As such savings to balance the budget have to be made from the other areas of spend.

BUDGET CONVERSATION

2021
2022

The main spending areas are:



T&G ICFT
£186m

Contract with Tameside and Glossop Integrated Care Foundation Trust for Tameside Hospital and community services.

Other Acute Care
£80m

Payment for any other hospital stays out of the area by local patients.

Prescribing
£43m

Funding to cover the cost of free prescriptions and the difference between the cost of drugs and the prescription charge.

Primary Care
£41m

Funding to support the services provided by the thirty seven GP practices in Tameside and Glossop plus out of hours and enhanced services.

Mental Health
£40m

Contract with Pennine Care NHS Foundation Trust for mental health support services plus other mental health projects and providers.

Continuing Care
£15m

Care outside of hospital for patients who have ongoing health care needs which are of a complex and potentially unpredictable nature that requires sustained and ongoing care.

BUDGET CONVERSATION

2021
2022

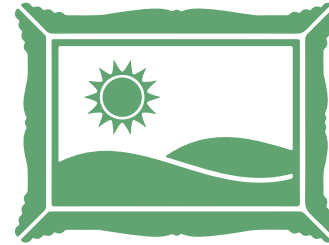
Examples of services provided:



37,245 pupils
taught across
98 schools



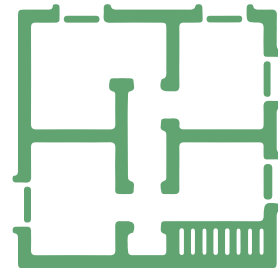
Offered over
1.2 million GP appointments,
dealt with over **55,600** GP referrals,
and dealt with over **10,400** IAPT
(Improving Access to Psychological
Therapies) referrals



Had **523,633** visits to our
libraries last year
15,580 visits to our local
studies and archives centre
111,560 visits to Portland
Basin museum
2,690 visits to Astley Cheetham
Art Gallery



Answered
96,461 calls
to the call-centre last year



Dealt with
1,450
planning
applications



Dealt with
32,359
customer services
visits last year



Empty
50,000 domestic bins
and
200,000 recycling bins
per week



Maintain **26,000**
street lights,
45,000 road drainage
gullies, **1,155** kilometers of
pavements, **758** kilometers
of carriageways, **26** parks,
37 playgrounds and
25 sports pitches and
inspect **35,000** trees
on highways and green space

BUDGET CONVERSATION

2021
2022

Examples of services provided:



22,500

Parking Penalty Charge
Notices issued



38,000

volunteer hours including
community payback



40,000

metres of ducting installed for
Digital Tameside



5,890

supported through Housing
Advice



Transport

750

vulnerable residents each day



Maintain and operate a fleet of over

200

vehicles and items of plant



1,500

residents supported to claim

4.5 million

pounds of welfare benefits



379

residents assisted with

1.2 million

pounds of debt

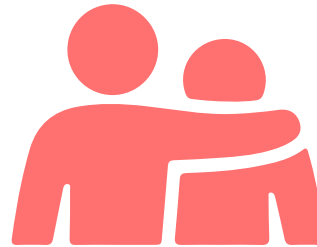
BUDGET CONVERSATION

2021
2022

Examples of services provided:



Commission care for
633 people
in residential or
nursing homes



Act as parent to
**Over 710 looked
after children**



We have visited or contacted
2,629 new mothers
to offer help and advice



Provide support to
2,899 people
to live independently
and remain in their
own homes



Directly helped
553 people
to stop smoking

BUDGET CONVERSATION

2021
2022

Our Covid-19 Response:



Provided support to approximately
2,200 vulnerable people

who were unable to leave their house and had no family or friends to support them during the Covid-19 shielding and national lockdown period, including:



Helped organise approx.

560 shopping buddy partnerships

between people unable to leave their house and volunteers willing to shop for them



Providing nearly

3,000 food parcels

to approximately

1,660 vulnerable people



Organised the delivery of nearly

500 prescriptions

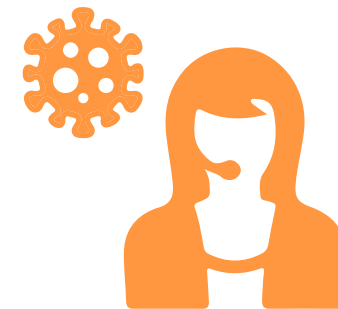
to vulnerable people



Helped organise wellbeing calls for approx.

228 vulnerable people

to help reduce social isolation and loneliness and improve mental health



Answering over

6,000 calls

to our Covid-19 emergency helpline

We'd love to hear your views.



Please go onto our survey and answer a couple of questions in your own words.

- What do you think should be the spending priorities for the Tameside and Glossop Strategic Commission for 2021/22 and future years?
- Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?

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Agenda Item 6

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	28 October 2020
Executive Member:	Councillor Allison Gwynne – Executive Member Neighbourhoods, Community Safety and Environment
Clinical Lead:	Asad Ali (Living Well)
Reporting Officer:	Emma Varnam – Assistant Director, Operations and Neighbourhoods
Subject:	COMMUNITY SAFETY AND HOMELESSNESS CONTRACTS EXTENSION AND SERVICE MODIFICATION
Report Summary:	<p>The report explains the proposal to enter into contracts with providers currently delivering the services for the continued delivery of a number of services across the Operations and Neighbourhoods portfolio. The contracts would continue to deliver commissioned homelessness services that support the needs of the homeless, those on the verge of homelessness and the vulnerable in the Borough. The contracts are as follows:</p> <ul style="list-style-type: none">• Short Term Accommodation and Support• Impact - Service for people with chronic exclusion• Floating Support and Activities• Accommodation Based Service - People with Alcohol & Substance Misuse Problems• Personalisation Fund• Supported Housing for Homeless Families• Temporary Accommodation• Short Term Accommodation and Support - Younger Clients <p>The report explains the changes to the delivery of these services in line with statutory requirements and restrictions in place due to COVID-19 and the reasons for awarding these contracts at this time, which includes maintenance of critical services and to ensure a full service review can be carried out to enable robust re-procurement of the service's requirements.</p> <p>The report seeks authority to award contracts to the current service providers for these health and social care contracts for the period October 2020 to 30 September 2021 while service review and re-procurement takes place.</p>
Recommendations:	That approval is given to extend existing contracts with the current service providers for 12 months commencing 1 October 2020 to 30 Sept 2021.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>The report requests a 12 month extension to a number of homelessness contracts to 30 September 2021 as stated in section 2.2. The annual cost of this extension is £1.419 million.</p> <p>Members are reminded that there was a service redesign carried out in 2019 of the Community Safety and Homelessness Service.</p>

The affordability of this service redesign was predicated on savings being realised from the re-procurement of these contracts once they expired. Grant funding is in place to support the contract extension for the 6 month period in 2021/22 to ensure affordability. However there is a minimum saving requirement of £0.167 million on the total annual contract value following re-procurement to ensure a balanced budget is delivered in 2021/22 and beyond. This excludes any additional savings that the service and directorate will be expected to deliver as part of the 2021/22 Council budget process.

Legal Implications:

(Authorised by the Borough Solicitor)

The contracts referred to in the report have expired but required services are nevertheless continuing to be provided by the same providers. The services must as soon as possible be compliantly procured via competition to ensure the Council's requirements are effectively delivered and value for money obtained.

As re-procurement can take some time, to mitigate commercial risk in the mean-time, it is proposed that short term contracts, also covering any new and additional requirements, are now put in place until procurements are carried out.

This proposal is not without risk but this is balanced against the current need for services to continue and compliance with statutory obligations regarding homelessness whilst appropriate competitive procurements are carried out.

How do proposals align with Health & Wellbeing Strategy?

The proposal aligns with the Living Well and Ageing Well programmes.

How do proposals align with Locality Plan?

The service links into the Council's priorities:

- Help people to live independent lifestyles supported by responsible communities
- Improve Health and wellbeing of residents
- Protect the most vulnerable

How do proposals align with the Commissioning Strategy?

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

Recommendations / views of the Health and Care Advisory Group:

This report has not been presented to the HCAG

Public and Patient Implications:

Those accessing the service have been identified as having eligible needs under the Housing Act 2004 and Homelessness Act 2002.

Quality Implications:



The service will support quality outcomes for people to be able to live in their own home and prevent homelessness.

How do the proposals help to reduce health inequalities?

The service delivers whole life support to vulnerable adults including ensuring individuals have access to a healthy lifestyle and routine medical checks.

What are the Equality and

There are no negative equality and diversity implications

Diversity implications?	associated with this report, see the Equality Impact Assessment at Appendix 1 .
What are the safeguarding implications?	There are no safeguarding implications associated with this report. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Personal data relating to the occupants of the properties, as well as in relation to officers of the Council, will be held by the provider. The Council will potentially hold personal data relating to the employees or contractors of the provider. The provider and the Council must comply with the provisions of the General Data Protection Regulation and the Data Protection Act 2018 in relation to their handling of this data and this will be further underpinned by relevant and appropriate provisions governing the handling of data in the contracts.
Risk Management:	As there are current major disruption to services due to COVID-19 and its impacts, recommissioning the service now would not be possible for potential providers. The COVID-19 crisis would have a severely damaging effect on both the market and the process, risking both a shortage of providers bidding for the contract, and a failure of the tender and TUPE processes to be fair, open and transparent. It is essential that, to ensure a strategic approach that enables close partnership working, the delivery of quality outcomes and efficient use of resources, a timely delay in the re-tender of service is considered to ensure the market can respond to the council needs in the future.
Access to Information:	The background papers relating to this report can be inspected by contacting John Gregory, Head of Community Safety & Homelessness:
	 Telephone: 0161 342 3520
	 e-mail: john.gregory@tameside.gov.uk

1. INTRODUCTION

- 1.1 The Council's Homelessness Service employs a range of services to support those who are homeless or at risk of homelessness in the Borough. The service has undergone considerable transformation over the last 2 years and uses a broad range of different services to fulfil the aims of the Council's Preventing Homelessness Strategy. The strategy reinforces the Council's commitment to prevent homelessness and to intervene at the earliest stage before households reach the point of crisis. It promotes increasing the resilience of vulnerable people and providing targeted support to prevent homelessness.
- 1.2 The strategy is aligned with the Greater Manchester Homelessness Action Network strategy that aims to end rough sleeping by 2020, and develop a 10-year plan to tackle the issues of wider homelessness. The strategy also links with other strategies and programmes that aim to address the wide range of factors that could contribute to homelessness in Tameside Borough.
- 1.3 The strategy contains eight strategic priorities:
- (a) a holistic and integrated response to preventing homelessness
 - (b) proactive information management and provision of advice
 - (c) raised awareness of the causes of homelessness and services and a shared understanding that preventing homelessness is everyone's business
 - (d) early intervention before a crisis
 - (e) increased resilience and targeted support
 - (f) preventing rough sleeping
 - (g) access to a wide range of affordable, permanent accommodation options
 - (h) identifying, cultivating and empowering untapped resources in the community
- 1.4 Tameside Council has a history of providing a quality homelessness service across the Borough and experience in developing contractual relationships through market engagement with providers to support the delivery of both local and national key objectives.
- 1.5 The contract arrangements for the services referred to at 2.2 below ended on 31 March 2020 but are continuing in order to maintain critical service delivery and continuity to the borough's most vulnerable residents, as well as allowing the Council to meet its statutory obligations.

2. SERVICE STRATEGY

- 2.1 This report seeks permission to award contracts to providers. These awards fall outside of the application of the PCR's (Public Contract Regulations 2015) as they each fall below the relevant OJEU (Official Journal of the European Union) threshold for these services which fall under the light touch regime as health and social care contracts. The award will be for a specified period of time 1 October 2020 to 30 September 2021.
- 2.2 The contracts for consideration are imperative to the continued delivery of homelessness services across the Borough and are as follows:

Name of Service	Name of Provider	Direct Award Cost 1 Oct 2020 to 30 Sept 2020
Short Term Accommodation and Support	Foundation	£133,887.00
Impact - Service for people with chronic exclusion	Greystones	£75,000.00
Floating Support and Activities	Adullum Homes	£253,000.00
Accommodation Based Service - People with Alcohol & Substance Misuse Problems	Greystones	£118,340.00

Name of Service	Name of Provider	Direct Award Cost 1 Oct 2020 to 30 Sept 2020
Personalisation Fund	Adullum Homes	£32,000.00
Short Term Accommodation and Support	Foundation	£58,576.00
Supported Housing for Homeless Families	Jigsaw Support (Housing Group)	£430,295.00
Temporary Accommodation	Jigsaw Support (Housing Group)	£200,000.00
Short Term Accommodation and Support - Younger Clients	Jigsaw Support (Housing Group) formerly Threshold	£117,780.00

3. SERVICE REQUIREMENTS

- 3.1 Tameside Council submitted a bid to the Ministry of Housing, Communities and Local Government (MHCLG) in 2018 for additional resources to provide new services to prevent and relieve rough sleeping. This bid was successful and has supported the Council to develop and review delivery in order to meet the continued demands on services.
- 3.2 In order for the Operations and Neighbourhoods directorate to quickly respond to the MHCLG funding and implement additional services, it has been necessary to continue with contracts with current providers to maintain existing services. The impact of the funding and the development of an additional service for a multi-agency assertive outreach service, a Rough Sleepers Coordinator Post and more accommodation options for those at risk of rough sleeping, would not have been known in a timely manner to support a procurement exercise for contract commencement of 1 April 2020.
- 3.3 In addition, the Covid-19 pandemic has had an impact on both commissioners and providers alike who have been directed to prioritise other work related to Covid-19. Capacity at services and for providers will continue to be affected as services recover and adjustments are made to comply with current national guidance and advice relating to Covid-19 to prevent further spread of infection. As lockdown eases further and the services start to adapt and return to normal, it is expected that there will be a significant increased demand for services as lockdown restrictions are lifted and peoples' accommodation situations may change, particularly where temporary stays with friends/families have been supported in the main throws of Covid-19.
- 3.4 The additional services implemented following the MHCLG funding and the Covid-19 situation have both been factors in the consideration of continuing contracts with the current providers from 1 October 2020 to 30 September 2021. In addition, it will allow a comprehensive review to explore the learning and best practice that both these scenarios have presented, as well as more generally a full review of service requirements, to ensure a robust and competitive procurement exercise can be implemented going forward.
- 3.5 The continued delivery of services has enabled the Council to support the change in landscape and demand for the homelessness contracted services. The ability to adapt and respond flexibly in the current climate has been paramount to ensuring the Council maintains the levels of service performance that has only been possible with the support of the contracted providers.
- 3.6 There is value for money for the Council and other partner agencies in ensuring services continue for the most vulnerable and avoid the need for more costly placements. The value for money obtained in continuing these contracts include:

- a) There are huge cost savings in delivering these services to a wide variety of support services.
- b) There could be additional costs incurred by the Council if a procurement exercise did not identify and secure the right services to meet suitable housing and support needs because the re-tender was premature without a full assessment of Service Requirements.

4. CURRENT PERFORMANCE

- 4.1 Tameside's Homelessness Service has seen substantial changes in the last eighteen months. During 2019 Tameside was the top performing Council in England for the reduction of Rough Sleeping with 43 rough sleepers reduced to 6, and then zero in July 2020. Although this success is significant, the people who were previously sleeping rough are now in service with the Rough Sleeping team and require considerable ongoing support.
- 4.2 Additionally many of these former rough sleepers have now found emergency accommodation with the service. At the height of the Covid-19 pandemic almost 90 service users were accommodated, reducing to around 60 individuals currently (over 50% of whom have identified move on accommodation)
- 4.3 During the Covid-19 pandemic the Government has removed the ability for landlords to commence eviction proceedings with their tenants. This prohibition was lifted on 24 September 2020, which may result in a further influx of service users to the service.
- 4.4 The service has used the Covid-19 period to improve preventative pathways including insurances, improved access and relationships with the Private Rented Sector and the opportunity to secure new and focussed inward investment in the form of grant funding to support the development of move on accommodation in the borough to further relieve demand.
- 4.5 The service has been extremely responsive and flexible during the Covid-19 pandemic and has adapted to continue to provide homelessness support as well as supporting Covid-19 response services in other organisations.
- 4.6 The ability to be able to adapt, not only to the Covid-19 pandemic but also to the changing national and local drivers has only been possible due the continuation of services with current providers. These providers have continued to deliver services post 1 April 2020 and have worked to positively with us to drive the need for change and we will continue to do so if further contracts are put in place for the period 1 October 2020 to 30 Sept 2021 while the re-procurement strategy is carried out.

5. OPTIONS APPRAISAL/ALTERNATIVES CONSIDERED

- 5.1 The termination of the services while the re-procurement strategy is carried out is not a recommended option for a number of reasons:
 - The Council has statutory obligations, particularly under the Housing Act 1996 and the Homelessness Reduction Act 2017
 - Impact on other partners
 - Reputational damage to the council
 - Increased homelessness
 - Increased rough sleeping
 - Impact on a vulnerable service user group
 - Increased costs due to unplanned commissions

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

6. EQUALITIES

- 6.1 It is not anticipated that there are any negative equality and diversity issues with this proposal, see EIA available at **Appendix A** to the report.

7. RECOMMENDATIONS

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

APPENDIX A

Subject / Title		Community Safety and Homelessness Contracts Extension and Service Modification.	
Team		Department	Directorate
Community Safety and Homelessness	and	Community Safety and Homelessness	Operations and Neighbourhoods
Start Date		Completion Date	
22 July 2020		22 July 2020	
Project Lead Officer		Vanessa Rothwell/ Denise Buckley	
Contract / Commissioning Manager		John Gregory	
Assistant Director/ Director		Ian Saxon	
EIA Group (lead contact first)	Job title	Service	
Vanessa Rothwell	Partnerships Manager	Operations and Neighbourhoods	
John Gregory	Head of Community Safety	Operations and Neighbourhoods	
Denise Buckley	Acting Team Manager	JC&PMT - Adults	

PART 1 – INITIAL SCREENING

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

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

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

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

1a.	What is the project, proposal or service / contract change?	The proposal is for a direct contract award to Community Safety and Homelessness Contracts
1b.	What are the main aims of the project, proposal or service / contract change?	To offer support based on the principles of prevention and rehabilitation
1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.		

Protected Characteristic	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Age	✓			The service is for individuals aged 18+. Those individuals under the age of 18 will have access to support via Children's Services.
Disability			✓	
Ethnicity			✓	
Sex			✓	
Religion or Belief			✓	
Sexual Orientation			✓	
Gender Reassignment			✓	
Pregnancy & Maternity			✓	
Marriage & Civil Partnership			✓	
Other protected groups determined locally by Tameside and Glossop Strategic Commission?				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Mental Health			✓	
Carers			✓	
Military Veterans			✓	
Breast Feeding			✓	
Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? (e.g. vulnerable residents, isolated residents, those who are homeless)				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
N/A				

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

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
			✓
1e.	What are your reasons for the decision made at 1d?	The proposed direct award to the contracts will not require any change to service delivery and therefore will not impose an impact on any of the protected characteristics.	
Signature of Contract / Commissioning Manager			Date
Signature of Assistant Director / Director			Date

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Agenda Item 7

Report to:	STRATEGIC COMMISSIONING BOARD										
Date:	28 October 2020										
Executive Member:	Cllr Eleanor Wills – Executive Member (Health, Social Care and Population Health)										
Clinical Lead:	Dr Kate Hebden – Clinical Lead										
Reporting Officer:	Jessica Williams – Director of Commissioning										
Subject:	COMMUNITY CARDIOLOGY DIAGNOSTICS SERVICE- ECG and ECG Interpretation, 24 hour Ambulatory ECG and event recorder Interpretation										
Report Summary:	<p>The purpose of this report is to present options for the locality for the commissioning of community cardiology diagnostics from March 2021.</p> <p>Currently Tameside and Glossop CCG commission Broomwell Healthwatch to deliver community cardiology diagnostic services. Based on current activity levels the financial envelope equates to £305k per annum.</p> <p>Broomwell Healthwatch is commissioned to deliver this service until March 2021. A procurement process is required for contract arrangements from April 2021</p>										
Recommendations:	<p>That Strategic Commissioning Board recommended to receive and acknowledge this report and to support a 3-6 month extension of the current contract to enable a procurement exercise to take place which will be facilitated by STAR procurement, the delay in this process starting earlier has unfortunately been exacerbated by the COVID-19 pandemic.</p> <p>Support the procurement process outlined within the paper, including permission to award the contract following a successful procurement exercise</p>										
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<table><tr><td>Budget Allocation (if Investment Decision)</td><td>£305k</td></tr><tr><td>CCG or TMBC Budget Allocation</td><td>CCG</td></tr><tr><td>Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration</td><td>Section 75</td></tr><tr><td>Decision Body – SCB Executive Cabinet, CCG Governing Body</td><td>Strategic Commissioning Board</td></tr><tr><td>Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance,</td><td>A Community Cardiology Diagnostics service has been in place for a number of years and as such has a</td></tr></table>	Budget Allocation (if Investment Decision)	£305k	CCG or TMBC Budget Allocation	CCG	Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	Section 75	Decision Body – SCB Executive Cabinet, CCG Governing Body	Strategic Commissioning Board	Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance,	A Community Cardiology Diagnostics service has been in place for a number of years and as such has a
Budget Allocation (if Investment Decision)	£305k										
CCG or TMBC Budget Allocation	CCG										
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	Section 75										
Decision Body – SCB Executive Cabinet, CCG Governing Body	Strategic Commissioning Board										
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance,	A Community Cardiology Diagnostics service has been in place for a number of years and as such has a										

Benchmark
Additional Comments

budget of £305k p.a. associated with it. This is a recurrent budget and the medium term financial plan assumes that spend will continue at current rates indefinitely.

Therefore budget is in place to re-tender this contract assuming the service is still considered clinically meaningful.

This service was subject to a competitive tendering process in 2016, so unlikely that significant QIPP savings will be generated again this year. But given the financial challenges the economy faces over the next few years, we should strive identify and realise any potential efficiencies as part of the re-tendering process.

Legal Implications:
(Authorised by the Borough Solicitor)

The option to extend the contract was previously agreed by the Strategic Commissioning Board and the contract is due to end on 31 March 2021. If the Board agree to support a 3-6 month extension and the procurement process as the best option it would make sense for that decision to be taken now to avoid the need to come back for further governance before the contract expires. There is no reason, given the detail provided in the report, to be concerned that the public law fiduciary duty is not being met, and so the request for a 3-6 month extension in this case, given the effective monitoring of the service and the service's responses and performance, would seem reasonable in this instance.

How do proposals align with Health & Wellbeing Strategy?

In line with the policy objective of the corporate plan for longer and healthier lives.

How do proposals align with Locality Plan?

Meets the ambition of the Locality Plan for improved healthy life expectancy.

How do proposals align with the Commissioning Strategy?

This procurement is in line with the ambition of the NHS Long Term Plan to improve CVD diagnostics in the community.

Recommendations / views of the Health and Care Advisory Group:

N/A – no change in model. May be taken to HCAG following market consultation.

Public and Patient Implications:

No public and patient implications at this time

Quality Implications:

Any quality implications have been identified are discussed in

this paper

How do the proposals help to reduce health inequalities?

Clear mandate to identify and effectively address health inequalities.

What are the Equality and Diversity implications?

None identified

What are the safeguarding implications?

None identified

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

None identified

Risk Management:

The principal risk is not completing the procurement within the required timescales, this will be mitigated by extending the current contract by 3-6 months

Access to Information:

The background papers relating to this report can be inspected by contacting Mark Owen – Commissioning Project Manager: mark.owen2@nhs.net



Telephone: 07823 327212

1. BACKGROUND AND INTRODUCTION

- 1.1 Tameside and Glossop CCG commission Broomwell Healthwatch to deliver community cardiology diagnostic services in partnership with General Practices. An ECG is a simple diagnostic test that can be used to check your heart's rhythm and electrical activity and identify conditions such as heart attacks and coronary heart disease.
- 1.2 The service covers two types of electrocardiograms (ECGs); a General Practice-based 12 lead electrocardiogram (ECG) service including provision of ECG machines and remote interpretation of all ECGs and a locality hub based 24-hour ECG service including provision of ECG machines and remote interpretation of all ECGs. Which takes place in one of the five neighbourhood hubs.

2. SERVICE MODEL

12 Lead ECG

- 2.1 A clinician undertakes an ECG on a patient within a GP surgery and transmits the recording to a team of clinically trained staff who are available to interpret the results. During transmission, the Broomwell Healthwatch team are in constant communication with the patient's clinician and provide an immediate verbal interpretation of the ECG. Following the immediate verbal report, a full written ECG report is sent back to the surgery (usually within 30 minutes), together with a copy of the ECG for inclusion in the patient record.

24 Hour ECG

- 2.2 The supply of 24hr ECG monitors is managed on a locality basis. Tameside & Glossop CCG currently have 5 hubs across the locality. Broomwell Healthwatch provides the equipment and training to the hubs. This type of test also called Holter monitoring or ambulatory ECG monitoring, this involves continuously recording your heart's electrical activity for 24 to 48 hours, sometimes longer. This can help diagnose conditions such as atrial fibrillation or episodes of skipped beats which may be intermittent. The patient has a monitor fitted at a local hub, after 24 hours have passed the patient returns to the hub to have the monitor removed. The GP Practice then uploads the data which, as with 12-lead ECG's, is interpreted by Broomwell Healthwatch clinical staff. The results are sent to the GP Practice within 3 working days of the machine being returned to the hub.
- 2.3 The service provides a community pathway for cardiology diagnostics to:
- Provide an accessible, patient-centred service that delivers rapid access to diagnostics of cardiac symptoms in a setting closer to home and avoids unnecessary hospital appointments.
 - Link diagnostic services in primary care with secondary care so that patients will receive accurate and timely care without the need for duplicating tests.
 - Allow GPs to treat conditions within the practice and support better management of conditions for improved health outcomes.
 - Reduce demand and waiting times for secondary care diagnostic services.
 - Minimise the impact of the disease through faster and more effective diagnosis (with fewer hospital admissions and re-admissions) and reduce overall mortality.
 - Provide feedback that will enable GPs to better manage their patients in primary care
 - Ensure that users of the community diagnostics service receive effective communication and have a positive experience.
- 2.4 The phase 3 of the NHS response to the COVID-19 pandemic guidance states that the CCG must accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including better targeting of long-term condition prevention and management. This is also reflective in the NHS Long Term Plan that early detection

and treatment of Cardiovascular Disease can help patients live longer, healthier lives through the use of ECG testing.

3. CURRENT POSITION

- 3.1 Broomwell Healthwatch have successfully delivered services to Tameside & Glossop for a number of years. The current contract began April 2016 as a 3 year contract following a successful procurement process with the option to extend for two years. The option to extend was taken up and will end on 31 March 2021. The indicative annual contract value for the 2 services is £305k. The current contract has consistently over performed and activity has grown exponentially over the life of the contract. As the contract is now coming to an end we would look to re-procure this service to continue providing a value for money service within a community based environment.

4. ACTIVITY AND PERFORMANCE

- 4.1 Current average activity for the 12 Lead ECG service is 839 reviews each month, with activity increasing by 16% over the course of the contract. Current average activity for the 24 hour ECG service is 91 ECGs is 91 per month, with activity increasing by 76% over the course of the contract.
- 4.2 Rising levels of activity are essential as early mortality rates (under 75 years) from coronary heart disease in Tameside & Glossop are significantly higher than the England average. A proactive approach to diagnosing and testing for heart conditions is essential to raise healthy life expectancy.
- 4.3 The NHS long term plan states that cardiovascular disease causes a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas. This is the single biggest area where the NHS can save lives over the next 10 years. Increasing activity will also help increase the diagnosed prevalence of atrial fibrillation (AF). Public Health England estimate that there could be an additional 1,050 people with undiagnosed atrial fibrillation across Tameside and Glossop.

5. PROPOSED WAY FORWARD

- 5.1 Due to the current contract coming to an end we propose to go out to full procurement for the Community Cardiology Diagnostics Service. This includes the 12 lead and 24hr ECG service. The new service will ensure that to reduce health inequalities we will have equitable access across Tameside and Glossop, and look to develop priority lists for reflect how health needs and care may have been exacerbated during the COVID-19 pandemic.

6. FINANCIAL ASSUMPTIONS

- 6.1 This is an activity-based contract, if successful, activity will continue to increase and deflect urgent activity away from other services. Due to the nature of this contract it is not deemed suitable for a block contracting arrangement. The current financial envelope for this service is £305k including (CQUIN). As we would expect this to be a standard NHS contract this would increase in line with inflation. Financial efficiencies will be gained wherever possible.

7. PROCUREMENT PROCESS

- 7.1 The Covid-19 pandemic led to a necessary pause in the procurement programme. This delay has meant that the timeframe required for a full re-procurement would place unnecessary pressure on willing Providers at a time where resources are stretched. As this contract has already been extended a procurement process is required to give the current Provider sufficient contractual notice, allow an effective procurement process and safe mobilisation period we propose an extension of the existing contract by 3-6 months.
- 7.2 Some contracts are subject to procurement restrictions due to uncertainties associated with the pandemic, however as this procurement involves maintaining an essential service procurement can proceed as planned.
- 7.3 Regulation 32 of the Procurement Regulations allows authorities to directly award/modify existing arrangements in extreme urgency. Advice from STAR procurement is that if Covid has meant that the CCG has had to focus its efforts and resources elsewhere that this is a justifiable reason for a temporary contract extension.
- 7.4 We are also mitigating risk of challenge from the market by looking at conducting market engagement activity, which demonstrates the intention to procure the contract as soon as possible.
- 7.5 Planning meetings with clinical input have been held with key staff from STAR procurement, CCG commissioning, finance and contracting. This group have amended the service specification and developed a detailed project initiation document. The proposed new contract would run from July / October 2021 – July / October 2024 with the potential for two additional years.
- 7.6 The full procurement timetable can be seen in the **Appendix 1**.

8. RECOMMENDATIONS

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

APPENDIX 1

Note - this timetable is for guidance only and timelines may change

Project Start Date	01 November 2020				
Number	Task	Start Date	End Date	Days	Responsible
1	Approval at SCB (required due to spend monies under Section 75)	30 October 2020	30 October 2020	0	Stakeholder
2	Completion of PID	01 November 2020	02 November 2020	1	Stakeholder
3	Review and sign off of PID	02 November 2020	09 November 2020	7	STAR Procurement
4	Bidders Day/EOI	01 October 2020	15 October 2020	14	STAR/Stakeholder
5	Review and amendment of terms	09 November 2020	30 November 2020	21	Stakeholder/STAR Procurement
6	Amendment of tender	09 November 2020	30 November 2020	21	Stakeholder
7	Review of	09 November 2020	30 November 2020	21	Stakeholder
8	Sign off of all tender documentation	30 November 2020	01 December 2020	1	STAR Procurement
9	Set up project on The Chest	01 December 2020	01 December 2020	0	STAR Procurement
10	Release of documentation	01 December 2020	01 December 2020	0	STAR Procurement
11	Clarifications deadline	01 December 2020	27 December 2020	26	Stakeholder/STAR Procurement
12	Tender period	01 December 2020	08 January 2021	38	
13	Return and unsealing of bids	08 January 2021	08 January 2021	0	STAR Procurement
14	Evaluation of bids	08 January 2021	08 February 2021	31	Stakeholder
15	Moderation meeting	08 February 2021	08 February 2021	0	
16	Interviews	08 February 2021	01 March 2021	21	STAR Procurement
17	Background checks undertaken by Procurement	01 March 2021	22 March 2021	21	Stakeholder
18	Completion of PID Award Report for sign off to delegated	22 March 2021	21 April 2021	30	Stakeholder/STAR Procurement
19	Service notice of contract	31 March 2021	31 March 2021	0	STAR/Stakeholder
20	Successful and unsuccessful letters	21 April 2021	02 May 2021	11	STAR Procurement
21	Award	02 May 2021	03 May 2021	1	STAR Procurement
22	Mobilisation/implementation of services	03 May 2021	01 August 2021	90	Stakeholder
23	Service	01 August 2021	01 August 2021	0	Stakeholder

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Agenda Item 8

Report to: STRATEGIC COMMISSIONING BOARD

Date: 28 October 2020

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

Clinical Lead: Asad Ali (Living Well)

Reporting Officer: Stephanie Butterworth – Director of Adult Services

Subject: **CONTRACT UPLIFTS IN RELATION TO NATIONAL LIVING WAGE (NLW) INCREASE FOR 2020/21**

Report Summary: The report outlines increased costs in relation to the NLW increase announced in 2019 across three service providers not factored into the original budget setting for 2020/21.

In relation to two providers this increased costs required relate to the tender exercise run by the Council's Procurement partner STAR Procurement and subsequent award for the delivery of service contracts for supported accommodation for adults with a learning disability living in their own home.

The evaluation of the tender included both a quality and price element with the most economically advantageous tenderers awarded contracts. Following contract award and subsequent allocation of contract terms and conditions reference was made by two providers in relation to contract prices and in particular consideration of the NLW increases for 2020/21. The pricing schedule in the tender had required the costings reflect "the current year's delivery costs" i.e. 2019/20 rather than costs for the contract start date from April 2020, due to the 2020/21 NLW rate being unknown at the time of the tender. The contract allows for value of the contract to be uplifted on an annual basis on an agreed formula to take account of any NLW uplifts.

In order for the Provider to meet its obligation to pay staff at the NLW, the Council has had to make consideration to increase the contractual price to reflect this.

The issue in relation to Lomas Court has arisen following the Provider's omission of through the night support costs in negotiations for NLW uplifts in 20/21. This is an essential element of the service delivered to a vulnerable group of 20 tenants within an extra care scheme.

The revised costs have been factored into the projections of Adults spend for 2020/21.

Recommendations: That the Strategic Commissioning Board be recommended to give approval to the NLW increases to the contracts detailed:

- Community Integrated Care - supported accommodation for adults with a learning disability living in their own home – two contracts (areas 2 and 5)
- Turning Point - supported accommodation for adults with a learning disability living in their own home (area 1)

- Liberty Support Services - Lomas Court extra care and support for adults 18-65 with a sensory or physical disability

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

**Budget Allocation (if
Investment Decision)**

CCG or TMBC Budget Allocation

These costs affect revenue budgets for Supported Accommodation within the Adult Services department of the Council. The costs and budgets for the Learning Disability contracts are identified at paragraph 1.7. The current Outturn projection for Adult Services includes the proposed uplifts for both the national living wage amendment of £206,000, and the additional costs of changes in client need of £84,864. Resulting in a projected adverse variation against the budget of **£291,000**.

Separately, the increased cost of the Lomas Court contract with Liberty Support Services is in excess of the current budget by **£44,699**. The budget is £178,797, with the increase proposed the new forecast will be £223,495.

Monitoring and review needs to ensure that further increases against the budget do not occur and to identify opportunities to mitigate the increase, in this year or future years.

Contractual increases need to be identified when the budget is being prepared and identified as a pressure. If they are not included within the budget then the service should identify ways to mitigate the increase on the cost of the service.

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

Section 75

Decision Body – SCB Executive Cabinet, CCG Governing Body

Strategic Commissioning Board

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

The rise in National Living Wage (NLW) from £8.21 to £8.72 is an increase of 6.21%. The overall costs of these contracts are constituted from several elements, not all of which derive from the NLW. It is proposed to make a 5.2% uplift on the Turning Point contract, 4.2% on the two CIC contracts, and a 3.8% uplift to Liberty Support Services. The differences between these uplifts arise mainly from the proportion of costs in each contract which are subject to NLW. Increases in client needs add a further 4.2% to the base cost of the contract.

The immediate increase in cost might be weighed against costs over the longer term that may arise indirectly from service disruption or market failure.

There is potential for further large increases to the NLW in future years, which would put yet more financial pressure on the service.

Additional Comments

Legal Implications: (Authorised by the Borough Solicitor)

The increased costs represent a change to the scope of the procurement and subsequent contracts and as such carries a risk of challenge and/or criticism from other operators in the market who were not successful in being awarded these services to deliver.

However the council is relying on the advice provided by STAR set out in paragraph 1 .9 that the increased values sit below the 10% and the non-substantial change definition set out in the Public Contracts Regulations 2015 and that the economic balance of the agreement has not changed in favour of the supplier who remain the highest ranking in relation to contract award. Therefore any risk of challenge should be low.

It would be helpful if a 'lessons learned' exercise could be undertaken so that a similar situation does not arise with future procurement exercises.

Additionally it will be necessary to ensure that the increased contract award actually reaches the staff and not only should this be contractual but evidence should be provided to the Council.

How do proposals align with Health & Wellbeing Strategy?

The proposal aligns with the Living Well and Ageing Well programmes

How do proposals align with Locality Plan?

The service links into the Council's priorities:

- Help people to live independent lifestyles supported by responsible communities
- Improve Health and wellbeing of residents
- Protect the most vulnerable

How do proposals align with the Commissioning Strategy?

This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly: The services support individuals to have the opportunity to build independence skills and reduce dependency on the health and social care system.

Recommendations / views of the Health and Care Advisory Group:

This report has not been presented to HCAG.

Public and Patient Implications:

Those accessing the service have been identified as having eligible needs under the Care Act 2014.

Quality Implications:

The services support quality outcomes for people to be able to live in their own home.

How do the proposals help to reduce health inequalities?

The service delivers whole life support to vulnerable adults including ensuring individuals have access to a healthy lifestyle and routine medical checks.

What are the Equality and Diversity implications?

There are no negative equality and diversity implications associated with this report, see the Equality Impact Assessment at Appendix A.

What are the safeguarding implications?

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

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

Personal data relating to the delivery of the services is held by the Council and Provider and may include information on those accessing the service, officers of the Council and employees of the Provider. The Provider and the Council must comply with the provisions of the General Data Protection Regulation and the Data Protection Act 1998 in relation to their handling of this data and this is underpinned by relevant and appropriate provisions governing the handling of data in contractual terms and conditions

Risk Management:

There will be a continued dialogue between commissioners and the provider to ensure best value is delivered against the contract resource with a view to working towards service developments that realise savings going forward. These will be delivered through contract performance management and working in partnership with neighbourhood teams

Access to Information:

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



Telephone: 0161 342 3649



e-mail: trevor.tench@tameside.gov.uk

1. INTRODUCTION

Learning Disability supported Accommodation for Adults with a Learning Disability Living in Their Own Home

- 1.1 The Learning Disability Supported Accommodation Contracts currently support 290 people across 36 properties in the Borough delivered by both in house and external providers. The accommodation ranges from shared houses to extra care schemes with individual flats. The contracts deliver 24 hour support in terms of a whole life approach that enables people to develop daily living skills and independence, have access to their local community and activities and maintain their health and wellbeing. The accommodation is provided by a number of registered social landlords who work with the support providers and individuals to ensure tenancies are able to be maintained.
- 1.2 Permission was given on 29 June 2019 to re-tender the service to ensure continued delivery to a vulnerable client group for a contract period of up to 5 years commencing 1 April 2020. The re-tender, supported by the Council's procurement partner STAR, was carried out utilising the Greater Manchester Ethical Learning Disability and Autism Flexible Purchasing System (GMFPS). The GMFPS is for high-quality providers that have a track record in delivering person-centred and outcome-focused packages which will support people with learning disabilities and autism to be independent at home, learn new skills and connect with others. For inclusion on the GMPFS providers must be rated good or above by the Care Quality Commission.
- 1.3 The tendering exercise consisted of 5 contract areas for which tenderers could submit for more than one contract. The evaluation of the contract included both a quality and price element with the most economically advantageous tenderers awarded contracts. The 5 contracts were awarded as follows to commence 1 April 2020 for a period of five years:

PROVIDER AND SERVICE AREA	NUMBERS OF PEOPLE & PROPERTIES
Area 1 Turning Point	33 people 10 properties (shared houses)
Area 2 Community Integrated Care	23 people 8 properties (shared houses)
Area 3 Creative Support	27 people 9 properties (shared houses)
Area 4 Creative Support	35 people 7 properties (shared houses, 1 x extra care scheme)
Area 5 Community Integrated Care	31 people 3 properties (extra care schemes)

- 1.4 Following contract award and subsequent allocation of contract terms and conditions to awarded tenderers, reference was made to the contract price and consideration to NLW increases for 20/21 as the pricing schedule in the tender had required bidders submit tender costs at 2019/20 prices "the current year's delivery costs" due to the NLW uplift being unknown at that time.

- 1.5 Of the awarded providers, Community Integrated Care and Turning Point highlighted the issues as outlined above in that their submission of a competitive bid did not include NLW increases for year one (2020/21). They were clear that based on the 2019/20 prices as requested in their submissions the delivery of the service was not sustainable, and has subsequently resulted in the providers not signing the contracts with the delivery of the service at risk whilst it is against assumed T&Cs until the NLW issues are addressed and incorporated into the contract.
- 1.6 In order for the provider to meet its legal obligations to pay staff at the NLW, the Council entered into negotiations with the providers to establish the required increase in the contract prices for a number of reasons:
- Potential reputational damage to the Council should it not support a provider financially within the contract price to meet its obligation to pay NLW.
 - Market failure and disruption to services of a vulnerable group should the provider be unable to continue to deliver the service.
 - Additional costs to the Council and sector in completing a further tender exercise should the provider terminate the contract.
 - The service is delivered to meet assessed need under the Care Act 2014, therefore the Council has a statutory responsibility to provide the service.
- 1.7 The Providers have demonstrated their flexibility in reviewing service delivery to identify the resource required to meet the NLW increases that they themselves are required to invoke. The identified increases are as follows:

Provider and Service Area	Price (£000)	Uplift for NLW (£000)	Increase from NLW (%)	Uplift for Change in Needs (£000)	Increase from Change in Needs (%)	Revised Contract Price 20/21 (£000)	Budget 20/21 (£000)	Revised Over-spend (£000)
Area 1 Turning Point	2,015	104	5.16%	85	4.21%	2,204	2,015	189
Area 2 Community Integrated Care	1,375	58	4.24%	-	-	1,433	1,375	58
Area 5 Community Integrated Care	1,262	53	4.21%	-	-	1,315	1,271	44
Total	4,652	215	4.62%	85	1.83%	4,952	4,661	291

The total overspend against Adult Services 20/21 revenue budget for Supported Accommodation is therefore £206,000 arising from uplifts for the National Living Wage, and £84,864 to meet increased needs, making a total of £291k against a budget of £4,652k (6.25%)

- 1.8 Open dialogue has taken place with the providers STAR Procurement, the Council's Commissioning Team and Finance section to review the revised contract process to ensure these were in line with NLW requirements and ensure no other economic benefits were included. The dialogue has concluded the NLW uplifts to the contract price which includes an increase in the provider's hourly rates that would also need to be realised should additional support or services be required during the current year's delivery. The increases in hourly rates are:

Provider and Service Area	Tendered Hourly Rate	NLW Hourly Rate
Area 1 Turning Point	£14.87 Day Support/Waking Night £91.35 Sleep In	£15.60 Day Support/Waking Night £98.19 Sleep In
Area 2 Community Integrated Care	£14.88 Day Support/Waking Night £92.34 Sleep In	£15.48 Day Support/Waking Night £97.74 Sleep In
Area 5 Community Integrated Care	£14.88 Day Support/Waking Night £92.34 Sleep In	£15.48 Day Support/Waking Night £97.74 Sleep In

- 1.9 STAR Procurement has advised that the increased values sit below the 10% and the non-substantial change definition set out in the Public Contracts Regulations 2015. In addition, STAR Procurement have also reviewed the tender submission evaluation and concluded that the economic balance of the agreement has not changed in favour of the supplier who remain the highest ranking in relation to contract award. There will be a continued dialogue between commissioners and the provider to ensure best value is delivered against the contract resource with a view to working towards service developments that realise savings going forward. These will be delivered through contract performance management and working in partnership with neighbourhood teams.

Lomas Court – Extra Care and Support for Adults 18-65 With A Sensory And/Or Physical Disability

- 1.10 The service is provided by Liberty Support Services at Lomas Court extra care scheme. The service delivers support to 20 adults who have been assessed as having eligible needs as defined in the Care Act 2014. The contract delivers support based on promoting independence around daily life skills and developing relationships in the community.
- 1.11 The Agreement commenced 1 April 2017 for 3 years with the option to extend for up to 2 further years authorised by Strategic Commissioning Board on 4 September 2019. The service delivers 224 core hours per week and overnight support. Individual hours are also purchased in addition to the core hours to meet the assessed needs of the Service User.
- 1.12 On 26 March 2020, an Executive Decision authorised the fee levels payable for service provision across Adult Services as per an annual review to ensure they were reflective of market conditions and the Strategic Commission's medium term financial planning assumptions. The increases reflected contractual obligations and the need to contribute to provider stability and sustainability to support the delivery of improved outcomes for residents.
- 1.13 Liberty Support Services, as part of the fee level annual review, submitted revised costs to the service in January 2020 indicating an annual delivery cost of £178,796.80 which was included in the Executive Decision report.

- 1.14 In April 2020, the provider reported that their original calculation for the annual delivery costs was only based on the day core hours of 224 hours and that the night hours had been omitted in error. The full cost of the contract in 2019/20 was £215,270, including both day core hours and night hours.
- 1.15 The provider reported the night hours costs as follows;
- 8 hours per night x 7 nights = 56 hours per week x 52 weeks = 2,912 hours per year
 - 21,912 x £15.35 = £44,699.20 additional cost per annum
- 1.16 The revised annual price has therefore increased to £223,496 per annum, an increase of 25% from the original uplift price submission which sits within the 50% cap on modification values set out in the Public Contracts Regulations 2015 as advised by STaR Procurement. On a 'like-for-like' basis, the annual increase in the cost of the contract is 3.82%.
- 1.17 Whilst acknowledging the increased cost has arisen because of an accounting error by the current provider, the revised price is reflective of the cost of the service over the past three years, and it is further recognised that without the additional funding to cover the night time hours the service would not be financially viable.

2. PROPOSAL

- 2.1 The Council has, for a number of years supported people who have complex needs to live successfully in their own homes in the community. Having providers delivering supported accommodation contracts across the borough has allowed individuals to move away from institutionalised settings to ordinary housing in the community.
- 2.2 There is the need for the service in terms of continuing to support vulnerable groups of individuals in the community rather than expensive in-patient or residential placements.
- 2.3 It is proposed that, in order to support the sustainability of the market in meeting its obligations to meet NLW costs, the revised annual contract prices are considered and approved.

3. VALUE FOR MONEY

Learning Disability supported Accommodation for Adults with a Learning Disability Living in Their Own Home

- 3.1 The providers have submitted a competitive bid which included both a quality and price element. The providers have worked closely with the Council's commissioning and finance representatives of the Council to recognise the impact of the NLW on the price submission for year one (2020/21).
- 3.2 The providers have demonstrated their flexibility in reviewing service delivery to identify the resource required to meet the NLW increases that they themselves are required to invoke.
- ### **Lomas Court**
- 3.3 Liberty Support Service has provided this service over the past three years to a good quality at a very competitive price established via tender in 2016/17. The provider has worked closely with the Council's commissioning and finance representatives to establish a realistic and efficient cost for the night hours which will keep the contract price competitive whilst ensuring the service is financially viable.
- 3.4 There will be a continued dialogue between commissioners and the providers for both learning disability supported accommodation and Lomas Court to ensure best value is delivered against the contract resource with a view to working towards service developments

that realise savings going forward. These will be delivered through contract performance management and working in partnership with neighbourhood teams.

4. ALTERNATIVES CONSIDERED

4.1 There are three main options moving forward:

- Close the service
- Do nothing approach
- Support the Providers to meet NLW obligations

Service Closure

4.2 The service user group are people with a learning, sensory and/or physical disability who have complex needs and who will need levels of support for the remainder of their lives. Closing services could mean a return to residential and institutional care given individuals require support to be able to maintain their tenancy in the community such a return would require specialist placements that would be at a significantly higher cost than the current community option in place.

Do Nothing Approach

4.3 If the Council does not meet the providers obligation to pay staff at the NLW, the following implications may occur:

- Reputational damage should the Council not support a Provider within the contract price to meet its obligation to pay NLW
- Market failure and disruption to services of a vulnerable group should the provider be unable to continue to deliver the service
- Additional costs to the Council and sector in completing a further tender exercise should the provider terminate the contract

Support the Providers to meet NLW obligations

4.4 There is a need to support the providers to meet their NLW obligations to ensure continuity of service provision to a vulnerable group who have been identified as having eligible needs under the Care Act 2014.

5. CONCLUSION

5.1 This report seeks approval to increase the annual contract fees for 2020/21 in line with meeting NLW obligations.

6. RECOMMENDATIONS

6.1 As set out at the front of the report.

APPENDIX A

Subject / Title	Contract Variation to meet National Living Wage costs
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Team	Department	Directorate
Joint Commissioning and performance Management Team	Adults	Adults

Start Date	Completion Date
13 August 2020	13 August 2020

Project Lead Officer	Trevor Tench
Contract / Commissioning Manager	Denise Buckley
Assistant Director/ Director	Stephanie Butterworth

EIA Group (lead contact first)	Job title	Service
Denise Buckley	Team Manager JC&PMT - Adults	Adults
Trevor Tench	Service Unit Manager	Adults

PART 1 – INITIAL SCREENING

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

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

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

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

1a.	What is the project, proposal or service / contract change?	The proposal is for a review of contract costs in line with NLW requirements
1b.	What are the main aims of the project, proposal or service / contract change?	To offer support based on the principles of rehabilitation, aimed at supporting people with a learning disability to live independently

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.

Protected Characteristic	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Age	✓			The service is for individuals aged 18+. Those individuals under the age of 18 will have access to care and support via Children's Services.
Disability			✓	
Ethnicity			✓	
Sex			✓	
Religion or Belief			✓	
Sexual Orientation			✓	
Gender Reassignment			✓	
Pregnancy & Maternity			✓	
Marriage & Civil Partnership			✓	
Other protected groups determined locally by Tameside and Glossop Strategic Commission?				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Mental Health			✓	The service supports individuals to

				live in their own home and build and maintain skills for independent living. In doing that, the service actively seeks to ensure the individual is included as a valued and active member of the wider community.
Carers			✓	
Military Veterans			✓	
Breast Feeding			✓	
Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? <i>(e.g. vulnerable residents, isolated residents, those who are homeless)</i>				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
N/A				

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

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
			✓
1e.	What are your reasons for the decision made at 1d?		

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

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary

2b. Issues to Consider

2c. Impact/Relevance

2d. Mitigations (Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)	
<i>Impact/Relevance 1 (Describe)</i>	<i>Consider options as to what we can do to reduce the impact/relevance</i>
<i>Impact/Relevance 2 (Describe)</i>	<i>Consider options as to what we can do to reduce the impact/relevance</i>
<i>Impact/Relevance 3 (Describe)</i>	<i>Consider options as to what we can do to reduce the impact/relevance</i>
<i>Impact/Relevance 4 (Describe)</i>	<i>Consider options as to what we can do to reduce the impact/relevance</i>

2e. Evidence Sources

2f. Monitoring progress		
Issue / Action	Lead officer	Timescale
<i>Required</i>	<i>Required</i>	<i>Required</i>

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

Guidance below to be removed from the completed EIA template submitted to Executive Board, Executive Cabinet or Strategic Commissioning Board (SCB)

- **Tameside & Glossop Strategic Commission**
- **Equality Impact Assessment (EIA) Guidance**

The purpose of an EIA is to aid compliance with the public sector equality duty (section 149 of the Equality Act 2010), which requires that public bodies, in the exercise of their functions, pay 'due regard' to the need to eliminate discrimination, victimisation, and harassment; advance equality of opportunity; and foster good relations. To this end, there are a number of corporately agreed criteria:

- An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery. All other changes, whether a formal decision or not, require consideration for the necessity of an EIA.
- The decision as to whether an EIA is required rests with the relevant Project Lead or Contract / Commissioning Manager, in consultation with the appropriate Assistant Director / Director where necessary. Where an EIA is not required, the reason(s) for this must be detailed within the appropriate report by way of a judgement statement.
- EIAs must be timely, with any findings as to the impact or relevance of a change in policy or procedure which affects residents, the public, service users, patients or staff, being brought to the attention of the decision maker in the body of the main accompanying report. As such, EIAs must be conducted alongside the development of any policy change, with appropriate mitigations integrated into its development where any potentially detrimental or inequitable impact is identified.

How to complete the EIA Form

EIAs should always be carried out by at least 2 people, and as part of the overall approach to a service review or service delivery change. Guidance from case law indicates that judgements arrived at in isolation are not consistent with showing 'due regard' to the necessary equality duties.

Part 1 – Initial Screening

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

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

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

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

The table below is an example of what part 1c of the screening process may look like. In this example we have used a review of the services delivered at Children's Centres and the impact or relevance this may have.

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics?

Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.

Protected Characteristic	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Age	✓			Children's Centre services are targeted to the 0 to 5 age group
Disability		✓		Some Children's Centre users may be disabled
Ethnicity		✓		Children's Centre users come from a range of ethnic backgrounds
Sex		✓		Children's Centres aren't sex specific but evidence shows service users are predominantly women
Religion or Belief			✓	
Sexual Orientation			✓	
Gender Reassignment			✓	
Pregnancy & Maternity	✓			Children's Centres provide services to pregnant women
Marriage & Civil Partnership			✓	
NHS Tameside & Glossop Clinical Commissioning Group locally determined protected groups?				
Mental Health			✓	

Carers		✓		
Military Veterans			✓	
Breast Feeding	✓			Children's Centres provide services to pregnant women and new mothers
Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? <i>(e.g. vulnerable residents, isolated residents, low income households, those who are homeless)</i>				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Lone Parents		✓		Children's Centre users may include lone parents
Disadvantaged families	✓			Children's Centres support the most disadvantaged families, with an aim to reduce inequalities in child development and school readiness.

Part 2 – Full Equality Impact Assessment

If a full EIA is required then part 2 of the EIA form should be completed.

2a. Summary

In this section you should:

- Explain the reason why the EIA was undertaken i.e. the main drivers such as a change in policy or legislation etc. This can be a combination of factors.
- Outline what the proposals are
- Summarise the main findings of the EIA - what are the main impacts or relevancies of the change in policy and what protected characteristic groups do they effect?
- Summarise what measures have been put in place to mitigate any negative impact or relevance and how the success of these measures will be monitored

It may be useful to complete this section towards the end of the EIA process.

2b. Issues to Consider

In this section you should give details of the issues you have taken into consideration when coming to your proposals / recommendations and outline the protected characteristic group(s) affected - Age, Ethnicity, Disability, Sex, Sexual Orientation, Religion / Belief, Gender Reassignment, Pregnancy/Maternity, Marriage/Civil Partnership, and how people associated with someone with a particular characteristic (i.e. a carer of a disabled and / or elderly person may be affected (you can refer to the information in 1c identifying those groups who may be affected).

Considerations should include (but are not limited to):-

- Legislative drivers. How have you considered the Equality Act, and the elimination of discrimination, victimisation and harassment, and the three arms of the PSED in coming to a decision / set of proposals i.e. the need to take into account the specific needs of disabled people above and beyond the general needs of other service users? You should consider similar circumstances where a similar service has been provided and changed, and whether this has been challenged. What rules / laws was it challenged under, and what lessons have you taken from this? This can include things such as Judicial Reviews or cases considered by the relevant Ombudsman.

- Comparative data and examples of learning from other areas / benchmarking (linked to legal issues as above)

- Financial considerations. How have your recommendation / proposals been shaped by finances / resources available (please note –legal rulings have indicated that the need to make savings alone is not likely to be deemed sufficient on its own to justify reduction in services – evidence of assessment of impact and relevance is required to ensure a safe and sound decision)

- Service user information. What information do you hold about service users and patients and their protected characteristics? How does this compare to comparative data i.e. national / regional picture?

- Consultation, engagement & feedback. What work has been done to ensure interested parties have been made aware of proposed changes, and that comments have been recorded and have the opportunity to influence the final decision? You should detail when consultation took place, those involved i.e. staff, service users, timescales. Any consultation should be timely in order to ensure that all participants are able to contribute fully.

2c. Impact/Relevance

Use this section to outline what the impact or relevance of the changes being proposed is likely to be based on the evidence, and consultation & engagement? Will there be a disproportionate impact on, or relevance to, particular group/s? Does the evidence indicate that a particular group is not benefiting from the service as anticipated? What are the uptake / participation rates amongst groups? Where a greater impact on, or relevance to, a particular group is recorded, is this consistent with the policy's aims? Does the project, proposal and service / contract change include provision for addressing inequality of delivery / provision?

Try to distinguish clearly between any negative impacts or relevancies that are or could be unlawful (which can never be justified) and negative impacts or relevancies that may create disadvantage for some groups but can be justified overall (with explanation). Similarly, does the evidence point to areas of good practice that require safeguarding? How will this be done?

2d. Mitigations

Where any potential impacts or relevancies have been identified as a result of the EIA, you should detail here what can be done to reduce or mitigate these.

2e. Evidence Sources

Use this section to list all sources of information that the EIA draws upon. Evidence can include surveys & questionnaires, policy papers, minutes of meetings, specific service user consultation exercises, interviews etc

NB – this section is not asking you to give details of your findings from these sources, just the sources from which evidence and considerations were drawn.

2f. Monitoring Progress

Use this section to identify any ongoing issues raised by the EIA, how these will be monitored, who is the lead officer responsible and expected timescale.

Sign Off

Once the EIA is complete this should be signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

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Agenda Item 9

Report to: STRATEGIC COMMISSIONING BOARD

Date: 28 October 2020

Reporting Member /Officer of Strategic Commissioning Board Councillor Eleanor Wills – Executive Member (Health, Social Care and Population Health)
Jessica Williams, Director of Commissioning

Subject: IMPROVING DEMENTIA SERVICES IN THE NEIGHBOURHOODS

Report Summary: There are an estimated 2,691 people in Tameside and Glossop living with dementia. Tameside and Glossop Strategic Commissioning are committed to improving the lives of people living with dementia and, through this, reduce reactive costs associated with the high volume of activity in unscheduled and long term care. In 2016 in Tameside, the rate of emergency admissions, aged 65+ with dementia was 4,839 per 100,000 population, compared to the rate for England of 3,046 per 100,000 population.

10 days in a hospital bed (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over the age of 80. Gill et al (2004) studied the association between bed rest and functional decline over 18 months and found a relationship between the amount of time spent in bed rest and the magnitude of functional decline in instrumental activities of daily living, mobility, physical activity and social activity.

One of the Greater Manchester priorities, the overall vision for Tameside and Glossop is linked to the development of a rich, post diagnostic support offer to support people living with dementia and their carers to make informed choices, be empowered to take control of their lives and maintain their well-being and independence for as long as possible.

The impact of Covid on people with dementia and their families is significant. Forced isolation from routine activities, support networks, increased isolation and the additional confusion this has brought means that all are feeling the strain.

Recommendations: This report requests agreement to extend the existing Dementia Support Worker Pilot contract with the Alzheimer’s Society for a further 12 months using previously identified funding of £110,000 through the covid-19 emergency award process in order to give stability during Covid as well as enable a full review of options to further integrate dementia services within the neighbourhoods.

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

Budget Allocation (if Investment Decision)	£110,000
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	Evidence underpinning proposals demonstrate VFM when in direct correlation with emergency admissions
Additional Comments	
<p>The funding for the continuation of this pilot is already established within budget baselines for 20/21 as this proposal sets out to extend this service for another 12 months to allow for further developments. By extending will allow enough time for a whole pathway review to create a fully integrated dementia offer within each of the neighbourhoods. By such time the aspiration is to go out to tender for all “community dementia provisions”, which is expected to generate efficiencies that will benefit the system economy. This modelling will be carried out at a later date. Star procurement advice has been sought, and completion of the emergency contract award exemption recommended with a full procurement to take place after the 12 month extension</p>	

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

The extension of the contract is likely to amount to a direct award of contract as it appears from the report that the current contract is due to expire in 2021.

Therefore the direct must be undertaken compliantly under the Public Contract Regulations 2015 as amended by the Cabinet Office Covid related emergency provisions.

It is therefore critical that the project officer seeks and relies on the advice from STAR.

How do proposals align with Health & Wellbeing Strategy?

The proposal aligns with the ageing well strategy.

How do proposals align with Locality Plan?

This proposal aligns with the ambitions set out in the locality plan, explicitly supporting the commitment to provide quality post diagnostic support ensuring that people living with dementia can maintain independence and remain in their own homes as long as possible.

How do proposals align with the Commissioning Strategy?



The proposal aligns with the commissioning strategy alongside the NHS Long Term plan, addressing areas of increasing post-diagnostic support, and improving the care to people living with dementia and delirium, allowing them to have an improved quality of life, and continuing to age well

Recommendations / views of the Health and Care Advisory Group:

The report has not been shared at HCAG following STAR Procurement advice and emergency covid-19 legislation

Public and Patient Implications:

The integrated dementia pathway, of which this is a key element has been co-produced with input from patients and the public with lived experience of mental health needs.

Quality Implications:	Provision of better post diagnostic support will lead to improved quality of care for people and their carers living with dementia
How do the proposals help to reduce health inequalities?	With mental ill-health being so closely associated with many forms of inequality, providing a rich post diagnostic support offer for people and their carers living with dementia will reduce the inequalities that people experience.
What are the Equality and Diversity implications?	There are no equality and diversity implications associated with this report.
What are the safeguarding implications?	There are no safeguarding implications associated with this report
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There is no information governance implications associated with this report.
Risk Management:	Risks will be continuously monitored by the integrated dementia pathway
Access to Information :	The background papers relating to this report can be inspected by contacting the report writer Chris Pimlott. Mental Health and Learning Disabilities Commissioning Manager
	 Telephone: 07500 572320
	 e-mail: chrispimlott@nhs.net

1. INTRODUCTION

- 1.1 In September 2017 the Strategic Commissioning Board agreed to:
 - a. Commission a pilot for Dementia Support Workers (DSW) in each Neighbourhood in Tameside
 - b. Establish Dementia Practitioners (DPs) in each neighbourhood team by investing in three new roles to add to existing PCFT CMHT nurses, Willow Wood Dementia Nurse and ICFT Admiral Nurse capacity.
- 1.2 The Alzheimer's Society was contracted to deliver the Dementia Support Worker Pilot from April 2018 to March 2021.
- 1.3 This report explores the development and output of the pilot and propose recommendations for next steps.

2. PROGRESS TO DATE

- 2.1 An integrated dementia pathway and a community of practice has been established, within which the dementia support worker are a key part.
- 2.2 The Dementia Support Workers are valued members of the Integrated Neighbourhood Teams, where their role is to:-
 - Provide post diagnostic support to people and their carers/ families and work with dementia practitioners (DPs) to support an allocated caseload, providing emotional support and promoting access to emotional support/mental health pathways;
 - Be a consistent relationship across primary/acute/secondary care and collaborate with local resources and, with DPs, build capacity/capability in primary care, community services and the voluntary and community sector;
 - Liaise with and, through monitoring their role, provide advice to Primary Care annual care plan reviews and support access to advocacy services;
 - Provide a communication conduit for individuals admitted into hospital and ensure continuity of care plans and support discharge planning;
 - Link with Palliative Care Team;
 - Facilitate and support peer to peer support through a rich community offer
 - Support specialist Dementia Practitioners;
 - Work closely with the social prescribers within the neighbourhood teams.
- 2.3 The community of practice, where dementia staff and partners from the whole system come together, have developed:
 - a whole pathway for post diagnostic support
 - 'keep in touch' contacts to monitor health and wellbeing and identify and early warning signs of disease progression
 - close working with other parts of the system to ensure seamless stepping up and down based on individuals needs
- 2.4 Since the introduction of the dementia pathway, and increased community support for people living with dementia, the following benefits have been evidenced:-
 - A reduction of the number of people on the dementia register prescribed anti-psychotics
 - An increase in the number of people dying in their usual place of residence
 - Below the national average length of stay for people admitted with a diagnosis of dementia

3. PROPOSAL TO EXTEND THE DEMENTIA SUPPORT WORKERS PILOT

- 3.1 The 12 month service extension is intended to allow further development to create a fully integrated dementia offer within each neighbourhood. By extending this Pilot, there is time to carry out a whole pathway review and, following this, the option to go out with a full tender for all community dementia provision within the neighbourhood/PCN model, connecting closely to secondary care provision.
- 3.2 12 month requested will allow a full tender process to be undertaken. In light of the Covid-19 pandemic, it has not been possible to undertake a comprehensive review of the pilot scheme as the service model has changed and adapted In order to meet national guidelines around social distancing. Also, under the current circumstances, it would be difficult, through a tender process to undertake the due diligence required due to these changes. In addition, the ability of the market to bid at this time may be hampered by other priorities and therefore there may be a shortage of providers who submit.
- 3.3 The original contract was held within Tameside Council, and the plan had been for this to be reviewed by health as an investment going forwards as a key part of the integrated community dementia pathway. The extension therefore, is planned to be from within CCG budgets whilst remaining on the current council contract.

4. INVESTMENT PROPOSAL

- 4.1 It is proposed to invest as follows:

	2021/22
Dementia support workers	£110,000

5. NEXT STEPS

- 5.1 It is intended for a full tender to take place prior to any further contract being awarded by 31 March 2022.

6. RECOMMENDATIONS

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

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	28 October 2020
Executive Member:	Cllr Eleanor Wills, Executive Member – Health, Social Care and Population Health
Clinical Lead:	Dr Kate Hebden, - Governing Body GP for Primary Care
Reporting Officer:	Jessica Williams, Director of Commissioning
Subject:	PRIMARY CARE – COVID RESPONSE BRIEFING
Report Summary:	<p>This is a report on the resilience and response by Primary Care during the Covid 19 pandemic. The pace of national guidance, as in all sectors, has required a robust and flexible response by Primary Care to ensure continued support to patients. The oversight and clinical advisory capacity to this Primary Care response was managed through the introduction and development of a new emergency neighbourhood based structure, Pandemic Resilience Management Group (PRMG).</p> <p>100% of our 37 GP Practices remained open throughout the pandemic, including all opening Easter and May Day Bank Holidays. Community pharmacy has remained open throughout this period. Community optometry providers, whilst instructed to stop routine activity during the Covid peak, continued to provide access to urgent eye care services and support as required. The provision by primary care dental services was similar with practices open and providing advice and referral to one of the urgent care treatment hubs in Greater Manchester for treatment where needed. Primary optometry and dental services have now resumed, though at reduced capacity due to the social distancing and PPE measures.</p> <p>The pace at which alternative models of access were implemented across Tameside and Glossop was phenomenal. Although pace was accelerated by the pandemic, the evolving model of primary care delivery, including increased use of digital approaches, has been a clear part of national strategy and GP contract reform over recent years.</p> <p>Detail on General Practice appointments is set out in this document although it should be noted, this data in isolation does not reflect the scale of work during the period. Proactive support to patients, carers and families, End of Life care planning and shared decision making are not recorded or truly quantifiable but an essential part of the high quality primary medical services offer to our residents by our general practice teams.</p> <p>This report provides oversight of the primary care response, with particular focus on general practice, during the initial pandemic response period, the transition to the Living with Covid phase of response and gives a forward look to the next steps.</p>
Recommendations:	Strategic Commissioning Board be recommended to:

- (i) note the detail in the report and the resilience response by Primary Care partners through the first phase of the Covid-19 pandemic as part of our total locality response.
- (ii) receive a further report on future ambition, Build Back Better and the phase 3 NHS response priorities on health inequalities and proactive care in November.

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	S75/In-Collaboration
Decision Body – SCB Executive Cabinet, CCG Governing Body	N/A
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	N/A

Additional Comments: In the first 6 months of 2020/21, the CCG has been able to reclaim any additional COVID-19 related costs incurred within primary care. This has funded Bank Holiday cover in General Practice, additional PPE, cover for sickness and isolation, additional admin costs and the purchase of new equipment for use in primary care as part of the pandemic response.

Moving forward, the financial regime will change and this claims process will come to an end. The Greater Manchester STP will receive a funding envelope for the second half of the year, which we will need to live within. In preparation for this, the CCG has submitted financial projections which include high level estimates for the cost of the phase 3 primary care response in Tameside & Glossop. Further work will be required in the weeks and months to come to assess the affordability of this within the context of the overall financial position and the Greater Manchester funding envelope.

Legal Implications:
(Authorised by the Borough Solicitor)



Consideration will need to be given to those residents who do not have the confidence to access the current services and how we can ensure we are equality proofed for those with limited digital access in order to reduce health inequalities which is one of our statutory duties. Should the intention be to move forwards with revised working now the art of the possible is known it will still be necessary to undertake consultation.

It would also be helpful to consider this report in light of the GP Patient Survey and what improvement could be made and issued address to improve the experience for patients:

<https://tameside.moderngov.co.uk/documents/s86908/GP%20Patient%20Survey%20results%20slides%20FINAL.pdf>

How do proposals align with

Proposals are fully aligned with a focus on reducing health

Health & Wellbeing Strategy?	inequalities.
How do proposals align with Locality Plan?	Meets the ambition of the Locality Plan.
How do proposals align with the Commissioning Strategy?	Aligned with national policy and the Covid-19 response guidance.
Recommendations / views of the Health and Care Advisory Group:	N/A – information briefing therefore not taken through HCAG, however Pandemic Resilience Management Group (detailed in the paper) has provided the clinical advisory forum when required. Detail has been overseen by Primary Care Committee.
Public and Patient Implications:	Focus of the paper describes the work to protect and maintain good primary care provision for all patients.
Quality Implications:	As above.
How do the proposals help to reduce health inequalities?	As above.
What are the Equality and Diversity implications?	None - Primary Care services are available to all.
What are the safeguarding implications?	There are no additional safeguarding implications, safeguarding policies in place around existing practice contracts would apply
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no additional information governance implications, the policies in place around existing practice contracts would apply.
Risk Management:	There are no additional risk management issues arising from this proposal over and above management of patients through existing contractual requirements.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Tori O'Hare
	 Telephone: 07920 086397
	 e-mail: tori.ohare@nhs.net

1. INTRODUCTION

- 1.1 This report on the resilience and response by Primary Care during the Covid 19 pandemic. The pace of national guidance, as in all sectors, has required a robust but flexible response by Primary Care to ensure continued support to patients. The oversight and clinical advisory capacity to this Primary Care response was managed through the introduction and development of a new emergency neighbourhood based structure, Pandemic Resilience Management Group.
- 1.2 100% of our 37 GP Practices remained open throughout the pandemic, including all opening Easter and May Day Bank Holidays. National guidance directed practices on activity which could be paused during the immediate pandemic, subsequent guidance has directed the resumption of activity, though recognises there will be adjustments to the mode of delivery. Although the profile of appointment type has changed, as nationally, in response to covid, the total number of appointments offered in July was back in the range of appointments offered in March. This data is detailed further in section 4 of this report.
- 1.3 General practices, as with the rest of the health and care system, are reporting pressure both due to demand and the additional complexity of that demand. Support to staff and patients in how care is delivered and received as well as communication is key. Practices are widely reporting they are 'winter busy' in August. Infection rates are steadily rising and so continued adjustments to delivery is essential. We are working, connected across GM, to balance capacity and demand pressures and enable the identification of patients who may not have accessed care during the pandemic to ensure clinically safe prioritisation and preventing the rise of health inequality. We also aim to minimise the administrative burden on practices to maximise front line capacity.
- 1.4 Community pharmacy has remained open throughout the whole of COVID-19. During the COVID-19 peak, service delivery focused upon medicines supply and health care support / advice. Some pharmacies were impacted by staffing levels and national decisions to restrict access to some venues (e.g. shopping centres and supermarkets) and operated reduced hours. The vast majority are now open for full NHS contracted hours and delivering services.
- 1.5 Optometry practices, whilst instructed to stop routine services during the COVID 19 peak, the majority continued to provide access to urgent eye care services and support as required. Since allowed to recommence routine GOS in June, the vast majority are open and providing face to face services, albeit in a reduced capacity owing to social distancing and PPE measures.
- 1.6 Although the initial pandemic response paused routine care in primary care dental services, practices remained open and providing advice and referral to one of the urgent care treatment hubs in Greater Manchester where basic treatment was offered. A Greater Manchester Urgent Dental Care Service was available for patients not registered. Primary care dental services have now been resumed, though again this is at reduced capacity due to the social distancing and PPE measures.
- 1.7 The pandemic response has served to strengthen working arrangements across Primary Care Network practices, particularly supporting both workforce and delivery resilience. This acceleration of collaborative working will support the development of and relationships within those Primary Care Networks, still only in their infancy following establishment in July 2019.
- 1.8 This report details the initial pandemic response period, the transition to the Living with Covid phase of response and notes a forward look to the next steps.

2. PANDEMIC RESILIENCE MANAGEMENT GROUP

- 2.1 In a letter dated 17 March 2020, the CCG Co-Chairs and the Chair of West Pennine Local Medical Committee (LMC) wrote to all Tameside and Glossop GPs and Practice Managers recognising the significant pressure of Covid 19 on general practice and that this was likely to continue for the foreseeable future. The letter confirmed the introduction, with immediate effect, of a Pandemic Resilience Management Group to support primary care and our place based services, both workforce and patients, to ensure resilience and consistency through a cohesive and flexible response.
- 2.2 The group, chaired by Dr Asad Ali, Co-Chair of the CCG, included dedicated Pandemic Resilience Clinical and Managerial Lead capacity, allocated to each neighbourhood with comprehensive membership of clinicians representing all neighbourhoods and CCG officers. The Managerial Leads were been redeployed from existing CCG, PCN and ICFT roles from that date. The group had a line of governance both to Primary Care Committee and to Senior Leadership Team along with providing a line of accountability into the daily Gold Command meetings and the twice weekly Silver Out of Hospital meetings.
- 2.3 Five Pandemic Resilience Groups (PRGs), each aligned to our Primary Care Networks (PCNs), and with a relationship through the PCN Clinical Directors to ensure alignment of workstreams and action, led the resilience response for each geographic area. Completion of the daily SITREP provided local oversight of workforce resilience, PPE available to ensure proactive and timely action as required. A CCG Medicines Management Technician and the existing Social Prescribing Link Workers, already allocated on neighbourhood basis, worked with the VCFSE partners to provide a point of support for vulnerable patients. The allocation of a Community Pharmacist to each Primary Care Network, part of the national PCN strategy, also strengthened the inter-professional working and 'place based' response during this period.
- 2.4 In July, as we moved into the next phase of pandemic response, PRMG was stood down and replaced with a Primary Care Ambition and Recovery Group. This group is again chaired by Dr Asad Ali however has a broader Terms of Reference and membership to further explore and shape ideas on the ambition for Primary Care as part the neighbourhood.

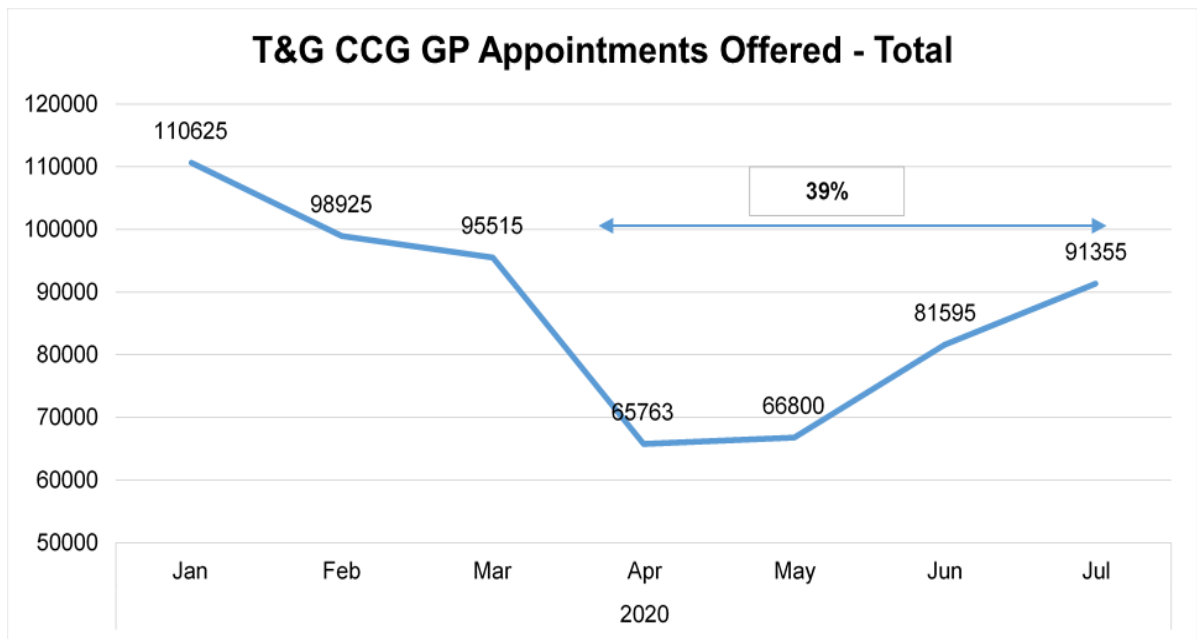
3. TAMESIDE AND GLOSSOP GP GUIDANCE

- 3.1 The breadth of work by the Pandemic Resilience Management Group was considerable. A weekly communication from CCG Co-Chairs, Director of Commissioning and the LMC harnessed the dialogue between system leaders practice clinicians and other primary care and neighbourhood services. This ensured evolving pressures on the ground were acted on rapidly, maintaining resilience and supporting the workforce.
- 3.2 A key output of the group was the Tameside and Glossop Covid-19 GP Guidance, reviewed weekly, updated and shared with all practice staff. This provided a single page reference guide, linked to national and local guidance, to support the management of Covid and non Covid patients. In addition, local guidance on the death certification process, including use of the GM procured service, sharing of best practice and innovative models of care delivery were overseen by the group along with providing fast paced support and advice to peers.
- 3.3 As practices moved from immediate pandemic response, Tameside and Glossop 'unlocking guidance', again sharing good practice locally and nationally, provided resources to practices on innovative models of care and also clinical alternatives to provide continued care particularly around proactive and preventative care, such as management of Long Term Conditions or delivery of Severe and Enduring Mental Illness or Learning Disabilities

Health Checks. Examples include supporting clinicians in delivering video consultations, collecting observations remotely or socially distanced and alternative treatment options where clinically appropriate.

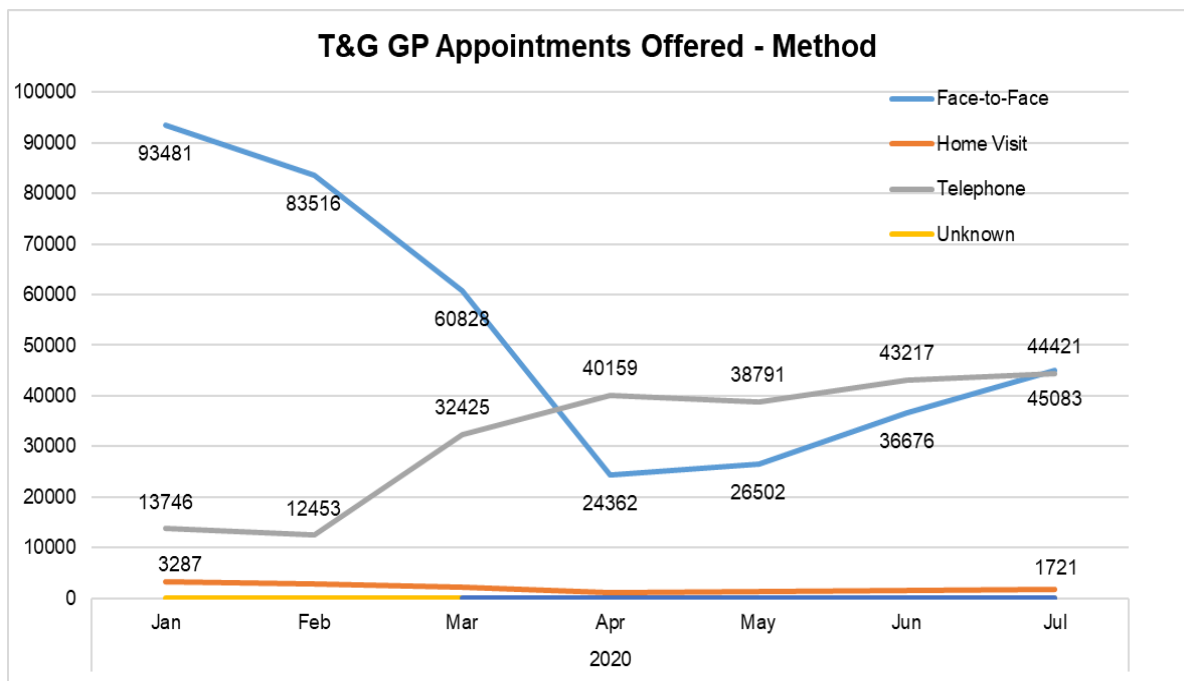
4. DIGITAL

- 4.1 The Covid pandemic response saw a fast paced acceleration of the digital agenda in general practice. Although a clear ambition of national strategy, set out in the General Practice Forward View in 2016 and re-iterated in the NHS Long Term Plan in 2019, full implementation in localities requires significant broader infrastructure and response, not limited to technology and general practice deployment but a longer term plan around patient experience and readiness, including digital literacy.
- 4.2 A digital first, or total triage model of primary care allows access to advice, support and treatment using digital and online tools, these can be used where appropriate, either clinically and/or from a patient experience and access perspective. Patients can use online tools to access all primary care services, such as receiving advice, booking and cancelling appointments, having a consultation with a healthcare professional, receiving a referral and obtaining a prescription.
- 4.3 The Covid-19 response has required significant changes to the way in which services have historically been delivered. There has been a substantial shift in digital offer during the pandemic with 63% of appointments delivered through a total triage model across T&G in April 2020 compared with 13.5% in April 2019. Primary Care Committee had approved the procurement of 100 laptops for general practice in February, which together with the provision of approximately a further 150 laptops from GM, provided timely support to practices working in this way and also providing workforce resilience where practice staff were isolating and/or shielding.
- 4.4 The total number of appointments offered reduced by 37% between those two data points, which reflects the changed prioritisation and deferring of some non-urgent, proactive and preventative work in the weeks immediately following the 23rd March lockdown. This data is based on NHS Digital data on GP appointments. The local and national guidance, supported clinical decisions on activity which was safe and appropriate to pause.
- 4.5 Royal College of General Practitioners (RCGP) guidance suggests that approximately 50% of appointments in the 'new normal' could be digital; some established digital practices across the country had seen approximately 75% of appointments pre Covid-19 delivered through a total triage model.
- 4.6 The position across Tameside and Glossop, a count of total appointments offered across all modes of delivery, is shown in the graph below, Graph 1. This shows the reduction in appointments offered in April and the rise over the period to July back to near March levels. The split of mode of appointment in July is in line with the RCGP guidance of 50% digital delivery.



Graph 1

4.7 The method of appointment offered is shown below, Graph 2. As face to face appointments reduced there is a corresponding increase in telephone appointments. The dataset captures a large number of video appointments delivered locally as telephone, due to the consultation system used. This data shows a near 50/50 model of delivery in July between face to face and digital delivery.



Graph 2

4.8 In April 2020, the total number of appointments offered was 36% lower than the same period in 2019, at July 2020 this has fallen to be 16% reduction.

4.9 The Digital Strategy Group will continue to lead this work, building on the pandemic response and establishing a sustained model. This work will be closely aligned to the estates workstream with the importance of primary care estates pressures being managed in the context of both the digital and primary care workforce workstreams.

- 4.10 A blended model of access, modelled through proactive communication and engagement with our population is one of the key priorities for this group.

5. SYSTEM SUPPORT

- 5.1 Adequate supply of appropriate Personal Protective Equipment (PPE) has been a key priority. The Locality Resilience Forum (LRF) has been key in supporting providers. The daily reporting by practices provided PPE status, across a range of categories which was then used to ensure timely distribution of PPE by CCG staff, and more recently local volunteers.
- 5.2 We were one of a small number of CCGs successful in securing a key worker testing hub. This is located at Ashton Primary Care Centre and is available to all key workers within Tameside and Glossop, including: Care Home Staff, VCFE workers, Primary Care, TMBC and CCG staff. Capacity from the Primary Care Access Services (PCAS) provided the clinical support to this service with a number of CCG staff managing the booking process. This CCG resource has since been expanded to provide the distribution of testing kits to care homes for outbreak and routine testing and to practices for outbreak testing.
- 5.3 In May, a number of our practices also volunteered to participate in the national project to understand the prevalence of COVID-19 among NHS staff and patients. The aim of the project to test several thousand asymptomatic primary care staff to help understand transmission and inform policy and guidance. All practices also participated in the antibody testing research project, working to provide further understanding about the spread of the virus and any immunity.
- 5.4 Our locality response enabled a range of temporary services to be commissioned, including the Hospital Home Visiting Service. This service, delivered by an additional cohort of GPs, was procured to provide the appropriate levels of additional medical support to community health and care teams. The pace of decision and procurement of this service illustrates the responsiveness of the Pandemic Resilience Management Group and the proactive service support to ensure robust primary care services throughout the pandemic. The adaptability of services and the establishment of temporary additional provision is detailed further in section 6 in relation to medicines management services and support.
- 5.5 Funding arrangements to support the additional and significant cost of Covid were implemented rapidly to ensure practices could manage workforce resilience, through staff sickness, risk assessments, isolating and/or shielding as well as small adaptations and enhancements to practice buildings, e.g. perspex screens, additional hand sanitiser units, temporary oxygen saturation monitoring stations, gazebos for outdoor waiting areas, vaccination delivery. The oversight of this process, review and approval of claims has been overseen by a task group of finance, commissioning and clinician, including PCN Clinical Director and LMC advisory roles.
- 5.6 The ten GM localities, together with Greater Manchester Health and Social Care Partnership (GM HSCP), have worked together to provide support to the primary care Covid response across GM. The Tameside and Glossop role within this includes the chairing of a number of key groups, including the Delegated Management Oversight Group (DMOG), providing oversight of the primary care provision across GM, the Directors of Commissioning group and the Flu – Art of the Possible task group.

6. MEDICINES MANAGEMENT

- 6.1 Throughout the pandemic, the Medicines Management Team (MMT) have played an active role in supporting health and social care organisations to rapidly roll out new initiatives to

help residents of Tameside and Glossop. The team have also represented the locality at a GM, regional and national level; this has included supporting the North West Medicine and Pharmacy Cell to develop resources that have been implemented locally e.g. Reuse of medicines policy in Care Homes, End of Life medications provision.

- 6.2 The team have been recognised as a national leader on a number of initiatives, including the use of Proxy Ordering in Care Homes. The team supported colleagues in other localities across the country, supported NHSX with national webinars and broadcast a live webinar nationally through PrescQIPP on in the implementation of this work stream. In Tameside and Glossop, 26 care homes are now live with Proxy Ordering with the remaining due to go live over the next 6 months.
- 6.3 As detailed in section 2, a Medicines Management Technician was allocated to support the Pandemic Resilience Groups. The team also supported T&G ICFT at the height of the pandemic, deploying a Medicines Management Technician to the pharmacy department. The resilience response also included liaison between the Medicines Management Team and community pharmacies to ensure the demand for specialist palliative care medicines could be met. The number of community pharmacies holding this stock was increased from 6 to 14 pharmacies to reduce the incidence of delayed access to palliative care medication. The team worked with the Out of Hours provider to ensure they had increased stock of pre-packed end of life medication.
- 6.4 The impact of Covid-19 on Medicines Management across practices in Tameside and Glossop was reflected in a 20% increase in prescribing spend in March 2020. This was a little higher than the GM and national average; early and excess ordering of medications and national price increases were the main reason of this increase in spend. Through internal appraisal of our key activities we have already put mechanisms in place to counteract this increase in prescribing spend. A Data Protection Impact Assessment was completed quickly to ensure the team could continue to provide the level of support to practices, working with them remotely to identify any prescribing inefficiencies and recommend changes.
- 6.5 Working closely across the system, a Tameside and Glossop Medication Delivery Hub was established to ensure vulnerable and patients that were self-isolating could continue to receive their medication. Referrals for medication deliveries were managed by a Medicines Management Technician and Administrator. The Medication Hub supported more than 830 people with medication deliveries. As the national lockdown was eased, the referral rates to the Hub decreased significantly and pharmacy delivery services able to meet local demand, the Hub has been stood down. The structures and pathways remain in place should the need arise again. Detail of local pharmacies and their delivery offer has been shared with all practices to support patients to nominate a pharmacy of their choice to meet their needs.
- 6.6 The Meds Update newsletter has continued to be produced during the pandemic which provides crucial medication related updates. The team have also participated in the GM Minor Ailments Scheme working group, developing support materials and streamlining the GM scheme. This is in line with NHS England Over the Counter (OTC) guidance.

7. SUPPORT TO CARE HOMES

- 7.1 The NHSE communication COVID-19 response: Primary care and community health support care home residents, dated 1st May 2020, set out the early introduction of a number of aspects of the Enhanced Health in Care Home Network Specification under the Primary Care Network Directed Enhanced Service. These were:
- Delivery of a consistent, weekly 'check in', to review patients identified as a clinical

- priority for assessment and care.
- Development and delivery of personalised care and support plans for care home residents.
- Provision of pharmacy and medication support to care homes.

7.2 PCNs have developed their model of delivery, to reflect their workforce model in place and proposed through the Additional Roles Reimbursement Scheme and Partnership Locally Commissioned Services (LCS) bundle. All Tameside and Glossop Care Homes are aligned to a Primary Care Network and have a lead GP Practice. The SafeSteps app will support the identification and prioritisation of patients for assessment and care via weekly 'check in' and/or Multi-Disciplinary Team meetings.

7.3 The provision of pharmacy and medication support aspect suggested the support for care homes would require collaborative, clinical and professional co-working and leadership from across all pharmacy sectors. In response, the Medicines Management Team worked with colleagues to set up the Care Home Pharmacy Hub. The Care Home Pharmacy Hub is a virtual Single Point of Contact for all Care Homes across Tameside and Glossop. This is an operational model intended to integrate individual teams of pharmacy staff across the locality to provide a holistic pharmacy service to Care Homes and Care Home residents. The Medicines Management Technicians continue to support care homes with individual medication related issues and also provided virtual training on new policies to ensure readiness.

7.4 The system wide Enhanced Health in Care Homes Task and Finish group is in place to lead the oversight of the specification across the system beyond pandemic response phase. This group will co-ordinate the efficiency and effective use of the existing investment across those partners to maximise the personalised care offer to these patients. A lead PCN Clinical Director, to represent PCNs at this group, is in place.

8. PRIMARY CARE LIVING WITH COVID TASK GROUP

8.1 In May, a Primary Care Living with Covid (LWC) Task Group was established. This group, chaired by Dr Kate Hebden, Governing Body GP for Primary Care, has focussed on the action plan and any additional support required to deliver the phased return and resumption of general practice activity, incorporating the learning from the last few months.

8.2 This task group led the design and communication of clear and effective T&G GP guidance, moving from covid pandemic crisis management to the 'unlocking guidance' detailed in paragraph 3.3, self-care resources document and expectation guidance in relation to Locally Commissioned Services delivery.

8.3 The NHS England letters, Third Phase on NHS Response to Covid and the Update to GP Contracts, set out the expectation of general practice in relation to current delivery and the LWC Task Group will work, in conjunction with Primary Care Delivery and Improvement Group and Primary Care Ambition and Recovery Group, to drive this forward.

9. WORKFORCE

9.1 The resilience of general practice workforce, including through the PRG support, deployment of laptops to support home working and covid support costs to provide sickness absence cover has been detailed separately in this paper.

9.2 The risk assessment of staff across all primary care provider groups has been a key aspect of the pandemic response, with an assurance return on risk assessments undertaken by general practice forming part of the weekly CCG assurance return. The risk assessment of

pharmacy, dental and optometry contractor groups is overseen by Greater Manchester Health and Social Care Partnership (GM HSCP) as lead commissioner of those contracts. This risk assessment including specific questions on the number of risk assessments completed for BAME workforce, recognising the increased risk for those staff.

- 9.3 The Primary Care Network Directed Enhanced Service (DES) introduced the Additional Roles Reimbursement Scheme. This provides additional funding to PCNs to expand the number and the skill mix of roles delivering care to the registered population; these roles include, but are not limited to, Clinical Pharmacists, Social Prescribing Link Workers, First Contact Practitioners, Wellbeing and Care Co-ordinators. Although this pre-dates Covid, the recruitment to these roles will support the longer term pandemic response. This may include the proactive identification of patients who may have delayed accessing care.

10. NEXT PHASE

- 10.1 The next phase of Covid response focusses on the Build Back Better ambition, the proactive identification of patients who are clinically vulnerable and/or may have delayed accessing care and the focus on health inequalities. A separate paper will be presented to Strategic Commissioning Board on this later in the year.
- 10.2 Practices, as with the rest of the health and care system, are reporting the pressure in the system both due to demand and the additional complexity of that demand. The flu vaccination programme is underway with increased eligibility which compounds capacity and demand pressures. Social distancing and the donning and doffing of PPE increases the spacing and length of appointments and therefore the challenge to deliver 'usual' levels of activity without additional capacity.
- 10.3 The work through the Primary Care LWC group, together with feedback from partners, from Healthwatch and received via the Partnership Engagement Network will enable the understanding from lessons learned during this period is harnessed as part of the next phase response.
- 10.4 Communication and patient expectation is a key enabler to the success of transformation of models of care, learning through this pandemic response. We will work together with partners on this to ensure health inequalities are not compounded and access to care is not compromised as changes to delivery of services are implemented.
- 10.5 A combined model of digital and face to face care is essential however reflecting the expanding workforce roles and establishment of Primary Care Networks and therefore services being delivered from an increasing number of locations and services. Patient education and support around confidence to access general practice digitally where appropriate and able and more efficient use of direct access services will also form key aspects of this work.

11. RECOMMENDATIONS

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

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