Public Document Pack

Tameside Metropolitan Borough

ASHTON-UNDER-LYNE · AUDENSHAW · DENTON · DROYLSDEN · DUKINFIELD · HYDE · LONGDENDALE · MOSSLEY · STALYBRIDGE

STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 25 November 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 28 October 2020 to be signed by the Chair as a correct record.	1 - 8
3b	**MINUTES OF EXECUTIVE BOARD** To receive the Minutes of the Executive Board held on: 14 October 2020, 21 October 2020 and 4 November 2020.	9 - 28
3c	**MINUTES OF THE LIVING WITH COVID BOARD** To receive the Minutes of the Living with Covid Board held on 14 October 2020.	29 - 34
4	**REVENUE MONITORING STATEMENT AT 30 SEPTEMBER 2020** To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	35 - 108
5	**ADULT SOCIAL CARE WINTER PLAN 2020-21** To consider the attached submission of the Executive Member, Adult Social Care and Health / Director of Adult Services.	109 - 134
6	**PROVISION OF GENERALIST SOCIAL WELFARE INFORMATION AND ADVICE AND SPECIALIST EMPLOYMENT ADVICE** To consider the attached report of the Executive Member, Neighbourhoods, Community Safety and Environment / Executive Member, Adult Social Care and Health / Clinical Lead, Public Health / Assistant Director, Operations and Neighbourhoods.	135 - 152

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

7 PROGRESS REPORT TARGETED NATIONAL LUNG HEALTH CHECKS 153 - 202

To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Co-Chair / Director of Commissioning.

8 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, 0161 342 3050 or carolyn.eaton@tameside.gov.uk, to whom any apologies for absence should be notified.

STRATEGIC COMMISSIONING BOARD

28 October 2020

Comm: 1.00pm **Term: 2.00pm**

Present: **Dr Ashwin Ramachandra – NHS Tameside & Glossop CCG (Chair)**
Councillor Brenda Warrington – Tameside MBC
Councillor Warren Bray – 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
Dr Christine Ahmed – NHS Tameside & Glossop CCG
Carol Prowse – NHS Tameside & Glossop CCG

Apologies for absence: **Councillor Cooney – Tameside MBC**
Dr Asad Ali – NHS Tameside & Glossop CCG
Dr Kate Hebden – NHS Tameside and Glossop CCG
Dr Vinny Khunger – NHS Tameside and Glossop CCG
Steven Pleasant, Tameside MBC Chief Executive and Accountable Officer

In Attendance:		
	Sandra Stewart	**Director of Governance & Pensions**
	Tracey Simpson	**Deputy Chief Finance Officer**
	Richard Hancock	**Director of Children's Services** **Director of Population Health**
	Paul Smith	**Assistant Director, Strategic Property**
	Simon Brunet	**Head of Policy, Performance and Intelligence**
	Emma Varnam	**Assistant Director, Operations and Neighbourhoods**
	Sandra Whitehead	**Assistant Director, Adults Services**
	Tori O'Hare	**Head of Primary Care, NHS Tameside and Glossop CCG**
	Pat McElvey	**Head of Mental Health and Learning Disabilities – Tameside & Glossop CCG**

47. DECLARATIONS OF INTEREST

Member	Subject Matter	Type of Interest	Nature of Interest
Councillor Ryan	**Agenda Item 6: Community Safety and Homelessness Contracts Extension and Service Modification**	**Prejudicial**	**Member of the Board of New Charter Homes Limited (part of the Jigsaw Group).**

48. MINUTES OF THE PREVIOUS MEETING

RESOLVED
That the minutes of the meeting of the Strategic Commissioning Board held on 30 September 2020 be approved as a correct record.

49. MINUTES OF THE EXECUTIVE BOARD

RESOLVED
That the Minutes of the meetings of the Executive Board held on: 16 September 2020, 30 September 2020 and 7 October 2020, be noted.

50. MINUTES OF THE LIVING WITH COVID BOARD

RESOLVED
That the Minutes of the meeting of the Living with Covid Board held on 23 September 2020 be noted.

51. REVENUE MONITOIRNG STATEMENT AT 31 AUGUST 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 5. 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 reflected 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 needed 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 required 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.

It was explained that the estimated roofing cost £200k detailed in the report, had since been revised to £320k. This would need to be funded from School Condition grant as the works related to repairs and maintenance of the existing site.

RESOLVED

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

(ii) That approval to be sought from Executive Cabinet to extend the scope of the Aldwyn School Extension project to include roof repairs as set out in section 3 of the report, be noted; and

(iii) That approval to be sought from Executive Cabinet for an allocation of £320,000 of School Condition Grant Funding to fund the roof repair works at Aldwyn School, be noted.

52. BUDGET CONVERSATION 2021/22

Consideration was given to a report of the Executive Leader / Executive Member, Finance and Economic Growth / CCG Co-Chairs / Assistant Director, Policy Performance and Communications / Assistant Director, outlining the proposals to engage with the public in autumn 2020 on their priorities for spending within the context of financial challenges facing public services, including the impact of the Covid-19 pandemic.

It was proposed that this year's engagement would 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.

The Assistant Director of Policy, Performance and Communications explained that due to changing national and local Covid-19 social distancing restrictions, engagement could take place at in-person meetings if safe and practical, but the majority of engagement was 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 would be supported by an extensive communications campaign that would include digital methods such as websites, social media and email and non-digital methods such as newspapers, radio, and partner organisation networks.

The conversation would 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 could be improved and savings made.

It was stated that the conversation with Glossop residents would relate to health services commissioned by Tameside & Glossop Strategic Commission only. Engagement material would be tailored accordingly.

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

RESOLVED

(i) That the content of the report be noted;

(ii) That approval be given to proceed with the proposals, as detailed in the report.

At this juncture, Councillor Ryan left the meeting during consideration of the following item of business, having declared a prejudicial interest as a member of the Board of New Charter Homes Limited, and paid no part in the discussion nor decision thereon.

53. COMMUNITY SAFETY AND HOMELESSNESS CONTRACTS EXTENSION AND SERVICE MODIFICATION

Consideration was given to a report of the Executive Member, Neighbourhoods, Community Safety and Environment / Clinical Lead, Living well / Assistant Director of Operations and Neighbourhoods, which explained the proposal to enter into contracts with providers delivering a number of services across the Operations and Neighbourhoods portfolio.

It was explained that the service had 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 reinforced the Council's commitment to prevent homelessness and to intervene at the earliest stage before households reached the point of crisis.

The contract arrangements for the services ended on 31 March 2020 but were continuing in order to maintain critical service delivery and continuity to the borough's most vulnerable residents, as well as to allow the Council to meet its statutory obligations.

The Director of Operations and Neighbourhoods stated the report sought permission to award contracts to providers. The contracts for consideration were imperative to the continued delivery of homelessness services across the Borough and were 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
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

The report detailed that Tameside's Homelessness Service had 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 was significant, the people who were previously sleeping rough were now in service with the Rough Sleeping team and required considerable ongoing support.

During the Covid-19 pandemic the Government had removed the ability for landlords to commence eviction proceedings with their tenants. This prohibition was lifted on 24 September 2020, which could result in a further influx of service users to the service.

RESOLVED
That approval be given to extend existing contracts with the current service providers for 12 months commencing 1 October 2020 to 30 Sept 2021.

Councillor Ryan re-joined the meeting at this juncture.

54. COMMUNITY CARDIOLOGY DIAGNOSTICS SERVICE

A report was submitted by the Executive Member, Health, Social Care and Population 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 until March 2021. A procurement process was required for contract arrangements from April 2021.

It was reported 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.

RESOLVED

(i) That a 3-6 month extension of the current contract be supported, 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; and

(ii) That the procurement process outlined within the paper be supported, including permission to award the contract following a successful procurement exercise.

55. CONTRACT UPLIFTS IN CONSIDERATION TO NATIONAL LIVING WAGE (NLW) INCREASE FOR 20/21

Consideration was given to a report of the Executive Member, Health, Social Care and Population Health / Clinical Lead, Living Well / Director of Adult Services, outlining the increased costs in relation to the NLW increased announced in 2019 across three service providers not factored into the original budget setting for 2020/21.

It was explained that the Learning Disability Supported Accommodation Contracts supported 290 people across 36 properties in the Borough delivered by both in house and external providers.

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).

It was further explained that 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.

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 had subsequently resulted in the providers not signing the contracts with the delivery of the service at risk whilst it was against assumed T&Cs until the NLW issues were addressed and incorporated into the contract.

The total overspend against Adult Services 20/21 revenue budget for Supported Accommodation was 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%)

RESOLVED
That approval be given 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); and**
- **Liberty Support Services - Lomas Court extra care and support for adults 18-65 with a sensory or physical disability.**

56. IMPROVING DEMENTIA SERVICES IN THE NEIGHBOURHOODS

The Executive Member, Health, Social Care and Population Health / Director of Commissioning submitted a report, which detailed the development and output of the Dementia Support Worker Pilot and proposed recommendations for next steps.

The report summarised that since the introduction of the dementia pathway, and increased community support for people living with dementia, the following benefits had 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; and
- Below the national average length of stay for people admitted with a diagnosis of dementia.

The 12 month service extension was intended to allow further development to create a fully integrated dementia offer within each neighbourhood. By extending this Pilot, there was 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.

The 12 month requested would allow a full tender process to be undertaken. In light of the Covid-19 pandemic, it had not been possible to undertake a comprehensive review of the pilot scheme as the service model had 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 could be hampered by other priorities and therefore there could be a shortage of providers who submitted.

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, was planned to be from within CCG budgets whilst remaining on the current council contract.

It was proposed to invest £110,000 for 2021/22. It was intended for a full tender to take place prior to any further contract being awarded by 31 March 2022.

RESOLVED
That the existing Dementia Support Worker Pilot contract with the Alzheimer's Society be extended 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.

57. PRIMARY CARE – COVID RESPONSE BRIEFING

Consideration was given to a report of the Executive Member, Health, Social Care and Population Health / Director of Commissioning / Governing Body GP for Primary Care / Director of Commissioning, which provided 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 provided a forward look to the next steps.

It was reported that 100% of Tameside & Glossop 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 had directed the resumption of activity, though recognised there would be adjustments to the mode of delivery. Community pharmacies had remained open throughout the whole of COVID-19. During the COVID-19 peak, service delivery focused upon medicines supply and health care support / advice. Although the initial pandemic response paused routine care in primary care dental services, practices remained open and provided 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 had now been resumed.

Members were advised that the Pandemic Resilience Management Group was set up in recognition of the significant pressure of Covid-19 on general practice and that this was likely to continue for the foreseeable future. The group, chaired by the 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 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.

There were Five Pandemic Resilience Groups (PRGs), each aligned to 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.

The Director of Commissioning explained that in July the next phase of the pandemic response was needed, PRMG was stood down and replaced with a Primary Care Ambition and Recovery Group. This group had a broader Terms of Reference and membership to further explore and shape ideas on the ambition for Primary Care as part the neighbourhood.

It was highlighted that the Covid-19 response had required significant changes to the way in which services had 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.

It was explained that the Royal College of General Practitioners (RCGP) guidance suggested 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.

In terms of system support, it was reported that 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 had been overseen by a task group of finance, commissioning and clinician, including PCN Clinical Director and LMC advisory roles.

Throughout the pandemic, the Medicines Management Team (MMT) had 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 had also represented the locality at a GM, regional and national level; this had included supporting the North West Medicine and Pharmacy Cell to develop resources that have been implemented locally e.g. re-use of medicines policy in Care Homes, End of Life medications provision.

The system wide Enhanced Health in Care Homes Task and Finish group was in place to lead the oversight of the specification across the system beyond pandemic response phase. The group would 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, was in place.

In May, a Primary Care Living with Covid (LWC) Task Group was established. This group, chaired by the Governing Body GP for Primary Care, had 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.

The next phase of Covid response focussed on the Build Back Better ambition, the proactive identification of patients who were clinically vulnerable and/or may have delayed accessing care and the focus on health inequalities. A separate paper would be presented to Strategic Commissioning Board on this, at a future meeting.

The Chair and Board members, expressed their gratitude to everyone involved for their hard work during these challenging times.

RESOLVED

(i) That the content of the report be noted, including the resilience response by Primary Care partners through the first phase of the Covid-19 pandemic as part of the total locality response; and

(ii) That a further report on future ambition, Build Back Better and the phase 3 NHS response priorities on health inequalities and proactive care, be submitted to the next meeting of the Board.

58. URGENT ITEMS

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

CHAIR

BOARD

14 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	

115 DECLARATIONS OF INTEREST

Councillors Cooney and Ryan declared a prejudicial interest on Item 5c Community Safety and Homelessness Contracts and Extension and Service Modifications as Council appointed Directors for Jigsaw and New Charter Housing respectively.

116 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Executive Board meeting on the 7 October 2020 were approved as a correct record.

117 BUDGET CONVERSATION 2021/22

Consideration was given to a report of the Executive Leader / Executive Member for Finance and Economic Growth / Co-chairs of CCG / Assistant Director of Policy, Performance and Communications / Assistant Director of Finance. The report outlined the proposals to engage with the public in autumn 2020 on their priorities for spending within the context of financial challenges facing public services, including the impact of the Covid-19 pandemic.

It was proposed that this year's engagement would 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.

The Assistant Director of Policy, Performance and Communications explained that due to changing national and local Covid-19 social distancing restrictions, engagement could take place at in-person meetings if safe and practical, but the majority of engagement was 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 would be supported by an extensive communications campaign that would include digital methods such as websites, social media and email and non-digital methods such as newspapers, radio, and partner organisation networks

The conversation would 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 could be improved and savings made.

It was stated that the conversation with Glossop residents would relate to health services commissioned by Tameside & Glossop Strategic Commission only. Engagement material would be tailored accordingly.

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

AGREED
That the content of the report be noted and Executive Cabinet and the Strategic Commissioning Board be recommended to approve the proposed approach.

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

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Assistant Director of Population Health / Assistant Director of Finance which outlined the current trading position of Active Tameside and a number of options around the next steps to ensure the survival of the Council's leisure offer through the pandemic.

It was explained that the closure of all facilities to the general public on 20 March 2020 until the reopening of some centres in July has resulted in a loss of almost £1m a month in lost trading income. By taking advantage of the government business grants, staff furlough scheme and VAT holidays, as well as other cost saving measures running costs have been reduced by as much as practically possible.

Active Tameside also had business insurance and were awaiting a court ruling as to whether the policy wording was sufficient to allow a claim for the business interruption caused by Covid. The ruling and eventual insurance pay out if successful was unlikely to be received until March 2021.

Throughout the closure period Active Tameside had been able to continue to provide the commissioned services to vulnerable groups throughout the pandemic and had been paid for these by the Council accordingly.

The Assistant Director of Population Health stated that Active Tameside would run out of cash mid November 2020 and become technically insolvent. The situation had been made worse as leisure providers were exempt from most Covid-19 emergency support funding. Without further support from central government, the Council, or an insurance pay out this would ultimately result in Active Tameside ceasing to be able to trade and handing back the assets to the Council for it to run.

The Council had therefore been reporting a potential call on its budgets for the year in terms of supporting Active Tameside of £3.5m (including prudential borrowing) as part of its monthly monitoring reports to Executive Cabinet.

Trading had been running better than expected since reopening, however, direct debit take for memberships was down by a third from the March 2020 figure, meaning a £56k per month reduction in this important source of revenue.

The Assistant Director of Finance highlighted that Executive Cabinet had already supported Active Tameside's cash-flow position through this difficult period through a number of measures:

- 31 March 2020 - repayment of prudential borrowing of £0.788m was deferred to at least 2021/22.
- 1 April 2020 - paid the total value of the 2020/21 management fee of £1.077 million upfront (as usual).
- 1 July 2020 – agreed an advanced payment for Adult's and Children's commissioned services of £0.6m to the end of October 2020.

- 1 October 2020 - advance the remaining £0.845m due for the remainder of the year for the services commissioned from Active Tameside from the Adult's and Children's Services Directorates.

It was stated that these payments had supported the cash flow of Active Tameside until the end of October. In the absence of further funding whether through a successful insurance claim, specific government support for Leisure Trusts generally, or from the Council, Active Tameside would be unable to continue trading beyond this.

Therefore, In order to provide Active Tameside further cash funding to buy time as the trading position, outstanding insurance claim, and development of any government support package, it was proposed that the Council advance Active Tameside an amount to be agreed monthly, based on open book accounting to allow the service to remain solvent.

It was proposed that the cash support provided would be reviewed on a monthly basis, based on the trading performance and local covid restrictions. The funding amount identified was in line with the losses other Local Authorities are experiencing and all avenues for controlling costs were being explored. It was proposed that the further support required from November 2020 would be via a loan agreement to be paid back over the lifetime of the contract. Officers had been working with other local authorities in Greater Manchester and nationally to share experiences, best practice and approaches taken with leisure providers.

AGREED
That Executive Cabinet be recommended to:

(i) Agree that the current phased opening as described in section 5.5 remains in place until 31 March 2021, subject to any further restrictions being put in place by central government.

(ii) Approve an amount of £1.8m to be paid via a loan agreement to be paid back over the lifetime of the contract to allow Active Tameside to remain solvent during 2020/2021.

(iii) Support the completion of a Sport and Leisure review with savings options presented to Cabinet in November, public consultation in December, and proposals presented to Cabinet in January 2021 for with proposed management fee for 21/22.

119 WALKING AND CYCLING PROGRESS UPDATE

Consideration was given to a report of the Executive Member for Transport and Connectivity / Assistant Director for Operations and Neighbourhoods which provided an update on the progress made over the last 12 months, to help increase the number of residents choosing active modes of travel.

It was stated that a draft business case for Tameside Council's Tranche 1 – Active Neighbourhoods MCF scheme was recently reviewed by TfGM. The final business case was being prepared for submission, in order to secure approval at the earliest opportunity. This would enable the first two schemes – Chadwick Dam and Hill Street, to move to the delivery stage. The designs were complete and the traffic regulation orders for the Chadwick Dam scheme were approved at Speakers Panel (Planning) on 23 September 2020.

Members received details regarding the combined estimated value of the 11 schemes that had received Programme Entry status in Tameside. As the schemes were being developed the estimated scheme costs were still subject to change. In addition, the match funding proposed at Programme Entry was under review and any changes to the funding package would be reported through the business case process for consideration and approval by TfGM. These changes would also be reported to the Strategic Planning and Capital Monitoring Panel.

Total Estimated MCF Funding	£11,557,150
Total Estimated Match Funding	£3,200,734
Total Estimated Scheme Cost	£14,757,884

TfGM were also progressing with a separate MCF proposal to introduce a pilot 'Active Neighbourhood' scheme in each borough across Greater Manchester. The Council were working closely with TfGM and their delivery partners, to support a pilot scheme in Tameside.

It was reported that Highways England (HE) had also agreed to fund a £1.95m scheme to improve cycle connectivity from Hyde to Hollingworth, as part of their Road Investment Strategy 2020 to 2025. A legal agreement had been signed and the Council had appointed a delivery partner to develop the feasibility study and a preferred route was currently being finalised.

In addition to the Council's success in securing grant funding to deliver new infrastructure, there was now also the opportunity to bid for Activation funding from the MCF programme. The Targeted Activation initiatives would help to facilitate behaviour change and to ensure that local communities and potential users were aware of the opportunities offered by the new MCF schemes. These programmes would encourage people to travel more sustainably and provide them with the knowledge, resources and skills to do so.

The Activation Plan, being developed by the Walking and Cycling Activation Task group, was created following an extensive mapping exercise to identify current successful initiatives and identification of gaps in provision.

The plan aimed to engage communities, schools, businesses and other stakeholders through a combination of activities to support behaviour change. The plan would also encourage people to travel more sustainably and provide them with the knowledge, resources and skills to do so.

The draft Activation Plan, which had recently been submitted as part of the Tranche 1 business case approval process, had requested grant funding in the region of £60,000.

AGREED
That the Executive Cabinet be recommended to note the progress being made to deliver new walking and cycling infrastructure across the Borough.

120 WORKFORCE GREEN TRAVEL OFFER – EXPANSION OF THE CYCLE TO WORK SCHEME

Consideration was given to a report of the Executive Leader / Executive Member for Transport and Connectivity / Assistant Director for People & Workforce Development which outlined the importance of a strong Green Travel Offer for the workforce with the opportunity to expand the Council's current Cycle to Work scheme via salary sacrifice to eligible employees of the CCG, whilst increasing the £1,000 purchase limit to enable the purchase of higher priced bikes; or to support those looking to buy an electric bike

In line with efforts to improve the carbon footprint and reduce the impact on the environment the organisation had in place a cycle to work scheme for employees and Elected Members to support them in the purchase of a bike through a salary sacrifice scheme of up to £1,000.

The current circumstances provided an opportunity to encourage employees and elected Members to cycle and take opportunity of this scheme, which enabled them to save when purchasing through the scheme and ultimately enjoy the benefits of cycling on their physical and mental wellbeing.

The scheme continued to be available to all Council and School employees, in addition to elected Members, and would be further promoted during this period of time to encourage and support access and usage of the scheme.

In order to promote and enable greener travel across the workforce, it was proposed that the Council's existing cycle scheme would be extended to eligible employees of the CCG; who don't currently have a scheme in place.

It was recommended that, in order to mitigate risk, the purchase limit would be increased to £5,000 as opposed to completely removing it. This would still provide a greater range of available bikes, particularly for those who were advanced cyclists looking to purchase a higher priced bike, or those looking to buy an electric bike (e-bike) to make cycling more accessible.

It was explained that whilst the removal of the purchase limit presented some financial risk, the scheme included clear terms and conditions, which set out at the start of the agreement how money would be recovered where required. To further mitigate the financial risk, it is proposed that a payment framework would be implemented, which dictated the term of the hire agreement, dependent upon the price of the bike.

It was further explained that as savings were based on the amount of salary sacrificed by each employee; increasing the spending limit would also increase the savings realised by both the organisation and the participating employees.

AGREED
That Executive Cabinet be recommended to approve:

(i) The current £1,000 purchase limit on the Council's Cycle to Work scheme is increased to £5,000, to provide the option of purchasing higher priced bikes, including e-bikes to make cycling more accessible.

(ii) The existing Council Cycle to Work scheme is expanded to be inclusive of eligible employees of the CCG, in order to promote and enable greener travel across the workforce.

(iii) To manage the risk of higher bike purchases for both the Council and the CCG, a value linked repayment framework is applied

(iv) That the scheme be approved to include the following parameters:

- **Approval is subject to meeting the required eligibility checks and signing the agreed terms of the salary sacrifice scheme**
- **Only employees who have successfully passed their probation period are eligible to apply**
- **Only employees who are not subject to a formal performance/capability process or with a live performance/capability warning are eligible to apply.**

121 WORKFORCE GREEN TRAVEL OFFER - CAR LEASING SCHEME VIA SALARY SACRIFICE

Consideration was given to a report of the Executive Leader / Assistant Director for People & Workforce Development, which outlined the importance of a strong Green Travel Offer for the workforce with the opportunity to implement a car leasing scheme via salary sacrifice for employees of Tameside Council.

This report set out a proposal to introduce a HMRC approved, green car leasing scheme via salary sacrifice to the employees of Tameside MBC. Tameside & Glossop CCG already offered a salary sacrifice car leasing scheme to their employees, through the provider NHS Fleet Solutions. As a partner organisation in the Single Commissioning Group, selecting this provider would achieve a consistent approach to the reward offer for the workforce, whilst also engaging a public sector organisation.

The scheme would allow an employer to provide employees with a brand new fully maintained and insured car, at a lower cost than they could normally achieve in the retail market. The employee would pay for their car over a two or three year period through a fixed reduction in their gross salary, via a HMRC approved salary sacrifice scheme.
There were a number of advantages to the Council of implementing a car leasing scheme, including:

- 'Green' credentials – by helping to remove old / energy inefficient cars and replace them with new cars which emitted less CO2.
- There would be a reduction in employer NICs and pension contributions directly related to the amount that was salary sacrificed.
- Recruitment and retention - the scheme would aid the organisation's ability to recruit and retain employees, as easy access to a good-value car leasing deal was an attractive employee benefit.
- Compliance / duty of care –The Council was liable for ensuring that employees were licensed, taxed, insured and that their cars were roadworthy. New cars leased through the salary sacrifice arrangement being proposed dramatically reduced the organisation's liability as the lease cost to the driver included insurance, servicing and maintenance of the vehicle, breakdown cover as well as tyre and windscreen replacement.

Whilst the scheme had a number of benefits, there are also risks; some of which have a financial implication. The Local Government Pension Scheme (LGPS) consider car leasing as a non-allowable benefit, which would mean that pension contributions and benefits were based on the salary after the lease amount has been sacrificed. This would produce a short term saving for the organisation as the employers' pension contributions were paid on the reduced salary and not the gross salary. However the longer term implication was reduced pension contributions from employees who participate in the scheme for the duration of the lease term.

One of the main risks relating to the scheme was early termination fees. Whilst the providers had measures in place to mitigate such risk from the organisation, in some circumstances the Council would be liable for any outstanding costs that could not be recovered from the employee e.g. when an employee leaves without working their notice period.

AGREED
That Executive Cabinet be recommended to APPROVE that:

(i) **The Council implements a car leasing scheme via salary sacrifice for employees of Tameside Council (excluding Schools) to promote and enable greener travel where car is the chosen mode of transport**

(ii) **The chosen provider from the lead 2 companies outlined in the report is NHS Fleet Solutions**

(iii) **That the car leasing scheme be approved to include the following parameters:**
- **Sacrificed salary deduction cannot reduce pay below the minimum wage**
- **One lease arrangement per employee**
- **Approval is subject to meeting the required eligibility checks and signing the agreed terms for the salary sacrifice arrangement**
- **Only employees who have successfully completed their probation period, and are not subject to a formal performance/capability process or with a live performance/capability warning are eligible to apply**
- **Apply risk protection measures as built in costs where appropriate i.e. Family Cover to mitigate any potential financial loss.**

(iv) **To place an emissions cap within the car leasing scheme at 110 – 120 g/km; steering individuals towards eco-friendly transport, but would continue to allow popular, lower emission, petrol cars to be included.**

(v) **To pay the HMRC advisory fuel rates for company cars, as updated each quarter.**

(vi) **that the scheme should be offered to School Staff**

122 STATEMENT OF COMMUNITY INVOLVEMENT

Consideration was given to a report of the Executive Member for Transport and Connectivity / Director of Growth which stated that the Council's current Statement of Community Involvement (SCI) had been adopted on 31 August 2016 to reflect changes to how planning documents were prepared and communities involved. The Covid-19 pandemic and continued progress on the Greater Manchester Spatial Framework (GMSF) meant it was important to reflect a number of more technical amendments to the SCI, ensuring consistency across Greater Manchester in the message delivered through SCIs about the GMSF.

The SCI had now been the subject of a six-week period of public consultation which ended on 1 October 2020. The outcomes of this were presented, where appropriate modifications had been made and it was the final updated SCI which was presented to be agreed for publication.

It was stated that consultation was an important part of the planning process. It brought significant benefits by: strengthening the evidence base for plan-making and decision taking; ensuring community commitment to the further development of an area; promoting regeneration and investment; and increasing ownership and strength of delivery.

Members received a Responses Report appended to the report which summarised the methodology used to publicise the consultation on the revised draft SCI; provided a summary of representations received; and the Council's response to the representations. In summary, no further amendments to the SCI were considered necessary following the careful consideration of the consultation responses.

AGREED
That the Executive Cabinet be recommended to agree to publish the revised SCI as set out at Appendix 1 and adopt.

123 GREATER MANCHESTER TRANSPORT STRATEGY 2040, DELIVERY PLAN AND TAMESIDE LOCAL IMPLEMENTATION PLAN

Consideration was given to a report of the Executive Member for Transport and Connectivity / Director of Growth which provided details of the content and publication arrangements for the refreshed Greater Manchester Transport Strategy 2040, Our Five Year Delivery Plan (2020-2025) and Local Implementation Plans.

It was stated that the initial version of the 2040 Strategy had undergone a policy refresh to reflect work undertaken, and the changed context, since 2017. In particular, the refreshed 2040 Transport Strategy would include reference to the "Right-Mix" ambition for at least 50% of all journeys to be made by active travel and public transport by 2040, details of the GM Mayor's 'Our Network' plan to create an integrated, modern and accessible transport network, an increased emphasis on the physical benefits of cycling and walking, the climate emergency declared by GMCA and all ten councils and the development of the GM Clean Air Plan.

The document had also been updated to reflect the contemporary devolution agenda, including publication of the Bus Reform business case and GM Rail Prospectus; ongoing work to develop 2040 sub-strategies.

In parallel, with the GMSF consultation in early 2019, a light-touch consultation on the GM Transport Strategy 2040 Draft Delivery Plan was undertaken via a dedicated email address. From a transport perspective the comments on the GMSF connectivity chapter were of particular relevance to the Delivery Plan. A final version of this document, including consultation feedback has now been prepared.

"Our Five-Year Delivery Plan" was supported by ten Local Implementation Plans (LIPs) covering the period 2020 to 2025. Each of the ten councils that make up Greater Manchester has its own LIP. It was also hoped that the LIPs will enable authorities to better express and describe the local transport and minor works interventions that need to be delivered or developed in the short term, to support Right-Mix and Carbon Reduction targets.

Alongside the other district Local Implementation Plans (LIP), Tameside's own plan set out its transport priorities for the next five years, as part of the Greater Manchester Transport Strategy 2040 5-Year Delivery Plan (2020-2025). Each plan was considered "live" meaning that while the wider delivery plan tended to consider large, medium and long-term future initiatives, the LIP was mainly focussed on local neighbourhood and town-level priorities and interventions to support the broader economic vision and other related benefits to be delivered across Tameside. Within the Tameside Local Implementation Plan, a summary of Tameside Strategic Schemes contained within the "Our Five-Year Delivery Plan" (2020-2025) are reproduced below at Map 1 with further details provided at Appendix 1. Appendix 1 generally excludes GM wide initiatives such as Bus reform, Metrolink and heavy rail improvements

AGREED
That Executive Cabinet are recommended to

(i) Endorse the refreshed Greater Manchester Transport Strategy 2040 and the final version of "Our Five-Year Delivery Plan" for approval by GMCA and publication in November 2020, alongside GMSF.

(ii) approve the publication of the supporting Local Implementation Plans (including Tameside's) as an appendix to "Our Five-Year Delivery Plan", acknowledging that these are "live" documents and will be subject to regular review and update as appropriate

124 GREATER MANCHESTER SPATIAL FRAMEWORK

Consideration was given to a report of the Executive Member for Housing, Planning and Employment / Director of Growth which sought approval to publish Greater Manchester's Plan for homes, jobs and the environment (the Greater Manchester Spatial Framework (GMSF)): Publication Draft 2020, including supporting background documents, for a period of public consultation in accordance with planning regulations. Further, the report recommended that Full Council approve the submission of the GMSF for examination to the Secretary of State following the period of public consultation and sought delegation to make minor or non-material amendments to the plan and background documents at two separate points.

Since the consultation closed, further work had been undertaken to analyse the responses, develop and refine the evidence base and prepare a further version of the plan. A Consultation Final Report accompanied the GMSF 2020 to enable people to see how their previous comments had been considered and how the plan had been changed as a result, or why some comments have not resulted in changes.

A revised draft GMSF had been prepared and the next consultation was the 'Publication stage', a formal consultation on the jointly prepared plan and its background information, in accordance with relevant national regulations (in this case regulation 19 of the Town and Country Planning (Local Planning) (England) Regulations 2012). This formal consultation was proposed to take place between dates to be agreed at the AGMA Executive meeting scheduled for 30 October 2020.

The publication plan was one that the ten boroughs of Greater Manchester consider sound. And at the end of this next consultation period, the plan, along with copies of representations made, and other supporting documents, would be submitted to the Secretary of State.

The consultation would be carried out in line with the requirements of each of the district Statements of Community Involvement. The challenges posed by the coronavirus pandemic had

been significant and government guidance continued to have implications for how the public could be engaged, especially through this next consultation phase. However, the government had also been clear that the challenge presented by the virus was not a sufficient reason to delay plan preparation. Therefore a range of activities and reasonable steps had been considered to ensure a broad spectrum of the community are engaged through publishing the plan and the achievement of a consultation in a safe and broadly consistent way across Greater Manchester.

The GMSF Publication Draft 2020 continued to follow the broad spatial strategy approach of significant growth within the core area of Greater Manchester, while boosting the competitiveness of the north and sustaining the south of the area. To this effect, the spatial distribution of development was also broadly similar to that set out in 2019. In pursuit of this, the GMSF 2020 proposed at least 2,460,000 square metres of new office floor space, 4,220,000 square metres of industrial and warehousing floorspace and close to 180,000 new homes across Greater Manchester over the plan period.

As in 2019, a large share of development in Tameside was expected to be accommodated on sites within the existing urban area. However, three Green Belt sites at: Ashton Moss West; Godley Green Garden Village; and South of Hyde; were needed to supplement this for both employment and housing uses.

Godley Green continued to be identified as having potential to accommodate around 2,350 new homes, although not all are envisaged to be delivered within the plan period and South of Hyde around 440 new homes.

Ashton Moss West continued to be identified for employment uses, although the use classes prescribed had been brought up to date in line which recent government changes and overall development yields for the site had been reduced from around 175,000 square metres of potential floorspace to around 160,000 square metres.

All of the three strategic sites maintained the same level of land to be taken out of the Green Belt (known as Green Belt deletions). This was mirrored through allocation boundaries that remained the same, apart from the addition of a small parcel of non-Green Belt land at the South of Hyde site. This was adjacent to Hilda Road and is to facilitate access from the A560.

Alongside the identification of three sites for development purposes, the GMSF Publication Draft 2020 also identified a number of sites to be protected and added to the Green Belt (known as Green Belt additions).

The existing Green Belt in Tameside extended to approximately 5,071 hectares and a further 75.19 hectares of land in the borough, across 12 sites, had been identified within the Publication plan to be designated as such. Initially 17 sites had been proposed within the 2019 GMSF and a further three sites were put forward through the 2019 consultation, Following further analysis of the proposed additions, there were 12 sites taken forward

This meant that the overall net change in Green Belt for the borough was a 2.7% reduction, this was comparative to an initial net reduction in 2016 of 8.6% and an overall net reduction in the Greater Manchester Green Belt in 2020 by 3.1%.

While the spatial strategy and distribution of development within the GMSF Publication Draft 2020 remained broadly similar to that presented in the 2019 revised Draft GMSF, there had been substantial work to strengthen the evidence base. This had been added to significantly in direct response to consultation comments and has informed the development of the GMSF Publication Draft 2020 and its policy content.

AGREED
That Executive Cabinet be recommended to:

(i) Approve the GMSF: Publication Draft 2020, including strategic site allocations and green belt boundary amendments, and reference to the potential use of compulsory purchase powers to assist with site assembly, and the supporting background documents, for publication pursuant to Regulation 19 of the Town and Country Planning (Local Planning) (England) Regulations 2012 for a period for representations between the dates agreed at the AGMA Executive meeting on 30 October 2020;

(ii) Recommend that Full Council approves the GMSF: Publication Draft 2020 for submission to the Secretary of State for examination following the period for representations;

(iii) Delegate to the Director of Growth in consultation with the Executive Member (Housing, Planning and Employment), authority to approve the relevant Statement of Common Ground(s) required, pursuant to the National Planning Policy Framework 2019;

(iv) Delegate authority to the Lead Chief Executive, Housing, Homelessness and Infrastructure, in consultation with City Mayor, Paul Dennett, Portfolio Leader for Housing, Homelessness and Infrastructure to make minor or non-material amendments to the GMSF: Publication Draft 2020 and background documents prior to their publication.

(v) Note that upon adoption, the GMSF is likely to replace elements of the boroughs existing planning framework, such as some of the saved policy content within the 2004 Unitary Development Plan.

That Council be recommended to:

(vi) Subject to Executive Cabinet approving the GMSF: Publication Draft 2020 and supporting background documents for publication, agree that these documents are submitted to the Secretary of State for examination, pursuant to Regulation 19 of the Town and Country Planning (Local Planning) (England) Regulations 2012 following the period for representations between the dates agreed at the AGMA Executive meeting on 30 October 2020.

(vii) Delegate authority to the Lead Chief Executive, Housing, Homelessness and Infrastructure, in consultation with City Mayor, Paul Dennett, Portfolio Leader for Housing, Homelessness and Infrastructure to approve any minor or non-material changes to the GMSF: Publication Draft 2020 and background documents, following the period for representations and prior to their submission to the Secretary of State, for examination.

125 HATTERSLEY STATION TICKET OFFICE REDEVELOPMENT

Consideration was given to a report of the Executive Member for Finance & Economic Growth / Director of Growth which report provided information on the progress made to date on Hattersley Station Ticket Officer redevelopment and sought the authorisation to make the award of a grant up to the sum of £571,828.51 to Northern Trains Limited for the construction and commissioning of the Hattersley Rail Station Ticket Office Redevelopment Project through a formal Grand Funding Agreement.

The report summarised the progress to date, the first phase of the strategy to improve Hattersley Railway Station was funded from Local Sustainable Transport Fund monies with a substantial contribution from the Hattersley Land Board. Phase one was completed in March 2016 with a significant increase in passenger numbers.

The second phase of the strategy to improve Hattersley railway station was for the provision of an improved ticket office. The Council had secured grant funding of £750,000 from the Greater Manchester Combined Authority through the GM Growth Deal Round 2 to deliver this project. This funding had to be spent by the end of March 2021. Following approval, Northern Trains Limited would be awarded a grant to carry out these works.

Members were advised that a letter received by the GMCA in May 2020 from the Ministry of Housing, Communities and Local Government (MHCLG) set out the position around how Government wanted to manage the 2020/2021 Growth Deal grant, based upon forecast spend and commitment. In summary, the Government said that they would initially pay only 2/3 of GM's LGF allocation for 2020-21 in advance followed by a period of joint working and review over the summer on contractual commitments and likely spend over the remainder of the year. The remaining 1/3 of Growth Deal grant would be dependent on GM achieving full spend across the Growth Deal programme the financial year and being able to demonstrate that this full spend was 'contractually committed' by 31 July 2020.

Following work by TfGM and GMCA with partners to maximise both the contractual commitment of spend on GD projects by 31 July 2020, and on bringing forward expenditure where possible, on all projects. The MHCLG responded to the GMCA stating that the final third of the LGF funding would be paid to the GMCA in August 2020.

The Director of Growth emphasised the necessity to enter into the Grant Funding Agreement for GRIP Stages 6 to 8 at the earliest opportunity to minimise the risk of losing funding earmarked for this project.

AGREED
That Executive Cabinet is recommended to:

(i) Approve the making of the award of a grant up to the sum of £571,828.51 to Northern Trains Ltd to undertake GRIP Stages 6 – 8 for the construction and commissioning of the Hattersley Rail Station Ticket Office Redevelopment Project through a formal Funding Agreement;

(ii) Accept the risks of entering into the Grant Funding Agreement and approves that:

- **a. Delegated Authority is provided to the Director of Growth to enter into the Grant Funding Agreement on behalf of Tameside MBC;**
- **b. Delegated Authority is provided to the Director of Growth to manage the programme of works associated with the Grant Funding Agreement and to drawdown and incur all expenditure related to delivery. On-going performance and reporting will be provided as required.**

126 FORMER TWO TREES SCHOOL, DENTON - DEMOLITION OF BUILDINGS AND SITE CLEARANCE

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Growth, which sought approval and funding to proceed with the proposed demolition of the former Two Trees School buildings and associated site clearance in preparation for disposal or redevelopment.

It was explained that the LEP costed plan indicated that full asbestos removal, demolition costs and site clearance would be £763,480 and take 8 months to complete from the date of approval. Prior to the start of demolition works planning and building control consent would be obtained.

In order to reduce the demolition programme it was proposed that a soft strip of the building be undertaken in advance of planning approval. The soft strip would include the removal of redundant mechanical and electrical installations and asbestos.

The demolition procurement route was via the LEP through the Additional Services contract and plans to clear the site were at an advanced stage including a detailed cost plan necessary to inform this report, which had been developed through a robust procurement exercise through the LEP.

The cost estimate would be fixed once the final surveys of the site had been concluded. The cost of demolishing the building and clearing the site £763,480 with a request to allow £0.800m in the Capital programme to allow for the findings of proposed surveys.

AGREED
That Executive Cabinet be recommended to:

(i) Authorise in principle the demolition and site clearance of the buildings at the former Two Trees High School subject to detailed surveys and planning approval noting that the removal of asbestos and mechanical and electrical installations can proceed in advance of planning approval to demolish;

(ii) Procure the demolition and site clearance through the LEP Additional Services Contract;

(iii) Recommend to Council that the approved capital programme is varied to allocate an indicative budget of £0.800m to fund demolition and site clearance on the basis of urgent Health and safety works.

(iv) Agree that in the event that the detailed surveys indicate that additional budget is required that the whole project cost be subject to scrutiny and approval of the Executive.

127 CONTRACT UPLIFTS IN CONSIDERATION TO NLW INCREASE FOR 20/21

Consideration was given to a report of the Executive Member (Adult Social Care and Health) / Clinical Lead for Living Well / Director of Adult Services which outlined increased costs in relation to the National Living Wage (NLW) increase announced in 2019 across three service providers not factored into the original budget setting for 2020/21.

Members were informed that the Learning Disability Supported Accommodation Contracts supported 290 people across 36 properties in the Borough delivered by both in house and external providers. 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).

It was explained that 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.

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 had subsequently resulted in the providers not signing the contracts with the delivery of the service at risk whilst it was against assumed T&Cs until the NLW issues were addressed and incorporated into the contract.

The total overspend against Adult Services 20/21 revenue budget for Supported Accommodation was 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%)

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

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

(ii) Turning Point - supported accommodation for adults with a learning disability living in their own home (area 1)

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

128 IMPROVING DEMENTIA SERVICES IN THE NEIGHBOURHOODS

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Director of Commissioning, which detailed the development and output of the Dementia Support Worker Pilot and propose recommendations for next steps.

The report summarised that 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

The 12 month service extension was intended to allow further development to create a fully integrated dementia offer within each neighbourhood. By extending this Pilot, there was 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.

The 12 month requested would allow a full tender process to be undertaken. In light of the Covid-19 pandemic, it had not been possible to undertake a comprehensive review of the pilot scheme as the service model had 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 could be hampered by other priorities and therefore there could be a shortage of providers who submit.

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, was planned to be from within CCG budgets whilst remaining on the current council contract.

It was proposed to invest £110,000 for 2021/22. It was intended for a full tender to take place prior to any further contract being awarded by 31 March 2022.

AGREED

That the Strategic Commissioning board be recommended agree 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

129 COMMUNITY SAFETY AND HOMELESSNESS CONTRACTS EXTENSION AND SERVICE MODIFICATION

Consideration was given to a report of the Executive Member for Housing, Planning and Employment / Clinical Lead for Living well / Assistant Director of Operations and Neighbourhoods which explained the proposal to enter into contracts with providers delivering a number of services across the Operations and Neighbourhoods portfolio.

It was stated that the service had 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 reinforced the Council's commitment to prevent homelessness and to intervene at the earliest stage before households reached the point of crisis.

The contract arrangements for the services ended on 31 March 2020 but were continuing in order to maintain critical service delivery and continuity to the borough's most vulnerable residents, as well as to allow the Council to meet its statutory obligations.

The Director of Operations and Neighbourhoods stated the report sought permission to award contracts to providers. The contracts for consideration were imperative to the continued delivery of homelessness services across the Borough and were 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
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

The report detailed that Tameside's Homelessness Service had 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 was significant, the people who were previously sleeping rough were now in service with the Rough Sleeping team and require considerable ongoing support.

During the Covid-19 pandemic the Government had removed the ability for landlords to commence eviction proceedings with their tenants. This prohibition was lifted on 24 September 2020, which could result in a further influx of service users to the service.

AGREED
That the Strategic Commissioning Board be recommended to give approval to extend existing contracts with the current service providers for 12 months commencing 1 October 2020 to 30 Sept 2021.

130 FORWARD PLAN

AGREED
That the forward plan of items for Board be noted.

CHAIR

BOARD

21 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
	Section 151 Officer	Kathy Roe
Also In Attendance:	Steph Butterworth, Jeanelle De Gruchy, John Hughes, Ian Saxon, Gregg Stott, Jayne Traverse, Tom Wilkinson and Jess Williams	

132 GODLEY GREEN GARDEN VILLAGE PROJECT UPDATE

Consideration was given to a report of the Executive Member of Housing, Planning and Employment / Director of Growth, which provided an update following the Council's decision in December 2019 to enter into a Grant Funding Agreement (GFA) with Homes England to secure £10m for the critical infrastructure required to open up the site for residential development.

It was stated that Godley Green had the potential to provide transformational change to the Tameside housing market through delivery of up to 2,350 new quality homes helping to satisfy the housing requirements of local people across all tenure and housing types, from affordable to executive homes.

Godley Green was "the" key strategic site for Tameside. If it came forward for development through greenbelt release, it had the potential to deliver 25% of the Council's housing requirements over the Greater Manchester Strategic Framework (Greater Manchester Spatial Framework) plan period. If the site was not promoted for development, the Council would be required to identify alternative sites to meet its future housing requirements.

Members were presented with the anticipated benefits to the Council, these were summarised as follows:

- Council Tax – An increase in council tax to enable the funding of borough wide services
- Section 106 – The borough would benefit from any developer or section 106 contributions from the scheme to invest in public infrastructure
- Enhanced Council Land Value – The land value uplift of the Councils 8.5 acres
- HIF Grant Investment in the borough– If the scheme performs better than initially expected, the £10m would be recoverable by the council to reinvest in housing and place making across the borough.
- Recover costs incurred pursuing the Planning Permission and development related fees
- Housing Needs – The site could deliver 25% of the Councils housing needs over the plan period
- Affordable Homes – The site would deliver 30% affordable housing.
- Social Value – Significant new public realm and new green and blue infrastructure.
- Hyde & Hattersley – Impact of the new community and wider socio-economic benefits
- Exemplar Scheme – Creation of a nationally recognized exemplar settlement
- Job Creation – The local centers will provide jobs for local people
- Education – New educational curriculum and vocational opportunities linked to Godley Green.
- Health & Wellbeing – Through the high-quality provision and improved access to open space.
- Energy Sustainability – Modern methods of construction and renewable energy solutions
- Accessibility – High quality place making with a focus on removing vehicle reliance.
- Transformational Growth – Place People

The report explained that due to the complexity, duration, and scale of this the project, a programme had been established around 6 key stages which reflected the different risks, outputs and governance that would be required to deliver the vision for Godley Green. There were multiple interdependencies between each stage which would require progress to be made concurrently and in a collaborative way:

- Stage 1 – Project Inception & Securing Funding
- Stage 2 – Planning Application Process
- Stage 3 – Securing Land Interests
- Stage 4 – Developer and/or Partnership discussions
- Stage 5 – HIF Funded Infrastructure Delivery
- Stage 6 – Wider Site Delivery

Acting as Land Promoter, the Council was preparing a hybrid planning (outline development with detailed Infrastructure works) application for the project based on a Very Special Circumstances (VSC) case. This approach had been discussed with, and endorsed by, the Local Planning Authority (LPA) through regular pre-planning meetings.

It was reported that it was unlikely that one single factor would provide sufficient weight to make the case for greenbelt release, given its size, scale and location. However, it was considered that a VSC case could be made by combining a number of benefits together, each of which would carry a different degree of weight. For a development of the scale and complexity of Godley Green the LPA had confirmed that a full Environmental Impact Assessment (EIA) would be required.

The cost of developing a planning application of this scale was circa £2,125,000. This was being funded through the initial £720,000 HIF drawdown and £1,000,000 of Council support committed through the budget setting process. The remainder would be funded through existing budgets.

The report summarised Stage 3 and the Land Option Agreements. Under the grant funding agreement, there was a commitment by way of pre-drawdown condition to secure the land interest. The most optimal approach, endorsed by Homes England, was for the Council to enter into Land Options Agreements (LOA) with each of the landowners within the redline that constitutes the Godley Green development proposition.

In line with the HIF contract conditions, a CPO strategy would need to be developed to run alongside the landowner Option Agreement negotiations and Planning Application. Without a CPO, the Council may be unable to demonstrate deliverability of the site which would impact the planning application determination.

Whilst it could be possible to acquire land by option agreements, the Council would need to consider using compulsory purchase powers. The Council needed assurance that the site assembly exercise could be completed without undue delay and without being held to ransom by owners maximising value unreasonably and unwilling to sell. An external legal team had been appointed to provide support on the CPO process and a range of other issues relating to the Planning Application process.

AGREED:
That Executive Cabinet be recommended to:

1. **Approve a budget of £2.5m to allow the progression to the next phase of the project as detailed within the confidential business case.**
2. **In approving the additional £2.5m budget note the significant benefits afforded by the scheme of a positive planning decision with any financial benefits from this being used to replenish the Medium-Term Financial Strategy reserve by the £2.5m.**
3. **Approve the bringing forward of £0.5m of reserve funding into 2020/21 that is currently earmarked to be spent in 2021/22 to allow the completion of the planning application by March 2021.**

4. **Approve entering into Land Option Agreement's as the preferred route to acquiring the land interests across the Godley Green site to satisfy the existing contractual commitments with Homes England.**
5. **Approve the spending of the approved implementation budget as outlined in the confidential business case set out at Appendix A to the report.**
6. **Approves postponement of the Council led consultation for Godley Green until the new year to allow the consultation to run consecutively with the GMFS consultation following advice from the Local Planning Authority. This will not impact the overall delivery date of Godley Green.**

CHAIR

This page is intentionally left blank

EXECUTIVE BOARD

4 November 2020

Present	**Elected Members**	**Councillors Warrington (In the Chair), Bray, Cooney, Fairfoull, Feeley, Gwynne, Kitchen, Ryan and Wills**
	Chief Executive	**Steven Pleasant**
	Borough Solicitor	**Sandra Stewart**
	Section 151 Officer	**Kathy Roe**
Also In Attendance:		**Steph Butterworth, Richard Hancock, Dr Ashwin Ramachandra, Ian Saxon, Paul Smith, Jeff Upton, Sarah Threlfall, Jayne Traverse, Debbie Watson, Tom Wilkinson and Jess Williams**

132 DECLARATIONS OF INTEREST

There were no declarations of interest.

133 MINUTES OF PREVIOUS MEETING

The minutes of the Executive Board meeting on the 14 October 2020 and 21 October 2020 were approved as a correct record.

134 MONTH 6 FINANCE REPORT

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Lead Clinical GP / Director of Finance which detailed 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 inevitably likely to be subject to change over the course of the year as more information becomes available, and there was greater certainty over assumptions.

The Council was forecasting an overspend against the budget of £3.678m. Whilst this forecast included some COVID-19 related pressures, £2.830m of pressure was not related to COVID-19 but reflected underlying financial issues that the Council would be facing regardless of the current pandemic. This included significant financial pressures in Children's Social Care, budget pressures in Adults services and income shortfalls in the Growth Directorate, and in Capital and Financing due to the loss of income from Manchester Airport.

It was reported that Council Tax collection rates had slowly improved since April, but remained 1% below target. If this trend continued then the forecast deficit on Council Tax collection by the end of March 2021 was £1.090m of which the Council's share was £0.912m.

Business Rates collection improved between April and July. This improvement was not sustained in August, with a deterioration in September and overall collection was still significantly below target. If this trend continued then the forecast deficit on Business Rates by the end of March 2021 was £3.299m. There remained a risk that economic conditions, and Tier 3 restrictions, could have a significant negative impact on the sustainability of some businesses, resulting in increased non-payment with minimal opportunity for recovery.

The Director of Finance highlighted that the Council was facing significant pressures on High Needs funding and started the 2020/21 financial year with an overall deficit on the DSG reserve of

£0.557m. The projected in-year deficit on the high needs block was expected to be £3.543m due to the significant increases in the number of pupils requiring support.

With regards to the Capital Programme, assuming that the planned disposals proceeded there was a forecast balance of £8m of capital receipts to fund future capital schemes not reflected in the fully approved programme. Earmarked schemes currently included on the capital programme totalled £44.9m, with a forecast £33.2m of corporate funding needed to finance these schemes compared to a forecast balance of £8m surplus capital receipts.

AGREED
That the Executive Cabinet be recommended to:

(i) Note the forecast outturn position and associated risks for 2020/21 as set out in Appendix 1.
(ii) Note the significant pressures facing budgets, and the progress with savings delivery, as set out in Appendix 2.
(iii) Approve the reserve transfers set out on page 24 of Appendix 2.
(iv) Note the collection rates for Council Tax and Business Rates as set out in Appendix 3.
(v) Approve the budget virements as set out in Appendix 4.
(vi) Note the forecast position in respect of Dedicated Schools Grant as set out in Appendix 5.
(vii) Approve the write-off of irrecoverable debts for the period 1 July to 30 September 2020 as set out in Appendix 6.
(viii) Note the funding position of the approved Capital Programme as set out in Appendix 7. Members are asked to approve the removal of all remaining earmarked schemes and approve a full review and re-prioritisation of the future Capital Programme, to be concluded alongside the Growth Directorate's review of the estate and identification of further surplus assets for disposal.

135 PLANNING WHITE PAPER CONSULTATION RESPONSE

Consideration was given to a report of the Executive Member of Housing, Planning and Employment / Interim Assistant Director, Planning and Transport which stated that the Government's consultation on the White Paper Planning for the Future sought views on each part of a package of proposals. The White Paper sought reform of the planning system in England to streamline and modernise the planning process, improve outcomes on design and sustainability, reform developer contributions and ensure more land was available for development where it was needed.

The paper covered plan-making, development management, developer contributions and other related policy proposals. Through a series of focused questions, it gave the opportunity for comments to be provided by 29 October 2020 and the proposed responses from the Council were set out in the attached **Appendix 1**.

AGREED
That the Executive Member of Housing, Planning and Employment be recommended to receive and note the responses contained in Appendix 1 as the Councils' response to the Government's Planning White Paper consultation.

136 FORWARD PLAN

AGREED
That the forward plan of items for Board be noted.

CHAIR

LIVING WITH COVID BOARD

14 October 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 Kate Hebden, Dr Vinny Khunger, Dr Christine Ahmed, Carol Prowse Clare Todd, David Swift and Karen Huntley**
	Chief Superintendent	**Jane Higham**
	Medical Director Tameside and Glossop NHS Trust	**Brendan Ryan**
	Chief Executive TMBC	**Steven Pleasant**
	Borough Solicitor	**Sandra Stewart**
Also In Attendance:	**Steph Butterworth, Gill Gibson, Jeanelle De Gruchy, Ilys Cookson, Richard Hancock , Ian Saxon, Paul Smith, Jayne Traverse, Sarah Threlfall, Debbie Watson, Tom Wilkinson and Jess Williams**	
Apologies for Absence:	**Dr Tim Hendra, Dr Ashwin Ramachandra and Karen James**	

8 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Living with Covid Board on the 23 September 2020 were approved as a correct record.

9 DATA AND INTELLIGENCE AND UPDATE ON CURRENT TAMESIDE POSITION

Consideration was given to presentations, which updated members on the latest position in Tameside including an update on Covid-19 surveillance within Tameside a data and intelligence update, guidance update and the current Tameside position.

The Director of Population Health presented the Data and Intelligence update and current Tameside position. Members were presented with data on Covid-19 Tameside Surveillance, the data showed rapid increases in the number of Covid-19 cases through August and September. The Director of Population Health made comparisons between the peak in May and the increase in reported cases over August and September. It was exampled that the peak in May would have been higher but testing was concentrated on those that were already ill or were in hospital.

It was stated that levels of testing were still high in Tameside, there had been issues over the last few weeks with access to testing and the length of time tests and results were processed. Tameside ranked 18th nationally for testing and 4th in GM. There had been a decrease in the 7 day average number of tests, which was 748 a day on average compared to the previous 7 days of 776 (28th Sept). A total of 5,238 tests had been conducted in the last 7 days (Pillar II only).

Further, Tameside was ranked 27th nationally for the number of new cases in the last seven days, Tameside was ranked the worst national for the number of people who had died from Covid-19 within 28 days of their first positive test. It was reported that there were 7 ongoing outbreaks and 1 new outbreak in care homes and a new outbreak in an extra care facility. A number of schools continued to see clusters but no obvious situations this week. It was highlighted that 42% of new cases via test and trace contacts were exposed to the virus through visiting other households family and friends, 19% of new cases were transmitted via a hospitality venue and 9% via the retail sector such as shops and supermarkets.

Members of the Board received a summary of the number of Covid-19 admissions, there was a long period through July and August without new admissions but this had increase since September. The average number of Covid-19 admissions to hospital in the seven days to 7 September 2020 was 1 per day with 8 new admissions. With regards to occupied beds, there were 37 beds occupied by COVID-19 patients at Tameside & Glossop ICFT as at 8 October 2020. It was reported that there were 5 ITU/HDU beds occupied by a COVID-19 patients at Tameside & Glossop ICFT as at 8 October 2020.

Members were presented with a summary of the impact on educational settings in Tameside. It was explained that the number of students currently isolating or have had to isolate was 6150 and the number of staff currently isolating or have had to isolate was 276.

The Director of Population Health outlined the number of new confirmed cases per 100,000 for each of the GM boroughs from the 30 August 2020 to the present. The effect of the return of students to the number of cases in Manchester was highlighted. The data showed the effect of the reopening of society and the economy on the number of cases.

It was explained that there was a large diversity of potential transmission environments highlighted by the common exposures data. Wherever people had the opportunity to mix, infection transmissions could and would occur. The categorisation shows that workplaces, educational settings, essential and discretionary retail and leisure account for the majority of potential transmission environments. To achieve significant infection reduction across the common exposures outlined, it was likely that discretionary activity would need to be targeted at scale as there were limits to the action that could be taken for those settings that were deemed essential.

The SAGE and wider expert opinions were summarised to the Board. There was a growing recognition of the need for a “circuit break” of up to 4 weeks to reduce R below 1. Arresting growth for a few weeks would put the epidemic back by 1-2 months and buy time.

AGREED
That the content of the presentation be noted.

10 COMPLIANCE AND ENGAGEMENT

Consideration was given to a presentation of the Director of Operations and Neighbourhoods on Compliance and Engagement.

Members received a detailed update of the Covid-19 Enforcement and Compliance containing action taken jointly by the Greater Manchester Policy and the Local Authority. The Director of Operations and Neighbourhoods highlighted that Tameside was taking more action that many other GM boroughs. Cumulative action taken for licensed premises where advice had been given totalled 190, notices had been given to 3 premises. It was stated that Tameside were also taking an engagement approach with the Public and Businesses/Traders.

The Director of Operations and Neighbourhoods reported that the service continued to support track and trace, there was an emerging issue on the level of cooperation on those who were contacted by track and trace. In the last week letters to business in recognition of how difficult it has been for businesses to follow the changing regulations. Focus now was on those businesses who had been advised but were still not compliant. There were 3 areas of focus hairdressers and barbers, football clubs and the large supermarkets. Work would continue on the hospitality sector, it was explained that there were 85 visits in the previous week.

It was highlighted that there was an emerging issue where parents were not isolating their children when they had been told to do so. The Director of Operations and Neighbourhoods explained that visits of schools were planned, the health and safety executive would want to look at the detailed measures in place on site.

The Operations and Neighbourhoods service was working very closely with Population Health to help target messaging. There was a great deal of planning taking place for Halloween, Bonfire night and Remembrance Day. Members were advised that there were daily multi agency compliance meetings, which allowed the service to be agile, notice issues in real time, and respond in a rapid way, this has led to a Covid Workforce Plan, who would be working on Covid compliance.

AGREED
That the content of the presentation be noted.

11 PRIMARY CARE - COVID RESPONSE BRIEFING PAPER

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Governing Body GP for Primary Care / Director of Commissioning, which provided 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.

It was reported that 100% of Tameside & Glossop 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. Community pharmacy's had remained open throughout the whole of COVID-19. During the COVID-19 peak, service delivery focused upon medicines supply and health care support / advice. 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 had now been resumed.

Members were advised that the Pandemic Resilience Management Group was set up in recognition of the significant pressure of Covid-19 on general practice and that this was likely to continue for the foreseeable future. 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 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.

There were 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.

The Director of Commissioning explained that in July the next phase of the pandemic response was needed, PRMG was stood down and replaced with a Primary Care Ambition and Recovery Group. This group was chaired by Dr Asad Ali however had a broader Terms of Reference and membership to further explore and shape ideas on the ambition for Primary Care as part the neighbourhood.

The Director of Commissioning highlighted that the Covid-19 response had required significant changes to the way in which services had 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.

It was explained that the Royal College of General Practitioners (RCGP) guidance suggested 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.

AGREED
That the 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.

12 COVID 10 - SELF ISOLATION PAYMENTS

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Assistant Director for Exchequer Services, which set out the eligibility criteria for self-isolation payments where the NHS had advised that self-isolation was necessary.

It was reported that On 20 September 2020 the Rt Hon Matt Hancock MP wrote to all local authority Chief Executives and Leaders confirming that with effect from 28 September 2020 there would be a new legal duty on all those who test positive for COVID-19 or are identified by the NHS Test and Trace as a close contact, requiring them to self-isolate. Failure to comply would carry a fine.

The letter made clear that local authorities should focus on the principle of encouraging, education and supporting compliance, and alongside that would be funding for a new Test and Trace Support Payment scheme for people on low incomes who are unable to work while they were self-isolating because they could not work from home.

The expectation was that all local authorities would process applications and administer payments and that systems were expected to be in place by 12 October. Individuals who were eligible prior to that date would be able to make a backdated claim. Individuals who are required to self-isolate and who met the benefits-linked eligibility criteria will be entitled to £500.

It was stated that Local authorities were expected to have systems in place by 12 October; individuals who are eligible prior to that date will be able to make a backdated claim. The Assistant Director for Exchequer Services confirmed that the system was now in place for Tameside.

The scheme would run until 31 January 2021. During this time, government would continue to review the efficacy of the scheme, and the impact of COVID-19 incidence levels.

DoHSC had been prescriptive in who must be considered eligible for a £500 lump sum payment if the person instructed to self-isolate by the NHS did not qualify as not in receipt of specified benefits. Given that discretionary funding was low in comparison to cases that could be anticipated and a set payment of £500 must be made, only 146 applicants could receive discretionary funding. This was a similar position across the GM region in terms of limited discretionary funding, therefore, agreement in principle had been reached across all of the Greater Manchester boroughs on the criteria.

AGREED
That the Executive Cabinet be recommended to:

(i) note the report

(ii) Approve the discretionary scheme in Section 3 of the report.

13 COVID COMMUNITY CHAMPIONS

Consideration was given to a report of the Executive Leader / Assistant Director for Policy, Performance and Communications, which set out the framework for the Community Champions Network and progress to date. It sought feedback from members of the Living with Covid Board on ways to grow and strengthen the approach.

Tameside had introduced Community Champions as a means to engage directly with the community around Covid-19. Champions had evolved from our early engagement with key members of the community and stakeholders.

The aim was to empower our residents and workforces with the information they needed to lead the way in the community. Community Champions had a vital role to play and were well placed as trusted voices to act as key message carriers and to lead by good example. The scheme was launched on the 7 September with the first induction session via zoom and there were already over 150 champions from across a broad range of our communities.

The data collected upon registration enabled targeting on specific areas of the borough and communities in response to data on positive cases. This allowed for meaningful, targeted communications and would keep broader, public communications as a singular message for everyone, everywhere in Tameside that they needed to comply with the rules.

Valuable insights had been gained which had have improved and enabled the service to tailor communications specific to communities rather than one size fits all.

It was stated that a general benefit and feedback was that the introduction of the Community Champions had improved the relationship with the council and residents. Champions had fed back they were valuing faces and names there to directly support and answer questions rather than just feeling like its an organisation to easily criticise.

It was explained that work was underway to increase membership of the network particularly with young people, businesses and parents/careers/grandparents.

AGREED
That the Living with Covid Board endorse the approach set out in the report to engage the community in the ongoing efforts to fight transmission of Covid-19 and to understand and mitigate its impacts.

CHAIR

This page is intentionally left blank

Report To:	**STRATEGIC COMMISSIONING BOARD**
Date:	25 November 2020
Executive Member /	Cllr Ryan – Executive Member (Finance and Economic Growth)
Reporting Officer:	Dr Ash Ramachandra – Lead Clinical GP
	Kathy Roe – Director of Finance
Subject:	**STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE REPORT 2020/21 - AS AT MONTH 6**

Report Summary:

This is the month 6 financial monitoring report for the 2020/21 financial year, reflecting actual expenditure to 30 September 2020 and forecasts to 31 March 2021.

APPENDIX 1 summarises the integrated financial position. The ICFT and CCG continue to operate under a 'Command and Control' regime, and CCGs have been advised to assume a break-even financial position in 2020-21. The Council is forecasting an overspend against budget of £3.678m. Whilst this forecast includes some COVID related pressures, £2.830m of pressure is not related to COVID but reflects underlying financial issues that the Council would be facing regardless of the current pandemic. Further detail on budget variances, savings and pressures is included in **APPENDIX 2.**

APPENDIX 3 summarises the latest position on the collection of Council Tax and Business Rates in 2020/21. As at the end of September, collection of both Council Tax and Business Rates income is below target and prior year trends, and this is attributed to the economic impact of COVID-19. These shortfalls in collection will result in a deficit on the Collection Fund at 31 March 2021 which will need to be repaid in future years.

APPENDIX 4 provides a summary of the budget virements that have taken place on Council Budgets since period 3.

APPENDIX 5 provides an update on the Dedicated Schools Grant (DSG). The Council is facing significant pressures on High Needs funding and there is a forecast deficit of £3.638m on the DSG reserve at 31 March 2021.

APPENDIX 6 lists the irrecoverable debts identified for write off during the period July to September 2020.

APPENDIX 7 provides an overview of the current Capital Programme and the required funding, and asks Members to approve a full review and reprioritisation of the existing earmarked schemes and future capital programme.

Recommendations:

Members are recommended to:

1. Note the forecast outturn position and associated risks for 2020/21 as set out in **Appendix 1**.
2. Note the significant pressures facing budgets, and the progress with savings delivery, as set out in **Appendix 2.**
3. **Approve** the reserve transfers set out on page 24 of **Appendix 2.**

4. Note the collection rates for Council Tax and Business Rates as set out in **Appendix 3.**
5. **Approve** the budget virements as set out in **Appendix 4.**
6. Note the forecast position in respect of Dedicated Schools Grant as set out in **Appendix 5.**
7. **Approve** the write-off of irrecoverable debts for the period 1 July to 30 September 2020 as set out in **Appendix 6**
8. Note the funding position of the approved Capital Programme as set out in **Appendix 7.** Members are asked to **approve** the removal of all remaining earmarked schemes and **approve** a full review and re-prioritisation of the future Capital Programme, to be concluded alongside the Growth Directorate's review of the estate and identification of further surplus assets for disposal.

Policy Implications:

Budget is allocated in accordance with Council Policy

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

The Council set a balanced budget for 2020/21 but the budget process in the Council did not produce any meaningful efficiencies from departments and therefore relied on a number of corporate financing initiatives, including budgeting for the full estimated dividend from Manchester Airport Group, an increase in the vacancy factor and targets around increasing fees and charges income.

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

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

Although the CCG delivered its QIPP target of £11m in 2019/20, the majority (£6.5m i.e. 59% of core allocations) was as a result of non-recurrent means and therefore added considerable additional pressure to 2020/21. The QIPP target for 2020-21 is £12.5m (3.2% of CCG core and running cost allocations) and £3m of this target has no schemes in place to deliver these savings. A late notification in March on increased funded nursing care rates for 2020/21 and delays in delivering QIPP schemes as a result of COVID-19 will evidently exacerbate financial pressures further. The report considers potential scenarios for the 2020/21 budget and beyond, taking in to account the potential impact of COVID-19 and underlying financial pressures. There remains a significant degree of uncertainty over the financial impact of COVID-19, and whilst some additional government funding has been provided, initial indications are that this is far from sufficient to cover the additional

costs and significant loss of income resulting from the pandemic in the medium term.

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…"*

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.

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

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

A budget is a financial plan and like all plans it can go wrong. Councils therefore need to consider the financial impact of risk and they also need to think about their future needs. Accounting rules and regulations require all organisations to act prudently in setting aside funding where there is an expectation of the need to spend in the future. Accordingly, local councils will set aside funding over three broad areas: Councils create reserves as a means of building up funds to meet know future liabilities. These are sometimes reported in a series of locally agreed specific or earmarked reserves and may include sums to cover potential damage to council assets (sometimes known as self-insurance), un-spent budgets carried forward by the service or reserves to enable the council to accumulate funding for large projects in the future, for example a transformation reserve. Each reserve comes with a different level

of risk. It is important to understand risk and risk appetite before spending. These reserves are restricted by local agreement to fund certain types of expenditure but can be reconsidered or released if the council's future plans and priorities change. However, every council will also wish to ensure that it has a 'working balance' to act as a final contingency for unanticipated fluctuations in their spending and income. The Local Government Act 2003 requires a council to ensure that it has a minimum level of reserves and balances and requires that the Section 151 officer reports that they are satisfied that the annual budget about to be agreed does indeed leave the council with at least the agreed minimum reserve. Legislation does not define how much this minimum level should be, instead, the Section 151 officer will estimate the elements of risk in the council's finances and then recommend a minimum level of reserves to council as part of the annual budget setting process.

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

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

Risk Management:

Associated details are specified within the presentation.

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

Background Papers:

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

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

Telephone:0161 342 5609

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

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

Telephone:0161 342 5626

e-mail: tracey.simpson@nhs.net

1. BACKGROUND

1.1 Monthly integrated finance reports are usually prepared to provide an overview on the financial position of the Tameside and Glossop economy**.** 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. .

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

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

2. REVENUE BUDGET SUMMARY

2.1 This is the month 6 financial monitoring report for the 2020/21 financial year, reflecting actual expenditure to 30 September 2020 and forecasts to 31 March 2021. In the context of the on-going Covid-19 pandemic, the forecasts for the rest of the financial year and future year modelling has been prepared using the best information available but is based on a number of assumptions. Forecasts are inevitably likely to be subject to change over the course of the year as more information becomes available, and there is greater certainty over assumptions.

2.2 **APPENDIX 1** summarises the integrated financial position on revenue budgets as at 30 September 2020 and forecast to 31 March 2021. The ICFT and CCG continue to operate under a 'Command and Control' regime, directed by NHS England & Improvement (NHSE&I). NHSE has assumed responsibility for elements of commissioning and procurement and CCGs have been advised to assume a break-even financial position in 2020-21.

2.3 The Council is forecasting an overspend against budget of £3.678m. Whilst this forecast includes some COVID related pressures, £2.830m of pressure is not related to COVID but reflects underlying financial issues that the Council would be facing regardless of the current pandemic. This includes continuing significant financial pressures in Children's Social Care, budget pressures in Adults services and income shortfalls in the Growth Directorate, and in Capital and Financing due to the loss of income from Manchester Airport.

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

3. COLLECTION FUND

3.1 **APPENDIX 3** summarises the latest position on the collection of Council Tax and Business Rates in 2020/21. As at the end of September, collection of both Council Tax and Business Rates income is below target and prior year trends, and this is attributed to the economic impact of COVID-19. These shortfalls in collection will result in a deficit on the Collection Fund at 31 March 2021 which will need to be repaid in future years.

3.2 Council Tax collection rates have slowly improved since April, but remain 1% below target. If this trend continues then the forecast deficit on Council Tax collection by the end of March 2021 is £1.090m of which the Council's share is £0.912m. This is a further improvement on the position reported at the end of August. Since April there has 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 second half of the year, and that collection rates may fall, as the economic impact of the ongoing pandemic and Tier 3 restrictions becomes clearer.

3.3 Business Rates collection improved between April and July, however this improvement was not sustained in August, with a deterioration in September 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 £3.299m. There remains a risk that economic conditions, and Tier 3 restrictions, may have a significant negative impact on the sustainability of some businesses, resulting in increased non-payment with minimal opportunity for recovery.

4. DEDICATED SCHOOLS GRANT

4.1 **APPENDIX 5** provides an update on the Dedicated Schools Grant (DSG). The Council is facing significant pressures on High Needs funding and starts the 2020/21 financial year with an overall deficit on the DSG reserve of £0.557m. The projected in-year deficit on the high needs block is expected to be £3.543m due to the continuing significant increases in the number of pupils requiring support.

4.2 If the 2020/21 projections materialise, there will be a deficit of £3.638m on the DSG reserve at 31 March 2021. This would mean it is likely a deficit recovery plan would have to be submitted to the Department for Education outlining how we expect to recover this deficit and manage spending over the next 3 years, and will require discussions and agreement of the Schools Forum. The financial pressures in the High Needs Block are therefore serious and represent a high risk to the Council.

5. CAPITAL PROGRAMME

5.1 **APPENDIX 7** provides an overview of the current Capital Programme and the required funding from reserves and capital receipts. Assuming that the planned disposals proceed there is a forecast balance of £8.306m of capital receipts to fund future capital schemes not reflected in the fully approved programme. Earmarked schemes currently included on the capital programme total £44.9m, with a forecast £33.2m of corporate funding needed to finance these schemes compared to a forecast balance of £8.306m surplus capital receipts. Many of the earmarked schemes were identified in 2017/18 and therefore, as reported to Members in the Month 3 finance report, should be the subject of a detailed review and reprioritisation.

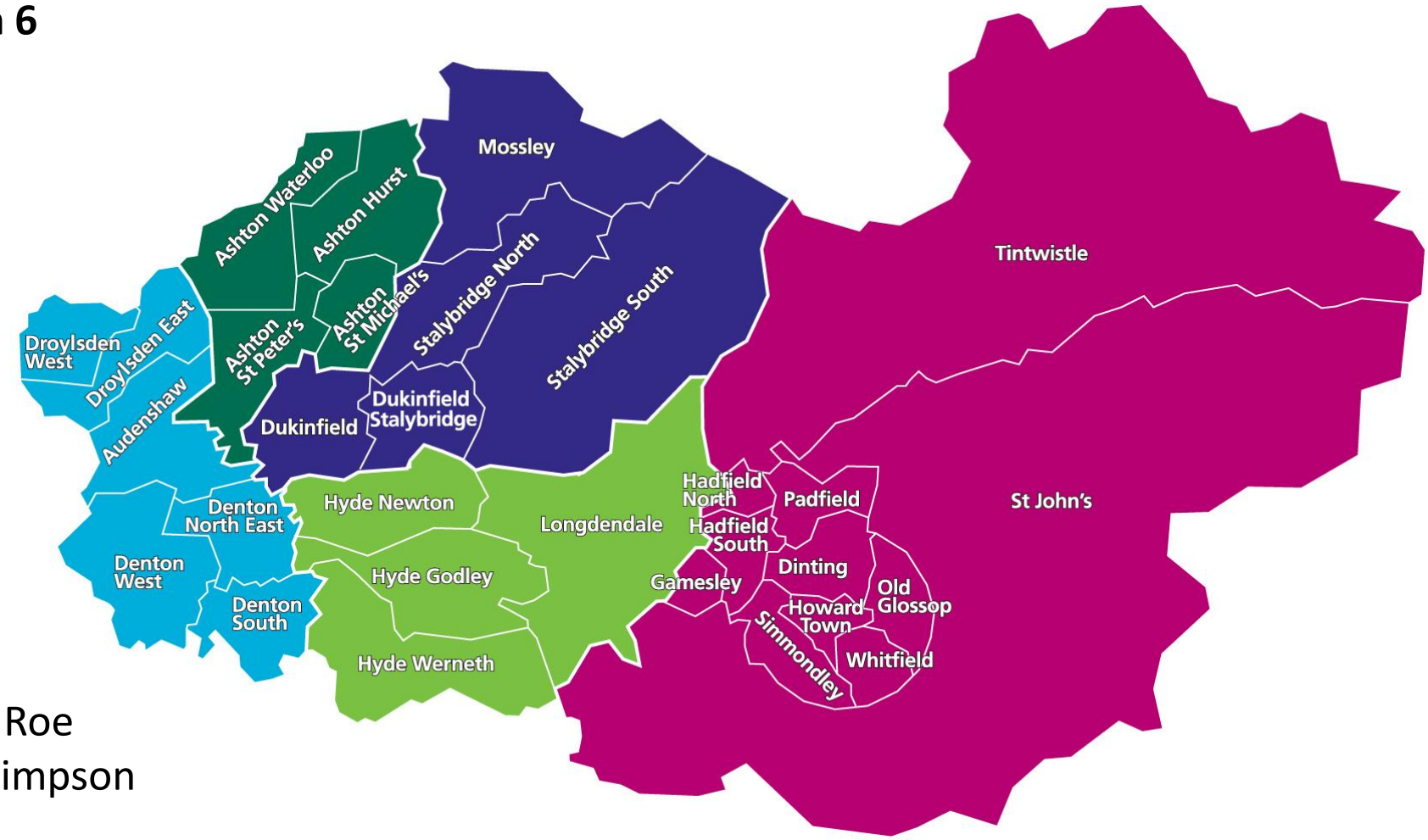
5.2 The Growth Directorate is reviewing the estate and developing a further pipeline of surplus sites for disposal. It is proposed that a full refresh of the Capital Programme is undertaken alongside this review of the estate. With the exception of the three earmarked schemes identified on page 2 of Appendix 7, all other earmarked schemes will be removed from the programme and subject review. A refreshed and reprioritised Capital Programme will then be proposed for Member approval in Spring 2021.

6. RECOMMENDATIONS

6.1 As stated on the front cover of the report.

Tameside and Glossop Strategic Commission

Finance Update Report
Financial Year Ending 31st March 2021
Month 6



Kathy Roe
Sam Simpson

Financial Year Ending 31st March 2021 – Month 6

Period 6 Finance Report

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

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. This regime was extended to the end of September (Month 6) and this will be the final report where the CCG reports a break-even position.

The guidance allows the CCG to continue to claim additional COVID relates costs from NHS England, along with a non-COVID related top-up to breakeven. This process has also been similar for NHS Providers and at Month 6, the ICFT has claimed a top-up payment of £2m to break-even. The amount claimed up to Month 6 from the CCG for COVID related costs is £10.8m.

Whilst this report is at Month 6, new guidance and a financial regime based on STPs (Sustainability & Transformation Partnership) for Month 7 onwards has now been published. A high level review of the impact of this has been provided in this report, but on-going discussions continue across GM on how we navigate through the financial gap of the system. The CCG has been playing a pinnacle role in this, leading on the Phase 3 recovery run rate planning for Month 7-12 of 2020/21.

At Month 6, the Council is overspending by £3.7m YTD, and is expected to be the same outcome by year-end. This is in line with what was forecast last month with a £10k adverse movement overall. This overall movement is a net position with some small favourable movements in many areas offset by a significant adverse movement on Children's services. Whilst LAC numbers continue to remain stable, rising placement costs are putting further pressure on budgets due to a lack of sufficient places and some expensive placements for children with complex needs. At this stage £0.9m of this overspend relates to COVID yet with the continuing reduction in expected income and rising costs in Children services, most of the overspend is not as a direct result from COVID but a result of underlying pressures.

The council are forecasting £39.6m 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. This is an increase of £8.1m from last month, with an additional £5.2m of NHS income and £3.3m in additional grants covering infection control, test and trace, DEFRA emergency food and MHCLG compensation.

	YTD Position			Forecast Position			Variance	
	Budget	Forecast	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
CCG Expenditure	216,380	216,380	0	432,760	432,760	0	(0)	0
TMBC Expenditure	100,998	104,677	(3,678)	205,279	208,966	(3,687)	(3,678)	(10)
Integrated Commissioning Fund	**317,378**	**321,057**	**(3,678)**	**638,039**	**641,726**	**(3,687)**	**(3,678)**	**(10)**

Finance Update Report – Strategic Commission Budgets

Forecast Position £000's	Forecast Position					Net Variance		Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	COVID Variance	Non-COVID Variance	Previous Month	Movement in Month
Acute	223,219	0	223,219	223,238	(19)	(19)	0	(19)	0
Mental Health	40,039	0	40,039	40,266	(227)	(227)	0	(447)	219
Primary Care	90,771	0	90,771	91,636	(864)	(864)	0	(843)	(21)
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	32,443	(9,638)	(9,638)	0	(10,032)	394
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	(10,754)	10,754	10,754	0	11,346	(592)
Adults	85,925	(47,187)	38,737	39,177	(440)	0	(440)	(1,912)	1,473
Children's Services - Social Care	64,286	(10,288)	53,998	57,959	(3,962)	0	(3,962)	(2,695)	(1,267)
Education	32,898	(26,500)	6,398	7,081	(684)	(480)	(204)	(952)	269
Individual Schools Budgets	119,722	(119,722)	0	0	0	0	0	0	0
Population Health	15,910	(291)	15,619	18,850	(3,231)	(3,500)	269	(3,421)	190
Operations and Neighbourhoods	80,504	(27,583)	52,921	53,226	(305)	(510)	205	(316)	11
Growth	45,526	(34,537)	10,988	11,811	(822)	(221)	(601)	(1,106)	283
Governance	67,086	(57,556)	9,531	9,620	(90)	39	(129)	344	(434)
Finance & IT	9,006	(1,376)	7,630	7,603	27	(29)	56	7	19
Quality and Safeguarding	378	(237)	141	140	1	0	1	9	(8)
Capital and Financing	10,379	(9,624)	756	6,433	(5,678)	(6,474)	797	(6,577)	900
Contingency	3,377	0	3,377	3,385	(8)	(911)	903	(23)	15
Contingency - COVID Direct Costs	0	0	0	28,244	(28,244)	(28,244)	0	(18,708)	(9,536)
Corporate Costs	5,486	(301)	5,184	5,009	175	(100)	275	96	79
LA COVID-19 Grant Funding	0	0	0	(28,216)	28,216	28,216	0	24,266	3,950
Other COVID contributions	0	0	0	(11,356)	11,356	11,356	0	7,311	4,046
Integrated Commissioning Fund	**973,241**	**(335,202)**	**638,039**	**641,726**	**(3,687)**	**(858)**	**(2,830)**	**(3,678)**	**(10)**

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	540,481	(335,202)	205,279	208,966	(3,687)	(858)	(2,830)	(3,678)	(10)
Integrated Commissioning Fund	**973,241**	**(335,202)**	**638,039**	**641,726**	**(3,687)**	**(858)**	**(2,830)**	**(3,678)**	**(10)**

Finance Update Report – Strategic Commission Budgets

Forecast Position £000's	YTD Position			Forecast Position			Variance	
	Budget	Actual	Variance	Budget	Forecast	Variance	COVID Variance	Non-COVID Variance
Acute	111,610	111,629	(19)	223,219	223,238	(19)	(19)	0
Mental Health	20,019	20,247	(227)	40,039	40,266	(227)	(227)	0
Primary Care	45,386	46,250	(864)	90,771	91,636	(864)	(864)	0
Continuing Care	8,666	8,671	(5)	17,332	17,337	(5)	(5)	0
Community	17,054	17,054	0	34,107	34,107	0	0	0
Other CCG	11,402	21,040	(9,638)	22,805	32,443	(9,638)	(9,638)	0
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0
CCG Running Costs	2,243	2,243	0	4,486	4,486	0	0	0
CCG COVID-19 Notional 20/21 Funding	0	(10,754)	10,754	0	(10,754)	10,754	10,754	0
Adults	19,369	22,663	(3,294)	38,737	39,177	(440)	0	(440)
Children's Services - Social Care	26,999	27,031	(32)	53,998	57,959	(3,962)	0	(3,962)
Education	2,179	1,838	341	6,398	7,081	(684)	(480)	(204)
Individual Schools Budgets	918	1,236	(319)	0	0	0	0	0
Population Health	7,809	4,487	3,322	15,619	18,850	(3,231)	(3,500)	269
Operations and Neighbourhoods	26,942	41,883	(14,941)	52,921	53,226	(305)	(510)	205
Growth	2,965	1,615	1,350	10,988	11,811	(822)	(221)	(601)
Governance	4,849	10,379	(5,530)	9,531	9,620	(90)	39	(129)
Finance & IT	4,240	4,107	133	7,630	7,603	27	(29)	56
Quality and Safeguarding	70	(17)	87	141	140	1	0	1
Capital and Financing	378	(552)	930	756	6,433	(5,678)	(6,474)	797
Contingency	1,688	(1,081)	2,769	3,377	3,385	(8)	(911)	903
Contingency - COVID Direct Costs	0	11,019	(11,019)	0	28,244	(28,244)	(28,244)	0
Corporate Costs	2,592	1,894	698	5,184	5,009	175	(100)	275
LA COVID-19 Grant Funding	0	(14,009)	14,009	0	(28,216)	28,216	28,216	0
Other COVID contributions	0	(7,816)	7,816	0	(11,356)	11,356	11,356	0
Integrated Commissioning Fund	**317,378**	**321,057**	**(3,678)**	**638,039**	**641,726**	**(3,687)**	**(858)**	**(2,830)**
CCG Expenditure	216,380	216,380	0	432,760	432,760	0	(0)	0
TMBC Expenditure	100,998	104,677	(3,678)	205,279	208,966	(3,687)	(3,678)	(10)
Integrated Commissioning Fund	**317,378**	**321,057**	**(3,678)**	**638,039**	**641,726**	**(3,687)**	**(3,678)**	**(10)**

Finance Update Report – Headlines

CCG Allocations

CCG allocations with financial regime guidance for Month 7 -12 has now been published since last months report. The headline is that the CCG has been given an allocation of £211.4m which will leave the CCG with a £2.3m gap at the end of the year. The CCG has been working through the Phase 3 recovery work looking at run rates for the CCG. At month 6 a detailed bottom up forecast of all areas has been undertaken in order to minimise this gap as much as possible. There is a national planning return due on the 22nd October where the CCG will submit financial plans for the remainder of the year, where it is hopeful that the CCG will be able to establish additional resources. There is a separate report covering this in more detail and a summary can be seen on page 10.

Children's Services

The Children's Social Care Directorate is reporting a stark adverse movement of £1.3m compared to the finance position reported at period 5, taking the forecast over by £4m again plan. This increase is due to the number of new externally commissioned placements for new children coming into care but also children moving from cheaper in-house provision. These new placements have increased the forecasts by £519K. During September there has been a change to the forecasting methodology for the externally commissioned placements which has resulted in an increase of £452K. Finally there have been changes to existing placements (price increases and additional support added to placements) which have increased the forecasts by £309K. More detail is provided in Appendix 2 of this report.

Adults

At month 6, Adults has seen a favourable movement of £1.5m since last month. This is largely due to the continuation of residential and nursing placements usually borne by the Council are currently being funded by the NHS via COVID monies. The approach to the funding of COVID care packages has changed, with a phased approach through to March rather than an immediate transition back to Council from September.

Other benefits have included the additional grant monies that were referenced last month, but were not quantified in the financial position until they could have been confirmed. This includes the additional inflation allowance for the Better Care Fund.

Governance

The forecast last month was expecting to see an underspend against plan due to reductions in employee related expenses such as reduced training costs and the cancellations of 2020 elections. In Month 6 there has been a £0.4m adverse movement to the forecast position following the mid-year review of housing benefit subsidy claim form which has seen a rise in net expenditure of £0.3m and the recovery of overpayment housing benefit is forecast to be £0.5m less than previous years.

Contingency & COVID

The Council continues to see rising costs and further income losses as result of the COVID-19 pandemic. Additional funding is being received to offset many of these pressures, however the net cost of COVID exceeds available funding at period 6. Council Tax collection rates have continued to improve however these remain below target, with significant shortfalls on Business Rates income continuing.

Finance Update Report – CCG Budgets

Month 6 CCG Forecasts

- As reported since the beginning of this financial year and following the outbreak of COVID-19, emergency planning procedures have been in place by NHS England (NHSE), that all finances governed by a new a national command and control framework. This month is the final month of that arrangement whereby CCGs were advised to assume a break-even financial position in 2020-21. The headline figures in the report is compliant with that and a separate financial forecast is provided on page 8
- 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. NHSE have confirmed that command and control blocks will now continue between M7-M12, however the CCG has the opportunity to amend these block values following significant service change from Provider to Provider and meeting the MHIS. All of which will need the correct governance sign off.
- At Month 6, 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 at this stage.
- 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 6 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.
- 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, we have provided an estimate of what we can expect in QIPP achievement for the second half of the year. This will still not be enough to close the financial gap. See page 8 for more information as well as the separate detailed report on this.
- 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 and framework has now been published which sets out local allocations and system funding envelopes for M7-12 of 2020/21. The CCG continues to work through the implications of this and more information is provided on page 8 of this report. This will retain simplified arrangements for payment and contracting but with a greater focus on system partnership and the restoration of elective services. The phase 3 financial position based on current run rates continues to be provided to GMHSCP to support the financial analysis that is to determine the system gap based on published financial envelopes.

CCG COVID-19 Spend

- The table below summarises £11,301k of additional costs associated with COVID-19. The majority, £8,882k of this has been spent with TMBC.

- This table captures actual and forecast COVID spend with all providers across two financial years. £546k relates to 2019/20 financial year, with £10,754k in 2020/21.

- Actual spend at M6 is £592k lower than forecast last month. A significant driver of this reduction relates to packages of care within the Hospital Discharge Programme, where patients have been assessed throughout September and moved onto appropriate long term arrangements. These assessments will continue in the months to come as we work our way through the assessment backlog. National funding will be available to support this process throughout phase 3.

- Another benefit to the COVID position is Silver Cloud, which has been removed from the COVID claim as we no longer believe ongoing costs of funding meet the criteria for COVID. This should instead form part of our wider ongoing recovery response and as such has been funded via baseline budgets. Primary care has generated a number of significant variances since last month, but this is mainly presentational as costs moved from a generic high level forecast into more granular actual cost categories. Finally the costs of PPE have reduced as we use current stock and transition towards using the new national PPE portal.

- The costs below have been re-claimed in line with the national process. Full allocation adjustments have been received, covering spend to the end of August and we anticipate that September costs will be reimbursed in full shortly. New arrangements have been put in place for spend from 1st October as part of the phase 3 financial regime.

Cost Type	March Actual	April Actual	May Actual	June Actual	July Actual	August Actual	September Actual	Total	August (M5) Position	Variance
Hospital Discharge Programme	151,222	655,367	1,127,364	1,405,143	1,729,003	1,735,211	910,325	**7,713,637**	7,940,136	-226,499
Remote management of patients	175,417	348,381	362,749	241,968	185,173	157,641	187,707	**1,659,036**	1,843,611	-184,575
National Procurement Areas	0	204,973	139,509	124,968	7,630	90,350	48,980	**616,409**	762,429	-146,020
PPE	41,922	0	0	0	0	0	0	**41,922**	41,922	0
Support stay at home model	94,860	0	0	0	0	0	0	**94,860**	94,860	0
Sickness / isolation cover	7,282	0	0	0	0	0	0	**7,282**	7,282	0
Bank Holidays	0	39,325	21,975	11,500	41,199	3,220	73,306	**190,526**	117,220	73,306
Backfill for higher sickness absence	0	0	21,985	18,230	11,701	790	36,057	**88,764**	52,707	36,057
GP SMS Additional Costs	0	0	0	46,579	0	0	0	**46,579**	46,579	0
Other action (provide commentary)	75,792	0	0	0	0	0	0	**75,792**	75,792	0
Other Covid-19	0	33,646	12,037	48,468	124,200	372,606	174,982	**765,939**	910,357	-144,418
Grand Total	**546,496**	**1,281,692**	**1,685,619**	**1,896,856**	**2,098,906**	**2,359,820**	**1,431,358**	**11,300,747**	**11,892,896**	**-592,149**

CCG Financial Forecast Month 7 – 12

Forecast Position £000's	Forecast Position M7 to M12											
	Funding			Expenditure							Net Forecast	Variance
				Forecast Adjustments								
	CCG Allocation	HDP Funding	Net Budget	Forecast Ledger	IS Contracts	HDP Staff	UEC	Reserves	QIPP	Primary Care SDP and AARs	Net Forecast	Variance
Acute	111,610		111,610	109,950	(1,300)						108,650	2,959
Mental Health	20,019		20,019	22,365							22,365	(2,346)
Primary Care	45,386		45,386	46,512					(375)	(348)	45,790	(404)
Continuing Care	8,666	2,776	11,442	7,510		237			(345)		7,402	4,040
Community	17,054		17,054	17,319							17,319	(266)
Other CCG	6,407		6,407	14,461			536	4,673	(7,074)		12,596	(6,189)
CCG TEP Shortfall (QIPP)	0		0	0							0	0
CCG Running Costs	2,243		2,243	2,493					(200)		2,293	(50)
TOTAL	**211,385**	**2,776**	**214,161**	**220,611**	**(1,300)**	**237**	**536**	**4,673**	**(7,994)**	**(348)**	**216,416**	**(2,255)**

Summary

- Published allocation M7-12 for T&G is £211.4m. This covers Core CCG commissioning, Primary Care Delegated and Running Costs.
- Through the Hospital Discharge (HDP) and Discharge to Assessment (D2A) programme, the CCG is expecting a further £2.8m which is outside of the system envelope.
- Total Expected Funding £214.1m
- Total Forecast Expenditure £216.4m
- CCG Baseline GAP without system financial support is forecast to be **£2.3m** in 2020/21.

Basis for Forecast

- Bottom up Forecast by Commitment and Contract
- Adjustment for growth with Acute Independent Sector contracts, picked up nationally.
- Expected costs for UEC – A&E Call First model.
- Commitment of Planned Reserves, which are then released as part of the proposed £8m QIPP achievement.
- Risks - Whilst forecasts are based on our best estimates, costs could still increase if Winter or COVID Wave 2 bites harder than expected. This will impact on costs in Prescribing, CHC and Primary Care.

Key Assumptions

- Hospital Discharge Programme - Pre assessment packages for patients discharged 19/03/20 - 31/08/20. No individual funding or time caps, but unknown limit against overall programme. To be claimed outside STP envelope (£2.2m included in forecast above).
- Discharge to Assessment - 6 week packages for patients discharged after 1st September. To be claimed outside envelope up to an unknown cap (£0.3m included in forecast above).
- Continuing Healthcare Deferred Assessments – CCG will need to claim for this retrospectively based on actual spend up to a £237k cap.
- UEC - A&E Call First - £0.5m included forecast above. Potential we will receive additional allocation to match our spend in this area.
- Lung Health Checks - £0.4m SDF Allocation expected, but with unconfirmed start dates with MFT, expenditure has been excluded from the forecast above.

Month 6 Position

Tameside and Glossop Integrated Care NHS Foundation Trust

Summary

Trust I&E excluding COVID-19 expenditure -	**£127k overspend**
COVID-19 expenditure:	**£1.863m**
Net deficit (I&E + COVID-19 Exp):	**£1.990m overspend**
Additional Top up (True up) funding required:	**(£1.990m)**
Net deficit	**Break Even**

In Month Movement:	**(£500k) Adverse**
- I&E Excl COVID-19:	**(£122k) Increase**
- COVID-19 Expenditure:	**(£378k) Increase**

APPENDIX 2 – Strategic Commission Detailed Analysis

Contents:

Local Authority Savings Progress

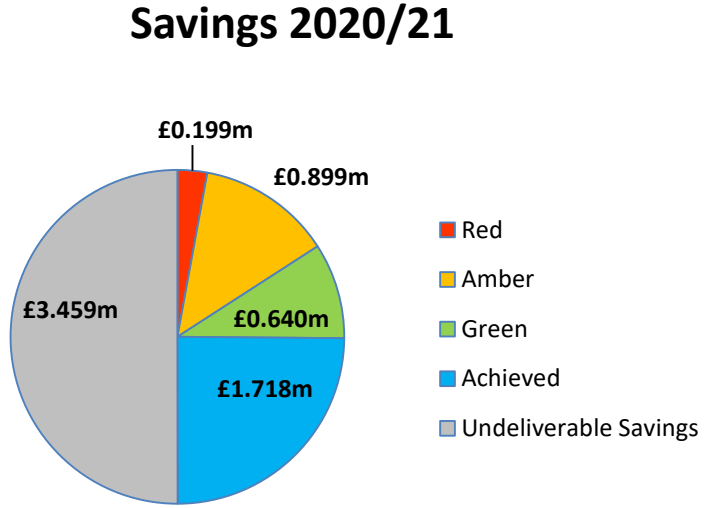
Directorate	Opening Target £000s	Undeliverable Savings £000s	Red £000s	Amber £000s	Green £000s	Achieved £000s	Total forecast savings £000s
Adults	981	188	53	740	0	0	793
Children's Services	0	0	0	0	0	0	0
Children's - Education	100	0	0	81	0	100	181
Population Health	326	326	0	0	0	0	0
Operations and Neighbourhoods	682	0	100	50	0	532	682
Growth	500	500	0	0	0	0	0
Governance	105	30	0	0	0	75	75
Finance & IT	840	15	0	0	0	825	825
Quality and Safeguarding	0	0	0	0	0	0	0
Capital and Financing	3,002	2,400	0	0	640	0	640
Contingency	0	0	0	0	0	0	0
Corporate Costs	204	0	46	28	0	186	260
Total	**6,740**	**3,459**	**199**	**899**	**640**	**1,718**	**3,456**
%		**51.3%**	**3.0%**	**13.3%**	**9.5%**	**25.5%**	**51.3%**

SAVINGS PROGRESS

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

Vacancy Factor - The total vacancy factor for the year is £3,930k (this is in addition to the £6,740k savings above). As at the end of period 6, the total forecast overspend on staffing is £94k, therefore underachieving the annual target. However the year to date vacancy factor currently indicates we have over-achieved the target by £1,527k to date.

Other Savings – Overall the Council is forecasting to achieve savings of £3,456k against a target of £6,740k, although £1,098k remains rated as Red or Amber with risks to delivery. Savings of £640k are rated green and £1,718k already achieved as at the end of September 2020. Just under £3.5m of planned savings will not be delivered with alternatives now being planned and delivered in place of the original targets.



Local Authority Pressures

PRESSURES

The 2020/21 Council Revenue Budget included funding for pressures across the services of £23,075k. As at month 6 total forecast pressures have increased across a number of areas as set out below. Further narrative on increased pressures in each area is included in the narrative for each service later in this report.

Directorate	Pressures funded in budget £000s	Pressures materialised to date £000s	Total pressures forecast £000s	Increase/(decrease) in pressures £000s
Adults	3,109	263	2,020	(1,089)
Children's Services	10,509	4,352	9,790	(719)
Children's - Education	402	743	1,143	741
Population Health	466	16	466	0
Operations and Neighbourhoods	3,533	1,501	2,746	(787)
Growth	3,039	917	2,979	(60)
Governance	842	390	777	(65)
Finance & IT	1,743	875	1,764	21
Quality and Safeguarding	0	0	0	0
Capital and Financing	40	0	40	0
Contingency	(639)	(184)	(639)	0
Corporate Costs	31	16	31	0
Total	**23,075**	**8,888**	**21,117**	**(1,958)**

Adults Services R

Adult Services	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Adults Commissioning Service	56,632	(21,455)	35,177	21,421	35,180	(3)
Adults Neighbourhood Teams	8,244	(85)	8,158	4,277	8,563	(405)
Integrated Urgent Care Team	2,044	0	2,044	816	1,885	159
Long Term Support, Reablement & Shared Lives	13,051	(1,062)	11,989	6,083	12,302	(313)
Mental Health / Community Response Service	4,280	(1,215)	3,065	1,698	4,160	(1,095)
Senior Management	1,674	(23,370)	(21,696)	(11,633)	(22,914)	1,218
TOTAL	**85,925**	**(47,187)**	**38,737**	**22,663**	**39,177**	**(440)**

BUDGET VARIATIONS

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

Underspends:

- **£2,144k** Residential & nursing placements are forecast to be £2.1m below budget, as a large part of the costs previously budgeted to be borne by the Council are now funded by the NHS via COVID monies. The approach to the funding of COVID care packages (those intended to facilitate a hospital discharge or avoid an admission) has changed, with a phased approach through to March rather than an immediate transition to Council funding from September. The large backlog of financial assessments has prompted a change of approach and so a proportion of the Council's client base will be externally funded for much of the year.
- **£1,058k** Various contracts within the Commissioning service, in particular the Integrated Community Equipment Service (ICES), will come in well below their budgeted cost with a number of contracts being part-funded by NHS COVID monies, as is the case with ICES. Funds are provided for home care packages provided through the Independent Living Fund, but costs have not arisen.
- **£806k** Additional grant income is recognised, as an inflation allowance for the Better Care Fund not included in the original budget is now added to the forecast

Adults Services R

BUDGET VARIATIONS

- **£743k** Employee costs in Commissioning, IUCT, Reablement and Neighbourhoods staffing are significantly under budget, with some costs met by NHS COVID funding, and in particular areas, there are delays in recruitment to budgeted vacancies.

- **£473k** Pressures included within the budget have not been realised due to the delayed transfer of the ICFT support functions.

- **£393k** Support at Home costs within commissioning are now under budget, with a large proportion of the overall cost of this function now supported by NHS COVID funding. Funding will be provided on the same basis as residential and nursing care, with a phased approach through to March rather than an immediate transition to Council funding from September

Pressures:

(1,692k) There is forecast to be a large reduction in client income, largely around residential and nursing charges. This is the (smaller) downside of the underspends on care costs, arising from the same change in the funding regime; now that a large proportion of care packages are now directly fully funded by the NHS during the COVID period, the Council does not charge for them and will only begin to do so as financial assessments are completed over the coming months. The forecast has been revised further downwards as at the end of September, as it was previously assumed all charging would begin in full rather than be phased in gradually.

- **(£593k)** There are various pressures arising from reductions in Continuing Healthcare income of £308k and general health income from the NHS by £290k. This largely arises from the COVID situation, where CHC patients are now diverted to other funding streams funded differently by the NHS, and so the flow of CHC funds to the Council is reduced. Other minor income items add 5k to the variation.

- **(£255k)** The forecast position around housing benefit claims for clients within council-funded or managed properties is under review. This is to establish whether current clients have been reassesed as ineligible for the benefit with a loss of income potentially falling upon the Council. The under-recovery of income is forecast at £255k.

- **(£142k)** Various small adverse variances

Adults Services R

BUDGET VARIATIONS

- **(£826k)** The forecast increase cost of long-stay residential care packages for Mental Health (Section 117) purposes has increased by £826k over the original budget, owing to an underestimate of the demands on the service and the unit costs of packages. The closure and withdrawal of several contracted providers over the past year has necessitated transferring a number of existing clients to a non-contracted provider, along with several new clients this year. This is at a greatly increased cost.

- **(£671k)** Higher costs are forecast on a range of Supported Accomodation contracts, including the five Learning Disability contracts (455k) and off-contract placements (£254k), plus a number of other smaller contracts. These arise from a combination of pressures, including the National Living Wage increase, and from the requirement for increased care hours in particular areas.

- **(£94k)** A review of the medical and professional functions provided by the Deprivation of Liberty Service (DOLS) has determined that a increase to the forecast of £94k is required. Demand for the service has remained constant since the previous financial year, and so costs should be expected to be in line with actual expenditure in FY2019/20.

(£139k) The Carers Service is forecast to be over budget by £139k given the increased levels of grants paid out, and a more detailed review will be carried out to establish the background to this and other potential mitigations

- **(£500k)** The use of corporate monies for a reserve movement is now forecast to be lower, as the use of additional BCF grant income will avoid the need to drawdown on corporate reserves that was previously anticipated to be required

- **(£472k)** Staffing pressures in Mental Health and Homemakers services have arisen as a result of increased statutory need, and a review of the assessed hours budget.

- **(£431k)** The forecast cost of homecare packages funded through the Direct Payments functions is £431k over the original budget. There is increased demand for Direct Payments in general, alongside an intention from the department to make greater use of in-house payments, and a potentially reduced level of payment clawback. A review is intended to be carried out to ensure that additional costs in Direct Payments are offset by reduced costs in other related service areas.

Adults Services R

SAVINGS

Savings Performance:

- **(£188k)** The **Day Services Review** (originally a plan to develop in-house day services around Oxford Park) has not proceeded, mainly due to the COVID situation which caused most day services to be suspended and made transport arrangements impractical.

- **(£53k)** On the most recent projections the **Moving with Dignity** project has removed over 900 hours of homecare packages each week and, on a part-year basis, is expected to realise an overall saving of £486k after making allowances for 'slipback' if a client's needs increase again after assessment and for reductions in client income. Progress on the project stalled while assessments were suspended during the lockdown period, and so the remaining £53k to the target of £539k is effectively an impact of COVID.

Scheme	Savings 20/21 Target £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Review of out of borough placements	254			254			**254**
Oxford Park	188	188					**0**
Moving with Dignity	539		53	486			**539**
Total	**981**	**188**	**53**	**740**	**0**	**0**	**793**

Children's Services – Children's Social Care R

	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Child Protection & Children In Need	8,171	(9)	8,162	4,200	8,542	(380)
Children's Social Care Safeguarding & Quality Assurance	2,030	(10)	2,020	1,014	2,057	(38)
Children's Social Care Senior Manageme	761	(7,268)	(6,507)	(3,371)	(6,492)	(15)
Early Help & Youth Offending	1,061	(693)	368	106	402	(34)
Early Help, Early Years & Neighbourhood	6,280	(1,681)	4,599	1,933	4,212	388
Looked After Children (External Placements)	27,523	(539)	26,983	14,028	30,688	(3,704)
Looked After Children (Internal Placements)	10,718	(13)	10,705	5,905	11,156	(450)
Looked After Children (Support Teams)	7,743	(76)	7,667	3,217	7,395	272
TOTAL	**64,286**	**(10,288)**	**53,998**	**27,031**	**57,959**	**(3,962)**

Children's Services – Children's Social Care

R

BUDGET VARIATIONS

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

Pressures:

- **(£3,704k)** There is an overspend of £3,704K on external placements due to the number of Looked After Children in externally commissioned placements and the high cost of external residential placements. The external placement forecast has increased by £1,280K between period 5 and 6. This increase is due to the number of new externally commissioned placements for new children coming into care but also children moving from cheaper in-house provision. These new placements have increased the forecasts by £519K. During September there has been a change to the forecasting methodology for the externally commissioned placements which has resulted in an increase of £452K. Finally there have been changes to existing placements (price increases and additional support added to placements) which have increased the forecasts by £309K.

- **(166k)** The Directorate is reporting a forecast overspend of £166K on employee costs due to some service areas not being able to achieve the vacancy factor in full for safeguarding reasons and the high number of expensive agency employees. The salary forecast has increased by a total of £20K since period 5, which is due to the additional unbudgeted 0.75% pay award (£124K). This is partly offset by a reduction in agency employees £104K, predominantly in the Child Protection & Children in Need Social Work teams.

Children's Services – Education R

Education	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Access Services	17,352	(14,539)	2,813	1,703	3,670	(857)
Assistant Executive Director - Education	400	(100)	301	147	206	94
Schools Centrally Managed	2,664	(929)	1,735	245	1,700	35
School Performance and Standards	758	(547)	211	(84)	147	64
Special Educational Needs and Disabilities	11,723	(10,386)	1,338	(173)	1,358	(20)
TOTAL	**32,898**	**(26,500)**	**6,398**	**1,838**	**7,081**	**(684)**

BUDGET VARIATIONS

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

Underspends:

- **£282k** Non-grant funded staffing expenditure is £378k less than budget due to part and full year staffing vacancies. This is partly offset by the £96k vacancy factor included for the service.
- **£210k** A review of the budget has been undertaken to understand commitments in year. This has resulted in budget saving of £95k which is suggested supports the wider pressures in the Education service.
- **£80k** A reduction in the use of associates within the Education Psychology team has led to a projected saving on professional fees this financial year.
- **£70k** Other minor variations under £50k

Children's Services – Education R

BUDGET VARIATIONS

Pressures:

- **(£741k)** SEN Transport - pressure has materialised. A further pressure of £741k is currently projected for the service in 2020/21 based on the Summer 20 term route costs plus additional growth for the new academic year based on historical data. Suppliers have continued to be paid where contracts are in place throughout the Covid 19 situation. The demand for SEN Transport continues to rise due to the increase in the number of pupils eligible and the increase in out of borough placements.

£14k of this pressure relates to additional costs of transporting pupils in the Easter and Summer half term holidays as a result of schools being open to vulnerable and key worker children during the Covid 19 situation.

- **(£482k)** The Education service is projected to under achieve on its traded income with schools by £481k due to a reduced buy in to services. It's unclear at this point what impact the covid 19 situation has had on this forecast, specifically for those services that trade throughout the year. Work is being undertaken to fully understand this pressure and meetings are taking place with the relevant service managers to agree how this pressure can be managed.
- **(£109k)** There is a projected decrease in Education Welfare penalty notice income due to changes in government legislation during the COVID lockdown period.
- **(75k)** Projected loss of Parental and other community income for the Music Service due to restricted access to the service due the COVID lockdown period.

SAVINGS

Savings Performance:

- **£81k** There is further reduced demand on the budget for Teachers retirement pension costs. It is suggested that this additional saving is supports the pressure occurring on SEN Transport.

Scheme	Savings Target 20/21 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Teachers Pensions	100			81		100	**181**
Total	**100**	**0**	**0**	**63**	**0**	**100**	**163**

Population Health R

Service Area	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Population Health	15,910	(291)	15,619	4,487	18,850	(3,231)
TOTAL	**15,910**	**(291)**	**15,619**	**4,487**	**18,850**	**(3,231)**

BUDGET VARIATIONS

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

- **£157k** Various underspends relating to the inability to carry out planned work due to Covid 19 pandemic. For example, unable to carry out, Health Checks, certain prescribing services and targeted schemes.
- **£55k** There is a proportion of population health staff currently supporting the COVID response, related costs are being charged to NHS Covid funding.
- **£37k** There has been additional income received in the main from the NHS.

Pressures:

- **(£3,500k)** Active Tameside - there is a potential risk/need to provide financial support to Active Tameside of £3,500k. A report to Cabinet is being prepared, which will explain the options available to recover and the proposed course of action.

Quality And Safeguarding G

Quality & Safeguarding	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Safeguarding and Quality Assurance	378	(237)	141	(17)	140	1
TOTAL	**378**	**(237)**	**141**	**(17)**	**140**	**1**

BUDGET VARIATIONS

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

Underspends:

- **£5k** Reduced costs for room hire – A number of training courses have been delivered online. (£1k Adults Safeguarding and £4k Children's Safeguarding).
- **£27k** Reduction in commissioned services for training courses (£13k Adults Safeguarding and £14k Children's Safeguarding).

Pressures:

- **(£11k)** Vacancy factor unachievable, as there are only a few staff members and no vacant posts.
- **(£20k)** Underachievement of income from maintained Schools Traded Services. Conversations are underway with schools to remind them of the importance of safeguarding; this may lead to further takeup.

Operations and Neighbourhoods A

Operations and Neighbourhoods	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Community Safety & Homelessness	6,209	(2,299)	3,910	2,007	4,319	(409)
Cultural & Customer Services	3,784	(372)	3,412	1,277	3,071	341
Engineers, Highways & Traffic Management	14,558	(10,798)	3,760	3,802	4,076	(316)
Management & Operations	1,425	(2,738)	(1,313)	(210)	(1,477)	164
Operations & Neighbourhoods Management	32,596	(179)	32,416	30,774	32,389	27
Operations, Greenspace & Markets	6,923	(1,704)	5,219	1,979	4,527	692
Public Protection & Car Parks	4,530	(3,518)	1,013	1,100	1,721	(708)
Waste & Fleet Management	10,479	(5,976)	4,503	1,155	4,600	(96)
TOTAL	**80,504**	**(27,583)**	**52,921**	**41,883**	**53,226**	**(305)**

BUDGET VARIATIONS

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

Underspends:

- **£286k** The Engineering service currently has a number of vacant posts (3x grade H, 3x grade F, 5x grade E, 3x apprentices, part of a grade H post and a Head of Service post) which are being held vacant while a restructure is being undertaken. It is expected that the new structure will not begin to be filled until the next financial year. It should be noted that some of the posts that are being held vacant would normally have the costs recovered from the scheme budgets.
- **£121k** There is an expected underspend on events within the borough this year as a result of the restrictions relating to COVID-19.
- **£265k** Due to the timing of the current year's budget being set and the transport levy being agreed, an underspend has materialised.
- **£310k** Non recurrent transport underspends are expected within operations and greenspace during this financial year.
- **£315k** Changes to the way street sweepings are disposed of have been implemented, resulting in significant savings for the authority.
- **£311k** Due to the unfortunate increased demand for bereavement services there is an increase in the forecast income .
- **£15k** Other minor variations

Operations and Neighbourhoods A

BUDGET VARIATIONS

- **£73k** There is a projected under spend against wheelie bin purchases as a result of better stock management procedures.
- **£122k** Cultural and Customer Services had identified some vacant posts that had been planned to be used to assist with increased demand in different parts of the service as a result of COVID (e.g. Welfare Rights, debt advice), however due to the current financial position this has been reviewed and will no longer be progressed.
- **£50k** Additional budget had been provided for staffing at the Museum of the Manchester Regiment. Due to delays with the work on Ashton Town Hall, this will not be required in this financial year.

Pressures:

- **(£77k)** Due to businesses being closed during the lockdown period, the pest control service has experienced a reduction in income.
- **(£304k)** There have been ongoing delays in the street lighting replacement scheme, which have resulted in additional energy and maintenance costs. This projection also includes costs for repairs to damage caused by road users. These should be claimed back from insurance companies, however there is a risk that this is not always possible.
- **(£120k)** In order to deliver an efficient and effective gully cleansing service, an additional vehicle and crew are being hired in. Governance for the purchase of a second vehicle is underway which is expected to delivery savings for the Council, however there is a long lead time on these vehicles. Further work will be done to review the costs associated with this service.
- **(£161k)** The income received by the markets, particularly by the outdoor markets, has reduced in recent years as part of a nationwide decline. However, this has been exacerbated by the closure of the outdoor market during the lockdown period.
- **(£824k)** Income generated by the car parks within the borough (including fine income) has suffered significantly as a result of reduced demand from COVID-19. There is an additional shortfall as a result of new expected car parks not coming online. A review of car parking options across the borough is currently underway.
- **(£107k)** Income shortfalls are expected within licensing and public protection across a number of fees and charges.
- **(£347k)** Invoices relating to prior years' service delivery within Homelessness and Community Safety have materialised, resulting in a pressure on current year budgets.
- **(£69k)** Due to increased service user numbers, an over spend on the 'A Bed Every Night' service is expected. However, work is being done to utilise external and voluntary organisations, as well as slight changes to delivery, which will remove this pressure in future years.

Page 31

Operations and Neighbourhoods A

BUDGET VARIATIONS

- **(£164k)** It is currently expected that the additional fees & charges savings target will not be achieved by the directorate. It was expected that work would be able to continue throughout the financial year to identify new income streams or ways in which the Council can expand its income generating business areas. Due to the ongoing impact the COVID situation is having on capacity and income across the Operations and Neighbourhoods directorate this has not been able to happen. As part of the ongoing work around future years' savings, this issue is being considered.

SAVINGS

Scheme	Savings Target 20/21 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Extending commercial offer	100		100				**100**
Procurement	50			50			**50**
Disposal of Street Sweepings	125					125	**125**
Waste levy reduction	407					407	**407**
Total	**682**	**0**	**100**	**50**	**125**	**532**	**682**

Growth R

Growth	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Growth Management	255	0	255	123	278	(23)
Development & Investment	1,832	(284)	1,548	277	1,437	110
Economy, Employment & Skills	2,426	(1,219)	1,207	183	1,174	34
Major Programmes	575	0	575	67	575	0
Infrastructure	249	(10)	239	44	262	(23)
Planning	1,496	(1,001)	495	277	645	(150)
BSF, PFI & Programme Delivery	24,037	(24,037)	0	(870)	0	(0)
Asset Management	286	(286)	0	(227)	0	0
Capital Programme	830	(353)	477	242	537	(59)
Corporate Landlord	8,631	(1,862)	6,769	1,298	6,718	51
Environmental Development	493	(28)	465	130	411	54
Estates	1,639	(2,686)	(1,046)	258	(228)	(818)
School Catering	2,776	(2,772)	4	(189)	2	2
Vision Tameside	0	0	0	1	0	0
TOTAL	**45,526**	**(34,537)**	**10,988**	**1,615**	**11,811**	**(822)**

BUDGET VARIATIONS

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

Underspends:

- **£118k** Part year saving on 5 vacant posts in Development & Investment
- **£69k** Allocation of employee related expenditure to grant funding within Economy Employment and Skills
- **£46k** Saving on Professional services within the Planning service
- **£33k** Non pay related expenditure recovered from the disabled facilities grant in excess of existing budget.
- **£344k** Projected saving on utilities (£240k) and caretaking (£104k) related expenditure due to the reduced use of buildings within Corporate Landlord druing the Covid period

Growth R

BUDGET VARIATIONS

- **£75k** Contribution from the CCG towards a designtaed post with the Estates service

Pressures:

- **(£211k)** Minor variations
- **(£197k)** Under achievement on Planning application (£89k) and Building Control fees (£108k) primarliy due to covid
- **(£328k)** Forecast additional interim agency costs within the Strategic Property service pending recruitment to vacant posts - Capital Projects (£ 91k) and Estates (£ 237k)
- **(£166k)** Reduced forecast income due to non delivery of functions and events during covid
- **(£105k)** Underachievement of forecast rent and ground rent income

SAVINGS

Savings Performance:

(£500k) Under achievement of rent review income in year - income forecast to be re-profiled over a longer period as rent reviews become due

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

Governance G

Governance	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Democratic Services	791	(119)	672	164	448	223
Executive Support	1,814	(184)	1,629	743	1,514	115
Governance Management	185	(90)	95	45	95	0
Legal Services	1,587	(34)	1,553	775	1,571	(17)
Exchequer	56,908	(55,348)	1,560	6,954	2,071	(511)
Policy, Performance & Communications	1,765	(290)	1,474	678	1,430	45
HR Operations & Strategy	1,188	(518)	670	229	654	16
Organisational & Workforce Development	711	(135)	576	215	511	65
Payments,Systems and Registrars	2,139	(838)	1,302	575	1,328	(26)
TOTAL	**67,086**	**(57,556)**	**9,531**	**10,379**	**9,620**	**(90)**

BUDGET VARIATIONS

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

Underspends

- **£558k** Employee related expenses including training are less than budget due to a number of vacant posts across the directorate.
- **£138k** Democratic Services is forecast to underspend due the cancellation of elections in 2020 as a result of the COVID 19 pandemic.
- **£58k** The net cost of collection for Council Tax and Business Rates arrears is forecast to be less than budget as a result of increased recovery of income relating to legal costs.
- **£146k** Other net minor variations across the individual service areas of less than £50k
- **£92k** Previously there was a forecast of £92k to allocate to increase the bad debt provision for Housing Benefit which is currently not required.

Governance G

Pressures

- **(£114k)** Government grant income across the directorate is currently forecast to be £114k less than budget (Exchequer Services is currently forecast to be £106k less than budget based on grant allocations notified to date).

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

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

- **(£73k)** The Priority Account Service (Oxygen) has a net income target of £50k. Due to COVID 19 and based on a 7 month cessation of the programme we are estimating expenditure to be £39k and income (based on 19/20 actuals) to be £16k. This results in a cost of £23k. Along with the £50k income target there is an estimated shortfall of (£73k). If the programme is ceased for longer than the 7 months, this shortfall will increase.

- **(772K)** The current forecast taken from the Mid Year Housing Benefit subsidy claim form as seen a rise in net expenditure of (£309k) and the recovery of overpayment Housing benefit is forecast to be (£463k) less than previous years.

SAVINGS

Savings Performance:

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

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

Finance and IT G

Finance and IT	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Financial Management	2,988	(497)	2,491	832	2,491	0
Risk Management & Audit Services	1,912	(250)	1,662	1,049	1,593	69
Digital Tameside	4,106	(629)	3,477	2,226	3,519	(42)
TOTAL	**9,006**	**(1,376)**	**7,630**	**4,107**	**7,603**	**27**

BUDGET VARIATIONS

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

Underspends:

- **£71k** Other minor variations below £50k

Pressures:

- **(£29k)** Due to the current Covid-19 situation and the majority of staff working from home there isn't the same demand to print. Therefore, the anticipated recovery of income from services is less than the anticipated cost of the Multi Functional Device's (printers/scanners). A review of devices will be carried out.

SAVINGS

Savings Performance:

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

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

Capital Financing, Contingency and Corporate Costs R

Education	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Chief Executive	326	0	326	125	255	71
Corporate and Democratic Core	3,682	(222)	3,460	1,155	3,431	29
Democratic Processes	1,478	(79)	1,398	614	1,323	76
Investment and Financing	10,379	(9,624)	756	(552)	6,433	(5,678)
Contingency	3,377	0	3,377	(20,892)	(7,944)	11,320
TOTAL	**19,241**	**(9,925)**	**9,317**	**(19,550)**	**3,499**	**5,818**

BUDGET VARIATIONS

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

Underspends:

- **£202k** CDC - Other minor variations under £50k
- **£2,100k** In Contingency we have an earmarked budget of £3.5m for specific service pressures. Of this we are releasing £2.1m to cover the anticipated cost of increasing the bad debt provision. This is off-setting the £2.1m pressure detailed below in pressures section.
- **£18k** Debt repayments to the Greater Manchester Debt Administration Fund (GMMDAF) are expected to be £18k under budget based on the latest pool rate.
- **£462k** Estimated savings resulting from the advanced pensions payment made to GMPF in April 2020. This budget has been moved from Contingency and is therefore a change from the previous Investment and Financing forecast.
- **£280k** A pressure relating to financing costs for new IT licenses will not materialise as the initial spend is now only anticipated in the current financial year, meaning the pressure will not materialise until 2021/22. This budget previously sat within IT.

Pressures:

- **(£83k)** The Coroners service is a joint service with Stockport MBC (Host) and Trafford MBC. Based on most recent information there is forecast increase in costs of (£100k) per authority due to COVID 19 activity.
- **(£187k)** Estimated interest costs reflect the possibility of borrowing £30m from the PWLB at the end of Quarter 3 at the prevailing rate of interest, resulting in an over spend of (£187k). This has been revised down from period 3 when it was projected that borrowing would be undertaken at the end of quarter 2.
- **(£6,287k)** Forecasts have been amended to remove any budgeted dividend income from Manchester Airport Group (MAG) in light of the financial impact of the COVID 19 crisis on the Airport.
- **(£2,100k)** Anticipated increase in the bad debt provision for sundry debt. This is mainly due to unpaid debt in year as a result of the COVID crisis.

Capital Financing, Contingency and Corporate Costs R

SAVINGS

Savings Performance:

- **£56k** Pension Increase Act payments are currently forecasting an over achievement on the £35k saving due to contributions to cost which were not previously forecast.
- **£38k** Increase to projected interest earned on investments due to combination of higher paying fixed interest deals and higher cash balances than initial conservative estimates.

Scheme	Savings 20/21 Target £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Treasury Investment Income	50				88		**88**
Pension Increase Act	35			28		63	**91**
Capital & Financing – MRP	552				552		**552**
MAG Dividend Income	2,400	2,400					**0**
Other minor budget adjustments	169		46			123	**169**
Total	**3206**	**2400**	**46**	**28**	**640**	**186**	**900**

Reserve Transfers

Reserve Transfers

The table below details the reserve transfers at month 6 that need approval;

Service	Details of request	Transfer to/from reserves	Amount to be transferred £
Contingency	Request to transfer COVID grant funding to reserves to fund the anticipated lost Council Tax and Business Rates income as a result of the COVID crisis.	Transfer to	2,651,000
Education	Teachers maternity cover self financing scheme: costs in year anticipated to be lower than contributions in year.	Transfer to	129,157
Governance	£7k consultancy works for capita funded by Education reserve. Capita for Strategic Implementation of the schools admissions system in capita one.	Transfer from	(7,000)
Operations & Neighbourhoods	Refunds expected from GMCA reserves in relation to the Waste Levy to be transferred to the MTFP reserve for investment in future years.	Transfer to	2,410,000
Population Health	Use of Population Health's, Health Equalities Reserve to fund a Strategic Domestic Abuse Manager Post for 9 months of 20/21.	Transfer from	(42,680)

COVID-19 - Council

COVID-19 Grant funding and other contributions

COVID-19 Grant Funding and other Contributions	£000
Local Authority Support Grant	16,212
Council Tax Hardship Grant	2,158
Local Authority Discretionary Grant Fund	2,345
Infection Control Fund Grant	4,262
Test and Trace Service Support Grant	1,720
Emergency Assistance Grant for Food and Essential Supplies	332
Income Compensation Grant	769
Test and Trace Support Payments Grant	111
Compliance and Enforcement Grant	307
Other COVID-19 contributions	11,356
Total	**39,573**

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

COVID-19 Forecast Spend

Service	Direct £000	Indirect £000	Total £000
Adults	15,012	0	**15,012**
Children's Services	210	0	**210**
Education	501	480	**981**
Schools	0	0	**0**
Population Health	2,143	3,500	**5,643**
Operations and Neighbourhoods	1,593	510	**2,103**
Growth	2,419	221	**2,640**
Governance	267	(39)	**228**
Finance and IT	90	29	**119**
Quality and Safeguarding	0	0	**0**
Capital and Financing	0	6,474	**6,474**
Contingency	0	911	**911**
Corporate Costs	5,297	100	**5,397**
Discharge to Assess Payments	307	0	**307**
Emergency Assistance for Food and Essential Supplies Payments	332	0	**332**
Test and Trace Support Payments	73	0	**73**
Totals	**28,244**	**12,186**	**40,430**

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

CCG Year-to-date and Forecast (Command and Control)

The CCG remains under the command and control financial framework regime that covers Month 1 to 6 of 2020/21. At Month 6, we have reported YTD actuals in line with the national command and control requirements, which covers baseline spend as referenced plus additional COVID-19 related costs. The national financial regime does not require (or allow) a full year forecast of expenditure to be submitted and as such the table below represents the YTD and Forecast position up to Month 6 only.

CCG Directorate	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement from M5
ACUTE	111,610	111,629	(19)	223,219	223,238	(19)	(0)
MENTAL HEALTH	20,019	20,247	(227)	40,039	40,266	(227)	220
PRIMARY CARE	45,386	46,250	(864)	90,771	91,636	(864)	(22)
CONTINUING CARE	8,666	8,671	(5)	17,332	17,337	(5)	(0)
COMMUNITY	17,054	17,054		34,107	34,107		(0)
OTHER CCG	11,402	21,040	(9,638)	22,805	32,443	(9,638)	394
CCG - TEP Shortfall (QIPP)							0
CCG RUNNING COSTS	2,243	2,243		4,486	4,486		0
CCG COVID-19 NOTIONAL 20/21 FUNDING		(10,754)	10,754		(10,754)	10,754	(591)
Total	**216,380**	**216,380**	**0**	**432,760**	**432,760**	**0**	**0**

The table above summarises £10,754k of additional costs associated with COVID-19. In line with the latest guidance we are able to claim for additional related COVID costs up to the end of September. The new financial regime will be in place from October onwards and is described in more detail on pages 10 and 11 of appendix 1 of this report. The detailed breakdown of the COVID costs are provided in appendix 1.

The reported position above for the CCG is break-even YTD and Forecast to Month 6. The narrative that is to follow below, is not to describe any variance analysis from plan or budget, but instead describe what is happening to drive the actual expenditure within directorates and implications on future forecasts from Month 7 – 12.

Acute and Independent Sector

NHS Provider Contracts

Under national command and control, all NHS Provider contracts that the CCG is a commissioner for and over the threshold of £250k is based on nationally calculated values using the 19/20 agreement of balances plus notional uplifts. This applies to the Acute Providers, Mental Health and NWAS. Any shortfalls in income for the Providers is then picked up by the national top-up process.
From Month 7 onwards this process will continue, however CCGs will be given the opportunity to amend block contract payments with Providers following significant service changes or increased investment to meet the MHIS targets.
Under these arrangements, contracting and performance monitoring has been suspended. Therefore no penalties are expected to be enacted for example in relation to the number of 52 week breaches. The CCG is currently not receiving its usual SLAM information for monitoring activity and costs. Setting plans for 2021/22 is unlikely to be based on outturn in 2020/21 given the impact on elective procedures and the current waiting lists following the start of the pandemic. Future guidance is expected over the coming months as we start to build back better.

NHS NCA Activity – In 2020/21 this is being fully suspended, with no invoice charging from NHS providers to CCGs outside of command and control. The YTD and Forecast for NCA is based on costs to those independent providers and across English boarder Healthcare providers in Scotland and Wales.

Independent Sector

National Tier – Since the start of the pandemic, BMI, Oaklands and Spire have been placed on nationally procured contracts, fully funded by NHS England to respond to the direct capacity crisis within NHS Acute Providers. No costs for these providers are within the CCGs position reported above. The nationally funded contract for independent sector (IS) acute services is intended to remain in place until October 2020. After this date, the intention is to move away from a national capacity contract arrangement to local commissioning for all acute IS services.

Local Tier -
The YTD expenditure is based on actuals up to month 5 which is now starting to see a noticiable increase as a number of providers resumes services on 1st August. As such the positon for month 6 has been adjusted to take account of this increase and the forecast in future months will be based on average run rates in 19/20 and would anticipate increases in costs as the providers aim to hit national targets. There are some potential risks that ordinarily would be reported through the position, but the national tier financial framework is changing, which will hopefully mitigate any risk as described below.

From 1st November 2020, A national call-off framework is being procured to support systems to contract for additional IS capacity and is expected to be used for all activity funded by the system envelopes.

Within system funding envelopes, systems are funded for:

- IS services sub-contracted by NHS providers at historical levels; and
- IS services contracted by CCGs at M1-M4 2020/21 average run-rate.

Where the value of locally funded IS activity (i.e. excluding activity funded through the national contract) exceeds the funded baseline for that month, 100% of the difference between that value and the funded baseline will be paid to the system. This applies to any IS activity commissioned by CCG.

Acute and Independent Sector

The incentive scheme payment/deductions will be made in addition to the adjustments set out in the financial envelope.

As part of the elective incentive scheme (EIS), systems will be funded at 100% of National Tariff prices for IS activity within the scope of the EIS in excess of the level funded in system envelopes.

Details on the activity reporting process and funding calculation is set out below.

Elective Incentive Scheme (EIS)

The Elective Incentive Scheme (EIS) will reward systems for returning activity levels to 19/20 level:

- For Elective activity: 80% of 19/20 levels in Sept 2020 increasing to 90% in October.
- For Outpatients attendances: 90% of 19/20 levels in Sept 2020 increasing to 100% in October.

- The scheme will separately reward NHS provided activity and IS provided activity (inc activity sub-contracted by NHS Providers)
- Activity will be valued using 20/21 tariff prices – actual tariffs for elective activity and average prices for first/follow-up outpatient activity (virtual or face-to-face)
- For any activity over the target levels, systems will receive 75% of the value for elective activity, 70% for outpatient attendances and 10% for IS activity.
- For any activity below the target levels, systems will be deducted 25% of the value for elective activity, 20% for outpatient attendance and 10% for IS activity.
- The scheme will operate from M6 on an individual monthly basis comparing activity levels with the same month in 19/20.
- In M6 the incentive scheme payments/deductions will operate after, and in addition to, the retrospective top-ups.
- The target values monthly actuals and adjustments will be calculated centrally using data submitted via SUS+
- An exercise will be carried out to adjust baselines for any undercounting of IS activity (Sub-contracted or directly commissioned), significant shifts in activity between providers across system boundaries and any significant changes in the coding of activity.

Mental Health

To comply with NHS planning guidance for 2020/21, the CCG has to demonstrate increased expenditure in mental health through the Mental Health Investment Standard (MHIS) Framework, aligned to the Long Term Plan (LTP).

The baseline target for T&G CCG is set out in the table below and is based on the CCGs allocation growth plus an additional 1.7% for 20/21. CCGs were requested at the end of September to submit expenditure plans to demonstrate achievement of the MHIS growth target. This is also set out below.

MHIS including CHC and prescribing	**T&G CCG**
Growth in CCG allocations %	3.58%
Required growth above allocations %	1.70%
Total required growth in MH spend %	**5.28%**
2019/20 MH Outturn	**£41,611,000**
Minimum MH spend to meet MHIS	**£43,806,955**
MHIS achieved Including CHC and Prescribing	**YES**
Total MH: National Template C Submission	**£44,404,332**
Under (Over) Investment	**(597,377)**

The commitment given by the CCG to meet the MHIS target is to grow investment by £2,195k (MHIS) minimum plus scenario B at PCFT following the outcome of the NICHE work in 19/20 of £685k.

It is important to note that the minimum (MHIS) could be subject to future change leading up to the 19/20 MHIS audit due in January 2021, whereby CCGs will have the opportunity to be state 19/20 in line with more accurate 20/21 activity information.

Page 69

Further detailed analysis will be completed for M7 and presented in more detail as we work through the investment plans. Early indications show a slight over achievement of the MHIS. On going discussions continue with PCFT regarding the activity data based on 18/19 service line reporting (SLR) and costs associated with Dementia.

Full Year Forecast

Due to the pause on new investments in the first half of the year we are now forecasting a significant amount of spend in the second half of the year. As such, block contracts from Month 7 onwards with Mental Health Providers have been updated via CCG returns and national templates, which have both been mutually agreed between Commissioner and Provider. This will allow the Providers to continue to meet the national “must do’s” and work towards LTP ambitions of service development and recruitment.

The majority of this is with PCFT, where an additional £2,127k will go into the block contract. This is not all new investment as some of it relates to FYE of approved schemes from 19/20 which the CCG has been unable to enact until now. There is new investment which covers Safe Haven, Home Treatment Team, All Age Liaison, Early Intervention and Family Intervention to name a few. Included in this adjustment is £685k as mentioned above for scenario B, PCFT baseline gap, following on from the NICHE work.

Primary Care

Prescribing

- Prescribing spend since March has been severely impacted by COVID-19 with spend over the period April to July being £1.4m higher than the same period last year.
- As well as COVID-19 there are a number of other factors that have contributed to this additional spend including an increase in repeat prescriptions which appears to have been driven by people who were shielding, an increase in No Cheaper Stock Obtainable (NCSO) items and price rises. In particular NCSO pressure attributable to Sertraline has accounted for approximately £350k of the overspend
- Similar rates of increase have been seen both across Greater Manchester and nationally so we are confident it is not primarily localised issues causing the overspend.
- Deep dives have been carried out with the Medicines Management Team to identify individual practices where spend on key areas, e.g. respiratory, cardiovascular and endocrine, is higher than the CCG average.

Delegated Co-Commissioning

- At Month 6 we are currently reporting a YTD Position of £18,457k and will be forecasting spend of £36,841k from Month 7. Based on anticipated annual budget £36,331k, delegated will be reporting a pressure of £510k. At this moment in time the additional allocation we anticipate to receive does not include funding for the new elements of the GP Contact. The future forecast includes all the commitments for GP Delegated contracts and includes all elements of the new GP Contract in line with the changes made in February 2020. We are therefore anticipating additional allocation to address some of this shortfall at a later date.

Primary Care Investment

- This year we increased the funding available within Primary Care by adding significant growth monies to our Local Commissioning Schemes. This has enabled us to fund several new schemes including a mental health bundle and we are hoping this funding will be fully utilised by year end. The new Partnership Bundle, which replaced the CIS scheme, gives PCNs an opportunity to bid for funds to support their PCN network and provide additional funding and capacity for specific health needs across their locality.

- Primary Care has been hit hard by COVID-19 and as such GPs have been unable to complete or have reduced the level of activity for some of the activity based LCS schemes. In March 2020, GPs were advised that due to COVID they should not be financially impacted and as a result have been offered a Minimum income guarantee for the first half of 2020. We are not expecting this to cause a pressure on the financial position.

Continuing Care

Year to Date

- Continuing Healthcare was suspended from 19th March 2020 due to the COVID-19 pandemic and all regular CHC assessments and new packages stopped. Any new patients who were discharged from hospital or who were prevented from being admitted were funded through COVID-19 Hospital Discharge Program (HDP) monies from NHS England. Any patients with an existing CHC package would continue to be funded from CHC monies.
- The first 5 months of the year run rates in CHC were reducing slightly month on month. This was due to patients who RIP in that period were not being replaced with new patients due to the HDP program in place.
- Month 6 in Continuing Healthcare (CHC) has started to see an upwards shift in spend. The patients in HDP placements have start to be converted back to CHC as individuals are taken through the CHC process and new business as usual (BAU) packages restarted.
- Fast Tracks have started to also increase in the month and 1x specific CHC package for £107k per year has been converted from HDP to CHC business as usual in month.

Full Year Forecast from Month 7 Onward

- The initial forecast will be derived from Broadcare based on the individuals with a CHC package at this point in time. Which at the moment is lower than an average year due to HDP. Additional costs will also be added back to the full year forecast due to any anticipated pressures in month 7-12 that did not occur in Month 1-6.
- In line with previous years, the CCG envisages a spike in winter pressures that occur within CHC. This is alongside demographic changes anticipated. These additional pressure of £1.3m are anticipated in the latter part of the financial year.
- There is also an additional £500k anticipated in Month 7-12 from current HDP patients who will convert to CHC packages at a point in time before 31st March 2021. It is also anticipated that due to the new Discharge to Assess (D2A) Funding, there will be a slight reduction in CHC spend for 20/21 as the first 6 weeks of a package is funding from a specific D2A funding stream.
- The uncertainty in the CHC forecast arises from a number of unknown factors:
  - How long packages will be funded under HDP before converting to CHC;
  - How bad Winter pressures will be this year;
  - Uncertainty around future level of Fast Track cases; and
  - How many packages currently funded from HDP will end up CHC funded or Local Authority Funded.
- An operational RAG rating has been applied to the current cohort of open HDP packages between the CHC team and Local Authority to try and gauge where that spend will be in the long term. This has been used to arrive at Full Year forecasts from Month 7 onwards.

Hospital Discharge Program & Funded Nursing Care

COVID-19 Hospital Discharge Program

Year to Date

On 19th March 2020, the government announced that all patients were to be discharged from hospital beds if clinically safe to do so. Continuing Healthcare assessments were not required until the end of the COVID-19 emergency period. The Government agreed to fully fund the cost of new or extended out-of-hospital health and social care support packages for people being discharged from hospital or to avoid a hospital admission. All packages of care, whether commissioned by the Local Authority or CCG were recorded on Broadcare and TMBC reimbursed monthly for any HDP packages. Spend to date on HDP packages to the end of September amounts to £3.9m. This is spend that has replaced spend that would be normally incurred by the CCG or Local Authority.

From 1st September there are no further new HDP packages as these have been replaced with a new scheme, Discharge to Assess. During the month of September, packages funded from HDP started to convert to Business as Usual packages. Local Authorities and CCGs have until 31st March 2021 to convert all packages funded from HDP to either Adult Social Care packages or CHC packages.

Full Year Forecast

Broadcare automatically forecasts a full financial year estimate of the cost of HDP packages for all packages that have occurred in the year and those that are still open and classed as HDP. The full year forecast for all the HDP packages is estimated to be £7.8m. However, between 1st September and 31st March 2021, these packages will convert from HDP funding to either – no package of care, Adult Social Care package (with a potential) FNC package or and NHS Continuing Healthcare (CHC) package. Forecasting is complicated by the unknown factors of where these packages will be funded from in the future but also, at what point over the next 6 months they will be converted. Using a RAG rating determined by the operational leads of Adult Social Care and CHC, packages have been rated according to an estimate. However, there are many packages where it is completely unknown at this stage where they will end up. Using this information an estimate has been arrived at to assign the £7.8m of forecasted spend to the relevant funding streams for the remainder of 20/21. As the months progress it may become clearer to forecast.

Funded Nursing Care

Year to Date

On 1st May, NHS England announced increases to Funded Nursing Care (FNC) were to be backdated to 19/20 revised rates (from £165.56 per week to £180.31) and further increases would apply to 20/21 rates (to £183.92 per week). This caused a financial pressure in 20/21 as the prior year backdated rates had not been anticipated. This created an additional pressure of £168k to T&G CCG in the first 6 months of the year. This is offset with a lower than anticipated number of FNC current individuals as any new packages were funded through the HDP program. There is usually a consistent number of ~200 patients receiving FNC at any point in time. During the COVID-19 period this has reduced to ~150. However, it is anticipated that this level will start to increase again from 1st September onwards as HDP funding ends.

Full Year Forecast

The FNC forecast has been arrived at based on the current cohort of patients. It is anticipated that this level will start to rise again and this is factored into the forecast but at a lower level than previous years. It is uncertain at what point the patients will start to convert back to FNC packages.

Community

Hospices

- we continue to pay our Hospices in line with agreed contract values for 20/21. Hospices are funded for any additional costs directly as a result of COVID-19 via NHS England and Hospice UK, not through the CCG.

Palliative Care

- Slight pressure from NHS England Palliative Care network increases to contribution from 19/20, and potential pressure from Marie Curie now we are paying on activity but may not materialise as significant.

***Intermediate Care* - new area of spend**

- This is specifically for 'Discharge to Assess' scheme cost recording. This replaced the 'Hospital Discharge Program' (HDP) which was in place from 19th March to 31st August. The Discharge to Assess (D2A) scheme is to build upon the HDP developed during the COVID-19 response. Acute hospitals must discharge all persons who no longer meet hospital criteria as soon as they are clinically safe to do so. The Government has agreed to provide additional funding, via the NHS, to help cover the cost of post-discharge recovery up to a maximum of six weeks following discharge from hospital. Social Care needs assessments and NHS Continuing Healthcare assessments of eligibility should be made in a community setting and not take place during the acute hospital inpatient stay. Although there has been a low level of activity in the first month, September, the full year expectation has been based on an average of 15 people being on the D2A pathway at any point in time. Future months will give us a clearer understanding of the actual capacity and therefore the full year forecast will be amended accordingly once more data is available. YTD values are calculated direct from Broadcare and are based on the individuals length of stay as at 30th September.

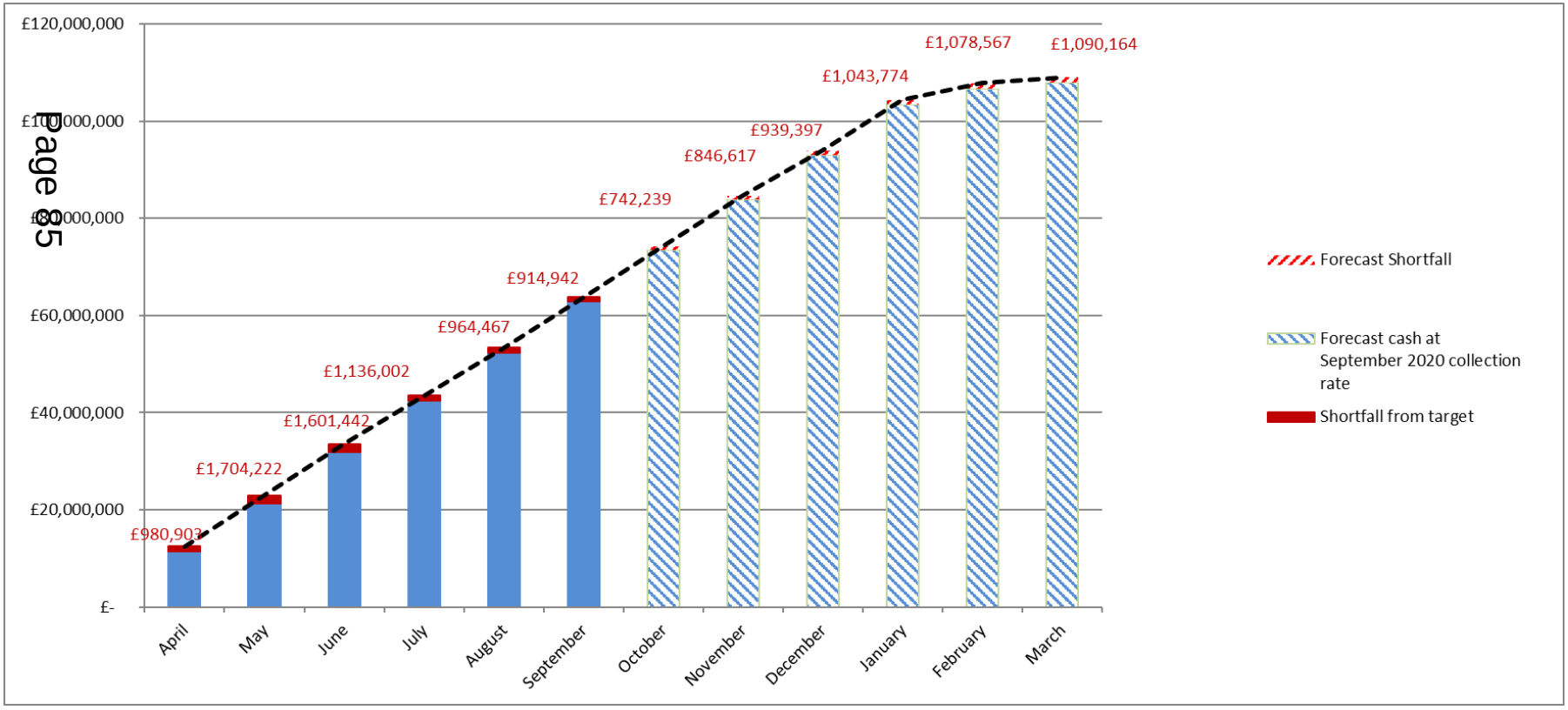
This page is intentionally left blank

APPENDIX 3 - Collection Fund

Council Tax and Business Rates Collection

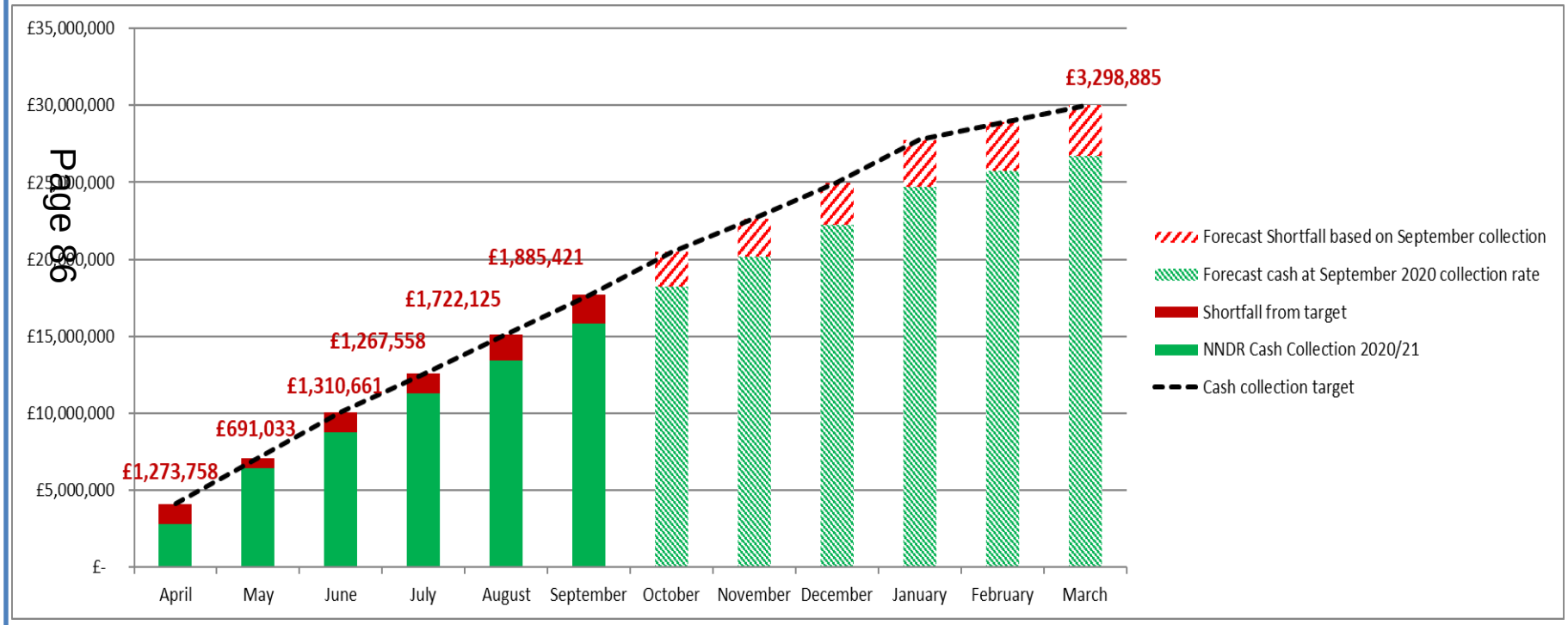
As at the end of September, collection of both Council Tax and Business Rates is below target and prior year trends, and this is attributed to the economic impact of COVID-19.

Council Tax collection rates have slowly improved since April, but remain 1% below target. If this trend continues then the forecast deficit on Council Tax collection by the end of March 2021 is £1.090m of which the Council's share is £0.912m. This is a further improvement on the position reported at the end of August.
However, since April there has 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 second half of the year, and that collection rates may fall, as the economic impact of the ongoing pandemic and Tier 3 restrictions becomes clearer.



APPENDIX 3 - Collection Fund

Business Rates collection improved between April and July, however this improvement was not sustained in August, with a deterioration in September 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 £3.299m. There remains a risk that economic conditions, and Tier 3 restrictions, may have a significant negative impact on the sustainability of some businesses, resulting in increased non payment with minimal opportunity for recovery.



Reason for virement	Virement Between	Transfer Between		Virement amount £	Nature of virement
		Debit	Credit		
Community Equipment Assistant post transferred from Sensory Services to Integrated Urgent Care Team (IUCT)	Function	IUCT	Neighbourhoods	29,070	Recurrent
Use of Winter Pressures funds to employ two part-year Assistant Team Managers to help with community needs, preventing hospital admissions and facilitating discharge	Service	Neighbourhoods	Senior Mgmt	57,790	Non-recurrent
Use of Winter Pressures funds for a part-year Assistant Team Managers, working with the NHS to facilitate hospital discharges	Service	IUCT	Senior Mgmt	18,450	Non-recurrent
Use of Winter Pressures funds to contribute to Housing Officer and NHS Trusted Assessor posts, assisting with hospital discharge for patients with housing needs	Pay and Non-Pay	Non-Pay	Pay	43,000	Non-recurrent
Urgent Care Team- paycosts switched to external secondments as the post is paid via the hospital rather than TMBC payroll	Pay and Non-Pay	Non-Pay	Pay	15,920	Recurrent
Responsibility for Action Together Contract moved from Homelessness to Adults, including the related income budget	Director	Ops & Neighbourhoods	Adults	(45,000)	Recurrent
Virement for the 3 year advanced pension contribution saving, will be presented in financing as saving is driven from Treasury management	Director	Capital & Financing	Contingency	520,000	Recurrent
Confirmed Early Years Dedicated Schools Grant	Income and Expenditure	Expenditure	Income	464,326	Recurrent
Confirmed Music Hub grant	Income and Expenditure	Income	Expenditure	4,455	Recurrent
Pupil Premium Plus Grant allocated to schools for Summer Term 2020 Personal Education Plans	Income and Expenditure	Income	Expenditure	35,307	Recurrent
Confirmed Pupil Premium grant	Income and Expenditure	Income	Expenditure	3,385	Recurrent
Adoption Inter Agency Costs Reduced Pressure - Budget Transferred to support additional pressure identified in Post Adoption Allowances (Internal Placements)	Service	Looked After Children (Internal Placements)	Looked After Children (External Placements)	90,000	Recurrent
Creation of budget to support extended hours and weekend working at Children's Centres to be transferred to Corporate Landlord when required	Service	Looked After Children Support Teams	Looked After Children (External Placements)	12,360	Recurrent
Creation of budget to support extended hours and weekend working at Children's Centres to be transferred to Corporate Landlord when required	Service	Looked After Children Support Teams	Looked After Children (Internal Placements)	66,000	Recurrent
£100k budget for Asset valuations was previously split between CDC and Finance. Budget virement to consolidate budget into Finance.	Director	Finance	Corporate and Demo	50,000	Recurrent
Central Insurance realignment of gross income and expenditure budgets as services no longer provided to schools. No impact on net budget.	Income and Expenditure	Income	Expenditure	1,077,820	Recurrent

Reason for virement	Virement Between	Transfer Between		Virement amount £	Nature of virement
		Debit	Credit		
Capital financing - additional borrowing costs for licences transferred from I.T. to Capital Financing	Director	IT	Capital Financing	280,000	Recurrent
Original budget on staffing, recruitment delayed and Professional Consultancy utilised for Capita for Strategic Implementation of the schools admissions system in capita one	Pay and Non-Pay	Non Pay	Pay	27,980	Non-recurrent
Movement of budget from Growth Management to Strategic Property for the Strategic Asset Management Plan	Assistant Director	Strategic Property	Growth	100,000	Non-recurrent
Movement of budget from Growth Management to Investment, Development & Housing for various Major Projects	Assistant Director	Investment, Development & Housing	Growth	175,000	Non-recurrent
Movement of budget to Environment & Development from Corporate Landlord to reflect number of schools that are party of the Council contract.	Service	Environment & Development	Corporate Landlord	3,400	Recurrent
Movement of budget to Environment & Development from Corporate Landlord to replace internal recharge for utility contract management.	Service	Environment & Development	Corporate Landlord	47,520	Recurrent
Responsibility for Action Together Contract moved from Homelessness to Adults	Director	Adults	Operations & Neighbourhoods	95,000	Recurrent
Contribution from Population Health for Action Together Contract moved from Homelessness to Adults in line with where costs sit.	Director	Operations & Neighbourhoods	Adults	50,000	Recurrent
Realignment of fleet management budget to account for expected maintenance required in year and use of vehicle maintenance smoothing reserve for new vehicles	Income and Expenditure	Expenditure	Income	61,820	Recurrent
Movement of budget in Welfare Rights for grant funded posts from non-pay to pay due to clarification of what funding was to be used for.	Pay and Non-Pay	Pay	Non-Pay	41,740	Recurrent
New Grant received from Department of Health and Social Care for treatment to protect against HIV	Income and Expenditure	Expenditure	Income	27,800	Non-recurrent
Premise related budget reallocated to Corporate Landlord	Director	Growth	Quality & Safeguarding	7,250	Recurrent
Partnership Officer Post reassigned to Adults Services from Quality & Safeguarding	Director	Adults	Quality & Safeguarding	16,200	Recurrent
Children's Safeguarding Nursing Post (ICFT) within Multi Agency Safeguarding Hub - Budget alignment	Director	Children's Services - Social Care	Quality & Safeguarding	52,000	Recurrent
Contribution to Adults Safeguarding Social Training Budget from Adults Training Workforce Development (Governance)	Income and Expenditure	Expenditure	Income	5,000	Recurrent

APPENDIX 5 - Dedicated Schools Grant 2020/21

The dedicated schools grant is allocated through a nationally determined formula to local authorities in 4 blocks the forecast position for 2020/21 is outlined below;

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

DSG Funding Blocks	Estimated DSG Settlement £000	Block Transfer 2020/21 £000	Revised DSG 2020/21 £'000	Projected Distribution / Spend 2020/21 £000	Forecast Surplus / (Deficit) £000
Schools Block	169,918	(850)	169,068	169,037	31
Central School Services Block	953	0	953	951	3
High Needs Block (Pre/Post 16)	24,425	850	25,274	28,817	(3,543)
Early Years Block	17,261	0	17,261	16,815	446
Total	**212,557**	**0**	**212,556**	**215,620**	**(3,063)**

The projected outturn position against the 2020/21 DSG settlement is included in the table above. It should be noted that the DSG allocation is adjusted throughout the financial year by the DfE for High Needs allocations to academies and out of borough adjustments and Early Years Funding based on take-up of places. Tameside MBC starts the financial year with a carried forward deficit of £0.557m which will need to be addressed.

APPENDIX 5 - Dedicated Schools Grant 2020/21

Schools Block

There is a forecast surplus of £0.050m on the schools block relating to rates rebates in relation to schools that recently converted to Academy status and actual rates charges being lower than estimated. This partly offset by rates revaluations (relating to 6 schools) resulting in an increase in the costs of £0.019m. There may be an increase in this surplus in relation to the allocation of growth funding. The growth allocation is based on pupil numbers at the October 2020 census point and the figures will be updated once this has been finalised. Any surplus is proposed to contribute to the DSG reserve deficit.

High Needs

A full review of funded places has taken place summer term and the projections updated accordingly for actual funded plans approved. The growth projection for the remaining financial year adjusted in line with this spend. The in-year projected overspend is £3.543m.

The growth is very much an estimate at this time and work is continuing to try and accurately predict the cost of future growth.

The current figures do show although the number of plans being issued continues to be at a steady predicted rate but the cost of the plans seems to be lower than estimated. This could be related to the setting the pupil has been placed, this is currently weighted (mainstream and special), but also that plans are still in the statutory process and therefore the full costs haven't yet been allocated. It is also unclear at this stage what the full year impact of COVID school closure will be on numbers of request to assess. The information below shows the numbers of requests to assess and those completed. The number completed would be the indicator of costs. This shows us that there are less coming into the system for assessment, which may mean Tameside is now coming to the end of its historic catch-up in numbers. Last financial year a significant element of the growth occurred in the Autumn term a more robust picture will be known then.

	Cumulative Number of plans			
	Requests		Completed	
	2019	2020	2019	2020
Jan	48	64	40	15
Feb	86	91	67	40
Mar	139	111	47	55
Apr	181	139	48	59
May	234	175	64	63
Jun	265	204	65	54
Jul	331	250	75	49
Aug	339	259	55	50

APPENDIX 5 - Dedicated Schools Grant 2020/21

Early Years

Due to the current Covid19 situation, it has been more difficult to complete the projections for spend, due to the impact on providers and it is currently unknown what the financial impact of wider opening of provision from September will have. At present we are anticipating a £0.446m surplus at the end of the financial year but this could dramatically change due to current circumstances and the rapidly changing environment we find ourselves in.

There may be significant financial pressures in this sector relating to sustainability for providers due to Covid-19 closures. The DfE have enabled local authorities to use the funding in this area of funding more flexibly, however with a caveat that the Local Authority must continue to fund early year's settings for free entitlement as normal. The flexibility allows the LA to utilise its centrally held funding to support the sector if they underspend their part of the allocation.

Wider reopening of settings from September will give us a better understanding of sufficiency and sustainability of providers. Some of the Private and Voluntary Sector Early Years setting have taken advantage of the furlough scheme and grants allowable. 21 of our settings applied to the Tameside Discretionary Grants scheme and were awarded £210k funding to support sustainability.

Central Services Schools Block

There is forecast to be a small surplus on the central school services block of £0.003m due to the cost of licences being slightly less than estimated.

APPENDIX 5 - Dedicated Schools Grant 2020/21

DEDICATED SCHOOLS GRANT RESERVE POSITION

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

	2019/20 Surplus / (Deficit) £0	2020/21 Forecast Surplus / (Deficit) £000
DSG Reserve Brought Forward	3,228	-557
Schools Block	114	31
Central Service Block		3
In year deficit on High Needs Block	-4,568	-3,543
In year surplus on Early Years	251	446
Estimated Early Years 2019-20 Adjustment (TBC June 2020)	296	
Early Years Block 2018-19 Adjustment	122	-18
DSG Reserve after Commitments	**-557**	**-3,638**

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

If the 2020/21 projections materialise, there would be a deficit of £3.638m on the DSG. Under DfE regulations we are required to produce a deficit recovery plan which will be submitted to the DfE outlining how we expect to recover this deficit and manage spending over the next 3 years and will require discussions and agreement of the Schools Forum. The position will be closely monitored throughout the year and updates will be reported to Members.

APPENDIX 6

IRRECOVERABLE DEBTS OVER £3000

1 July 2020 to 30 September 20209

Note individuals are anonymised

REF:	DEBT:	FINANCIAL YEAR(S)	BALANCE	REASON
17116565	Council Tax	2017 – 2018 £990.00 2018 – 2019 £1071.50 2019 – 2020 £1249.03	£3310.53	Individual Voluntary Arrangement approved 23/01/2020
17046626	Council Tax	2016 – 2017 £247.65 2017 – 2018 £1300.33 2018 – 2019 £1287.38 2019 – 2020 £1442.87	£4278.23	Individual Voluntary Arrangement approved 31/12/2019
14519378	Council Tax	2013 – 2014 £218.55 2014 – 2015 £192.92 2015 – 2016 £614.21 2016 – 2017 £621.08 2017 – 2018 £673.07 2018 – 2019 £1187.46	£3507.29	Individual Voluntary Arrangement approved 05/04/2019
16497275	Council Tax	2015 – 2016 £95.00 2016 – 2017 £711.61 2017 – 2018 £868.02 2018 – 2019 £831.59 2019 – 2020 £958.27	£3464.49	Individual Voluntary Arrangement approved 25/06/2019
16078457	Council Tax	2011 – 2012 £30.67 2012 – 2013 £757.87 2013 – 2014 £976.04 2014 – 2015 £875.30 2015 – 2016 £796.30 2016 – 2017 £149.89 2018 – 2019 £911.59 2019 – 2020 £1249.03	£5746.69	Individual Voluntary Arrangement approved 02/08/2019
16645246	Council Tax	2016 – 2017 £321.97 2017 – 2018 £799.56 2018 – 2019 £1348.26 2019 – 2020 £1194.95	£3664.74	Individual Voluntary Arrangement approved 07/10/2019
15299799	Council Tax	2010 – 2011 £35.46 2011 – 2012 £176.48 2013 – 2014 £658.98 2014 – 2015 £784.80 2015 – 2016 £796.29 2016 – 2017 £406.90 2017 – 2018 £159.18	£3018.09	Individual Voluntary Arrangement approved 29/11/2019
10008699	Council Tax	2008 – 2009 £595.24 2009 – 2010 £217.72 2010 – 2011 £849.80 2011 – 2012 £359.60 2014 – 2015 £920.91 2015 – 2016 £445.69 2016 – 2017 £1073.60 2017 – 2018 £1129.36 2018 – 2019 £1197.46	£6779.38	Individual Voluntary Arrangement approved 17/10/2019

16184071	Council Tax	2013 – 2014 £656.58 2014 – 2015 £451.55 2015 – 2016 £267.34 2016 – 2017 £806.44 2017 – 2018 £953.45 2018 – 2019 £1187.46	£4322.82	Individual Voluntary Arrangement approved 22/11/2019
16734090	Council Tax	2014 – 2015 £21.67 2015 – 2016 £790.61 2016 – 2017 £1019.06 2017 – 2018 £1121.06 2019 – 2020 £1249.03	£4201.43	Individual Voluntary Arrangement approved 30/11/2019
16820520	Council Tax	2015 – 2016 £326.30 2016 – 2017 £823.95 2017 – 2018 £868.02 2018 – 2019 £911.59 2019 – 2020 £931.26	£3861.12	Individual Voluntary Arrangement approved 09/01/2020
13983512	Council Tax	2011 – 2012 £122.34 2012 – 2013 £632.48 2013 – 2014 £115.55 2014 – 2015 £542.42 2015 – 2016 £576.46 2016 – 2017 £823.95 2017 – 2018 £779.41 2018 – 2019 £909.49 2019 – 2020 £958.27 2020 – 2021 £913.59	£6373.96	Individual Voluntary Arrangement approved 30/04/2020
16024980	Council Tax	2014 – 2015 £273.83 2015 – 2016 £299.40 2016 – 2017 £320.29 2017 – 2018 £1014.44 2018 – 2019 £546.83 2019 – 2020 £1081.95	£3536.74	Individual Voluntary Arrangement approved 11/11/2019
16218940	Council Tax	2012 – 2013 £11.23 2014 – 2015 £219.07 2015 – 2016 £796.29 2016 – 2017 £823.95 2017 – 2018 £316.56 2018 – 2019 £911.59	£3078.69	Individual Voluntary Arrangement approved 23/04/2019
COUNCIL TAX		**SUB TOTAL – Individual Voluntary Arrangement**	**£59,144.20**	
16941444	Council Tax	2016 – 2017 £118.74 2017 – 2018 £900.93 2018 – 2019 £1146.48 2019 – 2020 £1250.71	£3416.86	Bankruptcy Order made 21/05/2019
16042919	Council Tax	2010 – 2011 £588.49 2011 – 2012 £49.82 2013 – 2014 £132.66 2015 – 2016 £329.40 2016 – 2017 £823.95 2017 – 2018 £868.02 2018 – 2019 £827.59 2019 – 2020 £958.27	£4578.20	Bankruptcy Order made 17/06/2019
COUNCIL TAX		**SUB TOTAL – Bankruptcy**	**£7995.06**	

11999781	Council Tax	2012 – 2013 £532.37 2013 – 2014 £128.07 2014 – 2015 £311.60 2016 – 2017 £511.88 2017 – 2018 £1129.36 2018 – 2019 £1187.46 2019 – 2020 852.47	£4653.21	Debt Relief Order granted 24/12/2019
16865253	Council Tax	2016 – 2017 £737.27 2017 – 2018 £949.69 2018 – 2019 £1257.75 2019 – 2020 £1307.87	£4252.58	Debt Relief Order granted 04/11/2019
16465482	Council Tax	2015 – 2016 £886.51 2016 – 2017 £1240.03 2017 – 2018 £1303.58 2018 – 2019 £1122.38	£4552.50	Debt Relief Order granted 12/11/2018
16328780	Council Tax	2014 – 2015 £334.33 2015 – 2016 £467.88 2016 – 2017 £595.88 2017 – 2018 £542.37 2018 – 2019 £220.76 2019 – 2020 £598.32 2010 – 2021 £535.17	£3294.71	Debt Relief Order granted 21/05/2020
COUNCIL TAX		**SUB TOTAL – Debt Relief Order**	**£16,753.00**	
COUNCIL TAX IRRECOVERABLE BY LAW TOTAL			**£83,892.26**	
65514407	Business Rates	Best Discount Ltd Oakland Furnishing Wharf Point Market Street, Droylsden M43 6DD Company Dissolved 28/06/2016	2015 - 2016 £5748.97	£5748.97
65532153	Business Rates	Hyde Domestics Ltd Ground Floor 39-41 Market Street Hyde SK14 2AD Company Dissolved 11/02/2020	2017 - 2018 £6506.62 2018 - 2019 £6774.52 2019 - 2020 £1272.22	£14,553.36
65576443	Business Rates	City Developers Ltd Oddfellows Arms Alderley Street Ashton-under-Lyne OL6 9LJ Company Dissolved 03/03/2020	2018 - 2019 £4292.16 2019 - 2020 £3252.16	£7544.32
65586365	Business Rates	Storage Solutionz Ltd Unit 4a Ground Floor 2 Hertford Street Ashton-under-Lyne OL7 0TB Company Dissolved 07/01/2020	2019 - 2020 £5515.24	£5515.24
BUSINESS RATES		**SUB TOTAL – Company Dissolved**	**£33,361.89**	

65506147	Business Rates	Arrow Van Racks Ltd Unit 5a Albion Trading Estate Mossley Road Ashton-under-Lyne OL6 6NQ. Company in Liquidation 16/12/2019	2019 - 2020 £6184.67	£6184.67
65596560	Business Rates	Apropos Conservatories Limited Greenside House Richmond Street Ashton-under-Lyne OL6 7ES Company in Liquidation 22/11/2019	2019 - 2020 £5155.67	£5155.67
65584994	Business Rates	The Industrial Superstore (Workwear) Limited 3 Albion Trading Estate Mossley Road Ashton-under-Lyne OL6 6NQ Company in Liquidation 20/02/2020	2017 - 2018 £4731.06 2018 - 2019 £6390.00 2019 - 2020 £4270.91	£15,391.97
65576757	Business Rates	Alliance Trade & Distribution Ltd 113 Market Street Hyde SK14 1HL Company in Liquidation	2018 - 2019 £4305.00 2019 - 2020 £1716.30	£6021.30
BUSINESS RATES		**SUB TOTAL – Company in Liquidation**	**£32,753.61**	
65577866	Business Rates	Genus UK Limited 26 Staveleigh Mall Ashton-under-Lyne OL6 7JQ Company Voluntary Arrangement approved 09/05/2019	2019 - 2020 £45,360.00	£45,360.00
BUSINESS RATES		**SUB TOTAL – Company Voluntary Arrangement**	**£45,360.00**	
65571011	Business Rates	Fun By Design Ltd Unit 5 Windmill Trading Estate Windmill Lane Denton M34 3JN Company in Administration 02/04/2019	2018 - 2019 £6412.27 2019 - 2020 £30.86	£6443.13
BUSINESS RATES		**SUB TOTAL – Company in Administration**	**£6443.13**	
65578708	Business Rates Anonymised as an individual	2018 – 2019 £5206.83 2019 – 2020 £2871.40	£8078.23	Individual Voluntary Arrangement approved 24/01/2020
BUSINESS RATES		**SUB TOTAL – Individual Voluntary Arrangement**	**£8078.23**	
BUSINESS RATES IRRECOVERABLE BY LAW TOTAL			**£125,996.86**	
7061466	Overpaid Housing Benefit	2012 - 2015 £5197.21	£5197.21	Individual Voluntary Arrangement approved 27/01/2019

600243310	Overpaid Housing Benefit	2013 – 2015 £4144.85	£4144.85	Individual Voluntary Arrangement approved 23/01/2020
600171101	Overpaid Housing Benefit	2009 – 2012 £9117.59	£9117.59	Individual Voluntary Arrangement approved 17/06/2019
600212959	Overpaid Housing Benefit	2010 – 2012 £5119.94 2015 - 2016 £67.37 2016 – 2017 133.47 2016 – 2017 £190.96	£5511.74	Individual Voluntary Arrangement approved 26/07/2019
620046322	Overpaid Housing Benefit	2014 – 2015 £3559.52	£3559.52	Individual Voluntary Arrangement approved 26/07/2019
OVERPAID HOUSING BENEFIT		**SUB TOTAL – Individual Voluntary Arrangement**	**£27,530.91**	
7029437	Overpaid Housing Benefit	2017 – 2020 £4340.90	£4340.90	Bankruptcy Order made 21/05/2019
OVERPAID HOUSING BENEFIT		**SUB TOTAL – Bankruptcy**	**£4340.90**	
7158777	Overpaid Housing Benefit	2013 – 2014 £443.67 2017 – 2019 £2853.73	£3297.40	Debt Relief Order granted 30/09/2019
OVERPAID HOUSING BENEFIT		**SUB TOTAL – Bankruptcy**	**£3297.40**	
OVERPAID HOUSING BENEFIT IRRECOVERABLE BY LAW			**£35,169.21**	
4016666	Sundry Debts Commercial Rent	Sunflower St Peters Day Nursery 2 Trafalgar Square Ashton-Under-Lyne OL7 0LL Company Dissolved 24/03/2020	2019 - 2020 £18,937.50	£18,937.50
4022760	Sundry Debts Commercial Rent	General Stores Incorporated Ltd Unit 3 Plantation Industrial Estate Whitelands Road Ashton-Under-Lyne OL6 6UG Company Dissolved 05/06/2018	2018 - 2019 £19,934.36 2019 - 2020 £18,000.00	£37,934.36
SUNDRY DEBTS		**SUB TOTAL – Company Dissolved**	**£56,871.86**	

4007542	Sundry Debts Commercial Rent	Specialist Computer Systems Ltd Caledonia House Evanton Drive Thornlie Bank Industrial Estate Glasgow G45 8JT Company in Liquidation 15/06/2020	2014 - 2015 £8,080.00	£8080.00
SUNDRY DEBTS		**SUB TOTAL – Company in Liquidation**	**£8080.00**	
SUNDRY DEBTS IRRECOVERABLE BY LAW			**£64,951.86**	

DISCRETION TO WRITE OFF OVER £3000

13096417	Council Tax	2015 - 2016 £238.46 2017 - 2018 £839.15 2018 – 2019 £1103.46 2019 – 2020 £1226.59	£3407.66	Recovery Exhausted - Detained at HMP Garth.
11918628	Council Tax	2000 – 2001 £731.44 2001 – 2002 £763.45 2002 – 2003 £677.81 2003 – 2004 £889.19 2004 – 2005 £749.13 2005 – 2006 £193.86	£4004.88	Recovery exhausted. Property destroyed by fire in 2006 and unable to verify liability from that time
COUNCIL TAX		**SUB TOTAL – Recovery Exhausted**	**£7412.54**	
COUNCIL TAX DISCRETIONARY WRITE OFF TOTAL			**£7412.54**	
65471296	Business Rates Anonymised as an individual	2013 - 2014 £2342.41 2014 - 2015 £3591.87	£5934.28	Absconded
65300370	Business Rates Anonymised as an individual	2013 - 2014 £993.23 2014 - 2015 £1446.00 2015 - 2016 £1479.00 2016 - 2017 £1491.00	£5409.23	Absconded
65413016	Business Rates Anonymised as an individual	2010 - 2011 £1759.58 2011 - 2012 £1569.33	£3328.91	Absconded
65416893	Business Rates Anonymised as an individual	2010 - 2011 £350.06 2011 - 2012 £5443.61	£5793.67	Absconded
65416831	Business Rates Anonymised as an individual	2011 - 2012 £3588.50	£3588.50	Absconded

65448692	Business Rates Anonymised as an individual	2011 - 2012 £137.65 2012 - 2013 £1845.00 2013 - 2014 £1988.20 2014 - 2015 £645.01	£4615.86	Absconded
65467693	Business Rates Anonymised as an individual	2014 - 2015 £1102.79 2015 - 2016 £837.85 2016 - 2017 £2595.07 2017 - 2018 £3858.22 2018 - 2019 £2187.44	£10,581.37	Absconded
65505953	Business Rates Anonymised as an individual	2014 - 2015 £1373.12 2015 - 2016 £3754.00 2016 - 2017 £3784.50 2017 - 2018 £1862.16	£10,773.78	Absconded
BUSINESS RATES		**SUB TOTAL – Absconded**	**£50,025.60**	
65555330	Business Rates	DSE Logistics Ltd Unit 3 Globe Square Dukinfield, SK16 4RG Recovery Exhausted	2017 - 2018 £4417.32	£4417.32
65480689	Business Rates	Snowpath Ltd Blue Sea Restaurant Gas Street Ashton-under-Lyne OL6 7AA Recovery Exhausted	2013 - 2014 £17,949.42 2014 - 2015 £24,435.00 2015 – 2016 £16,895.74	£59,280.16
BUSINESS RATES		**SUB TOTAL – Recovery Exhausted**	**£63,697.48**	
BUSINESS RATES DISCRETIONARY WRITE OFF TOTAL			**£113,723.08**	
4025276	Sundry Debts Residential Care charges	2018 - 2019 £10,639.58	£10,639.58	Deceased, no Estate
4022735	Sundry Debts Residential Care charges	2018 -2019 £6705.30 2019 - 2020 £15,012.57 2020 - 2021 £1736.20	£23,454.07	Deceased, no Estate
4022266	Sundry Debts Homecare charges	2017 -2018 £1253.41 2018 - 2019 £4531.01	£5784.42	Deceased, no Estate
4021136	Sundry Debts Homecare charges	2017 - 2018 £3562.46	£3562.46	Deceased, no Estate
4004851	Sundry Debts Homecare charges	2013 - 2014 £2449.27 2014 - 2015 £3006.51 2018 - 2019 £275.01	£5730.79	Deceased, no Estate

4006632	Sundry Debts Homecare charges	2015 - 2016 £751.01 2016 - 2017 £3020.65 2017 - 2018 £351.55	£4123.21	Deceased, no Estate
4012605	Sundry Debts Homecare and Residential Care charges	2016 – 2017 £1336.68 2017 - 2018 £6793.28 2018 - 2019 £512.94	£8642.90	Deceased, no Estate
4002119	Sundry Debts Day Care and Residential Care charges	2015 - 2016 £355.64 2016 - 2017 £3291.74	£3647.38	Deceased, no Estate
4017691	Sundry Debts Overpaid Foster Care	2015 - 2016 £24,662.15	£24,662.15	Deceased, no Estate
SUNDRY DEBTS		**SUB TOTAL – Deceased, no Estate**	**£90,246.96**	
556635	Sundry Debts Dangerous Building Contractor costs. Anonymised as individual	2012 - 2013 £6136.77	£6136.77	Absconded
SUNDRY DEBTS		**SUB TOTAL – Absconded**	**£6136.77**	
4016418	Sundry Debts Homecare charges	2015 - 2016 £1210.64 2016 - 2017 £838.24 2017 – 2018 £988.46	£3037.34	Recovery Exhausted
SUNDRY DEBTS		**SUB TOTAL – Recovery Exhausted**	**£3037.34**	
SUNDRY DEBTS RATES DISCRETIONARY WRITE OFF TOTAL			**£99,421.07**	

SUMMARY OF UNRECOVERABLE DEBT OVER £3000		
IRRECOVERABLE by law	Council Tax	£83,892.26
	Business Rates	£125,996.86
	Overpaid Housing Benefit	£35,169.21
	Sundry	£64,951.86
	TOTAL	**£310,010.19**

DISCRETIONARY write off – meaning no further resources will be used to actively pursue	Council Tax	£7412.54
	Business Rates	£113,723.08
	Overpaid Housing Benefit	NIL
	Sundry	£99,421.07
	TOTAL	**£220,556.69**

This page is intentionally left blank

P6 2020/21 Capital Programme

Programme Summary

TOTAL APPROVED CAPITAL PROGRAMME- SEPTEMBER 2020	2020/21 Budget (Approved) £000	2021/22 Budget (Approved) £000
Growth		
Investment & Development	7,179	8,062
Corporate Landlord	341	137
Estates	114	0
Operations and Neighbourhoods		
Engineering Services	8,806	9,773
Vision Tameside	158	0
Environmental Services	3,900	342
Transport	2,646	0
Stronger Communities	16	0
Children's		
Education	16,053	0
Children's	501	0
Finance & IT		
Finance	13,430	0
Digital Tameside	3,282	0
Population Health		
Active Tameside	3,861	0
Adults		
Adults	2,831	821
Total	**63,118**	**19,135**

Page 194

Approval will be sought for the following earmarked schemes in coming months:

- £0.963m Stalybridge High Street Heritage Action (Investment & Development) Funded from Business Rates 100% retention reserve.
- £0.585m Statutory Compliance (Corporate Landlord)
- £0.040m Ashton Cricket Pitches (Public Health)
- £1.400m Droylsden Library

Once approval has been given for the above schemes, the total approved 20/21 capital programme will be **£64,706k** and **£20,535k** for 21/22**.**

Forecast approved programme total	2020/21 Budget £000s	2021/22 Budget £000s
Total approved schemes (September 2020)	63,118	19,135
Earmarked schemes expected to be approved	1,588	1,400
Total	**64,706**	**20,535**

Budgeted Financing for 2020/21 (Approved)

Service Area	Grants and Contributions	Revenue Contributions	Prudential Borrowing	Reserves & Receipts	Total
	£000	£000	£000	£000	£000
Growth					-
Investment and Development	2,585	0	0	5,557	8,142
Corporate Landlord	137	0	0	789	926
Estates	0	0	0	114	114
Operations and Neighbourhoods					
Engineers	6,467	0	0	2,339	8,806
Vision Tameside	0	0	0	158	158
Environmental Services	235	0	0	3,665	3,900
Transport	0	205	2,349	92	2,646
Stronger Communities	0	0	0	16	16
Children					
Education	16,053	0	0	0	16,053
Children	0	0	0	501	501
Finance					
Finance	0	0	13,430	0	13,430
Digital Tameside	1,820	0	1,361	101	3,282
Population Health					
Active Tameside	10	0	2,988	903	3,901
Adults					
Adults	2,831	0	0	0	2,831
Total	**30,138**	**205**	**20,128**	**14,232**	**64,706**

Budgeted Financing for 2021/22 (Approved)

Service Area	Grants and Contributions	Revenue Contributions	Prudential Borrowing	Reserves & Receipts	Total
	£000	£000	£000	£000	£000
Growth					-
Investment and Development	8,062	0	0	0	8,062
Corporate Landlord	137	0	0	0	137
Estates	0	0	0	1,400	1,400
Operations and Neighbourhoods					
Engineers	2,837	0	0	6,936	9,773
Vision Tameside	0	0	0	0	0
Environmental Services	0	0	0	342	342
Transport	0	0	0	0	0
Stronger Communities	0	0	0	0	0
Children					
Education	0	0	0	0	0
Children	0	0	0	0	0
Finance					
Finance	0	0	0	0	0
Digital Tameside	0	0	0	0	0
Population Health					
Active Tameside	0	0	0	0	0
Adults					
Adults	821	0	0	0	821
Total	**11,857**	**0**	**0**	**8,678**	**20,535**

Financing By Year

The anticipated level of capital receipts of £15.3m is based on the disposal of surplus assets approved by Executive Cabinet in September 2020.

Assuming that the planned disposals proceed there is a forecast balance of £8.306m of capital receipts to fund future capital schemes not reflected in the fully approved programme.

Financing Approved Schemes	£000s
Reserves & Receipts required 20/21	14,232
Reserves & Receipts required 21/22	8,678
Total Corporate Funding required	**22,910**
Available Corporate Funding	
Capital Reserves	(£14,953)
Business Rates 100% retention reserve	(£963)
Anticipated capital receipts	(£15,300)
Total anticipated Corporate Funding	**(£31,216)**
Forecast Surplus Funding	**(£8,306)**

Page 160

Earmarked schemes currently included on the capital programme (and not reflected in the figures above) total £44.9m, with a forecast £33.2m of corporate funding needed to finance these schemes. Many of these schemes were identified in 2017/18 and therefore, as reported to Members in the Month 3 finance report, should be the subject of a detailed review and reprioritisation.

The Growth Directorate is reviewing the estate and developing a further pipeline of surplus sites for disposal. It is proposed that a full refresh of the Capital Programme is undertaken alongside this review of the estate. With the exception of the three earmarked schemes identified on page 2, all other earmarked schemes will be removed from the programme and subject review. A refreshed and reprioritised Capital Programme will then be proposed for Member approval in Spring 2021.

This page is intentionally left blank

Report to:	**STRATEGTIC COMMISSIONING BOARD**
Date:	25 November 2020
Executive Member:	Councillor Eleanor Wills, Executive Member Adults Social Care and Population Health
Reporting Officer:	Stephanie Butterworth, Director of Adults Services
Subject:	**ADULT SOCIAL CARE WINTER PLAN 2020-21**
Report Summary:	This report presents the local economy response to the Adult Social Care Winter Plan 2020-21 that was published by the Department of Health and Social on 18 September 2020.
Recommendations:	It is recommended that Members note and support the local response to the ASC Winter Plan 2020-21.
Corporate Plan:	The requirements and priorities of the ASC Winter Plan 2020-21 align the Living Well and Ageing Well programmes.
Policy Implications:	Implementation of the Winter Plan 2020-21 is in line with the requirements of the Coronavirus Act 2020 and the Care Act 2014.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	It must be noted however, that to carry out the Winter Plan the monies allocated by the Department of Health and Social Care (DHSC) to fund the costs of COVID, including the additional infection control monies round 2 (£2.131m) are being closely monitored to ensure all expenditure is in line with the funding criteria. The impact on the Adult Services budget is under constant review. Regular monitoring is being carried out to to ensure that expenditure is kept within the allocated budget.
Legal Implications: (Authorised by the Borough Solicitor)	This report sets out a very helpful summary of the Adult Social Care Winter Plan 2020-21 and the Council's local response. Members need to be satisfied that the plan is efficient and effective and will be delivered within budget and is sufficiently robust to deliver the key priorities and objectives set out in paragraph 2.1. Additionally members need to be satisfied that there is an appropriate performance monitoring arrangement in place to enable appropriate escalation where required.
Risk Management:	Management and oversight of the Winter Plan 2020-21 will ensured through Adult Management Team, SLT and Covid Contain Board.
Background Information:	The background papers relating to this report can be inspected by contacting Sandra Whitehead, Assistant Director Adults. Telephone: 0161 342 3414 e-mail: Sandra.whitehead@tameside.gov.uk

1. INTRODUCTION

1.1 On 18 September 2020 Helen Whatley MP, Minister of State for Care wrote to the Chief Executive, Director of Adult Social Services (DASS), the Director of Public Health (DPH), the CCG Accountable Officer and to care providers to launch the Adult Social Care Winter Plan. The letter is available at **Appendix 1**. The ASC Winter Plan builds on the work undertaken over the summer by the Adult Social Care Covid-19 Taskforce led by David Pearson CBE.

1.2 The ASC Winter Plan sets out the actions the Department of Health and Social Care (DHSC) is taking at a national level to support those who provide and receive care. It also sets out the actions every local area – local authority and NHS partners and every care provider must be taking now to continue to maintain efforts to contain the covid virus.

1.3 On 13 October 2020, the Department of Health and Social Care (DHSC) wrote to the Director of Adult Social Services to detail the requirements for Designated Settings to be established. These settings are to ensure the safe discharge of individuals who have tested positive for covid-19 and were returning to either a care home, or being placed at a care home for the first time. The intention of this capacity is to minimise the risk of infection in the wider care home population. These settings are referenced in the Winter Plan.

1.4 The DHSC has confirmed £3.7 billion in emergency funding for local authorities, and 588 million for discharge as part of the £3 billion NHS winter funding to cover the costs of ongoing care for the remainder of the financial year. Close accounts are being maintained of spend across the system to meet the additional requirements of the Winter Plan that can be charged against this funding.

1.5 The government has announced a second round of Infection Control Grant funding of over £500 million to support local providers to manage the safe delivery of services and to minimise the risk of transmission across the most vulnerable. While referenced in the Winter Plan, a separate report will be presented to describe the distribution of this funding.

2. KEY PRIORITIES & OBJECTIVES

2.1 The Winter Plan covers 4 key themes:

- preventing and controlling the spread of infection in care settings
- collaboration across health and care services
- supporting people who receive social care, the workforce, and carers
- supporting the system

2.2 The Winter Plan describes key government national interventions:

- *continue to engage, across the sector, including with local authorities, care providers, people with care and support needs and carers, to understand their needs and to provide appropriate support*
- *continue to provide financial support to the sector, by providing over £500 million of additional funding to extend the Infection Control Fund to March 2021. This is in addition to the £3.7 billion in emergency funding for local authorities, and the £588 million for discharge as part of the £3 billion NHS winter funding to cover the costs of ongoing care for the remainder of the financial year*
- *lead and coordinate the national response to COVID-19 and provide support to local areas, where needed, as set out in the contain framework*
- *appoint a chief nurse for social care to the Department of Health and Social Care (DHSC)*
- *we are working up a designation scheme with the Care Quality Commission (CQC) for premises that are safe for people leaving hospital who have tested positive for COVID-19 or are awaiting a test result.*

- *continue to develop and publish relevant guidance, accessible for everyone supported by social care services, and update policies and guidance based on the latest science and evidence. We will work proactively with the sector to communicate vital updates to this Winter Plan and other guidance.*
- *work relentlessly to ensure sufficient appropriate COVID-19 testing capacity and continue to deliver and review the social care testing strategy, in line with the latest evidence, scientific advice on relative priorities and available testing capacity*
- *work to improve the flow of testing data to everyone who needs it*
- *provide free personal protective equipment (PPE) for COVID-19 needs in line with current guidance to care homes and domiciliary care providers, via the PPE portal, until the end of March 2021*
- *provide free PPE to local resilience forums (LRFs) who wish to continue PPE distribution, and to local authorities in other areas, to distribute to social care providers ineligible for supply via the PPE portal, until the end of March 2021*
- *make available for free and promote the flu vaccine to all health and care staff, personal assistants and unpaid carers*
- *play a key role in driving and supporting improved performance of the system, working with local authorities and CQC to strengthen their monitoring and regulation role to ensure infection prevention and control procedures are taking place*
- *publish the new online Adult Social Care Dashboard, bringing together data from the Capacity Tracker and other sources, allowing critical data to be viewed, in real time, at national, regional and local levels by national and local government*
- *publish information about effective local and regional protocols and operational procedures based on what we have learnt so far to support areas with local outbreaks and/or increased community transmission*

2.3 The ASC Winter Plan 2020-21 Policy Paper (18 September 2020) sets out the key actions for and local authorities and NHS organisations:

- *local authorities and NHS organisations should continue to put co-production at the heart of decision-making, involving people who receive health and care services, their families, and carers*
- *local authorities and NHS organisations should continue to recognise the importance of including care provider representatives in local decision-making fora, ensuring they are involved throughout*
- *local authorities must put in place their own winter plans, building on existing planning, including local outbreak plans, in the context of planning for the end of the transition period, and write to DHSC to confirm they have done this by 31 October 2020. These winter plans should incorporate the recommendations set out in this document. NHS and voluntary and community sector organisations should be involved in the development of the plans where possible*
- *local authorities and NHS organisations should continue to address inequalities locally, involving people with lived experience wherever possible, and consider these issues throughout the implementation of this winter plan*
- *local authorities must distribute funding made available through the extension of the Infection Control Fund to the sector as quickly as possible, and report on how funding is being used, in line with the grant conditions*
- *local authorities must continue to implement relevant guidance and promote guidance to all social care providers , making clear what it means for them*
- *local systems should continue to take appropriate actions to treat and investigate cases of COVID-19, including those set out in the contain framework and COVID-19 testing strategy. This includes hospitals continuing to test people on discharge to a care home and Public Health England local health protection teams continuing to arrange for testing of whole care homes with outbreaks of the virus*
- *local authorities should ensure, as far as possible, that care providers carry out testing as set out in the testing strategy and, together with NHS organisations, provide local support for testing in adult social care if needed*

- *local authorities should provide free PPE to care providers ineligible for the PPE portal, when required (including for personal assistants), either through their LRF (if it is continuing to distribute PPE) or directly until March 2021*
- *local authorities and NHS organisations should work together, along with care providers and voluntary and community sector organisations, to encourage those who are eligible for a free flu vaccine to access one*
- *local authorities should work with social care services to re-open safely, in particular, day services or respite services. Where people who use those services can no longer access them in a way that meets their needs, local authorities should work with them to identify alternative arrangements*
- *local authorities should work with social care services to re-open safely, in particular, day services or respite services. Where people who use those services can no longer access them in a way that meets their needs, local authorities should work with them to identify alternative arrangements*
- *local authorities and NHS organisations should continue to work with providers to provide appropriate primary and community care at home and in care homes, to prevent avoidable admissions, support safe and timely discharge from hospitals, and to resume Continuing Healthcare (CHC) assessments at speed*
- *NHS organisations should continue to provide high-quality clinical and technical support to care providers through the Enhanced Health in Care Homes framework and other local agreements*
- *local authority directors of public health should give a regular assessment of whether visiting care homes is likely to be appropriate within their local authority, or within local wards, taking into account the wider risk environment and immediately move to stop visiting if an area becomes an 'area of intervention', except in exceptional circumstances such as end of life.*

2.4 The Winter Plan also sets out the key actions that providers should take:

- *providers must keep the needs and safety of the people they support and their staff at the forefront of all activities*
- *providers should review and update their business continuity plans for the autumn and winter, of which workforce resilience should be a key component*
- *providers should continue to ensure that all relevant guidance is implemented and followed, using the new guidance portal for providers, overview of adult social care guidance on coronavirus (COVID-19)*
- *providers should utilise additional funding available to implement infection prevention and control measures, in accordance with the conditions of the Infection Control Fund and those given by local authorities, and should provide all information requested on use of the funding to local authorities*
- *providers must provide data through the Capacity Tracker or other relevant data collection or escalation routes in line with government guidance and the conditions of the Infection Control Fund*
- *providers should ensure that both symptomatic staff and symptomatic recipients of care are able to access COVID-19 testing, as soon as possible. Care homes should adhere to guidance on regular testing for all staff and care home residents*
- *all eligible care providers can register for and use the new PPE portal. All providers should report any PPE shortages through the Capacity Tracker, LRFs where applicable, or any other relevant escalation or data collection route*
- *providers ineligible to register for the portal (such as personal assistants) should contact their LRF (if it is continuing to distribute PPE) or their local authority to obtain free PPE for COVID-19 needs*
- *providers should proactively encourage and enable people who receive care and social care staff to receive free flu vaccinations and report uptake*
- *care home providers should develop a policy for limited visits (if appropriate), in line with up-to-date guidance from their relevant Director of Public Health and based on dynamic risk assessments which consider the vulnerability of residents. This should*

include both whether their residents' needs make them particularly clinically vulnerable to COVID-19 and whether their residents' needs make visits particularly important

2.5 Considerable detail sits behind the key actions set out above. These are described through the ASC Winter Plan.

3. LOCAL RESPONSE

3.1 The local economy response to the Winter Plan 2020-21 is attached to this report at **Appendix 2**. The response sets out the key actions and priorities for the local area to ensure resilience and contingency to support individuals and providers through the winter.

3.2 The overarching aims of the local Winter Plan are:

- Ensuring everyone who needs care and support can get high quality, timely and safe care throughout the autumn and winter period.
- Protecting people who need care, support or safeguards, the social care workforce, and carers from infections including COIVD-19.
- Making sure that people who need care, support or safeguards remain connected to essential services and their loved ones whilst protecting individuals from infections including COVID-19.

3.3 A comprehensive review of the current local system position is currently being undertaken to understand the local system's preparedness to meet the needs of local people, with providers and a workforce that are equipped to deliver safe, appropriate services. This assessment will be used to inform key priorities for the local economy to ensure delivery against the Winter Plan 2020-21.

4. FINANCIAL IMPLICATIONS

4.1 The government has announced various funding streams to support the delivery of the range of programmes required to protect the local population during the pandemic.

4.2 The allocated budgets to support additional or specific spend to deliver pandemic specific services are being closely monitored via the Finance Teams. It is unclear at this stage what the additional costs of delivering the Winter Plan.

4.3 Close engagement with Finance will continue to ensure covid related spend is clearly identified and allocated appropriately. This has been clear for the Infection Control Grant. This spend is monitored via AMT and dedicated briefings with Finance.

5. CONCLUSION

5.1 On 18 September 2020 the government wrote to the Chief Executive, CCG Accountable Officer, the DASS and the DPH to set out the requirements of the ASC Winter Plan 2020-21.

5.2 The local response to the Winter Plan must be submitted to DHSC by 31 October 2020.

5.3 The local Winter Plan response is presented at **Appendix 2** of this report. Key system leaders have been consulted on the development of the Winter Plan response.

6. RECOMMENDATIONS

6.1 As set out at the front of the report.

Department of Health & Social Care

CARE

From Helen Whately MP
Minister of State for Care
39 Victoria Street
London
SW1H 0EU
www.gov.uk

To:
Local Authority Chief Executive
Directors of Adult Social Services
Directors of Public Health
Care Home Providers
CCG Accountable Officers

18 September 2020

Dear colleague,

Adult Social Care Winter Plan

I am writing to you at a critical phase in our efforts to track, contain and control the spread of Covid-19 in our communities.

The last seven months have been the most pressured, stressful and unrelenting that any of us, working in the health and care system can remember. I am hugely grateful to local authority staff, the social care workforce and our NHS colleagues, who have continued to do such an incredible job looking after those in their care.

This year, we have all shared or recognised the pain of losing family members, friends and colleagues to coronavirus and its complications. I am determined to do all that I can to protect everyone receiving and providing care this winter. Nationally, locally and at the front line, we must intensify our efforts to support, protect and equip everyone in the system.

With the prevalence of coronavirus rising in the population and in social care, now is the time to act.

Many of you will have seen our Director of Social Care Delivery Stuart Miller's recent letter to the care sector, drawing attention, at the first opportunity, to the signs of rising infection rates in care settings, emphasising the need to maintain vigorous infection control and to make sure that everyone is doing the right things to reduce the risk of transmission.

Today, I am launching the Adult Social Care Winter Plan, which builds upon the excellent work of David Pearson's Adult Social Care Covid-19 Taskforce which convened this summer. It sets out the actions we are taking at a national level to support those who provide and receive care. It also outlines the actions every local area (local authorities and NHS partners) and every care provider must be taking right now, if we are to maintain our collective efforts to keep the virus at bay.

Our plan to protect social care includes increased support to the sector, and further expectations and requirements of care providers, local authorities and NHS organisations to make sure everything possible is being done to keep people safe. While we recognise these policies may place ex-

tra demands on already hard-stretched organisations, these are vital to protect people from Covid-19 and are based on clinical guidance and lessons already learned during the pandemic.

Under this plan:

- We are supporting the sector with an additional £546 million Infection Control Fund, to help with the extra costs of infection prevention and control measures – including the payment of care workers who are self-isolating in line with government guidelines.
- We will scale up our PPE distribution to make free PPE available for all adult social care providers and care workers through to March 2021. All CQC registered adult social care providers can now register on the PPE portal and order limits will be increasing over the coming weeks. We will also support the wider PPE needs of the sector.
- Care providers must stop all but essential movement of staff between care homes. We know that the majority of care homes have already done this – now we are taking this restriction further.
- Further steps will be taken to reduce the risks of visiting in care homes. Visits are important for the wellbeing of residents and loved ones, but with higher rates of Covid-19 in the community, extra precautions will be needed including supervision of visitors to make sure social distancing and infection prevention and control measures are adhered to.
- Meanwhile, designated 'areas of intervention' must not allow visiting except in exceptional circumstances, such as end-of-life.
- A Chief Nurse for Adult Social Care will be appointed to provide leadership to the social care nursing workforce.
- A new dashboard will monitor care home infections and provide data to help local government and care providers respond quicker.

The £546m Infection Control Funding is in addition to the £600 million already provided, and the £3.7billion provided to local authorities to support all Covid19 activity. We've also announced £588m for the NHS to support the safe discharge of patients from hospital.

Over and above these national-level measures and resources you will know we have put in place a comprehensive testing strategy for care homes, with whole home testing in outbreak situations; and regular testing of staff (every 7 days) and residents (every 28 days).

There have been understandable concerns about testing turnaround times. The National Testing Programme is addressing these issues, but you should know that we have ringfenced capacity for 100,000 tests per day for the social care sector. We have also met our 7 September target of providing testing kits to all care homes for older people and people with dementia who have registered for regular retesting kits.

In addition, all other care homes have been able to place orders for test kits from 31 August. So far, over 2,000 specialist homes have registered for test kits.

While central Government has an essential role to play in providing these resources and defining and setting expectations, it is also our obligation to drive, support and encourage high performance at a local level, in every care setting and by every person in the workforce.

Local authorities have a crucial role to play in support of this. As I know is often the case, it is vital that you are in frequent contact with care providers in your area so that you are confident in their levels of infection prevention and control. You will also want to be confident they are providing the support needed to make sure they and their staff are taking all necessary steps to combat the spread of the virus. In doing this, you will be working alongside the Care Quality Commission (CQC) which has the means to intervene swiftly where provider performance requires rapid improvement.

CQC's boosted role will include 500 additional inspections focused on infection prevention and control and promptly following up on all high-risk services. They will also monitor targeted infection

and prevention inspection protocols and remind homes of the need for strong self-assessment procedures. We have also tasked them to record and share examples of best practice across the social care system.

We are also working up a designation scheme with CQC for premises that are safe for people leaving hospital who have tested positive for COVID-19 or are awaiting a test result.

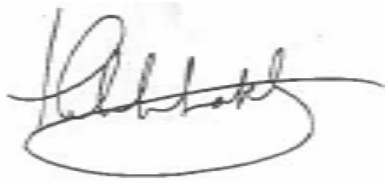
These actions have a common goal: to protect staff and those who receive care during this critical phase. The more we know about when, where and why people become infected, the quicker we can move to prevent community transmission. This time next year, it would be wonderful to achieve our objective of Covid-free care homes, resilient communities and a health and care workforce still able to give their very best.

Protecting care staff is as important as protecting those they care for. On average, flu kills more than 11,000 people every year. With Covid-19 circulating at the same time as other seasonal illnesses, it is essential that access to free flu vaccinations is quick, easy and painless for all care workers. That's why we have extended eligibility for free vaccines. Meanwhile, pharmacists can now deliver flu vaccinations to care workers in their workplace.

As we consider the prospect of this pandemic persisting into the winter months, keeping our health and care staff healthy has never been more important. This goes beyond vaccinations, to our fundamental duty to support their physical and mental health regardless of the virus' impact. I know many providers have been taking extra steps to support the physical and mental health of staff, and I cannot emphasise enough how vital it is that each and every employer makes sure that they have done all they can to protect and support care workers through this difficult time.

Our support for their dedicated service is unwavering. Guided by the Adult Social Care Winter Plan, supported by the boosted Infection Control Fund, and united in our determination to defeat this virus, we will continue to work with you all to keep everyone safe and well – during this pandemic and beyond.

Yours sincerely,



Helen Whately
Minister of State for Care
Department of Health and Social Care

This page is intentionally left blank

Tameside Adult Social Care Winter Plan 2020-21

Tameside Metropolitan Borough

NHS
Tameside and Glossop
Clinical Commissioning Group

Overarching Aims

Ensuring everyone who needs care and support can get high quality, timely and safe care throughout the autumn and winter period.

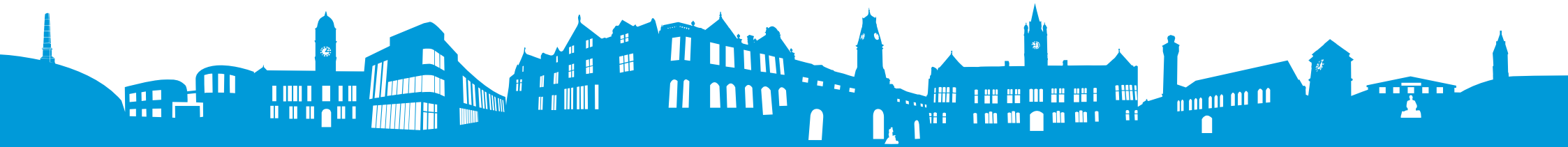
Protecting people who need care, support or safeguards, the social care workforce, and carers from infections including COIVD-19.

Making sure that people who need care, support or safeguards remain connected to essential services and their loved ones whilst protecting individuals from infections including COVID-19.

Our Approach

Key to our approach to ensuring people receive the right support, at the right time, in the right place is whole system working and joined up communication. This Plan sits alongside the Tameside and Glossop third phase response.

Ensuring people receive the right support, at the right time, in the right place



Key Objectives

1 Preventing and controlling the spread of infection in care settings.

Guidance on infection prevention and outbreak management.

Support to prevent infection remains a critical element of the support to care homes. The Infection Prevention and Control Team, alongside the Population Health Team, the Quality and Safeguarding Team (CCG) and the Adult Social Care team continue to support the homes on a daily basis in order to prevent and manage any infection outbreaks in the homes. Ongoing training for staff is available relating to preventing and managing infections, including the correct use of PPE. Where outbreaks are identified Outbreak Control Team meetings are called, usually the same day, to understand the cause of the outbreak and offer ongoing support to the care home to manage the safe conclusion of the outbreak.

Care homes are able to access PPE via their own suppliers at this stage, however the LA and the CCG continue to access PPE supplies via the LRF supply route should this be needed in an emergency. Same day delivery of emergency supplies can be facilitated by ASC.

Care homes have developed workforce deployment to ensure regular teams work in single locations and no longer allow staff to car share, share break times, or use communal areas.

The extension of the Infection Control Fund will continue to ensure all care providers can continue with measures that reduce risks of infection and continue to support a resilient approach to staffing.

Covid-19 testing

All care homes have a regular regime of testing with all staff tested every week and all residents tested every 28 days. In the case of outbreak management, further testing is undertaken via PHE supported by the Infection Prevention and Control Team. All health and social care professionals who are likely to enter care homes to fulfil essential duties to support individuals are tested on a weekly basis.

Work is underway to roll out testing for individuals living in supported accommodation or extra care housing schemes, with regular contact with providers to ensure they are registered with the Portal.

All health and social care professionals and their families are able to utilise local satellite testing centres to ensure prompt testing.

Testing has been made available through the Homeless Team for all individuals who are supported via that service.

Seasonal Flu Vaccines

The seasonal flu campaign is well underway with many vulnerable people receiving their vaccines via GP surgery. Care home staff across the sector are reporting difficulties in accessing flu vaccinations via their GP or pharmacy. This matter has been escalated.

Additionally the residents and staff in care homes have been receiving their vaccines, with residents at 23 of 35 care homes having had their vaccination, with clinics booked in the remaining care homes. Some staff in care homes are reporting difficulties accessing vaccinations. This has been escalated.

Additionally the LA and the CCG ran a flu clinic the week of 12 October 2020 for front line staff, where over 400 staff were vaccinated, including some volunteers from our Voluntary Sector partners.

over 400
front line staff were vaccinated, including some volunteers from our Voluntary Sector partners

seasonal flu vaccine

Key Objectives

2 Collaboration across health and care services.

Safe discharges and avoidable admissions

The CCG and ASC work jointly to commission care packages to facilitate discharges from hospital.

All individuals who are requiring a short term provision in a care home are tested prior to discharge and the results of the test are communicated to the home; this is recorded in case notes and within the assessment documentation. Joint work ensures either care homes do not admit new or existing people if they are not able to safely manage the impact of the Covid-19 symptoms.

Good links with local and voluntary sector organisations provide support to people who require discharge; this includes Age UK who provide a 'Home from Hospital' support service. Additionally a dedicated Housing Officer from Jigsaw Housing (major residential social landlord) is based with the integrated discharge team at the hospital.

A D2A team has been established in the community to carry out Care Act Assessments which ensures these assessments are taking place within the required 6 week period to identify longer term support needs in the community. This team will also complete CHC screening and progress an appropriate onward referral.

Guidance, processes and D2A funding templates have been developed jointly with the CCG and Integrated Care Foundation Trust (ICFT), shared and implemented across all organisations.

Commissioning is underway to procure 12 D2A beds to support timely discharges from hospital over the winter period.

Care Homes are supported to accept admissions with testing of all people being discharged from hospital. Care Homes are supported to safely isolate people and where this is not possible alternatives are being sought. Work is currently underway with the care sector to identify Designated Spaces to allow people who need ongoing isolation due to a positive or inconclusive COVID-19 test, to be discharged safely from hospital.

Enhanced Health in Care Homes (EHCH)

The cornerstone of the EHCH offer is the Digital Health function – all care homes are digitally linked to a clinical support team 7am-10pm to offer clinical advice and support to minimise ED attendances. The integrated approach locally is epitomised by Working in partnership with Health Innovation Manchester care homes are engaged with a new digital Covid-19 Tracker, via Safe Steps, to support care management of their residents. GPs have access to this Tracker and can assess each day to enable a risk-based response to changes in an individual's health status.

The programme is overseen on a daily basis by the Consultant Geriatrician.

Digital Health includes routine monitoring of individuals, including the use of pulse oximeters.

Each care home has a named PCN Clinical Lead who reviews the information available on the Tracker, and attends OCT meetings to support care home providers to manage outbreaks.

A task and finish group, attended by representatives from across the economy is meeting regularly to develop and oversee the enhanced offer to care homes. The key priority of this group is to ensure a robust system approach to pro-active care planning and advanced care planning to ensure a personalised approach to meeting an individual's needs. The priority of the work is - There is a consistent approach to personalised care planning across Tameside & Glossop so that individuals residing in care homes are in control of their own narrative and decisions to enable them to live well and have fulfilled lives.

Key Objectives

3 Supporting people who receive social care, the workforce and carers

Supporting independence and quality of life

Key to the local approach is a person centred, outcome based a approach to ensuing that individuals are central to the service offer. Individuals are involved in the design of the service to meet their identified needs, and there is a focus on what the individual can do for themselves, how their local support network, including family, friends and local community assets can enable them to maximise their independence. Only then will formal services be established to meet need.

Visiting guidance

In line with restrictions imposed across the North West and specifically Greater Manchester visiting is not currently taking place across the care homes except in exceptional circumstances where families are supported safely to visit their relatives. In addition to support our priority of preventing infections visiting professionals are following strict Infection Control regimes – guidance has been issued to all professionals and providers.

Window visits are currently being supported. Care homes are also looking at a range of ways to support and maintain contact with residents and their families – this includes the use of digital technology, videos, newsletters.

The Director of Public Health will continue to monitor this arrangement and assess the appropriateness of any changes.

Direct Payments

Weekly meetings take place between managers and the Direct Payment team to review processes and ensure ongoing support is in place for winter. Any changes to guidance are monitored, updated and communicated immediately.

ASC has maintained the support for recipients of Direct Payments and their Pas throughout the pandemic and will continue through winter. This includes writing to people offering information and advice and contact details for the Direct Payment Team, link to resources on the Skills for Care website providing additional information and advice and the offer of PPE on a case by case basis.

Contingency arrangements continue to be reviewed to recorded on support plans to understand where each person may have support in their home networks if their PA is unwell, or if the Council may be needed to step in and provide that support instead. Regular contact and welfare checks with recipients are undertaken to offer additional and person centred support where required.

There is a GM recruitment programme for PAs that Tameside links in with to ensure there is an effective pool of PA resources to call upon if needed.

ASC continues to offer greater flexibility in using Direct Payments to meet changing needs. Direct Payments have been used to purchase PPE, provide shopping support for those who are shielding, and in some circumstances (in line with the guidance), the Council has approved family members in the same household to become PAs to provide the most appropriate support and continuity of care.

Social activities, where possible, have been provided virtually, such as bingo, quiz sessions and online tutorials in cookery, music and singing. Person centred approaches, creativity and flexibility of care and support continues to be fundamental to meet needs and outcomes.

Unpaid Carers

The Carers Service continues to support carers in a flexible and person centred manner with regular welfare calls and understanding and updating contingency plans. Further support is offered and tailored to meet people's needs - this might be to help with shopping, building confidence using public transport etc.

Assessments and re assessments have been updated to reflect increases in care and support needs. In some cases services have been reduced as families have been at home and have decided to care for their family member; this has either been on a paid (direct payment basis) or unpaid on an informal basis. If provided on an informal basis, the council has offered a carers assessment to the family member as a carer in their own right.

The Council has developed a Carer's Pack of targeted information and advice for carers. This resource has been mailed out, and also shared online and is regularly reviewed and updated. Carer awareness and identification is supported by promoting messages

through social media and distributing leaflets at key points of contact e.g. Emergency Department, GP).

The Council is developing further plans to support carers on a digital platform to offer support, information, advice and guidance in a different way. Plans incude the delivery of virtual coffee mornings, armchair exercises, tips on looking after your mental health etc.

Day Services and Respite (including Shared Lives)

Day Services for people who have learning disabilities and physical disabilities remain open with appropriate infection control measures in place. This means that services are operating bubbles to reduce the risk of infection. In the event of any major disruption, alternative support away from day centre bases will be arranged to reduce the risk of family / carer breakdown including support using digital technology. These approaches have been utilised successfully by a number of providers to ensure contact is maintained where access to building based services is disrupted. Due to requirements of social distancing attendance patterns are staggered to minimise the number of people in a centre at any one time.

Dementia day care services remain fully open and providing building based and outreach services. To date this has been very well received by individuals and their families.

Shared Lives placements have continued with long term support placements being supported and maintained. Respite support is also available to support those most at risk of individual / carer breakdown.

Social Prescribing

Social Prescribing Link Workers work closely across Primary Care Networks (PCNs) and with the Council's Humanitarian Hub to identify and support a range of people in need with a range of interventions. This work will continue over the winter period with the allocation of work being made on a referral basis. Direct referrals are also made to the NHS GoodSAM application where appropriate and without going via the Social Prescribing Link Workers.

As part of an evaluation of the response provided to date it has been recognised that more can be done to ensure people with autism and people with a learning disability are supported by

the Link Workers and work is underway to review and clarify the referral processes and pathways for this support.

Wellbeing Advisors also link in to ensure maximum coverage and impact for individuals and informal carers together with identifying any gaps in the voluntary sector provision which can be enhanced, ideally using community assets already in place.

All appropriate IT equipment, PPE etc is available to enable SPLWs to undertake their roles.

End of Life Care

It is important that person centred End of Life Care is planned with an individual. GPs and service providers work closely with individuals to ensure that their wishes are considered and documented as part of the advanced care planning process. A cross system working group has been established with care home providers, PCN GP Leads, the CCG, ASC and the Consultant Geriatrician to review the current processes to ensure they are fit for purpose and support individuals to ensure a good life and a good death.

Where an individual resides in a care home, arrangements are in place to facilitate visiting where an individual is at end of life, to ensure they are able to see family members. Care homes have robust procedures in place to facilitate this safely and in a timely manner.

Care Act Easements

Care Act Easements will only be considered in critical circumstances as a last resort. An action plan setting up how the service will respond should the situation arise has been developed shared with Cabinet members. Alongside this, briefings have been shared with our staff and partners including Health Leads on the local authority position and processes in place to monitor and minimise impact alongside information for the public on our website. We have continued to meet needs throughout the pandemic and we aim to continue to do so. The PWS has regular meetings with commissioning managers to monitor the pressures in the provider sector, along with managers of the social work teams across the service. The Ethical Framework has been well publicised via briefings with all social care staff internally and with our providers. The ethics and values illustrated underpin our approach locally.

Key Objectives

4 Supporting the workforce

Greater Manchester has developed a regional recruitment campaign, entitled “Be a Care Hero” (https://www.greater.jobs/content/10231/be-a-care-hero) and Tameside is part of this campaign to urgently recruit people to the social care sector, offering full training and induction with no previous experience of the sector required.

Locally, the Council has ensured fast-track recruitment processes to enable this to happen quickly. This continues to be promoted to attract people to work for social care through winter.

The national recruitment support through ‘Skills for Care’ is regularly promoted to all social care staff including the provider sector, through briefing notes that are developed for the adult social care workforce. These briefings promote targeted messages about health and wellbeing support to the workforce, the people they provide support to, and national and local guidance is streamlined with specific advice from local Public Health and Infection Control Teams. Some examples of the types of support offered and promoted include mental health and wellbeing, counselling and occupational health support, bereavement support, maintaining good physical health, tips for home working, support from the voluntary sector etc.

The frequency of these briefings can be adapted to the level of need, and providers have been asked for their feedback on content and frequency to ensure it is a meaningful and useful resource. At least once a week, providers are contacted to check if they need support, promote any key messages and ensure that relevant data and information is collected to inform planning locally and regionally. For example, the Council will work with providers to support them with registering with the national PPE portal, ensuring effective monitoring through the capacity tracker, accessing the emergency PPE supplies, co-ordinating care home outbreak meetings, promoting local webinars for Infection Prevention and swabbing with the local Infection Control Team etc.

The Council regularly updates and promotes the ‘Workforce FAQs’ adapting quickly to national, regional and local guidance. Managers are directed to the FAQs as soon as there are revisions, with notes to highlight the key changes so that they may be able

to put changes into place and have conversations with their teams if required.

As well as additional fast-track recruitment to ensure sufficient capacity, the Council continues to ensure the flexibility of the workforce is maintained so that resources can be effectively redeployed and redirected to where there is greatest demand.

As well as a local outbreak plan for the Council, ASC has a 'surge plan' which builds upon all service business continuity plans to hold a strategic overview of contingency planning for adult social care; a key component of this is contingency planning of the entire workforce.

Principal Social Worker Reflection

Work is ongoing to ensure that the principles of the Care Act and Mental Capacity Act and Human Rights Act underpin all of the work that takes place in Adult Social Care. Legal literacy and its application to ensure a rights based approach to social work is a key part of our workforce development plan and this has continued during the pandemic. Guidance has been developed, updated and shared with practitioners, partner organisations including the NHS on best practice during the pandemic.

Social Workers are aware of issues of inequality and deprivation and often use their role to advocate for, and challenge health and social care systems, to ensure the rights of those we support are upheld. Social Workers have a holistic approach to assessment and consider health inequalities alongside social care in their interventions. Ongoing work to raise awareness of issues for particular groups is ongoing and forms part of the workforce development plan alongside the ongoing work across the integrated teams.

As new pathways and models of practice have been developed and reviewed, such as the Discharge to Assess pathway, the principles of the Ethical Framework and person-centred care and support have been at the centre.

Safeguarding practice has been reviewed and monitored throughout the pandemic, trends and patterns have been analysed and support and guidance has been offered to social work practitioners and partner agencies on safeguarding work during the pandemic. The ongoing work to learn from, and develop Safeguarding Adults practice locally is continuing, with legal literacy and Making Safeguarding Personal at the heart of this.

Shielding

A register of shielded/CEV staff is maintained, and risk assessments for all staff are person centred and reflect individual needs and vulnerabilities so that adjustments can be put in place to ensure the protection, health, safety and welfare of all staff.

These risk assessments are continuously reviewed and employees are being asked to work from home where they can and are offered deployment to other roles if necessary.

shielding

Key Objectives

5 Financial Support

A second round of Infection Control Grant funding has been allocated to the Council - £2,131,598. All providers have been notified of their allocations – based on the requirements stipulated in the grant. Grant agreements have been set up, and providers are clear about how this grant should be used. Use of the grant will be monitored by Finance Services and the Commissioning Team and will be overseen by Adult Management Team. Reporting will also be made into Executive Cabinet periodically.

Financial support is also available to facilitate the Discharge to Assess model described in the Hospital Discharge Service: Policy and Operating Model guidance (17 September 2020), where up to 6 weeks of care and support will be funded by the NHS discharge funding until assessment has been completed and appropriate arrangements have been put in place. Robust monitoring arrangements have been put in place to understand the costs and to ensure that assessments are undertaken in a timely manner.

From 19 March 2020 to 31 August 2020 care packages that supported a prompt discharge from hospital, or prevented a hospital admission have been funded via the NHS. CHC assessments were not undertaken during this period, but were re-introduced from 1 September 2020. A programme of works to assess the individuals whose care packages have been funded via the NHS – the deferred list – has been established to work to the deadline of 31 March 2021. A determination will be made of who is eligible to fund the care – the NHS via CHC funding, the individual as a self-funder, or the local authority, with a financial assessment to determine if an individual is eligible to pay towards the cost of their care. Close monitoring of this programme has been established.

Key Objectives

6 Oversight

Local reporting, care home support team meeting, capacity tracker, daily calls, are home support plan.

working together

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	25 November 2020
Executive Member:	Councillor Allison Gwynne – Executive Member (Neighbourhoods, Community Safety and Environment) Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)
Clinical Lead:	Dr Jane Harvey – Clinical Lead (Public Health)
Reporting Officer:	Ian Saxon – Director, Operations and Neighbourhoods
Subject:	**PROVISION OF GENERALIST SOCIAL WELFARE INFORMATION AND ADVICE AND SPECIALIST EMPLOYMENT ADVICE**
Report Summary:	The Council has had a contract with Citizens Advice Tameside for many years to deliver generalist social welfare advice and specialist employment advice. The current contract ends on 31 March 2021 and the report describes the options available for the re-commissioning of the contract. A soft market test has been undertaken to explore whether there are other providers in the market. This report informs the outcome of the soft market test and proposes a way forward.
Recommendations:	It is recommended that: i) approval is given to tender the provision of generalist social welfare information and advice and specialist employment advice to commence 1 April 2021 ii) delegated authority is afforded to the Director of Operations and Neighbourhoods to award the tender and enter into all necessary contract arrangements

Financial Implications:

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

Budget Allocation (if Investment Decision)	£116,000 (£78,000 – Operations and Neighbourhoods : £38,000 – Population Health)
CCG or TMBC Budget Allocation	TMBC Budget
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	£78,000 – Aligned Budget - Operations and Neighbourhoods £38,000 – Section 75 - Population Health
Decision Body – SCB Executive Cabinet, CCG Governing Body	£78,000 – Executive Cabinet £38,000 – Strategic Commissioning Board

Additional Comments

There is existing revenue budget for this contract with £78,000 budget in Operations and Neighbourhoods and £38,000 budget in Population Health Directorates. However, Members should note that there is no provision for any cost increase above these values such as inflation.

	This budget will be available for the full three year period subject to any savings that the Council will need to deliver. It is therefore essential that the revised contract has appropriate break clauses. The report will require approval by both the Executive Cabinet (£78,000 budget for Operations and Neighbourhoods that is within the Aligned section of the Integrated Commissioning Fund) and the Strategic Commissioning Board (£38,000 budget for Population Health within the Section 75).
Legal Implications: (Authorised by the Borough Solicitor)	The report comprehensively sets out the background to the delivery of the services which over the years has been via grant and direct award. It is understandable during these current challenging times that a further direct award may be appealing. Quite correctly STAR advised that soft market testing should be undertaken which revealed that there are potentially other interested organisations in the market who consider that they could deliver the service. Therefore there are no grounds on which a direct award could be made without the risk of challenge which could potentially have an impact on the delivery of services as this most critical of times. In addition whilst not a criticism of the current provider taking the service provision back to the market will assure Members and officers that the new provision represents good value for money. The service has already engaged with STAR in good time which should ensure a compliant and transparent tender exercise is undertaken to deliver a service to meet the needs of residents and provide good value for money 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 for People:- • Improve Health and wellbeing of residents • Protect the most vulnerable • Increasing self-sufficiency and resilience of individuals and families
How do proposals align with the Commissioning Strategy?	The proposal supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health and wellbeing of residents.
Recommendations / views of the Health and Care Advisory Group:	N/A
Public and Patient Implications:	The proposed service model has been informed by data on customer satisfaction and engagement on social policy issues.
Quality Implications:	The provider will be required to maintain Advice Quality Standards (AQS) accreditation at the general help level for welfare benefits and debt and specialist level in relation to employment law advice throughout the duration of the contract. Services commissioned via the contract will be subject to ongoing quality monitoring.

How do the proposals help to reduce health inequalities?	The provision of advice and information is essential in reducing poverty which can help reduce stress and anxiety and improve health outcomes.
What are the Equality and Diversity implications?	There are no equality and diversity implications associated with this report, see **Appendix 1**.
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?	Personal data relating to users of the service will be held by the provider. The provider must comply with the provisions of the General Data Protection Regulation and the Data Protection Act 2018 in relation to their handling of this data. A privacy impact assessment has not been conducted.
Risk Management:	Any risks of poor service delivery will be mitigated by requiring the provider to supply quarterly management information and attend quarterly contract monitoring meetings. There is a significant risk that ceasing the provision of this service would mean that residents would not have access to independent advice and information. This would very likely lead to poverty, homelessness and poor health outcomes and subsequently increase demand on statutory services.
Access to Information:	The background papers relating to this report can be inspected by contacting Janine Yates, Team Manager, Welfare Rights and Debt Advice Service Telephone: 07866 530925 e-mail: janine.yates@tameside.gov.uk

1. INTRODUCTION

1.1 It is well reported that income deprivation has damaging effects on residents' health, affecting their ability to satisfy basic needs such as food, and housing and to participate in their community. Health outcomes in Tameside are poor with healthy life expectancy at 58.1 years for males and 57.6 years for females (6.2 years below the England average for females, and 5.2 years below for males). The levels of stress, anxiety and depression associated with low income can increase or lead to mental health issues.

1.2 Poverty is a significant public health issue, which will be further exacerbated by the immediate and longer term economic impact of Covid-19, with those groups already in financially precarious positions likely to be more affected. Supporting individuals to regain control of their financial situation can give relief to symptoms of stress and anxiety that adversely impact on health. Provision of advice can reduce the impact of debt and financial issues on the physical and mental health of individuals and their families.

1.3 Tameside is relatively deprived overall (28th most deprived out of 317 local authorities) and has pockets of nationally significant levels of deprivation, with 29 Lower Super Output Areas (LSOAs) which fall within the worst 10% nationally. Nearly a fifth of children aged under 16 (18.9%) are in low income families – this is compared to 17.0% in England. Levels of dependency on the public sector in Tameside are high and the shift away from funding authorities on the basis of need has hit us hard. The community and voluntary sector are essential in how we work together to address inequalities and deprivation within our borough; the provision of information and advice on welfare benefits, debt advice and employment rights are one aspect of addressing such issues.

1.4 The Council has had a contract with Citizens Advice Tameside for many years to deliver generalist social welfare advice and specialist employment advice.

1.5 The contract was last reviewed in 2018 when a waiver to standing orders was granted to allow the direct award of a three-year contract to Citizens Advice Tameside. The current contract period comes to end on 31 March 2021 therefore consideration is being given to the provision of this service moving forward. A soft market test has been undertaken to explore whether there are other providers in the market. This report informs the outcome of the soft market test and proposes a way forward.

2. CURRENT PROVISION

2.1 The current service is provided by Citizens Advice Tameside, also known as Tameside Citizens Advice Bureau Ltd (CAB). The service is operated from an office based in Tameside One and complemented by various outreach provision funded by other organisations. Citizens Advice Tameside is a registered charity and a social policy campaigner for some of our most vulnerable residents. It provides free, confidential, impartial and independent support and advice for all residents of Tameside. Their ethos, to empower clients to deal with the everyday issues in their lives, creating happier and healthier local communities.

2.2 Citizens Advice Tameside currently provides a range of advice services under a contract with the Council. This arrangement has been in place for many years and services provided by Citizens Advice Tameside are seen to be complementary to and supportive of the Council's advice services. The advice typically includes debt, welfare benefits, housing, consumer, discrimination, education, immigration, tax and legal issues as well as specialist employment advice.

2.3 The contract agreement enables Citizens Advice Tameside to meet the core costs of delivering the advice service including the salary costs of a small number of managerial, advice and administrative staff. The contract also acts as a conduit for levering in external

funding and during 2018/19 this amounted to an additional amount of £272,918 that provided additional advice and support services to Tameside residents.

2.4 Prior to Covid-19 the delivery model was centred predominantly around a daily drop-in advice service from Tameside One, telephone advice through the GM telephone advice line and by face to face appointments. Additionally specifically funded projects to deliver debt advice, Universal Credit Help to Claim, social prescribing and advice appointments at outreach venues. Since March 2020, the service has been delivered remotely by telephone, email and webchat.

2.5 In 2019/20, the service advised 4681 new clients and reported £1,920,564 in additional income gains for Tameside residents which included successful clams for benefit, energy switches, grants and compensation payments. An additional £407,889 of debt was written off in the same period through negotiation with creditors and insolvency proceedings and a further £138,767 in repayment amounts rescheduled. £68,892 was also reported in other financial outcomes including prevention of bailiff action, energy referrals, moratoriums on debts and blue badge entitlement.

2.6 The service assisted 336 clients with employment advice in 2019/20 with 130 clients advised by the employment caseworker. This caseworker is funded through the current contract to provide 18 hours a week of specialist employment advice. Advice includes helping people realise their rights, assisting with dispute resolution, raising grievances, challenging dismissals and assisting with employment tribunals.

2.7 As well as paid staff, the service is supported greatly by volunteers and 23 new volunteers were recruited and trained in 2019/20 along with 3196 volunteer hours worked across the year.

2.8 The contract is managed quarterly with performance figures provided on time and includes demographic data, numbers of clients helped, outcomes, complaints, customer satisfaction and social policy issues. There have been no areas of concern raised throughout the contract period.

3. FUTURE PROVISION

3.1 The current contract fulfils all the requirements to support residents of Tameside seeking information and advice and it is proposed that any new contract specification includes the same areas of social welfare law and debt advice. It is also proposed that any new contract includes a requirement to deliver 18 hours a week of specialist employment advice to include assistance with tribunals. The rationale for this requirement is that the economic benefits of being in employment are a priority for the Council and it is expected that the provider assists people to understand their employment rights and how to solve work related problems including discrimination, pay, disability, dismissal and redundancy. This will be of particular significance with the end of the current furlough scheme and reduced help available with any replacement schemes and the on-going impact of job losses.

3.2 Due to the limited amount of funding it is expected that the provider will utilise the core contract funding to develop the service offer and make the organisation sustainable by securing additional external funding.

3.3 As COVID-19 restrictions may still be in place any new contract will allow for advice to be delivered flexibly in order to keep staff and members of the public safe. This will include remote delivery of advice through telephone, web chat and email.

4. OPTIONS APPRAISAL

4.1 Previously a direct contract has been awarded to Citizens Advice Tameside by a waiver to standing orders. The current contract ends on 31 March 2021 and advice was sought from STAR as multiple waivers had been agreed with no market testing. STAR provided a report that outlined three options for the re-commissioning of the contract that ensured the Council remained compliant with Contract Procedure Rules (CPR).

Join the GM collaborative Citizens Advice contract

4.2 A collaborative Citizens Advice contract has been in place since 2019 for Stockport, Trafford and Rochdale and delivered by Pennine West CAB. The contract term is five years and provides planned contract breaks to allow other Local Authorities to join; the next one being 1 April 2022. A one-year extension to the current contract or a tender process for one year would be necessary if this option was pursued.

4.3 Each authority pays a third contribution to the cost of the joint core service and then additional cost of individual requirements. It was noted that whilst the core contract included staffing provision it did not provide for any specialist employment advice, which has been included in the Tameside contract specification for many years. It is recognised that access to specialist employment advice, without any means test requirement is important, especially during Covid-19 and it would therefore be prudent for this to be included in any future contract.

4.4 Some exploratory calculations were carried out using the pricing matrix of the collaborative contract. It transpired that the cost for the core service alone would exceed the budget that the Council has available and it was therefore determined that this option was not financially viable.

Direct award of contract to Citizens Advice Tameside

4.5 Consider directly awarding the contract to Citizens Advice Tameside for 3 years from 1 April 2021. Rationale for considering a direct award was based around the current climate and not wanting to disrupt the sector during the Covid-19 pandemic.

4.6 STAR advised against this route as the market had not been tested for many years and could leave the Council open to challenge from other potential providers. In order to rely on the exemption rule and make a direct award the Council would need to demonstrate that no genuine competition can be obtained in respect of the purchase of the service. In order to provide the evidence a soft market test must be carried out. This would then determine whether the relevant exemption rule could be relied on or whether the soft market test determined that there are other suppliers within the market, which would then mean that this exemption rule could not be relied upon.

Tender the contract by procurement exercise

4.7 Consider tender of the contract by initially carrying out a soft market test to determine whether a direct award was appropriate or if a procurement exercise should be undertaken.

4.8 In order to satisfy Contract Procedure Rules it was determined that a soft market test was the most appropriate option to establish whether or not there were providers other than Citizens Advice who could deliver the contract. The soft market test was carried out between 18 September and 13 October 2020 and seven providers initially expressed an interest in delivering the contract. Two of these providers completed the necessary paperwork and made formal representations.

4.9 The soft market test determined that the exemption rule could not be relied on as there are other suppliers within the market.

5. THE WAY FORWARD

5.1 Having considered the options above and the outcome of the soft market test; the Contract Procedure Rules requires the authority to demonstrate value for money through a competitive tender exercise. It is proposed therefore that a tender exercise is undertaken to enter into a contract for the provision of generalist social welfare information and advice and specialist employment advice. The benefits of a tender exercise will also demonstrate that the Council is legally compliant and therefore avoid potential challenge from other providers

5.2 Should it be determined that a tender exercise is appropriate a Project Initiation Document has been completed and is available at **Appendix 2** to the report**.**

5.3 Following completion of a successful tender exercise, it is proposed that consideration is given to delegate authority to the Director of Operations and Neighbourhoods to award the tender and enter into all necessary contract arrangements.

6. FINANCE

6.1 The cost of the current 3 year contract with Citizens Advice Tameside is £372,000.

6.2 Over the 3 year period this amount was:

Year 1 – £140,000
Year 2 – £116,000
Year 3 – £116,000

An increased amount was awarded in Year 1 due to a contribution of £24,000 from Adult Social Care Improved Better Care fund. This additional investment was provided to enable the recruitment of a project co-ordinator to seek additional funding streams and manage contract bids.

6.3 It is proposed that following a successful tender a contract is awarded for a 3 year period at a cost of £116,000 per annum (£78,000 Operations and Neighbourhoods and £38,000 Population Health, Tameside MBC). This represents an overall reduction of £24,000 based on the last contract value. It is felt that this is the minimum amount of core budget that an organisation can realistically be expected to be able to deliver a meaningful service and meet residents demand.

6.4 With a budget of this amount there is the expectation that the organisation will need to leverage in other funding to develop a sustainable model and increase capacity to meet increased demand likely in the current Covid-19 climate.

6.5 Currently Citizens Advice Tameside manages this by utilising a volunteer model, but it will be up to any new provider to determine how this would work and demonstrate the model within their tender.

7. RISK MANAGEMENT

7.1 Any risks of poor service delivery will be mitigated by requiring the provider to supply quarterly management information and attend quarterly contract monitoring meetings.

7.2 There is a significant risk that ceasing the provision of this service would mean that residents would not have access to independent advice and information. This would very likely lead to poverty, homelessness and poor health outcomes and subsequently increase demand on statutory services.

8. EQUALITIES

8.1 It is not anticipated that there are any adverse equality and diversity issues with this proposal, see Equalities Impact assessment available at **Appendix 1** to the report. The proposal is intended to reduce inequality.

9. CONCLUSION

9.1 The Council has had a contract with Citizens Advice Tameside for many years to deliver generalist social welfare advice and information to residents. The current contract is due to end on 31 March 2021 and the soft market test has determined that there are other providers who could potentially deliver the service.

9.2 Failure to provide the service would result in residents being unable to access to advice and information. This could lead to un-necessary and costly demand on statutory services as a result of increased poverty, homelessness and poor health.

9.3 It is proposed that permission is granted to conduct a tender exercise to the amount of £116,000 per annum for a 3 year period. Following the successful tender exercise it is proposed that the Director of Operations and Neighbourhoods is afforded delegated authority to award the tender.

10. RECOMMENDATIONS

10.1 As set out at the front of the report.

STAR Use Only	
UID Ref:	

Procurement Initiation Document (PID)
Below-OJEU Threshold & Light Touch Regime Procurement

Section 1 – Contact Details

Council	Tameside MBC	**Service**	Operations and Neighbourhoods
Budget Holder	Mandy Kinder	**Budget Code**	AS200105
Authorised Service Officer	Ian Saxon	**Job Title**	Director of Operations and Neighbourhoods
ASO Email Address	Ian.saxon@tameside.gov.uk	**ASO Phone**	0161 342 3470

Section 2 – Current Contract

Contract UID	7180	**Title**	Citizens Advice Tameside	
Supplier Name (s)	Citizens Advice Tameside			
Contract Dates	**Start**	1 April 2018	**Finish**	31 March 2021
Route to Market	Tender			

Section 3 – New Requirements

Contract Title	Provision of generalist social welfare information and advice and specialist employment advice
Description of Requirement	The provider will deliver independent, inpartial and confidential advice in social welfare law and debt in relation to (but not limited to): ● Benefits & Tax Credits ● Debt ● Employment ● Health & Social Care ● Housing ● Immigration & Asylum ● Tax ● Relationship & Family ● Discrimination ● The legal system ● Consumer Goods & Services The provider is also expected to provide specialist employment advice to help people to realise their rights, maintain their employment, assist with dispute resolution and will provide assistance with Employment Tribunals. Advice will be accessible to a wide range of individuals and communities; offered in appropriate languages and within a culture of equality and diversity. There will be a collaborative approach in working with other agencies to share what works and to support the development of more

STAR Use Only	
UID Ref:	

Procurement Initiation Document (PID)
Below-OJEU Threshold & Light Touch Regime Procurement

	co-ordinated services that are responsive to local need. The Provider will develop the organisation by bidding for and securing additional external funding in order to ensure that the organisation is sustainable and not entirely dependent upon Local Authority funding and to increase the social value of the organisation to the Borough.				
Contract Dates	**Start**	1.4.2021	**Finish**	31.3.2024	
Estimate Value	**Annual**	£116,000	**Total**	£348,000	
Confirm that you have the authority to procure Attach a copy of the authorizing document in Section 6, below					Awaiting SCB decision
Does this requirement comprise a Key Decision If **Yes**, please attach a copy in Section 6, below					Awaiting SCB decision
Is this requirement a collaboration with other Councils? If **Yes**, please attach a copy of the agreement in Section 6, below					No

Section 4 – Market Engagement

Have local/GM Suppliers been identified?	Yes
If 'Yes', please provide details of these suppliers	Citizens Advice Shelter
If 'No' is market engagement being considered?	Yes
If 'Yes', please state what engagement is being considered	• Expression of Interest through soft market test
If 'No', please state why market engagement is not being considered (approval to be obtained from the APO)	

Section 5 – Procurement Preparation

In order to complete this section, please refer to the attached Procurement Preparation Guidance		Below-OJEU PID - Procurement Prepara
Accreditations & Sustainability	Yes	The provider will maintain Advice Quality Standards (AQS) accreditation at the general help level for welfare benefits and debt throughout the duration of the contract. The provider will also maintain its AQS at the specialist level in relation to employment law advice throughout the duration of the contract.

Procurement Initiation Document (PID)
Below-OJEU Threshold & Light Touch Regime Procurement

Data Protection (including GDPR)	No	The council will not be sharing any personal client data with the provider. However the provider is expected to uphold the principles of GDPR and data protection
Health & Safety	Yes	The provider will be expected to operate from a main service hub within the Borough. The current provider operates from Tameside One for which a lease agreement is in place. The povider will comply with all health and safety legislation in force and all health and safety policies of the Council.
Safeguarding Issues	No	
Insurance	Yes	Employers liabaility insurance and Public liability insurance must be in place. Insurances will be checked through due diligence on tender documents
TUPE	Yes	TUPE will apply
Adverse Supply Market Conditions	No	The soft market test process has shown the market not to be adverse
Grant Funding	No	
Social Value Part 1: Council Priorities	Yes	Mandatory for contracts made through TMBC The proposal aligns with the Living Well and Working Well programmes The service links into the Council's priorities for People:- • Improve Health and wellbeing of residents • Protect the most vulnerable • Increasing self sufficiency and resilience of individuals and families
Social Value Part 2: GMCA Priorities	Yes	GMCA priorities which are applicable: • Local Living Standards • VCSE Capacity Building & Sustainability
Social Value Part 3: Project Request Form	Yes/No	SV Project Request Form

Section 6 – Supporting Documentation

Please embed or attach relevant documents required prior to submission of this PID to STAR Procurement	
Authority to procure From Section 3	Awaiting SCB decision

STAR Use Only	
UID Ref:	

Procurement Initiation Document (PID)
Below-OJEU Threshold & Light Touch Regime Procurement

Key Decision From Section 3	Awaiting SCB decision
Other Councils collaboration agreement From Section 3	
Any Further/Additional Documentation Please describe	

Section 7 – Financial Information
(To be completed in conjunction with the Service Finance Manager and signature / agreement obtained prior to initial submission to STAR Procurement)

Budget Allocation	Revenue **£116,000 per annum for 3 years**	Capital **£**	Grant Funding **£**
Targeted Financial Savings	Total savings expected per FY	Year 1 **£**	Year 2 **£**
		Year 3 **£**	Year 4 **£**
Existing Savings Proposals	Connected savings proposals already in the Service plan	Year 1 **£**	Year 2 **£**
		Year 3 **£**	Year 4 **£**
Finance Manager Comments			
Finance Manager Agreement	Name	Electronic Signature	Date

Section 8 – STAR Procurement Analysis of Requirements
Authorised Procurement Officer (APO) to complete

Level of Risk	Low / Medium / High (delete as appropriate)
Route to Market	Quick Quote Request for Quotation Invitation to Tender Invitation to Tender (Light Touch Regime) Call off (Internal Framework) Call off (External Framework) (delete as appropriate or state which other route has been decided)
APO Justification of Risk and Route to Market	
Procurement Lead	STAR Procurement ASO (delete as appropriate)

STAR Use Only	
UID Ref:	

Procurement Initiation Document (PID)
Below-OJEU Threshold & Light Touch Regime Procurement

Section 9 – Approvals/Sign-off

By signing the below, I confirm that I have familarised myself with the requirements of the CPRs and understand what is expected of me in respect of procuring this new requirement. I also confrm that I have read and understood the risks and recommendations identified in this PID. I acknowledge that my signature below will give approval to STAR Procurement to proceed with the procurement of this new requirement, including the issue of tender documentation on behalf of the Council, subject to any outstanding Key Decision or other Executive Approval required.

ASO	Name Ian Saxon	Electronic Signature	Date 28/10/20
APO	Name	Electronic Signature	Date

Section 10 - Post Tender Award Report

Contract Awarded To:				
Awarded Values:	Annual	£	Total	£
Saving Against Budget:	Annual	£	Total	£
If no saving achieved, please confirm that the SRO for Finance has confirmed additional budget				
Provide details of Social Value captured by this Award and confirm that this will be obtained from the supplier during the execution of the contract				
Social Value Contract Management Form Completed?	SV Contract Management			
ASO	Name	Electronic Signature	Date	

STAR Use Only	
UID Ref:	

Procurement Initiation Document (PID)

Below-OJEU Threshold & Light Touch Regime Procurement

Finance Manager	Name	Electronic Signature	Date
APO	Name	Electronic Signature	Date

Tameside Metropolitan Borough

NHS
Tameside and Glossop
Clinical Commissioning Group

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

Subject / Title	Tender for the provision of generalist social welfare information and advice and specialist employment advice

Team	**Department**	**Directorate**
Welfare Rights Service	Cultural and Customer Services	Operations and Neighbourhoods

Start Date	**Completion Date**
12 October 2020	27 October 2020

Project Lead Officer	Janine Yates
Contract / Commissioning Manager	Lewis Sinkala – STAR Procurement
Assistant Director/ Director	Ian Saxon

EIA Group (lead contact first)	**Job title**	**Service**
Janine Yates	Team Manager Welfare Rights	Cultural & Customer Services
Mandy Kinder	Head of Service	Cultural & Customer Services

PART 1 – INITIAL SCREENING

1a.	**What is the project, proposal or service / contract change?**	The proposal is for the retender of a generalist social welfare advice and specialist employment advice contract for a contract period of 3 years commencing 1 April 2021.
1b.	**What are the main aims of the project, proposal or service / contract change?**	The main aims of the contract are to ensure that all Tameside residents have access to social welfare advice and information that is confidential, impartial, independent and free.

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		✓		This is a universal service that provides advice and information to all residents

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

				including those within the protected characteristic groups
Disability	✓			The provider is expected to ensure people with disabilities are able to access advice i.e. through home visits, BSL etc. Service user information from the current provider shows 56% of service users in 19/20 identified as disabled or having a long term health condition
Ethnicity	✓			The provider is expected to provide advice to people without English as a first language in other languages ie language line, interpretation services. 19% of service users in 19/20 identified as BAME
Sex		✓		This is a universal service that provides advice and information to all residents including those within the protected characteristic groups
Religion or Belief		✓		This is a universal service that provides advice and information to all residents including those within the protected characteristic groups
Sexual Orientation		✓		This is a universal service that provides advice and information to all residents including those within the protected characteristic groups
Gender Reassignment		✓		This is a universal service that provides advice and information to all residents including those within the protected characteristic groups
Pregnancy & Maternity		✓		This is a universal service that provides advice and information to all residents including those within the protected characteristic groups
Marriage & Civil Partnership		✓		This is a universal service that provides advice and information to all residents including those within the protected characteristic groups
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		✓		This is a universal service that provides advice and information to all residents including those within the protected characteristic groups
Carers		✓		This is a universal service that provides advice and information to all residents

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

				including those within the protected characteristic groups
Military Veterans		✓		This is a universal service that provides advice and information to all residents including those within the protected characteristic groups
Breast Feeding		✓		This is a universal service that provides advice and information to all residents including those within the protected characteristic groups
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**
Low or no income groups	✓			41% of service users in 2019/20 enquired about welfare benefits and universal credit
Disadvantaged residents	✓			The current provider provides advice and support to some of our most disadvantaged residents.

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 contract retender will allow access to appropriate advice provision, with a clear requirement within the specification to deliver advice which is accessible to a wide range of individuals and communities; offered in appropriate languages and within a culture of equality and diversity. The service is universal to all residents of Tameside Mitigations for the potential impact on protected characteristic groups (i.e. that the provider will have alternate options for language for people of different ethnic groups or facility for people with disabilities) is already built into the contract so has been considered. It will be built into future contracts issued. The provider will be expected to provide accessible advice through various channels to include digital/on-line, webchat, telephone, face to face and also have a main service hub in the Borough. The service itself and requirements from the provider will not be changing from what is currently in place, just potentially a different provider providing the service. It is not a service change.	

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	25 November 2020
Executive Member/Clinical Lead/Officer of Single Commissioning Board	Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health) Dr Ashwin Ramachandra – CCG Chair Jessica Williams –Director of Commissioning
Subject:	**TARGETED NATIONAL LUNG HEALTH CHECKS**
Report Summary:	This report provides an update on development of the Targeted Lung Health Check (TLHC) Programme within NHS Tameside and Glossop CCG (T&G CCG). On 27 November 2019 a report was presented and approved at the Strategic Commissioning Board, detailing the preferred model of delivery and proposed contractual arrangements for governance and assurance purposes. Progress on implementation was limited when due to COVID-19, TLHC programmes were paused from March 2020. In August programmes recommenced, following the publication of the Phase 3 planning guidance, which stated: '*All existing projects within the Targeted Lung Health Check programme to be live by the end of 20/21. Existing projects on boarded into the TLHC programme in 20/21 to restart. New on boarding projects for 20/21 to have all required plans in place to go live in 2021/22*.' Since recommencing MFT confirmed their intention to work in partnership with T&G CCG to provide a TLHC fully managed service. This along with the national decision to extend the length of the programme to March 2024 enabled a revised two year trajectory with commencement on 1st February 2021 and full roll out across the Locality by March 2022. This enables all Low Dose Computed Tomography (CT) scans required by the protocol to be completed by March 2024. T&G CCG intends to commission an 'End to End' fully managed TLHC service from MFT varying the service specification into the existing MFT contract held by NHS Manchester CCG to which T&G CCG is an associate. MFT will work with providers across GM to ensure that people who require any follow up care have the choice to receive this care closer to where they live where possible.
Recommendations:	Strategic Commissioning Board note the progress and approve the intention to commission the 'End to End' fully managed TLHC service from MFT.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	**Budget Allocation (if Investment Decision)** As a nationally funded programme, the lung checks programme would not directly impact upon budgets within the single commissioner over the next 4 years. **CCG or TMBC** CCG **Budget Allocation**

Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	s75
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB

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

This report provides an update the revised profiled trajectory, following a further revision in start date from January 2020 to February 2021.

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

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

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

Legal Implications:

(Authorised by the Borough Solicitor)

This project is planning to commission a service. It is therefore essential that advice is sought and followed from STAR to ensure that a complaint procurement exercise is undertaken.

In addition the project offices need to ensure that they comply with all internal decision making processes and procedures such as the Council's Contract Procedure Rules.

The Board also needs to be content that the officers undertaking the delivery of this programme have a system of robust project management for the monitoring of outcomes.

How do proposals align with Health & Wellbeing Strategy?

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

How do proposals align with Locality Plan?

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

How do proposals align with the Commissioning Strategy?

The service follows the Commissioning Strategy principles to:

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

Recommendations / views of the Health and Care Advisory Group

HCAG (Reports on 8 May 2019, 14 August 2019 and 04 December 2019) were supportive and endorsed the approach taken in developing a local delivery model. HCAG to provide

	clinical oversight and support the development of clinical pathways and protocols.
Public and Patient Implications:	Residents who are invited to a Lung Health Check will be provided with information about the service, to explain why the benefits outweigh any risks; this will help them make an informed decision about having a Lung Health Check. Targeted Lung Health Checks may identify cancer at an early stage or identify other incidental findings in residents who may not have been aware they have an illness. Many of the cancers identified are at an early stage, are treatable and curable. Residents who have an illness will be supported to manage their condition and have access to interventions to help improve their lifestyle to ensure the best possible outcomes. The National Standard Protocol provides inclusion and exclusion criteria which may limit access for some of our residents. To ensure everyone has access to the support services they need a local campaigns and programmes of work will run alongside the LHCs to raise awareness of the signs and symptoms of cancer (and other health promotion programmes).
Quality Implications:	The service will adhere to the National Standard Protocol and Quality Assurance Standards. https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf www.england.nhs.uk/.../2019/02/C0699-tlhc-pathway-addendum.pdf https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-screening-for-lung-cancer-quality-assurance-standard.pdf The national Targeted Lung Health Checks phased extension is estimated to identify 3,400 cancers (389 within NHS T&G CCG) at an earlier stage, many of which are treatable with curative surgery, which is anticipated to prevent 1,500 deaths nationally. QIA is available in **Appendix 2**
How do the proposals help to reduce health inequalities?	Lung cancer is a major contributor to the inequality gap in life expectancy between affluent and deprived areas of the borough. This program aims to reduce early death from lung cancer and thereby contribute to a reduction in the inequality gap.
What are the Equality and Diversity implications?	The proposal will not affect protected characteristic group(s) within the Equality Act. The service will be available to all residents regardless of ethnicity, gender, sexual orientation, religious belief, gender re assignment, pregnancy/maternity, marriage/ civil and partnership. Draft EIA is available in **Appendix 3**
What are the safeguarding implications?	There are no anticipated safeguarding issues.

What are the Information Governance implications? Has a privacy impact assessment been conducted?	Information Governance protocols will be developed to ensure the safe transfer and keeping of all confidential information between the data controller and data processor. A privacy Impact has assessment has not been carried out.
Risk Management:	Risks will be discussed through the agreed governance process to ensure action plans are in place to minimise or mitigate any risks identified.

Access to Information :

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

Telephone: 07342056005

e-mail: louise.roberts@nhs.net

1. INTRODUCTION

1.1 NHS Tameside and Glossop CCG (T&G CCG) is one of ten areas selected by NHSE to deliver the Targeted Lung Health Check (TLHC) Programme over a four year period from 2019 to 2023 to a national standard protocol. Being nominated by Greater Manchester (GM) Cancer Alliance based on the following selection criteria, using Public Health Fingertips data:

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

1.2 Tameside has a high smoking prevalence at 17% (adults age 18 and over, 2019 Annual Population Survey) and this is one of the main risk factors for lung cancer includes smoking and age. Lung Cancer remains the biggest cause of premature death in GM with around 80 to 90% of lung cancers caused by smoking. The T&G TLHC will play a key role in the ambition to Improve Healthy Life Expectancy and increasing early intervention and reducing the risk of individuals requiring more invasive high cost intensive treatment for Cancer and other lung health related issues.

1.3 On 27 November 2019 a report was presented and approved at the Strategic Commissioning Board, detailing the preferred model of delivery and proposed contractual arrangements for governance and assurance purposes. This report provides an update on development of the TLHC Programme within T&G CCG.

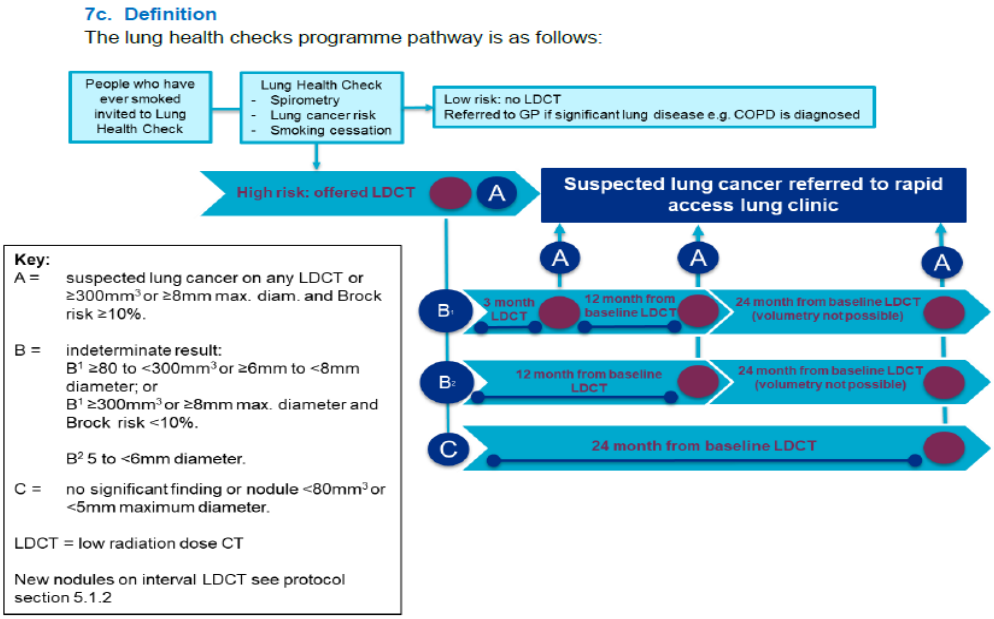
2. BACKGROUND INFORMATION

2.1 The role of TLHCs is to:

- Increase identification of lung cancer and support early diagnosis (at an earlier stage, NHS Long Term Plan ambition).
- Improve outcomes: increased one year survival and reduce the number of preventable deaths by diagnosing cancer at an earlier stage. Survival is better the earlier it's diagnosed, so places a strong focus on prevention and early diagnosis.
- Reduce smoking prevalence and help people quit, this links to Curing Tobacco Addiction in Greater Manchester programme (CURE).

2.2 TLHCs run alongside local campaigns and programmes of work to raise awareness of the signs and symptoms of cancer and other health issues to ensure everyone has access to the support services they need including social prescribing. They provide a community based service and deliver follow up care, closer to home (using existing pathways) unless more specialist services are required.

2.3 The national pathway is shown below.



2.4 Two other areas within GM run self-funded Lung Health Check Programmes on a smaller scale :

- North Manchester CCG commenced service delivery in April 2019 (1.51% threshold, 55 – 80 years, current and ever smokers). 'One stop' model.
- Salford CCG commenced service delivery in September 2019 ; initially planned 3% threshold but amended in light of national direction to <1.51%; age range 55 – 74 years; eligibility criteria smokers, ever smokers, smoking status not recorded on clinical systems. LHC in community on mobile Unit and CT scans in Salford Royal.

2.5 A GM LHC steering group was established on 18 June 2019, to include representatives from Providers, Commissioners, Health and Social Care Partnership, Specialised Commissioning and GM Cancer Alliance to ensure services align across GM, taking into account the complex interdependencies across GM relating to diagnostic and tertiary surgical capacity.

2.6 Cancer Alliance Planning guidance states: 'The expectation is that no additional local projects will start outside of the National Programme from 2020/21 onwards' pending the four year evaluative period'

2.7 Following extensive engagement and consultation with key stakeholders and members of the public the preferred model of delivery for NHS T&G CCG was to provide Lung Health Checks, Smoking Cessation and CT scans all in one place (One Stop) on a Mobile Unit based within the community, closer to where people lived (for example within their neighbourhoods). This preferred model is similar to the 'One Stop' model Commissioned by North Manchester CCG from Manchester Foundation Trust (MFT).

2.8 The original intention for T&G was to work in partnership with T&G ICFT and MFT (also the tertiary surgical provider across GM), to develop pathways and protocols for delivery of the preferred model. The investment would then be transacted to T&G ICFT and providers would work together to deliver a fully managed service and to align active pathways to ensure people receive follow up care closer to home, unless they need to travel for specialist services.

3. DEVELOPMENTS AND UPDATES

3.1 The complex issues relating to tertiary surgical provision and CT capacity needed to be resolved prior to commencing TLHCs within T&G CCG. The GM LHC Steering Group endeavoured to work through these complex interdependencies within the system and provide

a GM governance structure for LHCs. However, in January 2020 these issues remained unresolved.

3.2 In January 2020 NHSE published Quality Assurance Standards, setting out minimum quality requirements for service delivery, this included minimum training requirements for clinical staff, communications standards and clear guidance on the management of the key Incidental findings. The active pathways in place aligned with these standards.

3.3 The impact of COVID-19 from March 2020 onwards resulted in all TLHC programmes being paused.

3.4 T&G CCG continued to work with partner organisations, to review the model of delivery required going forward. In addition Jessica Williams, became the lead SRO, supported by a project team with representatives from all partner organisations.

3.5 In June 2020 the two existing programmes within GM (2.3), were invited to be part of the National programme and funding provision.

3.6 NHSE also published in June 2020 the addendum to the National standard protocol in response to COVID-19; to recommend virtual initial TLHC assessments and removed the requirement to undertake spirometry.

3.7 In August 2020 in the NHS response to COVID-19, Phase 3 planning guidance it stated: 'All existing projects within the Targeted Lung Health Check programme to be live by the end of 20/21. Existing projects onboarded into the TLHC programme in 20/21 to restart. New onboarding projects for 20/21 to have all required plans in place to go live in 2021/22.'

3.8 In September 2020, NHSE released revised Clinical and evaluation data sets.

3.9 Also in September MFT informed the GM Steering Group in September that they could accommodate additional tertiary surgical capacity and CT capacity. MFT confirmed their intention to work in partnership with T&G CCG to provide a TLHC fully managed service.

3.10 In October NHSE formally notified TLHC programmes that they would extend the length of the programme to March 2024 to accommodate the pause due to COVID-19. A revised two year trajectory was submitted to NHSE on 9th October 2020 to indicate the first T&G TLHC would commence on 1st February 2021 and the full roll out across the Locality would be completed by March 2022. This enables all Low Dose Computed Tomography (CT) scans required by the protocol to be completed by March 2024.

3.11 T&G CCG continues to work with partner organisations to develop pathways that incorporate TLHCs working to the revised National Standard Protocol (issued due to COVID-19).

3.12 Revised population modelling (based on data extracted from the practice register to provide the eligible population) has also taken place.

Stage	No.	%	Comment
Total eligible population	58,121	100.0%	Aged 55-74/364
Ever smoked	36,248	62%	Of Total eligible population
Appointments booked	18,124	50.0%	Of Ever Smoked
Non attendees	1,450	8.0%	Of Appointments Booked
LHC's performed	16,674	92.0%	Of Appointments Booked
Positive LHC's	9,337	56.0%	Of LHC's analysed
Excluded from CT scan	280	3.0%	Of Positive LHC's
Initial CT scans performed	9,057	97.0%	Of Positive LHC's
Indeterminate - require second scan	1,286	14.2%	Of Initial CT Scans performed
Negative CT Scan - 24 months follow-up	7,481	82.6%	Of Initial CT Scans performed
Total CT	19,111		
Activity Impact of Cancers Identified			
Findings	**No.**	**%**	**Comment**
Patients needing clinical investigation (following first scan, three months follow-up and 12 months follow-up)	534	5.9%	Of Initial CT Scans performed (including patients requiring investigation after second scan)
Cancers found	271	50.8%	Of Needing clinic investigation
24 months follow-up	7,481	82.6%	Of Initial CT Scans performed
Patient needing clinical investigation following 24 month scan	180	2.4%	Of 24 month scans
Cancers found at 24 months follow-up	118	65.5%	Of Needing clinic investigation
Total cancers found	389	N/A	Including those found at initial, 3, 12 and 24 months scans
Surgery	198	51.0%	Of Cancers found
Stereotactic Body Radiation Therapy (SABR)	47	12.2%	Of Cancers found
Chemo-Radiation	35	9.1%	Of Cancers found
Radiation treatment (XRT)	35	9.1%	Of Cancers found
Surgery and Adj Chemo	30	7.7%	Of Cancers found
No Treatment	18	4.6%	Of Cancers found
Chemo	18	4.6%	Of Cancers found
Best Standard Care	6	1.5%	Of Cancers found

4. MODEL OF DELIVERY

4.1 The preferred model of delivery for T&G CCG remains the same, Lung Health Checks, Smoking Cessation and CT scans all in one place (One Stop) on a mobile unit close to where people live. However, due to COVID-19 the model will incorporate virtual LHCs as part of the initial stage, in accordance with the addendum to the National Standard Protocol.

4.2 T&G CCG intends to commission an 'End to End' fully managed LHC service from MFT. MFT are the only GM provider who can deliver this 'end to end' service (to include tertiary surgical activity) as the single GM tertiary provider for Lung and will provide continuity of provision across the two CCGs.

4.3 T&G CCG intend to vary the service specification (draft available in **Appendix 1**) into the existing MFT contract held by NHS Manchester CCG to which T&G CCG is an associate to sit alongside MHCC service specification, this contractual framework will enable NHS T&G CCG to work within NHSE phase 3 timeframes, to commence service delivery within 2020/21.

4.4 MFT will work with providers across GM to ensure that people who require any follow up care, have the choice to receive this care closer to where they live except when support can only be delivered by specialist centres e.g. an incidental finding of an Mediastinal Mass or Aortic Aneurysm would require support from Wythenshawe Hospital.

4.5 There will be a phased approach to delivery with the Phase 1 site location for the mobile unit operating in the existing COVID-19 safe site at the Etihad with people from Denton, Hyde and Ashton being invited. Phase 2 will extend to Stalybridge and Glossop and the site location will be confirmed. Should the constraints of COVID-19 change the location will be reviewed and if possible a location within Tameside and Glossop will be used.

4.6 To promote equity of access T&G CCG will include a provision to cover patient transport costs where transport is a barrier to accessing the service.

4.7 The process that will be followed set out below is in line with the national protocol.

- Practices will provide a list of eligible participants following a data extract from their systems using a Data Quality search template developed by GM Shared Services (Data sharing agreement in place).

- Participants will be invited for a LHC via the MFT service on GP endorsed letter heads.

- MFT staff will contact eligible people and assess their risk of having cancer using a nationally developed tool (see standard protocol and quality standards); as this will take place virtually due to COVID-19, spirometry will not be undertaken.

- LHC participants who smoke will receive smoking cessation advice and support from a specialist nurse, again this could be virtual. The LHC service will establish strong links with local services to ensure that participants continue to receive support from local services within the community.

- People who require a CT scan will be invited to attend the mobile unit.

4.8 MFT will proactively manage the service on behalf of T&G CCG. Service operational procedures will be in place concerning the process and data collection in line with National timelines and requirements.

4.9 T&G CCG, GM Cancer Alliance and NHSE Cancer will have monitoring processes in place to ensure the service is running in line with the service specification incorporating all elements of the Standard Protocol. Clinical pathways will be in place between primary, secondary and tertiary services to manage incidental findings and ensure people have access to the services they need in the most appropriate setting.

5. FUNDING

5.1 The initial funding envelope available of £6.3m included a fixed element for staffing and a variable amount based on agreed trajectories. Since the initial plan was submitted, the extraction criteria has changed and therefore there is likely to be a higher variable cost element than previously anticipated. It is expected that this higher variable activity will be fully funded by the national programme. Local modelling is based on the national modelling and assumptions; this may differ in T&G CCG and uptake may vary. Each programme receives £264 per CT scan to cover variable service line costs to include: CT scanning- including the cost of providing mobile capacity, Teleradiology, Consumable costs associated with the lung health check, travel and other costs including legal.

5.2 The two year planned trajectory for T&G CCG is shown below:

	20/21	**21/22**	**Total**
Scheduled LHC appointments (modelling indicates 18,124 required)	2,880	15,244	**18,124**
Planned CT activity (Modelling requires 3,12 and 24 months scans. 19,111 planned in total)	880	10,750	**11,630**
Planned cost CT	232,320	2,838,000	**3,070,320**
Fixed Allocation (21/22 allocation to be confirmed)	386,000	386,000	**772,000**
Total cost	**618,320**	**3,224,000**	**3,842,320**
Cumulative Costs	**618,320**	**3,842,320**	

5.3 Indicative modelling for Years 4 and 5 assumed slippage for additional activity

	22/23	**23/24**
Scheduled LHC appointments (modelling indicates 18,124 required)	0	0
Planned CT activity (Modelling requires 3,12 and 24 months scans. 19,111 planned in total)	1,744	5,737
Planned cost CT	460,416	1,514,568
Fixed Allocation (allocations to be confirmed)	386,000	386,000

Total cost	**846,416**	**1,900,568**
Cumulative Costs	**4,688,736**	**6,589,304**

5.4 Additional costs associated with this programme will need to be factored into the Commissioning Intentions to manage activity relating to Lung Cancer and incidental findings; this will involve partner organisations and specialised commissioning and is out of scope for the programme.

6. CONCLUSION

6.1 The change in model due to COVID-19 will enable T&G CCG to deliver the TLHC programme as required and increase the opportunities for early identification and treatment of health issues that left undetected would adversely impact on an individual's Healthy life Expectancy. Progressing this programme is a key priority for the Strategic Commission.

7. RECOMMENDATIONS

7.1 As set out at the front of the report.

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification	NHS Tameside and Glossop Community Based Lung Health Checks
Service	Phased Extension of the National Lung Health Checks within NHS Tameside and Glossop Clinical Commissioning Group (T&G CCG)
Commissioner Lead	NHS Tameside and Glossop Clinical Commissioning Group T&G CCG)
Provider Lead	Manchester Foundation Trust
Period	March 2021 to March 2024
Date of Review	

1. Population Needs

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

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

2.2 Locally Defined Outcomes

The objective of the programme is to achieve the requirements outlined in the Targeted Lung Health Checks Standard Protocol https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf , Quality Standards https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-screening-for-lung-cancer-quality-assurance-standard.pdf and addendum issued due to COVID-19 www.england.nhs.uk/.../2019/02/C0699-tlhc-pathway-addendum.pdf covers the following areas:

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

2.3 Data Collection Requirements

The service provider will be responsible for the collation and submission of TLHC data in line with the minimum dataset (attached) which sits within the Standard Protocol. Data will be submitted to the Commissioner each month. Data will also be submitted to IPSOS MORI as part of a robust evaluation. The provider will ensure they complete the most recent versions, when available.


Copy of V03 TLHC Clinical Dataset Proc


Copy of TLHC Evaluation Dataset F

The Provider will work with the NHS Strategy Unit https://www.strategyunitwm.nhs.uk/ who will support the service evaluation. To support this the Provider will be expected to build quality monitoring assessment tools into the programme.

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

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

3. Scope

3.1 Aims and Objectives of the Service

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

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

The service objectives are:

- Correctly inform participants about the lung health check process and the need for a CT scan if lung cancer risk is equal to or above the set risk threshold
- Accurately calculate the lung cancer risk score of all participants
- Provide a high quality baseline Spirometry test to people at high risk of lung health problems (not required while addendum in place due to COVID-19 restrictions)
- Correctly assess people's lung health and refer them to the most appropriate service/s based on their diagnosis.
- Provide support and advice about lung health, in particular, the importance of not smoking and encourage people that express any interest in quitting to access smoking cessation therapy, counsellors services or their GP
- Provide a user friendly service to a diverse population of smokers and ex-smokers aged 55-74 and 364 days that results in high levels of customer satisfaction
- Offer all service participant a lung health check which is convenient and accessible
- Ensure that all participants are seen with the timescale set by T&G CCG & NHSE

The programme scope covers residents who are registered with a GP in T&G CCG.

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

3.2 Inclusion Criteria:

- Age range from 55 to 74 and 364 days
- Willing and able to undergo LDCT; and
- PLCOm2012 risk of ≥1.51% over 6 years and LLPver2 5-year risk of ≥2.5%

3.3 Exclusion Criteria:

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

3.4. Service Set Up & Delivery

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

LHC Data Quality Search - v30-09-202

Insert DPIA

The planned service start date is 01st February 2021. Planned trajectories need to take into account the complex interdependencies across Greater Manchester and take into account capacity at the tertiary centres.

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

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

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

3.5 Service Preparation

DRAFT

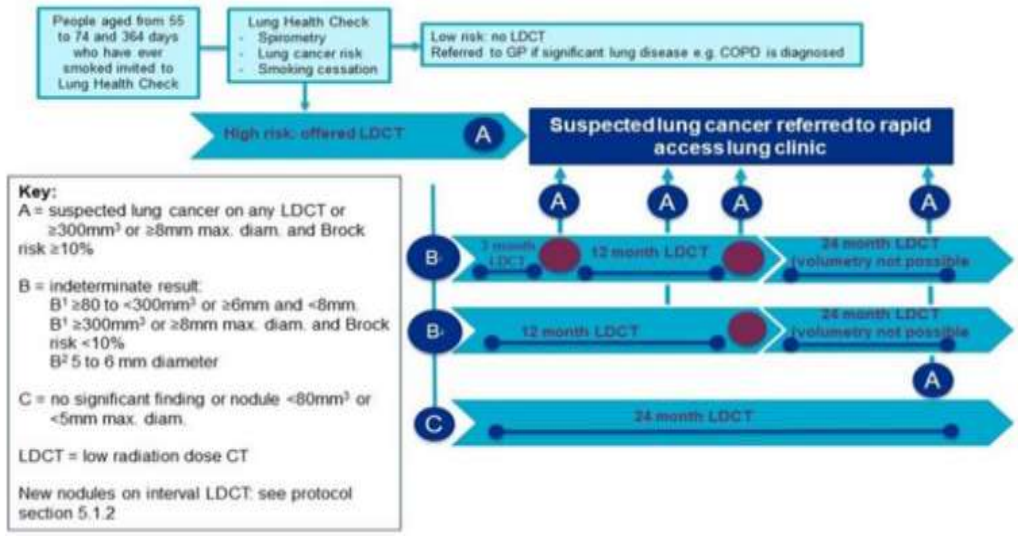
The Provider must ensure a full understanding of the Targeted Lung Health Check Service Protocol and ensure that the protocol is fully adhered to (please note that the protocol may be subject to change as the service evolves). Areas of concern which must be addressed to ensure excellent service uptake are:

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

The initial invitation process will be as follows: Please note that GP's may send the initial invite letter (DPO to advise SCO)

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

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



3.6 Capacity & Infrastructure

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

- Community facilities for siting of mobile CT scanners
- Primary care facilities for supporting assessments for eligibility and health checks
- Scanning capacity
- Radiology reporting
- Clinical service for work up of referred participants
- Clinical service for treatment of participants
- Smoking cessation support and advice with robust links back to local smoking cessation services in Tameside & Glossop
- Administrative support for the programme including data collection, collation and submission

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

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

3.7 Overview of the Lung Health Check Assessment

The lung health check assessment is an opportunity for people to consider their lung health. Each person qualifying for a lung health check will have a basic examination focusing on lung symptoms, baseline spirometry (not required while addendum in place), Qrisk2 score and have their risk of lung cancer calculated. Those calculated to have a risk of lung cancer above or equal to a set threshold of ≥1.51% will be eligible to enter the low dose CT scan service. Atrial Fibrillation may also be included but is not mandated within the contract.

A nurse will interpret the results of the lung health check and use clinical judgment to decide whether or not the participant should visit their GP practice or be signposted elsewhere. The nurse will give reassurance and advice as required and put the patient in touch with on-site smoking cessation intervention as appropriate. The smoking cessation advisor will ensure robust links with Be Well Tameside and Live Life Better Derbyshire along with social prescribing providers. The Provider will be responsible for ensuring that results from the lung health check are shared with GPs in the form of a letter sent electronically via secure email advising next steps.

The success of the service will depend upon:

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

3.8 Expected Patient Numbers

The expected number of service participants is shown in the table below. The data is based on Tameside & Glossop Demand Modelling taken from primary care data from 09th October 2020. The data search will need to be re-run as the service moves to different localities/neighbourhoods to take into account the service age range of 55 – 74 and 364 days.

DRAFT

Use yellow cells to input your eligible population and ever smoking rates 09.10.2020

Data refreshed with SNOMED codes and revised exclusion criteria

Stage	No.	%	Comment
Total eligible population	58,121	100.0%	Aged 55-74/364
Ever smoked	36,248	62%	Of Total eligible population (excludes Palliative/Lung Cancer and Severely Frail)
Appointments booked	18,124	50.0%	Of Ever Smoked
Non attendees	1,450	8.0%	Of Appointments Booked
LHC's performed	16,674	92.0%	Of Appointments Booked
Positive LHC's	9,337	56.0%	Of LHC's analysed
Excluded from CT scan	280	3.0%	Of Positive LHC's
Initial CT scans performed	9,057	97.0%	Of Positive LHC's
Indeterminate - require second scan	1,286	14.2%	Of Initial CT Scans performed
Negative CT Scan - 24 months follow-up	7,481	82.6%	Of Initial CT Scans performed
Total CT	19,111		

Activity Impact of Cancers Identified

Findings	No.	%	Comment
Patients needing clinical investigation (following first scan, three months follow-up and 12 months follow-up)	534	5.9%	Of Initial CT Scans performed (including patients requiring investigation after second scan)
Cancers found	271	50.8%	Of Needing clinic investigation
24 months follow-up	7,481	82.6%	Of Initial CT Scans performed
Patient needing clinical investigation following 24 month scan	180	2.4%	Of 24 month scans
Cancers found at 24 months follow-up	118	65.5%	Of Needing clinic investigation
Total cancers found	389	N/A	Including those found at initial, 3, 12 and 24 months scans
Surgery	198	51.0%	Of Cancers found
Stereotactic Body Radiation Therapy (SABR)	47	12.2%	Of Cancers found
Chemo-Radiation	35	9.1%	Of Cancers found
Radiation treatment (XRT)	35	9.1%	Of Cancers found
Surgery and Adj Chemo	30	7.7%	Of Cancers found
No Treatment	18	4.6%	Of Cancers found
Chemo	18	4.6%	Of Cancers found
Best Standard Care	6	1.5%	Of Cancers found
Grade I&II Cancers Detected	362	4.0%	Of initial scanned
Grade III&IV Cancers Detected	91	1.0%	Of initial scanned
Nodules Detected	815	9.0%	Of initial scanned
Nodules doubling at 12 months (NELSON)	19	2.3%	Of Nodules Detected
Other Significant Incidental findings NIHR	543	6.0%	Of initial scanned

The expected number of CT scans over the four year project period is estimated at:

Total demand Values inputted from "TLHC" tab

Detail	Number	%	% of . . .
LHC's booked (appts booked)	18,124	50.0%	of the Ever smokers
Initial CT scans performed (baseline scans)	9,057	97%	Of Positive LHCs
3 month repeat scan booked (if indeterminate results)	1,286	14.2%	of initial CTs
12 month follow-up scan (if had 3 month repeat scan)	1,286	100%	of 3 month repeat scan
24 month follow-up scan (if first round of scans clear)	7,481	82.6%	of initial CTs

All eligible participants will need to be seen, scanned and followed up (where appropriate) as per the participant pathway above by the end of March 2024. Please note that a process will need to be in place for communicating CT results back to participants. **Results will not go directly back to the GP for management**. This will need to be organised in partnership with the provider undertaking the lung health check assessments. Patients with incidental findings will need to be referred to the most appropriate service. Incidental findings mapping has already taken place (and will align to the Quality Assurance Standards).

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

The proposed service trajectory for booking the initial Lung Health appointments within 34 weeks (to be agreed)must ensure that all patients receive a Follow UP CT scan within the specified time period is shown in **Appendix A** in accordance with National timeframes and financial framework. The time period may change depending on possible service impact on tertiary providers. The Provider will continually link with the GM Cancer Alliance to ensure that the service dovetails with other services across GM and is provided at a safe and manageable pace. The Provider will update the Commissioner on service roll out progress and identify and communicate service issues well in advance of them becoming unmanageable.

3.9 Initial Contact

The provider will work with Practices to identify patients in the appropriate age range of 55-74 and 364 days registered with a T&G CCG GP practice. The Provider will identify the name, date of birth, home address and contact details whilst taking into account the inclusion and exclusion criteria within the standard protocol. Patients will then be invited to contact the booking service to agree an appointment for a community based lung health check (mat be virtual due to COVID-19 restrictions).

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

3.10 Set up at Community Locations

The Provider will engage with Primary Care throughout the service planning and scheduling stage. The provider will identify suitable service locations that adequately cover the Tameside & Glossop footprint. The service is expected to be delivered in 3-4 locations and will target participants across a number of GP practices in the surrounding area (COVID-19 safe sites may limit options available). Practices will be informed well in advance of when their patients will be invited. This will give them time to prepare and run their data download and encourage participants to attend.

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

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

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

3.11 Service Opening Hours

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

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

3.12 Pathway Planning

The Provider will work in partnership with the CT scanner provider to deliver a welcoming, seamless and easily accessible pathway from LHC to CT scan through a one stop service (may not be possible due to COVID-19 restrictions, may require virtual LHCs). Participants meetings the criteria for a low dose CT scan will be guided through this process with the intention of minimising any worries or concerns.

The Provider will work closely with GM Cancer Alliance and tertiary providers to plan service roll out so that the service is launched in a safe and methodical manner to prevent overburden and saturation of the full lung pathway. The service must not impact on local and GM cancer targets in line with National Cancer Waiting Times Monitoring Guidance V.10. The schedule will be discussed with the Commissioner and agreed with the NHS England National Team.

The Provider will produce service operational procedures (SOPs) covering all aspects of the LHC pathway both in and out of the service and will also cover all incidental findings pathways (in accordance with the Quality Assurance standards) to include:

- Chronic Obstructive Pulmonary Disease (COPD)

DRAFT

- Emphysema
- Bronchiectasis
- Cardiovascular conditions
- Gastrointestinal conditions
- Cancers

Less Frequent

- Thyroid disorders
- Adrenal nodules
- Hepatic lesions
- Renal masses
- Bone Lesions
- Gastric Conditions
- Lymphadenopathy

The SOPs will be shared with the Commissioner to provide assurance. Where possible patients should have the option to choose providers closer to home using existing pathways and local providers. In addition pathways will be established to supporting services for examples Psychological support or social prescribing.

3.13 Patient Literature

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

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

- Invite letter explain the service and why the patient has been invited
- Appointment confirmation letter and service leaflet explaining LHC process including CT scan
- Reminder letter/phone call if participant does not attend
- Telephone call or text reminder on the day of the LHC

3.14 Arrival for Lung Health Check

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

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

The Provider will deliver a lung health check to each participant in line with the Standard Protocol (which may be subject to change as the service evolves) in an electronic format ensuring that all aspects of the minimum dataset are covered. The data will be shared electronically with the Commissioner on a monthly basis.

The LHC will consist of:

- Explanation of the LHC process
- Explanation of low dose CT scan and risk (if required)
- Consent for CT scan (if required)

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

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

Incidentals finding pathway v11.docx

Draft incidental findings pathway

3.16 Staff Training & Competence

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

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

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

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

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

3.17 Equipment for LHC

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

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

The nurse will assess the participants pulse and record regular / irregular. If irregular, and atrial fibrillation not known, follow up with formal diagnosis (and inform GP). Include AF used in the calculation of Qrisk2 score.

3.18 Respiratory Health Questions

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

3.19 Referrals to Smoking Cessation Services

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

3.20 Low Dose CT Scan

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

3.21 Administrative Follow-up

The Provider will ensure:

- A robust record of attendance and outcomes is maintained for all people receiving a lung health check
- Keep a secure database which feeds into the production of reports regarding attendance and a participant's lung health check
- Brief activity report covering each month's activity as a routine electronic data return
- The return will include the number of lung health checks provided, non-attendance and the outcome of the health check
- This information will be presented to the T&G CCG contracting team using an agreed electronic format

3.22. Security

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

4. Transfer of Data

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

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

There should be sufficient radiology reporting capacity to ensure that reports are available within 14 calendar days of initial scan. Where possible Radiologists should be employed by the service or have the role built into

their existing job plans. The reporting of pulmonary nodules will utilise volumetry, computer aided detection software and a nodule management algorithm based on British Thoracic Society (BTS) guidelines.

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

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

5. Clinical Protocols & Pathways

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

Patients with a positive scan will be upgraded to the suspected lung cancer pathway within 1 working day of receipt of CT report for diagnostic work up. Patients with significant additional unexpected findings will be referred to an appropriate clinician in accordance with agreed pathways and protocols with the Commissioner. The Provider will ensure a process is in place for notifying the patient's GP of the action taken.

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

6. Communication & Engagement

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

Lung Health Check Communications Str

Draft Communication plan

Approach:
The key messages and benefits of the lung health check:

- One stop service (or Virtual LHC subject to COVID-19 restructions) – everything in one place and CT scan being available immediately
- Accessible and very convenient

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

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

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

- GP invite letter
- Lung Health Check and LDCT scan leaflets (supplemented with NHSE COVID-19 letter)
- Online resource portal for practices and patients to access information and resources about the services
- Information video about the lung health check process

6.1 Community engagement:

Co-ordinate community events to include:

DRAFT

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

6.2 GP Engagement:

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

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

6.3 Media and advertising

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

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

7. NHS Patient Experience & Satisfaction Survey

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

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

Patient feedback must be considered and appropriate improvements put in place where necessary.

The NHS Evaluation Team will requires access to patient identifiable information for a small number of participants / patients. They will be contacted directly and asked to give their opinion of the service. This process has yet to be agreed as data sharing agreements will need to be put in place.

8. Equality


LHC EIA 21.10.20


LHC Quality Impact Assessment Oct 202

Data Requirements

The service will be monitored on the collection of data as per the lung health check minimum dataset.

9. Finance

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

- A fixed amount for each project to cover the cost of the core programme

DRAFT

- A variable amount calculated on the national reported size of the T&G CCG population of 55 to 74-year and 364 days.

Fixed funding:

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

The financial model uses three nationally agreed averages:

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

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

Fixed funding:

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

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

The finances associated with the programme is shown in schedule 3 of the contract. – to be inserted

10. Applicable Service Standards

10.1 Applicable national standards (e.g. NICE)

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

Good Practice Standards

The Provider will comply with:

- Good clinical industry practice which will include but is not limited to: standards for better health, relevant NICE guidance, for example guidance supporting interventions to help people stop smoking
- The baseline spirometry will be undertaken in accordance with the guidance from the Association for Respiratory Technology and Physiology

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

Time Standards

The Provider will:

- Ensure that for all people arriving before or on time for their appointment the lung health check begins within 30 minutes of the scheduled appointment time.

- Provide details of the daily attendance at the lung health check service to the weekly (moving to monthly as service develops) T&G CCG contract meeting
- Provide outcome of the nurse led LHC +/- LD-CT within 14 calendar days to the participants GP; but aim to move to real time reporting in the future.

Information Management & Technology (IM&T) Requirements

The Provider will

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

Clinical Safety and Medical Emergency Measures

The Provider will ensure that:

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

Quality Requirements of Activity Outputs

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

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

Contract Specification - Standards and Equipment

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

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

The Provider should use:

- A spirometer which meets the ISO standard 267823
- One-way mouthpieces and nose clips
- Bacterial and viral filters (as indicated in selected patients)
- Height measure and weighing scales – calibrated according to manufacturer's instructions.

Training and Education

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

Quality Assurance

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

Operating Manual

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

DRAFT

11. Performance Monitoring

Key Performance Indicators from Business Case

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

Draft KPI's.docx

12. Location of Provider Premises

The Provider's premises are to be located at agreed community locations. The service will be delivered from suitable mobile units. The locations for service delivery will be convenient for the GP practice's patients to attend and must also be able to accommodate the size and other requirements of the mobile units, and the participants attending the service (COVID-19 safe setting while under current restrictions). Car parking facilities must be available for participants.

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

Updated service modelling to be inserted here when agreed. Dates below to be amended when agreed.

Dates	Activity
February 2021 to March 2022	LHC and Initial CT scans performed
May 2021 to February 2022	3 month repeat scan booked (if intermediary results)
February 2022 to July 2023	12 month follow-up scan (if had 3 month repeat scan)
October 2022 to March 2024	24 month follow-up scan (if first round of scans clear)

Appendix A

T&G TLHC trajectories Oct 20 (

MFT Modelling to be replaced with revised baseline data

T&G Estimates _for LR_NHSE.xlsx

Additional Findings.pdf

Appendix 2 - Smoking Prevalence

Appendix 3 - Diagnostic Impact (v

Appendix B Minimum Standards

targeted-scree

DRAFT

This page is intentionally left blank

Targeted Lung Health Checks

Quality Impact Assessment

October 2020

Title of scheme: Targeted Lung Health Checks

Project Lead for scheme: Louise Roberts

Brief description of scheme:

This is an NHS England funded four year extended pilot which focuses on targeting smokers or ever smokers between the age of 55 – 74. The aim is to detect any potential health issues (i.e. cancer or COPD) early before any potential symptoms are being experienced and treat and educate participants as quickly as possible. Participants will be invited for a lung health check assessment and based on the assessment outcome they may also be offered a CT scan.

What is the anticipated impact on the following areas of quality?							**What is the likelihood of risk occurring?**						**What is the overall risk score (impact x likelihood)**			**Comments**
	Neutral / Positive Impact	Negligible	Minor	Moderate	Major	Catastrophic	No risk identified	Rare	Unlikely	Possibly	Likely	Almost certain	**Low**	**Moderate**	**High**	The lung health check service has been based on the outcomes from a two year pilot in Manchester and Liverpool. The learning and outcomes from the pilots have been considered by NHS England through the production of the Targeted Screening for Lung Cancer with Low Radiation Dose Computed Standard Protocol https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf Tameside and Glossop will base their service on the agreed Protocol.
	0	1	2	3	4	5	0	1	2	3	4	5	0-5	6-12	15-25	
Patient Safety			2					1					3			From clinical evidence and following the outcome from two pilot sites, the low dose CT scan is not expected to cause any significant impact on

															participant's general health. Participants will be provided with verbal and written information pertaining to any risks that need to be considered in advance of the lung health check assessment. Please refer to section 3 of the Protocol which provides detail of the quality assurance mechanisms in place.
Clinical effectiveness	0						0						0			The service is an extended pilot which has been enhanced following a two year pilot in Manchester and Liverpool. All learning from both pilots has been considered during the production of the service specification which includes all clinical requirements therefore the service is built on best practice. Before the service commences a clear governance structure will be put in place and any reporting (refer to section 2 of the protocol) and all reading radiologists will need to have attended the mandatory training shown below (in accordance with NHSE TLHC Quality Assurance Standards published in January 2020). 
Patient experience	1						1						2			The service will aim to provide a positive patient experience. This will be achieved through liaising with Manchester and Liverpool to understand their processes and learning i.e. what did/didn't work well. The local model has been built through extensive local user engagement and feedback across Tameside & Glossop. The service will be a mobile assessment and CT unit which will move to two or three locations across the borough. This will bring care closer to home, reduce the number of outpatient appointments and hopefully reduce the dropout rate. The respiratory nurses undertaking the assessment will have attended the mandatory training in accordance with NHSE TLHC Quality Assurance Standards published in January 2020.

Safeguarding ~~children~~ or adults			2							3				6		Some eligible participants may not be in a position to make decisions for themselves and may be unable to state if they do/do not want to attend the lung health check or have a CT scan. The Booking Team offering the appointments will work to a script to try and ensure that participants attending have capacity. If it does not seem that this is the case then these people and/or their carers will be put in touch with the Lung Health Check Team who can undertake further assessment to see if the person meets the eligibility criteria (please refer to the exclusion criteria in section 3.3.8 of the protocol - *Participant does not have capacity to give consent (standard criteria for assessing capacity apply).* All the providers associated with the Lung Health Check process will be fully trained in safeguarding through their mandatory training in accordance with NHSE TLHC Quality Assurance Standards published in January 2020.
Please consider any anticipated impact on the following additional areas only as appropriate to the case being presented.							**What is the likelihood of risk occurring?**						**What is the overall risk score (impact x likelihood)**			**Comments**
	Neutral / Positive Impact	Negligible	Minor	Moderate	Major	Catastrophic	No risk identified	Rare	Unlikely	Possibly	Likely	Almost certain	**Low**	**Moderate**	**High**	
	0	1	2	3	4	5	0	1	2	3	4	5	0-5	6-12	15-25	

Human resources/ organisational development/ staffing/ competence	0						0						0			The Radiologists and Respiratory nurses providing the service will be competent to provide the service as per the standard protocol. The service will commence with low numbers and build over time. This will allow staff to slowly embed the service and increase their knowledge, skills and competence. The service will be staffed in line with the workforce learning and modification from the previous pilots (in accordance with NHSE TLHC Quality Assurance Standards published in January 2020). 
Statutory duty/ inspections	0						0						0			The service will be required to collate data for submission to NHS England's National Team in line with the minimum dataset requirements. The data will be used for the programme evaluation. Please refer to item 9.5 of the protocol
Adverse publicity/ reputation			2							3			5			The service launch date should have been on the 1st October 2019 but the date has been re-set to 01st February 2021 (due to complex interdependencies across GM and COVID-19). The reason for this is because the 10 extended project sites (including Tameside & Glossop) were not given enough time by NHS England for service planning and set up. Engagement has already taken place across Tameside and Glossop with stakeholders and the public with an intention of the service commencing on 1st February 2020. There may be some negative responses to the service delay. This will be addressed through "You Said We Did" sessions with the same groups explaining the reasons for delay. CCG, Council and hospital communications are also working together to provide a positive service launch across the borough.

Finance		1						1					2			The service was initially funded for four years through NHS England. NHS England have confirmed that they extending the service duration (due to late starts and the impact of COVID-19). NHSE confirmed that the financial envelope can be extended on request (due to additional pressures due to COVID-19).
Service/business interruption		1						1					2			No issues have been identified that may cause service or business interruption (services paused during the first peak of COVID-19 and planned trajectory now includes schedules down time for routine maintenance and deep cleans) . The IT network is yet to be tested between the service's mobile unit and the service provider/s.
Environmental impact			2						2				4			The service will be provided in a mobile unit which will move around 3 -4 localities. Some environmental impact may come from the generators used to power the unit, the toilet facilities and the fuel needed to move the unit. Although there may be some impact the service is being provided in the community closer to home for participants.
Compliance with NHS Constitution	0						0						0			The service meets all 7 of the NHS Constitution Principles. The NHS Long Term Plan promises care closer to home and the Lung Health Check Service sits within a community setting and encompasses the full core neighbourhood offer.
Partnerships	0						0						0			All provider/stakeholders have been involved in discussions associated with the Lung Health Check Service. Task and finish groups are in force and focus on: 1. Lung cancer clinical pathways 2. Incidental findings pathways 3. IT, data flow & information governance 4. Service literature, language, interpretation & website 5. Communications, engagement & service set up & launch 6. Service monitoring & evaluation
Public Choice	0						0						0			No negative impact on quality anticipated; the service will enable appointments to be made outside traditional working hours and at different locations which will provide more choice and convenience.

Public Access	0						0						0			No negative impact on quality anticipated. The service will enable appointments to be made outside traditional working hours and at different locations. Wheelchair users have access to the mobile service via a lift. NHSE have issued an addendum to The National Standard Protocol to consider impact of COVID-19, to enable the initial Lung Health Checks to take place virtually without impacting on quality.

Has an equality analysis assessment been completed?	YES	Contact tracy.turley@nhs.net
Is there evidence of appropriate public engagement / consultation?	YES	Communication & Engagement Plan (attached) TLHC Engagement Plan.xlsx Engagement continues through GP and Practice Manager Forums.

Sign off:

Quality Impact assessment completed by	**Paula Rosbotham** **Updated by Louise Roberts**
Position	**Project Manager TLHC** **Business Commissioning Manager**
Signature	**Louise Roberts**
Date	**14/10/20**

Quality Review	
Name	**Lynn Jackson**
Position	**Quality Lead Manager**
Signature	**Lynn Jackson**
Date	**14/10/2020**

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

Subject / Title	NHS Tameside and Glossop Clinical Commissioning Group Targeted Lung Health Checks

Team	**Directorate**
Aging Well Team	Commissioning Directorate (NHS T&GCCG)

Start Date	**Completion Date**
01/04/19	31/03/24

Project Lead Officer	Paula Rosbotham, Project Manager, T&GICFT (01/01/19 to 31/03/20) Louise Roberts, Commissioning Business Manager
Contract / Commissioning Manager	Louise Roberts, Commissioning Business Manager
Assistant Director/ Director	Jess Williams, Commissioning Director, Strategic Commission

EIA Group (lead contact first)	**Job title**	**Service**
Jess Williams	Commissioning Director	Strategic Commission
Louise Roberts	Commissioning Business Manager	Strategic Commission

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

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

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 NHS Long Term Plan sets the ambition to increase early diagnosis of cancers with the aim to improve the diagnosis of cancers at an early stage from one in two to three in four. This translates as 55,000 more people each year will survive their cancer for five years by 2028. As part of this national aim NHS England is supporting 10 sites across England to put into place a targeted Lung Health Check service over a 4-year period from 2019-2023 (due to COVID-19 this was extended to 2024). A national protocol has been published to guide the implementation of this service alongside the recognition that local conditions and pathways will inform the local model. Tameside and Glossop CCG were chosen as one of the areas nationally (one per cancer alliance) to receive funding (£6.3million over 4 years) to deliver lung health checks as per a national protocol (see above; 1.51% threshold, 55 – 74 age range). This 4 year extended pilot is funded by NHS England and involves identifying people between the ages of 55 – 74 and 364 days who have ever smoked or still smoke. These people will be invited for a lung health check and a low dose CT scan, where necessary for the earlier detection and treatment of lung cancer and earlier identification of other respiratory disease. The service fits with Domains 1, 2, 4, and 5 of the NHS Outcomes Framework. **Domain 1**. – Preventing people from dying prematurely **Domain 2**. – Enhancing quality of care for people with long term conditions **Domain 4**. – Ensuring that people have a positive experience of care **Domain 5**. – Treating and caring for people in a safe environment and protecting them from avoidable harm

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

1b.	**What are the main aims of the project, proposal or service / contract change?**	The primary aim of the extended pilot is to reduce mortality from lung cancer. The Provider will ensure that a lung health check is offered to people who smoke or who have been previous smokers, aged 55 to 74 and 364 days in line with the standard protocol https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf . The pilot will also aim to: • Increase the number of people diagnosed with lung cancer at an early stage by accurately identifying people at an elevated risk of lung cancer who would benefit from having a low dose CT scan • Increase the number of people registered at their GP with a correct diagnosis of COPD and in receipt of appropriate treatment • Increased recognition of the number of people at risk of cardiovascular event in the next 10 years, who may benefit from intervention • Reduce smoking in people within the targeted age group Data from T&G Primary Care records local modelling estimates and eligible population of 58,121 (aged 55-74 years and 365 days) of which 62% have ever smoked, 16,674 Lung Health Checks will be performed of which 7,872 will be positive and high risk. 9,057 will require an initial CT (with follow up scans at 3, 12 or 24 months as required. 389 cancers will be found, of the cancers diagnosed at early stages 80% will be treatable and curable. The programme will also identify a number of incidental findings including respiratory cardiovascular conditions, many of which will require support and management within Primary Care. Local Pathways will need to ensure a seamless patient transfer (additional guidance available in the Quality Assurance Standards document published in January 2020). Health promotion and prevention is key to this programme and there will be a strong focus on smoking cessation.

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

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	X			The Lung Health check programme is aimed at 55 – 74 years olds, there are currently 58,121 people residing in Tameside and Glossop in this particular age range.
Disability	X			The number of residents between the ages of 55-74 living with at least 1 Long Term Condition across Tameside and Glossop is currently 13,713 (risk stratification output), December 2019. Information taken from the 2011 Census regarding disability tells us that from the total population (252,414 people) residing across

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

				Tameside and Glossop 26,080 have self-declared that their day to day activities are limited a lot, and 25,757 have self-declared their day to day activities are limited a little.
Ethnicity	X			Language barriers and cultural beliefs. Encouraging tobacco chewers to understand the significance of the implications. May potentially see levels of non-attendance.
Sex			X	It is not anticipated that the development or implementation of this programme will impact directly or indirectly on this particular characteristic
Religion or Belief			X	It is not anticipated that the development or implementation of this programme will impact directly or indirectly on religion or belief

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

Sexual Orientation			X	It is not anticipated that the development or implementation of this programme will impact directly or indirectly on sexual orientation
Gender Reassignment			X	It is not anticipated that the development or implementation of the programme will impact directly or indirectly on gender reassignment
Pregnancy & Maternity			X	It is not anticipated that the development or implementation of the programme will impact directly or indirectly on pregnancy and maternity as it is unlikely recipients of the programme would be pregnant due to the age profile target of the programme. If there was a likelihood it would be minimal.
Marriage & Civil			X	It is not

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

Partnership				anticipated that the development or implementation of the programme will impact directly or indirectly on this particular characteristic
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		X		The number or residents registered with depression in Tameside and Glossop between the ages of 55-74 is 1,999 as at March 2019, however, not all will be mental health patients
Carers	X			Participant's age range is 55 – 74 so they may need to be accompanied by a carer to their assessment. There are currently 27, 594 registered cares in Tameside and Glossop which equates to 10.93% of the total population.
Military Veterans			X	It is not anticipated that that the

				development or the implementation of the programme will impact directly or indirectly military veterans
Breast Feeding			X	It is not anticipated that the development or the implementation of the programme will impact directly or indirectly on breast feeding as the age criteria starts at 55 and ceases at age 74

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, low income households, those who are homeless)*

Group (*please state)*	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Bariatrics	X			Maximum weight to enter CT scanner is exceeds >200kg – participant would therefore be unable to have CT scan on a mobile unit
Homelessness	X			Due to the nature of this cohort we would be unable to contact anyone who is homeless inviting them for a lung health

				check. There are currently 112 people officially homeless as at 2017/18 in Tameside only, this does not include Glossopdale. The service is linking with the Homelessness and Rough Sleepers Development Officer as some people are registered with GPs.
Low income households	X			We currently have no data for the number of residents living in low income households between the age ranges of 55-74, but there are currently 41,379 residents living in income deprived households (Tameside only) which is around 18% of the Tameside population.
Vulnerable people	X			Clinical Staff to identify who classes as vulnerable and assess suitability for

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

				LHC
Eligible participants suspected of cancer	X			Should be referred for further investigation on a suspected cancer referral.
Eligible participants recorded on the Gold Standards Framework end of life register		X		Service assessment would not be appropriate at end of life
Eligible participants with a diagnosis of cancer within 5 years		X		Would already be on regular follow up within secondary care
Eligible participants with poor physical health such that treatment with curative intent would be contraindicated		X		Patients assessed by their GP as severely frail would not be suitable for this service. This may require a second opinion or advice from the local lung cancer MDT

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**
		X	

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

1e.	**What are your reasons for the decision made at 1d?**	The participant eligibility and exclusion criteria has been set by NHS England following a previous two year pilot. A decision to implement may potentially impact across all of the protected characteristics particularly in relation to age and disability as identified in Table 1C

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

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary

The NHS Long Term Plan sets the ambition to increase early diagnosis of cancer from one in two to three in four. This translates as 55,000 more people every year will survive cancer for five years by 2028.

As part of this ambition NHS England is supporting 10 sites across England to put into place a targeted Lung Health Check service over a 4-year period from 2019-2023. A national protocol has been published to guide the implementation of this service alongside the need that local conditions and pathways will inform the model in each individual locality.

In October 2020 NHS England granted an extension to the programme from 2019 to 2024 due to the impact of COVID-20, they also published an addendum to the national protocol to accommodate the initial part of the Lung Health Check to take place virtually due to COVID-19.

Tameside and Glossop CCG have been chosen as one of the areas nationally (one per cancer alliance) to receive funding (£6.3million over 4 years) to deliver lung health checks as per a national protocol. https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf .

This 4 year extended pilot is funded by NHS England and involves identifying people between the ages of 55-74 who have ever smoked or still smoke. These people will be invited for a lung health check and a low dose CT scan, if necessary, for the earlier detection and treatment of lung cancer and earlier identification of other respiratory disease. The service fits with Domains 1, 2, 4, and 5 of the NHS Outcomes Framework:

Domain 1. – Preventing people from dying prematurely

Domain 2. – Enhancing quality of care for people with long term conditions

Domain 4. – Ensuring that people have a positive experience of care

Domain 5. – Treating and caring for people in a safe environment and protecting them from avoidable harm

The programme aims to:

- Increase the number of people diagnosed with lung cancer at an early stage by accurately

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

Based on data from T&G Primary Care records, local modelling estimates, and eligible population of 58,121 (aged 55-74 years and 365 days) of which 62% have ever smoked, 16,674 Lung Health Checks will be performed of which 7,872 will be positive and high risk. 9,057 will require an initial CT (with follow up scans at 3, 12 or 24 months as required. 389 cancers will be found, of the cancers diagnosed at early stages 80% will be treatable and curable.

The programme will identify a number of incidental findings including respiratory cardiovascular conditions, many of which will require support and management within Primary Care. Local Pathways will need to ensure a seamless patient transfer.

Health promotion and prevention is key to this programme and there will be a strong focus on smoking cessation.

2b. Issues to Consider

Wide public and stakeholder engagement has already taken place across Tameside and Glossop to introduce the concept of the extended lung health check pilot. Engagement has taken place in the following ways:

- Patient Engagement Network (PEN)
- Practice Patient Forums
- Patient support group i.e. Lung cancer & pulmonary fibrosis
- Healthwatch
- Transformation in Communities
- Carer Groups
- Primary care neighbourhood forums
- Action Together
- Be Well
- Making Smoking History (LGBT)
- Learning Disabilities
- Social Services including contact with the deaf & blind
- Practice Manager Forums

Healthwatch Tameside have recently published the attached report which covers aspects of lung conditions. The Lung Health Check Services aims to cover all areas highlighted i.e. good communication, early diagnosis, relevant information at the right time, travel times etc.

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

Heart and lung report 2019.pdf

Feedback from all groups has been positive however there has been a number of concerns raised from the public around the service age criteria. Some people felt they were not important or because they were not advanced in age there was a perception that their health did not matter.

The response back was that the age range had been set by NHS England through an extended four year pilot across ten locations nationally (previous pilot was two year in two Acute Trusts). The extended pilot aims to get an idea of how successful the service outcomes are before a decision is made to roll out nationally.

Anyone who is excluded from the service because of the target age range and fears their health may be at risk has been advised to visit their GP to request alternative assessments that may determine whether or not they are at risk of developing lung cancer.

There should be limited Iimpact on Primary Care regarding queries from eligible participants around the LHC programme. This is because practices will receive a face to face visit from the Project Manager and Commissioner to explain the lung health check process and to provide information leaflets, posters and a lung health check video which can be shown in waiting areas. The video should allay any fears for eligible participants. The patient information will also include a link to the video along with national information relating to lung health checks. The lung health check service telephone number will also be included on the patient information booklet should participants have any queries. All of this process will be supported by Cancer Research UK (CRUK) who will support practices with the roll out.

The intention is that by providing a mobile service the impact on vulnerable people or people in deprived areas should be minimized as care is closer to home and travel costs are reduced. The service will support people who may struggle to attend the service and this will be dealt with on an individual basis. The expectation is that the service will be provided on a maximum of four sites across Tameside and Glossop and the intention is to try and provide this on an accessible public transport route. Service location venues are still being worked through and once agreed this EIA will be updated with travel times from participant GP practices to each service site.

The service will initially launch in Denton Neighborhood, starting with Droylsden Practices followed by Denton as pilot practices starting with low numbers. This will enable close monitoring and will give the ability to assess and amend the service model where necessary to enable streamlines pathways. Patient experience will be collated and this will feed into the wider service model.

The number of eligible participants in each practice is as follows:

Practice	Total Eligible aged between 55 to 74 years and 364 days	Eligible and Ever Smoked (excludes Palliative/Lung Cancer and Severely Frail)	Choose to attend a Lung Health Check
Medlock Vale Medical Centre	2188	1213	558

Denton Medical Practice	1698	1042	479
Market Street Medical Practice	1430	793	365
Millgate Healthcare Partnership	4992	3053	1404
Guide Bridge Medical Practice	743	451	207
Droylsden Medical Practice	695	441	203

The incidence of lung cancer is benchmarked across GM as per below:

Local Authority	Incidence/ 100,000 2015	I year survival (%)	Mortality/ 100,000	People living up to 21 years after a cancer diagnosis
Bolton	98	39.5	71	365
Bury	105	36.3	80	230
Manchester	153	41.8	113	641
Oldham	116	38.4	87	280
Rochdale	106	34.7	80	271
Salford	130	39.9	96	349
Stockport	88	45.2	64	366
Tameside	114	40.6	89	334
Trafford	93	48.4	66	245
Wigan	107	38.9	81	424

It is proposed these patients will access an already existing mobile unit sited at the COVID-19 safe site, at the Etihad Stadium in Greater Manchester.

Information taken from Google maps shows that:

The journey on public transport from Droylsden town centre would take 12 minutes with a 1 minute walk. Driving would take 9 minutes.

The journey on public transport from Denton town centre would take 45 minutes with a 3 minute walk. Driving would take 15 minutes.

The intention is that the closest GP practices to the Etihad will be the ones where participants will be invited in the first phase. It may be beneficial for some participants to travel to a different site due to work or ease of access. This will be considered throughout the service duration when participants ring to make their appointment.

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

Shape Portal shows the travel distance (driving) to the Etihad, Ashton Primary Care Centre, Glossop Primary Care Centre, NHS Tameside and Glossop Integrated Care Foundation Trust and Selbourne House from each neighborhood. This shows that people should not have to travel more than 15 minutes if locations are used closer to home but no more than 30 minutes to the Etihad.

Travelling distances (003).pptx

The service will gradually increase its numbers following regular discussions facilitated by GM Cancer Alliance with tertiary centres (Wythenshawe and Christie) to ensure that the service is carefully managed so as not to saturate the specialist centres with unanticipated demand. System wide capacity planning is underway with all associated providers.

Learning from early implementers e.g. Salford, Leeds, Liverpool LHC models has been collated and analysed and the expanded pilot service specification has been based and produced on this along with all the good work that has taken place. The service specification can be found via the attached link https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf

The standard protocol covers all the governance arrangements associated with assessment, equipment, scanning, reporting and fail safe processes etc.

2c. Impact/Relevance

To promote equity of access the service will include a provision to cover patient transport costs, where transport is a barrier to accessing the service.

This will need to be assessed once 2b Issues to Consider evidence is expanded on and once the locations and the scan locations are confirmed. This section can then include impact in terms of accessibility, travel times analysis etc.). May need to consider demographics data and links to other workstream where uptake is known to be poor.

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

2d. Mitigations *(Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)*	
Impact 1 – Supporting Queries and Concerns	*Ensure the public are signposted to the service helpline with queries or concerns. Ensure that primary care are made aware of the process through the introduction of a service pack prior to service launch. Attend the Local Medical Council and Practice manager Forums. Introduction with Lead GPs and Practice Managers to explain the whole lung health check process.*
Impact 2 - Homelessness	*Potential to link in with Council staff re how we can communicate with homeless people to invite anyone who is homeless.* *Ensure that work is undertaken with organisations who directly link in with homeless people to identify this cohort of participants i.e. the Homeless and rough sleeper development officer.*
Impact 3 – Disability and people with Long Term Conditions	*If the participant is unable to lie flat on the CT scanner or is in poor physical health a full explanation of the LHC assessment process and the CT scan process will be sent out in booklet format with a letter inviting them to their LHC.*
Impact 4 – Mental Health	*Participants with a mental health condition may be accompanied by a carer*
Impact 5 – Low income households	*The aim of the programme is to move the service around the borough for convenience of access particularly for those people from low income households. The service make a provision for patient transport to ensure people on low income are not disadvantaged.*
Impact 6 – Eligible participants suspected of cancer & those eligible suspected of cancer within 5 years	Participants will be triaged when they contact the service for an appointment. If a patient is already being treated or followed up for lung cancer they will not be eligible for the service. The service will also have read only access the patient notes to double check and query concerns with GPs. The Manchester pilot has not encountered any complaints from eligible participants who have already had a diagnosis of cancer. The response has been that putting a prevention model in place is fantastic for early diagnosis and treatment.
Impact 7 – Eligible participants recorded on the Gold Standards Framework end of life register	Participants will be triaged when they contact the service for an appointment. Discussions will take place with participants or carers to assess their eligibility. The service will also have read only access the patient notes to double check and query concerns with GPs.
Impact 7 - Ethnicity	Communication will be available in different languages/support in accessing venues (access to translation services etc). A key focus are for Primary Care Networks is to Increase early identification and prevention of cancer and reducing inequalities (improve access to cancer services for example).
Impact 7 - Bariatrics	The service will make a clinical judgement on eligibility following completion of the initial lung Health check to ensure they are not excluded from interventions.

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

2e. Evidence Sources
The links below provide some background on the service pilots and on the patient outcomes based on the two year Lung health Check pilots in Manchester and Liverpool. Manchester Lung health Check Annual Report https://www.macmillan.org.uk/_images/lung-health-check-manchester-report_tcm9-309848.pdf NHS to rollout lung cancer scanning trucks across the country https://www.england.nhs.uk/2019/02/lung-trucks/ Cancer Research UK – Who is a Lung health Check for? https://www.cancerresearchuk.org/about-cancer/lung-cancer/getting-diagnosed/lung-health-checks The cost-effectiveness of the Manchester 'lung health checks', a community-based lung cancer low-dose CT screening pilot https://www.lungcancerjournal.info/action/showFullTextImages?pii=S0169-5002%2818%2930627-5 Liverpool Healthy Lung Pilot - Preliminary report https://www.liverpoolccg.nhs.uk/media/2665/liverpool-healthy-lung-project-report_final.pdf Communication Plan – engagement continues and the plan will be updated accordingly. TLHC Engagement Plan Lung Health Checks Consultation Repor Lung Health Check Communications Str Insert revised Communication and engagement plan

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

2f. Monitoring progress		
Issue / Action	**Lead officer**	**Timescale**
The service specification for the programme has outlined the requirements around patient complaints, compliments and issues. A quarterly report is required by the Clinical Commissioning group to ensure that these area are being managed and dealt with as quickly as possible. Service uptake will be monitored continually and non-responders will be sent reminder letters. The pilots have shown that in 50% of cases the reminder letter is the one that prompts the participant to make their appointment. Uptake information will be included in the quarterly report. Monitoring and acting on patient feedback – to be agreed with provider and included in the service specification.	*Paula Rosbotham/* *Louise Roberts*	*Quarterly from 01st February 2021 – 31st March 2024.*

Signature of Contract / Commissioning Manager	**Date**
Louise Roberts	**04 November 2020**
Signature of Assistant Director / Director	**Date**
Jessica Williams	**04 November 2020**