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STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 16 December 2020
Time: 1.00 pm
Place: Zoom Meeting

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2	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Board.	
3	MINUTES	
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3b	MINUTES OF EXECUTIVE BOARD To receive the Minutes of the Executive Board held on: 11 November 2020, 2 December 2020.	7 - 32
3c	MINUTES OF THE LIVING WITH COVID BOARD To receive the Minutes of the Living with Covid Board held on 4 November and 18 November 2020.	33 - 40
4	REVENUE MONITORING STATEMENT AT 31 OCTOBER 2020 To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	41 - 54
5	GM REPROCUREMENT OF AGE RELATED HEARING LOSS, HEAD AND NECK MRI AND NON OBSTETRIC ULTRASOUND To consider the attached report of the Executive Member, Adult Social Care and Health / CCG Chair / Director of Commissioning.	55 - 62
6	MACMILLAN GP IN CANCER AND PALLIATIVE CARE WITH REVISED JOB DESCRIPTION To consider the attached report of the Executive Member, Adult Social Care and Health / CCG Chair / Director of Commissioning.	63 - 78
7	ADULT SERVICES HOUSING AND ACCOMMODATION WITH SUPPORT STRATEGY 2021-2026	79 - 94

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

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To consider the attached report of the Executive Member, Health, Social Care and Population Health / Clinical Lead, Living Well / Director of Adults Services.

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, to whom any apologies for absence should be notified.

STRATEGIC COMMISSIONING BOARD

25 November 2020

Comm: 1.00pm

Term: 1.50pm

Present:

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

Apologies for absence: Councillor Allison Gwynne

In Attendance:

Sandra Stewart	Director of Governance & Pensions
Kathy Roe	Director of Finance
Richard Hancock	Director of Children's Services
	Director of Adults Services
Ian Saxon	Director of Operations and Neighbourhoods
Jayne Travers	Director of Growth
Jess Williams	Director of Commissioning
Tom Wilkinson	Assistant Director of Finance
Debbie Watson	Assistant Director, Population Health
Sarah Threlfall	Assistant Director, Policy, Performance & Communications
Mathew Chetwynd	Estates Business Manager

59. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

60. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 28 October 2020 be approved as a correct record.

61. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of the Executive Board held on: 14 October 2020, 21 October 2020 and 4 November 2020, be noted.

62. MINUTES OF THE LIVING WITH COVID BOARD

RESOLVED

That the Minutes of the meeting of the Living with Covid Board held on 14 October 2020 be noted.

63. REVENUE MONITORING STATEMENT AT 30 SEPTEMBER 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 30 September 2020 and forecasts to 31 March 2021. It was explained that in the context of the on-going Covid-19 pandemic, the forecasts for the rest of the financial year and future year modelling had been prepared using the best information available but was based on a number of assumptions. Forecasts were subject to change over the course of the year as more information became available, the full nature of the pandemic unfolded and there was greater certainty over assumptions.

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

It was explained that as at Period 6, the Council was forecasting an overspend against budget of £3.678m. Whilst this forecast included some COVID related pressures, £2.830m of pressure was not related to COVID but reflected underlying financial issues that the Council would be facing regardless of the current pandemic. This included continuing significant financial pressures in Children's Social Care, 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.

It was 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. If the 2020/21 projections materialised, there would be a deficit of £3.638m on the DSG reserve at 31 March 2021.

With regard to the Capital Programme, assuming that the planned disposals proceeded there was 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 totalled £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.

RESOLVED

- (i) That the forecast outturn position and associated risks for 2020/21 as set out in Appendix 1 to the report, be noted;
- (ii) That the significant pressures facing budgets, and the progress with savings delivery, as set out in Appendix 2 to the report, be noted;
- (iii) That Executive Cabinet be recommended to approve the reserve transfers set out on page 24 of Appendix 2 to the report;
- (iv) That the collection rates for Council Tax and Business Rates as set out in Appendix 3 to the report, be noted;
- (v) That Executive Cabinet be recommended to approve the budget virements as set out in Appendix 4 to the report;
- (vi) That the forecast position in respect of Dedicated Schools Grant as set out in Appendix 5 to the report, be noted;
- (vii) That Executive Cabinet be recommended to approve the write-off of irrecoverable debts for the period 1 July to 30 September 2020 as set out in Appendix 6 to the report;
- (viii) That the funding position of the approved Capital Programme as set out in Appendix 7 to the report, be noted; and Executive Cabinet be recommended 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.

64. ADULT SOCIAL CARE WINTER PLAN 2020-21

The Executive Member, Adult Social Care and Population Health / Director of Adults Services submitted a report, which presented 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.

It was explained that the Winter Plan covered four 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; and
- supporting the system.

The Winter Plan further described key government national interventions and set out the key actions for local authorities, NHS organisations and providers, as detailed in the report.

The local economy response to the Winter Plan 2020-21 was appended to the report. The response set out the key actions and priorities for the local area to ensure resilience and contingency to support individuals and providers through the winter.

The overarching aims of the local Winter Plan were detailed as follows:

- Ensuring everyone who needed care and support could 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 COVID-19; and
- 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.

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

The government had announced various funding streams to support the delivery of the range of programmes required to protect the local population during the pandemic. The allocated budgets to support additional or specific spend to deliver pandemic specific services were being closely monitored via the Finance Teams. It was unclear at this stage what the additional costs of delivering the Winter Plan would be.

RESOLVED

That the local response to the Adult Social Care Winter Plan 2020-21 be noted and supported.

65. PROVISION OF GENERALIST SOCIAL WELFARE INFORMATION AND ADVICE AND SPECIALIST EMPLOYMENT ADVICE

A report was submitted by the Executive Member, Neighbourhoods, Community Safety and Environment / Executive Member Adult Social Care and Population Health / Clinical Lead, Public Health / Director of Operations and Neighbourhoods, which explained that the Council had a contract with Citizens Advice Tameside for many years to deliver generalist social welfare advice and specialist employment advice. The current contract ended on 31 March 2021 therefore consideration was being given to the provision of this service moving forward.

It was explained that, the contract agreement enabled 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 acted as a conduit for leveraging 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. 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 had been delivered remotely by telephone, email and webchat.

In 2019/20, the service advised 4681 new clients and reported £1,920,564 in additional income gains for Tameside residents which included successful claims for benefit, energy switches, grants and compensation payments. The service assisted 336 clients with employment advice in 2019/20 with 130 clients advised by the employment caseworker. This caseworker was funded through the current contract to provide 18 hours a week of specialist employment advice. Advice included helping people realise their rights, assisting with dispute resolution, raising grievances, challenging dismissals and assisting with employment tribunals. As well as paid staff, the service was supported greatly by volunteers and 23 new volunteers were recruited and trained in 2019/20 along with 3196 volunteer hours worked across the year.

Members were informed that the contract was managed quarterly with performance figures provided on time and included demographic data, numbers of clients helped, outcomes, complaints, customer satisfaction and social policy issues. There had been no areas of concern raised throughout the contract period.

The current contract fulfilled all the requirements to support residents of Tameside seeking information and advice and it was proposed that any new contract specification included the same areas of social welfare law and debt advice. It was also proposed that any new contract included a requirement to deliver 18 hours a week of specialist employment advice to include assistance with tribunals. Due to the limited amount of funding, it was expected that the provider would utilise the core contract funding to develop the service offer and make the organisation sustainable by securing additional external funding.

Board members were advised that, previously a direct contract had been awarded to Citizens Advice Tameside by a waiver to standing orders. The current contract ended 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), as follows:

- Join the GM collaborative Citizens Advice contract;
- Direct award of contract to Citizens Advice Tameside; and
- Tender the contract by procurement exercise.

Having considered the options above, as detailed in the report, and the outcome of the soft market test; the Contract Procedure Rules required the authority to demonstrate value for money through a competitive tender exercise. It was proposed therefore, that a tender exercise be undertaken to the amount of £116,000 per annum for a 3 year period, to enter into a contract for the provision of generalist social welfare information and advice and specialist employment advice. Following completion of a successful tender exercise, it was proposed that consideration was given to delegate authority to the Director of Operations and Neighbourhoods to award the tender and enter into all necessary contract arrangements.

RESOLVED

- (i) That approval be given to tender the provision of generalist social welfare information and advice and specialist employment advice to commence 1 April 2021; and**
- (ii) That authority be given to award the tender and enter into all necessary contract arrangements.**

66. TARGETED NATIONAL LUNG HEALTH CHECKS

Consideration was given to a report of the Executive Member, Adult Social Care and Population Health / CCG Chair / Director of Commissioning providing an update on development of the Targeted Lung Health Check (TLHC) Programme within NHS Tameside and Glossop CCG (T&G CCG).

It was reported that, 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, Manchester Foundation Trust (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 1 February 2021 and full roll out across the Locality by March 2022. This enabled all Low Dose Computed Tomography (CT) scans required by the protocol to be completed by March 2024.

T&G CCG intended to commission an 'End to End' fully managed TLHC service from Manchester Foundation Trust varying the service specification into the existing Manchester Foundation Trust contract held by NHS Manchester CCG to which T&G CCG was an associate.

Manchester Foundation Trust would work with providers across Greater Manchester to ensure that people who required any follow up care had the choice to receive this care closer to where they lived, where possible.

RESOLVED

That the intention to commission the 'End to End' fully managed Targeted Lung Health Check Service from Manchester Foundation Trust, be noted and approved.

67. URGENT ITEMS

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

CHAIR

BOARD

11 November 2020

Present

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

Also In Attendance: **Steph Butterworth, Richard Hancock, Ian Saxon, Paul Smith, Jeff Upton, Sarah Threlfall, Jayne Traverse, Emma Varnam, Debbie Watson, Tom Wilkinson and Jess Williams**

Apologies for absence **Councillor Kitchen**

137 DECLARATIONS OF INTEREST

Councillor Cooney declared a prejudicial interest on Item 4g as a Director at Ashton Pioneer Homes.

138 MINUTES OF PREVIOUS MEETING

The minutes of the Executive Board meeting on the 4 November 2020 were approved as a correct record.

139 STALYBRIDGE HIGH STREET HERITAGE ACTION ZONE PROGRAMME – CAPITAL PROGRAMME FUNDING

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Director of Growth submitted a report, explaining that on 12 February 2020, Executive Cabinet approved in principle, subject to the grant offer and conditions, the allocation of £1.275m match funding required for the High Street Heritage Action Zone (HSHAZ) Programme.

The Grant Funding Agreement for the HSHAZ programme required an equivalent match of Council funding, namely £1.275m to provide an overall total programme budget of £2.55m. As part of the match-funding requirement, Executive Cabinet approved funding to be ring fenced from the existing earmarked capital investment pot for the refurbishment of capital assets. However, there had been a duplication of assumption made about use of this funding, which was not eligible for supporting the match funding required for the HSHAZ programme. Officers had identified the required match funding, both approved revenue and required capital.

Members were informed that officers had completed the due diligence required on the Grant Funding Agreement with Historic England and have considered the opportunity and assumptions made about the match funding and details were given in the report. Approval was now required for £963k to be committed within the Council's Capital Programme as part of the match funding and to note the Grant Fund Agreement was engrossed, ready for execution, subject to the approval of the capital programme budget.

AGREED

That Executive Cabinet be recommended to:-

- (i) Approve the increased commitment requirement of £963k within the Capital Programme required as match funding for the HSHAZ programme;**
- (ii) That the match funding amount of £963k be financed from the Business Rates 100% retention pilot reserve, be approved; and**
- (iii) Authorise entering into the Grant Funding Agreement as set out in this report.**

140 UPDATE ON COVID-19 CHANGES TO THE LAND CHARGES SERVICE

Consideration was given to a report of the Executive Member of Housing, Planning & Employment/Director of Growth, which detailed the proposed changes to the working practices in delivery of the Land Charges function based at Heginbottom Mill in Ashton.

It was reported that the Infrastructure Act 2015 made provision for the transfer of responsibility for Local Land Charge registers from 326 English local authorities to HM Land Registry. Tameside was on track to become the first Greater Manchester authority to migrate. Before Covid-19, it was anticipated that the Council would 'go-live' with its digital register around June 2020. Given the migration process had not concluded at the time of social distancing measures being introduced by the government, paper based information and office based equipment remains in place for search purposes.

It was expected that up to 10,000 outstanding charges would need to be reviewed by the Council in the coming months and it was anticipated that with the requested temporary resources in place the project could be completed by spring 2021.

It was further explained that prior to the Covid-19 pandemic approximately 15 Local Authority searches were submitted per week on average. Based on 2020 figures, enduring Covid for the same period, the average weekly searches have increased to 21 per week. 112 Local Authority searches were completed and returned in September, 31 returned to date in October. 58 new searches had been registered in the first two weeks of October with a further 134 new searches awaiting registration.

Since the previous decision in May, the Director of Growth had worked with HR colleagues to deploy additional resources into the Land Charges service, either from in-directorate or from other parts of the organisation to help minimise service disruption. With additional resource in place, backlogs in all areas came under control, PSA searches were returned and planning/building control applications were registered and processed within acceptable timescales.

With the reopening of their services, redeployees were recalled to substantive service areas by mid-August 2020. The service had therefore fallen from turning searches round in approximately 2 weeks to the current level (8 weeks referenced above).

AGREED

That the Executive Member (Housing, Planning and Employment) be recommend to agree that the Director of Growth be given authority to continue with and implement the following:

- (i) Resumption of face-to-face service for agents from the 4 November 2020 on an appointment only basis.**
- (ii) The Official Search/fee paying service for solicitors or intermediaries remains in place as per normal arrangements with a review of charges to be implemented when the land charges digitisation project is completed.**
- (iii) Note there may be some delays in service delivery due to increased workload and backlog.**
- (iv) Use existing New Burdens Funding (£ 26.5k) to assist in completing the Land Registry digitisation project.**

141 PLAYING PITCH STRATEGY

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Director of Growth, which set out proposals to deliver the undertaking made to sport England and sought approval to proceed.

Members were reminded that approval to sell the freehold interest in the former Hartshead School site was agreed by Executive Cabinet on 25 September 2019. The terms of sale included an undertaking by the Council to Sport England to: refresh the Tameside Playing Pitch Strategy, install an all-weather practice cricket facility at Ladysmith Cricket Club in Ashton, the development of a School Sports Facility Strategy and provision of two additional full size adult grass football pitches in the locality with the costs met from the proceeds of sale estimated at approximately £75,000. This report sets out proposals to deliver the undertaking made to sport England and seeks approval to proceed based on the information set out in this report.

AGREED

- (i) That the item be deferred to the next meeting of Executive Board on the 2 December 2020; and**
- (ii) Section 2.8 of the report to be amended to reflect that whilst there was a requirement to mitigate against the loss of natural turf pitches, at this time there was no demand for additional pitches, but should demand dictate two pitches could be located.**

142 THE MAYOR'S CHALLENGE FUND - FULL SCHEME DELIVERY APPROVAL

Consideration was given to a report of the Executive Member (Transport and Connectivity) / Assistant Director, Operations and Neighbourhoods which provided an update on the Mayor's Challenge Fund programme and set out details of the first two schemes as follows:

Hill Street, Ashton-under-Lyne - The Hill Street Mayor's Challenge Fund scheme would provide an east-west cycle route from the A627 Cavendish Street to the A6017 Stockport Road via Hill St, Victoria St and Trafalgar Sq. The scheme provided links towards the Peak Forest Canal, which ran from Ashton town centre to the Stockport boundary via Hyde. At Portland Basin, access would also be provided to an existing cycle route on the Ashton Canal, linking west towards Manchester City Centre.

Chadwick Dam, Stalybridge / Ashton-under-Lyne - The Chadwick Dam Mayor's Challenge Fund scheme would provide improved cycle and walking facilities within Stamford Park, connecting from an existing CCAG2 scheme to the A635 Mossley Road. It would provide additional links to Lake View, Mellor Road and the adjacent Tameside Hospital, as well as connecting across Mossley Road. A parallel cycle and pedestrian crossing would provide access across Mossley Road to reach Rose Hill Road, where a 20mph Zone would be extended to provide access via this quiet route to the residential areas northeast of Ashton.

It was explained that a full business case for the Hill Street and Chadwick Dam schemes was submitted to TfGM on 14 October 2020 for review and approval. This followed a draft submission in August and subsequent review feedback that had now been taken on board.

It was anticipated that the outcome of the review would be known at the Greater Manchester Combined Authority meeting on the 11 December 2020. Subject to approval, this would mean that works could start on site in January 2021

Members were informed that both schemes were presented at a Mayor's Challenge Fund Consultation that ran from 10 February to 8 March 2020. The outcome of the consultation was presented in a Consultation Report, an extract of which was appended to the report, summarising the feedback that was received for the two schemes. The scheme designs had been reviewed in detail to ensure that where possible the feedback had been taken into account.

The total funding amount being sought from Mayor's Challenge Fund was £686,951 (including £75,010 development costs already approved). There was no funding gap identified for the schemes. If any cost increases occurred following Full Approval, the Council's Mayor's Challenge Fund Project Team would manage this through the change control process working jointly with TfGM. Details were also given of complimentary match funding which would enhance the two Mayor's Challenge Fund schemes.

AGREED

That Executive Cabinet be recommended to:

- (i) Approve the delivery of the two schemes outlined in Section 3 of this report subject to receiving Full Approval from TfGM based on the funding package set out in Section 3.9 of this report.**
- (ii) Authorise entering into a Delivery Agreement with TfGM, upon TfGM's approval of the full business case.**
- (iii) Authorise entering into Delivery Agreements with TfGM for the delivery of future Mayor's Challenge Fund schemes which have received Programme Entry status.**
- (iv) Approve the GMCA development costs for the Mayor's Challenge Fund, A57 Denton to Hyde scheme, as set out in Section 2.5 of this report and add the £358,160 grant funding to the Capital Programme.**
- (v) Note that all future schemes that need match funding will need advance approval of Cabinet.**

143 PROVISION OF GENERALIST SOCIAL WELFARE INFORMATION AND ADVICE AND SPECIALIST EMPLOYMENT ADVICE

Consideration was given to a report of the Executive Member (Neighbourhoods, Community Safety and Environment)/ Executive Member of Adult Social Care and Health / Clinical Lead for Public Health / Director of Operations and Neighbourhoods which provided details of the outcome of the soft market test and detailed the proposals.

It was explained that the current service was provided by Citizens Advice Tameside, also known as Tameside Citizens Advice Bureau Ltd (CAB). The contract was managed quarterly with performance figures provided on time and included demographic data, numbers of clients helped, outcomes, complaints, customer satisfaction and social policy issues. There had been no areas of concern raised throughout the contract period.

The current contract fulfilled all the requirements to support residents of Tameside who sought information and advice and it was proposed that any new contract specification included the same areas of social welfare law and debt advice. It was also proposed that any new contract included a requirement to deliver 18 hours a week of specialist employment advice to include assistance with tribunals. The rationale for this requirement was that the economic benefits of being in employment were a priority for the Council and it was expected that the provider assisted people to understand their employment rights and how to solve work related problems including discrimination, pay, disability, dismissal and redundancy. This would 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.

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

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

The Assistant Director of Operations and Neighbourhoods explained that having considered the options and the outcome of the soft market test; the Contract Procedure Rules required the authority to demonstrate value for money through a competitive tender exercise. It was 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.

It was proposed that following a successful tender a contract was awarded for a 3 year period at a cost of £116,000 per annum.

AGREED

It is recommended that Executive Cabinet be recommended to:

- (i) approve is given to tender the provision of generalist social welfare information and advice and specialist employment advice to commence 1 April 2021**
- (ii) delegate authority is afforded to the Director of Operations and Neighbourhoods to award the tender and enter into all necessary contract arrangements**

144 TRANSITION SUPPORT - ALTERNATIVE LEASE

Consideration was given to a report of the Deputy Executive Leader / Director of Children's Services, seeking continued authority to acquire tenancies for the Transition Support Scheme under the existing governance for a management agreement and to enter into lease arrangements.

It was explained that, in Tameside there were currently 357 Care leavers aged 18- 25, this did not include 128 who were not currently open to the service following the change in legislation increasing support to age 25. There were currently 111 Care Leavers aged 18+ who required suitable and appropriate accommodation. Limited access to suitable move on accommodation that would adequately support young people to leave care created significant cost pressures whilst they remained in high cost external provision.

Members were informed that the expansion of the pilot bedsit program with Jigsaw Housing Trust that was created in 2016, offering seven people at any one time an opportunity to move into independent living had been agreed at Cabinet in February 2019. The support provided was high quality, initial results had been excellent, and the annual cost was dramatically reduced. In February 2019 it was agreed that the Service was to expand by an additional 10 properties. Details of current provision was provided in the report.

Progress had been made with Registered Providers to identify appropriate accommodation from existing housing stock available for re-let in the Borough and this was twin tracked with identifying potential new provision through conversion of empty property both owned by the Registered Provider's and available on the open market.

From February 2020 there were offers from the Registered Providers to identify properties for the scheme, however, delivery had been very slow. Of late, Coronavirus had had a further impact with a halt on evictions leading to a reduction in available properties. The Registered Providers had reduced their repairs services, impacting on any re-let work on voids.

The quickest route to access provision should be through the Registered Provider's re-let stock however this had been slow due to low turnover. New provision (unless bought off the shelf) would have a time lag whilst suitable property was identified, feasibility work undertaken, funding put in place, technical issues resolved (i.e. Planning for conversions) and works undertaken. In addition, direct lets by the Council via the Private Sector and their Agents were being investigated in the absence of available Registered Providers stock being available.

Whilst some Registered Providers were comfortable with a Management Agreement and Licence arrangement as set out in the February 2019 Cabinet report, some Registered Providers currently did not want to enter these arrangements and had been advised to request a Lease arrangement

rather than a Management Agreement / Licence. There were advantages to Lease arrangements in that they allowed the Council to have a legal interest and more formal arrangement in the property, ability to be flexible to meet the circumstances for each property and landlord, manage risks and be clear / limit liabilities such as repairing obligations. The lease could be structured to suit the requirements of the Council and the Registered Provider/Private Sector partners required this arrangement. The same arrangement could be achieved in a Management Agreement.

It was recommended that authority be given to enter into Lease arrangements for those Registered Providers and Private Sector partners who required this form of Agreement to proceed when making property available for the Councils requirements. Prior to entering into a lease with a Registered Provider and Private Sector partners, early involvement with Estates would ensure that Heads of Terms were agreed, which for example would include ensuring the rent could not be increased substantially, from which TMBC Legal would ensure that the proposed lease with partners met with the Council's requirements.

The current position on registered provider's and private providers approached to identify remaining properties was outlined in the report.

It was agreed that members and officers would continue to meet to find the most efficient and effective way to deliver the necessary housing exploring all available options and not just existing arrangements.

AGREED

That Executive Cabinet be recommended to agree to amend the approval given by Executive Cabinet in February 2019; to allow for 17 tenancies for the Transition Support Service under a Management Agreement; to be commissioned in the alternative by entering into lease arrangements with RPs and Private Providers; where required subject to Head of Legal being satisfied with the terms, and the Director of Growth confirming in each case that the tenancy represents value for money whether under a Management agreement or lease.

145 ENVILLE HOUSE, RICHMOND STREET, ASHTON

Consideration was given to a report of the Executive Member (Finance and Economic Growth)/Director of Growth, which explained that the Council entered into a lease agreement for nil consideration with Northern Counties Housing Association Limited (now The Guinness Partnership) on 15 February 1999 in respect to the subject property, Enville House.

Members were informed that the property was initially used as a 'Single Men's' Hostel and the Council limited the user clause as per the lease agreement. The Guinness Partnership discontinued use of the property in 2017 and it had been vacant since with areas falling into disrepair.

The lease was for a term of 99 years from the date of the agreement and expired on 14 February 2098 with 78 years remaining. The Guinness Partnership secured funding (via the Housing Corporation at the time) and used this together with their own capital monies to convert and refurbish the property to ensure that it was fit for purpose in accordance with the terms of the lease.

In accordance with the lease, the Guinness Partnership agreed a number of user clauses summarised in the report, which have been in breach since the property has been vacant.

The Council were contacted by Ashton Pioneer Homes ('APH') in 2017 to advise that the property was vacant and that they were seeking to take an assignment of the lease from the Guinness Partnership with a view to convert the property into 8 self-contained flats that would be available for affordable rent. Ashton Pioneer Homes advised that they had agreed to acquire the leasehold interest held by the Guinness Partnership for the equivalent of £335,000.

This sum was understood to consist of:

- £200,000 Homes England grant liability relating to the initial refurbishment; and
- A direct payment of £135,000 from APH to The Guinness Partnership representing a proportion of their outstanding book value after the Homes England grant liability.

In addition, Ashton Pioneer Homes had advised that they would intended invest a further £483,839 in converting and refurbishing the property. The conversion costs would be funded using APH's own resources as the Homes England subsidy would not be available for the project.

In order to support the transaction in addition to providing consent to the assignment, the Council had been asked to accept a surrender of the remaining 78 year lease term and grant a new lease term of 125 years. Furthermore, as the current lease restricted the use of the property to a 'Temporary Housing Hostel for homeless single men', it would be necessary for the Council to widen the user clause to permit the property to be used for affordable rent.

Ashton Pioneer Homes had suggested that in January 2018, they engaged with the Council and that they believed that the Council would consent to the assignment and similarly allow a surrender and renewal to take place subject to legal and financial due diligence. Whilst any positive feedback provided by the Council was without prejudice, and required Council Governance it had become apparent that Ashton Pioneer Homes had spent a considerable amount of time and resource in progressing the transaction at their own risk.

Following review of the proposed transaction, the Estates Service agreed that whilst the principles of the proposed transaction were practical in respect of restoring use of a vacant property, there were several complex matters that were not considered or had been discussed between the parties, details of which were provided in the report.

Ashton Pioneer Homes had constructed a proposed transaction to which the Council had agreed in principle, however the following options also needed to be considered and agreed in order to ensure that the options were properly considered and a decision was made in the best interests of the Council, considering the implications extending beyond the property transaction. On the assumption that The Guinness Partnership would comply with a surrender of their lease under terms other than that proposed by Ashton Pioneer Homes, the Council would likely consider the following options:

- Transfer the freehold interest in the property to APH at market value;
- Advertise the Freehold property on the open market;
- Retain the property for operational use; and
- Proceed with APH's proposal and grant consent to the assignment of the lease from The Guinness Partnership to APH with an extension to 125 years and widen the user clause with a premium payable to the Council.

AGREED

That, subject to the report being amended at point 3.1 C to state the Council does not have an operational need for the property, Executive Cabinet be recommended to agree to:

- (i) Provide consent to an assignment of the leasehold interest between The Guinness Partnership and Ashton Pioneer Homes.**
- (ii) Regear the lease upon assignment to reflect the current market value, to extend the term and to widen the user clause for a total premium of £47,500 payable to the Council.**

146 ADULT SOCIAL CARE WINTER PLAN 2020-21

Consideration was given to a report of the Executive Member (Adult Social Care and Health) / Director of Adults Services, which presented 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.

It was explained that the Winter Plan covered four 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; and
- supporting the system.

The Winter Plan further described key government national interventions and set out the key actions for local authorities, NHS organisations and providers, as detailed in the report.

The local economy response to the Winter Plan 2020-21 was appended to the report. The response set out the key actions and priorities for the local area to ensure resilience and contingency to support individuals and providers through the winter.

The overarching aims of the local Winter Plan were detailed as follows:

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

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

The government had announced various funding streams to support the delivery of the range of programmes required to protect the local population during the pandemic. The allocated budgets to support additional or specific spend to deliver pandemic specific services were being closely monitored via the Finance Teams. It was unclear at this stage what the additional costs of delivering the Winter Plan would be.

AGREED

That Executive Cabinet be recommended to note and support the local response to the ASC Winter Plan 2020-21.

147 PROGRESS REPORT TARGETED NATIONAL LUNG HEALTH CHECKS

Consideration was given to a report of the Executive Member, Adult Social Care and Population Health / CCG Chair / Director of Commissioning providing an update on development of the Targeted Lung Health Check (TLHC) Programme within NHS Tameside and Glossop CCG (T&G CCG).

It was reported that, on 27 November 2019 the Strategic Commissioning Board approved a report, 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, Manchester Foundation Trust (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 1 February 2021 and full roll out across the Locality by March 2022. This enabled all Low Dose Computed Tomography (CT) scans required by the protocol to be completed by March 2024.

T&G CCG intended to commission an 'End to End' fully managed TLHC service from Manchester Foundation Trust varying the service specification into the existing Manchester Foundation Trust contract held by NHS Manchester CCG to which T&G CCG was an associate.

Manchester Foundation Trust would work with providers across Greater Manchester to ensure that people who required any follow up care had the choice to receive this care closer to where they lived, where possible.

AGREED

That the Strategic Commissioning Board be recommended to note the progress and approve the intention to commission the 'End to End' fully managed Targeted Lung Health Check Service from Manchester Foundation Trust.

148 FORWARD PLAN

AGREED

That the forward plan of items for Board be noted.

CHAIR

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BOARD

2 December 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, Tim Bowman, Tracy Brennand, Ilys Cookson, Jeanelle De Gruchy, Richard Hancock, Ian Saxon, Paul Smith, Jeff Upton, Sarah Threlfall, Jayne Traverse, Emma Varnam, Debbie Watson, Tom Wilkinson and Jess Williams**

150 DECLARATIONS OF INTEREST

There were no declarations of interest.

151 MINUTES OF PREVIOUS MEETINGS

The minutes of the Executive Board meeting on the 11 November 2020 were approved as a correct record.

152 ASHTON MOSS ARUP REPORT

Consideration was given to a presentation delivered by Tim News, Chief Executive of MIDAS.

The Chief Executive of MIDAS highlighted the vision of the Ashton Moss site. It was stated that the sight would be a catalyst for Ashton to become an economically resilient centre of excellence and high value employment. It would be a place where businesses, factories and places learn, research and develop.

The site had a unique scale and connectivity with proximity to the regional centre. This would give companies the opportunity to create an iconic clean manufacturing environment. It was stated that discussions were underway with potential occupiers.

It was reported that discussions were underway with potential occupiers with a focus on manufacturing and clean growth underpinned by digital innovation.

Members were presented with the vision of the sight and how the greenspace would be landscaped.

RESOLVED

That the presentation be noted.

153 ASHTON MOSS

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Director of Growth which summarised the next steps in the development of Ashton Moss. The next steps included:

- to progress Heads of Terms and subsequent legal agreements with key landowners at Ashton Moss East and Ashton Moss West;
- enter into Memorandum's of Understanding (MOU's) with key land owners and
- to appoint Project Manager's to advise on the appointment of Engineers; and
- to appoint Quantity Surveyors to design, specify, procure and manage various site investigations and related studies.

RESOLVED

That the Executive Cabinet be recommended to:

- Support the progression of without prejudice negotiations on Heads of Terms with a potential Inward Investment company and land owner subject to a further report on the detailed terms in due course;**
- Support the negotiating and signing of Memorandum's of Understanding and licences to access land and undertake studies with key landowners at Ashton Moss East and Ashton Moss West;**
- Support the undertaking of various site investigation and services studies as set out in para. 2.4 below at an estimated budget cost of £0.350m;**
- Support the appointment of Project Managers as set out in para 2.5 below at an estimated budget cost of £0.035m**

154 EXTERNAL AUDIT FINDINGS 2019/20

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Finance which explained that the audit of the Council's accounts was complete. The Director of Finance highlighted the Value for Money conclusion set out in the Audit Completion Report. Mazars had concluded that the Council had proper arrangements to deliver financial sustainability in the medium term, but would have to respond to significant challenges.

The Value for Money Conclusion found that since a peak in the levels of reserves in 2016/17, the Council had continued to utilise reserves to support service delivery and as a result, these had been significantly reduced. This had been monitored and managed as the Council had identified the savings and transformation plans to continue to deliver services to residents and service users.

Although the Council still had significant levels of earmarked reserves as at 31 March 2020, these would not be sufficient to sustain the Council's financial position over the medium term given the estimated impact of the pandemic. This meant the Council needed to ensure that the strategic decisions it had taken about the services it wanted to provide were implemented and the savings it had identified as necessary were delivered.

The arrangements in place for monitoring the financial position would allow the Council to identify any emerging additional pressures or slippage in the delivery of these plans. However, it was vital, given the scale of what had to be achieved, that management and Executive Members were held to account for delivery of plans. Without this, there was a risk the Council would not be in a position to take timely remedial action, particularly where the action required consultation because it impacted workforce or the level and type of services the Council could provide for residents.

AGREED

That the Value for Money Conclusion included in the Tameside MBC Audit Completion report and action required to ensure financial viability be noted.

155 MONTH 7 FINANCE REPORT

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Lead Clinical GP / Director of Finance which set out the Month 7 2020/21 financial position, reflecting actual expenditure to 31 October 2020 and forecasts to 31 March 2021.

The Director of Finance reported that at Month 7, the Council was forecasting a year end overspend of £3.4m, which was a slight improvement on the position reported at month 6 due mainly to a revised forecast in Children's Social Care. COVID pressures exceeded £40m but with £39m of COVID related grant funding and other income contributions, the net pressure relating to COVID was £0.898m.

Significant pressures remained across Directorates, most significantly in Children's Social Care where expenditure was forecast to exceed budget by £3.718m, with further cost pressures in Adults and Education, and income loss pressures in the Growth Directorate.

In the first 6 months of the year the NHS had operated under a national command and control financial framework, with CCGs and providers advised to assume a break-even financial position in 2020-21. Changes to the national financial regime from month 7 meant that individual organisations financial positions would be monitored within the context of a financial envelope set at an STP (Sustainability and Transformation Partnership) level, which for the CCG meant at a Greater Manchester level.

The CCG was showing a year to date pressure of £4,924k, but a break even position by year end. This related to top up payments which had not yet been received: £4,277k outstanding from command & control in first half of year, plus £647k Hospital Discharge Programme costs in M7. A decision on funding for the first half of the year would be made by NHSE by the end of November.

AGREED

That Executive Cabinet be recommended to note the forecast outturn position and associated risks for 2020/21 as set out in Appendix 1 to the report.

156 IMPLEMENTATION OF A 2020 MODEL PAY POLICY FOR BOTH SCHOOL BASED AND CENTRALLY BASED TEACHING STAFF

Consideration was given to a report of the Executive Leader / Executive Member of Lifelong Learning, Equalities, Culture and Heritage which outlined key statutory changes to pay and conditions effective from 1 September 2020 for all staff who were employed and subject to teachers pay and conditions.

The report stated that following the recommendation of the School Teachers Review Body (STRB) and the Department for Education produced a 2020 School Teachers' Pay and Conditions Documents (STPCD) that came into force on the 14 October 2020. The updated STPCD recommended that:

- Minimum of the Main Pay Range (MPR) was increased by 5.5%.
- Maximum of the MPR and the minima and maxima of all other pay and allowance ranges for teachers and school leaders were uplifted by 2.75%.
- The uplifts applied to all four regional pay bands; and
- Advisory pay points were reintroduced on the MPR and Upper Pay Range (UPR) from September 2020.

A summary of the statutory changes to the school teachers pay and conditions documents and the implications for the Councils Model Pay Policy 2020 were detailed.

It was proposed to provide the corresponding percentage uplift on all discretionary pay points in all teacher pay ranges and on all allowances. A 2.75% uplift on all discretionary points in the unqualified, leading practitioner and leadership pay ranges. This proposal was consistent with previous years approach and feedback at a local consultative level whereby local trade union representatives and head teachers had previously and consistently supported the uplift of all discretionary points within a pay range to the same level as that awarded to the minima and maxima pay levels. It was further proposed to adopt the advisory 6-point main pay range (MPR) and 3 point upper pay range (UPR) pay points.

AGREED

That the Executive Cabinet be recommended to agree:

- (i) The Council implements the Model Pay Policy 2020 as detailed in Appendix 1 for all centrally based teaching staff employed within the Education Service.
- (ii) The Council recommends the Model Pay Policy 2020 as detailed in Appendix 1 for adoption by all Governing Bodies of community, voluntary controlled and voluntary aided schools within the Borough, and that it applies to all teaching staff employed within these schools.
- (iii) The Council implements the national cost of living pay award with effect from 1 September 2020 to all teacher pay ranges and allowances as follows:
 - Minimum of the main pay range (MPR) is increased by 5.5 per cent.
 - Maximum of the main pay range (MPR) and the minimum and maximum of all other pay ranges (i.e. unqualified pay range, upper pay range (UPR) leading practitioner and leadership pay range) and allowance ranges (i.e. TLR and SEN allowances) are increased by 2.75 per cent.
 - Advisory pay points are reintroduced on the MPR and UPR from September 2020, applying a higher than 2.75 per cent pay increase on the MPR2 – MPR5 pay points.

157 THE PROCUREMENT OF PROFESSIONAL SERVICES TO REVIEW THE REMAINING COUNCIL PROPERTY PORTFOLIO

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Director of Growth which sought approval for the procurement of professional services to review the remaining Council property asset portfolio to support an accelerated asset disposal programme.

Members were requested to approve the procurement of professional services to review the remaining Council property asset portfolio to support an accelerated asset disposal programme. The cost of this engagement would be financed via a £ 300,000 non-recurrent sum allocated to the Growth Directorate revenue budget in 2020/21 to support a number of priority programmes and initiatives within the directorate. The sum allocated to support this programme would not exceed £100,000. The outcome of the asset reviews would help inform the council's corporate savings and financial strategy work being undertaken 2020/21.

AGREED

That the Executive Member for Finance and Economic Growth be recommend to approve the procurement of:

- (i) **professional services to review the remaining Council property asset portfolio to support an accelerated asset disposal programme. The cost of such engagement to not exceed £ 100,000**
- (ii) **commercial selling agent services to enable the marketing and disposal of surplus assets. That the related costs will be offset against the associated capital receipts.**
- (iii) **Subject to the necessary non-disclosure and professional indemnities being provided to protect the Council's position.**

158 COMMUNITY SAFETY STRATEGY

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Assistant Director of Operations and Neighbourhoods, which sought approval to enter a period of consultation for the draft Community Safety Strategy.

The draft new strategy was appended to the report at **Appendix 1**. It comprised of 5 key strategic priorities:

- Building stronger communities;
- Preventing and reducing violent crime, knife crime & domestic abuse;
- Preventing and reducing crime & anti-social behaviour;
- Preventing and reducing the harm caused by drugs & alcohol; and

- Protecting vulnerable people and those at risk of exploitation

The intention was to carry out a full public consultation for a period of 12 weeks. Following any amendments and further consideration by Members, the strategy would then be submitted for approval.

Aspects of the attached draft strategy would be subject to amendment and additions following consultation with partners and the public.

AGREED

That the Executive Member for Neighbourhoods, Community Safety and Environment be recommended to approve the commencement of the public consultation for the draft Community Safety Strategy.

159 PLAYING PITCH STRATEGY

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Director of Growth which reminded Members that approval to sell the freehold interest in the former Hartshead School site was given by Executive Cabinet on 25 September 2019. The terms of sale included an undertaking by the Council to Sport England to: refresh the Tameside Playing Pitch Strategy, install an all-weather practice cricket facility at Ladysmith Cricket Club in Ashton, the development of a School Sports Facility Strategy and provision of two additional full size adult grass football pitches in the locality with the costs met from the proceeds of sale estimated at approximately £75,000.

The report set out proposals to deliver the undertaking made to sport England and sought approval to proceed based on the information set out in the report.

The report stated that it was proposed that two practice wickets be installed on the former tennis court at the club site bringing the area back in to productive use. The installation was dependent upon a successful planning application, which would be submitted in December 2020. If planning approval was achieved then the installation would take place in March 2021 in readiness for the start of the 2021 cricket season.

Further, there was a requirement to mitigate against the loss of natural turf pitches at the Former Hartshead school site. However, there was currently no identified user demand for additional pitches in this locality so this need should be re-evaluated as part of the new Playing Pitch Strategy.

AGREED

That Executive Cabinet be recommended to approve:

- (i) **The development of an updated Playing Pitch Strategy for Tameside;**
- (ii) **An updated strategy for the community use of school sports facilities in Tameside;**
- (iii) **The installation of artificial practice cricket wicket at Ladysmith Cricket Club, Ashton;**
- (iv) **That £0.040m is allocated from the capital programme to fund an all-weather cricket facility at Ladysmith Cricket Club in Ashton.**

160 EU EXIT PREPARATIONS

Consideration was given to a report of the Executive Leader / Chief Executive which set out Tameside Council and Tameside and Glossop Clinical Commissioning Group preparations for EU Exit on 1 January 2021. The nature of the UK's exit from the EU was unknown with trade talks ongoing.

It was explained that **Appendix A** to the report set out Tameside's status regarding preparations. Many of the Brexit business continuity preparations and key risks identified in 2019 had been operationalised/realised in 2020 due to COVID19. There was still a high level of uncertainty on the

nature of the UK's exit from the EU which had meant lower levels of preparation by our businesses and communities.

AGREED

That the report be noted.

161 DISPOSAL OF A RESIDENTIAL FREEHOLD GROUND RENT

Consideration was given to a report of the Executive Member of Finance and Economic Growth/Director of Growth which sought to dispose of the residential freehold ground rent plot to the freeholder occupying the property on the basis of the provisionally agreed heads of terms.

It was explained that the Council historically inherited or acquired residential ground plots and held approximately 900, which were typically occupied by a single home. The vast majority of the leases were for the ground only with the resident owning the home constructed on the land. A considerable number of the Council ground leases now had less than 60 years remaining, which prevented home owners from selling their property as buyers were often unable to obtain a mortgage where ground leases had less than 80 years remaining. This in effect prevented a resident from selling their property unless they were able to attract a buyer with no borrowing requirements. The limitation also prevented some mortgage holders from switching to different lending products which could disadvantage them financially.

The leasehold interest in the subject property was understood to of had circa 48 years remaining. Terms had been provisionally agreed for the occupational lessee to acquire the Council's Freehold interest for £3,930 plus a contribution towards the Council's legal and surveyor fees totalling £550.

AGREED

That the Executive Members (Finance and Economic Growth) be recommended to dispose of the residential freehold ground rent plot to the freeholder occupying the property on the basis of the provisionally agreed head of terms set out at 1.6 of the report.

162 LOCAL RESTRICTION SUPPORT GRANTS

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Assistant Director of Exchequer Services which detailed the administration of the Local Restrictions Support Grant in accordance with guidance issued by the Secretary of State for the Department for Business, Energy and Industrial Strategy.

Members were informed that on 9 September 2020 the Secretary of State for the Department of for Business, Energy and Industrial Strategy (BEIS) announced the introduction of Local Restrictions Support Grants (LRSG) to help support businesses that were required to close due to localised restrictions as a result of COVID-19. Further guidance on the administration of the LRSG was issued on 3 November 2020.

The grants were a combination of mandatory and discretionary grants and some businesses would be eligible to receive more than one grant.

There were 5 grants payable under the new grant schemes;

- Local Restriction Support Grant (Closed);
- Local Restrictions Support Grant (Sector);
- Local Restrictions Support Grant (Addendum);
- Local Restriction Support Grant (Open); and
- Additional Restrictions Grant

Appendix 1 to the report outlined each grant in detail and highlighted the complexity of administration and understanding for the business community.

The Assistant Director (Exchequer Services) summarised the mandatory grant schemes, which went live in Tameside on the 10 November 2020. The mandatory grant schemes were the Local Restriction Support Grant (Closed), Local Restrictions Support Grant (Sector) and Local Restrictions Support Grant (Addendum).

The government had confirmed that local authorities would be reimbursed in full for all grants that were paid to eligible businesses that were affected. Payments would be made under section 31 of the Local Government Finance Act 2003, however grant funding letters had not yet been received for all grants from BEIS.

The application form for the mandatory grants went live on 10 November 2020 after approval from internal audit had been secured. As at 20 November 2020, a total of 654 have been received and 110 paid to date to the value of £143,434.

AGREED

That the Executive Cabinet be recommended to note the arrangements for the payment of mandatory grants to business rates payers.

163 GM REPROCUREMENT OF AGE RELATED HEARING LOSS, HEAD AND NECK MRI AND NON OBSTETRIC ULTRASOUND

Consideration was given to a report of the Executive Member of Adult Social Care and Population Health / Chair of the Tameside and Glossop CCG / Director of Commissioning which detailed the commissioning of Age Related Hearing Loss, Non Obstetric Ultrasound and Head and Neck MRI services through the GM Process.

The Director of Commissioning reported that there were 3 services commissioned via GM AQP arrangements, these were:

- Age Related Hearing Loss;
- Non-Obstetric Ultrasound (NOUS); and
- Magnetic Resonance Imaging Head and Neck (MRI)

The contracts awarded in the re-procurement carried out in October were due to expire on 30 September 2020 and in preparation, in 2018 NHS Tameside and Glossop agreed to continue to be part of the GM collaborative approach.

Tameside and Glossop Health Care Advisory Group (HCAG) confirmed they wanted to maintain choice for the population and had no issues with an AQP procurement or a non AQP procurement as long as choice was part of the procurement. The draft service specifications for each service were reviewed by HCAG with the inclusion of an ear wax removal option within the Age Related Hearing Loss specification being identified as a key improvement.

The GM Commissioner Group had collectively agreed the procurement documentation and for Tameside and Glossop this had also been shared with STAR.

It was explained that from a finance perspective it was important that Tameside & Glossop CCG remained part of the GM procurement to benefit from the unit price reductions.

AGREED

That the Strategic Commissioning Board be recommended to approve the commissioning of Age Related Hearing Loss, Non Obstetric Ultrasound Sound and Head and Neck MRI services through the GM Procurement Process.

164 MACMILLAN GP IN CANCER AND PALLIATIVE CARE WITH REVISED JOB DESCRIPTION

Consideration was given to a report of the Executive Member of Adult Social Care and Health / Chair of the Tameside & Glossop CCG / Director of Commissioning which sought approval for the recruitment of a Macmillan GP to the revised job description.

It was explained that Tameside and Glossop CCG had employed a Macmillan GP since 2014-15, in line with other CCGs across GM. Macmillan funding was awarded in Quarter 4, 2014-15 for two years with an option to extend for an additional 12 months on understanding that, pending evaluation, the CCG had intentions to fund this post beyond this period. The service agreement between Macmillan and NHS T&G stipulated that when Macmillan payments ended the CCG should continue to fulfil all the continuing obligations.

It was further explained that role had supported the Strategic Commission's Cancer and Palliative Care agenda and helped reduce premature deaths. The Macmillan GP role realised a number of benefits to the Strategic Commission but in order to sustain progress and gain momentum in a number of areas there was a requirement to refocus the role on two key aims:

- Lead the Improvement in the quality of local cancer and palliative care outcome; and
- Reduce historic boundaries between Health and Social Care

With regards to funding, the Macmillan Grant Agreement (June 2016 to June 2019) of £19,850 per annum covered two sessions per week at £202.55 per session (plus travel expenses) for 49 weeks per year.

To ensure equity of pay with other clinical posts within the CCG it was agreed that the CCG would supplement Macmillan funding by £23,401 year to give a £43,251 post that covered two sessions per week (for 49 weeks per year) at £353.50 per session plus 26% on costs (pension contributions, salary increments and mileage).

To maintain the post from June 2019 to June 2020 TMBC Public Health funding was used with the CCG recurrent funding in place since June 2020.

AGREED

Strategic Commissioning Board be recommended to approve the recruitment in Q4 2020-21 of a Macmillan GP to the revised job description, with a view to the Macmillan GP commencing in post on 1 April 2021.

165 CAPITAL PROGRAMME FINANCIAL MONITORING REPORT

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Lead Clinical GP / Director of Finance, which summarised the forecast outturn at 31 March 2021 based on the financial activity to 31 October 2020. The report focused on the budget and forecast expenditure for fully approved projects in 2020/21 financial year.

The approved budget for 2020/21 was £63.118m (after re-profiling approved at period 3 monitoring) and current forecast for the financial year was £54.394m. There were additional schemes that had been identified as a priority for the Council, and, where available, capital resource had been earmarked against these schemes, which would be added to the Capital Programme and future detailed monitoring reports once satisfactory business cases had been approved by Executive Cabinet.

The current forecast was for service areas to have spent £54.394m on capital investment in 2020/21, which was £8.724m less than the current capital budget for the year. This variation was spread across a number of areas, and was made up of a number of over/underspends on a number of specific schemes (£0.110m) less the re-profiling of expenditure in some other areas (£8.614m).

AGREED

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

- (i) Note the forecast outturn position for 2020/21 as set out in Appendix 1.**
- (ii) Approve the re-profiling of budgets into 2021/22 as set out on page 4 of Appendix 1.**
- (iii) Note the funding position of the approved Capital Programme as set on page 9 of Appendix 1. Members are reminded that the Period 6 finance report asked for approval to remove 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.**
- (iv) Note the changes to the Capital Programme as set out on page 10 in Appendix 1**
- (v) Note the updated Prudential Indicator position set out on pages 11-12 of Appendix 1, which was approved by Council in February 2020.**

166 CAPITAL PROGRAMME – OPERATIONS AND NEIGHBOURHOODS (NOVEMBER 2020)

Consideration was given to a report of the Executive Member (Neighbourhoods, Community Safety and Neighbourhoods) / Assistant Director of Operations and Neighbourhoods which updated Members on the 2020/21 Operations and Neighbourhoods Capital Programme.

It was reported that the Highway Maintenance Programme had been prioritised with the delivery contractors. The carriageway and footway resurfacing programmes commenced in August 2020 and would run through until mid-December 2020. As works could not take place during the traditional spring / early summer laying period, extra resources had been deployed, however, it could be necessary to extend the laying programme into April and May 2021.

Works to Demesne Drive (No1 & No2 screens) and Halton Street, Hyde were now complete. Confirmation had been received that TMBC had been awarded £350,000 which was to be spent in conjunction with £50,000 of Tameside funding, to deliver a programme of highway drainage improvements works. These works were specifically to replace carriageway road gullies in the Droylsden and Hattersley area where historically substandard road gullies required upgrading.

It was stated that the works at Fairlea, Denton were nearly complete with only the planting aspect of the landscaping works still outstanding, and these would be undertaken in November 2020. The works were anticipated to be within the budget of £350,000. The Greenside Lane, Droylsden works were rescheduled due to the Covid 19 outbreak. The works had started on site and the site clearance had exposed an extra length of slope failure which was not apparent at the time of award. The works started on 29 June 2020 and were anticipated to be completed in December 2020.

With regards to the replacement of Cremators and Mercury Abatement, Filtration Plant and Heat Recovery Facilities. The original scheme was due to complete on the 5 February 2021 with the reduced number of cremators during the installation period October/November 2020 ahead of the traditionally busy Christmas period. Following delays due to Covid and because of a delay in starting the refurbishment of the cremators there had been a re-phasing of the project. Work on site commenced on 2 October 2020. The projected completion and handover date was 31 August 2021. Currently £177k had been spent on the project with 50% of the remaining £2,323,000 being spent this financial year 2020/2021 and the other 50% during 2021/2022.

The Childrens Playgrounds across Tameside were to be improved to help youngsters stay active and healthy. The Capital investment of £600,000 would improve play areas across the borough and ensure they were good quality and safe facilities for children to enjoy. STAR were due to send out an Expression of Interest form for the supply and installation of play equipment in November 2020 – this will form Phase 2 of the project. Phase 3, which would infrastructure improvements would commence in February 2021.

As a result of Covid 19 the Ashton Town Centre Public Realm project was temporarily paused, in line with Government guidance, resulting in a delay in the delivery of the next phase of the public realm

works. The public realm programme had been rescheduled and the work to procure materials in order to complete works on Wellington Road in front of Clarendon College - zone 4 was now underway. Delivery of the works to complete the Mayor's Challenge Fund (MCF) scheme on Albion Way – zone 5 - was the next key priority due to funding time constraints. Work was ongoing with TfGM to finalise the scheme designs and progress the formal business case appraisal and approval process.

The Executive Cabinet report dated 22 October 2018 outlined the essential evidence and background details in the delivery of this programme. The first delivery of the lanterns was due in November 2020, with installation following shortly afterwards.

A new 7.5ton tipper was required for the removal of fly tipping to replace an existing 3.5ton tipper. The net cost of the vehicle was estimated to be £40,000. It would be funded by the proceeds of the sale of the 3.5 ton tipper currently in use and a revenue contribution. Further, following an Executive Decision taken on the 1 September 2020 two minibuses would be procured via a competitive tendering process. Within the same Executive Decision, approval was given for the purchase of an additional gully cleansing machine to enable the Council to maintain the highway gully network in line with our service standards and ensure network resilience with regards to the drainage of our highway assets.

AGREED

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

- (i) rescheduling to the Tameside Asset Management Plan (TAMP) and the Highways Maintenance Programme. The commencement of the works programme was revised due to Covid 19.**
- (ii) the progress with regards to Flooding: Flood Prevention and Consequential Repairs and the rephrasing as a result of the successful bid for Department of Transport funding to improve highway drainage in the borough**
- (iii) progress with regard to the Slope Stability Programme.**
- (iv) progress with regards to the Cemetery Boundary Walls Programme.**
- (v) the rescheduling to Replacement of Cremators and Mercury Abatement, Filtration Plant and Heat Recovery Facilities Programme by the significant impact Covid 19 has had on the operation of the Crematorium and the suppliers of cremator equipment.**
- (vi) the start date for the Children's Playground Programme.**
- (vii) the progress with regards to the Ashton Town Centre Public Realm Project.**
- (viii) the impact of Covid 19 on the LED Street Lighting Lanterns Project.**
- (ix) the progress with regards to the Mayor's Challenge Fund Programme (MCF).**
- (x) progress with regards to the £400,000 awarded under the Emergency Active Travel Fund.**
- (xi) the progress with regards to the Highways England – Designated Funds Scheme.**
- (xii) that works are progressing with regards to the successful Transport Infrastructure Investment Fund – Highway Maintenance Challenge Fund bid of £400,000 (£350,000 from the Department of Transport, £50,000 Tameside) with respect of improving highway drainage infrastructure.**
- (xiii) progress with regards to Department for Transport – Safer Roads Fund project in conjunction with Oldham MBC.**
- (xiv) the replacement tipper as set out in section 2.31 in this report arrived at the end of July 2020 and is now operational.**
- (xv) authority was granted to procure two minibuses via competitive tender as set out in section 2.33**
- (xvi) approval has been given for the purchase of an additional gully cleansing vehicle to enable the Council to maintain the highway gully network in line with our service standards as set out in section 2.34**
- (xvii) the allocation of £300,000 from Transport for Greater Manchester (TfGM) for bus stop enhancements within Tameside, and seek approval from Executive Cabinet for £300,000 to be added to the Council's Capital programme for this project to be delivered by the Council.**

- (xviii) approval for the revised funding package required to deliver the Ashton Streetscape MCF scheme as set out in 2.27 of this report. This revision does not require any additional funding from the Council's Capital programme.
- (xix) approval to commit funding from the existing Sustainable Travel budget for works to the Tame Valley Loop as identified in Sections 3.23-3.29 of this report.
- (xx) the potential changes to the individual Mayor's Challenge Fund schemes funding packages as set out in Appendix 3 of this report. The revisions, at this stage, are estimates only and are subject to further scheme development and TfGM approval.

167 ADULTS CAPITAL PLAN

Consideration was given to a report of the Executive Member of Adult Social Care and Health / Director of Adult Services, which provided an update of the developments in relation to the Adults Capital Programme.

It was reported that the proposal at Oxford Park would not proceed and would be reconsidered as part of a wider review of the offer of day time provision. A revised business case would be put forward for any new proposals that emerged.

Due to the delays as a result of Covid, the trustees of 4c were able to negotiate terms and conditions with an alternative construction company who were able to meet the original costs of the contract. Discussions had taken place with CCCD and the new contractors to agree a new service specification and it had now been confirmed that work would commence on site on 30 November 2020 with an estimated completion date of 5 March 2020.

With regards to the capital funding for the Moving with Dignity scheme, a core team of staff was established but there had been delays in recruitment over recent months and consequently there had been less expenditure against the Moving with Dignity funding that was originally profiled for this point in the year. Where single-handed approaches had been implemented to date, it was estimated that reductions had been made to care packages equivalent to 966 home care hours and 44 night calls per week, and the Council no longer bears the cost of delivering these services. Overall, after the reduction in client income and the effect of newly increased needs in care packages was considered, the net benefit of the work in 2020/21 to date was estimated to be £570k, which had assisted the Council and its homecare providers in managing the increased demand for care over recent months and the recent budget pressure.

The progress to date on the Disability Assessment Centre was detailed to Members. A visit to Hyde Market Hall was carried out with a view to determining if the location was suitable to locate the Disability Assessment Centre (DAC). An initial visit provided positive feedback regarding the access, parking, space etc. and as a result further investigations would be undertaken. The Market hall was in need of major investment, although the capital earmarked for the DAC would be a substantial investment in a large portion of the hall.

Work had been underway on the Brain in Hand programme to refer more people who could benefit from Brain in Hand. Of the total 20 licences, 12 had been activated, and of those four were in the process of being set up. Because of the pandemic, and limited support that BiH had been able to offer during this time BiH made the decision to furlough their staff at the start of the pandemic, a further six months' extension to the contract has been agreed in principle, and this would be at no further cost.

AGREED

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

- (i) note the updates provided in this report.
- (ii) recommend to Executive Cabinet that Statutory Compliance expenditure of £100,000 (in total) be allocated from the Disabled Facilities Grant budget to support the adaptations required at the Mount Street, Hyde supported living scheme.

- (iii) **recommend to Executive Cabinet that the methodology by which the Housing Adaptations Service is resourced from the current fee based structure to one of direct capitalisation of salaries directly from the Disabled Facilities Grant.**

168 LEISURE ASSETS CAPITAL INVESTMENT PROGRAMME

Consideration was given to a report of the Executive Member of Neighbourhoods, Community Safety and Environment / Director of Population Health which provided a summary of progress to date in relation to the delivery of the Council's capital investment programme to improve the sports and leisure facilities approved by Executive Cabinet on 24 March 2016.

With regards to the Hyde Pool extension scheme the LEP was reporting a completion delay of 5 weeks with practical completion now due on the 30 April 2021. The main reason for the delay was Covid 19 restrictions causing a slowing-down in the main contractors supply chain.

The Tameside Wellness Centre scheme was closed on 23 March 2020 in response to Government guidance on the Covid 19 pandemic. With the partial lifting of restrictions, elements of the building reopened on the 27 July. In response to further government guidance the centre closed again on the 4 November and will reopen when Covid restrictions allowed. The building was in its 12-month defects liability period. The closure period had been used to deal with a small list of outstanding defects.

The impact of Covid 19 on the delivery of schemes continued to be monitored. To date there had been no direct financial impact on the leisure capital projects.

AGREED

That the Strategic Planning and Capital Monitoring Panel be recommended to note the report.

169 FINANCE & IT CAPITAL UPDATE REPORT

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

The approved Finance and IT Capital Programme for 2020/21 was £16.712m which included £13.430m for additional investment in Manchester Airport and £3.282m for Digital Tameside. The Digital Tameside programme included £1.820m of grant funding from the Department of Digital, Culture, Media and Sport (DCMS).

Members were reminded that In April 2020, Executive Cabinet approved a further investment of £9.7m in Manchester Airport in the form of an equity loan, which would be funded by prudential borrowing. The investment completed in June 2020 and would generate revenue income through interest earned of 10% per annum.

Work on Fibre Infrastructure DCMS Wave 2 was 70% complete and time lost due to COVID-19 delays had in the main been recovered. A significant volume of works was still outstanding and whilst plans were in place to deliver this on-time and on-budget there was little or no "contingency" within the timetable should there be a severe winter or further national lockdowns affecting the works.

With regards to Microsoft licensing, the initial phase of procurement and design was completed and many of the licenses relating to the Microsoft Office 2016, the main Data Centre and Disaster Recovery site had been placed and the new software had started to be rolled out across the Councils laptop fleet and server infrastructure. The roll-out and installation of the new software had been complicated by the lockdown and home working. Work upgrading the operating systems on 97 servers and 122 SQL databases in the main datacentre in Rochdale was underway.

The final elements of the software refresh including the project to upgrade the main Exchange email, Active Directory, SharePoint and Skype for Business systems and commissioning the Disaster

recovery site were now underway. Work on upgrading the Exchange email system was underway and expected to be complete for the end of November.

AGREED

That the Strategic Planning and Capital Monitoring Panel be recommended to note the report and the details of the status of the schemes in the programme.

170 GROWTH CAPITAL REPORT

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Assistant Director of Strategic Property, which provided an update on the 2020/21 Growth Capital Programme and set out details of the major approved capital schemes in the Directorate.

It was explained that the Ashton Old Baths Annexe Phase 3 was progressing and was due to be completed on the 12 February 2021.

The planned emergency repairs to the Ashton Town Hall were being completed having obtained listed building consent in October.

With regards to Hartshead Pike, the new stone lantern was ready for installation and would be installed when there was a one week "weather window". Following approval by Executive Cabinet on the 30 September 2020 work was underway to clear the site, this would be completed in April 2021.

Following approval from Executive Cabinet on the 2 November 2020, site clearance at the Former Two Trees School site would be completed in July 2021.

With regards to corporate landlord capital expenditure, the report sought for £27,894.71 for statutory compliance repairs. Details of the repairs were set out in **Appendix 5**.

Members were advised that in September 2020, the Government had opened up arrangements for the public sector to be able to bid against a £1 billion fund. The scheme was available for capital energy efficiency and heat decarbonisation projects within public sector non-domestic buildings, including central government departments and non-departmental public bodies in England only.

The scheme allowed public sector bodies including eligible central government departments and their non-departmental public bodies in England only to apply for a grant to finance up to 100% of the costs of capital energy-saving projects that meet the scheme criteria. Via a GMCA agreement, nine out of the ten GM authorities have developed a consortium approach to this bid and the Council were currently working with the GMCA to identify schemes across our estate that may qualify.

AGREED

That the Executive Cabinet be recommended to approve that the following be added to the approved Council Capital Programme:

- (i) The Corporate Landlord Statutory Compliance capital expenditure for the period identified in Appendix 5 of £0.028m.**
- (ii) S106 funding allocations of £0.052m as detailed in section 2.29.**
- (iii) That £0.793m of Growth's 2020/21 capital budget is re-phased as set out in APPENDIX 6.**

171 EDUCATION CAPITAL REPORT

Consideration was given to a report of the Executive Member of Lifelong Learning, Equalities, Culture and Heritage / Assistant Director of Education / Assistant Director of Strategic Property which updated Members on the Council's Education Capital Programme.

It was reported that £200,000 was sought for the Hawthorns Primary School scheme to allow for surveying, designs and business appraisal activity. Members were reminded of the purpose of the

scheme, it was explained that there would be 136 pupils on site from September 2020, more than double the number the school was originally built to accommodate. A four classroom demountable extension was on site to help the school accommodate the additional pupils but this was not a permanent solution and did not reinstate staff space already utilised for additional pupils.

Further, it was highlighted that Officers, the Head teacher and colleagues from the New Bridge Multi Academy Trust had met with parents of children currently at Hawthorns on a number of occasions over the last few months. Parents fed back that

- They were concerned about the number of children currently attending the site and the amount of temporary accommodation needed to facilitate this.
- The temporary accommodation had resulted in a loss of outside space for pupils.
- They were concerned about the length of time the council had taken to deliver this expansion.

The Assistant Director of Strategic Property advised Members of the progress at Hyde Community College, the scheme sought to increase the school's intake from 210 to 240. The project was due to completion on the 11 December, the delays were caused due to Covid-19 as on site trades had to isolate.

The scheme to increase capacity at Aldwyn School from 45 pupil intake to 60 had a number of significant and ongoing delays. Three temporary modular classrooms had been provided at Aldwyn to accommodate additional pupils from September 2017 pending a start on the permanent extension. Condition issues with the Roof at Aldwyn and which also covered the Hawthorns School had led to a broadening of the contract scope. Further condition issues raised by the schools had necessitated a condition survey to ascertain the additional scope of any further condition works to be included in the contract scope.

The St Johns Dukinfield scheme to increase the school's intake from 30-45 had costs totalling £1,343,000 approved following the Executive Cabinet meeting in September 2019. It was explained that further project delivery challenges had emerged connected to Covid-19. These risks potentially included extended delivery times, increased costs due to social distant working during construction and the availability of materials.

Discussions had taken place with Audenshaw School to carry out internal remodelling so the school could offer additional places from September 2020. Following stakeholder discussions a design had been agreed to improve the sixth form block with some additional works would take place in the main school science rooms. An order had been placed to progress the design and works to the sixth form block due to its current vacant status, with the main school works to be scheduled separately and access agreed with the school. The Panel agreed a budget envelope of £1,000,000 for the scheme at its last meeting, with an additional £300,000 granted in a separate request. Phase 1 (interim upgrade) of the sixth form block for the new entry students was completed for 1 September 2020. Phase 2 relating to the main school science rooms would take place in 2021 once a suitable programme and scope of works had been agreed.

The Executive Leader enquired on the progress of the Russell Scott Primary School projects. The report detailed that a number of fire compliance measures had been successfully carried out over the 2020 Summer holidays. These projects were deferred from the Easter holidays due to access restrictions and resource/ materials availability caused by COVID-19.

An appraisal of building condition and associated options informed by technical information provided by MAC Architects was being drafted to include further information following recent flooding investigations.

AGREED

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

- (i) **Proposed changes to the Education Capital Programme, Basic Need Funding Schemes Appendix 1, Special Provision Fund and Healthy Pupils' Capital Fund as outlined in Appendix 2A and 2B and School Condition Allocation Funding Schemes Appendix 3.**
- (ii) **To transfer £56,000 of fire safety budget back to the unallocated SCA budget now that final costs for replacement fire alarms have been obtained) paragraph 6.8)**
- (iii) **Allocate £13,000 to works to upgrade the gas supply at Broadbottom CE (paragraph 6.12)**
- (iv) **retrospective costs £10,123 funded from contingency following an urgent inspection of Victorian lath and plaster ceilings at eight schools during the October half term (paragraph 6.15)**
- (v) **retrospective urgent works to the boiler control system at Hurst Knoll CE undertaken during October half term costing £5,010 funded from contingency (paragraph 6.17)**
- (vi) **Design work to tender stage for electrical re-wires at Fairfield Primary (£10,614) and Arlies Primary (£9,981) be approved (paragraph 6.20)**
- (vii) **That a high level estimate of £220,000 be allocated to carry out replacement roof works at Stalyhill Infant school (paragraph 6.23)**
- (viii) **That £30,000 be allocated to carry out further investigation and scheme development for roof replacements and repairs at Corrie, Fairfield, Greswell, Hollingworth and Oakdale schools while noting that the main works to these roofs will need to be prioritised over several financial years;**
- (ix) **To allocate £15,000 for scheme development to tender stage for improved security access arrangements at Milton St John's CE school;**
- (x) **To allocate £10,000 for design to tender stage of replacement boilers at Audenshaw Primary School;**
- (xi) **To note that the boilers at Gorse Hall and Hurst Knoll school require replacement and to set aside £200,000 from 2021/22 SCA funding for this purpose. Bids have also been submitted to the Greater Manchester decarbonisation fund and it is hoped that some or all of this amount may be offset;**
- (xii) **To allocate a further £10,000 of 2020/21 funding to carry out further visits at February 21 half term to complete asbestos management reports;**
- (xiii) **To obtain costs to begin a five-year rolling programme of building condition surveys to ensure the asset management plan is maintained;**
- (xiv) **To allocate £32,500 of unallocated Basic Need Grant to Mossley Hollins to cover final costs;**
- (xv) **Following a consultation with the school and parents, an appraisal of the options to expand Hawthorns Primary School is further progressed by officers and an outline business case is developed for consideration by members in April 2021. An indicative Capital Allocation of £200,000 is made from the Basic Need funding for the design, surveying and business appraisal activity.**

172 CHILDREN'S SERVICES CAPITAL PROJECTS

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

With regards to the Assessment Centre, there had been two potential properties identified and initial works were undertaken as to the feasibility of purchasing these properties, however, after further exploration these properties had been deemed as unsuitable. As a result of the preliminary work abortive costs had been incurred of £7,333, which could not be capitalised, as a result this was going to become a revenue pressure. A new property search was underway as a matter of urgency to identify a suitable property to fulfil this requirement. A review of use of existing properties and other alternatives would also be explored. The Director of Children's Services suggested that £370,000 be slipped into 2021/22 as it was unlikely that any suitable property would be fully completed in 2020/21.

Members were updated on the modification of the building on St Lawrence Road Denton to provide a residential respite unit. A sum of £45,250 was allocated to facilitate this refurbishment. Building

work was completed in June 2020. Additional costs had been identified during this project. A total of £48,000 was estimated that would be needed to complete the project, which was requested to be drawn down from the ear marked reserves.

It was reported that the budget of £56,434 which was approved for the refurbishment of the existing site Fairfield Children's Centre to enable the Edge of Care service was not sufficient to cover all the costs. The additional costs was due to cabling, installation of fibre to ensure services could be effectively delivered. The report sought for an additional £13,541 to be drawn down from the ear marked reserves.

AGREED

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

- (i) To note the delays in relation to the purchase of the new residential property for the assessment unit as set out in section 2.1 of the report;**
- (ii) To approve the drawdown of a further £48,000 from the Children's Earmarked Reserve to fund the additional works, outlined at 2.2, to make St Lawrence Road safe and bring it into use;**
- (iii) To approve the drawdown of £13,541 from the Children's Earmarked Reserve to fund the additional works and refurbishment of the Fairfield Unit as outlined in 2.3.**

173 FORWARD PLAN

AGREED

That the forward plan of items for Board be noted.

CHAIR

LIVING WITH COVID BOARD

4 November 2020

Present	Elected Members	Councillors Warrington (In the Chair), Bray, Cooney, Fairfoull, Feeley, Kitchen, Ryan, Gwynne and Wills
	Tameside and Glossop CCG Members	Dr Asad Ali, Dr Ashwin Ramachandra, Dr Vinny Khunger, Dr Christine Ahmed, Dr Tim Hendra, Clare Todd 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
	Section 151 Officer	Kathy Roe
Also In Attendance:	Steph Butterworth, Gill Gibson, Jeanelle De Gruchy, Ilys Cookson, Richard Hancock , Ian Saxon, Jayne Traverse, Sarah Threlfall, Jeff Upton, Debbie Watson, Tom Wilkinson and Jess Williams	

Apologies for Absence: Kate Hebden, David Swift, Carol Prowse and Karen James

14 MINUTES OF PREVIOUS MEETING

The minutes of the Living with Covid Board meeting on the 14 October 2020 were approved as a correct record.

15 SURVEILLANCE AND DATA UPDATE

Consideration was given to a presentation of the Director of Population Health, which updated the Living with Covid Board on national and the local picture of Covid-19.

The Assistant Director of Population Health advised the Board that the North West continued to have the highest rate of infection per 100,000 compared to other regions in England. Members received an outline of the trends within Tameside, the number of new cases within the last week was 532.9 people per 100,000. With regards to Greater Manchester, rates of new cases had been increasing however recently the rate at which new cases were increasing had slowed down.

It was reported that the rate of testing continued to increase and there was good access to testing throughout Tameside. However, the positivity rate of testing had continued to increase from last week. The positivity rate was reported to be approximately 15%.

A number of outbreaks had been identified in Health Care settings and work places. There had been some outbreaks within schools but the majority of cases were acquired in the community. It was stated that over the last two weeks the number of beds occupied at Tameside and Glossop Integrated Care MHS Foundation Trust had increased significantly. The number of confirmed Covid-19 cases occupying beds had risen from 71 on the 30 October 2020 to 83 on the 2 November 2020.

The strategic priorities over the next 6 months were summarised to the Board.

- 1) Suppress the virus to the lowest possible level and reduce the exponential rise in infection
- 2) Tackle the harms caused by Covid-19 and contain measures
- 3) Engage and activate communities

- 4) Protect children and young people
- 5) Establish an effective Test, Trace and Isolate system

The Medical Director at Tameside Hospital NHS Foundation Trust advised the Board that one of the effective ways of treating Covid-19 was a continuous positive airway pressure (CPAP) but explained that this used oxygen at a high rate. A live dashboard had been created to monitor the rate at which oxygen was being used on site and where. It was further explained that a new oxygen plant had been set up on site, so there was a significant increase in the capacity to store oxygen, tests were underway to determine if this could increase the rate at which the oxygen could be used.

AGREED

That the content of the presentations be noted.

16 IMPACT ON HEALTH AND SOCIAL CARE

The Director of Adult Services delivered a verbal update on the impact of Covid-19 on Health and Social Care.

Proposals had been submitted in response to the Government on the Adult Social Care Winter Plan. There were three overarching priorities within the plan, ensuring everyone who needs care and support can receive support at a high quality within the winter period, Protecting people who were in need of support and making sure people who need care support remain connected with services.

It was stated that the Nightingale hospitals were in place to support patients on pathway 1 and pathway 2. It was explained that it would be preferred to support patients on these pathways and enabling them to go home rather than utilise a Nightingale hospital. Further it would be difficult to staff a Nightingale hospital. A number of discharge to assess beds had been commissioned, these would work in partnership with the Tameside & Glossop ICFT.

The Director of Adult Services reported that designated places beds had been commissioned, these were for people with a positive Covid-19 diagnosis and needed to continue to receive care where the hospitals were not the right place for the patient. It was explained, that care homes had been finding it difficult to get insurance to offer support in this way, however, a local care home had managed to attain insurance until next May.

With regards to home care, more people had been seeking care at home, this had put pressure on staffing in attrition to a number of staff who were isolating.

Supported housing remained business as usual with Covid-19 restrictions in place. Social care services in house would remain unchanged and Day Care services would also continue to run with Covid-19 restrictions in place.

AGREED

That the information provided be noted.

17 LOCKDOWN LOCAL IMPACT

Consideration was given to a presentation of the Director of Operations and Neighbourhoods, which updated Members of the Living with Covid Board on preparations for Remembrance Day, the impact on services and compliance and enforcement.

It was reported that the plans for Remembrance Day were still fit for purpose, a service would take place in Denton, Ashton and Stalybridge, there would be a limited number of VIP's in attendance. Test and Trace would be in place for those that attend. It was explained that due to security concerns

in light of the change of the terror threat level to severe the service was discouraging people from attending to avoid a large gathering.

The Director of Operations and Neighbourhoods gave a summary of the changes to services following the new lockdown restrictions. Construction work as part of the Capital Programme could continue, preventative measures were in place. Museums and Galleries would close with immediate effect. Libraries could stay open but they would have to offer a much reduced service, but work was taking place to make more services available online. With regards to the Market services, both the indoor and outdoor markets would remain open, those stores that sell non-essential goods would close.

The Compliance and Enforcement team had been working closely with the Greater Manchester Police. There had been an increase in enquiries regarding gym and community centres, while on the surface it seemed that these should be closed there was a long list of exemptions that the team needed to review.

AGREED

That the content of the presentations be noted.

18 VULNERABLE CHILDREN, SCHOOLS AND EDUCATION

The Director of Children's Services delivered an update on the changes to the service due to the new lockdown restrictions.

It was reported that changes to the service would be limited across Children's Services. The service would continue to meet on a weekly basis with schools. Work was underway with schools on the provisions in place for the clinically vulnerable group. The Director of Children's Services stated there was strong evidence for children to remain in school during this lockdown period, there was little evidence that transmission was taking place within schools. Where there were cases within schools these were scattered throughout age groups and were not outbreaks. Attendance rates within schools were around 90%. Contacts within schools had reduced, which reflected that a robust system was now in place.

AGREED

That the information provided be noted.

19 PROTECTING THE VULNERABLE AND SHIELDING

Consideration was given to a presentation of the Assistant Director for Policy, Performance and Communications, which updated the Living with Covid Board on the shielding of the Clinically Extremely Vulnerable (CEV).

It was reported there were approximately 10,000 people who were on the CEV list. There was clarification needed on exactly what the status of those individuals were. A letter would be sent out to those on the CEV list to protect themselves by not going into work or school. The National Shielding Service System (NSSS) portal was available to register if support was needed. Lists had been provided to local areas who were required to contact CEV in need of support. Those who were shielding were still allowed to go out for exercise.

It was stated that the Government were not providing any additional support to the 10,000 who were CEV. The Council would provide support, this was expected to involve helping those who were CEV access food through priority supermarket slots or by working with community and voluntary groups but a provision had been put in place for those who could not access support to receive emergency food support.

Members of the Living with Covid-19 Board discussed the resources that had been made available by the Government to help support the CEV. The Council would receive £14.60 per head for each person on the shielding list. Further, the DEFRA grant would be drawn on to support people who were CEV.

AGREED

That the content of the presentations be noted.

20 FREE SCHOOL MEALS

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Assistant Director of Education.

The report summarised that a government voucher scheme was launched at the end of March to support the delivery of free schools meals. During the school summer holidays, a COVID Summer Food Fund was launched by the government. This enabled children who are eligible for benefits related free school meals to be supported over the summer holiday period.

The government scheme funding Free School Meals during the holidays had ceased. This meant children eligible for a free school meal would not have been provided with one this October half term.

The proposal was for a £15 supermarket voucher for each child currently eligible for free school meals. Parents / carers would also be asked to confirm if they wanted ASDA or TESCO vouchers. Parents would have until 8 November to claim.

AGREED

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

- (i) A voucher scheme for children eligible for free school meals is established. This scheme will enable children eligible for free school meals to receive a £15 a week food voucher this autumn half term.**
- (ii) The voucher scheme, which will cost £122k be funded from the general COVID support grant funding that has been received from Government .**
- (iii) Family will apply for a voucher online and will receive their voucher electronically via email.**
- (iv) Any families who are unable to access the scheme online to contact the Early Help Access Point for help, support and advice.**

CHAIR

LIVING WITH COVID BOARD

18 November 2020

Present	Elected Members	Councillors Warrington (In the Chair), Bray, Cooney, Fairfoull, Feeley, Kitchen, Ryan, Gwynne and Wills
	Tameside & Glossop CCG Members	Dr Asad Ali, Dr Ashwin Ramachandra, Dr Vinny Khunger, Dr Christine Ahmed, Dr Tim Hendra, Clare Todd and Karen Huntley
	Chief Executive	Steven Pleasant
	Borough Solicitor	Sandra Stewart
	Deputy S151	Tom Wilkinson

Also In Attendance: **Steph Butterworth, Jeanelle De Gruchy, Richard Hancock, Ian Saxon, Jayne Traverse, Sarah Threlfall and Jess Williams**
Anna Hynes (Action Together)

Apologies for Absence: **Jane Higham, Brendan Ryan and Karen James**

21 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Living with Covid Board meeting on the 4 November 2020 were approved as a correct record.

22 LATEST POSITION ON COVID DATA

Consideration was given to a presentation of the Director of Population Health, which detailed the latest position on Covid data.

The Director of Population Health presented data on the trends in new cases for Tameside, the effect of the tier 3 restrictions were highlighted and its effect on the trends. However, there was still a large number of new cases reported daily. In total, there were 1956 new cases reported from 31 October 2020 to the 14 November 2020.

The trends in new cases across Greater Manchester were detailed to the Living with Covid Board.

With regards to testing and positivity, the rate of testing remained largely the same, the rate of positivity had reduced, suggesting that the rate of new cases had reduced.

Members were advised of the T&G ICFT Acute Beds Occupancy at the 12 November 2020, it was stated that there were approximately 100 beds occupied with patients who were confirmed or suspected to have Covid-19.

It was highlighted that the bed occupancy rate was higher than the first wave. The Greater Manchester occupancy rate was detailed to Members, it was further explained that as treatments for Covid-19 had improved, the rate of occupancy would be higher due to a lower mortality rate.

Members of the Board were presented with a slide, which provided an analysis of the excess deaths caused by Covid-19.

RESOLVED

That the presentation be noted.

23 TEST AND TRACE UPDATE

Consideration was given to a presentation of the Director of Population Health, which updated the Board on the National Test and Trace System, the Local Approaches and the Testing Strategy.

It was reported that the National Test and Trace system continued to contact large number of positive cases and close contacts as part of the national system. Some performance issues had improved, this included errors around delays in contact tracing. There were still delays in follow up and a proportion of cases and contacts were not followed up at all. There had been some improvements in testing turn around, however, the national system was not helping to identify local outbreaks.

The Locally Supported Contact Tracing team of Tameside MBC staff were contacting positive cases that the national team did not reach. The GM Contact Tracing Hub picked up some of the cases to support the local team but were stretched due to the high volumes of cases. Intensive work in Population Health continued to support schools and there was a proactive approach between Population Health and the Compliance team to support local businesses and identify outbreaks early.

Work was taking place, which looked at the best use of mass testing, while the Liverpool approach was unlikely to be used, mass testing would be used to help find asymptomatic cases of Covid-19. Specific communities would be focused and settings of high prevalence. It would also be used to strengthen the response to outbreaks and contacts.

RESOLVED

That the presentation be noted.

24 6 MONTH LIVING WITH COVID PLAN PROPOSAL

The Director of Population Health delivered an update on the on the 6 month living with Covid plan proposal. Different scenarios were detailed to the Living with Covid Board on the effect of the national lockdown on the number of cases and how this could affect the 6 Month Living with Covid Plan. Two scenarios were highlighted to the Board, in the first scenario the rate of infection was reduced by the lockdown but the number of cases remained high, this could mean an easing of restrictions could start a rise in infections. In the second scenario the effect of the lockdown caused plateauing of the rate of infections.

RESOLVED

That the information provided be noted.

25 ENDING OF NATIONAL LOCKDOWN PLANNING (ESCALATION/ DE-ESCALATION)

The Chief Executive/Accountable Officer delivered an update on the work that was underway to plan for the ending of the national lockdown. Members were advised that work was underway to plan for the end of the national lockdown from the 3 December 2020 onwards. The 6 Month Living with Covid Plan was designed to encapsulate the Winter Plan and the living with Covid arrangements over spring.

The Living with Covid Board were reminded that following the end of the national lockdown there would be a tier arrangement. The tiers would be determined by the public health data and the resilience of the health and care systems of the area. The primary driver of the judgement would be based on the public health data. It was expected that Greater Manchester would be in a high tier based on current data and projections. However, the tiers would not be comparable with the current national lockdown. It was stated that discussions were taking place with the cabinet office on the arrangements over the next 6 months and the restrictions that would be in place over Christmas.

RESOLVED

That the information provided be noted.

26 VACCINATION PLANNING UPDATE (CONTAIN)

Consideration was given to a verbal report of the Director of Commissioning on the preparations for vaccinations.

It was reported that there were a number of vaccination providers who were coming forward with vaccines. It would be a significant challenge and it would take time for the vaccination programme to be delivered. On a local level all 5 of the local PCN's had accepted the Direct Enhanced Service (DES), the commissioning team were working closely with them to deliver an effective programme from the moment the vaccine becomes available. Five sites for vaccinations had been confirmed, one in each PCN, checks were taking place to confirm that these met the criteria. It was expected that vaccinations would not start on these sites until 2021. The sites would be submitted on the 19 November 2020. The booking system used by Tameside & Glossop for the delivery of the flu vaccination was being looked at by other PCN's for the Covid vaccination and it was reported that other GM authorities could use this system.

RESOLVED

That the update be noted.

27 COVID FUNDING REVIEW

Consideration was given to a presentation of the Assistant Director of Finance, which summarised the different funding streams which had been announced since March 2020. It was explained that the nature, scope and scale of additional funding had evolved over the course of the pandemic.

The funding had fallen into three main categories, these were:

- Funding for direct costs or income loss as a result of Covid-19
- Funding for Covid-19 response and management (health and economy)
- Funding for payments to businesses and individuals. Most schemes mandated by Government, some discretionary elements.

It was reported that in total the Council had received £117m in Covid funding from the Government. Members received a breakdown of Covid-19 Funding the purpose, the amount allocated to each and the amount as a proportion of the National Pot. Members were assured that monitoring was taking place to make sure that all funding was spent in the correct way.

RESOLVED

That the presentation be noted.

28 SUPPORT TO THE VULNERABLE UPDATE.

Consideration was given to a presentation of the Assistant Director of Policy, Performance and Communication, which gave an update on the support for the Clinically Extremely Vulnerable (CEV) and the National Shielding service System (NSSS).

It was reported that whilst the Government had not activated shielding the Council were advising those who were CEV to not to go to work if they could not work from home, not to go to school, and only to leave if it was for exercise or attend a medical appointment. There were approximately 10,000 who were CEV, it was reported that they had been contacted and given guidance. Particular attention was given to 1363 people who in the first wave had needed support or were new to being CEV. Demand levels for support or food had been low, this could be due to other support measures being in place and food being more accessible whilst shielding. Only 267 in Tameside had registered on the National Shielding System.

Members were assured that those that the Government had identified as high priority had been contacted and further communication was planned.

With regards to the welfare and assistance Defra / GMPA grant. Members were reminded that the Living with Covid Board recommended the approval of the Defra grant. Each of the individual allocations were progressing. Members were advised that there was a new grant that was available. The Winter Covid Funding grant would be used for free school meals, however, there would be funding remaining for vulnerable people. A report containing the proposal for the Winter Covid Funding would come to the next meeting of the Board.

RESOVLED

That the presentation be noted.

CHAIR

Agenda Item 4

Report To:	STRATEGIC COMMISSIONING BOARD
Date:	16 December 2020
Executive Member / Reporting Officer:	Councillor Oliver Ryan – Executive Member (Finance and Economic Growth) Dr Ash Ramachandra – Lead Clinical GP Kathy Roe – Director of Finance
Subject:	STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE REPORT CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 31 OCTOBER 2020
Report Summary:	<p>This report covers the Month 7 2020/21 financial position, reflecting actual expenditure to 31 October 2020 and forecasts to 31 March 2021. In the context of the on-going Covid-19 pandemic, the forecasts for the rest of the financial year and future year modelling has been prepared using the best information available but is based on a number of assumptions. Forecasts are subject to change over the course of the year as more information becomes available, the full nature of the pandemic unfolds and there is greater certainty over assumptions.</p> <p>In the first 6 months of this year the NHS was operating under a national command and control financial framework, with CCGs and providers advised to assume a break-even financial position in 2020-21. Changes to the national financial regime from M7 mean that individual organisations financial positions will be monitored within the context of a financial envelope set at an STP (Sustainability and Transformation Partnership) level, which for the CCG means at a Greater Manchester level. The CCG continues to forecast a break even position by year end.</p> <p>At Month 7, the Council is forecasting an year end overspend of £3.4m, which is a slight improvement on the position reported at month 6 due mainly to a revised forecast in Children’s Social Care. Significant pressures remain across Directorates, most significantly in Children’s Social Care where expenditure is forecast to exceed budget by £3.718m, with further cost pressures in Adults and Education, and income loss pressures in the Growth Directorate.</p>
Recommendations:	<p>Members are recommended to note the forecast outturn position and associated risks for 2020/21 as set out in Appendix 1.</p> <p>Approve an allocation of £0.135m from the Venture Fund to secure specialist advice through the venture fund to support the demand management required from the cost cutting themes in addressing financial challenges over the medium term.</p>
Policy Implications:	Budget is allocated in accordance with Council/CCG Policy
Financial Implications:	This report provides the 2020/21 consolidated financial position statement at 31 October 2020 for the Strategic Commission and ICFT partner organisations. The Council set a balanced budget for 2020/21 but the budget process in the Council did not produce any

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

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

The budget also drew on £12.4m of reserves to allow services the time to turn around areas of pressures. These areas were broadly, Children's Services placement costs, Children's Services prevention work (which was to be later mainstreamed and funded from reduced placement costs), shortfalls on car parking and markets income. Each of these services required on-going development work to have the impact of allowing demand to be taken out of the systems and additional income generated. There was additional investment around the IT and Growth Directorate Services, to invest in IT equipment, software and capacity and to develop strategically important sites for housing and business development, including key Town Centre masterplans. A delay in delivering the projects that the reserves were funding is likely to mean more reserves will be required in future years, placing pressure on already depleting resources.

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

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

In order to accelerate the demand reduction work, it is recommended that a piece of work is commissioned to provide specialist advice into the areas where the organisation can have the biggest impact. This work will cost £0.135m and is an invest to save so will be funded from the £1m venture fund which was established with £0.5m each from the Council and CCG, as the benefits of this work will assist both organisations in delivering significant reductions in demand.

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

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

Every council requires money to finance the resources it needs to provide local public services. Therefore, every councillor is required to 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.

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

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

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

Every year there is unlikely to be sufficient money for the council to do everything it wishes to provide due to its budget gap. This situation is compounded by the additional financial pressures currently facing the council. 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 again in light of the current and longer term challenges posed by the covid pandemic.

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

a 'working balance' to act as a final contingency for unanticipated fluctuations in their spending and income.

The Local Government Act 2003 requires a council to ensure that it has a minimum level of reserves and balances and requires that the Section 151 officer reports that they are satisfied that the annual budget about to be agreed does indeed leave the council with at least the agreed minimum reserve. Legislation does not define how much this minimum level should be, instead, the Section 151 officer will estimate the elements of risk in the council's finances and then recommend a minimum level of reserves to council as part of the annual budget setting process.

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

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

Risk Management:

Associated details are specified within the presentation.

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

Background Papers:

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

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

 Telephone: 0161 342 5609

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

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

 Telephone: 0161 342 5626

 e-mail: tracey.simpson@nhs.net

1. BACKGROUND

- 1.1 Monthly integrated finance reports are usually prepared to provide an overview on the financial position of the Tameside and Glossop economy.
- 1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The total gross revenue budget value of the ICF for 2020/21 is £974 million.
- 1.3 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:
 - Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT)
 - NHS Tameside and Glossop CCG (CCG)
 - Tameside Metropolitan Borough Council (TMBC)

2. FINANCIAL SUMMARY (REVENUE BUDGETS)

- 2.1 At Month 7, the Council is forecasting an year end overspend of £3.4m, which is a slight improvement on the position reported at month 6 due mainly to a revised forecast in Children's Social Care. COVID pressures exceed £40m but with £39m of COVID related grant funding and other income contributions, the net pressure relating to COVID is £0.898m.
- 2.2 Significant pressures remain across Directorates, most significantly in Children's Social Care where expenditure is forecast to exceed budget by £3.718m, with further cost pressures in Adults and Education, and income loss pressures in the Growth Directorate. These are due to underlying financial pressures that the Council would have faced regardless of the COVID pandemic, with a net pressure after savings in other areas of £2.574m non COVID related.
- 2.3 In the first 6 months of this year the NHS was operating under a national command and control financial framework, with CCGs and providers advised to assume a break-even financial position in 2020-21. Changes to the national financial regime from M7 mean that individual organisations financial positions will be monitored within the context of a financial envelope set at an STP (Sustainability and Transformation Partnership) level, which for the CCG means at a Greater Manchester level.
- 2.4 The CCG is showing a year to date pressure of £4,924k, but a break even position by year end. This relates to top up payments which have not yet been received: £4,277k outstanding from command & control in first half of year, plus £647k Hospital Discharge Programme costs in M7. A decision on funding for the first half of the year will be made by NHSE by the end of November.
- 2.5 Further detail on the financial position can be found in **Appendix 1**.

3. RECOMMENDATIONS

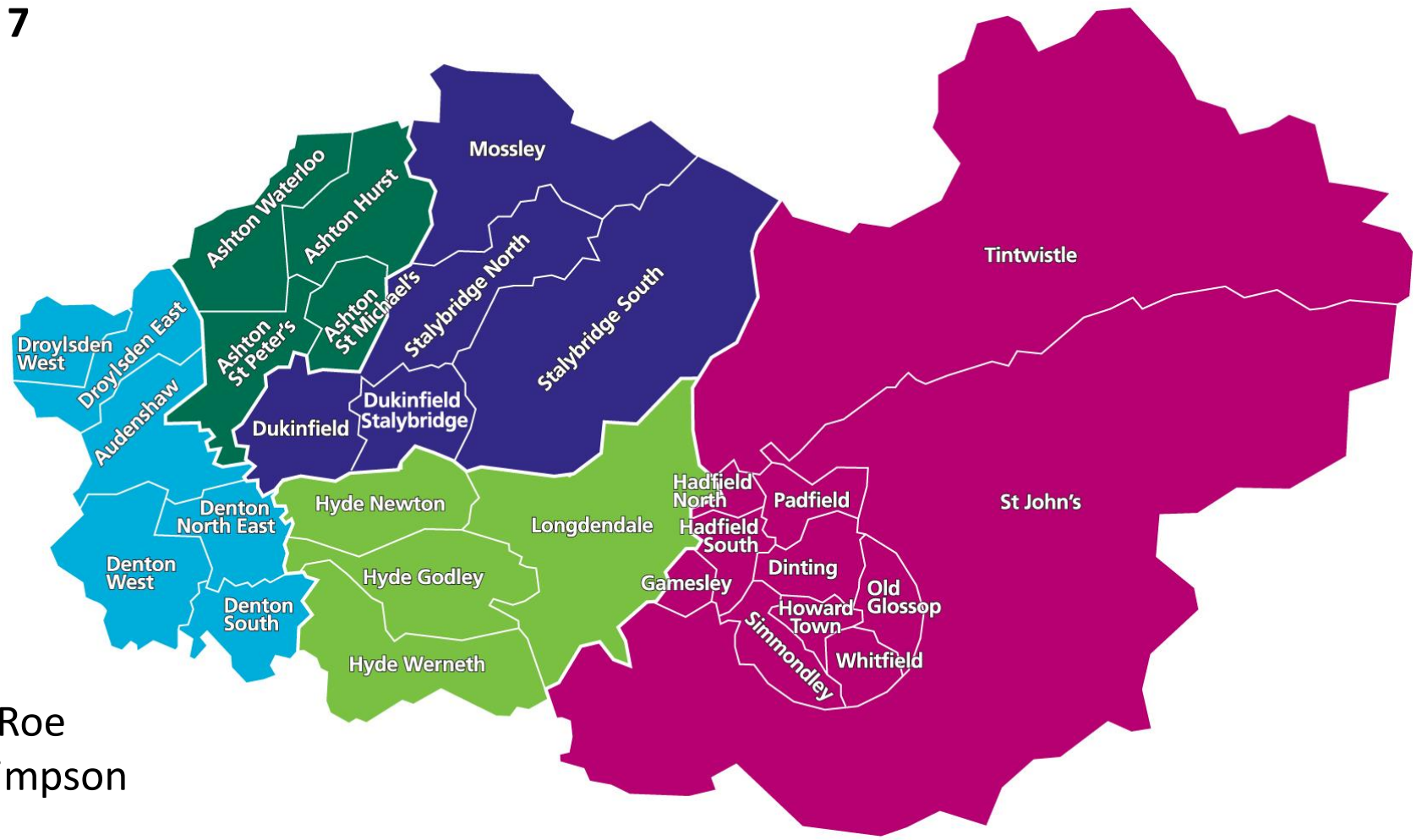
- 3.1 As stated on the front cover of the report.

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Tameside and Glossop Strategic Commission

Finance Update Report Financial Year Ending 31st March 2021 Month 7

Page 47



Kathy Roe
Sam Simpson

Period 7 Finance Report

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

Message from the Directors of Finance

In the first 6 months of this year the NHS was operating under a national command and control financial framework, with CCGs and providers advised to assume a break-even financial position in 2020-21. Changes to the national financial regime from M7 mean that individual organisations financial positions will be monitored within the context of a financial envelope set at an STP (Sustainability and Transformation Partnership) level. For us this means an envelope that has been set at a Greater Manchester level.

Pressures associated with COVID wave 2 mean that delivery against this GM control total will be challenging, but work is ongoing both at a system level and within localities to understand the position, ensure the figures we are reporting are robust and promote savings and efficiency. Delivery of locality positions for 2020-21 will be dependent upon receipt of COVID top up payments relating to the first six months of the year – final claims were submitted in early October and we anticipate a decision will be before the end of November. Our forecast position assumes this will be paid in full, but there is a clear risk to our position if this does not materialise.

At Month 7, the Council is forecasting an year end overspend of £3.4m, which is a slight improvement on the position reported at month 6 due mainly to a revised forecast in Children's Social Care. COVID pressures exceed £40m but with £39m of COVID related grant funding and other income contributions, the net pressure relating to COVID is £0.898m. Significant pressures remain across Directorates, most significantly in Children's Social Care where expenditure is forecast to exceed budget by £3.718m, with further cost pressures in Adults and Education, and income loss pressures in the Growth Directorate. These are due to underlying financial pressures that the Council would have faced regardless of the COVID pandemic, with a net pressure after savings in other areas of £2.574m non COVID related.

Whilst continuing to monitor the 2020/21 financial position, attention is now heavily focused on the 2021/22 budget setting process and medium term financial plans for the next 5 years. COVID continues to present significant risk and uncertainty for the Strategic Commission as a whole, and the absence of confirmed funding amounts for 2021/22 and beyond means that planning for future years is extremely difficult. Prior to the COVID 19 pandemic, the Strategic Commission faced a significant budget gap for 2021/22 and beyond, and this budget gap has increased due to COVID pressures.

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	434,447	0	434,447	439,371	(4,924)	(4,924)	0	0	0
TMBC Expenditure	540,481	(335,202)	205,279	208,711	(3,432)	(858)	(2,574)	(3,687)	255
Integrated Commissioning Fund	974,929	(335,202)	639,726	648,082	(8,356)	(5,781)	(2,574)	(3,687)	255

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	217,070	0	217,070	218,938	(1,869)	(1,869)	0	(19)	(1,850)
Mental Health	44,403	0	44,403	44,801	(398)	(398)	0	(227)	(170)
Primary Care	92,761	0	92,761	93,249	(487)	(487)	0	(864)	377
Continuing Care	15,003	0	15,003	14,642	362	362	0	(5)	367
Community	34,445	0	34,445	34,492	(47)	(47)	0	0	(47)
Other CCG	26,477	0	26,477	28,961	(2,484)	(2,484)	0	(9,638)	7,154
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0	0
CCG Running Costs	4,288	0	4,288	4,288	(0)	(0)	0	0	(0)
Anticipated COVID Top Up	0	0	0	(4,924)	4,924	4,924	0	10,754	(5,831)
Adults	85,925	(47,187)	38,737	39,177	(440)	0	(440)	(440)	0
Children's Services - Social Care	64,286	(10,288)	53,998	57,716	(3,718)	0	(3,718)	(3,962)	243
Education	32,898	(26,500)	6,398	7,081	(684)	(480)	(204)	(684)	0
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	(3,231)	0
Operations and Neighbourhoods	80,504	(27,583)	52,921	53,226	(305)	(510)	205	(305)	0
Growth	45,526	(34,537)	10,988	11,811	(822)	(221)	(601)	(822)	(0)
Governance	67,086	(57,556)	9,531	9,620	(90)	39	(129)	(90)	(0)
Finance & IT	9,006	(1,376)	7,630	7,603	27	(29)	56	27	0
Quality and Safeguarding	378	(237)	141	128	13	0	13	1	12
Capital and Financing	10,379	(9,624)	756	6,433	(5,678)	(6,474)	797	(5,678)	0
Contingency	3,377	0	3,377	3,385	(8)	(911)	903	(8)	0
Contingency - COVID Direct Costs	0	0	0	28,244	(28,244)	(28,244)	0	(28,244)	0
Corporate Costs	5,486	(301)	5,184	5,009	175	(100)	275	175	(0)
LA COVID-19 Grant Funding	0	0	0	(28,216)	28,216	28,216	0	28,216	0
Other COVID contributions	0	0	0	(11,356)	11,356	11,356	0	11,356	0
Integrated Commissioning Fund	974,929	(335,202)	639,726	643,158	(3,432)	(858)	(2,574)	(3,687)	255
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	434,447	0	434,447	439,371	(4,924)	(4,924)	0	0	0
TMBC Expenditure	540,481	(335,202)	205,279	208,711	(3,432)	(858)	(2,574)	(3,687)	255
Integrated Commissioning Fund	974,929	(335,202)	639,726	648,082	(8,356)	(5,781)	(2,574)	(3,687)	255

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	126,401	126,976	(576)	217,070	218,938	(1,869)	(1,869)	0
Mental Health	23,513	24,984	(1,471)	44,403	44,801	(398)	(398)	0
Primary Care	51,953	53,585	(1,632)	92,761	93,249	(487)	(487)	0
Continuing Care	7,861	7,777	84	15,003	14,642	362	362	0
Community	19,763	19,960	(198)	34,445	34,492	(47)	(47)	0
Other CCG	22,196	23,275	(1,079)	26,477	28,961	(2,484)	(2,484)	0
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0
CCG Running Costs	2,313	2,366	(53)	4,288	4,288	(0)	(0)	0
Anticipated COVID Top Up	0	0	0	0	(4,924)	4,924	4,924	0
Adults	22,597	26,227	(3,631)	38,737	39,177	(440)	0	(440)
Children's Services - Social Care	31,499	31,987	(489)	53,998	57,716	(3,718)	0	(3,718)
Education	3,074	858	2,216	6,398	7,081	(684)	(480)	(204)
Individual Schools Budgets	1,085	(734)	1,819	0	0	0	0	0
Population Health	9,111	5,089	4,022	15,619	18,850	(3,231)	(3,500)	269
Operations and Neighbourhoods	31,868	45,034	(13,166)	52,921	53,226	(305)	(510)	205
Growth	5,811	4,997	815	10,988	11,811	(822)	(221)	(601)
Governance	5,925	8,654	(2,729)	9,531	9,620	(90)	39	(129)
Finance & IT	4,875	4,808	68	7,630	7,603	27	(29)	56
Quality and Safeguarding	82	3	79	141	128	13	0	13
Capital and Financing	441	(643)	1,084	756	6,433	(5,678)	(6,474)	797
Contingency	1,970	1,710	259	3,377	3,385	(8)	(911)	903
Contingency - COVID Direct Costs	0	12,365	(12,365)	0	28,244	(28,244)	(28,244)	0
Corporate Costs	3,024	2,413	612	5,184	5,009	175	(100)	275
LA COVID-19 Grant Funding	0	(17,213)	17,213	0	(28,216)	28,216	28,216	0
Other COVID contributions	0	(8,654)	8,654	0	(11,356)	11,356	11,356	0
Integrated Commissioning Fund	375,362	375,822	(461)	639,726	643,158	(3,432)	(858)	(2,574)
CCG Expenditure	254,000	258,923	(4,924)	434,447	434,447	0	0	0
TMBC Expenditure	121,362	116,899	4,463	205,279	208,711	(3,432)	(3,678)	246
Integrated Commissioning Fund	375,362	375,822	(461)	639,726	643,158	(3,432)	(3,678)	246

COVID Top Up

The CCG is showing a YTD pressure of £4,924k, but a break even position by year end. This relates to top up payments which have not yet been received: £4,277k outstanding from command & control in first half of year, plus £647k Hospital Discharge Programme costs in M7. A decision on funding for the first half of the year will be made by NHSE by the end of November.

Our position assumes that the top up will be paid in full, but risk to the position if the funding does not materialise as expected. A number of significant variances have been created at directorate level while we await a decision on top up. But these will be corrected in M8 reporting, assuming top ups are paid as expected.

QIPP

The CCG forecast is predicated on £7,994k of QIPP achievement in the second half of 2020/21.

This is consistent with our phase 3 planning submission on 22nd October. Majority of plans are transactional in nature, however there is risk associated with achievement. Full monthly QIPP reporting will resume from M8 to monitor achievement against this target.

Children's Services

The Directorate is reporting a forecast overspend of £3,718K at period 7 which is an overall reduction of £243K from period 6. The forecast overspend is predominantly due to the number and cost of internal and external placements.

The employee forecasts have reduced by £164K since period 7, in addition the external placement forecasts have overall reduced by £198K since period 7. However there has been some minor increases in forecast expenditure for a number of areas across the Children's Social Care Directorate which total £119K. These include recruitment and selection costs for the Head of Looked after Children and Head of Quality and Safeguarding posts, a Project Worker, financial assistance to families and leaving care payments.

The employee forecasts have decreased since period 6 due to a reduction in the number of agency workers and decisions have been made not to fill certain posts which were previously forecast to be filled. The overall reduction in the external placement forecast is primarily due to a reduction in placement costs for existing looked after children (£257K); this includes children stepping-down into lower cost placement types such as semi-independent units. However there has been a net increase of £72K due to new placements and the extension of existing placements exceeding the savings from placements ending. .

- In the first 6 months of this year the NHS was operating under a national command and control financial framework. This meant acute contract payments were calculated nationally (based on the month 9 agreement of balances exercise), with other budgets also nationally stipulated (based on 2019-20 costs at month 11 with growth/uplift rates applied).
- In line with guidance, budgets were only uploaded for April – September. Because these budgets were based on prior year actuals, without any adjustment for non recurrent items, ledger contained some significant variances against individual budget lines. The CCG was unable to enter a full 12 month forecast on during this time.
- As such, the financial data included the integrated finance report in the first half of the year deviated from the data reported nationally via ISFE. Full year budgets reported at M6 were 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 allowed 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.
- Changes to the national financial regime from M7 mean that CCGs are now able to upload a full 12 month budget and that CCGs are free to profile and allocate this as required. M7 budgets are based on actuals at M6, plus COVID top up received, plus £212.5m allocation for the second half of the year as detailed in the 22nd October STP plan. This means that the budgets and actuals contained in this report, fully reconcile to the position reported in ledger for the first time this year. But it also means budgets in the M7 report are materially different to those reported at M6, these changes are detailed in the table below:

2020/21 CCG Budgets Reported in Integrated Finance Report: M7 vs M6

£000'	M7	M6	Change	Notes
Acute	217,070	223,219	(6,150)	NHS providers in line with national calculations, which are different to our pre-COVID plans. Independent sector activity was built into pre-COVID plans, but has either been paid centrally under national contract or activity was reduced during pandemic. M7 budget for IS assumes that CCG can reclaim any future costs in excess of M4 outturn.
Mental Health	44,403	40,039	4,364	Budgets to ensure achievement of MHIS. Includes impact of GM transformation projects. Other reason for increase vs M6 is individualised commissioning placements.
Primary Care	92,761	90,771	1,990	Additional Roles and Responsibilities not included in pre-COVID plan - was always due to be transacted via in year IAT. Plus COVID costs in primary care.
Continuing Care	15,003	17,332	(2,329)	Hospital Discharge Programme coded in 'other'. But for COVID many of these patients would have been assessed for CHC.
Community	34,445	34,107	338	Additional COVID costs reclaimed from contre
Other CCG	26,477	22,805	3,672	Large part of our COVID spend is coded to other
CCG Running Costs	4,288	4,486	(198)	Spend in first half of the year lower than cap. Allocation for second half of year based on 6/12 of original cap.
Total	434,447	432,760	1,687	Additional top up allocations of £4,924k are expected, but not yet included in the M7 budget.

Month 7 Position

Summary

Trust I&E excluding COVID-19 expenditure - (£743k) underspend

COVID-19 expenditure: £1.505m

Net deficit (I&E + COVID-19 Exp): £762k overspend

Page

GM System Envelope (COVID/Growth): (£1.239m)

Net Surplus (£477k)

In Month Movement: (£1.233m) favourable

- I&E Excl COVID-19: (£875k) Decrease

- COVID-19 Expenditure: (£358k) Decrease

Agenda Item 5

Report to: STRATEGIC COMMISSIONING BOARD

Date: 16 December 2020

Executive Member /Clinical Lead/Officer of Strategic Commissioning Board Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)
Dr Ashwin Ramachandra – CCG Chair
Jessica Williams –Director of Commissioning

Subject: **GM RE PROCUREMENT OF DIRECT ACCESS NOUS, HEAD AND NECK MRI DIAGNOSTICS SERVICES AND AGE RELATED HEARING LOSS SERVICES**

Report Summary: NHS Tameside and Glossop CCG (T&G CCG) have three key services that support the population to be diagnosed and treated closer to home that have contracts due to expire in September 2021. Namely, Age Related Hearing Loss, Direct Access Non Obstetric Ultrasound and Direct Access Head and Neck MRI. These services have been commissioned as part of a GM collaborative arrangement since 2013.

A GM collaboration led by NHS Salford CCG was approved by GM Directors of Commissioning to progress the reprocurement and T&G CCG have played an active role in this leading the development of the Age Related Hearing Loss and MRI specifications and providing input into the development of the tariff, quality and procurement documents.

The procurement has involved Prior Information Notices and market days for each service and GM is now ready to progress to the Procurement Phase (OPEN Procedure = 30 days) which will lead to contract awards on 3rd June 2021 and the new services starting 1st October 2021.

Recommendations: The Strategic Commissioning Board is asked to approve the commissioning of Age Related Hearing Loss, Non Obstetric Ultrasound Sound and Head and Neck MRI services through the GM Procurement Process.

Approve the delegation of the Award recommendation to the Director of Commissioning.

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

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
CCG	£1.6m			£1.6m
Total	£1.6m			£1.6m
Section 75 - £'000				
Strategic Commissioning Board			Section 75	

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

The CCG uses a number of suppliers for the delivery of NOUS, MRI and Audiology. These contracts are based on cost and volume and the CCG expenditure ranges from £1.5m in 19/20 to £1.6m planned in 21/22.

NOUS - £0.7m

MRI - £0.2m
Audiology - £0.6m

The GM procurement process will maximise the value for money for the provision of these services, which is expected from the purchasing power of GM to achieve the lowest possible tariff prices. Savings will be deliverable from the price reductions from the start of the new contracts. Cost pressures will only arise if demand exceeds current capacity built within future financial plans.

Legal Implications:

(Authorised by the Borough Solicitor)

As set out in section 2 of the report advice on the procurement of these services is being delivered by STAR and their comments and advice are set out in paragraph 2.6. It is critical that the commissioners follow the procurement advice to ensure that a compliant procurement route has been followed.

How do proposals align with Health & Wellbeing Strategy?

The services are key to improving the health and wellbeing of the population. They ensure local access to high quality services and enable effective pathways that maximise clinical outcomes.

The services support the Developing Well, Living Well and Working Well programmes.

How do proposals align with Locality Plan?

The services are integral to delivering our priorities of: longer and healthier lives with good mental health through better choices and reducing inequalities and independence and activity in older age, and dignity and choice at end of life.

How do proposals align with the Commissioning Strategy?

The service contributes to the Commissioning Strategy by delivering choice of access closer to home early in pathways. The services will allow additional capacity and help ensure the most effective use of clinicians and diagnostic equipment.//

Recommendations / views of the Health and Care Advisory Group:

HCAG have been involved in the process from the initiation. They supported the intention to remain with a GM collaborative approach in December 2018 and developed the intentions to retain choice within Tameside and Glossop and improve the Age Related Hearing Loss pathway, HCAG reviewed and supported draft specifications and in March 2020 reiterated the request for multiple providers to operate.

Public and Patient Implications:

The continued access to key diagnostics within Tameside and Glossop will enable the population to access care more locally and be able to exercise choice. The improved Age Related Hearing Loss pathway will reduce visits to GPs and ensure more people are able to benefit from a one stop shop.

The approach to managing patient involvement and participation, patient experience and feedback is included in the evaluation of bids.

Quality Implications:

The procurement includes evaluation of quality including use of the quality improvement programme to improve patient care and outcomes. Providers are expected to follow National guidance on quality and safety and will report on key Quality and Performance indicators.

How providers will manage their services in the light of COVID-19 is another key factor in the procurement.

How do the proposals help to reduce health inequalities?

Local access improves uptake of services and providers are evaluated on their ability to meet the diverse needs of the local population. They are required to comply with the Public Sector Equality Duty

We have made a strong commitment to achieving social value through procurement activity and providers will be required to demonstrate social value.

What are the Equality and Diversity implications?

The proposal will not affect protected characteristic group(s) within the Equality Act. Providers will comply with NHS mandatory EDI requirements.

What are the safeguarding implications?

Safeguarding is central to the service provision.

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

The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider.

Risk Management:

These services are core to the provision of health care and the contract expiry means the CCG will have to procure separately if it no longer wishes to remain within the GM collaboration. There is insufficient capacity to accommodate the activity within other contracts and the CCG may be subject to legal challenge if it does not allow a competitive procurement.

GM commissioners will work closely with the providers to manage and minimise any risk of provider failure consistent with the provider's contingency plan.

Access to Information :

The background papers relating to this report can be inspected by contacting Elaine Richardson.



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1 BACKGROUND

- 1.1 In 2013 Greater Manchester CCGs collaborated on the commissioning of services through the Any Qualified Provider (AQP) contract route. NHS Tameside and Glossop CCG (T&G CCG) have remained a partner in that process and are the Contract Lead for one of the 22 contracts awarded and Associate to the others.
- 1.2 There are currently 3 services commissioned via GM AQP arrangements, these are:
- Age Related Hearing Loss
 - Non-Obstetric Ultrasound (NOUS)
 - Magnetic Resonance Imaging Head and Neck (MRI)
- 1.3 The contracts awarded in the reprocurement carried out in October where due to expire on 30th September 2020 and in preparation in 2018 NHS Tameside and Glossop agreed to continue to be part of the GM collaborative approach. The reason being the alternative would be a separate procurement exercise that would require additional resource and would lose the leverage that a GM process provides.
- 1.4 Due to the complex nature of the procurement, the changing commissioning landscape and the impact of COVID GM the procurement was delayed and Directors of Commissioning (GM DoCs) agreed to extend the current contracts, initially for 6 months to 31 March 2021 but with an option for a further 6 months to 30 September 2021. In November 2020 GM DoCs confirmed the need to extend to 30 September.

2 PROCUREMENT UPDATE

- 2.1 There are eight CCGs involved in the 2021 GM procurement with only three collaborating for all three services.

	Age Related Hearing Loss	Non Obstetric Ultrasound	MRI (head and neck)
Bury CCG	Y	Y	
Heywood, Middleton and Rochdale CCG	Y	Y	Y
Manchester CCG	Y	Y	Y
Oldham CCG	Y	Y	
Salford CCG	Y	Y	
Stockport CCG	Y	Y	
Tameside and Glossop CCG	Y	Y	Y
Trafford CCG	Y		

- 2.2 Tameside and Glossop Health Care Advisory Group (HCAG) confirmed they wanted to maintain choice for the population and had no issues with an AQP procurement or a non AQP procurement as long as choice was part of the procurement. Following discussion at GM DoCs when the procurement options were discussed in line with the advice of the NHS Standard Contract Manager and Engagement Lead for NHS England and NHS Improvement (Appendix 1) the procurement method for each service was agreed as:

NOUS Service	MRI Service	Age Related Hearing Loss
Non-AQP	Non-AQP	AQP

- 2.3 GM DoCs agreed that NHS Salford would lead on the procurement on behalf of all parties with GMSS providing the procurement expertise. A GM Commissioner group was convened to progress the procurement and involved Quality, Finance and Contract representation from NHS Tameside and Glossop alongside the Strategic Lead for Ageing Well and Assurance who leads commissioning for these services.
- 2.4 The draft service specifications for each service were reviewed by HCAG with the inclusion of an ear wax removal option within the Age Related Hearing Loss specification being identified as a key improvement. This would remove the need for people to be asked to go back to the GP before the assessment could be completed due to the presence of ear wax.
- 2.5 Prior Information Notices (PIN) and market engagement events have been held for each service. This allowed current and potential providers to give feedback on the service specification and the service in general. The Age Related Hearing Loss event was prior to COVID-19 in February 2020 and so was held in the traditional way. It had a high turnout being attended by 16 organisations. The event for NOUS and MRI in September 2020 was virtual and was also well attended involving 15 organisations. The feedback received from each has been noted and reflected in the specifications and used to develop the quality and KPI expectations and develop the tariffs where appropriate.
- 2.6 The GM Commissioner group has collectively agreed the procurement documentation and for Tameside and Glossop this has also been shared with STAR. STAR have confirmed all is compliant from a procurement perspective. The group has agreed the representatives for the evaluation panels across the commissioners. The aim is to ensure consistency through subject panels rather than panels being solely aligned with each service. Tameside and Glossop representatives are involved in the Finance, Quality and Service Specification panels (MRI, and Age Related Hearing Loss).
- 2.7 The timeline for the procurement is

Procurement Phase (OPEN Procedure = 30 days) - Publish ITT - Respond to bidder clarification questions	18 Jan - 17 Feb 2021
Tender Evaluation and agree Shortlist - Quality evaluations - Financial model evaluation - Moderation meeting (agree scores and identify Shortlist)	18 - 26 Feb 2021
Internal sign-off across CCGs - Agree award recommendation - Award recommendation report	w/c 1 Mar 2021 w/c 8 Mar 2021
Standstill Period (10 days) - Issue outcome letters to bidders, field queries if required	24 May - 3 Jun 2021
Award Contract - Issue award confirmation letter - Contract completion and signing	3 Jun 2021
Mobilisation Period (3 months) - Initial mobilisation meeting - Mobilisation plan - Contract Information and Management Pack	3 Jun 2021 - 31 Sep 2021
Contract Go Live Date	1 Oct 2021

3 FINANCE

- 3.1 NOUS and MRI have a National Tariff but there is no National Tariff for Age Related Hearing Loss. All three services are eligible for CQUIN payments.
- 3.2 The finance representatives have agreed the following Tariffs and terms, including CQUIN arrangements and MFF application.

	NOUS Service	MRI Service	Adult Hearing Service
CQUIN	Y	Y	Y
Tariff	National Tariff	Local Tariff (Previously NT)	Local Tariff
Unit Cost			
Abdomen	41		
Abdomen & Pelvis	51		
Magnetic Resonance Imaging Scan of One Area, without Contrast, 19 years and over		105	
Magnetic Resonance Imaging Scan of Two or Three Areas, without Contrast		131	
Magnetic Resonance Imaging Scan of more than Three Areas		158	
Assessment Only			51
Fitting 1 Aid			305
Fitting 2 Aids			403
Delayed Fitting Second Aid			98
Replacement Hearing Aid			71
Annual aftercare and review			24

Tariff Procurement Terms:

Non-AQP NOUS – This is at national tariff level which based on 19/20 tariff this is still a reduction. CQUIN will be on top of this and inflation will be at national tariff levels.

Non-AQP MRI – The proposed local tariff will be inclusive of CQUIN and MFF is not applicable. MRI scans will be a local tariff however GM are inviting bids up to national tariff with a 1% year on year increase or national tariff uplift whichever is lowest, for the term of the contact.

AQP Audiology - The local tariff proposal is based on 17/18 tariff plus 3.4% uplift. This will be inclusive of CQUIN and MFF will not be applicable to this contract. A 1% uplift or national tariff uplift, whichever is lower will be applied to the contract.

All of these tariff proposals are lower than current prices T&G have in place with its current suppliers.

- 3.3 For NHS Tameside and Glossop the adoption of these tariff arrangements means that we will benefit from a future price reduction during 2021/22 across all three service areas. The work of the GM finance representatives has been to drive down the price as much as possible for sustainable services and use the GM purchasing power.
- 3.4 From a finance perspective it is important that T&G remain part of the GM procurement to benefit from the unit price reductions. If T&G went out to procurement alone, it is unlikely we

would be offered these tariff prices and would use up staff resources to carry out a procurement and delay these future benefits.

4 RECOMMENDATION

4.1 As set out on the front of the report.

APPENDIX 1

Advice on Moving away from AQP Procurement

Advice was sort from the NHS Standard Contract Manager and Engagement Lead for NHS England and NHS Improvement. The advice give is below:

Although the use of an “Any Qualified Provider” approach to the commissioning of certain community services was mandated by the Department of Health for PCTs many years ago, there is no mandatory requirement, in current national guidance to the NHS, for CCGs to adopt an “AQP” approach to the commissioning of specific services.

Clearly, in situations where the legal right of choice of provider applies, CCGs will need to ensure that their contractual arrangements with providers enable this, whether by placing contracts with providers directly or by paying for patients referred on a “Non-Contract Activity” basis. In practice, this amounts to something fairly equivalent to an AQP approach.

In terms of the services that are being considered, NHSE advised that the legal right of choice of provider does not apply to hearing services but does apply for other diagnostic tests such as MRI or ultrasound where these are being offered as a first outpatient appointment, rather than as something a hospital doctor may decide a patient needs once he/she has been seen in clinic.

So, depending on the clinical pathway in place locally, GM may have to continue to adopt an AQP-equivalent approach for MRI and ultrasound, in order to enable the legal right of choice of provider.

For other services not subject to the legal right of choice, there is a more general duty in legislation on CCGs (section 14V of the NHS Act 2006) which says that "Each clinical commissioning group must, in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them". Any CCG will need to be seen to be acting in a way which is consistent with this duty.

A reasonable starting position, other things being equal, will probably be that patients will benefit from continuing to have a wide choice of providers of hearing services. So, if the CCGs in Greater Manchester are considering moving to a different approach, restricting patient choice and awarding contracts to a more limited number of providers, then they should ensure that they have a good (and public) rationale for doing this, in terms of patient benefit and/or value for public money.

If their rationale is seen to be weak, they will lay themselves open to challenge, either by patient groups or by providers who fear that they are going to be excluded from the market without good reason.

Agenda Item 6

Report to: STRATEGIC COMMISSIONING BOARD

Date: 16 December 2020

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

Clinical Lead: Dr Ashwin Ramachandra, Chair Governing Body

Reporting Officer: Jessica Williams, Director of Commissioning

Subject: MACMILLAN GP IN CANCER AND PALLIATIVE CARE

Report Summary: Cancer is the leading cause of premature death in Tameside and Glossop and the rate of Deaths in Usual Place of Residence is below the national average. Strong clinical leadership has helped improve rates in the Locality but further work is needed.

NHS Tameside and Glossop Clinical Commissioning Group (NHS T&G CCG) have employed a Macmillan GP since 2014. Macmillan awarded a grant to NHS T&G CCG towards funding the post initially for two years, this was then extended to June 2019. The Macmillan funding was awarded and accepted on the basis that funding is available beyond this period, pending an evaluation. To maintain the post Public Health funding was utilised until June 20 when recurrent CCG funding was allocated.

The evaluation of the role has shown it to be key in keeping GPs at the centre of Cancer and Palliative and End of Life Care and ensuring system wide working to improve outcomes. It has contributed to the following:

- Narrowing the gap between NHSE and GM one year survival rates (against a National target of 75%), improving from 70.5% in 2015 to 72.1% in 2017.
- Increase in the numbers of Deaths in Usual Place of Residence (DiPR) from 34.7% in 2014 to 38.3% in 2017 (NHSE 44.9%).
- Reduction the number of deaths with an underlying cause of cancer below NHSE average of 27.2% (from 30.3 % in 2014 to 25.4% in 2018).
- Reduction in the number of people diagnose via an emergency admission from 119 per 100,000 in 2014/15 to 87 per 100,000 in 18/19 (NHSE 84 per 100,000).
- Improvements in coverage of bowel and breast screening.

A Macmillan GP is seen in GM as pivotal to the commissioning of outcomes in Cancer and Palliative and End of Life care and the intention is to recruit to a revised job description that refocuses the role on two key aims:

- Lead the Improvement in the quality of local cancer and palliative care outcome
- Reduce historic boundaries between Health and Social Care

This will enable the Strategic Commission to deliver key outcomes of:

- Increased screening, early identification and prevention (effective referrals)
- Personalised Care Planning
- Use of peer to peer support and Cancer and Palliative Care Champions (provide advice, guidance and support)
- Improved Outcomes for Cancer and Palliative Care
- Reduced unwarranted variation

Recommendations:

Strategic Commissioning Board be recommended to approve the recruitment in Q4 2020-21 of a Macmillan GP to the revised job description, with a view to the Macmillan GP commencing in post on 1 April 2021.

Financial Implications:

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

Budget Allocation	£45k
Integrated Commissioning Fund Section	Section 75
Decision Body	Strategic Commissioning Board

Additional Comments

Funding was agreed earlier this year to fund the MacMillan GP until March 2021. This short term decision was made to give time for a full evaluation to take place, looking at the value for money associated with this post. This report is seeking authorisation to recurrently recruit to this post, to ensure:

- The benefits outlined below, that the post has previously delivered are maintained into 2021/22 and beyond.
- Strategic future service developments and priorities can be delivered.

The medium term financial plan developed before the outbreak of COVID-19 assumed that the MacMillan post would continue long term. Therefore budget is already in place to fund this post and the benefits describing in this report are already costed into financial plans.

However if SCB make a decision that a continuation of this role does not offer value for money, a saving of £45k p.a. could be made – though the operational benefits set out below would not be maintained in this scenario.

Legal Implications:

(Authorised by the Borough Solicitor)

SCB need to be satisfied that this is the best way to achieve deliverables and that it achieve value for money in reducing health inequalities.

How do proposals align with Health & Wellbeing Strategy?

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

How do proposals align with Locality Plan?

The proposals are consistent with Longer and Healthier Lives (early intervention and prevention) strand of the Locality Plan

How do proposals align with the Commissioning Strategy?

The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities;
- Commission for the 'whole person';
- Create a proactive and holistic population health system.

Recommendations / views of the Health and Care Advisory Group:

n/a

Public and Patient Implications:

Implications for those patients diagnosed with cancer, being treated for cancer, living with cancer and people affected by cancer. Also those patients who are approaching the end of their lives and/or in need of palliative care.

Quality Implications:

Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness.

How do the proposals help to reduce health inequalities?

Reduce local variation and improve service design, delivery and patient experience to improve access to services

What are the Equality and Diversity implications?

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

What are the safeguarding implications?

Safeguarding is central to this role.

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

The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times.

Risk Management:

The Line Manager will provide clinical leadership and have oversight of work this role supports.

Access to Information :

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



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e-mail: louise.roberts@nhs.net

1. BACKGROUND

- 1.1 Cancer is the leading cause of premature death in NHS Tameside and Glossop CCG (NHS T&G). We have a relatively high number of cancers detected late, and consequently reduced survival rates, compared to the England average and other CCGs across Greater Manchester. One of the challenges we face in NHS T&G relates to prevention and early diagnosis of cancer.
- 1.2 Palliative and End of Life (PEOL) Care aims to help people have a good quality of life for people nearing the end of their life; providing an holistic approach to their care. NHS T&G have poor rates of Deaths in Usual Place of Residence (National measure). Our challenge is ensuring people and their families are fully involved in choices around their care in their last year of life.
- 1.3 Key to supporting improvements in Cancer and Palliative Care is Clinical Leadership and Macmillan GPs are seen as pivotal to the commissioning of Cancer and PEOL care in Greater Manchester to:
 - Improve the quality of local cancer and palliative care.
 - Improve communication between primary care, secondary care and tertiary care.
 - Enhance awareness of cancer and palliative care.
 - Promote the use of end of life care tools in primary care in order to ensure patients can live and die in their preferred place of care.
- 1.4 NHS T&G have employed a Macmillan GP since 2014-15, in line with other CCGs across GM. Macmillan funding was awarded Quarter 4, 2014-15 for two years with an option to extend for an additional 12 months on understanding that, pending evaluation, the CCG had intentions to fund this post beyond this period (this is the usual Practice for grants given by Macmillan).
- 1.5 The service agreement between Macmillan and NHS T&G stipulated that when Macmillan payments end the CCG must continue to fulfil all the continuing obligations; section 3 of the agreement states: *“Employing the Macmillan Professional and providing the Service at your own cost; and continuing to describe the Professional as a “Macmillan Professional” and describing the Service as a “Macmillan Service” and displaying the appropriate branding and signage within the Service.”*

2. BENEFITS OF THE ROLE

- 2.1 The role has supported the Strategic Commission’s Cancer and Palliative Care agenda and helps reduce premature deaths (details can be found **Appendix 1 and 2**).
- 2.2 Key improvements include:
 - Narrowing the gap between NHSE and GM one year survival rates (against a National target of 75%), improving from 70.5% in 2015 to 72.1% in 2017.
 - Increase in the numbers of Deaths in Usual Place of Residence (DiPR) from 34.7% in 2014 to 38.3% in 2017 (NHSE 44.9%)
 - Reduction the number of deaths with an underlying cause of cancer below NHSE average of 27.2% (from 30.3 % in 2014 to 25.4% in 2018).
 - Reduction in the number of people diagnose via an emergency admission from 119 per 100,000 in 2014/15 to 87 per 100,000 in 18/19 (NHSE 84 per 100,000)
 - Improvements in coverage of bowel and breast screening.
- 2.3 Other key benefits has delivered include:
 - Extensive joint working across the system, leading the work plan for cancer
 - Maintaining links with GM
 - Keeping GPs at the centre of Cancer and PEOL Care
 - Providing advice to practices
 - Supporting the recovery planning
 - Supporting the GB lead with cancer expertise

- Leading Education, Training and Development
- Accessing additional external funding and resources - £2000 a year

3. FUTURE REQUIREMENTS OF THE ROLE

- 3.1 The Macmillan GP role realised a number of benefits to the Strategic Commission but in order to sustain, progress and gain momentum in a number of areas there is a requirement refocus the role on two key aims:
- Lead the Improvement in the quality of local cancer and palliative care outcome
 - Reduce historic boundaries between Health and Social Care
- 3.2 With key outcomes including:
- Increased screening, early identification and prevention (effective referrals)
 - Personalised Care Planning
 - Use of peer to peer support and Cancer and Palliative Care Champions (provide advice, guidance and support)
 - Improved Outcomes for Cancer and Palliative Care
 - Reduced unwarranted variation
- 3.3 The revised job description can be found in Appendix 3 and the post will continue to be managed by the Governing Body GP with responsibility for Cancer with a formal process of objectives and appraisals in place, supported by the appropriate officer(s) in the commissioning directorate and with input from Macmillan.

4. FUNDING

- 4.1 The Macmillan Grant Agreement (June 2016 to June 2019) of £19,850 per annum covered two sessions per week at £202.55 per session (plus travel expenses) for 49 weeks per year.
- 4.2 To ensure equity of pay with other clinical posts within the CCG it was agreed that the CCG would supplement Macmillan funding by £23,401 year to give a £43,251 post that covered two sessions per week (for 49 weeks per year) at £353.50 per session plus 26% on costs (pension contributions, salary increments and mileage).
- 4.3 To maintain the post from June 2019 to June 2020 TMBC Public Health funding was used with the CCG recurrent funding in place since June 2020.

5. NEXT STEPS

- 5.1 The current post holder's contract ceases on March 2021 and the Strategic Commission subject to approval will go out for recruitment in Q4 2020-21 with the revised job description with tenure (permanent or fixed term) aligned to other clinical posts, with a view to the new Macmillan GP commencing in post on 1 April 2021.

6. CONCLUSION

- 6.1 The redesigned Macmillan GP role will enable a greater focus on the Strategic Commission's Cancer and Palliative Care agenda and help reduce premature deaths.

7. RECOMMENDATIONS

- 7.1 As stated on the report cover.

1 Benefits of the Macmillan GP

The Macmillan GP has proven to be a vital link to:

1. Facilitating training, education and development within primary care and ensure knowledge exchange sessions between wider stakeholders
2. Enhancing the knowledge and skills of primary health care teams in providing care to cancer patients with regard to early diagnosis, pathways of care, symptom control and supportive and end-of-life care to ensure the delivery of optimal care as well as early recognition of needs at all stages of the cancer pathway
3. Enhancing knowledge and provision of information on the availability of services to cancer and palliative care patients and routes of access to services within the locality
4. Enable cancer patients to have a greater understanding of their condition, treatment and navigation of the services and support available to them (including self-management)
5. Support the use of and roll-out of National, Greater Manchester and Macmillan programmes
6. Represent patient views and opinions and ensure equity of service.

Achievements to date include:

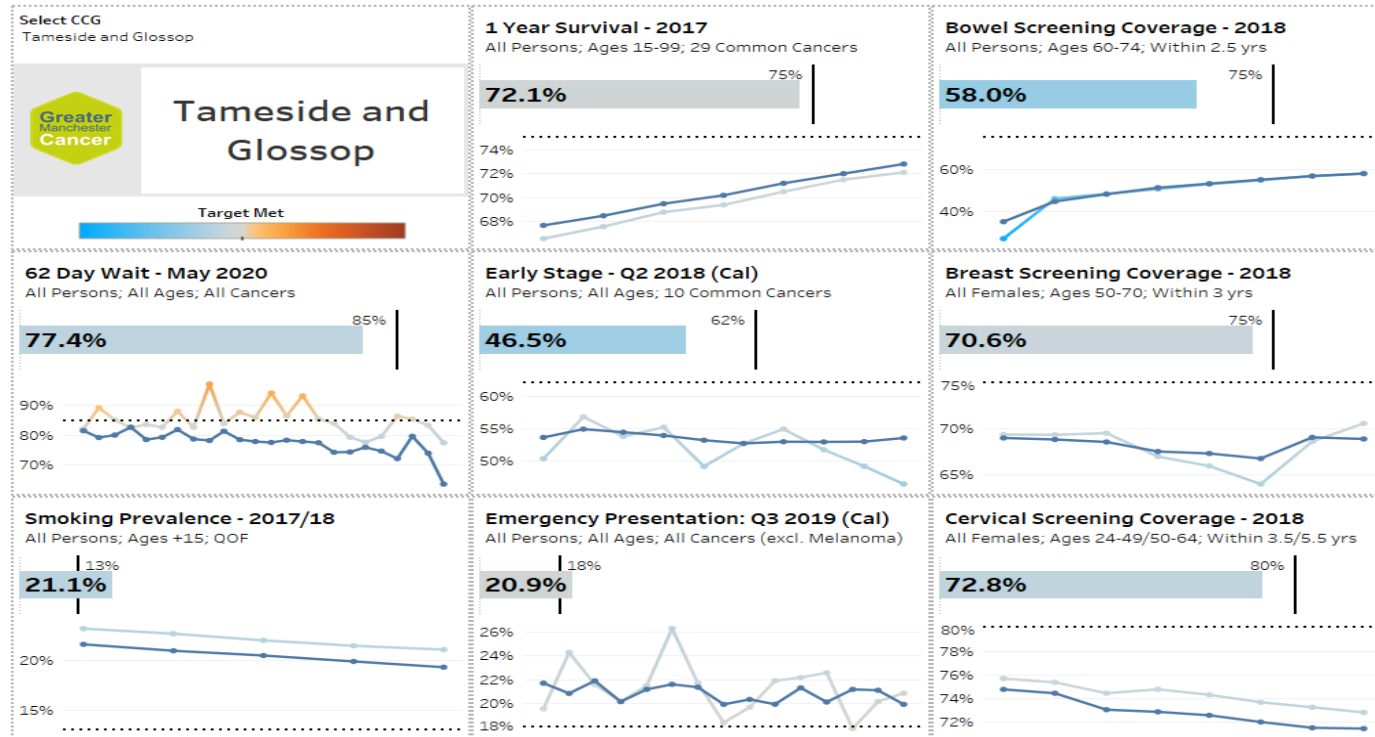
1. Improving Early Diagnosis of Cancer in Tameside & Glossop (e.g. GP endorsed letters for all Bowel screening invites from the central hub, teaching around NICE guidelines).
2. Review cancer risk prediction tools and implement e.g. Q Cancer Prediction tool.
3. Targeted communications to practices around awareness campaigns to include promotional material and link in with Be Well campaigns.
4. Set up a cancer champion in each surgery (clinical and clinical administrative role) to link with Macmillan information points and Greater Manchester cancer champions.
5. Significant Event Analysis (SEA) events, to identify recurrent themes in delayed diagnosis and consequently emergency presentations; barriers to diagnosis and early diagnosis.
6. Providing support of the implementation of the Recovery Package to ensure high quality care for patients living with and beyond cancer.
7. Providing advice to practices on improving their cancer diagnosis and care, including via the Primary Care Quality Scheme.
8. Identify solutions that reduce local inequalities, ensuring services are appropriate and considerate to the needs of the individual (to ensure none of the protected characteristic groups are disproportionately affected); for example tackling poor uptake of cancer screening for people with Learning Disabilities and ensuring this is addressed in the strategy plus working with Be Well Tameside and Hyde Community Action to increase screening uptake among Black and Minority Ethnic groups.
9. Represent the CCG and Primary Care on the Greater Manchester Pathway boards.
10. Address specific queries from GPs to improve patient experience and support.
11. Building up relationships with GPs and becoming established as a contact point for queries around cancer; providing advice, recommendations, and peer support.
12. GP education Target sessions for cancer and palliative care were very well received Topics covered were as follows:
 - Cancer
 - Improving screening uptake (particularly bowel screening)
 - Improving patient experience (user representative talk)
 - Hospital referral pathways – Breast, lower and upper GI
 - NHS T&G ICFT and GM Cancer – our position and best practice
 - New developments in early diagnosis (FIT, lung health checks, and more)
 - Prehabilitation for Better Outcomes
 - Living with and Beyond Cancer – the patient experience
 - CRUK facilitator update – education and audit
 - Palliative Care
 - Identifying your 1%
 - Hospice day services overview

– Symptom Control at the End of Life.

13. Support the Development of neighbourhood cancer data packs, which identified areas for improvement within each practice; used to highlight possible improvement areas. Information, advice and support provided from the Macmillan GP aimed to reduce practice and neighbourhood variation.
14. Access to additional grants from Macmillan to deliver an event for GPs on improving cancer diagnosis through Significant Event Analysis – which will follow on from the Knowledge Exchange event.
15. Delivering the three day Macmillan Practice Nurse Cancer course (supported by Macmillan) – which enables Practice Nurses to broaden their chronic disease management skills to care for patients living with and beyond cancer; enabling Practice Nurses to carry out Cancer Care Reviews as part of the roll out of the Recovery Package.
16. Key to developing a pilot and establishing the Direct Referral breast lump referrals pathway.
17. Key to reviewing, developing, implementing and embedding an agreed suspected cancer colorectal pathway (including straight-to-test), routine STT lower and upper GI pathways.
18. Support implementation of the Accelerated and Stratified Follow Up (FU) pathways as they are rolled out across GM and implemented locally (supports faster diagnosis, reduces FU appointments at hospital, embeds social prescribing and promoted self-care).
19. A series of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) events were held for GPs to coincide with the launch of the 'lilac form' at NHS T&G ICFT at the end of May. The aim of the sessions was to refresh knowledge of the guidance around DNACPR decision making, and to discuss difficult cases. Over 46 people attended the training which were held at a variety of venues (details available if requested).

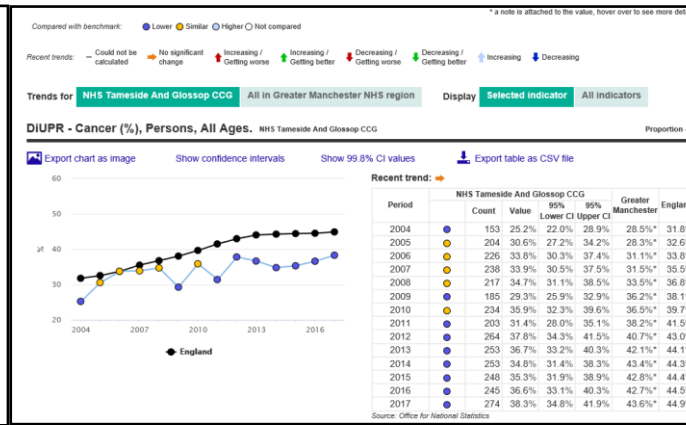
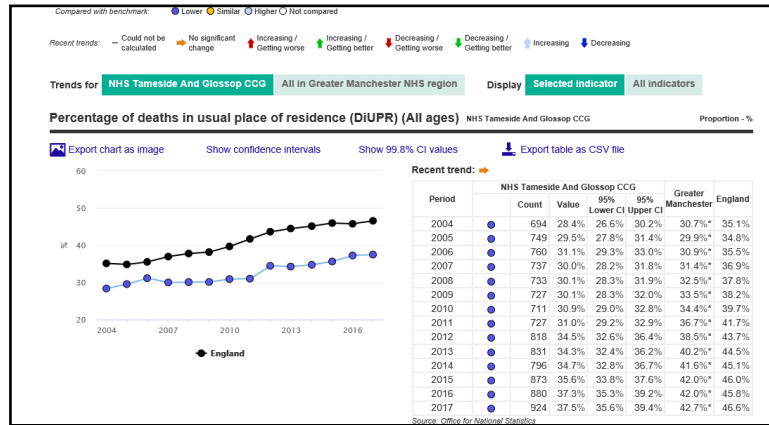
Evaluation of the contribution of this role 2014 to date

(Data <https://www.gmtableau.nhs.uk/#/site/GMHSCPublic/views/CCGKPIComparison/MetricsbyCCG>)



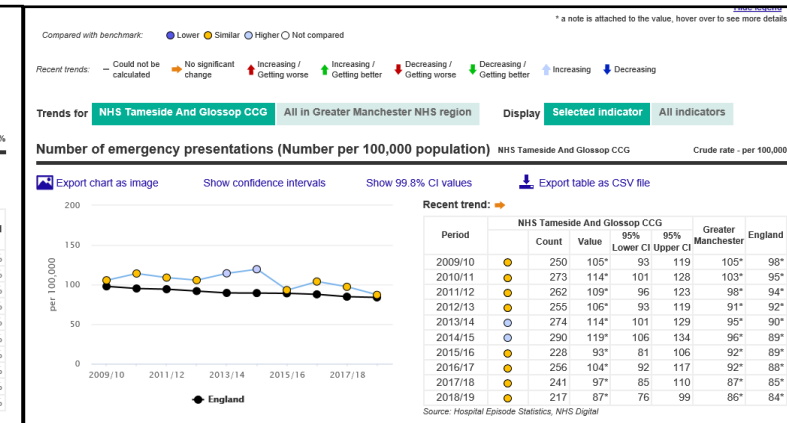
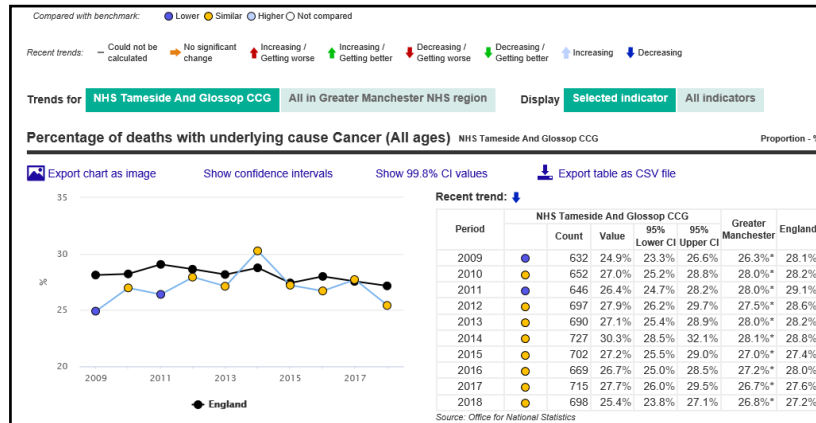
Deaths in Usual Place of residence

The percentage of deaths in usual place of residence overall and for people with a primary diagnosis of cancer has improved but remains below GM and national average



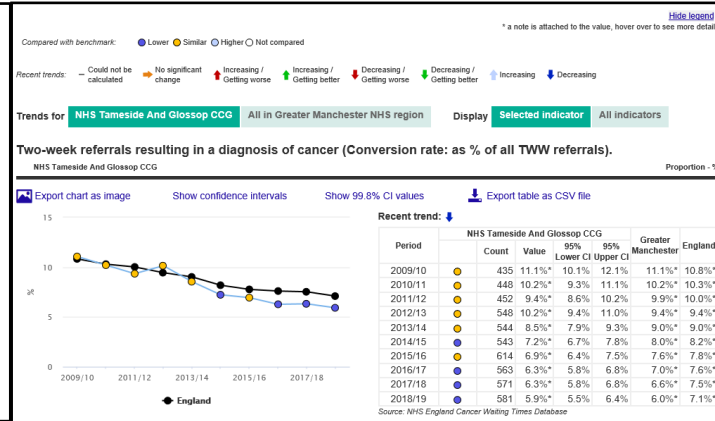
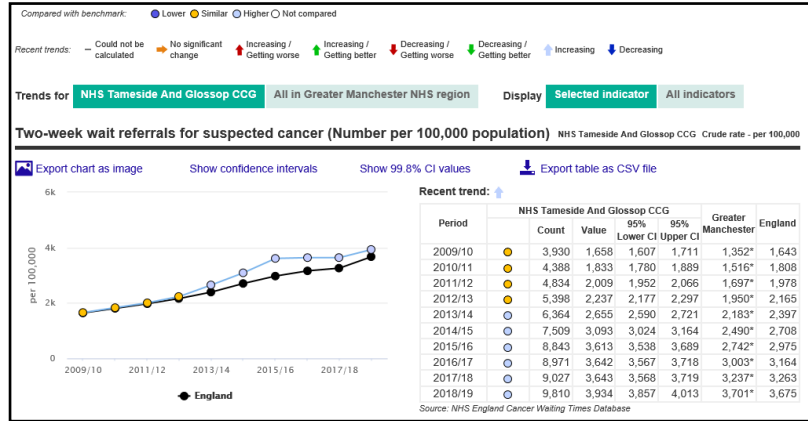
Premature Death

The number of deaths with the underlying cause of Cancer has reduced to below national average. However the number per 100,000 diagnosed via an emergency admission, remain above the national average

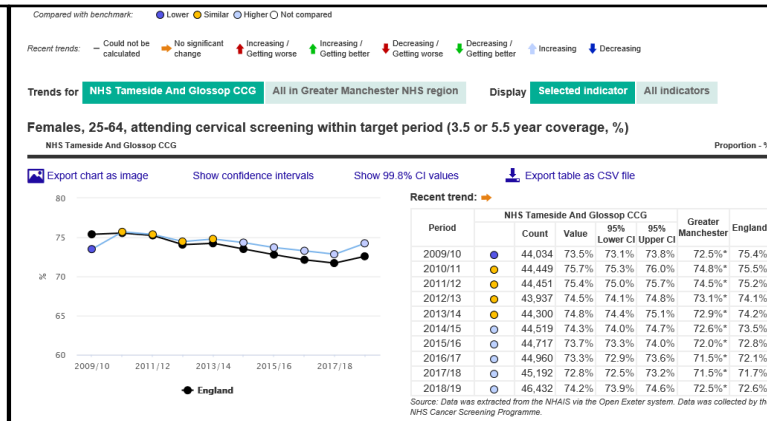
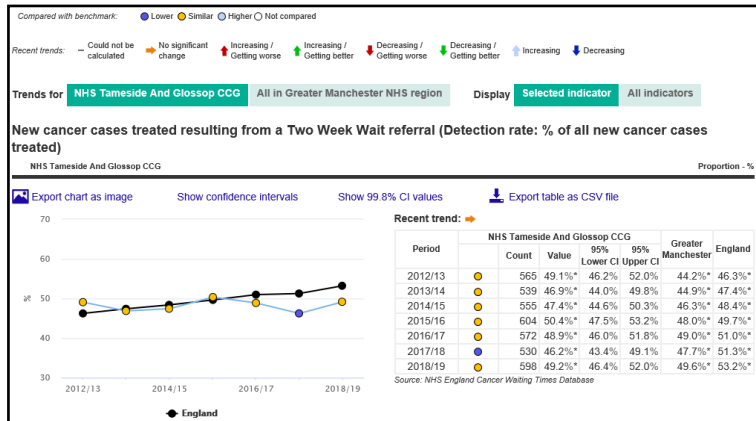


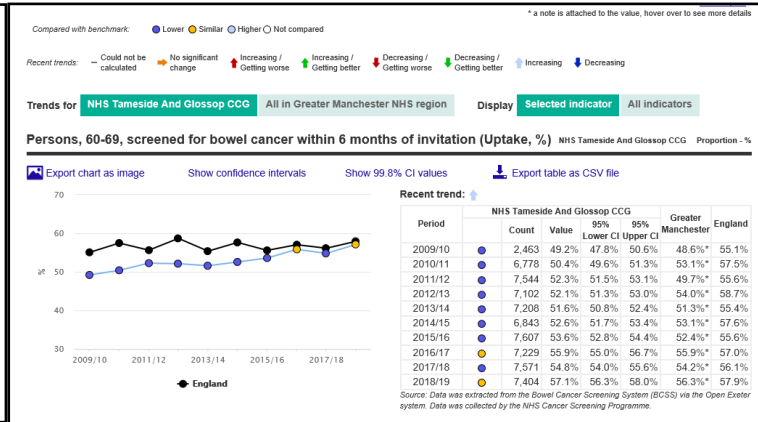
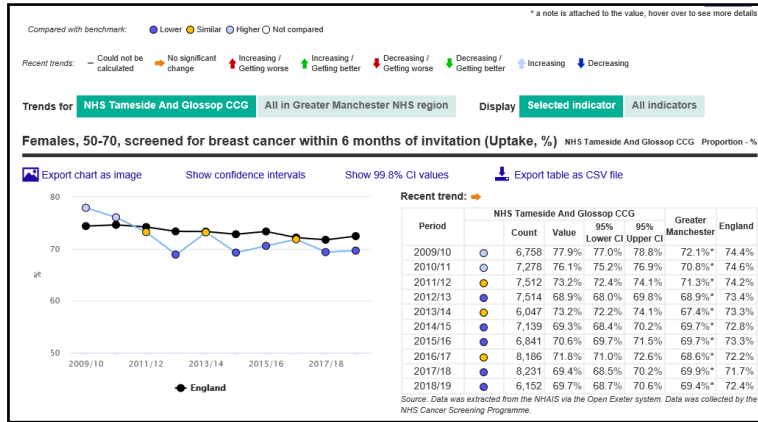
Challenges:

Suspected Cancer referrals are increasing but the conversion rate is decreasing and is below national average

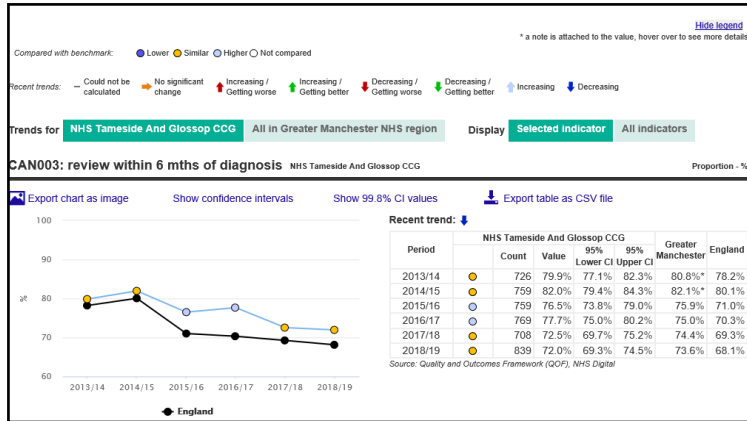


The detection rate and screening rates are below national average with the exception of cervical screening





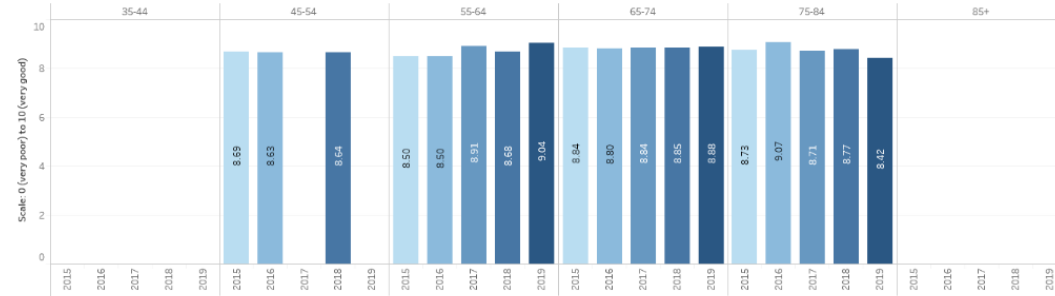
Cancer Care review carried out within 6 months of diagnosis within Primary is above national average but we need to ensure consistent personalised care reviews in a timely manner as part of the recovery package.



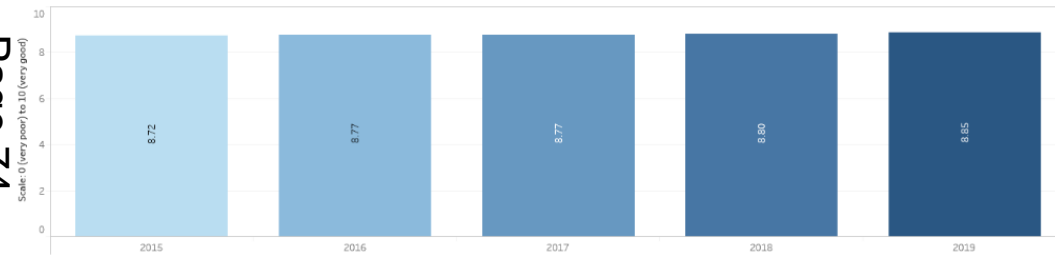
The 2019 National Cancer patient survey results for published in June 2020 <https://www.ncpes.co.uk/2019-ccg-level-results/> (119 surveys were completed, 55% response rate) showed an overall improvement in patient experience from the previous year with two key areas for improvement.

CCG: 021 - NHS Tameside and Glossop CCG | Sub-group: Age | Group: (All) | Survey year: (All)

CCG Results - Q61 (Overall Experience) by Sub-groups



CCG average for Q61 (Overall Experience)



Cancer Dashboard Questions

The following seven questions are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England:

Q61. Patient's average rating of care scored from very poor to very good



- 81%** Q18. Patient definitely involved as much as they wanted in decisions about care and treatment
- 94%** Q19. Patient given the name of a CNS who would support them through their treatment
- 84%** Q20. Patient found it very or quite easy to contact their CNS
- 87%** Q39. Patient always felt they were treated with respect and dignity while in hospital
- 93%** Q41. Hospital staff told patient who to contact if worried about condition or treatment after leaving hospital
- 49%** Q55. General practice staff definitely did everything they could to support patient during treatment

Questions Outside Expected Range

	Case Mix Adjusted Scores			National Score
	2019 Score	Lower Expected Range	Upper Expected Range	
Q40. Patient given clear written information about what should or should not do after leaving hospital	92%	80%	92%	86%
Q43. Patient definitely found hospital staff to discuss worries or fears during their outpatient or day case visit	79%	63%	78%	71%
Q45. Beforehand patient completely had all information needed about radiotherapy treatment	100%	77%	96%	86%

	Case Mix Adjusted Scores			National Score
	2019 Score	Lower Expected Range	Upper Expected Range	
Q55. General practice staff definitely did everything they could to support patient during treatment	49%	50%	67%	58%
Q56. Different people treating and caring for patient always work well together to give best possible care	65%	66%	79%	73%

Revised Job Description



Job Description

GENERAL INFORMATION

Job Title: Macmillan GP for Cancer and Palliative Care

Band: two session a week on GP Sessional rate (3.75 hours)

Directorate/Department: Commissioning

Reporting to: Chair Governing Body leading Cancer

Responsible for: Not Applicable

Location/Base: Any base utilised by NHS Tameside and Glossop Clinical Commissioning Group

Disclosure required: Yes as part of GP role

Type of Disclosure Required: N/A

Workforce Classification: Adult & Children

ROLE PURPOSE

The purpose of this role is to provide clinical insight and leadership to improve outcomes for Cancer and Palliative Care for the population of Tameside and Glossop.

The aims of the post are to:

1. Lead the Improvement in the quality of local cancer and palliative care outcomes through:

- Promoting public facing activities to increase awareness of Cancer and Palliative and End of Life care.
- Fostering a culture of early identification including Cancer screening and risk based case finding.
- Leading the development of personalised care planning for both elective and advanced care.
- Reducing unwarranted variation and promoting equity of access.
- Facilitate and enable the education and development of Primary Care teams to maximise early diagnosis and effective holistic management of individuals through neighbourhood and Trust based services.
- Developing use of peer to peer support and 'Champions' in Cancer and Palliative and End of Life Care.
- Reducing unwarranted variation and promoting equity of access.
- Ensuring effective delivery of national and Greater Manchester strategies for example promoting Gateway C and GM Framework to improve Palliative and End of Life Care.

2. Reduce historic boundaries between Health and Social Care through:

- Facilitating integrated working and enhancing communication between the voluntary and statutory sectors including Health, Local Authority and Voluntary Community and Social Enterprise (sector) organisations.
- Using the personalised care principles and promote interdisciplinary working.
- Contributing to Locality Programme Boards including Palliative and End of Life Care and Cancer.
- Contributing to cancer and end of life service education planning forums to ensure that the training we provide and deliver is in line with national priorities.
- Working closely with Macmillan Cancer Support.

Duties and responsibilities:

The principal roles of the post holder to deliver the above include:

1. To provide clinical leadership and represent the views of T&G practices in the commissioning process both with the commissioning officers and through the Health and Care Advisory Group (HCAG).
2. To work with individual practices, PCNs and neighbourhood teams enhancing skills and embedding effective systems and processes. Encouraging the sharing of best practice and learning across Neighbourhood practices e.g. encourage participation in Significant Event Analysis (SEA), Multidisciplinary Team (MDT) discussions, cancer care review, Advanced Care Plans etc.
3. Develop and promote local education and training opportunities across Primary care with a strong focus on GP staff, clinical and administration, through the NHS Tameside and Glossop Academy, representing and reporting into the Primary Care Group. Ensuring equitable access to education and training across all primary care professionals.
4. Involvement in local service development and redesign to ensure appropriate to local need and in line with national priorities including Macmillan's desired outcomes for people living with cancer.
5. To support outlying practices to identify reasons behind outlier status (including mitigating circumstances) and where appropriate provide support to develop remedial plans for improvement.
6. To formally report any neighbourhood issues to the CCG Governing Body, which have arisen from either patient or clinician feedback.
7. To work with Locality, GM and Macmillan colleagues to develop and deliver appropriate education to support future resilience for high quality care and promote the use of Macmillan primary care tools, resources and models of good practice.
8. To develop links with local specialist cancer and palliative care teams, local hospitals, nursing homes and residential homes, local hospices and social services.
9. To encourage, support or initiate research and audit into all aspects of cancer and palliative care service provision and education in primary care.
10. To attend a minimum of one national Macmillan GP conference per year, and participation in a Macmillan learning set.
11. Represent NHS T&G CCG and provide meaningful engagement with Greater Manchester Cancer (GMC) e.g. Primary Care representation on GMC Pathway Boards.

Responsibilities statement:

This list is not exhaustive and the post holder may be required to undertake additional duties as required.

The range of duties and responsibilities outlined above are indicative only and are intended to give a broad flavour of the range and type of duties that will be allocated. They are subject to modification in the light of changing service demands and the development requirements of the post holder.

General:

Compliance with the Data Protection Act 1998 and Information Governance – the post holder is not entitled to use for their own benefit or gain, or to divulge to any persons, firm or other organisation whatsoever, any confidential information belonging to the CCG or relating to the CCG’s affairs or dealings which may come to their knowledge during employment.

Compliance with the Health & Safety at Work Act 1974 – the post holder is required to fulfil a proactive role towards the management of risk in all of their actions. This entails the risk assessment of all situations, the taking of appropriate actions and reporting of all incidents, near misses and hazards, and a statutory duty of care for their own personal safety and that of others who may be affected by their acts or omissions.

Compliance with CCGs Policies and Procedures including the Code of Conduct, and to be aware of and work within the CCG’s Equal Opportunities Policy and to treat all contacts, staff or clients, with dignity and respect.

Agreement:

The following parties have agreed this job description, accompanying person specification, duties and risk factor form, organisation chart and any supplementary information:

Signed: Employee	Date	Signed: Manager	Date:

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Agenda Item 7

Report to: STRATEGIC COMMISSIONING BOARD

Date: 16 December 2020

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

Clinical Lead: Asad Ali (Living Well)

Reporting Officer: Stephanie Butterworth – Director of Adult Services

Subject: ADULT SERVICES HOUSING AND ACCOMMODATION WITH SUPPORT 2021-2026

Report Summary: The demand for accommodation with support in Tameside is now outstripping supply – there are currently 36 people on the waiting list held in Adult Services by its Accommodation Options Group (AOG), and there are 8 people identified for transition in the next two years from Children’s Services requiring 24 hour support who need to be planned for. In addition, the number of people with a learning disability or mental health needs living in costly out of borough places has increased recently, primarily due to the lack of supported accommodation capacity locally to meet need – there is a real concern that without increasing capacity such costly placements will very quickly become long term and the opportunity to return people to supported living in the borough at a reduced cost will be lost.

This report outlines a range of accommodation schemes needed over the coming 3-5 years to meet current and future need across all adult groups.

Recommendations: That the Strategic Commissioning Board agree:

- (i) That approval is given to progress the plans devised by Adult Services in conjunction with Growth and thereby the resultant accommodation schemes identified in ongoing discussions with registered provider partners. The accommodation schemes developed will increase capacity in the borough for the provision of accommodation with support for the range of Adult service users enabling them to live in their own homes.
- (ii) That authority is given to enter individual agreements to deliver accommodation with support for the Adults’ service users, subject to such relevant governance required Key/executive decision setting out the details including vfm together with advice from STAR Procurement should any procurement activity be required within each individual scheme in relation to the application of the Public Contracts Regulations 2015.
- (iii) That approval is given to provide the support in the accommodation at all locations by either the in-house Long Term Support Service, or through tender with independent sector providers (to be established based on the needs identified and requirements of each scheme).

Financial Implications:	Integrated Commissioning Fund Section	Section 75
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(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Decision Required By	Strategic Commissioning Board
Organisation and Directorate	Tameside MBC – Adult Services

It is essential that any review of a new potential accommodation scheme involves Finance at the earliest possibility, this will ensure that due diligence and value for money is considered and the impact on the budget for adult services is assessed.

All schemes will need to be reviewed.

As explained in the report the process will support the delivery of Adult Services savings as well as helping to maintain costs within budget, that arise as a result of any increase in demand on the service.

As a result of all the work that is currently being carried out on Out Of Borough placements, £665k savings have been identified for 2021/22 based on a full year effect. These savings will need to be closely monitored and will be reported on within the revenue monitoring statement

It is expected that the related rent and service charges levied by landlords within tenancy agreements with service users will be financed via housing benefit. Any related void periods will need to be stringently managed and monitored as these will be a liability to the Adult services revenue budget.

Legal Implications:
(Authorised by the Borough Solicitor)

Due diligence will be required for each decision together with an executive decision setting out project plan, risks, benefits etc should be undertaken on each opportunity to clarify any procurement issues, legal issues in relation to either an lease and or management agreement together with liabilities.

Advice will be required to ensure that the arrangement is in line with the market generally and represents good value for money. Advice from finance will also be required not only in relation to the value for money element but also the overall budgetary position especially as savings are expected. Advice will also have to be sought in relation to any adaptations required and any legal and financial issues, which need to be considered in that regard. All of the due diligence together with details of any support packages should be included in the Executive Decision that will be required to comply with The Openness of Local Government Bodies Regulations 2014:

<https://www.legislation.gov.uk/uksi/2014/2095/contents/made> .

Given that the timescales for this programme extend to 2026 as set out in Paragraph 3.7 Members will wish to consider receiving periodic updates by way of a report to Cabinet in order to monitor the proposal with particular regard to the quality of service, value for money and savings.

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: <ul style="list-style-type: none"> • Help people to live independent lifestyles supported by responsible communities. • Improve Health and wellbeing of residents • Protect the most vulnerable
How do proposals align with the Commissioning Strategy?	This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly: Creating the right care model so that people with long term support needs have the opportunity to build independence skills and reduce dependency on the health and social care system
Recommendations / views of the Health and Care Advisory Group:	This report has not been presented at HCAG
Public and Patient Implications:	Those accessing the service have been identified as having eligible needs under the Care Act 2014
Quality Implications:	The accommodation will support quality outcomes for people to be able to live in their own home
How do the proposals help to reduce health inequalities?	The service delivers whole life support to vulnerable adults including ensuring individuals have access to a healthy lifestyle and routine medical checks
What are the Equality and Diversity implications?	There are no negative equality and diversity implications associated with this report, see the Equality Impact Assessment at Appendix A .
What are the safeguarding implications?	There are no safeguarding implications associated with this report. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Personal data relating to the occupants of the properties, as well as in relation to officers of the Council, will be held by the housing provider. The Council will potentially hold personal data relating to the employees or contractors of the housing provider. The housing provider and the Council must comply with the provisions of the General Data Protection Regulation and the Data Protection Act 1998 in relation to their handling of this data and this will be further underpinned by relevant and appropriate provisions governing the handling of data in the management agreements.
Risk Management:	It is essential that, with the challenges of tighter budgets in the future and the personalisation of adult social care and with it the exercising of increased individual choice and control, a diverse market across the social care sector is stimulated to meet need. Adopting a strategic approach that works closely with existing and future providers of social care support is essential in supporting delivery within tighter budget controls whilst implementing this exciting policy direction. A change to larger supported living schemes at a time of ongoing financial pressure has the potential to generate significant savings whilst managing growing demand. While there are risks with the

schemes in entering into long term arrangements and in relation to poor service delivery, these will be managed by working closely with the provider and operation of management agreements. These risks also need to be balanced against the risk of not fulfilling statutory and legal duties to provide support services if the quantity of supported accommodation is not increased.

Risks will be identified and managed by the implementation team.

Access to Information: The background papers relating to this report can be inspected by contacting the report writers, Trevor Tench, Head of Commissioning and Sue Hogan, Service Unit Manager Transformation

 Telephone: 0161 342 3649

 Telephone: 0161 342 2890

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

1. INTRODUCTION

- 1.1 The Council has a proud record of supporting people who have complex needs requiring up to 24 hours per day support in ordinary housing – in individual’s houses, group homes, larger schemes of self-contained flats and “extra care sheltered housing” settings. This accommodation is mostly provided by Registered Providers (RP) and Private Sector Partners.
- 1.2 The demand for supported living and extra care in Tameside is now outstripping supply and there is therefore a need to expand the amount of accommodation with support schemes to meet this and projected future need whilst ensuring that in line with local and national policy people are supported to Live Well at Home (LWAH) .
- 1.3 Presently, new accommodation is delivered through ad hoc arrangements and specific approved developments working with RPs and Private Partners (and in some cases RP/Private Partners working together). Such arrangements have delivered 23 apartments at Mount Street, and three houses at Marsden Close due for occupation 1 January 2021 along with 5 apartments at Hart Street due April 2021. These ad hoc arrangements at the current rate and pace of delivery will not meet the identified demand over the next five years
- 1.4 As part of the Council’s cross cutting budget work we continue to develop a programme including resource requirements, provision and type of accommodation to meet the current identified need and projections over the next 5 years. This will focus on supporting all adults to LWAH, whilst we will continue to source new accommodation from the market place with Partners to deliver this in a timely manner utilising existing and new resources including access to the Homes England Affordable Homes Programme 2021-25.
- 1.5 We are researching the appropriate collaboration/legal frameworks to ensure RP and Private Sector Delivery partnerships can be put in place to enable and enhance the delivery of accommodation to meet the Council’s needs across this and other Directorates over the next 5 years.
- 1.6 The Council continues to face significant budgetary challenges and has therefore been reviewing its models of service delivery with an increasing focus on LWAH, looking at new and innovative approaches to deliver good quality services while reducing the cost of provision significantly. The approach noted above working with well-resourced, skilled and knowledgeable partners will assist the achievement of our aims and objectives, quality accommodation, in the right place to suit identified need exploiting technology as well as creating best practise in service delivery.
- 1.7 Based on the success of larger supported living schemes comprising individual flats developed initially across adult social care groupings, we have been looking at opportunities to apply this approach further, delivering the benefits of self-contained accommodation for people, increasing the capacity of accommodation in the borough to meet needs locally, and exploring the potential to make significant savings. In addition, where it is clear that service users benefit from being supported in group living situations, options are being explored to replace housing stock that is no longer fit for purpose with new properties that will support people’s needs in the longer term.
- 1.8 Whilst these are medium to long term plans there is an emerging and growing need in relation to the provision of emergency or short term accommodation. In particular the Council finds itself having to place people unnecessarily in expensive out of borough placements for people in crisis where there is carer/placement breakdown or young people coming through transition into adulthood where there is no suitable accommodation immediately available. The difficulty is that people often get settled in the out of borough placement made, and the Council retains a long term financial and resource commitment. If the Council had the ability

to source suitable accommodation in the short term locally with Registered Housing Providers a medium to long term solution could be planned for the individual at a much reduced cost.

- 1.9 In relation to supporting older people there is a need to expand the availability of extra care provision across the borough not only to reduce the need for people to move into residential care - ensuring that people can continue to live independently in their own accommodation as identified in the LWAH programme - but also ensuring that we are getting the best value option from both a quality of life perspective and cost basis.
- 1.10 There is also a need to source new accommodation with regard to people with complex physical disabilities that meet their own individual requirements in relation to bespoke adaptations and property layouts that also support the long term needs of the family in maintaining the care they are offering to their family member.
- 1.11 In consultation with STAR Procurement on this proposal it has been confirmed that neither the Contract Procedure Rules, nor the Public Contract Regulations 2015 are likely to apply to this arrangement in relation to the accommodation. More specifically Public Contract Regulation 10.-(1) confirms that this part does not apply to public service contracts – *“(a) for the acquisition or rental, by whatever financial means, of land, existing buildings or other immovable property, or which concern interests in or rights over any of them”*. In relation to the Contract Procedure Rules Section 4 states contracts to which the Rules do not apply namely 4.2(B) *“Contracts for the acquisition of an interest in land and property”*. However this will be reviewed when each opportunity is considered.

2. GENERAL DEMAND FOR ACCOMMODATION

- 2.1 The demand for expanding and improving the accommodation provided by the Council requires ongoing management. The North West Sustainability Review highlighted a region at 'tipping point' in the requirements for older peoples housing and social care needs, where incremental measures will no longer be enough. This has led the Council to move away from failure demand towards long term investment and early intervention.
- 2.2 Research by the Housing LIN, commissioned by the Association of Directors of Adult Services (ADASS), included a housing census that has identified a broad client group living in over 2,400 units of supported accommodation across 150 schemes in Tameside. More importantly the research predicts that without growth in the current stock, there will be a shortfall of 866 units of accommodation with support by 2035.
- 2.3 There are is high current demand for accommodation with support that will continue to grow if new accommodation schemes are not developed. There are currently:
 - 56 service users who are being accommodated out of borough due to the lack of specialist accommodation within the borough at the time of placement. There has been on-going work as part of the LWAH project to facilitate returns to borough for those who are able. There is a real concern that without increasing capacity such costly placements will very quickly become long term and the opportunity to return people to supported living in the borough will be lost
 - 98 people currently on the Disability Housing Register who may fall into services if the care provided by family in their home breaks down due to the accommodation within which they reside no longer meeting the family situation.
 - 36 people awaiting accommodation on the Accommodation Options Group (AOG) waiting list. The majority of these are awaiting an extra care provision which the identified schemes will provide.
- 2.4 The growth in the number of people waiting for suitable supported accommodation would be set to continue if no further action was taken and so the expansion of stock is pivotal.

Information from the Tameside Housing Needs Assessment (December 2017) highlights that:

- By 2031 there will be a need for an additional 83 units of specialist accommodation for people with learning disabilities
- Within the same timescale a need for an additional 281 units of supported accommodation for people with mental health needs
- By 2035 we need an extra 720 wheelchair friendly homes, including 187 fully wheelchair adapted properties.

2.5 In addition to the growing demand from people requiring accommodation there is a need to expand housing stock to meet the needs of existing service users who, whilst already accommodated, are living in accommodation that either no longer meets their needs comfortably or is no longer fit for purpose. Initial consultation with Adult Services AOG, its Property Management function and Long Term Support, 10 existing properties have been identified that no longer meet the needs of the individuals, provide some compromise in maximising outcomes for individuals, and require replacement in the next 2 years. These properties cannot be adapted to meet the needs of the individuals who reside there and would not be suitable to repurpose in the future for Adults service users, though may be an option for other areas within the Council.

2.6 A further pressure in relation to accommodation will come through young people transitioning from Childrens into Adult Services. More local young people who are also care leavers are now in need of support to make the transition from care to living independently. The support available for cared for children and young people is intended to bridge the gap between leaving care and living in the adult world. The focus is to support the young person throughout their transition to independence. Addressing the number of cared for children needing housing and support services is a priority for the Council. For cared for children moving towards independence, crisis management is more expensive in the short term and less effective in the long-term. There are now significant budget pressures appearing in relation to young people who have recently turned 18 and have delayed transition due to the lack of appropriate supported accommodation. The latest review of placements at the Care Leavers Multi Agency Accommodation Panel meeting from June 2020 saw 38 young people being supported in private care arrangements, post 18 that are deemed to not have adult social care needs and ready to transition into independence at a high cost to the Council.

3. PROPOSAL

3.1 Approval has been granted for various potential accommodation schemes over the past 12 months based on the need to increase capacity to meet existing and future need as outlined in Section 2 of this report. Of the potential schemes approved the Council has to date been able progress the following schemes:

- Mount Street, Hyde (SCB August 2020)
- Hart Street, Droylsden (SCB July 2019)

3.2 We have had to work quickly progressing the accommodation made available on Mount Street in Hyde having concluded the property modifications and agreement with Irwell Valley Housing Association. Joint work across the neighbourhoods and the Long Term Support Service identified people to move to the accommodation with the first people moving in on the 19 October 2020 and it is anticipated that the 23 flats will be fully occupied by the middle of January 2021. It is important to recognise the positive impact the move has had on the people who have become tenants in the building in such a short period of time.

3.3 The project at Hart Street Droylsden has progressed and it is anticipated that the building will be ready in April 2021. Plans are in place with 5 people identified to move into this scheme with support being provided by the Council's in-house Long Term Support Service.

- 3.4 As previously reported the ambition of the Council is to seek modern accommodation, ideally new-build property designed with vulnerable adults in mind, or existing property built within the last 10 years that meet existing and future needs.
- 3.5 Work has progressed significantly in relation to defining the current and future housing requirement over the coming years. In line with this work has progressed more using links with Registered Housing Providers locally to progress the immediate accommodation needs.
- 3.6 In line with the Council's ambitions of supporting all people that are eligible for services to Live Well at Home a plan has been designed to significantly increase the availability of high quality accommodation with support. This plan will also address the need to ensure that Tameside people can continue to live in Tameside, closer to family and local links rather than be placed due to lack of capacity or expertise in high cost placements outside of the Borough.
- 3.7 The identified need and potential accommodation solutions are constantly being updated and at present is illustrated in the following table:

Type of Scheme	Number of Schemes	Approximate Number of Units	Type of Units	Timescale/ occupation
2 x Housing Disabled Property (Bespoke Housing Solutions)	1	2	Mixed 3/4 Bed	By 2021/22
2 x Housing Disabled Property (Bespoke Housing Solutions)	1	2	Mixed 2/3 Bed	By 2022/23
2 x Housing Disabled Property (Bespoke Housing Solutions)	1	2	Mixed 3/4 Bed	By 2023/24
2 x Housing Disabled Property (Bespoke Housing Solutions)	1	2	4 Bed	By 2022/23
2 x Housing Disabled Property (Bespoke Housing Solutions)	1	2	4/5 Bed	By 2025/26
Extra Care	4	320	mixed 1/2 bed	By 2024/5
Extra Care / Nursing Home	1	100	mixed 1/2 bed	By 2024/5
Older Person Self-contained bungalows	1	10	2 Bed	By 2021/22
Older Person Self-contained bungalows	1	20	2 Bed	By 2022/23
Older Person Self-contained bungalows	1	10	2 Bed	By 2023/24
Older Person Self-contained bungalows	1	10	2 Bed	By 2025/26
Other self-contained apartments and limited communal(MH)	2	40	Mixed 1/2 bed	By 2024/25
Self-Contained Apartments Scheme and Communals(LD)	1	20	1 Bed	By 2020/21

Self-Contained Apartments Scheme and Communals(LD)	1	20	1 Bed	By 2021/22
Self-Contained Apartments Scheme and Communals(LD)	1	20	1 Bed	By 2022/23
Self-Contained Apartments Scheme and Communals(LD)	1	20	1 Bed	By 2023/24
3 x Housing for people with LD	1	7	Mixed 2/4 bed	By 2021/22

- 3.8 The plans will significantly increase capacity in extra care sheltered Housing for older people, will support a reduction in its current use of institutional residential care in the future whilst supporting people's choice to remain living in their own homes with appropriate support.
- 3.9 The plans will address housing solutions for an increasing number of people with disabilities with bespoke housing solutions where their own properties cannot be further adapted to meet their presenting needs.
- 3.10 Delivering the plans will be a key factor in delivering savings and efficiencies for the Council, whilst increasing the quality and range of independent living options for people supported by the Service.
- 3.11 Whilst these plans are being developed there is a shorter term need for the Council to have the ability to source suitable accommodation in the short term locally with Registered Housing Providers rather than place people out of borough. This will enable the Council to support individuals during this period and ensure they are actively involved in their transition to the longer term schemes with the ability to retain their support.
- 3.12 Due to the timescales involved in seeking Council approval to each accommodation scheme individually there is often an impact on the time available to implement the scheme, which include:
- identifying and preparing service users for the scheme;
 - identifying and agreeing the necessary adaptations to meet the need of individual service users;
 - recruiting and training staff to enable a smooth transition into the schemes;
 - negotiating any agreement between the Council and the registered housing provider;
 - involving legal and finance services in all aspects of the moves which includes best interest assessments, court of protection,
 - facilitating housing benefit claims, furniture grants other benefits available;
 - preparing the property, including decorating and purchasing furniture/flooring/white goods for each individual service user with the involvement of family/carers/advocates;
 - and avoiding accommodation voids and maximising value for money.
- 3.13 To enable timely decisions and to maximise the potential savings/cost avoidance whilst enabling Adult services to facilitate smooth transitions authority is sought to agree terms to enter individual agreements to deliver accommodation with support for the Adults service users. Advice will be sought in respect of each accommodation project, to agree the details and the value for money of each scheme individually together with advice from STAR Procurement should any procurement activity be required within each individual scheme in relation to the application of the Public Contracts Regulations 2015.

4. VALUE FOR MONEY

- 4.1 The schemes will be identified to build capacity to support people to live in their own homes in the borough as long as is possible.
- 4.2 The schemes will accommodate people identified to return from costly out of borough placements; increase capacity to deal with those people on the AOG waiting list; support people moving through transition from Childrens to Adult Services; provide capacity to provide short term accommodation for people in crisis/carer breakdown and support the closure of a number of existing group homes that have been assessed as no longer being suitable to meet people's needs and are not of the quality the Council would want for local service users.
- 4.3 These schemes will contribute towards Adult Services savings along with cost avoidance in meeting the projected demand over the coming years as well as improving people's outcomes and quality of life. This will reduce pressure on the Adult costs in relation to expensive placements out of borough, older people's care home placements along with the economies of scale associated with supporting larger numbers of people on one site. The scale of these savings is yet to be determined as the needs and therefore support requirements of the individuals is yet to be identified.
- 4.4 To illuminate the potential cost savings/avoidance the GM Health and Social Care Partnership Supported carried out some financial modelling in their "Housing Commissioning Data Pack (August 2019)" in relation to the cost of residential care as opposed to supporting people in their own homes in the community.
- In relation to people with a learning disability it was calculated that on average residential care cost £300 per week (£15,600 per year) more than supporting people in the community in their own homes.
 - In relation to older people the work carried out included a high level cost benefit analysis on the use of Extra Care Housing rather than low level Residential Care – the comparison being between the cost of the 10% cheapest residential packages and what the cost may be for a standard Extra Care Package. For Tameside this related to 55 people whose average weekly cost in residential care was £435 per week which equated to £1,245,059 annually; the estimated extra care package (based on 14 hours per week at £13.50 per hour) was £189 per week which equates to £540,450 per year. The difference annually in cost between the two models for the cheapest 10% of Residential Care Service users (55 people) is therefore £704,519 per annum.
- 4.5 Experience locally confirms the potential for cost reductions with the return of people from out of borough placements and the recent use of the accommodation at Mount Street in Hyde. In comparing the costs of the return from out of borough and also supporting the people in the 23 flats at Mount Street as opposed to the combination of their previous placements there has been an overall reduction in cost of £665k based on a full year effect.
- 4.6 It is clear from both research locally and actual experience recently in Tameside that supporting people in larger schemes of self-contained flats not only offers better quality independent living for individuals, it allows the delivery of 24 hour support in a far more cost-efficient way, and is certainly far more cost effective than being placed in higher cost residential placements both in and out of borough. Whilst the economies of scale argument relates to larger numbers of people living on one site, the quality of accommodation and the opportunity for people to have tenancies of their own self-contained flats will increase their independence, self-value and well-being, and therefore improved outcomes..

- 4.7 The additional capacity supporting more people in the borough will require more staff – new jobs will therefore also be created locally, and the people being supported will be spending their income in the borough.
- 4.8 It is important to note that there may be some one-off additional costs associated with these scheme proposals particularly in relation to adaptations, technology, furniture and white goods if required and in some cases void rents where we have held the vacancy for a cared for child who has not yet reached 18. In addition there may be costs associated with potential remedial works if properties currently being used by Adult Services are released back to housing providers, - however the properties in most cases would be suitable for use by other areas of the Council or to meet the general housing need across the borough so the expectation is that such costs would be kept to a minimum. In all cases these will be accounted for when presenting the efficiencies of the programme of work.

5. ALTERNATIVES CONSIDERED

5.1 There are three main options moving forward:

- Close the service
- The “do nothing” approach
- Expand the portfolio of accommodation to meet existing and future needs of the Adult Service population in Tameside.

Close the Service

5.2 The service user groups are older people, people with a learning disability, people with mental health needs and people with a physical disability, and who will need support for the remainder of their lives. The number of people who need this service is increasing as a result of young people moving through from Children’s Services, a lack of accommodation capacity forcing an increased number of people being placed in costly accommodation residential placements out of borough, and increased life expectancy as a result of advances in health care and other technology. Any cessation of this service would be likely to result in support having to be provided in individual properties or via institutional accommodation. In both cases this is likely to be more expensive. As a result it is concluded that closure of the service is not desirable, is unlikely to be popular, and probably not viable.

‘Do Nothing’ Approach

5.3 This would mean that Adult Services would continue to deliver support to people in the existing accommodation stock. However, this means that service users who are in need of accommodation will be reliant on tenancies becoming available in that stock. Vacancies in group homes in particular can take some considerable time to fill given the detailed compatibility work required between the existing tenants and the person being referred – whilst filling individual flats can be done very quickly and hence the predominance in the strategy to develop larger schemes of self-contained flats.

5.4 Given the existing demand being experienced from children going through transition to Adult Services, increasing demand from people coming into the service where long-term family support has broken down, people living longer, the policy to reduce the reliance on residential care for older people, and the increasing number of people with a disability requiring bespoke accommodation to maintain their caring family circle, the “do nothing” approach means that the Council would become increasingly reliant on costly residential places (both in and out of borough). Not only would this be a poor response for those users who find themselves in the position that the only option is for them to move to a residential placement it would be financially very difficult for the Council given the excessive cost of out of borough placements.

- 5.5 With the increasing demand for accommodation, legislation directing people to be supported to live in their own homes for as long as possible, and the financial efficiency of supporting people to live in the borough rather than in expensive residential placements it is judged that any option to do nothing is not a viable one.

Expansion of Available Accommodation

- 5.6 There is a clear need to increase the amount of accommodation with support to meet the pressure of demand currently which will grow in the coming years, particularly with the young people transitioning to adult services.
- 5.7 In addition to meeting current and increasing demand, a number properties currently being used in Adult Services are not fit for purpose and need replacing.
- 5.8 The delivery of the accommodation identified in this strategy will go some way to meet the current and projected demand for accommodation with support across the Adult Services user groups by putting much needed capacity into the borough. The additional capacity will ensure that Adult Services is able to reduce its reliance on residential care for its older population. It will enable the resettlement of a number of people from out of borough placements whilst reducing the need to place people out of borough in the future. In addition it will enable the replacement of properties that are no longer appropriate to meet people's needs, and enable the family support for people with a physical disability to positively continue their support for their loved ones without the need for statutory services support.

6. EQUALITIES

- 6.1 It is not anticipated that there are any negative equality and diversity issues with this proposal – the Equality Impact Assessment is available at **Appendix A** to the report.

7. RISK MANAGEMENT

- 7.1 Any risks of poor service delivery will be mitigated by close monitoring of the service by close working relationships between officers representing the Council and the accommodation provider to ensure that the agreements are being fully met and that subsequently people accessing the accommodation enjoy the agreed quality of accommodation.
- 7.2 There is a significant risk that not expanding the quantity of supported accommodation available for people to meet growing demand will mean that the Council would not fulfil its statutory and legal duty to provide support services in appropriate settings in a homely environment whilst meeting eligible needs.
- 7.3 There is a risk in relation to not being able to respond quickly to offers of accommodation which once approval has been granted can mean immense pressure is placed on Adult services to support the move of people into the property once the keys have been handed over to avoid void rents, security costs associated with empty buildings and could have the potential of transitions not been carried out at a pace that service users and their families are comfortable with. This also adds pressure on recruitment, training and Legal services.
- 7.4 There would be a risk in the Council entering long term arrangements for the schemes identified in this report. However discussions with Registered Providers will focus where required on initial agreements between 5 and 10 years with the potential to extend which would significantly reduce the risk to the Council. Schemes such as those proposed offer opportunities to deliver significant savings and going forward operate at the optimum level of financial efficiency in supporting people with needs requiring up to 24 hour support in their own homes. The Council is clear that these vulnerable groups of people, who are increasing in numbers, will require support for the rest of their lives - the modern high quality

accommodation proposed will allow people wherever possible to live well in their own homes for as long as is possible in line with national guidance.

- 7.5 There is a financial risk to the Council in some of the proposed schemes relation to covering any voids, however, this risk is mitigated by the demand for the accommodation as set out above. These types of agreement also tend to give rise to a financial liability for the Council upon the happening of certain events e.g. damage to the property by an occupant where the cost of repair is not recoverable from the occupant. Such risks should be managed through close working with the housing providers and through input from the support providers.
- 7.6 There is a risk that some people may not wish to move into the proposed accommodation.
- 7.7 All moves will be done with full engagement with individuals and their families/advocates undertaking where appropriate best interest and capacity assessments.

8. CONCLUSION

- 8.1 This report seeks approval to progress the accommodation plans as set out in section 3 of this report – the proposals will deliver high quality living environments offering the opportunity to deliver cost effective services for vulnerable people requiring long term support.
- 8.2 The schemes will support the delivery of savings and cost avoidance to the Adult Services budget whilst meeting the capacity required by the increasing demand from people requiring support over the coming few years. The scale of savings and avoidance of cost will be determined in the future as each accommodation scheme is occupied by the various Adult Services user groups.
- 8.3 In supporting progression of this strategy the Council is making a strong commitment to meeting the needs of adults with complex needs by prioritising the continuation of the provision of 24 hour supported living service.

9. RECOMMENDATIONS

- 9.1 As set out on the report cover.

APPENDIX A

Equality Impact Assessment

Subject / Title		NEW ACCOMMODATION WITH SUPPORT SCHEMES – ADULT SERVICES	
Team		Department	Directorate
Joint Commissioning and Performance Management		Adults	Adults
Start Date		Completion Date	
12 October 2020		30 October 2020	
Project Lead Officer		Trevor Tench	
Contract / Commissioning Manager		Adam Lomas	
Assistant Director/ Director		Stephanie Butterworth	
EIA Group (lead contact first)	Job title	Service	
Trevor Tench	Head of Commissioning	Adult Services – Commissioning and Performance	
Sue Hogan	Service Unit Manager	Adults Transformation	
Alison White	Service Unit Manager	Operations – Adult Services	
Denise Buckley	Team Manager	Adult Services – Commissioning and Performance	
Kerry Woolley	Commissioning & Contracts Officer	Adult Services – Commissioning and Performance	
Giovanna Surico-Hassall	Team Manager	Operations – Adult Services	
Adam Lomas	Team Manager	Supported Living Project – Adult Services	
Patrick Nolan	Head of Major Programmes	Development and Housing Growth	

PART 1 – INITIAL SCREENING

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

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

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

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully

explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

1a.	What is the project, proposal or service / contract change?	The proposal is enter into agreements for new accommodation with support schemes across the borough to meet the current and projected demand across Adult Services in the coming few years.		
1b.	What are the main aims of the project, proposal or service / contract change?	<p>This would be essential action in increasing the amount of available accommodation with support for vulnerable adults to live well in their own homes in the community.</p> <p>There is a need to increase capacity to meet current and future demand, and address some immediate issues around existing properties no longer being fit for purpose in relation to meeting people's presenting needs.</p> <p>The proposed schemes in the strategy will support the delivery of savings for the Adult Services budget – the actual amount will depend on the final mix of people moving into the various schemes.</p>		
<p>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?</p> <p>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.</p>				
Protected Characteristic	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Age	✓			The service is for adults 18+.Those under 18 will have access to care and support via children's services
Disability	✓			The service is for vulnerable adults who have an eligible need as per the Care Act 2014
Ethnicity			✓	
Sex			✓	
Religion or Belief			✓	
Sexual Orientation			✓	
Gender Reassignment			✓	
Pregnancy & Maternity			✓	

Marriage & Civil Partnership			✓	
Other protected groups determined locally by Tameside and Glossop Strategic Commission?				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Mental Health	✓			Service users may have a mental health need and will in addition to their accommodation support needs access other appropriate services
Carers	✓			The service supports carers to plan the long term needs of the person they support along with crisis support
Military Veterans			✓	
Breast Feeding			✓	
Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? <i>(e.g. vulnerable residents, isolated residents, low income households, those who are homeless)</i>				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
N/A				

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

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
			✓
1e.	What are your reasons for the decision made at 1d?	The increased provision of accommodation will allow access to appropriate provision, offer more choice and control over the support individuals need to improve and better manage their wellbeing, contributing to improved experiences and outcomes. The service is open to anyone who meets the criteria.	