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STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 27 January 2021
Time: 1.00 pm
Place: Zoom Meeting

Item No.	AGENDA	Page No
1	WELCOME AND APOLOGIES FOR ABSENCE	
2	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Board.	
3	MINUTES	
3a	MINUTES OF THE PREVIOUS MEETING The Minutes of the meeting of the Strategic Commissioning Board held on 16 December 2020 to be signed by the Chair as a correct record.	1 - 6
3b	MINUTES OF EXECUTIVE BOARD To receive the Minutes of the Executive Board held on 9 December 2020, 6 January and 13 January 2021.	7 - 30
3c	MINUTES OF THE LIVING WITH COVID BOARD To receive the Minutes of the Living with Covid Board held on 9 December 2020.	31 - 38
4	REVENUE MONITORING STATEMENT AT 30 NOVEMBER 2020 To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	39 - 52
5	COMMISSIONING PLANS FOR 21/22 To consider the attached report of the Executive Member, Adult Social Care and Population Health / CCG Chair / Director of Commissioning.	53 - 58
6	SEXUAL HEALTH CONTRACTS TO SUPPORT HIGH RISK COMMUNITIES To consider the attached report of the Executive Member, Adult Social Care and Population Health / Public Health Consultant.	59 - 66
7	CHILDREN AND YOUNG PEOPLE'S EMOTIONAL AND MENTAL WELLBEING COMMUNITY OFFER - UPDATE To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Lead, Starting Well / Director of Commissioning /	67 - 134

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.

Assistant Director, Population Health.

8 URGENT ITEMS

To consider any items the Chair considers to be urgent.

STRATEGIC COMMISSIONING BOARD

16 December 2020

Comm: 1.00pm

Term: 1.40pm

Present: Dr Ashwin Ramachandra – NHS Tameside & Glossop CCG (Chair)
Councillor Brenda Warrington – Tameside MBC
Councillor Bill Fairfoull – Tameside MBC
Councillor Leanne Feeley – Tameside MBC
Councillor Allison Gwynne – Tameside MBC
Councillor Joe Kitchen – Tameside MBC
Councillor Oliver Ryan – Tameside MBC
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

Apologies for absence: Councillors Warren Bray, Gerald Cooney, Eleanor Wills and Carol Prowse

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 Traverse	Director of Growth
	Jess Williams	Director of Commissioning
	Jeanelle De Gruchy	Director of Population Health
	Sarah Threlfall	Assistant Director, Policy, Performance & Communications
	Ilys Cookson	Assistant Director, Exchequer Services
	David Berry	Head of Employment and Skills

68. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

69. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 25 November 2020 be approved as a correct record.

70. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of the Executive Board held on: 11 November 2020 and 2 December 2020, be noted.

71. MINUTES OF THE LIVING WITH COVID BOARD

RESOLVED

That the Minutes of the meeting of the Living with Covid Board held on 4 November and 18 November 2020 be noted.

72. CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 31 OCTOBER 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 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.

RESOLVED

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

73. GM REPROCUREMENT OF DIRECT ACCESS NOUS, HEAD AND NECK MRI DIAGNOSTICS SERVICES AND AGE RELATED HEARING LOSS SERVICES

Consideration was given to a report of the Executive Member, 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.

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.

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.

RESOLVED

That the commissioning of Age Related Hearing Loss, Non Obstetric Ultrasound Sound and Head and Neck MRI services through the GM procurement process, be approved.

74. MACMILLAN GP IN CANCER AND PALLIATIVE CARE

Consideration was given to a report of the Executive Member, 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 regard 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. The report concluded that the redesigned Macmillan GP role would enable a greater focus on the Strategic Commission's Cancer and Palliative Care agenda and help reduce premature deaths.

RESOLVED

That 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, be approved.

75. ADULT SERVICES HOUSING AND ACCOMMODATION WITH SUPPORT 2021-2026

A report was submitted by the Executive Member, Health, Social Care and Population Health / Clinical Lead, Living Well / Director of Adults Services, outlining a range of accommodation schemes needed over the coming 3-5 years to meet current and future need across all adult groups.

It was explained that the demand for supported living and extra care in Tameside was now outstripping supply and there was 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).

Presently, new accommodation was 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 had 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 would not meet the identified demand over the next five years.

There was currently high demand for accommodation with support that would continue to grow if new accommodation schemes were not developed. There were currently:

- 56 service users who were being accommodated out of borough due to the lack of specialist accommodation within the borough at the time of placement. There had been on-going work as part of the LWAH project to facilitate returns to borough for those who were able. There was a real concern that without increasing capacity such costly placements would very quickly become long term and the opportunity to return people to supported living in the borough would be lost;
- 98 people currently on the Disability Housing Register who may fall into services if the care provided by family in their home broke down due to the accommodation within which they resided no longer meeting the family situation; and
- 36 people awaiting accommodation on the Accommodation Options Group (AOG) waiting list. The majority of these were awaiting an extra care provision, which the identified schemes would provide.

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 was pivotal.

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

- By 2031 there would 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; and
- By 2035 an extra 720 wheelchair friendly homes were needed, including 187 fully wheelchair adapted properties.

In addition to the growing demand from people requiring accommodation there was a need to expand housing stock to meet the needs of existing service users who, whilst already accommodated, were living in accommodation that either no longer met their needs comfortably or was no longer fit for purpose. A further pressure in relation to accommodation would come through young people transitioning from Children's into Adult Services. More local young people who were also care leavers were now in need of support to make the transition from care to living independently.

Progress on previously approved accommodation schemes at; Mount Street, Hyde and Hart Street, Droylsden was provided and an illustration given of the identified need and potential accommodation solutions.

It was further explained that through research locally and actual experience recently in Tameside, it was clear that supporting people in larger schemes of self-contained flats not only offered better

quality independent living for individuals, it allowed the delivery of 24 hour support in a far more cost-efficient way, and was certainly far more cost effective than being placed in higher cost residential placements both in and out of borough.

The report sought approval to progress the accommodation plans as set out in the report. The proposals would deliver high quality living environments offering the opportunity to deliver cost effective services for vulnerable people requiring long term support.

The schemes would 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 would be determined in the future as each accommodation scheme was occupied by the various Adult Services user groups.

The report concluded that, in supporting progression of this strategy the Council was 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.

RESOLVED

- (i) That approval be 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 be 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 be 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).**

76. URGENT ITEMS

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

CHAIR

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BOARD

9 December 2020

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

Also In Attendance: **Steph Butterworth, Ilys Cookson, Jeanelle De Gruchy, Richard Hancock, Ian Saxon, Paul Smith, Sarah Threlfall, Jayne Traverse, Emma Varnam, Debbie Watson, and Jess Williams**

Apologies **for Councillors Kitchen and Wills**
Absence

174 DECLARATIONS OF INTEREST

There were no declarations of interest.

175 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Executive Board meeting on the 2 December 2020 were approved as a correct record.

176 ASHTON OLD BATHS – OPERATION AND MAINTENANCE

Consideration was given to a report of the Executive Member for Finance and Growth / Director of Growth / Interim Head of Investment and Development. The report set out future arrangements for Ashton Old Baths operation and ongoing maintenance.

The Head of Employment and Skills provided a summary of the operation of the Ashton Old Baths since opening. The centre had experienced high occupancy until the impact of Covid-19. Plans for the future including income from the new annexe space and the canopy for the event space put the centre in a positive position for future years.

Members were reminded that the new office floor space was expected to generate extra business rates of circa £45,922 per annum from the AOB project. This figure was based on actuals from 2017/18 from Oxford Innovation who manage the Ashton Old Baths Phase 1. This would be in addition to the Business Rate contribution between 2017 and 2020 which on average has been £52,170 per annum.

Members were presented with a forecast of the cumulative overall expenditure above that budgeted by Oxford Innovation over the lifetime of the project to 31 March 2024. This was due to:

- Impact of Covid-19 on occupancy since March 2020.
- The top floor event space was not able to be used for most of the year due to it being too cold, resulting in this planned source of revenue being severely restricted to date, this would be resolved for the financial year 2021/22. The canopy for the top floor event space had been included in the new Annexe phase and was expected to be in place before March 2021.
- Defined Gateway criteria as to the type of companies that were permitted to occupy a unit in the centre under the terms of the ERDF funding, also restricting revenue opportunities especially during the Covid-19 pandemic.

This report proposed that the management agreement be extended by a year with the ability to extend by a further year. Further, that a modification to the existing contract would also take place to enable Oxford Innovation to provide overall management arrangements to the existing and new Annexe space with the exception of the Data Centre, which would be managed by an external provider (currently being procured with budget identified for this management contract).

It was stated the reasons for extending and modifying the management agreement were pragmatic, the Annexe needed to be brought under effective management from completion and business continuity was required especially in the Covid-19 operating environment. The modification was needed for economic and technical reasons and would cause significant inconvenience and substantial duplication of costs for the Council if not managed by one provider with operational experience of the building and local market.

It was explained that the economic impact of Brexit uncertainty, followed by the unprecedented drop in economic activity caused by Covid-19 lockdown and subsequent recession had seen the centre experience its first major decline in occupancy, and demand from businesses who met the gateway criteria. However, there had been continued interest from business who met elements of the gateway criteria.

Members were advised that following procurement advice there was sufficient comfort in the Grant Funding Agreement to suggest that an expansion of use would be acceptable, provided it targeted existing and growing SMEs in priority sectors. It was proposed that Tameside Council would formally request this change. This would be submitted following Cabinet's consideration of this report.

AGREED

That Executive Cabinet be recommended to:

- (i) Authorise the submission of a change request to the ERDF Monitoring Body to evolve the current gateway criteria for new businesses applying for accommodation to support increased occupancy.**
- (ii) Extend the existing Management Agreement to one-plus, one-plus year with Oxford Innovation.**
- (iii) Authorise modification to the existing contract with Oxford Innovation to incorporate the new Annexe from February 2021.**
- (iv) Subject to recommendations (ii) and (iii), approve the procurement and enter into a new management contract on expiry of the existing contract after seven years (2024) with a further report to Cabinet in 2022/23 prior to procurement.**
- (v) Approve the estimated net revenue budget of £ 36k for Ashton Old Baths as stated in table 1 for the period 2021/22 to 2023/24. This sum will be financed from the existing Growth revenue budget over this period.**

177 DECARBONISATION OF THE PUBLIC ESTATE - ACCEPTANCE AND EXPENDITURE OF GRANT FUNDING

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Assistant Director of Strategic Property. The report provided background information in regard to the Decarbonisation of the Public Estate Fund and the bid submission that the Council had made to the fund working as part of GMCA consortium. The report also provided information in relation to the processes involved in bid submission, the timescales involved and the detail of the Councils submission.

The report summarised that as part of the Summer Fiscal stimulus, Government announced £1bn funding for the Public Sector Decarbonisation Scheme (PSDS). This funding was being released, as 100% grants, via Salix Finance (NDPB), between October 2020 and January 2021. The PSDS fund aimed to halve carbon emissions from the Public Estate by 2032, through the deployment of energy efficiency and heating measures.

The Assistant Director of Strategic Property stated that the PSDS offered a rare opportunity to bid for 100% funding for capital works to the Councils buildings that would produce a real change and underline the Councils commitment to the Greater Manchester carbon reduction targets. It also provided an opportunity to improve buildings and in some cases would provide planned replacements that would have required funding via internal Council funding. Installed measures would also reduce the Councils overall utility costs.

It was reported that the result of the bid would be announced on the 11 December 2020. If the GMCA bid was successful then the Council would receive a formal notification of the grant conditions.

Discussion ensued on how the schools were selected in **Appendix A**. Members of the Board asked that all schools be assessed so that they could be considered for future grants and phases.

AGREED

That Executive Cabinet be recommended to:

- (i) Give approval in principal to the acceptance of the grant funding from the Public Sector Decarbonisation Fund of circa £2.4 million to be included in Property Services capital budget and approve expenditure for associated capital works on identified buildings as detailed in the report.**
- (ii) Note that approval would be in principal pending receipt of the formal grant condition letter, which will be received circa 11 December, with subsequent separate Executive Decision in regard to formal acceptance.**

178 DROYLSDEN LIBRARY

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Director of Growth.

In order to take advantage of an immediate and time limited funding opportunity the Council needed to consider bringing forward one element of the Droylsden Town Centre redevelopment proposals, specifically the relocation of Droylsden Library. This report set out the nature of the funding opportunity available to the Council, the options available to the Council for the relocation of Droylsden Library and sought approval to bring forward plans for its relocation to the ground floor of Guardsman Tony Downes House (Greater Manchester Pension Fund building)

The Director of Governance and Pensions highlighted that there had been no actual decision or governance to relocate the library. Further, in order to progress this project, it needed to be managed very carefully given the age of the consultation as balanced against the very tight timescales preferably so that abortive costs were avoided. It was proposed that an Executive Decision be taken to allow for work to begin on the Droylsden Library Relocation and for this report to be redrafted with a focus on the library itself, its content, facilities, and community space and accessibility issues.

AGREED

That the report be redrafted and proceed to Cabinet in January 2020 and that and appropriate Executive Decision be produced to allow for work to begin on the Droylsden Library Relocation.

179 THE A57 LINK ROADS INITIATIVE UPDATE

Consideration was given to a report of the Executive Member of Transport and Connectivity / Director of Growth. The report provided an update on the proposed A57 Link Roads initiative.

The report summarised the progress of the Mottram and A57 Trunk Road improvements. Highways England (HE) had appointed its delivery partner for the new bypass. Having reaffirmed all the work undertaken to date, the consultants were concentrating on issues around traffic modelling, air quality issues and noise. To deliver the scheme outcomes, within a fixed financial budget of £180.6m, the consultants had proposed four design amendments which had been accepted by HE. These were subject to further discussions with Tameside officers. Further, the report detailed the progress of the work undertaken on Traffic Modelling, Air Quality, Blight Issues and improved facilities for pedestrians, cyclists and horse riders.

AGREED

That Executive Cabinet be recommended to authorise drawing down the allocated £100k funding as appropriate to fund the cost of Tameside's input and submission to the Planning Inspectorate as part of the Development Consent Order approval process.

180 TAMESIDE AND STOCKPORT PARTNERSHIP OPPORTUNITIES

AGREED

That the Tameside and Stockport Partnership Opportunities item be deferred to the next meeting of the Executive Board.

181 ADULT SERVICES HOUSING AND ACCOMMODATION WITH SUPPORT STRATEGY 2021-2026

Consideration was given to a report of the Executive Member for Health, Social Care and Population Health / Clinical Lead for Living well / Director of Adult Services. The report outlined a range of accommodation schemes needed over the coming 3-5 years to meet current and future need across all adult groups.

The demand for expanding and improving the accommodation provided by the Council required 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 would no longer be enough. This had led the Council to move away from failure demand towards long term investment and early intervention.

Approval had 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 had to date been able progress the following schemes:

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

Work had progressed significantly in relation to defining the current and future housing requirement over the coming years. In line with this work had progressed more using links with Registered Housing Providers locally to progress the immediate accommodation needs.

In line with the Council's ambitions of supporting all people that were eligible for services to Live Well at Home a plan had been designed to significantly increase the availability of high quality accommodation with support.

The identified need and potential accommodation solutions were constantly being updated, Members received the most recent table containing the schemes, number of units and timescale.

Delivering the plans would 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.

To enable timely decisions and to maximise the potential savings/cost avoidance whilst enabling Adult services to facilitate smooth transitions authority was sought to agree terms to enter individual agreements to deliver accommodation with support for the Adults service users. Advice would 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.

AGREED

That the Strategic Commissioning Board be recommended to 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).**

182 LOCAL RESTRICTIONS SUPPORT GRANT AND ADDITIONAL RESTRICTIONS GRANT - DISCRETIONARY

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Growth which set out preferred options for the disbursement of the Local Restrictions Support Grant (Open) (LRSG) and Additional Restrictions Grant Funds (ARG).

It was stated that the LRSG (Open) was intended to help kick start recovery for businesses that were not legally required to close but were severely impacted by the restrictions under LCAL 2 (Tier 2) and LCAL High type restrictions, and was retrospective applying from 1 August 2020 (as per LRSG (Open)).

Tameside Council had been allocated £1,811,940 for the period 1 August 2020 to 4 November 2020. It was proposed that Tameside Council managed this allocation closely and utilised the ARG to top up the budget should demand exceed Government funding. It was expected that all Local Authorities would be given a new 28 day allocation following re-entry into Tier 3 or 2, however this had not yet been confirmed with a funding amount in formal guidance or offer letters by Government.

Members were advised that the ARG was intended to allow Local Authorities to support businesses in their local economies and to provide additional support to grant funding under the Local Restrictions Support Grant from the 24 October 2020 (GM entering LCAL 3 'Tier 3'). Government envisaged that this would primarily take the form of discretionary grants, but that Local Authorities could also use this funding for wider business support activities. Tameside Council had been allocated £4,792,000 (confirmed by GMCA 13 November 2020) for the period beyond 24 October and was required to spend the money in financial years 2020/21 – 2021/22. It was proposed Tameside Council would not utilise any other funding beyond that provided by Government and would not overspend on this allocation. It was further proposed that initially £2m of funding would be

utilised for ARG with the remaining £2.7m available for top up of LRSG Open and potential additional use for ARG.

The number of self-employed residents in Tameside could be gained from Government data provided in August 2020 **Appendix C** to the report suggested that there were 9,800 Tameside residents eligible for the SEISS, of which 7,700 had made a claim by 31/7/2020. The options set out in the report did not include support for self-employed who had not received support due to the limitations of the Government's national scheme. Tameside Council as part of GMCA continued to lobby the Government on modifying the national scheme.

It was explained that the LRSG (Open) preferred option was predicated on a streamlined approach to administration with RV the basis of award levels and Non RV based on property rental / mortgage costs and was aligned to other GM LA schemes. The report proposed that income levels were not used as the options were targeted on sectors that have had restrictions. This would provide a more responsive process for applicants due to lower processing times. Other non-preferred options were set out in **Appendix D** to the report.

With regards to ARG funding options for the allocation for period 24 October to 31 March 2022. Authorities in Greater Manchester were working towards the following collective principles in the design of an ARG scheme:

- a) Businesses which were badly affected by the restrictions but who were not receiving other grant support
- b) Other businesses which were important for each LAs economy

The ARG fund would need to be spent by the end of 2021/22 (31/03/2022). It was likely that the funding would be fully utilised during the national lockdown period and following months due to need and demand.

The preferred option for ARG was for Tameside trading businesses that were not receiving LRSG (Closed) / (Closed) addendum / (Sector) grant would receive one off payments based on employee numbers. This option was open to RV and Non RV but not domestic businesses including employed in domestic premises.

AGREED

That the Executive Cabinet be recommended to:

1. **Approve the recommended Local Restriction Support Grant (Open) and Additional Restriction Grant schemes and approve payments covering the periods before and after National Lockdown.**
2. **Approve applications to be paid immediately once eligibility checks are completed and appropriate state aid declarations have been completed by the applicants.**
3. **Receive a review and outcome report setting out all applications paid to be published on the Council website in April 2021.**
4. **To agree the temporary re-prioritisation until February 2021 of the Growth Directorate Services as set out as 7.1 to enable the delivery of Local Restriction Support Grant Open and Additional Restrictions Grant.**

183 FORWARD PLAN

AGREED

That the forward plan of items for Board be noted.

CHAIR

BOARD

6 January 2021

Present

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

Also In Attendance: Dr Asad Ali, David Berry, Steph Butterworth, Ilys Cookson, Jeanelle De Gruchy, Richard Hancock, James Mallion Dr Ashwin Ramachandra Ian Saxon, Sarah Threlfall, Jayne Traverse, Graham Holland and Jess Williams

184 DECLARATIONS OF INTEREST

There were no declarations of interest.

185 MINUTES OF PREVIOUS MEETING

AGREED:

That the minutes of the meeting of Board held on the 9 December 2020 be approved as a correct record.

186 LOCAL COUNCIL TAX SUPPORT SCHEME 2021/22

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Assistant Director (Exchequer Services), which, set out the proposal for the continuation of the council tax reduction scheme for 2021/22 and recommended the approval of a hardship fund to be administered by Exchequer Services under the Section 13A policy.

It was reported that at the end of quarter two of 2020/21 approximately 18,155 people had claimed council tax support. Of this number, there were approximately 7,519 (41%) people of pensionable age who would be guaranteed protection under the CTS scheme. Therefore approximately 10,636 (59%) claimants were of working age.

It was explained that claimant caseload fluctuated on a daily basis and overall there had been little movement on overall claimant numbers from 1 April 2013. The caseload continued to fall during 2020/21 even though residents had more to pay in Council Tax due to the Council Tax rise in April 2020 and despite the impact of the Coronavirus pandemic; however, this decline appeared to follow the pattern from previous years. The Assistant Director highlighted that the effects of the end of the Governments furlough scheme was still to be seen.

It was stated that it was considered best practice to recognise the recommendations made to all Local Authorities by the LGO and provide clarity within the scheme, therefore to provide clarity in Tameside's Council Tax Support Scheme in relation to the treatment of these adjustments to entitlement to Council Tax Support, wording was inserted into the Scheme for 2020/21 at Schedule 8, paragraph (10). The wording would remain in the scheme for 2021/22.

The Assistant Director (Exchequer Services) reported that the Hardship Fund for 2020/21 was £50k and this would remain the same for 2021/22. Hardship funding was identified from existing budgets had previously been administered via the Tameside Resettlement Scheme. However, the Hardship

Fund would now be administered by Exchequer Services under the Section 13A Policy which was detailed at **Appendix 2** to the report. As at 30 November 2020, four applications for Hardship Relief had been received in the 2020/21 financial year; none of which were successful and no monies had been paid.

Further, as part of its response to COVID-19, the Government had announced in the Budget on 11 March 2020 that it would provide local authorities in England with £500m of new grant funding to support economically vulnerable people and households in their local area. Tameside had been allocated a Council Tax Hardship Fund of £2,158,109 by the government with the 'strong expectation' that billing authorities, such as Tameside would provide all recipients of working age local council tax support ('LCTS') during the financial year 2020-21 with a further reduction in their annual council tax bill of up to £150.

As at 31 October 2020, 11,690 working age claimants had benefited of a maximum of £150. £1.7m of the funding had been distributed leaving an additional £438k for claimants until the end of the financial year.

AGREED:

That the Council be recommended to

- (a) continue the scheme introduced in 2013/14, as amended in 2016/17, and adopts the council tax reduction scheme for 2021/22 set out in Appendix 3;**
- (b) approve a £50,000 hardship fund be in place in order to assist severe cases of hardship funded from existing budgets, to be administered by Exchequer Services under the Section 13A Policy.**

187 COUNCIL TAX BASE 2021/2022

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Assistant Director (Exchequer Services), which set out the calculation of the Council Tax. Members were reminded that the Local Government Finance Act 1992 required a billing authority to calculate the basic amount of its council tax by calculating its budget requirement less any grants divided by its tax base. The Calculated Tax Base would be used to determine the level of Council Tax income that the Council could raise in the upcoming financial year, subject to agreement of the amount of Council Tax to be charged for each band D equivalent dwelling.

It was reported that the calculation of the authority tax base for Council Tax setting purposes gave an estimated Band D equivalent of 63,756.1 properties. There were no Ministry of Defence properties in Tameside. An estimated collection rate of 97% gave a Council Tax base of 61,843.4.

The calculation of the Mossley Parish tax base for Council Tax setting purposes gave an estimated Band D equivalent of 3,441.5 properties. There were no Ministry of Defence properties in Mossley. An estimated collection rate of 97% gave a Council Tax base of 3,338.3.

AGREED:

That the Council be recommended, that pursuant to the figures set out in the report of the Assistant Director (Exchequer Services), and the Local Authorities (Calculation of Council Tax Base) (England) Regulations 2012

- 1. the amount calculated by Tameside Metropolitan Borough Council as its Council Tax base for the year 2021/2022 shall be 61,843.4**
- 2. the amount calculated by Tameside Metropolitan Borough Council as the tax base for the Town Council of Mossley for the year 2021/2022 shall be 3,338.3**

188 CHRISTMAS SUPPORT PAYMENT FOR WET LED PUBS

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Assistant Director (Exchequer Services), which detailed the latest government grant for wet led public houses in response to the Covid-19 economic situation.

It was reported that under the CSP scheme, local authorities would receive a one-off payment amounting to £1,000 per wet-led pub in each eligible local authority where Tier 2 or Tier 3 restrictions had been imposed, following the scheduled Tier review dates of 2 December and 16 December.

Grant monies would be paid to local authorities under section 31 of the Local Government Act 2003, and local authorities would receive 80% of the estimated grant funding based on an initial government estimate. When, or if, this threshold of funding had been spent, the government had confirmed that they would top up funding to local authorities if required.

The grant covered the period between 2 December 2020 and 29 December 2020 only; it could not be granted retrospectively. The grant scheme would close on 29 December 2020 and final applications would need to be received by 31 January 2021. Grant funding would be paid as soon as possible to eligible businesses and no later than 28 February 2021.

Members were advised that businesses established after 11 March 2020 and before 1 December 2020 could still be eligible for this grant and could be asked to supply accounting evidence that they derive under 50% of their income from food sales covering the period that they had been open.

It was estimated that there were 90 pubs within the Tameside area that were eligible to receive the £1,000 lump sum payment. This could be paid in addition to other grants that the wet led pub could be eligible to receive under either the mandatory or discretionary grant schemes.

AGREED:

That the government scheme for Christmas Support Payments to eligible wet led pubs be noted.

189 MONTH 8 FINANCE REPORT

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Lead Clinical GP / Director of Finance which covered the Month 8 2020/21 financial position reflecting actual expenditure to 30 November 2020 and forecasts to 31 March 2021. The Director of Finance reported that at Month 8, the Council was forecasting a year end overspend of £3.5m, which was a slight deterioration on the position reported at month 7.

It was explained that significant pressures remained across Directorates, most significantly in Children's Social Care where expenditure was forecast to exceed budget by £3.806m, with further cost pressures in Adults and Education, and income loss pressures in the Growth Directorate. These were due to underlying financial pressures that the Council would have faced regardless of the COVID pandemic.

It was further explained that the CCG was showing a YTD pressure of £1,055k, but a break even position by year end. This difference related to top up payments for the Hospital Discharge Programme, which had not yet been received.

AGREED:

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

190 2019/20 STRATEGIC HOUSING AND ECONOMIC LAND AVAILABILITY ASSESSMENT

Consideration was given to a report of the Executive Member (Housing Planning and Employment) / Director of Growth, which sought approval to publish the 2019/20 revision of the Strategic Housing and Economic Land Availability Assessment (SHELAA) and to publish the 2019 and 2020 revision of the Brownfield Land Register.

Members were reminded that the purpose of the 2019/20 SHELAA was to build upon previous iterations of the assessment identifying and quantifying the housing and economic land potential in the borough. The report provided the details to the SHELAA presented to Members through the all Member development session in relation to the 2020 GMSF (27 October 2020) and as contained within the approved GMSF and its supporting background documents. It covered the period 1 April 2020 to 31 March 2037.

Additionally, the Brownfield Land Register was a mechanism to provide up to date and consistent information on brownfield sites in the borough that were considered appropriate for residential development. The register was prepared in accordance with government guidance, regulatory requirements and builds on those previously approved.

It was stated that the SHELAA continued to make best use of sites in highly accessible locations, located around transport hubs and the borough's town centres and indicated a potential supply of 6,923 net additional dwellings between 1 April 2020 and 31 March 2037. In addition, 26,432 sqm of office floorspace and 116,471 sqm of industrial and warehousing were identified to support future employment growth.

Further, the Brownfield Land Register highlighted those SHELAA sites that were wholly brownfield, not under construction and met other specific criteria, as set out in regulations. In 2020, 108 sites fall into this category from the SHELAA and form the register, with potential to deliver 3,842 residential units.

AGREED:

That the Executive Member for Housing Planning and Employment be recommended to agree to:

- (i) Locally publish the 2019/20 revision of the Strategic Housing and Economic Land Availability Assessment in accordance with delegated authority as agreed by Executive Cabinet on 29 July 2020, minute no 34 refers.**
- (ii) Publish the 2019 and 2020 revision of the Brownfield Land Register in accordance with approved delegated authority as agreed by Executive Cabinet on 29 July 2020, minute no. 34 refers.**

191 TAMESIDE AND STOCKPORT PARTNERSHIP OPPORTUNITIES

Consideration was given to a report of the Executive Member (Lifelong Learning, Equalities, Culture and Heritage) / Deputy Executive Leader (Children and Families) / Director of Children's Services, which sought approval for scoping work, to explore opportunities related to enhanced partnership in the Education and SEND service.

It was stated that Tameside and Stockport had a track record of working successfully together in Children's Services over the past three years, including through the DfEs Innovation Program and as Partners in Practice. It was believed that it was the time to explore the opportunities that exist to potentially extend and accelerate this partnership. A position given further impetus as a result of the impact of the current pandemic and the wider financial pressures for Local Authorities, not only in 2020/21, but for the foreseeable future. This collaboration therefore provided an opportunity to respond to the challenges of the pandemic and to help deliver on shared 'build back better' ambitions.

This initial scoping exercise undertaken jointly across, in the first instance both Local Authorities Education and SEND departments, would underpin the development of more detailed options appraisals, where the evidence supported this, which would in turn then be available for consideration through the due governance processes of each Authority.

The report detailed five key areas that the scoping work would initially focus on:

- Leadership
- School Improvement
- SEND sufficiency and commissioning plan
- Technical posts
- Traded Services

Further to this proposal it was anticipated that in parallel to this initial scoping work in relation to Education and SEND services that preliminary work would also begin to scope out potential wider opportunities across Children's Services. This was likely to include areas such as placement commissioning and sufficiency, quality assurance and independent review.

The program would be overseen by a Program Board from both LAs including Lead Members, Directors of Children's Services, finance, legal, HR and school representation. An explicit objective of this programme board would be to initially identify and firm up the areas for collaboration including an appropriate options appraisal and in doing so quantify the risks, impact and outcomes, including the tangible savings that could be achieved within an agreed timeframe. Then steer proposals through due diligence and appropriate governance including any necessary policy changes and then oversee implementation.

AGREED:

- (i) That Board note the content of this report and the potential opportunities that it presents**
- (ii) That Board support the scoping work proposed to explore in the first instance, the opportunities related to "enhanced partnership" in our Education and SEND service and the intention to scope out the opportunity and options with a view to establishing an agreed model within 9-12 months**
- (iii) That Board note the proposed secondment arrangements (for an initial period of 2 years) for a single "Director of Education" position working across both Local Authorities to lead this work.**

192 COMMISSIONING PLANS FOR 21/22

Consideration was given to a report of the Executive Member Adult Social Care and Health) / CCG Chair / Director of Commissioning, which set out the providers operating under contracts that were due to expire in March 2021 and detailed the recommendations for the extension of the contracts.

It was reported that NHS Tameside and Glossop CCG (T&G CCG) had a number of contracts for NHS services that were due to expire in March 2021.

It was explained that 2020/21 had been a period of NHS Command and Control with CCGs no longer holding provider contracts in the usual way and unable to invest in services unless COVID-19 related. Providers had operated services in line with nationally set requirements with GM principles being adopted where appropriate.

Therefore, whilst T&G CCG had worked with providers of local services to ensure safety and quality the formal CCG level contracting processes had only started to operate since October 2020 and CCG had been unable to make major commissioning decisions unrelated to COVID-19.

The allocation available to the CCG for 2021/22 was not yet known but was anticipated to be in line with the CCGs 5 year long term plans which would enable the current services to continue to operate.

The Director of Commissioning stated that there were ten Providers operating under contracts that were due to expire in March 2021. All were currently delivering services in line with their contracts with no concerns regarding quality or finance. One contract did not have an option to extend as the provision of DEXA scans was under review with the ICFT when the contract was let.

The proposal was to extend the contracts by one year to enable the Tameside and Glossop system to reach a decision regarding future provision by June 2021 and the enactment of that decision by March 2022.

With all the contracts, STAR had provided advice as to acceptable ways forward in 2021/22. However, this advice was based on current legislation and the expectation was that it should be clearer regarding the 2021/22 Health commissioning arrangements by April 2021. As these arrangements could have a significant impact on future contracts it was proposed to delay any re-procurement planning until June 2021.

AGREED:

- (i) That the Strategic Commissioning Board be recommended to approve the extension of the following contracts:

Provider name	Extension End Date
Practice Plus Group	31/03/2022
In Health Ltd	31/03/2022
Willow Wood	31/03/2023
Hyde Physiotherapy Centre	31/03/2022
Manor House Surgery	31/03/2022
Pioneer Healthcare Ltd	31/03/2022
Stamford House Medical Centre	31/03/2022
Primary Eyecare Services Limited	31/03/2022
Stroke Association	31/03/2023
Diagnostic Healthcare Ltd	31/03/2022

- (ii) That the Strategic Commissioning Board approve the intention to delay the planning of future provision until June 2021 when longer-term Health commissioning arrangements should be known.

193 SEXUAL HEALTH CONTRACTS TO SUPPORT HIGH RISK COMMUNITIES

Consideration was given to a report of the Executive Member (Adult Social Care and Health) / Consultant in Public Health, which proposed ongoing arrangements for the sexual health contracts including allocation of a new grant award and proposed recurrent savings to one of the programmes.

It was explained that the report sought permission to implement a number of contractual changes to ensure the continued delivery of programmes aimed at supporting and improving sexual health outcomes for those in the community at increased risk.

It was reported that following the successful Impact Trial, which Tameside had taken part in, NHS England and the Department for Health and Social Care (DHSC) had confirmed additional funding for local authorities to provide universal routine access to PrEP. It was proposed that the grant allocation be awarded to MFT (Manchester University NHS Foundation Trust) for the provision of

Pre-Exposure Prophylaxis (PrEP) treatment to prevent HIV infection. This would continue to be targeted towards groups at high risk of contracting HIV including men who have sex with men (MSM), black Africans, and transgender men and women, to prevent them catching HIV. The proposal was for the allocation of £26,692 of the grant from the DHSC for the provision of PrEP

Approval was sought for the Extension of the Passionate About Sexual Health (PASH) contract across Greater Manchester for 12 months from 30 June 2021. With the high prevalence of disease and the existing need in Tameside's highest risk communities, Tameside commissioners, along with other GM commissioning partners, were satisfied that the aims of the programme and delivery model were meeting needs. The risk of not commissioning this programme was that HIV and STI rates would increase in Tameside, adding further financial pressure into the system for treatment and more complex support. Tameside's budget for this service was £22,560 and the proposal was for the contract to be extended for 12 months from 1 July 2021 to 30 June 2022.

The Consultant for Public Health stated that Chlamydia infection was the most diagnosed bacterial sexually transmitted infection in the UK, with higher prevalence in young people. All age groups had also seen increases in the rates of gonorrhoea and chlamydia infection in recent years. The report set out proposals for a Covid-19 Emergency Contract Award of the contract for the chlamydia and gonorrhoea screening programme to Brook as the service ceased with immediate effect earlier in the year due to the pandemic.

The service would prevent and control the spread of sexually transmitted infections in young people (under 25). In terms of cost, this was a needs-led service. The maximum total amount required for the full length of this 11-month service would be £49,087. This represented a lower cost than previous models and, while this was only for an interim service over an 11-month period, it was proposed a recurrent saving of 20% of the overall amount allocated for this service in the Population Health budget going forward, which would represent a recurrent £15,000 saving (from the total allocated annual budget of £75,000).

Members were reminded that the RU Clear service ceased abruptly with immediate effect in March 2020 due to the impact of the Covid-19 pandemic on the provider (MFT). As a result of this service ceasing earlier in the year, there was currently underspend in the Population Health budget for the financial year 2020/2021 as this was a needs-led service where spend relates directly to the volume of activity. Alongside this underspend, other sexual health services were struggling for capacity to manage current demands. It was proposed to take £15,000 of the in-year underspend as a non-recurrent saving and £45,790 of the underspend would be re-allocated to MFT via a contract variation as a one off payment to fund additional capacity in the clinical nursing outreach post for the duration of the remaining contract with MFT.

AGREED:

That Strategic Commissioning Board be recommended to agree:

- (i) That Permission be granted to implement the contractual arrangements as detailed in the report to ensure Tameside Council continued to meet its mandated obligations around the provision of open access sexual and reproductive health services;**
- (ii) That permission be granted to award the grant allocation for the provision of Pre-Exposure Prophylaxis to Manchester University NHS Foundation Trust, with 4% held back by Tameside Council to pay for Tameside residents accessing this service out of area**
- (iii) That permission be granted to extend the Passionate About Sexual Health contract for Tameside as part of GM-wide arrangements for 12 months from 30 June 2020**
- (iv) That permission be granted to issue a Covid-19 Emergency Contract Award for the chlamydia and gonorrhoea screening programme to Brook to commence immediately for a period of 11 months (this includes a proposed 20% recurrent saving for this service going forward;**
- (v) That permission be granted to re-allocate in-year underspend for the previous RU Clear chlamydia screening programme as a contract variation for the integrated sexual health service provided by MFT to provide an enhanced clinical outreach offer.**

194 ADULT EDUCATION CAPITAL GRANT

Consideration was given to a report of the Executive Member (Lifelong Learning, Equalities, Culture and Heritage) / Director of Growth, which sought approval for the Provider Capital Grant Programme and to enter into the grant agreement.

Members were advised that the Greater Manchester Combined Authority (GMCA) recognised that in light of the COVID-19 pandemic the additional requirements needed to ensure all learners and staff stayed safe and protected when they returned to a learning environment would be an additional financial burden. To support Adult Education Budget (AEB) providers to put suitable measures in place, GMCA had released Provider Grant Funding from the Local Growth Fund.

Tameside MBC had submitted a bid to Greater Manchester Combined Authority for the Provider Capital Grant Fund on 21 August 2020. The bid had a value of £25k which was the maximum amount that could be bid for. It was reported that Tameside's bid had been approved and a grant agreement had been provided by GMCA for TMBC to enter into.

Tameside Adult Community Education successfully and safely re-opened on the 14 September 2020 providing high quality teaching and learning for Tameside residents accessing basic skills. The capital grant funding had been essential in this process.

AGREED:

That the Executive Member (Lifelong Learning, Equalities, Culture and Heritage) be recommended to approve the Provider Capital Grant Programme and enter into a grant agreement with Greater Manchester Combined Authority on the terms provided.

195 CLARENCE ARCADE DILAPIDATIONS SETTLEMENT

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Director of Growth, which sought approval on the dilapidations settlement. Members were advised that the Council had entered into a lease agreement on 30 April 2015 with landlord Jersey Street Properties Ltd to occupy a series of retail and office units at Clarence Arcade as 'decant space' as part of the Tameside Administration Centre / Tameside One redevelopment. The lease was for a term of 4 years from 15 May 2015 to 14 May 2019.

As part of the agreement, the Council were responsible for all internal repair and maintenance of the space. Similarly, under the provisions of the lease the Council were responsible for a service charge contribution towards maintenance of both the building structure and the common areas.

It was reported that prior to the lease terminating, the Council appointed Workman LLP to prepare an assessment of the Council's terminal dilapidations liability. As part of this work, Workman estimated the Council's liability as being £27,397.36 for the ground floor shop units and £62,808.51 for the office units, excluding loss of rent. Further, following expiry of the lease, Northern Group had obtained quotations for repairs, redecoration and reinstatement of the internal alterations carried out by the Council under a Licence for Alterations. A quotation dated 13 July 2019 prepared by Artez Contractors for £63,264.00 was issued by the Landlord to the Council on 7 August 2019.

Following a prolonged period of discussion, Sanderson Weatherall had confirmed that subject to approval, they had negotiated a full and final settlement of £53,635.98 as a contribution towards the Council's terminal dilapidations liability.

AGREED:

That the Director of Growth be recommended to approve the dilapidations settlement of £53,635.98 plus VAT recommended by its appointed agents upon the landlord consenting to the Council to be released of all remaining lease obligations.

196 FORWARD PLAN

AGREED

That the forward plan of items for Board be noted.

CHAIR

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BOARD

13 January 2021

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 **Kathy Roe**
 Officer

Also in Attendance: **Steph Butterworth, Jeanelle De Gruchy, Richard Hancock, Catherine Moseley, Dr Ashwin Ramachandra, Paul Smith, Sarah Threlfall, Jayne Traverse, Emma Varnam, Debbie Watson, Tom Wilkinson and Jess Williams**

197 DECLARATIONS OF INTEREST

There were no declarations of interest.

198 MINUTES OF PREVIOUS MEETING

AGREED:

The minutes of the meeting of the Executive Board on the 6 January 2021 be approved as a correct record.

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

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Assistant Director of Population Health / Assistant Director of Population Health / Assistant Director of Finance.

The report provided an update on the plans for financial sustainability of the Council's Sport and Leisure facilities provided by Active Tameside. Further, the report sought permission to consult on the proposals and the wider sport and leisure offer as the Council looked at new ways to deliver the services.

The Assistant Director of Population Health explained that the current financial position of the Council plus the impact of the Covid-19 pandemic had meant the current model of delivery of sport and leisure facilities was not sustainable.

Members were reminded that despite measures and the reopening of some services it was predicted that Active Tameside would become technically insolvent mid November 2020. The situation had been made worse as leisure providers were exempt from most Covid-19 emergency support funding. On 2 November 2020 Executive Cabinet approved an amount of £1.8m to be paid via a loan agreement to be paid back over the lifetime of the contract to allow Active Tameside to remain solvent during 2020/21.

It was further explained that as Greater Manchester was placed in Tier 3 from 2 December 2020, Active Tameside were unable to deliver group exercise classes or sell food and beverages, which had also meant they have been unable to open attractions such as the 10 pin bowling at Tameside Wellness Centre. Active Tameside were still working on detailed figures but early estimates for the group exercise loss was around £100K for December 2020 to March 21. There was also an

expectation that Tier 3 would lead to increased cancellations of Memberships, which would severely impact 21/22 revenues.

Active Tameside had sensibly insured themselves against business interruption for events that were outside of their control. An initial claim covering March 20 to October 20 had been submitted to loss adjusters for consideration and this shows losses of around £3m. The eventual insurance payout was unlikely to be received until March 2021.

The DCMS and Sport England had also announced a National Leisure Recovery Fund of £100m that was available for Council commissioned Leisure services. An Expression of Interest was being developed with a deadline of 8 January 2021 for submission. The current best estimates for a Tameside claim varied between £0.25m and £0.5m. Any funding received would assist the Trust to remain solvent at this challenging time.

It was reported that a review had been undertaken to understand the potential for efficiency savings in relation to key facilities within the Council's leisure portfolio. The overall aim was to identify savings proposals to reduce the Council's management fee to the Trust from 2021/22 and therefore support future financial sustainability of the sport and leisure portfolio. The Council were proposing to reduce the current management fee by £0.15m recurrently in 21/22 and by £0.3m in 22/23 and 23/24. Active Tameside had therefore been asked to develop proposals to deliver services supported by the reduced management fee. Along with service redesign, the proposals also considered a range of actions in relation to the facilities which had been operating at a loss over recent years.

A desktop review had been undertaken of available data in relation to facility usage, financial performance and programmed activity and could be found in **Appendix 1**.

It was proposed that the Council carry out a public consultation on the Sport and Leisure offer and the options set out in section 4 from Friday 29 January to Friday 26 March 2021 via the Big Conversation pages on the Council website. The proposed consultation framework was attached at **Appendix 2**.

The Executive Leader led a detailed discussion on the facility usage and financial performance of Active Tameside. It was agreed that the report would be amended to reflect that this report was the start of a review of the wider sport and leisure offer as the Council looked at new ways to deliver these services.

AGREED

That Executive Cabinet be recommended to:

- (i) Note the completion of the Sport and Leisure Review and savings options outlined in section 4 of the report.**
- (ii) Approve the implementation of a public consultation to seek views on the proposals and to inform the Council's future commissioning approach.**
- (iii) Agree to review the results of the consultation and recommendations, with final options presented to Executive Cabinet for decision in June 2021.**

200 2021 CENSUS UPDATE

Consideration was given to a report of the Executive Leader / Assistant Director for Policy, Performance & Communications. The report provided an update on the plans to assist ONS in achieving a successful census in Tameside.

The Assistant Director for Policy, Performance & Communications stated that in order to ensure the census ran smoothly in each local authority area, the ONS had recruited Census Engagement Managers for each area. The Census Engagement Manager for Tameside was Graham Thomas. Each local authority was required to have a Census Liaison Manager and an Assistant Census Liaison

Manager, these were Simon Brunet (Head of Policy, Performance and Intelligence) and Lorraine Kitching (Performance, Intelligence & Scrutiny Service Manager) respectively.

The 2021 Census would be a digital first census with a target of achieving a 75% response rate online. For the majority of households initial contact for the Census would be made via a digital first pack detailing how to complete the census online.

It was recognised that Tameside, along with other areas in Greater Manchester, had a high level of digital exclusion and the Council would need to assist some residents with completing the census. ONS statistics estimated that 11.4% of resident in the UKD35 District (Tameside and Stockport) had either never used the internet or haven't used the internet in the last 3 months. This equated to approximately 20,000 residents aged 18+.

Tameside Council successfully bid for a small pot of funding through 'The Good Things Foundation' to provide online census centres in six of Tameside's libraries. The contract amounted to £13,290 plus an additional £1,050 to cover the costs of training. The bid for this contract was based on running twelve four hour session across the week followed by one additional four and a half hour sessions each Saturday.

AGREED

That Executive Board note the content of the report and support the proposals.

201 RESIDENTIAL FREEHOLD LAND DISPOSALS

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Growth, which set out a supplementary policy: the Corporate Policy Disposals Policy for residential ground plots leased to residents.

The Director of Growth reported that the Council held approximately 900 residential plots of land which were typically occupied by a single home. The vast majority of the leases were for the ground only and the resident usually owned the freehold home.

It was explained that a considerable number of the Council ground leases 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.

There were circa 55 requests from residents to acquire their reversionary freeholds, of which 8 were pressing.

While the Council did not have a statutory duty to sell reversionary freeholds, it would want to assist leaseholders. The Director of Growth highlighted issues that reversionary freeholds and grounds created for residents and leaseholders. Firstly, as residents' leasehold interests got shorter over time it meant that finance became more difficult to obtain. Secondly, residents and leaseholders in England could find that the superior landlord charges high levels of fees for permission to do works or enforces lease clauses that cause hardship.

Therefore it was recommended that reversionary freeholds would only be sold to residents on the appropriate market terms rather than disposing of the reversionary interest portfolio as an investment to a third party.

Disposals would be progressed through negotiation on the basis of a valuation carried out by an approved Chartered Surveyor. The Head of Estates would either appoint a qualified Chartered

Surveyor from the Estates Team or appoint a firm of Agents to carry out the valuation within their existing budget provision.

A discussion took place on timescales and Members asked that the existing outstanding applications be dealt with within 6 weeks in order that residents had an offer to considering accepting that any legal work would follow thereafter.

AGREED

That Executive Cabinet be recommended to agree:

- (i) To adopt the Policy enabling the Disposal of residential ground plots leased plots leased to residents and set out at Appendix 1 noting that this was expected to change in due course by law.**
- (ii) That the Council should as a general principle not dispose of its reversionary freehold portfolio as a whole on the investment market, in order to protect the interests of residents.**
- (iii) Members asked that the existing outstanding applications be dealt within 6 weeks in order that residents had an offer to considering accepting that any legal work would follow thereafter and that the Executive Member receive a monthly spreadsheet setting out progress on the 55 outstanding applications together with any new.**
- (iv) That the time scales for any new applications be 6 weeks That the time scales for any new applications be noted as 6 weeks as set out in paragraph 7.1 of the policy at Appendix 1.**

202 DOING BUSES DIFFERENTLY: CONSULTATION ON THE IMPACT OF COVID-19 ON THE PROPOSED BUS FRANCHISING SCHEME

Consideration was given to a report of the Executive Member for Transport and Connectivity / Director of Growth. The report considered the Greater Manchester Combined Authority consultation for the proposal to introduce bus franchising in Greater Manchester taking account of the possible effects of Covid-19.

Members were reminded that Greater Manchester had an ambition for a truly integrated public transport system, "Our Network", to enable moving around the city-region easy, accessible and affordable. In June 2017 GMCA considered using powers contained in the Transport Act 2000 to improve bus services in Greater Manchester by reforming the current bus market. Between 14 October 2019 and 8 January 2020, GMCA held a consultation on a Proposed Franchising Scheme for the city-region's buses, which asked questions about the Scheme and the Assessment.

Within Tameside, the original consultation exercise was the subject of an Executive Cabinet Report on the 18 December 2019, more than 8,500 responses to the consultation were received. An independent research agency, Ipsos MORI, reviewed, analysed and summarised all the responses to the consultation in a report. Of the 5,905 respondents who answered the question on whether they supported or opposed the Proposed Franchising Scheme, 83% said they supported the Scheme.

The outcome of the consultation was due to be considered by GMCA in spring 2020 but was deferred due to Covid-19. In June 2020, GMCA noted the results of the consultation and asked TfGM to prepare a further report that would consider the potential impact and effects of Covid-19 on the bus market in Greater Manchester and make recommendations about appropriate next steps, before making a final decision.

The Covid-19 Impact on Bus Franchising report considered the potential impact and effects of Covid-19 on the bus market in Greater Manchester, how it could affect the key conclusions of the Assessment and GMCA's proposals for franchising.

The report found that the Proposed Franchising Scheme was still the best option to deliver GMCA's objectives for the bus network and achieve Greater Manchester's long-term ambition for a fully integrated public transport system. This was compared to leaving buses organised as they were now (a 'Do Minimum' option) or a partnership with bus operators.

Under all scenarios, the report noted that franchising was still the best option to achieve Greater Manchester's long-term ambition for a fully integrated public transport system.

AGREED

That Executive Cabinet be recommended to:

- (i) Consider and note the contents of the report in relation to the ongoing bus franchising consultation taking account of the possible effects of Covid-19**
- (ii) To consider and approve the attached formal response to the 12 questions contained in the consultation questionnaire attached at Appendix 1.**

203 DETERMINATION OF ADMISSION ARRANGEMENTS SEPTEMBER 2022

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Director for Children's Services.

The report set out the proposed admission arrangements for Tameside community, and voluntary controlled schools for admission in September 2022. There had been no change to these from September 2021. The report highlighted changes proposed by the Department for Education to the School Admissions Code.

Members were reminded that all admission authorities were required to consult on their coordinated admission scheme and on changes to admission arrangements. Where no changes had been proposed to the coordinated admissions scheme or admission arrangements, there was no requirement to consult. Admission authorities should ensure that their determined admission arrangements comply with the mandatory requirements of the School Admissions Code 2014.

It was reported that for entry to community or voluntary controlled primary, junior and secondary schools in September 2022, no changes were planned and therefore consultation was not necessary. The proposed admission arrangements for entry in September 2022 for community or voluntary controlled primary, junior and secondary schools were set out in **Appendix 1**.

School place planning in the borough was reviewed on an annual basis and forms part of the annual report on admission arrangements that is reported to Executive Cabinet in February. **Appendix 2** set out the latest information.

It was stated all local authorities had a statutory duty to ensure that there were sufficient school places to meet demand in the area. These could be school places available at provision maintained by the local authority, academies, or other non-maintained schools. In order to carry out this statutory duty, Councils needed to carry out school place planning and forecasting.

It was explained that whilst there were currently sufficient places to meet expected demand, the school place planning process must continue to be dynamic particularly in view of significant housing development that was predicted within the borough and the impact that would have on demand and travel to learn patterns.

Members discussed the arrangements in place for School Admission appeals due to Coronavirus and the impact of the expiry of the changes to the regulations on the 31 January 2021. Members were advised that admission appeals had been held online and feedback had been positive due to the accessibility of the hearings online.

AGREED

That Executive Cabinet be recommended to agree the determination of admission arrangements for all Tameside community and voluntary controlled schools for 2022/23 without change from those that applied for admission in 2021/22 as set out in Appendix 1 of the Report other than amendments to the Published Admission Number as set out in the report.

204 CHILDREN AND YOUNG PEOPLE'S EMOTIONAL AND MENTAL WELLBEING COMMUNITY OFFER - UPDATE

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Clinical Lead for Starting Well / Director of Commissioning / Assistant Director of Population Health.

The report provided an update on progress in relation to the development of a Tameside and Glossop Children and Young People's (CYP) Emotional and Mental Wellbeing Community Offer and commissioning intentions since the paper was presented at Strategic Commission Board in September 2020.

The Director of Commissioning stated that following a Market Engagement Event in August 2020 for prospective providers to learn more about the process, there were several co-production workshops throughout September and October, which were well attended by providers, stakeholders and young people to explore the desirables for a new Community Offer. A series of parent and carers workshops took place in early January 2021. The outcomes from the workshops formed the core deliverables and design principles of the Community Offer (**Appendix 1**) and therefore informed the development of the specification (**Appendix 2**).

Members were advised that over 50 participants engaged in each of the co-production workshops, including stakeholders of the Tameside and Glossop CYP Emotional Wellbeing and Mental Health Strategic Group, and interested providers via an expression of interest through the North West Procurement Portal. The parent and carer workshops were promoted through various networks, as well as through the Communications Team.

It was explained that the outcomes from the co-production workshops were clear in that in order to successfully enable positive outcomes for children and young people's emotional and mental wellbeing, a collaborative partnership approach with a wide menu of choice on offer was essential. Current providers attended the co-production workshops. All potential providers had been encouraged to work collaboratively to meet the expectations of the specification.

The new offer would be commissioned via an NHS contract led by Tameside & Glossop CCG, with Tameside Council as associate commissioner. Current providers (Off the Record, TOG MIND, Anthony Seddon Fund and 42nd Street) had been notified that current contract/grant agreements would end on 31st August 2021.

The initial timeline had been extended to allow potential providers more time to collaborate on the 'offer', so extensions had been granted to all current providers (Off the Record, 42nd Street, TOG MIND and Anthony Seddon Fund) until 31st August 2021, with a start date for the new contract 1 September 2021. It was proposed that invitations to tender would be launched with support from STAR Procurement on 28 January 2021.

Although the total tender value remained the same at £250,000 per annum, the proportions from each organisation had slightly changed following a contract review across population health. Tameside and Glossop CCG had increased investment of £16,200 with the Council's funding remaining at current levels of investment of £91,800. The contract would remain as a 3 + 2 years.

AGREED

That Strategic Commissioning Board be recommended to:

- (i) Note the progress described in the report and the coproduction undertaken with children and young people, parents and carers and key stakeholders which has informed the final specification.**
- (ii) Give permission to tender the redesigned service offer with Tameside & Glossop CCG as lead commissioner and Tameside Council as associate commissioner to the new contract.**

205 FORWARD PLAN

AGREED

That the forward plan of items for Board be noted.

CHAIR

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LIVING WITH COVID BOARD

9 December 2020

Present	Elected Members	Councillors Warrington (In the Chair), Bray, Cooney, Fairfoull, Feeley, Ryan and Gwynne
	Tameside & Glossop CCG Members	Dr Asad Ali, Dr Ashwin Ramachandra, Dr Vinny Khunger, Dr Christine Ahmed, Dr Tim Hendra, Clare Todd, Karen Huntley, Kate Hebden, David Swift and Carol Prowse
	Chief Executive TMBC	Steven Pleasant
	Borough Solicitor	Sandra Stewart
	Deputy Section 151 Officer	Tom Wilkinson
	T&G ICFT Medical Director	Brendan Ryan
	Action Together	Anna Hynes

Also In Attendance: David Berry, Steph Butterworth, Ilys Cookson, Jeanelle De Gruchy, Richard Hancock, James Mallion, Ian Saxon, Paul Smith, Jayne Traverse, Sarah Threlfall, Debbie Watson, Jess Williams

Apologies for Absence: Councillors Kitchen & Wills

Jane Higham and Karen James

29. MINUTES OF PREVIOUS MINUTES

The minutes of the meeting of the Living with Covid Board on the 18 November 2020 were approved as a correct record.

30 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, it was reported that the rate of new cases had reduced. However, the rate of decrease had slowed, the rate of new cases was still high, the rate of new cases in the last seven days per 100,000 people was 117.9/100,000. This was a 20% reduction in new cases compared to seven days ago. Members were advised that the number of acute beds occupied by confirmed and suspected Covid cases had been trending down.

AGREED

That the presentation be noted.

31 RESTRICTIONS AND TIERS- NEXT STEPS

The Director of Population Health delivered a verbal report on the Restrictions and Tiers in Tameside and Greater Manchester.

It was stated that discussions had taken place across Greater Manchester, however, the decision was ultimately with the Government to decide if to change some areas in GM to tier 2. The Director of Population and Health reported that the Government would be evaluating the tiers on the 12 December 2020 with a further evaluation on the 30 December 2020. The Chief Executive highlighted that it was important to take a cautious position given high level of prevalence of Covid-19 in the region. It was reported that the data suggested that there could be a spike in cases in January and

that tier 3 restrictions may not be able to prevent this as students travel and households meet over Christmas.

AGREED

That the information provided be noted.

32 WINTER COVID GRANT AND SUPPORT TO THE VULNERABLE

Consideration was given to a report of the Executive Leader / Assistant Director of Policy, Performance and Communications. The report set out proposals for spending the 'Covid Winter Grant' before the 31 March 2021 to support families who were struggling to access food and warmth. The Council was committed to ensuring that all of the available Winter Covid Grant supported the most vulnerable families and households to access food and warmth during a challenging time.

On Sunday 8 November 2020, the government announced a significant package of extra targeted financial support for those in need over the winter period. The £170 million COVID Winter Grant Scheme, which would be made available at the beginning of December, would see new funding to County Councils and Unitary Authorities (including Metropolitan Council's and London Boroughs), to support those most in need across England with the cost of food, energy and water bills and other associated costs.

Tameside had been allocated **£894,614.60**, funding would be ring fenced and cover period until end of March 2021.

It was proposed to allocate funding to the provision of food vouchers for major supermarkets to pay for food for key cohorts which included, all children attending schools in Tameside who were eligible for Free School Meals, all college students eligible for Free School Meals or bursaries, all 2, 3 and 4 year olds entitled to free child care, all Care Leavers. The amounts and costs of each of these proposals were set out in **Appendix 1**.

This approach would allow the Council to deliver an enhanced offer that would reach a large number of families in a short time frame and provide targeted support in time for Christmas, and would allow Tameside to report outcome requirements to the DWP.

Going forward the identified families would receive support for the 3 scheduled school holiday weeks to March 2021:

- Two weeks at Christmas (£20)
- One week at February half term (£15)

It should be noted that not all LAs had been allocated sufficient funding to cover Free School Meals' through the winter school holidays, this was raised with the DWP during the dial-in call as public expectation was that funding was being provided to LAs for this purpose, however, the DWP were clear that the funding allocation was not intended to replace the Free School Meals offer.

For the purposes of distribution of funding it was proposed to allocate on the basis of children attending Tameside schools. All other GM authorities agreed this in principle (potentially with the exception of Wigan).

AGREED

That the Living with Covid Board approve the following:

- (i) **The Covid Winter grant be spent on supporting vulnerable families and individuals as set out at Appendix 1.**
- (ii) **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 £20 a week food voucher for the Christmas Break and £15 voucher for February half term.**

- (iii) Any families who are not eligible for Free School Meals but are in need of support to contact the Early Help Access Point for help, support and advice.
- (iv) That this voucher scheme is extended out to Care Leavers for the Christmas period (to a value of £40).
- (v) That this scheme is further extended to low income sixth form and college students (to a value of £20). Administration of grants to students via the colleges will be formalised by letter to the colleges reflecting any appropriate conditions in relation to the administration of the grants on behalf of the Council
- (vi) That an amount of money is invested in welfare rights to provide food vouchers to those who are in financial need (£120,000 to fund 1,200 vouchers to a value of £30 per household)
- (vii) That remaining funds are directed to organisation's working directly with the community to provide food and support with utility bills. Where grants made to third party organisations, this will be done by letter containing appropriate conditions) for grant funding up to £10k.
- (viii) As an element of the scheme is discretionary there is a risk that demand in December may limit the pot in February, enough funding will be retained to pay vouchers to the Free School Meals, college and Care Leavers cohort in February, all other committed funding will require a separate decision in January.
- (ix) To agree arrangements with the following supermarkets to distribute vouchers, Tesco, Sainsbury's, Morrisons' and Asda, subject to written terms and conditions attached to the purchase order.

33 MASS VACCINATION

Consideration was given to a presentation of the Director of Commissioning, which detailed the preparations for delivering vaccinations in Tameside.

It was stated that the aims of the vaccination was to prevent morbidity and mortality by protecting those most vulnerable to Covid-19. The priority would be older age groups, care home residents and staff, frontline health and social care workers who provide care to vulnerable people and the Clinically Extremely Vulnerable (CEV).

The Director of Commissioning detailed phase 1 direct prevention of death and supporting the NHS and social care system. Phase 2 would include targeting groups, which would further reduce hospitalisation and targeted vaccination of those who were high risk of exposure or those delivering key public services.

The Pfizer vaccine was approved by the Medicines and Healthcare Regulatory Authority on the 2 December 2020 it was also expected that the Oxford and AstaZeneca vaccine would be approved imminently. Members were advised of the vaccine characteristics, storage requirements and the possible side effects of the vaccine.

It was reported that Hyde PCN would start vaccinations on Wednesday the 16 December 2020 and that bookings had already started. Confirmation was expected for vaccinations to start at Ashton and PCN on Friday 18 December 2020. Further, it was anticipated that as part of wave 3, Denton, Glossop and Stalybridge PCN's would begin vaccinations on Tuesday the 22 of December 2020.

It was highlighted that the communications were vital to the success of the vaccination programme. It was essential to raise awareness of the importance of continuing with the restrictions on the lead up to and after having the vaccine.

AGREED

That the presentation be noted.

34 MASS TESTING

Consideration was given to a presentation of the Executive Leader / Assistant Director of Population Health, which provided an update on Tameside's position for mass testing.

The Assistant Director of Population Health explained that central government had advised that rapid antigen tests should be made available to areas of high prevalence of Covid-19 including GM.

The roll-out of rapid antigen testing, which generated results on lateral flow devices, was being planned for Greater Manchester in line with Central Government guidance.

It was reported that central government initially indicated they would provide GM with tests to roll out to 10% of the population. DHSC last week offered GM sufficient rapid antigen testing to cover 75% of the population. GM had responded to the offer with a preference to undertake targeted testing at scale.

The proposed targeted cohorts for rapid antigen testing were health and social care staff, key workers, those in supported living, home care and schools with a focus on secondary school pupils and teaching staff.

It was explained that a train the trainer model would be used for mass testing. It was explained that an external provider or local team would train staff or volunteers in a setting. The staff and volunteers would administer the tests and register the results. It was stated that Dukinfield Town hall, Denton Festival Hall, Ashton Primary Care Centre, Mobile unit and Tame street had been considered as test sites. Sites would be chosen based on demographics and hotspots. Jubilee Hall at Dukinfield Town Hall had been selected as the central site with Denton Festival Hall as a smaller 'spoke' site.

With regards to staffing, there would be 2 teams of 60 staff for the Dukinfield Town hall ATS, the teams could work on a shift basis. The current focus was identifying staff internally and staff that could be released on commissioning work.

AGREED

That the presentation be noted.

35 LOCAL RESTRICTIONS SUPPORT GRANTS - MANDATORY

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Assistant Director of Exchequer Services. The report 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.

It was reported that the amount of payment was the same for each mandatory grant for the relevant qualifying period:

- Businesses occupying premises appearing on the local rating list with a rateable value of less than £15,000 would receive a payment of £667 14 day qualifying restriction period.
- Businesses occupying premises appearing on the local rating list with a rateable value of exactly £15,000 and less than £51,000 would receive a payment of £1,000 14 day qualifying restriction period.
- Businesses occupying premises appearing on the local rating list with a rateable value of £51,000 or more would receive a payment of £1,500 for each qualifying restriction period.

The Local Restrictions Support Grant (Closed) was a mandatory grant aimed at businesses that had to close as a result of the area being placed in Tier 3 of COVID restrictions. Businesses that would be eligible for this funding were those which;

- were open and providing in-person services to customers from their business premises;

- were required to close for a consecutive period of not less than 14 days as a result of regulations made under the Public Health (Control of Disease) Act 1984; and
- had their first full day of closure on or after 9 September 2020.

It was explained that Tameside's first day of being in Tier 3 was deemed to be 23 October 2020 until 4 November 2020 when national lockdown started, LRSG (Closed) would be payable to eligible businesses for the 13 day period pro rata. BEIS had confirmed that in this instance the 13 day period of closure should be paid although the guidance states that businesses must close for not less than 14 consecutive days.

Members were advised that the Local Restrictions Support Grant (Sector) was aimed at specific business sectors that had been required to close nationally from 23 March 2020 onwards, however grant funding could only be awarded to eligible business from 1 November 2020 onwards and was not retrospective. Businesses that were eligible to receive this funding were:

- Nightclubs, dance halls, and discotheques;
- Sexual entertainment venues and hostess bars.

The amount of grant for the period 1 November to 4 November 2020 (eligible period prior to national lockdown commencing on 5 November 2020) was to be paid pro rata at the same rate as other mandatory Local Restrictions Support Grant (Closed).

The Local Restrictions Support Grant (Addendum) covered the period 5 November 2020 (date of national lockdown) to 2 December 2020 and was aimed at businesses that were mandated to close to manage the spread of coronavirus and includes non-essential retail, leisure, personal care, sports facilities and hospitality businesses. Rate of payment was the same as LRSG (Sector) and (Closed) Payment was to be made per 28 day period that the region was in lockdown as follows:

- Businesses occupying premises appearing on the local rating list with a rateable value of less than £15,000 would receive a payment of £1,334 28 day qualifying restriction period.
- Businesses occupying premises appearing on the local rating list with a rateable value of exactly £15,000 and less than £51,000 will receive a payment of £2,000 28 day qualifying restriction period.
- Businesses occupying premises appearing on the local rating list with a rateable value of £51,000 or more will receive a payment of £3,000 for each qualifying restriction period.

Grant funding would be issued to local authorities at the beginning of the 28-day payment cycle, which was the first day nationwide restrictions come into force. If the allocation proved insufficient for all eligible businesses, top-up funding would be provided. Funding would then be provided on a rolling 28-day basis for as long as national restrictions apply.

The Assistant Director of Exchequer Services reported that as at 20 November 2020, a total of 654 had been received and 110 paid to date to the value of £143,434. The assessment of each application would follow specific criteria to ensure that the application was eligible and to guard against potential fraudulent claims.

AGREED

That the Executive Cabinet be recommended to note the payment of mandatory grants to business rate payers.

36 LOCAL RESTRICTIONS SUPPORT GRANT (OPEN) AND ADDITIONAL RESTRICTIONS GRANT - DISCRETIONARY

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Growth. The report set out preferred options for the disbursement of the Local Restrictions Support Grant (Open) (LRSG) and Additional Restrictions Grant Funds.

The Head of Employment and Skills stated that the LRSG (Open) was intended to help kick start recovery for businesses that were not legally required to close but were severely impacted by the restrictions under LCAL 2 (Tier 2) and LCAL High type restrictions, and was retrospective applying from 1 August 2020 (as per LRSG (Open)).

Tameside Council had been allocated £1,811,940 (84 day allocation, funding confirmed by BEIS on 6 November 2020) for the period 1 August 2020 to 4 November 2020). It was proposed that Tameside Council managed this allocation closely and utilised the Additional Restrictions Grant to top up the budget set out above should demand exceed Government funding. It was expected that all Local Authorities would be given a new 28 day allocation following re-entry into Tier 3 or 2, however this had not yet been confirmed with a funding amount in formal guidance or offer letters by Government.

Members were advised that the Additional Restrictions Grant was intended to allow Local Authorities to support businesses in their local economies and to provide additional support to grant funding under the Local Restrictions Support Grant from the 24 October 2020 (GM entering LCAL 3 'Tier 3'). Government envisaged that this would primarily take the form of discretionary grants, but that Local Authorities could also use this funding for wider business support activities. Tameside Council had been allocated £4,792,000 (confirmed by GMCA 13 November 2020) for the period beyond 24 October and was required to spend the money in financial years 2020/21 – 2021/22.

Tameside Council had been allocated £4,792,000 (confirmed by GMCA 13 November 2020) for the period beyond 24 October and was required to spend the money in financial years 2020/21 – 2021/22. It was proposed Tameside Council would not utilise any other funding beyond that provided by Government and would not overspend on this allocation. It was further proposed that initially £2m of funding would be utilised for Additional Restrictions Grant with the remaining £2.7m available for top up of LRSG Open and potential additional use for Additional Restrictions Grant.

The number of self employed residents in Tameside could be gained from Government data provided in August 2020 **Appendix C** which suggested that there were 9,800 Tameside residents eligible for the Self-Employment Income Support Scheme, of which 7,700 had made a claim by 31/7/2020. The options set out in the report did not include support for self employed who had not received support due to the limitations of the Government's national scheme. Tameside Council as part of GMCA continued to lobby the Government on modifying the national scheme.

It was explained that The Local Restrictions Support Grant (Open) preferred option was predicated on a streamlined approach to administration with Rateable Value (RV) the basis of award levels and Non RV based on property rental / mortgage costs and was aligned to other GM LA schemes. The report proposed that income levels were not used as the options were targeted on sectors that have had restrictions. This would provide a more responsive process for applicants due to lower processing times. Other non preferred options were set out in **Appendix D**.

With regards to Additional Restrictions Grant funding options for the allocation for period 24 October to 31 March 2022. Authorities in Greater Manchester are working towards the following collective principles in the design of an Additional Restrictions Grant scheme:

- a) Businesses which were badly affected by the restrictions but who were not receiving other grant support
- b) Other businesses which were important for each LAs economy

The Additional Restrictions Grant fund would need to be spent by the end of 2021/22 (31/03/2022). It was likely that the funding would be fully utilised during the national lockdown period and following months due to need and demand.

The preferred option for Additional Restrictions Grant was for Tameside trading businesses who were not receiving LRSG (Closed) / (Closed) addendum / (Sector) grant would receive one off payments based on employee numbers. This option was open to RV and Non RV but not domestic businesses including employed in domestic premises.

AGREED

That the Executive Cabinet be recommended to :

- 1. approve the recommended Local Restriction Support Grant (Open) and Additional Restriction Grant schemes and approve payments covering the periods before and after National Lockdown.**
- 2. Approve applications to be paid immediately once eligibility checks are completed and appropriate state aid declarations have been completed by the applicants.**
- 3. Receive a review and outcome report setting out all applications paid to be published on the Council website in April 2021.**
- 4. To agree the temporary re-prioritisation until February 2021 of the Growth Directorate Services as set out as 7.1 to enable the delivery of Local Restriction Support Grant Open and Additional Restrictions Grant.**

CHAIR

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Agenda Item 4

Report To:	STRATEGIC COMMISSIONING BOARD
Date:	27 January 2021
Executive Member / Reporting Officer:	Cllr Ryan – Executive Member (Finance and Economic Growth) Dr Ash Ramachandra – Lead Clinical GP Kathy Roe – Director of Finance
Subject:	STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE REPORT CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 30 NOVEMBER 2020
Report Summary:	<p>This report covers the Month 8 2020/21 financial position, reflecting actual expenditure to 30 November 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>At Month 8, the Council is forecasting a year end overspend of £3.5m. The CCG is reporting that control totals will be met, but that there is risk associated with this. Further details can be found in appendix 1.</p>
Recommendations:	Members are recommended to note the forecast outturn position and associated risks for 2020/21 as set out in Appendix 1 .
Policy Implications:	Budget is allocated in accordance with Council/CCG Policy
Financial Implications: (Authorised by the Section 151 Officer & Chief Finance Officer)	<p>This report provides the 2020/21 consolidated financial position statement at 30 November 2020 for the Strategic Commission and ICFT partner organisations. The Council set a balanced budget for 2020/21 but the budget process in the Council did not produce any meaningful efficiencies from departments and therefore relied on a number of corporate financing initiatives, including budgeting for the full estimated dividend from Manchester Airport Group, an increase in the vacancy factor and targets around increasing fees and charges income.</p> <p>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</p>

mean more reserves will be required in future years, placing pressure on already depleting resources.

The NHS was operating under a command and control financial regime for the first six months of 2019/20. Under command and control there was no requirement or expectation that the CCG would deliver efficiency savings. Since October the NHS has entered phase 3 of the COVID recovery process. Under phase 3, financial envelopes have been issued on a Sustainability and Transformation Plan (STP) footprint. In T&G this means that a financial envelope exists at a Greater Manchester level. This report shows that local control totals required to deliver against the envelope will be met, however there is risk associated with this. In order to meet the control total QIPP savings of £7,994k are required, against which there is currently a gap of £174k.

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

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

Councillors are responsible for the financial control and decision making at their council as set out in the Local Government Act 1972 (Sec 151).

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

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

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

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

Since 2010 – Government has sought to make the local government funding system more locally based, phasing out general government grant altogether. One of the key implications

of this change in government policy is that local decisions affecting the local economy now have important implications on council income. Therefore, the policy objectives and decision making of the local council plays a far more significant role in the council's ability to raise income than before.

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

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

A budget is a financial plan and like all plans it can go wrong. Councils therefore need to consider the financial impact of risk and they also need to think about their future needs. Accounting rules and regulations require all organisations to act prudently in setting aside funding where there is an expectation of the need to spend in the future. Accordingly, local councils will set aside funding over three broad areas: Councils create reserves as a means of building up funds to meet known future liabilities. These are sometimes reported in a series of locally agreed specific or earmarked reserves and may include sums to cover potential damage to council assets (sometimes known as self-insurance), un-spent budgets carried forward by the service or reserves to enable the council to accumulate funding for large projects in the future, for example a transformation reserve. Each reserve comes with a different level of risk. It is important to understand risk and risk appetite before spending. These reserves are restricted by local agreement to fund certain types of expenditure but can be reconsidered or released if the council's future plans and priorities change. However, every council will also wish to ensure that it has a 'working balance' to act as a final contingency for unanticipated fluctuations in their spending and income. The Local Government Act 2003 requires a council to ensure that it has a minimum level of reserves and balances and requires that the Section 151 officer reports that they are satisfied that the annual budget about to be agreed does indeed leave the council with at least the agreed minimum reserve. Legislation does not define how much this minimum level should be, instead, the Section 151 officer will estimate the elements of risk in the council's finances and then recommend a minimum level of reserves to council as part of the annual budget setting process.

There are no legal or best practice guidelines on how much councils should hold in reserves and will depend on the local circumstances of the individual council.

The only legal requirement is that the council must define and attempt to ensure that it holds an agreed minimum level of reserves as discussed above. When added together, most councils have total reserves in excess of the agreed minimum level.

In times of austerity, it is tempting for a council to run down its reserves to maintain day-to-day spending. However, this is, at best, short sighted and, at worst, disastrous! Reserves can only be spent

once and so can never be the answer to long-term funding problems. However, reserves can be used to buy the council time to consider how best to make efficiency savings and can also be used to 'smooth' any uneven pattern in the need to make savings.

Risk Management:

Associated details are specified within the presentation.

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

Background Papers:

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

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 £980 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 8, the Council is forecasting a year end overspend of £3.5m, which is a slight deterioration on the position reported at month 7. This is explored in more detail in **Appendix 1**.
- 2.2 Significant pressures remain across Directorates, most significantly in Children's Social Care where expenditure is forecast to exceed budget by £3.806m, 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.
- 2.3 The CCG is showing a YTD pressure of £1,055k, but a break even position by year end. This difference relates to top up payments for the Hospital Discharge Programme, which have not yet been received but which we anticipate receiving additional allocations for.
- 2.4 Further detail on the financial position can be found in **Appendix 1**.

3. RECOMMENDATIONS

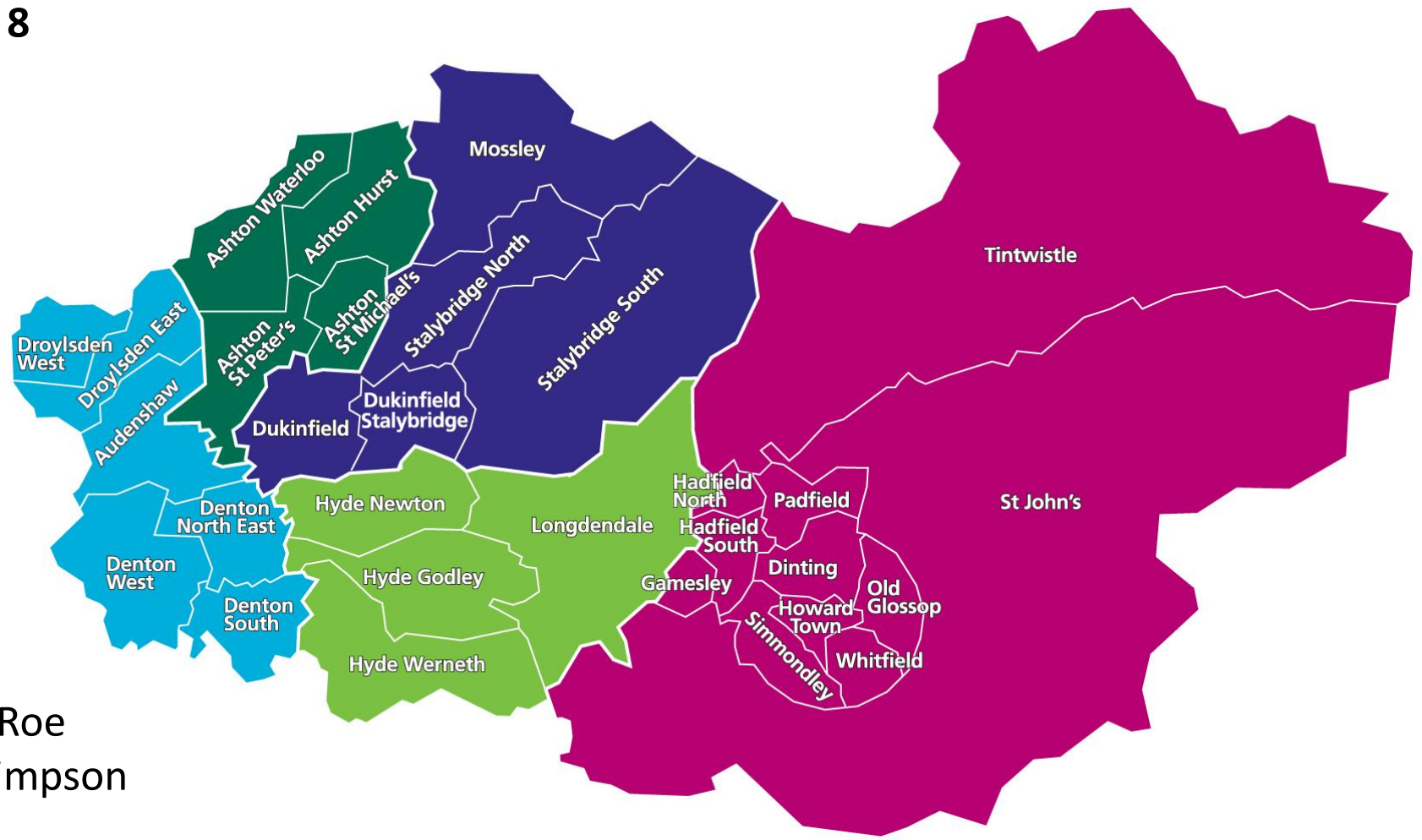
- 3.1 As stated on the front cover of the report.

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Tameside and Glossop Strategic Commission

Finance Update Report Financial Year Ending 31st March 2021 Month 8

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Kathy Roe
Sam Simpson

Month 8 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.

Finance Update Report – Executive Summary

Children's Services

£3,806k overspend

Children's services continue to present the most significant financial risk to the Integrated Commissioning Fund, both for the 2020/21 forecasts and future year budgets.

At M8 the size of the pressure has increased again as a result of an increase in the number of higher tier placements.

COVID Top Up

The CCG is showing a YTD pressure of £1,055k, but a break even position by year end. This relates to top up payments which have not yet been received.

Additional allocation of £4,277k relating to COVID claims under command & control in first half of year, was received in full in M8.

But £1,055k of Hospital Discharge Programme costs in M7 & M8 remain outstanding (£647k M7 & £408k M8). 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.

Message from the Directors of Finance

The first Tameside & Glossop patients will receive the COVID vaccine on 15th December 2020. This is a clear and encouraging milestone in our COVID recovery process, with 7 neighbourhood vaccine sites due to be operational by mid January for roll out to the population at large. T&G are central to the GM vaccination programme, with the ICFT acting as the lead employer for the GM mass vaccination site.

While this is clearly an exciting development, it is also one which introduces an element of financial risk to the economy. National funding is available to cover costs of vaccine delivery, but funding outside of the Direct Enhanced Service payment in primary care, will be limited and arrangements for accessing money are not yet finalised. The CCG position currently assumes the vaccination programme will be cost neutral against baseline budgets.

Looking forward to next year, there remains uncertainty about the financial regime within the NHS. A letter outlining the phase 4 response to the COVID pandemic is due to be sent by NHSE before Christmas and planning guidance will follow in mid January.

We don't yet know exactly what this will say. It is clear there will be both an operational and financial challenge to address, as we start to clear waiting lists which have built throughout the pandemic and demand from patients who have avoided visiting their GP begins to present. All of this will be on top of the underlying financial challenge the economy was already facing. Work is already underway to identify further efficiency, but there will inevitably be more to do in the new year.

	Forecast Position		
Forecast Position £000's	Net Budget	Net Forecast	Net variance
CCG Expenditure	439,521	439,521	0
TMBC Expenditure	205,279	208,791	(3,512)
Integrated Commissioning Fund	644,800	648,312	(3,512)
ICFT - GM System Envelope	(1,239)	(1,239)	0
Economy Wide In Year Deficit	(1,239)	(1,239)	(3,512)

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	218,062	0	218,062	218,026	36	0	36	(1,869)	1,905
Mental Health	44,532	0	44,532	44,880	(348)	0	(348)	(398)	50
Primary Care	92,082	0	92,082	91,963	119	0	119	(487)	606
Continuing Care	15,021	0	15,021	14,669	352	0	352	362	(10)
Community	34,501	0	34,501	34,556	(55)	0	(55)	(47)	(8)
Other CCG	31,035	0	31,035	32,194	(1,158)	(1,055)	(103)	(2,484)	1,326
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	(1,055)	1,055	1,055	0	4,924	(3,868)
Adults	85,925	(47,187)	38,737	39,177	(440)	0	(440)	(440)	0
Childrens Services - Social Care	64,286	(10,288)	53,998	57,804	(3,806)	0	(3,806)	(3,718)	(88)
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	120	21	0	21	13	8
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	980,003	(335,202)	644,800	648,312	(3,512)	(858)	(2,655)	(3,432)	(80)

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	439,521	0	439,521	439,521	0	0	0	0	0
TMBC Expenditure	540,481	(335,202)	205,279	208,791	(3,512)	(858)	(2,655)	(3,432)	(80)
Integrated Commissioning Fund	980,003	(335,202)	644,800	648,312	(3,512)	(858)	(2,655)	(3,432)	(80)

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	144,564	144,754	(189)	218,062	218,026	36	0	36
Mental Health	29,068	28,627	441	44,532	44,880	(348)	0	(348)
Primary Care	60,246	59,967	280	92,082	91,963	119	0	119
Continuing Care	9,728	9,002	726	15,021	14,669	352	0	352
Community	22,783	22,836	(52)	34,501	34,556	(55)	0	(55)
Other CCG	22,201	24,462	(2,261)	31,035	32,194	(1,158)	(1,055)	(103)
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0
CCG Running Costs	2,698	2,698	0	4,288	4,288	0	0	0
Anticipated COVID Top Up	0	0	0	0	(1,055)	1,055	1,055	0
Adults	25,825	30,687	(4,862)	38,737	39,177	(440)	0	(440)
Children's Services - Social Care	35,998	36,677	(679)	53,998	57,804	(3,806)	0	(3,806)
Education	3,942	(3,311)	7,253	6,398	7,081	(684)	(480)	(204)
Individual Schools Budgets	1,795	2,605	(810)	0	0	0	0	0
Population Health	10,413	6,269	4,144	15,619	18,850	(3,231)	(3,500)	269
Operations and Neighbourhoods	36,259	45,121	(8,862)	52,921	53,226	(305)	(510)	205
Growth	8,541	8,393	149	10,988	11,811	(822)	(221)	(601)
Governance	7,001	9,793	(2,792)	9,531	9,620	(90)	39	(129)
Finance & IT	5,405	5,203	202	7,630	7,603	27	(29)	56
Quality and Safeguarding	94	24	70	141	120	21	0	21
Capital and Financing	504	(850)	1,354	756	6,433	(5,678)	(6,474)	797
Contingency	2,251	1,710	541	3,377	3,385	(8)	(911)	903
Contingency - COVID Direct Costs	0	13,294	(13,294)	0	28,244	(28,244)	(28,244)	0
Corporate Costs	3,456	2,815	641	5,184	5,009	175	(100)	275
LA COVID-19 Grant Funding	0	(33,936)	33,936	0	(28,216)	28,216	28,216	0
Other COVID contributions	0	(9,297)	9,297	0	(11,356)	11,356	11,356	0
Integrated Commissioning Fund	432,773	407,541	25,231	644,800	648,312	(3,512)	(858)	(2,655)
CCG Expenditure	291,288	292,344	(1,055)	439,521	439,521	0	0	0
TMBC Expenditure	141,484	115,197	26,287	205,279	208,791	(3,512)	(3,678)	166
Integrated Commissioning Fund	432,773	407,541	25,231	644,800	648,312	(3,512)	(3,678)	166

Finance Update Report – Headlines

Children's Services

The Directorate is reporting a forecast overspend of £3,806K at period 8 which is an overall increase of £88K from period 7. The forecast overspend is predominantly due to the number and cost of internal and external placements.

Overall the placement forecasts have adversely increased by £264K since period 7; however the increase has been partly offset by a number of areas which are reporting reductions in forecast expenditure. These include the Children with Additional Needs service which is reporting a reduction in forecast expenditure of £130K and the Youth Offending and Youth Justice Service which is reporting a £33k reduction in forecast expenditure. There are also minor reductions in forecasts for transition support £7K and salaries £6K.

TMBC YTD Position

A YTD under spend of £26.3m has been reported in the council, against a full year overspend of £3.5m. The YTD position includes all COVID funding received. This funding needs to cover COVID related costs for the rest of this year and also to support expected funding shortfalls in Council Tax and Business Rates in 2021/22. Because of this, the reported YTD position does not fully represent the underlying financial position and the figure should only be used within the wider context of this narrative.

Further work is required to determine the appropriate accounting treatment for this receipt in advance and this will be reflected in future iterations of this report. A further £8.6m of business rates grants funding is included in the actuals, but not forecasts, because this is due to be repaid to Government. Similarly £5.3m of business rates grant funding received, but not yet spent is included in the YTD position and this will be paid out during December and January.

QIPP

The CCG has a QIPP target for 2020/21 of £7,994k, which we need to deliver in order to meet our overall financial control total.

£6,542k (82%) of the required savings have been banked in the first eight months of the year. With further savings of £1,278k expected in future months.

This leaves a gap of £174k, which we are working to reduce in the months to come. While we are reporting that financial control totals will be met, this gap represents a risk to our financial position.

Mental Health

Mental Health directorate shows a £348k overspend against plan at M8. This is driven by individualised commissioning placements and is offset by an underspend against CHC budgets.

The CCG is currently reporting achievement of the Mental Health Investment Standard, however the following risks should be noted:

PCFT have identified £482k Non Recurrent slippage due to delayed mobilisation. Discussions are currently taking place as to whether:

- PCFT can utilise within their services elsewhere.
- The third sector can utilise non recurrently, for example, on Waiting Lists or Pump Priming new services etc.
- This is required to fund pressures in Individualised Commissioning placements for Mental Health placements

MHIS Audit is currently underway and we await confirmation from KPMG about whether rebasing is required. If prior year spend is rebased, the spend target to meet MHIS in 2020/21 would change. Which has potential to impact upon the level of our achievement.

Tameside & Glossop Integrated Commissioning Fund

Primary Care

Primary Care budgets show a favourable variance of £119k, this is an improvement of £606k versus M7 and is explained through two main movements:

- Budgets for primary care include an allocation of £1.1m for GP Additional Roles and Responsibilities (ARR's) – this is based upon 60% funding. In October we were anticipating spend of ~80%. However at M8 we reduced this to 63%, based on up to date information from PCNs.
- We received an allocation to fund £321k of COVID costs, incurred under command and control in the first half of the year.

Acute

The majority of spend within the Acute area is covered by nationally calculated block contracts. Because of this, forecast spend is broadly in line with the budgets.

The reported movement since last month relates to the presentation of the Independent Sector. Phase 3 planning guidance which states that any spend in excess of the M4 outturn can be reclaimed over and above baseline allocations. The precise mechanisms through which this funding will flow are still to be determined. But in total we expect to reclaim around £1.4m of Independent Sector costs.

Last month we included the gross spend associated with this in the acute directorate, with the additional allocation required to balance the position shown in 'other'.

In M8 we are showing IS spend net of the additional allocation in the acute directorate.

Individualised Commissioning

CHC and non-CHC in MH

No significant movements in packages. Broadcare increased by £125k but offset by £190k of reductions to CHC adjustments (fewer COVID packages anticipated to convert to CHC than last month being the main reason). No movement in FNC forecast spend.

In line with trajectories from previous years, the forecast includes £1m of anticipated Winter Pressures. If no significant pressure/increases materialise in December and January, we can start to release some of this to QIPP. However it's still too early to determine if there will be a Winter spike this year.

COVID (HDP) – Scheme 1

As at 1st Sept 680 COVID funded packages had been commissioned under the Hospital Discharge Programme for packages starting before 1st September. National funding is in place to fund these in 2020/21 while a full assessment of the patients care needs is conducted.

At 1st December 184 of these packages were still open. The CHC Team and TMBC team continue to work through the backlog and will convert these COVID packages of care by 31st March deadline, which is built into the financial position.

Discharge to Assess (D2A) – Scheme 2

For HDP packages commissioned from 1st September, we are able to reclaim up to 6 weeks of costs from NHSE, under D2A rules while the patient is awaiting a full assessment of care needs. Our forecast includes £312k for this (with the income from NHSE also included in the position).

At 1st December there were 10 patients with an open D2A package. Since 1st September a further 57 packages have gone through the D2A process in total. The average length of stay for these packages are 18 days – significantly lower than the 6 week maximum imposed by the guidance.

Summary

Trust I&E excluding COVID-19 expenditure - (£552k) underspend

COVID-19 expenditure: *£1.428m

Net deficit (I&E + COVID-19 Exp): £876k overspend

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

Net Surplus (£363k)

* Includes £10k spend in relation to Lateral Flow Devices which are funded outside the financial system envelope

The Trust is reporting an underspend against plan due to:

- **Restoration / Activity plans** – Bed occupancy levels during November were below planned levels of c85% which has resulted in reduced spend on agency and bank staff that would have been required to support these beds. There has also been a reduction to planned activity due to the impact of COVID-19 which has led to a reduction of non-pay spend

Agenda Item 5

Report to: STRATEGIC COMMISSIONING BOARD

Date: 27 January 2021

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

Subject: CONTRACTING IN 21/22

Report Summary: There are ten Providers operating under contracts that are due to expire in March 2021. All are currently delivering services in line with their contracts with no concerns regarding quality or finance. Nine of the contracts have the option to extend and the advice from STAR is that these can be extended and the contract without the option could be extended under Regulation 32 of the Procurement Regulations given COVID-19 has impacted on the CCG's ability to progress the procurement. Extending the contracts will provide the time needed to fully understand the new national commissioning arrangements and therefore support a more effective re-provision process going forward.

Recommendations: Strategic Commissioning Board be recommended to approve the extension of the following contracts

Provider name	Extension End Date
Practice Plus Group	31/03/2022
In Health Ltd	31/03/2022
Willow Wood	31/03/2023
Hyde Physiotherapy Centre	31/03/2022
Manor House Surgery	31/03/2022
Pioneer Healthcare Ltd	31/03/2022
Stamford House Medical Centre	31/03/2022
Primary Eyecare Services Limited	31/03/2022
Stroke Association	31/03/2023
Diagnostic Healthcare Ltd	31/03/2022

Approve the intention to delay the planning of future provision until June 2021 when longer-term Health commissioning arrangements should be known.

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

Budget Allocation (if Investment Decision)	Existing Budgets
CCG or TMBC Budget Allocation	CCG

Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	All of the contracts within this report are covered by CCG budgets already. By extending the contracts does mean that market testing has not been possible at this time which may have resulted in more favourable rates to deliver savings back to the CCG. However due to the current contract restrictions and impact of COVID has impeded on the ability for the CCG to undertake any longer term changes at this stage.
Additional Comments	
Regulation 32 of the Procurement Regulations allows authorities to directly award/modify existing arrangements in extreme urgency. Advice from STAR procurement is that the impact of COVID-19 on the ability of the CCG to focus on resolving the long-term arrangement is a justifiable reason for a temporary contract extension. The allocation available to the CCG for 2021/22 is not yet known but is anticipated to be in line with the CCGs 5 year long term plans which will enable the current services to continue to operate.	

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

As set out in the main body of this report advice needs to be obtained and followed from STAR. In particular careful consideration has to be taken of the initial values published when the contracts were initially let.

Specific advice also needs to be obtained in relation to each of the contracts where it is proposed to directly award a contract to in effect serve as an extension to the contract due to the impact of the covid pandemic on the service's ability to undertake a reprocurement exercise before the expiry of the original contract.

The temporary exemption that allows direct awards as a result of covid has certain conditions which must be met in order to be affective. If these conditions are not met then the procurement could be at risk of challenge.

As with all good commissioning practice during the extension/direct award period the commissioners should be undertaking a comprehensive review of the delivery under the contract, need and how they may have changed, value for money and equality impact both on in relation to the service to date and any proposed changes.

How do proposals align with Health & Wellbeing Strategy?	The proposals align with the Living Well and Working Well and Aging Well programmes for action.
How do proposals align with Locality Plan?	The proposals are consistent with the Healthy Lives (early intervention and prevention), enabling self-care, Locality based services strands and planned care services of the Locality Plan.
How do proposals align with the Commissioning Strategy?	<p>The service follows the Commissioning Strategy principles to:</p> <ul style="list-style-type: none"> - Empower citizens and communities; - Commission for the 'whole person'; - Create a proactive and holistic population health system - Take a 'place-based' commissioning approach to improving health, wealth and wellbeing - Target commissioning resources effectively
Recommendations / views of the Health and Care Advisory Group	This is a contracting decision so has not been discussed at HCAG
Public and Patient Implications:	The proposal ensure continuity of service during 21/22 when it is highly likely that COVID will continue to impact on Health Services.
Quality Implications:	<p>The existing contracts are actively monitored in line with Strategic Commission principles. No quality issues have been raised with providers in the lifetime of the contract.</p> <p>The new procurement will continue to have quality at its centre.</p>
How do the proposals help to reduce health inequalities?	<p>The extension of the contracts has no direct impact on health inequalities.</p> <p>The new procurement will include the need to address health inequalities.</p>
What are the Equality and Diversity implications?	<p>The proposal will not affect protected characteristic group(s) within the Equality Act.</p> <p>The service will be available to all residents regardless of ethnicity, gender, sexual orientation, religious belief, gender re assignment, pregnancy/maternity, marriage / civil and partnership.</p>
What are the safeguarding implications?	There are no anticipated safeguarding issues.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Information Governance protocols will be developed to ensure the safe transfer and keeping of all confidential information between the data controller and data processor. A privacy Impact has assessment has not been carried out.
Risk Management:	Risks will be discussed through the agreed governance process to ensure action plans are in place to minimise or mitigate any risks identified.

Access to Information :

The background papers relating to this report can be inspected by contacting Elaine Richardson, Strategic Lead for Ageing Well and Assurance:

Telephone: 07855469931

e-mail: elaine.richardson@nhs.net

1. INTRODUCTION

- 1.1 NHS Tameside and Glossop CCG (T&G CCG) have a number of contracts for NHS services that are due to expire in March 2021. This report sets out the plans for these contracts.
- 1.2 2020/21 has been a period of NHS Command and Control with CCGs no longer holding provider contracts in the usual way and unable to invest in services unless COVID-19 related. Providers have operated services in line with nationally set requirements with GM principles being adopted where appropriate. Therefore, whilst T&G CCG has worked with providers of local services to ensure safety and quality the formal CCG level contracting processes have only started to operate since October 2020 and CCG have been unable to make major commissioning decisions unrelated to COVID-19.
- 1.3 The allocation available to the CCG for 2021/22 is not yet known but is anticipated to be in line with the CCGs 5 year long term plans which will enable the current services to continue to operate.
- 1.4 The uncertainty regarding the level of adjustment that will still be required to deliver effective health services whilst managing COVID-19 makes it difficult to plan significant service transformation for 2021/22.
- 1.5 The future commissioning and procurement arrangements for Clinical Commissioning Groups is under review with the expectation that commissioning arrangements will change in 2021/22 along with national legislation on the procurement of health services.
- 1.6 There are ten Providers operating under contracts that are due to expire in March 2021 as listed in 3.1 and 3.2. All are currently delivering services in line with their contracts with no concerns regarding quality or finance.

2. PROPOSAL

- 2.1 The following contracts have options to extend and the proposal is to use those options and extend by the full period.

Provider name	Service	Contract End Date	Option to Extend?
Practice Plus Group	Ophthalmology Services	31/03/2021	Yes (1yr)
In Health Ltd	MSK, ENT and direct access full body scans	31/03/2021	Yes (1yr)
Willow Wood	Hospice services	31/03/2021	Yes (2yr)
Hyde Physiotherapy Centre	Physiotherapy	31/03/2021	Yes (1yr)
Manor House Surgery	BCC - Skin Cancer & Dermatology	31/03/2021	Yes (1yr)
Pioneer Healthcare Ltd	Nerve conduction studies	31/03/2021	Yes (1yr)
Stamford House Medical Centre	Vasectomy	31/03/2021	Yes (1yr)
Primary Eyecare Services Limited	Community Optometry	31/03/2021	Yes (1yr)
Stroke Association	A Stroke Recovery Service	31/03/2021	Yes (2yr)

- 2.2 One contact does not have an option to extend as the provision of DEXA scans was under review with the ICFT when the contract was let.

Provider name	Service	Contract End Date	Option to Extend?
Diagnostic Healthcare Ltd	DEXA Scanning	31/03/2021	No

- 2.3 This review has not yet concluded but it is evident that reprocurring the service on the current levels of activity is unlikely to secure local provision. Further discussions are required with the ICFT to agree a service that would be viable within Tameside and Glossop. This will not be possible before March 2021.
- 2.4 Regulation 32 of the Procurement Regulations allows authorities to directly award/modify existing arrangements in extreme urgency. Advice from STAR procurement is that the impact of COVID-19 on the ability of the CCG to focus on resolving the long-term arrangement for the DEXA service is a justifiable reason for a temporary contract extension.
- 2.5 The proposal is therefore to extend the contract by one year to enable the Tameside and Glossop system to reach a decision regarding future provision by June 2021 and the enactment of that decision by March 2022.
- 2.6 With all the contracts, STAR has provided advice as to acceptable ways forward in 21/22. However, this advice is based on current legislation and the expectation is that we should be clearer regarding the 2021/22 Health commissioning arrangements by April 2021. As these arrangements may have a significant impact on future contracts it is proposed to delay any reprocurment planning until June 2021.

3 FUNDING

- 3.1 The current funding allocation arrangements in 20/21 supports all of these contracts in full and the CCG has the budgets in place. All of these contracts with the exception of Willow Wood is paid on a cost and volume basis.
- 3.2 Finance join the contracting meetings for each of these where activity volumes and performance are reviewed and discussed that will inform the planning process for 21/22 contract plans and budgetary requirements via the CCG budget setting process.
- 3.3 By extending these contracts will not add any additional financial pressure or burden onto the CCG. However, at this state the financial framework for CCGs allocations in 21/22 are yet to be determined, but would not expect any significant deviations from the CCGs 5 year financial plans that would ordinarily support all of these commissioned services.
- 3.4 Finance supports the decision to extend these contracts on the basis that COVID has impeded upon the ability for the CCG to undertake any longer term changes and follows the advice provided through STAR.

4 RECOMMENDATIONS

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

Agenda Item 6

Report to: STRATEGIC COMMISSIONING BOARD

Date: 27 January 2021

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

Clinical Lead: Dr Jane Harvey

Reporting Officer: James Mallion, Consultant in Public Health

Subject: **SEXUAL HEALTH CONTRACTS TO SUPPORT HIGH RISK COMMUNITIES**

Report Summary: A number of contractual arrangements are in place for additional sexual health services to meet our statutory obligations and support our most high-risk residents. This report proposes ongoing arrangements for these contracts including allocation of a new grant award and proposed recurrent savings to one of these programmes. These include: permission to allocate a new grant for provision of the PrEP (Pre-Exposure Prophylaxis) HIV prevention treatment (£27k); permission to extend the PASH (Passionate About Sexual Health) GM community outreach contract for 12 months due to Covid impacts (£22k); permission to issue a Covid-19 Emergency Contract Award for the provision of the chlamydia screening programme due to Covid service disruption (£49k inc. recurrent 20% saving proposal); and utilisation of in-year underspend on the current chlamydia screening budget to support enhanced clinical outreach capacity in our most vulnerable communities via the existing integrated sexual health service (£45k)

Recommendations: That Strategic Commissioning Board be recommended to agree:

- (i) That Permission is granted to implement the contractual arrangements as detailed in the report to ensure Tameside Council continue to meet its mandated obligations around the provision of open access sexual and reproductive health services;
- (ii) That permission is granted to award the grant allocation for the provision of Pre-Exposure Prophylaxis to Manchester University NHS Foundation Trust, with 4% held back by Tameside Council to pay for Tameside residents accessing this service out of area
- (iii) That permission is granted to extend the Passionate About Sexual Health contract for Tameside as part of GM-wide arrangements for 12 months from 30 June 2020
- (iv) That permission is granted to issue a Covid-19 Emergency Contract Award for the chlamydia and gonorrhoea screening programme to Brook to commence immediately for a period of 11 months (this includes a proposed 20% recurrent saving for this service going forward);
- (v) That permission is granted to re-allocate in-year underspend for the previous RU Clear chlamydia screening programme as a contract variation for the

integrated sexual health service provided by MFT to provide an enhanced clinical outreach offer.

Financial Implications:

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

1. Funding of £27,804 from DHSC for the provision of PrEPP has been awarded. Therefore the allocation of grant of (£26,692) to the Northern Sexual Health, Contraception and HIV Services (part of MFT) for the provision of PrEP with a small proportion of the grant (4% - £1,112) held by the local authority to pay for Tameside residents accessing services in other areas under open access arrangements is within budget.
2. Tameside's budget for the PaSH (Passionate about Sexual Health) partnership is £22.560 for both 20/21 and 21/22 so extension of the service will remain within budget.
3. As outlined in Para 5.7 there is funding for a Covid-19 Emergency Contract Award for the chlamydia and gonorrhoea screening programme to Brook to commence immediately for a period of 11 months and to provide an enhanced clinical outreach offer.

Legal Implications:

(Authorised by the Borough Solicitor)

It is imperative that legal and procurement advice is sought from STAR and adhered to ensure that both internal processes and also a legislative requirements are complied with.

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the Starting Well and Developing Well programmes for action

How do proposals align with Locality Plan?

The service is consistent with the following priority transformation programmes:

- Enabling self-care
- Locality-based services

Planned care services

How do proposals align with the Commissioning Strategy?

The service contributes to the Commissioning Strategy by:

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

Create a proactive and holistic population health system

Recommendations / views of the Health and Care Advisory Group:

n/a

Public and Patient Implications:

None

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?

Provision of Sexual and reproductive health services has a positive effect on health inequalities. Poor sexual health and lack of access to contraception contributes to inequalities, with more deprived populations experiencing worse sexual health.

What are the Equality and Diversity implications?

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

The service is available to Adults regardless of ethnicity, gender, sexual orientation, religious belief, gender re-assignment, pregnancy/maternity, marriage/ civil and partnership. Also the approach of these programmes is supportive of inclusion of these groups to further tackle inequalities – particularly around sexual orientation, gender re-assignment and ethnicity.

What are the safeguarding implications?

Sexual and Reproductive Health Services have an important role in the identification and response to abuse. The service has explicit resources for this, is linked into Child Sex Exploitation and Domestic Abuse services and has pathways to safeguard children and vulnerable adults

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

There are no information governance implications within this report therefore a privacy impact assessment has not been carried out.

Risk Management:

The purchasers will work closely with the provider 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 James Mallion, Consultant in Public Health



Telephone: 0161 342 2328 / 07970946485



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

1. INTRODUCTION

- 1.1 This report is seeking permission to implement a number of contractual changes to ensure the continued delivery of programmes aimed at supporting and improving sexual health outcomes for those in the community at increased risk.
- 1.2 This comprises four separate elements:
- (a) Grant allocation award to MFT (Manchester University NHS Foundation Trust) for the provision of Pre-Exposure Prophylaxis (PrEP) treatment to prevent HIV infection.
 - (b) Extension of the PASH (Passionate About Sexual Health) contract across Greater Manchester for 12 months from 30 June 2021.
 - (c) Covid-19 Emergency Contract Award of the contract for the chlamydia and gonorrhoea screening programme to Brook as the service ceased with immediate effect earlier in the year due to the pandemic (this includes a proposed recurrent 20% saving for this service going forward).
 - (d) Re-allocation of underspend for the chlamydia screening programme in the Population Health budget to vary to the integrated sexual & reproductive health service (MFT) to support ongoing enhancements of clinical nursing outreach capacity to offer more services to the most vulnerable and isolated groups across Tameside.

2. PrEP GRANT ALLOCATION

- 2.1 Further efforts are required to reduce the estimated 4,700 new HIV infections occurring annually in England, of which 2,800 occur among men who have sex with men (MSM).
- 2.2 Following the successful Impact Trial, which Tameside took part in, NHS England and the Department for Health and Social Care (DHSC) have confirmed additional funding for local authorities to provide universal routine access to PrEP. This will continue to be targeted towards groups at high risk of contracting HIV including men who have sex with men (MSM), black Africans, and transgender men and women, to prevent them catching HIV.
- 2.3 Grant conditions and funding were released by DHSC on 25 September 2020 for immediate implementation, Tameside Council has been awarded a ring fenced grant of £27,804 from DHSC for the provision of PrEP. The grant conditions mean that this must be procured from our level 3 sexual health provider. The grant funding relates to the financial year 2020/21 with future years funding dependent upon the spending review.
- 2.4 Provision will commence upon award of the contract with patients previously receiving PrEP via the impact trial being moved over to this funding first. Due to the open-access arrangements already in place as part of the wider sexual and reproductive health obligations on local authorities, Tameside residents are able to access PrEP in other areas, where the providers will subsequently recharge us for this activity. Based on current out-of-area activity levels, £1,112 (4%) of the £27,804 funding will be held back to pay for Tameside residents accessing services in other areas under open access arrangements already in place as part of the wider sexual and reproductive health obligations on local authorities.
- 2.5 The grant conditions state that existing Level 3 sexual & reproductive health services should be the responsible providers for PrEP. BHIVA/ BASHH guidelines describe that 'Initiation of PrEP should occur within the context [of] a comprehensive package of prevention services including level 3 sexual health services'. Conditions also state that relevant data surveillance returns should be submitted to the GUMCAD national monitoring system, which restricts provision to Level 3 sexual health service providers. In Tameside our provider is The Northern service, part of Manchester University NHS Foundation Trust (MFT).
- 2.6 We hold a joint contract with MFT with Stockport and Trafford local authorities. Stockport MBC hold the contract on behalf of the three Local Authorities and are working with STAR

procurement to vary the contract with MFT to include the provision of PrEP as a universal service.

- 2.7 We are seeking permission to award the majority of the grant (£26,692) to the Northern Sexual Health, Contraception and HIV Services (part of MFT) for the provision of PrEP with a small proportion of the grant (4% - £1,112) held by the local authority to pay for Tameside residents accessing services in other areas under open access arrangements.

3. EXTENSION OF THE PASH CONTRACT

- 3.1 The PaSH (Passionate about Sexual Health) partnership was created in 2016, prior to this arrangement each GM borough was commissioning 3 VCSE providers separately. A £100,000 saving was made by commissioning across GM and under one partnership programme. Salford City Council is the lead commissioner. The programme provides economies of scale, additionality and collaborative working under a single GM contract.
- 3.2 The PaSH programme is made up of 3 VCSE partners, Black Health Agency (BHA) for Equality (the lead provider), the LGBT Foundation and George House Trust. The partners deliver a multi-faceted programme of HIV and STI prevention for GM residents and support for those People Living with HIV (PLW HIV), both newly diagnosed and as a long-term condition.
- 3.3 The main aims are to:
- (a) Improve and protect the sexual and reproductive health of residents in population groups most at-risk of exposure to HIV (particularly men who have sex with men and people of Black African origin).
 - (b) Improving the health and wellbeing of residents living with HIV
 - (c) Help the system move away from treating symptoms, to prevention and screening.
- 3.4 Preventing new diagnosis of HIV is particularly cost effective. According to NICE the overall HIV treatment and care costs around £800 million for England, which equates to an estimated £280,000 - £360,000 in costs over a person's lifetime (Medical Research Councils Trials Unit 2015 nice.org.uk/guidance/NG60 document/economic report).
- 3.5 The PaSH programme has delivered innovative and responsive programmes and all three providers have continued offering their services to Tameside residents in different formats in response to COVID-19 issues. PaSH are part of our resilience, providing services to some of our most vulnerable people.
- 3.6 The need for the targeted work on STIs and HIV remains, data from the Public Health Outcomes Framework Sexual Health Profiles illustrates:
- (a) Tameside had the 6th highest new HIV diagnosis rate in the NW in 2019 and an increasing overall prevalence of HIV with 2.18 people with HIV per 1,000 adults (15-59).
 - (b) While HIV testing coverage in Tameside has improved, it is still significantly lower than the national average.
 - (c) A 5% increase in new overall STI diagnoses across the NW, including a 22% increase in gonorrhoea diagnoses in Tameside in 2019.
- 3.7 With the high prevalence of disease and the existing need in our highest risk communities, Tameside commissioners, along with other GM commissioning partners, are satisfied that the aims of the programme and delivery model are meeting needs. This programme supports the ambition to end new cases of HIV in a generation; supports PLW HIV to receive effective treatment and manage their comorbidities; and seeks to address the health inequalities of the communities that suffer the greatest health burdens of STIs (particularly those from BAME communities and men who have sex with men).

- 3.8 Provider resilience and their ability to produce high quality bids, as part of a competitive tender exercise, will be affected by the additional pressure relating to COVID-19. This will include new and existing providers. Given the disruption and uncertainty caused by the current pandemic, providers have indicated that market conditions are not conducive to a full tender exercise therefore there is a risk that carrying out a costly tender exercise may not return the high quality bids that we would want to attract from a wide range of providers. Extending the current contract will allow existing providers to continue to innovate to meet current challenges and will also allow market conditions to stabilise following the impact of the pandemic before going out to tender at a later date.
- 3.9 The risk of not commissioning this programme is that HIV and STI rates will increase in Tameside, adding further financial pressure into the system for treatment and more complex support. Preventing HIV must be a key priority - According to NICE the costs of a single HIV diagnosis, in terms of ongoing treatment and care are between £280,000 and £360,000 over a person's lifetime. There would also be a disproportionate impact on some of our more vulnerable, high risk communities who experience sexual health inequalities if this service were not in place.
- 3.10 This report is seeking permission to extend the contract for 12-months from 01 July 2021 to 30 June 2022. Tameside's budget for this service is and will remain £22,560 per annum.

4. DIRECT AWARD OF CONTRACT – CHLAMYDIA SCREENING (BROOK)

- 4.1 Chlamydia infection is the most diagnosed bacterial sexually transmitted infection in the UK, with higher prevalence in young people. All age groups have also seen increases in the rates of gonorrhoea and chlamydia infection in recent years. The National Chlamydia Screening Programme in England was established in 2003 and it is important that local areas continue to meet the recommendations from Public Health England to work towards detecting high levels of chlamydia infection in the community to prevent further spread and harm. The increasing prevalence of gonorrhoea also has a disproportionate impact on men who have sex with men, therefore contributing to existing inequalities.
- 4.2 The RU Clear Programme was previously commissioned across GM from MFT to provide chlamydia and gonorrhoea screening for young people. This was due to end in June 2020 however the service ceased with immediate effect in March 2020 due to the impact of the Covid-19 pandemic on lab capacity. The longer-term intention will be to go out to tender for this service, however initial market scoping has indicated that this will not be possible at this time due to the limited capacity of providers to engage in a full tender exercise due to Covid-19 pressures. There are also additional providers who, in the coming months will be in the market to provide this service, including MFT, once the required lab capacity is identified. For these reasons, an interim arrangement has been sought for a period of 11-months to ensure provision of this service remains in place for Tameside residents. This timeframe has been identified as reasonable to allow market conditions to stabilise and be able to engage in a full tender exercise.
- 4.3 Brook are a national charity who specialise in sexual health advice, support and services for young people. Initial market scoping work has identified that Brook are able to provide a replacement chlamydia and gonorrhoea screening service for young people, at reduced cost compared to previous arrangements and also at lower cost than the two other providers currently in the market for this service. Brook also have a strong local presence with existing services in neighbouring areas, whereas other providers do not have local bases, which is important for those wanting to access the service face-to-face. Manchester City Council have also already entered into similar interim arrangements with Brook. Due to the ongoing situation with Covid-19, it would not be possible to run a full procurement exercise due to the limited capacity of providers to engage in this.

- 4.4 The service will prevent and control the spread of sexually transmitted infections in young people (under 25). It will provide asymptomatic screening for chlamydia and gonorrhoea for young people via an online ordering system. It will also ensure that any residents diagnosed with infection will receive the appropriate treatment either via local pharmacies or the local specialist sexual health service. The service will have a website to access this screening, which the service will be responsible for promoting. The service will also take responsibility for the full diagnosis and management pathway including all laboratory services, results management, treatment, partner notification and data reporting.
- 4.5 In terms of cost, this is a needs-led service. The maximum total amount required for the full length of this 11-month service will be £49,087 (but could be a minimum of £36,621 if activity is lower). This represents a lower cost than previous models and, while this is only for an interim service over an 11-month period, we are proposing a recurrent saving of 20% of the overall amount allocated for this service in the Population Health budget going forward, which would represent a recurrent £15,000 saving (from the total allocated annual budget of £75,000). It should be noted that we expect this service to commence during quarter 4 of the 20/21 financial year, therefore the cost of this short-term contract will be spread across two financial years.
- 4.6 A direct award to Brook with a maximum value of £49,087 for a period of 11-months is being sought in the short term to ensure that this equivalent replacement service can be put in place following the abrupt ending of the previous service in March 2020. This arrangement is being entered into alongside Trafford and Stockport local authorities with Trafford acting as the lead commissioner. These are also our commissioning partners for the full integrated sexual health service provided by MFT. Advice has been sought from STAR procurement regarding these arrangements who have advised to enact this utilising a Covid-19 Emergency Contract Award. For further information please see enclosed Modification Report in **Appendix 1**. A full engagement process and procurement exercise will subsequently take place for a longer-term service next year. The proposal is for this service to commence as soon as possible once approved.

5. REALLOCATION OF UNDERSPEND FOR CLINICAL OUTREACH PROVISION

- 5.1 As outlined above, the RU Clear service ceased abruptly with immediate effect in March 2020 due to the impact of the Covid-19 pandemic on the provider (MFT) both from an acute clinical perspective and also in terms of the lab capacity required for the asymptomatic chlamydia testing, which was utilised for Covid-19 testing.
- 5.2 As a result of this service ceasing earlier in the year, there is currently an underspend in the Population Health budget for the financial year 2020/2021 as this is a needs-led service where spend relates directly to the volume of activity.
- 5.3 The total allocated budget for the RU Clear service is £75,000 per annum. As of December 2020 the current in-year underspend due to this service ceasing is £70,790.
- 5.4 Alongside this underspend, other sexual health services are struggling for capacity to manage current demands. In the core integrated sexual health service, provided by MFT, there has been significant disruption due to the pandemic due to staff redeployment into acute settings; increased staff absences; and the requirement to change day-to-day working to move to more remote consultations and manage the risk of Covid-19 transmission in face-to-face appointments. This presents resource challenges for the service.
- 5.5 During 2020 the service has enhanced the outreach offer, working alongside the Population Health team, to provide some clinical outreach capacity in the form of a part-time nurse who is able to operate outside of the core service based at Ashton Primary Care Centre. This role targets some of the most vulnerable residents in the borough who need support with

contraception and STI testing & treatment. This is particularly important for those residents who struggle to access the core service.

5.6 This new outreach capacity has been extremely valuable, with 66 referrals of vulnerable young people supported by the service in the first 4 months. These referrals have been from a range of partners the service has engaged with including LAC nurses; teenage midwife; children’s residential homes; family nurse partnership; school nurses; teachers; and social workers. These residents have been provided fast track access to advice, STI testing & treatment and contraception, including LARCs. A number of onward referrals to other support services have also been made including social services; complex safeguarding teams; termination clinics; domestic abuse service; substance misuse service; carers support; GPs; and mental health services. This extent of support provided demonstrates the high impact of this outreach capacity.

5.7 We are proposing to take £15,000 of the in-year underspend as a non-recurrent saving and £45,790 of the underspend will be re-allocated to MFT via a contract variation as a one-off payment to fund additional capacity in the clinical nursing outreach post (full-time NHS Band 6 nursing post) for the duration of the remaining contract with MFT (up to 31 March 2022). See table below for breakdown of the overall impact on this budget, also considering that this spans two financial years due to the nature of the direct award to Brook for the chlamydia screening service.

	20/21 £	Saving proposed- ongoing	21/22 £
Budget	75,000	15,000	60,000
Expenditure in year			
--RUClear	4,210		0
--Brook	10,000 (maximum)		39,087 (maximum)
MFT variation for outreach (non-recurrent)	45,790		0
Remaining allocation for 21/22 once Brook contract ends			£20,913
Projected Underspend at year end	15,000		0

5.8 This increased resource, from existing budgets, will enable enhanced clinical outreach for the remainder of the current contract to vastly increase the number of vulnerable people this service is able to support including our most vulnerable communities. Some of the target groups for support will include those who are homeless and rough sleeping; vulnerable young people at risk of safeguarding issues and sexual exploitation; sex workers; people living in more deprived and isolated communities in Tameside such as vulnerable young people in Hattersley.

6. RECOMMENDATIONS

6.1 As set out on the front of the report.

Agenda Item 7

Report to: STRATEGIC COMMISSIONING BOARD

Date: 27 January 2021

Executive Member: Cllr Eleanor Wills, Executive Member, Adult Social Care and Population Health

Clinical Lead: Dr Christine Ahmed, Starting Well

Reporting Officer: Jessica Williams, Director of Commissioning
Debbie Watson, Assistant Director of Population Health

Subject: CHILDREN AND YOUNG PEOPLES EMOTIONAL WELLBEING AND MENTAL HEALTH COMMUNITY OFFER – INFORMATION AND TENDERING UPDATE

Report Summary: The report provides an update on progress in relation to the development of a Tameside and Glossop Children and Young People’s (CYP) Emotional and Mental Wellbeing Community Offer and commissioning intentions since the paper was presented at Strategic Commission Board in September 2020.

Recommendations: That Strategic Commissioning Board be recommended to:

- (i) Note the progress described in the report and the coproduction undertaken with children and young people, parents and carers and key stakeholders which has informed the final specification.
- (ii) Give permission to tender the redesigned service offer with Tameside & Glossop CCG as lead commissioner and Tameside Council as associate commissioner to the new contract.

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

Budget Allocation (if Investment Decision)	£ 0.250 Million
CCG or TMBC Budget Allocation	£158,200 CCG & £91,800 Population Health TMBC
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	Section 75
Decision Body – SCB Executive Cabinet, CCG Governing Body	Strategic Commissioning Board
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	Evidence underpinning proposals demonstrates value for money when implemented in other localities.

Additional Comments

The CCG investment is congruent with both national and local Mental Health Strategy and recurrent budgets are incorporated into the CCG’s financial plans.

The Council investment towards this pooled proposal will be financed via the existing Population Health revenue budget.

The agreed funding of £91,800 is in line with both the current 2020/21 and proposed 2021/22 Council budgets, and so presents no additional financial pressure.

Members should note that the CCG must demonstrate an increase in Mental Health expenditure in 2020/21 of 5.28% greater than in 2019/20. However this is significantly higher for Children and Young People investment which is 9.5%. The proposal set out within the report will both support the long term plan strategic programme and ensure the CCG meets its financial obligations and targets for 2020/21.

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

This report provides an update on the development of a Tameside and Glossop Children and Young People's (CYP) Emotional and Mental Wellbeing Community Offer.

The Board will be aware of the engagement that has been undertaken with both service users, current and potentially future delivery organisations in order to a new service to meet the evolving needs of the service users and to continue to drive improvements in delivery and outcomes.

As a result the procurement is now being led by the CCG and the services being tendered have been redefined both in terms of scope and type of delivery taking into account the outcomes from the engagement.

Advice and support has been received from STAR throughout this process to ensure that a compliant procurement exercise is undertaken. Star has also been assisting by providing advice in relation to TUPE and it is understood that there is no relevant transfer for the purposes of TUPE in relation to this commissioning exercise.

There has also been early engagement with the market to ensure that the views of potential providers have been considered and the commissioners will have the benefit of a good response to the tendering exercise to ensure a robust and effective tendering exercise has been undertaken.

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

The tender of a Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer, supports broadly the Starting Well element of the life course approach, with a particular focus on reducing inequalities and enabling ease of access to emotional and mental wellbeing support, that is flexible to the needs of children and young people. This also includes taking a whole family and community approach.

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

The tender of a Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer aligns with the Locality Plan by ensuring the very best start in life for children and young people through personalised approaches to wellbeing.

**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:

The insight from children and young people completed in Summer 2020, was presented at the Health and Care Advisory Group in September 2020.

It is key that once the Community Offer is live that all partners are aware in order to best navigate children, young people and their families to advice and support.

Public and Patient Implications:

The development of a Children and Young People’s Emotional and Mental Wellbeing Community Offer, has been co-produced with children and young people themselves. An engagement company, Worth-It, was commissioned to support this process in line with our commitment to put children and young people at the heart of the procurement process. The Community Offer model was further co-produced with children and young people, providers, stakeholders and commissioners during a series of workshops delivered in September and October 2020. Parent and Carers Workshop have also been delivered early January 2021. By tendering for a Tameside and Glossop Children and Young People’s Emotional and Mental Wellbeing Community Offer through pooled existing resources, the support for children and young people’s emotional and mental wellbeing will be more integrated and thus more connected and accessible for the for public and service users.

Quality Implications:

The contract for the Community Offer will be held by the Clinical Commissioning Group who will look to achieve continuous improvement in the delivery functions, having regard to a combination of quality, economy, efficiency and effectiveness.

How do the proposals help to reduce health inequalities?

The nature of the Community Offer will enable children and young people to access support and early interventions for their emotional and mental wellbeing at the right time and in the right place, without the needs to meet thresholds.

What are the Equality and Diversity implications?

An Equality Impact Assessment has been completed. A copy can be found in the appendices.

What are the safeguarding implications?

Where safeguarding concerns arise as a result of the actions or inactions of the current providers and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed. The same applies for the provider that will be awarded the contract for the Community Offer.

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

Information governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider.

A privacy impact assessment has not been carried out.

Risk Management:

The Strategic Commission will work closely with current providers to manage and minimise any risk, this including working with the providers that is awarded the contract for the

Community Offer. The project plan for the commissioning process includes a risk log and actions to mitigate these.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer, Charlotte Lee, Population Health Programme Manager and Philippa Robinson, Commissioning Development Manager



Telephone: 0161 342 4136



e-mail: charlotte.lee@tameside.gov.uk



e-mail: philippa.robinson5@nhs.net

1. INTRODUCTION

- 1.1. The report provides an update on progress in relation to the development of a Tameside and Glossop Children and Young People's (CYP) Emotional and Mental Wellbeing Community Offer and commissioning intentions since the paper presented at Strategic Commission Board in September 2020.

2. BACKGROUND

- 2.1. The priorities in the Tameside and Glossop Local Transformation Plan for children and young people's mental health and emotional wellbeing in 2020/ 2021 include:

- Working together in neighbourhoods to make it easier to get help
- Increasing access
- Listening and shaping services with young people
- Focus on families as the best resource
- Increase support for those most vulnerable to improve outcomes.

- 2.2. One of the transformation programmes outlined in the plan was to align Tameside Council Public Health and Tameside and Glossop Clinical Commissioning Group's funding for children and young people's emotional and mental wellbeing services with an additional increase in resource, to develop and evolve a new Community Offer that is co-produced with young people, providers, stakeholders and commissioners in line with the Thriving, Getting Advice and Getting Help elements of the THRIVE Framework:

- Thriving - those whose current need is supported in maintaining mental wellbeing through effective prevention and promotion strategies.
- Getting Advice - those who need advice and signposting: This group includes both those with mild or temporary difficulties and those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input. Information is shared such that it empowers young people and families to find the best ways of supporting their mental health and wellbeing.
- Getting Help - those who need focused goals based input: This group comprises those who need specific interventions focused on agreed mental health outcomes. An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with a specified individual or group. The professional may not necessarily be a trained mental health provider, but may be a range of people who can provide targeted, outcomes-focused help to address the specific mental health issue.

- 2.3. The Strategic Commissioning Board gave approval to tender for the Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer, with a 3+2 year contract, with an annual value of £250,000, totalling to £1,250,000 on 30th September 2020. The value given to this contract, noted that budgets for current Providers (Off the Record, TOG MIND, Anthony Seddon Fund and 42nd Street), as well as additional investment were to be used to redesign a new community offer. Early findings from the engagement with young people were also fed back in the report.

3. CO-PRODUCTION AND COMMISSIONING IMPLICATIONS

- 3.1. Following a Market Engagement Event in August 2020 for prospective providers to learn more about the process, there were several co-production workshops throughout September and October, which were well attended by providers, stakeholders and young people to explore the

desirables for a new Community Offer. A series of parent and carers workshops took place in early January 2021. The outcomes from the workshops formed the core deliverables and design principles of the Community Offer (See report at **Appendix 1**) and therefore informed the development of the specification (**Appendix 2**).

3.2. Over 50 participants engaged in each of the co-production workshops, including stakeholders of the Tameside and Glossop CYP Emotional Wellbeing and Mental Health Strategic Group, and interested providers via an expression of interest through the North West Procurement Portal. The parent and carer workshops were promoted through various networks, as well as through the Communications Team. All workshops took place online to ensure COVID-19 safety. Each workshop is briefing outlined as follows:

- 28 September 2020 – Discovery Part 1: Exploring the challenges and opportunities to reimagine support for young people
- 2 October 2020 – Discovery Part 2: Developing shared principles for outcomes and support for young people
- 5 October 2020 – Design Part 1: Developing our support offers and key relationships
- 9 October 2020 – Design Part 2: Developing our model and ongoing approach of development and delivery
- 23 October 2020 – Design Part 3: Developing the Offer: Local Assets
- 2 November 2020 – Design Part 4: Summarising our Offer
- 7 January 2021 – Parent and Carer Feedback Workshop
- 12 January 2021 – Parent and Carer Feedback Workshop
- 13 January 2021 – Parent and Carer Feedback Workshop

3.3. The outcomes from the co-production workshops were also clear in that in order to successfully enable positive outcomes for children and young people’s emotional and mental wellbeing, a collaborative partnership approach with a wide menu of choice on offer was essential. Current providers attended the co-production workshops. All potential providers have been encouraged to work collaboratively to meet the expectations of the specification.

3.4. The new offer will be commissioned via an NHS contract led by Tameside & Glossop CCG, with Tameside Council as associate commissioner.

3.5. Current providers (Off the Record, TOG MIND, Anthony Seddon Fund and 42nd Street) have been notified that current contract/grant agreements will end on 31 August 2021. Legal advice from STAR procurement in relation to TUPE is that there is no relevant transfer for the purposes of TUPE in relation to this new commissioning exercise.

4. UPDATE ON TIMESCALE AND FUNDING

4.1. The initial timeline has been extended to allow potential providers more time to collaborate on the ‘offer’, so extensions have been granted to all current providers (Off the Record, 42nd Street, TOG MIND and Anthony Seddon Fund) until 31st August 2021, with a start date for the new contract 1 September 2021. It is proposed that invitations to tender will be launched with support from STAR Procurement on 28 January 2021 with a more detailed procurement activity timetable described below:

Activity	
Market engagement event	19 August 2020
Strategic Commissioning Board – initial sign off	30 September 2020
Co-production workshops x 6	September and October 2020

Specification development	November 2020
Parent and Carer Workshops	Thursday 7 January 2021 Tuesday 12 January 2021 Wednesday 13 January 2021
Strategic Commission Board – sign off	27 January 2021
Issue of Invitation to Tender	28 January 2021
Clarification Question Deadline	26 February 2021
Tender submission date	9am - 8 March 2021
Evaluation of tenders	9 March - 26 March 2021
Competitive Dialogue	W/C 5 April 2021
Final Call for Tender Submission	12 April 2021 – 7 May at 12 noon
Final Call for Tenders Evaluation	10 May 2021 – 9 June 2021
Standstill period begins	10 June 2021
Standstill period ends	21 June 2021
Expected date of Contract Award	23 June 2021
Contract Commencement Date	1 September 2021

- 4.2. Although the total tender value remains the same at £250,000 per annum, the proportions from each organisation have slightly changed following a contract review across population health. Tameside and Glossop CCG has increased investment of £16,200 with the Council's funding remaining at current levels of investment of £91,800. The contract will remain as a 3 + 2 years. The breakdown of funding stream is tabled below.

Existing Budget	Amount (annual)	Funding Stream
Young People's Counselling Service (current Provider Off the Record)	£91,800	Population Health Contract
Open access drop in sessions (current Provider TOG MIND and Anthony Seddon Fund)	£45,000	CCG Grant
42nd Street young people's support	£33,000	CCG Grant
Additional investment	£80,200	CCG
Total	£250,000	

- 4.3. An Equality Impact Assessment has been completed (**Appendix 3**).

5. RECOMMENDATIONS

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

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CYP Emotional and Mental Wellbeing Community Offer

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REPORT VI.0

November 2020

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 - e. Emotional & Mental health informed Community
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9. Governance
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1. Overview of the approach

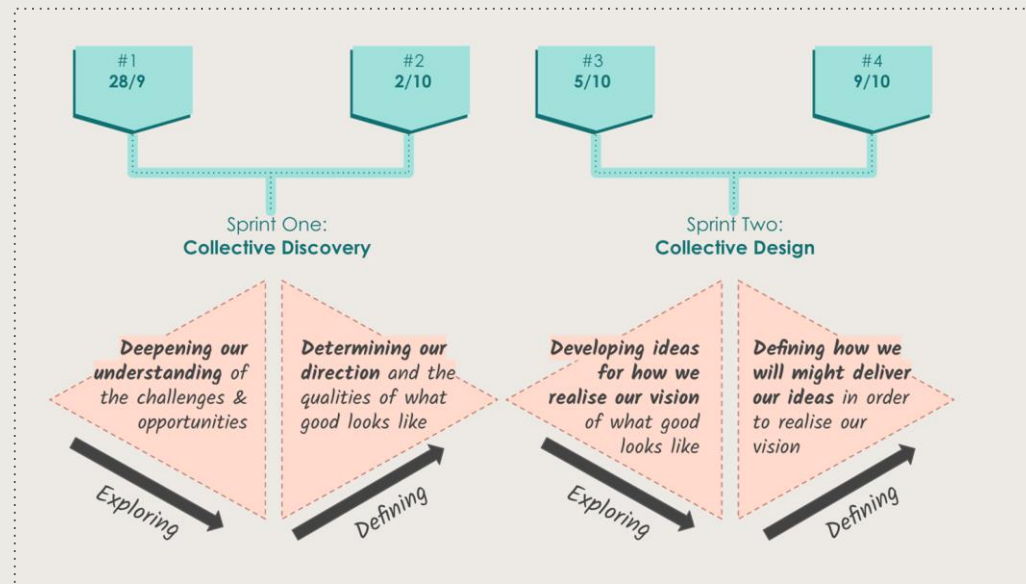
Taking a Co-production Led Approach

The development of the community offer and model for CYP Emotional and Mental Wellbeing used a co-production-led approach. This included the active engagement and participation of a diverse range of providers, commissioners, practitioners and young people in the definition of the challenges, opportunities and solutions required.

Using a 'sprint' methodology, we delivered a series of four 4-hour sessions that supported participants through a range of activities to develop the model (see diagram opposite).

This process enabled participants to:

- Explore research with children & young people in Tameside & Glossop
- Develop a brief to direct development
- Map key existing system barriers and enablers
- Explore innovative practice from other parts of the world
- Develop innovative solutions together
- Define these solutions in a model to describe key interdependencies
- Identified key priorities for delivery



2. Overview of the offer



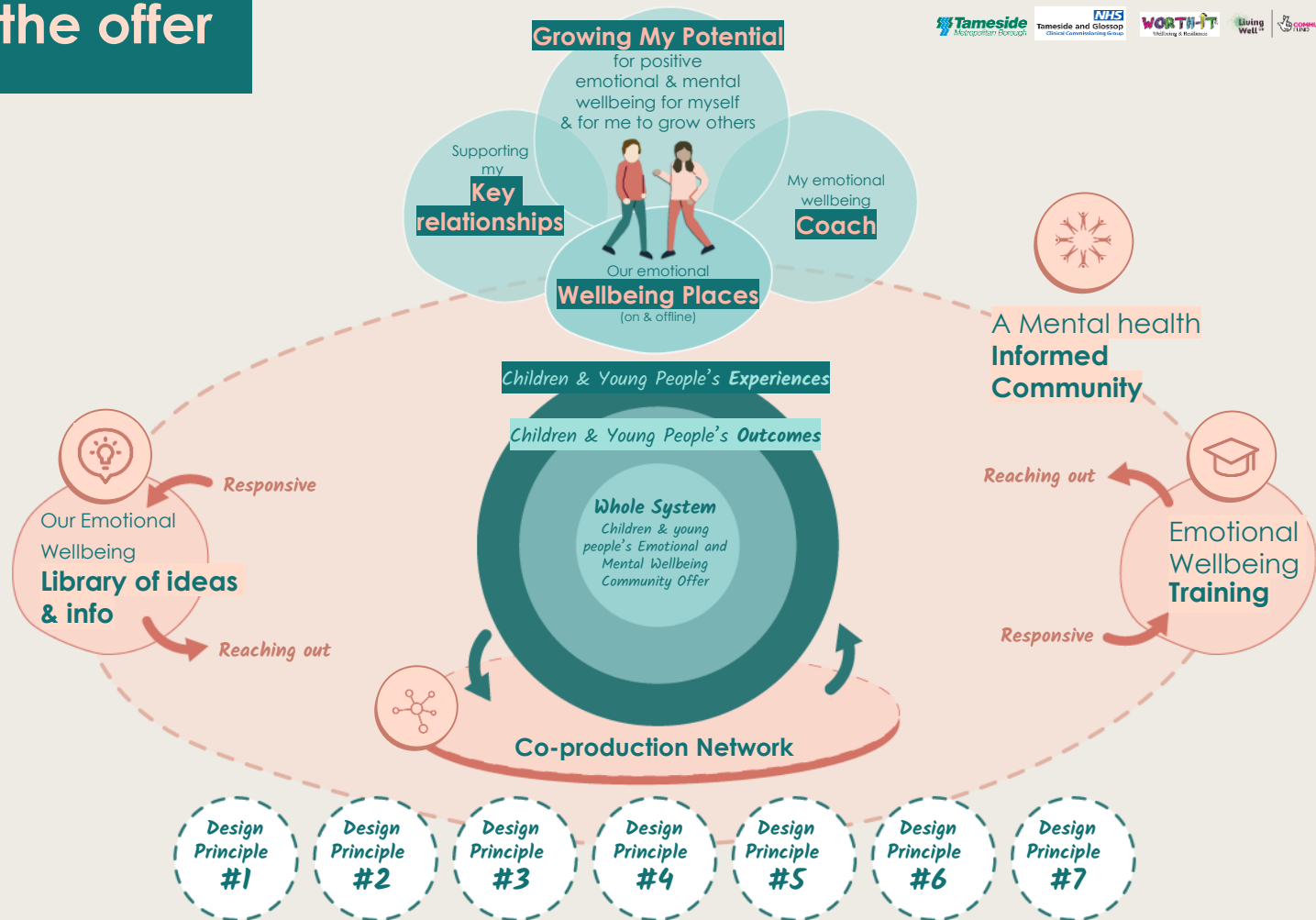
We work to realise a set of **big outcomes** for Children & young people:

1. Growing capacity to support themselves and each other
2. Having control of and able to mould support to you and your problem
3. Easy & inclusive access into supportive relationships
4. An awareness and understanding of emotional & mental wellbeing

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We strive to enable **experiences** for Children & young people where:

- ★ Young people feel truly listened to and understood
- ★ Young people feel in control
- ★ Young people feel valued and deserving of support
- ★ Young people feel trusted and able to trust
- ★ Young people feel comfortable and accepted for who they are
- ★ Young people know the people and places that can offer them support



3. Model of support overview

An offer that is tailored to me; able to meet my individual needs and that always draws on and develops, the personal relationships, resources and capacity I have for sustainable positive emotional and mental wellbeing.

Page 79
An offer that actively reaches out & engages of key places in my community to grow their awareness and their capacity to better support emotional & mental wellbeing for me and young people like me.

My School & key services & places



An offer that works with me to support my friends & peers to be able to better support my emotional & mental wellbeing, and builds my capacity & confidence for me to better support theirs and to help them to grow or develop an awareness of who is around to help.

My friends & peers

An offer that reaches out into my family, parents and the key relationships and work with me to help grow their capacity & confidence to better support my emotional & mental wellbeing. Help me use all relationships, including my pets to thrive.

My Family, my key relationships & my pets!

* Wellbeing as defined by Young People. See Worthit Research report for more information

4. Summary of the model

A Whole-System Offer

To realise the agreed outcomes for positive emotional and mental wellbeing for children & young people a whole-system offer is required in Tameside & Glossop. This includes:

- An offer to the wider community to grow their awareness and capacity to support
- An offer to services and organisations to grow their awareness and increase their capacity to support
- An offer to key relationships (including parents, family members and others) to grow awareness, increase capacity to support and improve their wellbeing
- An offer to children and young people to grow awareness, build capacity to support themselves and others and to provide support when required.

The model developed, recognises how each of these groups requires an interdependent set of offers to realise the outcomes desired.

A core offer for children & young people

The offer recognises that the foundation created by the 4 condition making elements (left) will increase positive emotional & mental wellbeing, a core set of offers specifically targeted at supporting children and young people are required.

The 4 key offer elements are:

1. At the heart of the offer is a range of approaches that focus on **Growing my potential** for positive emotional & mental wellbeing for myself & for me to grow others
2. **Our Emotional Wellbeing Places** act as an online/offline platform to support access and to nurture positive supporting relationships between young people
3. Stepped forms of tailored supporting relationships for children and young people through **My Emotional Wellbeing Coach** who builds capacity and
4. This coaching relationship is extended into the key support network of young people with tailored coaching **Supporting key relationships**

Establishing the conditions to grow awareness and capacity to support

The foundation of the model recognises the offer elements required to grow greater awareness and capacity to support positive emotional and mental wellbeing across Tameside & Glossop.

The 4 key offer elements that were identified as enabling this are:

1. An actively promoted and grown **Emotional & Mental health informed Community**
2. A curated and accessible **Emotional Wellbeing Library of ideas & information**
3. Provision and promotion of young person-led **Emotional Wellbeing training**
4. The hosting and facilitation of **Our emotional wellbeing Co-Production Network** to support a process of ongoing development and evolution underpinned by the insights, ideas and leadership of children and young people.

5. Design Principles

Design Principles:

Through the design process we developed a set of seven key design principles for the model and the offer.

These design principles help describe the key characteristics that should underpin the offer in its development, delivery and evaluation.

They can be used to:

- Ensure we are effectively translating our collective values into the offer
- Guide- set direction and help us to keep making sure we are working towards the same vision & ambition

1. We ensure young people are **included, listened to and have choice & control of every part of their support journey**, from identifying problems to developing and generating ideas and solutions
2. We give young people the **time and space to have a voice and be heard**, including the availability of flexible and young person friendly hours and places
3. We ensure support is **inclusive and accessible** to all young people and their peer and family groups
4. We support young people to **support each other**, so they have the skills and understanding to seek and provide support
5. We build relationships & places where young people **feel comfortable, accepted and valued**, where they can express themselves without judgement and communicate to adults when they are doing it wrong
6. We educate people & places about mental & emotional health and **help them realise each person is different, so that young people can feel accepted** for who they are
7. We develop young people's' **positive mental health, resilience and wellbeing in everything we do**, to help them thrive and cope when things are difficult



My Emotional Wellbeing Coach

6. Overview of each element of the model

WHY:

Sometimes young people need to speak to someone who is able to listen, understand & knows how to support them in the right way.

HOW:

This goal of a 'coach' is to help the young person to help themselves and be able to sustain positive emotional & mental wellbeing. Coaches should be diverse & relatable; making the young person feel comfortable. They might have shared experiences of gender, sexuality and race. Young people have the option to change their coach if they are not the right match.

WHAT:

Support is flexible and built around young person friendly hours. Depending on what the young person needs they will do the following in a 'stepped' process:

1. **Listen** without judgement
2. **Guide** them with advice and knowledge
3. **Connect** them to options for support
4. **Grow their capacity** with resources and tools
5. **Support** them for a period of time if they need it and work with the people that also support them to do this
6. **Work with key relationships** such as parents & family members to create a better network for support
7. **Refer** them and support access to more specialist support if they need it

Elements of this support available 24hours a day.

Young people have a say in how and when support ends, and know they can go back to their coach if the road gets bumpy again.

Key Capacity & Capabilities:

- Coach has attributes that are relatable to the young person they are supporting
- Draw on local resources & assets
- Work in collaboration with young people to co-produce outcomes & support

Key System Conditions:

- A shared understanding across organisations of what being an emotional wellbeing coach is and the support they can offer
- Rapid & easy access across services
- Commissioners who buy into the process



Key Relationships

Like parents & families

6. Overview of each element of the model

WHY:

The people around young people, like their **parents & family play a central role in helping them through tough periods** and to grow positive mental & emotional wellbeing.

HOW:

We support the key support relationships for young people in a range of ways depending on what they need to best support each young person's needs and challenges. This can include all family members and other key support relationships.

WHAT:

We support key supporters in the following ways based on their needs and the needs of the young person they are supporting:

1. Quick access to **advice & guidance** when needed. This involves a blend of online meetings and in person drop in sessions and is available 24 hours.
2. **Connecting to other support** and resources
3. **Coaching support** if required and delivered in a way tailored to each person.
4. Help to **grow their confidence, skills and ability** to support the young person and themselves
5. Working with the supporter to **co-produce the support** required for the young person if needed.
6. Options to **work together as a family** as well as accessing **peer parenting & family support** from others with shared experiences

Key Capacity & Capabilities:

- Access to common and open place of access in community
- The availability of online support
- Tailor support to diverse needs, language & neurodiversity

Key System Conditions:

- Collective focus & investment in reducing stigma



Finding my potential

6. Overview of each element of the model

WHY:

At the heart of our offer is enabling young people to grow their potential for positive emotional & mental wellbeing for themselves and for them to be able to grow & support others' emotional & mental wellbeing - their friends, family & community

HOW:

We need to grow the knowledge and skills that all young people have to grow and develop ways to cope when things are challenging and to thrive. We also focus on how young people can be there for others' emotional & mental wellbeing.

WHAT:

To do this we offer:

- **Skills workshops** to grow young people's confidence in themselves and their ability to support others
- We provide a range of **spaces for young people to come together and support each other**, including an app and comfortable and safe spaces outside school and the home
- We offer **support and guidance for those supporting others** if they need it, inc. training & education on inclusion
- We run a **peer support & mentoring network**: offering a **range of ways that young people can volunteer** to mentor & support other young people in safe, low pressure and supported roles. This could include offers of anonymous support. Mentors receive high levels of support and training.
- We make sure learning how to help others is a **part of everything we do**.

Key Capacity & Capabilities:

- Strong coaching capacity to grow confidence & capacity: - to self-manage and improve emotional & mental wellbeing- to support other's emotional & mental wellbeing

Key System Conditions:

- Open access and self-referral routes
- Emotional literacy embedded in the spaces young people socialise and learn, including schools
- Local access points for community support

Key Value produced:

- Young people feel accepted
- Young people feel empowered
- Young people feel trusting and comfortable



Our Emotional wellbeing Place

6. Overview of each element of the model

WHY:

Having somewhere you know you can go if you want to connect to and access support for positive emotional and mental wellbeing is important.

HOW:

Our emotional wellbeing 'place(s)' feels welcoming, friendly and without judgement. Our wellbeing place is somewhere young people can trust information and advice, feel they can connect with other young people and positive supporting relationships that help them understand, grow and sustain positive mental and emotional wellbeing.

It's somewhere that young people feel they own and that they can continue to shape and develop to make it work for them and other young people.

WHAT:

A network of local 5 key neighbourhood places across Tameside & Glossop, either in tailored locations, or hosted by local organisations, to ensure all young people have quick and easy access to a positive place for emotional & mental wellbeing. *The place(s) offer a few different spaces, with opportunities for socialising and for quiet time.*

Our places are supported by our Online Place - where young people can access information, positive emotional & mental wellbeing resources and connect with coaches and other young people. Information here is tailored to be engaging and supportive for young people, for example curated and selected video content on wellbeing techniques such as mindfulness, breathing, etc.

Key Capacity & Capabilities:

- Access to common and open place of access in community
- Draw on local resources & assets
- Draw on & use a range of digital resources & tools

Key System Conditions:

- Leadership for collective focus and development to improve knowledge & capacity to be inclusive (inc. LGBTQ+ & BAME)

Key Value produced:

- Young people feel welcomed and comfortable
- Spaces are accessible
- Young people have ownership of the space



Our Emotional Wellbeing Informed Community

Including schools & key services in communities

6. Overview of each element of the model

WHY:

We know that awareness and understanding of the impact and challenges of emotional & mental wellbeing of children & young people is something that needs to be developed in Tameside & Glossop, especially in our schools & key services.

HOW:

We **actively seek to inform and advise** to grow knowledge and awareness of emotional & mental wellbeing for children & young people - in key services, organisations & people - like schools, teachers, family, friends, after school clubs, youth clubs, sports clubs etc. We aim to promote our way of supporting young people to grow their potential to support themselves & each other.

We **adapt information & guidance** for our diverse communities and groups, ensuring we it is inclusive and accessible to all.

We support young people to **campaign for awareness & understanding** of emotional & mental wellbeing.

WHAT:

We support a **network of people & places** that anyone can come to get access to information and guidance resources to help them build their understanding & awareness.

Core to this is a **focus on supporting schools** and key services in communities to develop their awareness and capacity to support positive emotional and mental wellbeing.

Our **Library of ideas & info** and our **Emotional Wellbeing Training** offer help us to grow this informed community.

Key Capacity & Capabilities:

- Utilise existing relationships with schools
- Draw on local resources and assets
- Draw on & use a range of digital resources & tools

Key System Conditions:

- Leadership for collective focus and development to improve knowledge & capacity to be inclusive (inc. LGBTQ+ & BAME)
- Collective focus & investment in reducing stigma
- Collective sharing of information and ideas

Key Value produced:

- Young people feel validated



Our Emotional Wellbeing Library of ideas & info

6. Overview of each element of the model

WHY:

We know that there is an amazing amount of information and resources for young people about building positive emotional & mental health, but sometimes it can be overwhelming or hard to know what to trust.

HOW:

We are a trusted source for this guidance and information and we make sure we have up to date information. We are known locally as the place to go for this information.

If needed, we can provide support to help people know what information or resources might be best for them and provide guidance about how to share and engage young people with key information.

We always seek to learn from what was useful to young people, families and services and make sure we promote what works. This includes how information is shared and accommodating different learning styles - for example using videos etc.

WHAT:

We maintain and grow a (digital) library of these resources and make it easy for people to access - be it a school, a young person or a family member. We collate information to make sure it is trusted and age appropriate. We are connected to other sources & services of health & wellbeing information and advice.

Key to this is making these **resources available, accessible and easily used in schools** and other key services.

Key Capacity & Capabilities:

- Input from young people
- Draw on local resources & assets

Key System Conditions:

- Leadership for collective focus and development to improve knowledge & capacity to be inclusive (inc. LGBTQ+ & BAME)
- Collective focus & investment in reducing stigma

Key Value produced:

- Young people and their families have a shared understanding of mental and emotional wellbeing
- This understanding feels accessible



Emotional Wellbeing Training

6. Overview of each element of the model

WHY:

We know that being able to support young people's emotional and mental wellbeing needs to be the job of everyone. However, not everyone has the knowledge and skills to do this.

HOW:

We offer services and organisations training to develop the knowledge and skills to better support emotional & mental wellbeing and tailor this to work in their context - be that at a school, GP surgery or local sports club. Our training aims to support a wide diversity of different people and recognises the need to adapt training for different cultural groups locally.

Our training helps organisations know how to grow positive awareness of mental & emotional health and to recognise when and how young people might need support in key moments of their lives - from exams to family challenges.

WHAT:

Our training is co-led with young people. They help define what we train, how we train and co-deliver key elements of training. This process aims to help young people build their own skills and capacity by training others and is supported by schools. Being trained by us is something that is valued around here and people will want to show that they have been 'accredited' by us.

A key audience for this training is schools and key services.

This training is a key part of promoting and growing our **mental health informed community**.

Key Capacity & Capabilities:

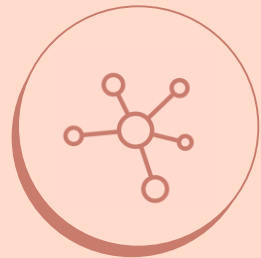
- Co-produced and led with children and young people
- Work with family & peer 'group' to develop training

Key System Conditions:

- Coordination to ensure no duplication with existing training programmes

Key Value produced:

- Young people feel empowered by reaching into their own experience to develop support for others



Our Emotional Wellbeing Co-production Network

6. Overview of each element of the model

WHY:

At the heart of our offer is a common set of values & approach and a shared set of outcomes. We work together as young people, providers, professionals, commissioners and the community in deep collaboration to make sure that we can grow and promote these across Tameside & Glossop.

HOW:

We know that this is a journey and will take time to realise our ambitions for children's & young people's mental and emotional wellbeing.

The voice, insight and ideas of children & young people are at the heart of everything we do. We make sure that we continue to co-produce why, how and what we do with young people.

We actively reach out into our communities to grow the diversity and inclusivity of our network.

WHAT:

Our Co-production Network hosts events, workshops and activities to engage a diverse range of people - from parents & carers, to local services and schools, to wider members of the community - they are all able to be part of leading and growing positive emotional & mental wellbeing with children & young people.

At its heart, the Co-production Network is led by young people, with the support of adults. The experience of young people is considered a priority and there are a range of ways for young people to be involved in ways that work for them.

Key Capacity & Capabilities:

- The voices of of parents, families, children & young people from a diverse set of backgrounds, Education, Health, the Council, Adult provision, VSCE and commissioners

Key System Conditions:

- Network integrated in all elements of provision
- Strong connection into adult Living Life Well offer
- Strong connection into Emotional and Mental Wellbeing Schools Offer
- Driving young people's mental health as a system wide outcome

7. Public Value & Outcomes

Strategic Triangle: Generating greatest Public Value

Public Value is a term developed by Harvard professor Mark Moore and aims to describe the potential of positive outcome for communities that can be generated from the resources organisations, communities and citizens are equipped with. In Moore's framework -the Strategic Triangle - Public Value requires leaders and managers of public services to consider three elements in relationship to one-another.

Firstly, it requires a collective definition of **public value** to be created in the form of powerful outcomes. These outcomes need to be recognised by all stakeholders - from politicians, to staff, to citizens. Providers, communities and commissioners need to feel collective responsibility and accountability for realising them.

Secondly, the Strategic Triangle recognises that generating different or greater public value will require leaders, staff and communities to work in new ways and be equipped with the skills and capacity to do so. Moore describes this as **the operational capability** of an organisation or wider system.

Thirdly, Moore suggests that in order for different capabilities to be grown and established and for different forms of public value to be recognised and legitimised, requires the **right authorising environment and conducive and supporting conditions to be in place**. These conditions are created through effective leadership of the organisation or system to develop the right supporting processes, culture, structures and incentives.

PUBLIC VALUE Key outcomes (at all levels of the system) we are trying to realise.

Common outcome to improving mental & emotional wellbeing for children & young people, through:

- Increasing access & effective use of emotional wellbeing **assets & resources**
- Increasing coping **strategies & capacity**
- Increasing key **physical wellbeing**
- Increasing emotional **awareness, management & wellbeing**

- **Empowering young people** to shape mental & emotional wellbeing support
- **Growing sustainable skills & capacity** for positive mental & emotional wellbeing
- Increasing young people's **capacity to support each other's** emotional wellbeing
- Increasing **knowledge, skills & capacity of key relationships** (family, community & support - inc. schools)
- Increased **evidence-based prevention** & early interventions
- Reducing **stigma** for mental health
- Increasing **inclusivity** for LGBTQ+ and BAME groups

8. System conditions required

SYSTEM CONDITIONS Conditions (structures, processes, etc) we need in our organisations & system.

- Driving trust in **clear common values & shared approach** across services
- Driving young people's mental health as a **system wide outcome** (inc.schools)
- Increasing **cross-system collaboration** around shared outcome (inc.schools)
- **Single assessment** from cross service communication & **information sharing**
- Improved **data capture & collective** analysis & learning
- Strong **connectivity** into the Adult's Living Life Well Offer
- **Rapid & easy access** across services - inc. shared front door
- **Diverse 'marketplace' of wellbeing** support options with rapid access at key times
- Core **common policies & protocols** to enable cross-service collaboration
- Collective focus & investment in **reducing stigma**
- **Emotional literacy** embedded in the spaces young people socialise and learn
- Leadership for collective focus and development to **improve knowledge & capacity to be inclusive** (inc. LGBTQ+ & BAME)

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Brand & identify from young people's perspective

Language & names

- Stepping stones
- Climbing/ reaching high
- the path to anywhere
- Limitless young minds.
- Thrive on the Basics
- (for the name of the informed community)

Look & feel

- Variety of colours with preference for yellow, purple, orange, green and blue
- Circles to show equity
- Ways of showing flexibility
- Welcoming & Inclusive across genders
- Represent different moods
- Joyful

Other principles

- Active of social media and connected
- Part of campaign to build awareness more generally of emotional wellbeing
- Help connect with the experience of the support through photos and descriptions

Principles for our governance

The process developed a set of guiding principles for how we organise effective governance for the ongoing development, delivery and evolution of the offer:

- ★ **In partnership.** Actively involving children, young people and families in decisions & governance.
- ★ **Collaborative:** Strong levels of connection & collaboration not competition
- ★ **Trust.** Building trust through vulnerability & challenge between providers and with commissioners.
- ★ **Dynamic & evolving.** Able to respond to learning and changing needs
- ★ **Cross-boundary.** Reaching in to the system and across boundaries such as statutory & non-statutory and into wider health & education.
- ★ **Relational.** Investing in the power of strong relationships and understanding across the system.
- ★ **Common goals.** Shared commitments that are understood across providers and at all levels inc. front-line.
- ★ **Strengths focused.** Ensuring we recognise and maximise the passions, resources and expertise of all.
- ★ **Transparent.** Honesty and transparency about decisions and information where possible

Suggested Processes, Structures and Resources for good governance

Network Coordinator

Role to support effective network working and relationships.

Model Champion

Lead champion for the model in each organisation involved.

Thriving Teams

Investment in building the relationships and trust of teams.

My Story

Putting the young person in control of their story and letting them share it across organisations.

Linked Systems

Ensuring that key agreements for linked systems, such as clinical notes, consent and information.

Participation Forum

Open, inclusive & representative, ensuring that the voice, insight & ideas are at the heart of decisions & governance.

Case Studies

Ongoing learning & development through sharing stories of practice - successes & areas of improvement

Consent & engagement

From all involved, including young people and their families & key relationships.

Partnership Forums

Facilitating positive and ongoing connection and alignment across services incl. Health & Education.

10. Leveraging local assets & resources

6. Leveraging

Stay up-to-date. Creating information portals that ensure our information understanding of local assets & resources is continually updated.

Let's be consistent - Seek consistency on key areas across services - such as age thresholds and risk management - to enable effective collaboration across support.

Start with connecting - don't always start by assessing a young person, but find positive connections for their current needs.

5. Mobilising

Be creative - use what we have in innovative and creative ways - like outdoor spaces.

Distribute the expertise - seek ways to share and build each other's expertise across services and communities.

Rapid & responsive investing - Quick access to grants and resources to help respond dynamically and effectively to changes in context and to maximise local resources & assets.

1. Appreciating

Think experience first - Value the quality of experience in any given asset and how it can support engagement & access.

Nurture & grow what's working - Invest in effective and/or high potential relationships, resources & assets in communities with local knowledge & connections.

Be aware of each others context - Ensure there is a shared understanding of the context of each other.



4. Building a vision

Create a shared vision - find ways to come around common aims and vision for young people

Find mutual aims - building mutually beneficial connections between resources, such as advice & guidance like benefits & housing.

Engage at every level - ensure that the vision is shared and owned by every level - including young people, families and practitioners.

2. Convening

Grow the network - invest in relationship building and establishing better connections.

Work as partners - active engagement & involvement of key partners such as schools.

Facilitate the network - invest in actively facilitating how we collaborate and grow as a network.

3. Mapping

Share what we have - find ways to enable us to share (financial)resources and assets to meet common outcomes.

Make sure it's suitable - Ensuring that assets & resources are fit for the purpose and principles of the model.

Spot the gap - drawing on relationships and assets to help manage key transitions and to identify gaps in support and access where young people could fall through.

Highlight what's great - find ways to recognise and accredit what is effective and valuable locally.

**Based on an Asset Based Community Development cycle.*

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SCHEDULE ONE

**Tameside and Glossop Children and Young People's Emotional
and Mental Wellbeing Community Offer**

SPECIFICATION OF REQUIREMENT

January 2021

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1. INTRODUCTION

The Tameside and Glossop Strategic Commission (Tameside Council and Tameside and Glossop Clinical Commissioning Group (CCG)) is seeking to contract for the implementation and delivery of a collaborative and innovative Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer. In doing this, the Strategic Commission will enable 'thriving' outcomes for children and young people with respect to their emotional and mental wellbeing, as the Community Offer will focus heavily on prevention and early intervention.

The Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer will be an integral partner to the delivery of the system wide, Tameside and Glossop Children and Young People's Mental Health Local Transformation Plan, and consequently the Tameside and Glossop Corporate Plan.

The development, implementation and delivery of a Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer is a new venture for the Tameside and Glossop Strategic Commission. Therefore this specification provides a clear framework to which the Community Offer will need to deliver in, including core principles, deliverables and outcomes.

2. UNDERSTANDING THE NEED

The needs for children and young people's emotional and mental wellbeing is growing and evidently from a local, regional and national stand point. A brief summary of the need and influencing factors, can be found in **Appendix A**.

3. STRATEGIC CONTEXT

The commissioning of Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer, needs to sit with the national strategic context of mental health and wellbeing, as well as the local context. A brief description of the strategic context can be found in **Appendix B**.

4. BACKGROUND CONTEXT – CO-PRODUCING THE COMMUNITY OFFER MODEL

Before the writing of this specification and release of the procurement exercise, a significant programme of work took place to co-produce the model. Background context of the programme of work can be found **Appendix C**. This details insight work undertook with local children and young people, and co-production sessions with children and young people, local stakeholders, commissioners and providers.

5. THE SYSTEM-WIDE APPROACH

During the co-production stage of the developing Community Offer, it was clear a whole system approach is required to reach the outcomes for positive emotional and mental wellbeing for children and young people in Tameside and Glossop. This would need to include but not exclusive to:

- An offer to the wider community to grow their awareness and capacity to support;
- An offer to services and organisations to grow their awareness and increase their capacity to support;
- An offer to key relationships (including parents, family members, school, colleges and others) to grow awareness, increase capacity to support and improve their wellbeing;
- An offer to children and young people to grow awareness, build capacity to support themselves and others and to provide support when required.

Within this approach, the Tameside and Glossop Children and Young People’s Emotional and Mental Wellbeing Community Offer will be key in delivering the core components in whole or part sums.

6. SCOPE OF THE TAMESIDE AND GLOSSOP CHILDREN AND YOUNG PEOPLE’S EMOTIONAL AND MENTAL WELLBEING COMMUNITY OFFER

The scope of the Tameside and Glossop Children and Young People’s Emotional and Mental Health and Wellbeing Community Offer is outlined in the following sections.

To illustrate this, the below figure is the model that has been co-produced. The Provider(s), of the Tameside and Glossop Children and Young People’s Emotional and Mental Health and Wellbeing Community Offer, will need to coproduce the name of the Community Offer with local children and young people.

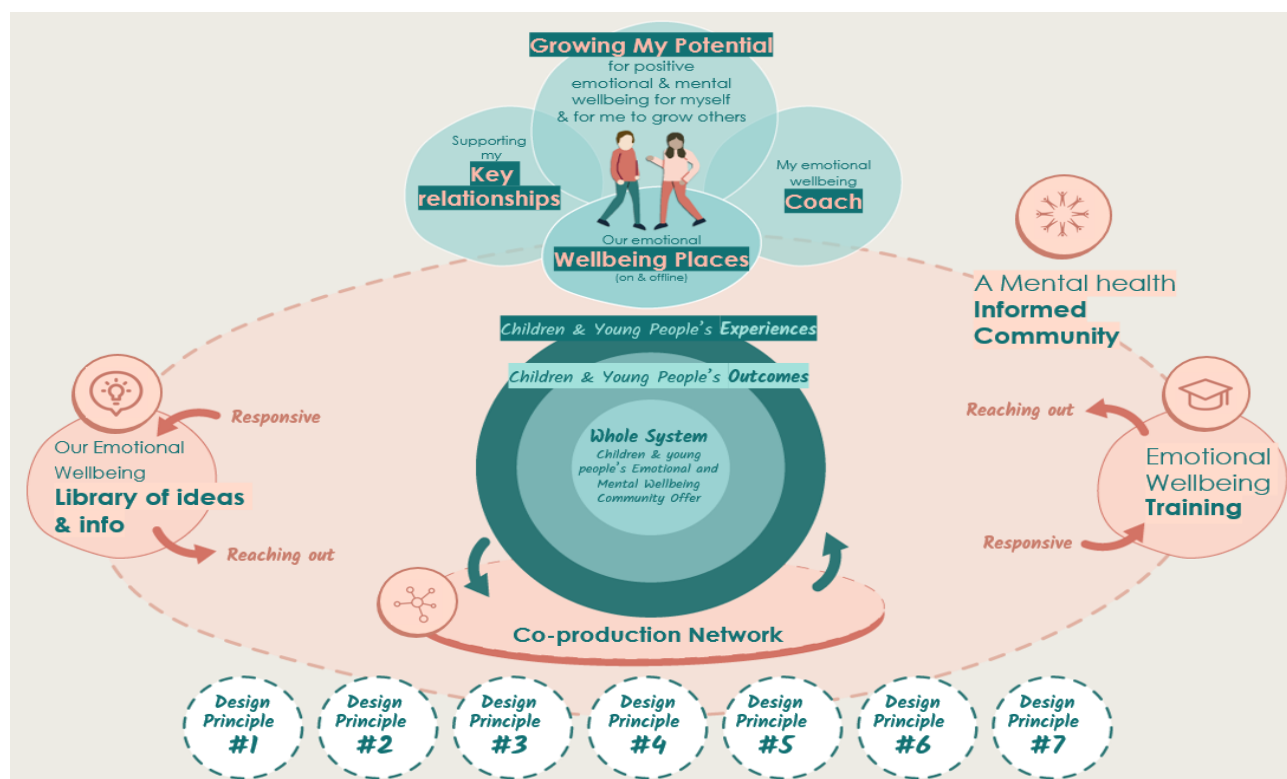


Figure 1: Tameside and Glossop Children and Young People’s Emotional and Mental Health and Wellbeing Community Offer illustrated model

6.1. Population Reach

The Tameside and Glossop Children and Young People’s Emotional and Mental Wellbeing Community Offer will support children and young people from Tameside and Glossop between the ages of 10 up to and including the age of 18. In addition the Community Offer will support parents and carers, as well as influence and supporting others who support children and young people with their emotional and mental wellbeing.

6.2. Experiences and Principles

Co-produced with children and young people, the Children and Young People’s Emotional and Mental Wellbeing Community Offer model will strive to enable experiences for children and young people where:

- Young people feel truly listened to and understood;
- Young people feel in control;
- Young people feel valued and deserving of support;
- Young people feel trusted and able to trust;
- Young people feel comfortable and accepted for who they are;
- Young people know the people and places that can offer them support.

In addition to the principles of the Tameside and Glossop Corporate Plan (outlined in Appendix B) the Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer will need to be underpinned by several co-design principles, including:

1. We ensure young people are included, listened to and have choice & control of every part of their support journey, from identifying problems to developing and generating ideas and solutions.
2. We give young people the time and space to have a voice and be heard, including the availability of flexible and young person friendly hours and places.
3. We ensure support is inclusive and accessible to all young people and their peer and family groups.
4. We support young people to support each other, so they have the skills and understanding to seek and provide support.
5. We build relationships & places where young people feel comfortable, accepted and valued, where they can express themselves without judgement and communicate to adults when they are doing it wrong.
6. We educate people & places about mental & emotional health and help them realise each person is different, so that young people can feel accepted for who they are.
7. We develop young people's' positive mental health, resilience and wellbeing in everything we do, to help them thrive and cope when things are difficult.

6.3. Core Deliverables

The support given to children and young people (and families) must be aligned to needs identified within the Thriving, Getting Advice and Getting Help groupings of the THRIVE Framework (See Appendix B).

The Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer will have 4 key offers specifically targeted at supporting children and young people. In the words of children and young people, these are:

1. To deliver a range of tailored support for children and young people through **My Emotional Wellbeing Coach**.
2. This coaching relationship is extended into the key support networks of a young person to promote and develop their **key supporting relationships**.
3. To deliver a range of approaches (e.g. on individual or group level, coaching, peer support) that focus on **growing my potential** for positive emotional and mental wellbeing for myself and for me to grow others. The 'growing my potential' is also illustrated by young people in the below figure.

- All of the above will need to be delivered through **Our Emotional Wellbeing Places (physical and virtual)** to support access and to nurture positive supporting relationships between young people.

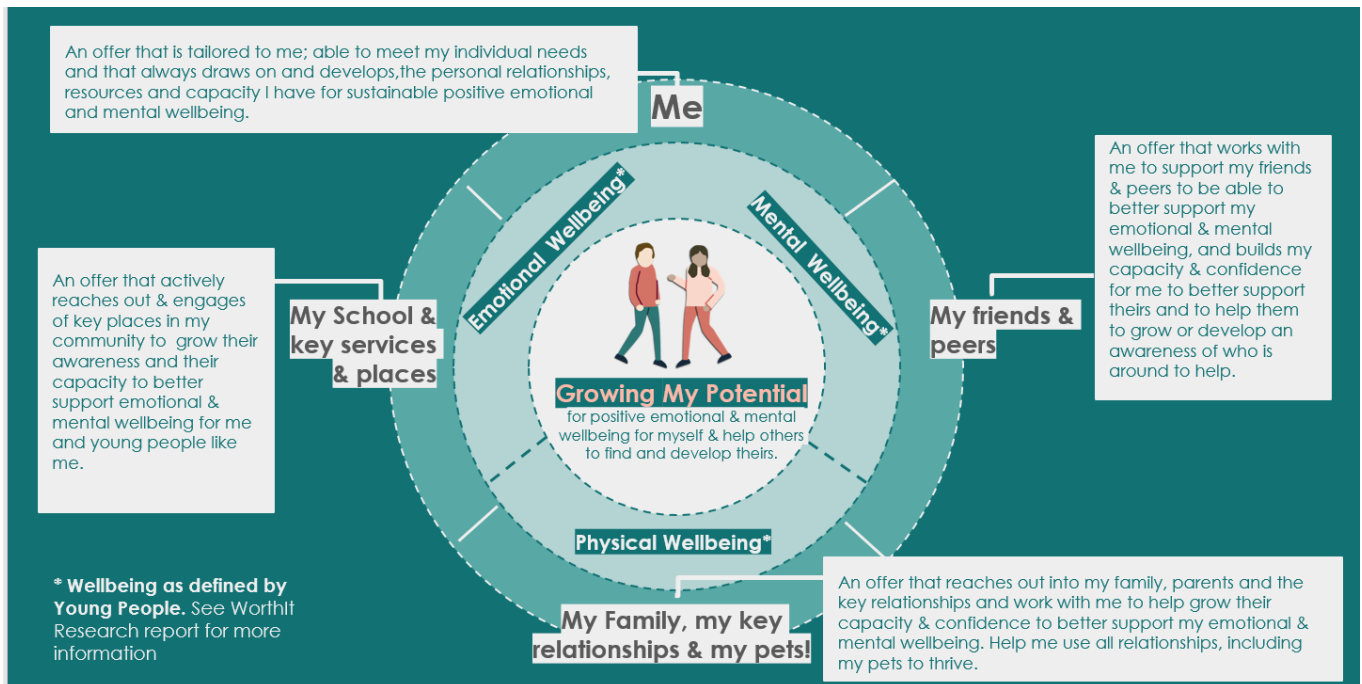


Figure 2: Growing My Potential

The why, how and what of each key offers are further detailed in **Appendix D**.

However it must be noted that as our local system, people, place and time change, the Community Offer will need to evolve and flex to meet a range of system needs, and as such the Community Offer should continuously evolve through the involvement and co-production with local stakeholders, and importantly children, young people and their families.

Running parallel to the core deliverables above specifically targeted at supporting children and young people, the Provider(s) is expected to lead on developing and maintaining a programme to enable, promote and facilitate, the following conditions for a system wide community offer to grow:

- An actively promoted and grown **emotional and mental health informed community**.
- A curated and accessible **emotional wellbeing library of ideas and information**.
- Provision and promotion of young person-led **emotional wellbeing training**.
- The hosting and facilitation of **our emotional wellbeing co-production network** to support a process of ongoing development and evolution underpinned by the insights, ideas and leadership of children and young people.

These will need to be delivered in partnership with the Strategic Commission and system wide partners. The why, how and what of each condition are further detailed in **Appendix E**.

6.4. Outcomes

The Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer will be pivotal in delivering the following outcomes:

- Increasing access** for children and young people to support

- Increasing **effective use of emotional wellbeing assets and resources**
- Increasing key **physical wellbeing**
- Increasing emotional **awareness, management & wellbeing**
- **Empowering young people** to shape mental and emotional wellbeing support
- **Growing sustainable skills and capacity** for positive mental and emotional wellbeing
- Increasing young people's **capacity to support each other's** emotional wellbeing
- Increasing **knowledge, skills & capacity of key relationships** (family, community and support, including schools)
- Increased **evidence-based prevention and early interventions solutions**
- **Reducing stigma** for mental health
- Increasing **inclusivity** for LGBTQ+ and BAME groups

These outlines will be measure using the minimal metrics outlined in section 6.5.

6.5. Metrics

6.5.1. Governance

The Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer will be accountability to the Strategic Commission. Through the implementation, evolvment and review of the Community Offer on a periodically basis, the governance between the Provider(s) and Strategic Commission will be based on the following principles:

- **In partnership** - actively involving children, young people and families in decisions & governance.
- **Collaborative** - strong levels of connection & collaboration not competition.
- **Trust** - building trust through vulnerability and challenge between providers and with commissioners.
- **Dynamic and evolving** - able to respond to learning and changing needs.
- **Cross-boundary** - reaching in to the system and across boundaries such as statutory and non-statutory offers including health and education.
- **Relational** - investing in the power of strong relationships and understanding across the system.
- **Common goals** - Shared commitments that are understood across providers and at all levels Inc. front-line.
- **Strengths focused** - ensuring we recognise and maximise the passions, resources and expertise of all.
- **Transparent** - Honesty and transparency about decisions and information where possible.

6.5.2. Monitoring and Evaluation

The Strategic Commission will work closely in line with the above principles to agree a methodology of monitoring key inputs, outputs, outcomes and impacts of the Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer, with the Provider(s).

The Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer must submit relevant data to the Mental Health Services Data Set (MHSDS)¹.

The MHSDS should capture all NHS funded mental health and learning disabilities activity including, but not exclusive to:

¹ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set>

- All ages, not just <18 years;
- All referrals, including CYP who never engage or who only attend a single contact;
- Every contact, not only the first two in a CYP's pathway;
- Not only attended contacts, but also DNAs and cancellations;
- Information about Routine Outcome Measures (ROMs) as well as contacts.

The requirements of the MHSDS are set out in the MHSDS v4.1 (DCB0011) information standard. This defines the data items, definitions and associated value sets to be extracted or derived from local information systems.

Service providers must conform fully with the information standard. Service providers must give full consideration to the scope of the data set to ensure the services they deliver are represented completely in the data set.

At a minimum the Strategic Commission will work with the Provider(s) to monitor and evaluate the Community Offer in line with the following questions:

- How much activity is taking place?
- How well it is being done?
- Is anyone better off?

The design principles and outcomes of the Community Offer are intertwined with one another. The table in **Appendix F** outlines an initial/ minimal monitoring framework to how each outcomes and principle will be measured.

Where possible monitoring will use evidence based outcome experience measures, such as 'Goal Based Outcomes'.

Moreover, together the Community Offer and Strategic Commission will monitor and evaluate the impact on the whole system.

6.6. The Community Offer – Working in context of Tameside and Glossop

6.6.1. Access

Access to the Community Offer must first align to the principles outlined above. This will include open access via various routes, but equally includes working as part of Tameside and Glossop Single Point of Access, which is a collaborative and whole family approach in partnership with Early Help Services.

To achieve this the Community Offer must have a clear communication strategy to promote and communicate pathways into the Offer to children and young people, stakeholders and professionals working with children, young people and their families.

6.6.2. Partnership and system working

Tameside and Glossop as a place is committed to working in partnership, collaboratively and where possible through integration. The Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer will need to work together with the local system. This may include working with other Services such as the Schools, General Practices, Specialist Mental Health Services, Adults Services, Children's Social Care and Early Help Services.

This will also include working as a system on development programmes, such as supporting the Mental Health in Education Working Group and associated action plan, the Tameside and Glossop Mental Health and Wellbeing CYP Strategic Group, and the Starting Well Partnership.

7. SOCIAL VALUE

As per the Public Services (Social Value) Act (2012), the Provider will acknowledge the requirement to consider Social Value within the heart of the Offer and implement initiatives over the life of the contract that may generate self-sufficient and sustainable benefits to the local community, society and the economy, in particular the local economy, whilst minimising damage to the environment. Tameside Council has adopted Social Value and is committed to delivering greater social value through procurement. The Provider will acknowledge the requirement to consider Social Value within the heart of the Offer and implement initiatives over the life of the contract that may generate self-sufficient and sustainable benefits to the local community, society and the economy, in particular the local economy, whilst minimising damage to the environment. It is recommended that Bidders read the Social Value guidance within the Guidance Document before completing any solution.

8. OVERALL DELIVERY AND SAFEGUARDING

There is a fundamental expectation that the Offer will be developed, delivered and continually reviewed against the principles and outcomes set out in section 6 of this service specification.

The Offer will be delivered in line with up to date guidance and service standards, as specified by the General and Service Conditions of the NHS Standard Contract and set out by, for example, government legislation, the Department of Health and Social Care, National Institute of Health and Care Excellence (NICE) and Public Health England (Note: this list is not exhaustive).

8.1. Safeguarding

Safeguarding is at the heart of all health service delivery. NHS T&G CCG and the Provider is required to ensure that services provided adhere to local multi agency safeguarding policies and procedures, have appropriate safeguarding training and supervision in place and arrangements to work with local authorities and partner agencies through safeguarding boards and other relevant bodies.

Relevant protocols, policies and procedures are included within the NHS Standard Contract, Schedule 2K – Safeguarding.

The Provider(s) will offer a support to all Tameside and Glossop children and young people aged 10 to 18 years and where appropriate (with the young person's consent) their families based upon their individual levels of need, risk and protective factors.

8.2. Data Protection, Equality Act, Business Continuity and Health and Safety

The Contractual Data Protection, Equality Act, Business Continuity planning and Health and Safety requirements are as specified within the NHS Standard Contract General and Service Conditions.

Where the Provider(s) has received no contact from a child or young person in response to requests to engage with the Offer, the Provider(s) will initiate an assertive outreach approach to re-engage the child or young person and document where this has been unsuccessful and highlight all actions taken.

The Offer will be delivered within the 5 neighbourhood of Tameside and Glossop, for children and young people living in Tameside and Glossop and will be delivered within the Contract price. The Offer will be delivered as free at the point of delivery, however, the Provider(s) may generate other income (e.g. fundraising, national bids) to support the Offer.

8.3. Premises

The Provider(s) shall source suitable premises and locations to provide the Offer from whichever premises, setting or location, in the opinion of the parties, is most suitable for ensuring that the Offer is easily accessible by children and young people, their families and other agencies.

Where appropriate, the Provider(s) will consider opportunities for integration that will enhance the ease of access and breadth of the Offer available.

The Provider(s) will operate the Offer flexibly, determining working hours around how best children and young people will easily gain access to the Offer. It is expected the Service will predominantly offer the services and activity between 4 pm and 8 pm. There is a clear expectation that this will involve working from, and in, a range of settings e.g. schools, outdoors settings, community venues, and that standard operating hours will include evenings and weekends.

The Provider(s) will conduct a risk assessment for any premises or location from which the Offer is delivered. The risk assessment will take into consideration the needs of all children and young people, Workers, other users of the premises or location, and the local community.

It must be noted that Workers have a right to be treated with respect and dignity. If any worker feels that a situation is dangerous to anyone present, the Worker shall refer the case to their Line Manager as soon as possible.

The Provider(s) is responsible for ensuring that any sub-contracted work is undertaken in manner that reflects the content of this outcome specification and the Contract. See also NHS Standard Contract General and Service Conditions regarding sub-contracting.

9. STAFFING

All staff undertaking evidenced based interventions as part of the Offer shall have a minimum of a relevant and appropriate qualification, acquired at a reputable training centre or university. All qualified staff need to be registered with the appropriate professional body. See also NHS Standard Contract General and Service Conditions.

9.1. Recruitment

The Provider(s) will have safe, robust, written and implemented recruitment policies and procedures. Children and young people should be engaged in recruitment of all staff. See also NHS Standard Contract General and Service Conditions.

- Appropriate levels of competency - as evidenced with qualifications and recruitment.

9.2. Education, Training, Development and Supervision

The Provider(s) will ensure that all Workers are appropriately skilled and qualified to provide the Offer and have the appropriate competencies to carry out the tasks in accordance with the specification. The Provider(s) will ensure appropriate supervision. See NHS Standard Contract general and Service Conditions.

10. PERFORMANCE MANAGEMENT

The Parties will agree the performance data and information to be provided on a monthly basis for the first six months, with the option of moving to a quarterly basis thereafter. National data submission via the MHSDS is a monthly requirement.

The Provider(s) will possess a case management system and data will be provided electronically to the Strategic Commission for the purposes of evaluating the Offer.

The Provider(s) will provide all data/information within 15 operational days of the end of the period to which it relates.

The Provider(s) will meet with representatives of the Strategic Commission to evaluate the Offer on a quarterly basis following submission of the above data. Quarterly meetings will usually be held around the fourth week of the month following the end of each quarter.

The Provider(s) will work in the metrics and outcomes set out in sections 6 of this service specification. In addition the Provider(s) will collect demographic and needs data to provide a population review on the Offer reach.

The Provider(s) shall note that information obtained through contract management of the Offer will be shared with relevant stakeholders as identified and approved by the Strategic Commission.

The Provider(s) will provide a review of the Offer, in the form of formal reporting, performance review and improvement plan on a monthly or quarterly basis as agreed with Commissioners, which will include:

- A review of the performance and delivery of the Offer against the outcomes;
- Where appropriate, proposals to improve the performance and delivery of the Offer during the forthcoming year, a summary of the business plan and associated actions, in the form of an improvement plan;
- An overview Staffing Structure and an FTE employee headcount. This should also include sickness absence and staff survey findings.

11. IMPLEMENTATION OF THE OFFER

The Strategic Commission wishes to minimise the impact on existing children, young people and families using current service provision and wishes create a seamless transition into a new Offer.

The Provider(s) shall produce an implementation plan including timescales that details, where necessary, the occupation and management of existing services and the development of the new Offer, over the period from contract signature to full operation.

The implementation plan will be agreed within 4 weeks of the date of contract award by the Strategic Commission.

Progress against the Implementation Plan will be monitored during the period from the award of the contract to its full operation.

The implementation plan will include:

- A detailed project plan for any change-over of providers;
- Identification of major risks;
- A communication plan, setting out the methods of contact, recording and determining the concerns and requirements of existing services users, in preparation for any changes before and during the change-over and advising children, young people and their of the new Offer;
- The plan for recruitment and programme for induction of Workers.

12. APPENDICES

APPENDIX A - UNDERSTANDING THE NEED

The emotional and mental wellbeing of children and young people is just as important as their physical health. The majority of children and young people are happy with their lives, but it remains the case that many are not. Nationally it is reported that age is consistently associated with decreasing wellbeing in children and young people as they get older, and the rates of mental disorders increased with age.

Nationally, there are also important variations in wellbeing by age and gender, small variations by free school meal status in children, and potentially by ethnicity in young people².

Furthermore one in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017. Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%)³.

Regionally, children and young people make up a third of the Greater Manchester population and it is forecasted that the 0 -15 year old cohort will be one of the fastest growing groups over the next 5 years. The Office for National Statistics (ONS) population estimates projects by 2025 there will be over 732,000 0-19 years' olds in Greater Manchester.

Figure 1 below illustrates the estimated number of children with mental health disorders aged 5-17 years within each locality across Greater Manchester with the prevalence in Tameside and Glossop at 12.25%⁴.

Area	Recent Trend	Neighbour Rank	Count	Value	Count - Count	
					95% Lower CI	95% Upper CI
England	-	-	-	-	-	-
Greater Manchester NHS region	-	-	-	-	-	-
NHS Manchester CCG	-	-	-	9,919	9,307	10,610
NHS Wigan Borough CCG	-	-	-	6,047	5,677	6,466
NHS Bolton CCG	-	-	-	5,810	5,454	6,213
NHS Stockport CCG	-	-	-	5,483	5,147	5,862
NHS Oldham CCG	-	-	-	5,124	4,810	5,479
NHS Trafford CCG	-	-	-	4,959	4,655	5,303
NHS Tameside And Glossop CCG	-	-	-	4,838	4,541	5,174
NHS Salford CCG	-	-	-	4,584	4,302	4,903
NHS Heywood, Middleton And Rochdale CCG	-	-	-	4,470	4,195	4,780
NHS Bury CCG	-	-	-	3,759	3,528	4,020

Figure 3: Greater Manchester estimated number of children with mental health disorders aged 5-17 years (2017/18)

Furthermore in Tameside and Glossop children and young people's outcomes are generally worse than the national and England averages, which has been recently illustrated in the [2020-2022](#)

²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/838022/State_of_the_Nation_2019_young_people_children_wellbeing.pdf

³<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

⁴https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/3/qid/1938133090/pat/46/par/E39000037/ati/152/are/E38000182/iid/93587/age/221/sex/4/cid/4/page-options/cin-ci-4_ovw-do-0_car-do-1

[Tameside Early Help Strategy](#) and in particular looking at the impact of poverty, substance misuse and domestic abuse.

Finally, mental health and wellbeing, like physical health and wellbeing is influenced by the wider and social determinant (see Figure 2). Good mental health is integral to human health and wellbeing. A person's mental health and many common mental disorders are shaped by various social, economic, and physical environments operating at different stages of life. Risk factors for many common mental disorders are heavily associated with social inequalities, whereby the greater the inequality the higher the inequality in risk.

An example of this the growing evidence to highlight how the impact of COVID-19 has negatively impacted on the population's mental health and health inequalities⁵⁶, including those for children and young people. This include but not exclusive to the loss of routine, feeling disconnect from friends and family, anxiety about virus from clinical and non-clinical perspective, as well as bereavement⁷.

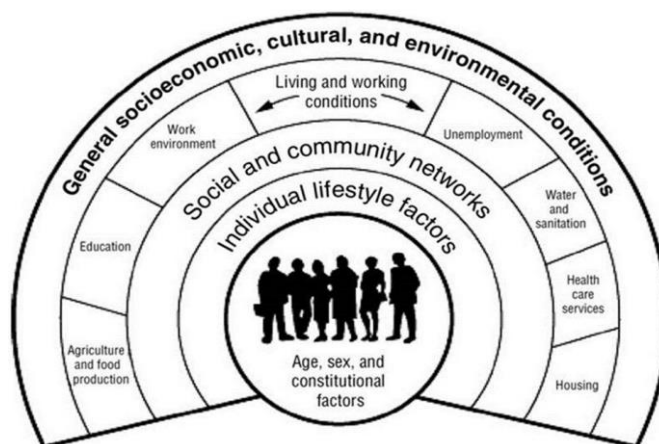


Figure 4: the Dahlgren and Whitehead model of health determinants

⁵ <https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health>

⁶ <https://www.mentalhealth.org.uk/publications/impacts-lockdown-mental-health-children-and-young-people>

⁷ <https://www.rcpch.ac.uk/resources/covid-19-research-studies-children-young-peoples-views>

APPENDIX B – STRATEGIC CONTEXT

Understanding the growing prevalence of poor emotional and mental wellbeing amongst children and young people, the [NHS Long Term Plan](#) set priorities to expand services over the next 10 years. This expansion will see the re-shape of how services are commissioned and delivered, in line with proposals put forward in [Future in Mind](#) paper.

A key component of the Future in Mind paper is the emphasis on promoting resilience, prevention and early intervention, as well as improve access to effective support through a system without tiers. From this the THRIVE Framework was introduced, and in line with the Community Offer's primary focus, the Offer will deliver with the Thriving, Getting Advice and Getting Help groupings on the [THRIVE Framework](#).

The need to focus on prevention and early intervention is also reflected locally in the [Tameside and Glossop Corporate Plan](#), which outlines enablers to deliver the vision for Tameside and Glossop, including:



Figure 5: THRIVE Framework

- A **new relationship** between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
- An **asset based approach** that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits.
- **Behaviour change** in our communities that builds independence and supports residents to be in control.
- A **place based approach that redefines services** and places individuals, families, communities at the heart.
- A stronger prioritisation of **wellbeing, prevention and early intervention**.
- An **evidence led** understanding of risk and impact to ensure the right intervention at the right time.
- An approach that supports the development of **new investment and resourcing models**, enabling collaboration with a wide range of organisations.

The enablers of the Tameside and Glossop Corporate Plan are key foundations and reflects the priorities set in the [Tameside and Glossop Children and Young People's Mental Health Local Transformation Plan](#), which include:

- Working together in neighbourhoods to make it easier to get help;
- Increasing access;
- Listening and shaping services with young people;
- Focus on families as the best resource;
- Increase support for those most vulnerable to improve outcomes.

Complimenting both local strategic documents, is the [Tameside LISTENing Framework](#), which sets out clear asks from local children and young people in the commissioning, implementation and

delivery of services that are designed for children and young people. As such, children and young people ask us to keep the following in mind:

- **LIKE** - Always use our imagination and do things that children and young people would like.
- **INCLUSIVE** - include everybody. Think of the people involved, all the different ages and how services might affect them.
- **SUSTAINABILITY** - We will prioritise the environment and consider the sustainability of the work we do.
- **TRANSFORMING** - Be open minded about things not being the same as before - see what might be possible.
- **EXCITING & INSIGHTFUL** - Make things look modern, think about the people that will use the service.
- **NAVIGATE** - Help us understand things better. Believe and be passionate about your argument. Take things seriously.

As such the principles and priorities of the above will be also key principles and priorities of the Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer.

APPENDIX C - BACKGROUND CONTEXT – CO-PRODUCING THE COMMUNITY OFFER MODEL

On the build up to releasing the specification for the Tameside and Glossop Children and Young People’s Emotional and Mental Wellbeing Community Offer, a significant amount of work had taken place to A) to understand what local children and young people believe wellbeing to be, as well as resources to support their wellbeing and B) coproduce the Community Offer model with local children, young people, families, stakeholders, commissioners, and mental health providers.

In gaining meaningful insight from local children and young people, the Strategic Commission partnered with Worth-It CIC. Through this insight, it was clear that children and young people understood wellbeing to fall into three interlinking elements: mental, emotional and physical, and that the resources available to support their wellbeing is far reaching. Together children and young people, with Worth-It CIC developed the followings figures to illustrate their findings. A final report to summarise the activity and outcomes can be found [here](#).

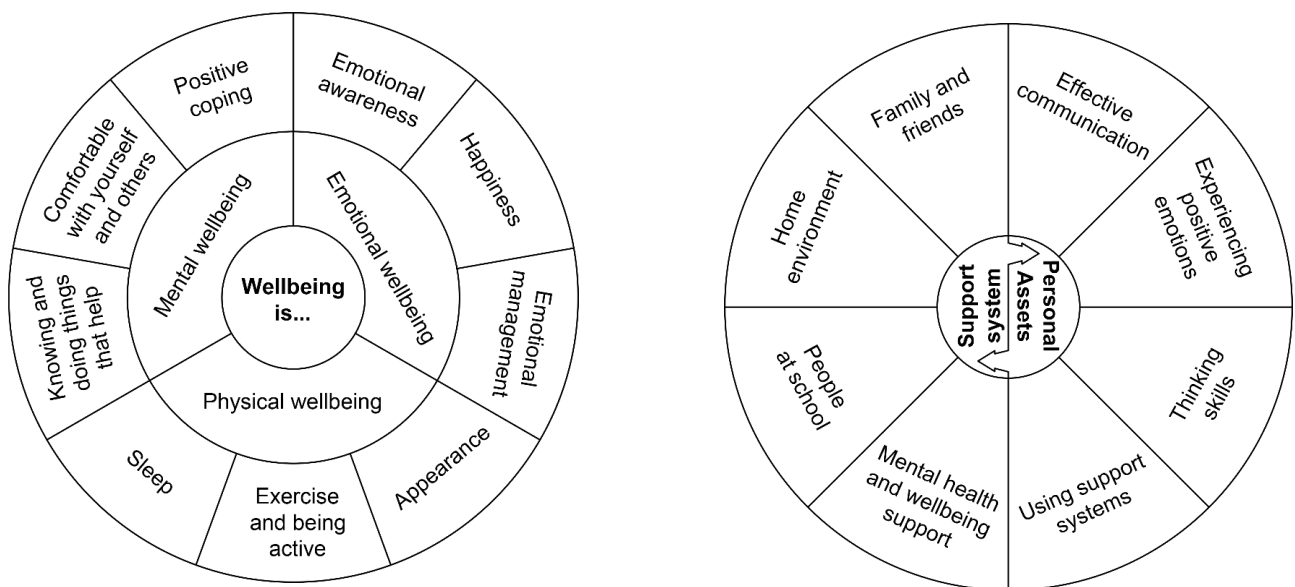


Figure 6: Children and Young People’s Illustration to Wellbeing and Support Resources

Following this, the Strategic Commission partnered with the Innovation Unit to facilitate co-production workshops to bring together collective discovery and design to develop the Community Offer model. Using ‘sprint’ methodology, the Innovation Unit delivered a series of workshops that supported participants through a range of activities to develop the model.

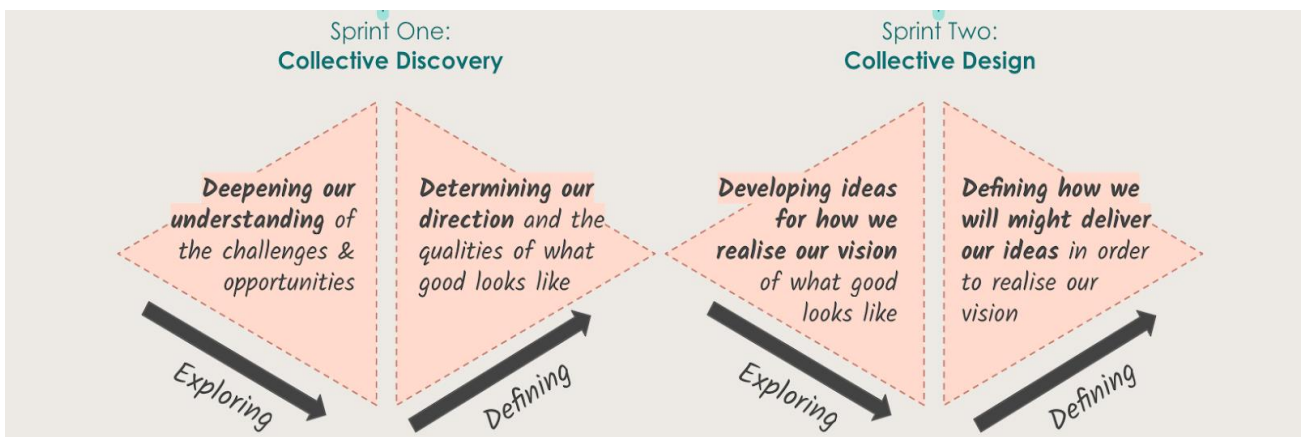


Figure 7: Co-production Sprint Outline

This process enabled participants to:

- Listen and share stories of lived experience of mental wellbeing and support;
- Draw on inspiring case studies and models;
- Create a model that continues to maximise share capacity (collaboration);
- Create processes of co-design and development of solutions.

APPENDIX D - Core Deliverables – Key Offers for Children and Young People

My Emotional Wellbeing Coach

WHY:	HOW:	WHAT:	Key Capacity & Capabilities:
<p>Sometimes young people need to speak to someone who is able to listen, understand and knows how to support them in the right way.</p>	<p>This goal of a 'coach' is to help the young person to help themselves and be able to sustain positive emotional and mental wellbeing. Coaches should be diverse and relatable; making the young person feel comfortable. They might have shared experiences of gender, sexuality or race. Young people have the option to change their coach if they are not the right match.</p>	<p>Support is flexible and built around young person friendly hours. Depending on what the young person needs they will do the following in a 'stepped' process:</p> <ol style="list-style-type: none"> 1. Listen without judgement 2. Guide them with advice and knowledge 3. Connect them to options for support 4. Grow their capacity with resources and tools 5. Support them for a period of time if they need it and work with the people that also support them to do this 6. Work with key relationships such as parents & family members to create a better network for support 7. Refer them and support access to more specialist support if they need it <p>Elements of this support available 24hours a day.</p> <p>Young people have a say in how and when support ends, and know they can go back to their coach if the road gets bumpy again.</p>	<ul style="list-style-type: none"> ● Coach has attributes that are relatable to the young person they are supporting. ● Draw on local resources and assets. ● Work in collaboration with young people to co-produce outcomes and support.

Key Supporting Relationships

WHY:	HOW:	WHAT:	Key Capacity & Capabilities:
<p>The people around young people, like their parents and family play a central role in helping them through tough periods and to grow positive mental and emotional wellbeing.</p>	<p>We support the key support relationships for young people in a range of ways depending on what they need to best support each young person's needs and challenges. This can include all family members and other key support relationships.</p>	<p>We support key supporters in the following ways based on their needs and the needs of the young person they are supporting:</p> <ol style="list-style-type: none"> 1. Quick access to advice and guidance when needed. This involves a blend of online meetings and in person drop in sessions and is available 24 hours. 2. Connecting to other support and resources 3. Coaching support if required and delivered in a way tailored to each person. 4. Help to grow their confidence, skills and ability to support the young person and themselves 5. Working with the supporter to co-produce the support required for the young person if needed. 6. Options to work together as a family as well as accessing peer parenting and family support from others with shared experiences 	<ul style="list-style-type: none"> ● Access to common and open place of access in community. ● The availability of online support. ● Tailor support to diverse needs, language & neurodiversity.

Growing my Potential

WHY:	HOW:	WHAT:	Key Capacity & Capabilities:	Key System Conditions:	Key Value produced:
<p>At the heart of our offer is enabling young people to grow their potential for positive emotional and mental wellbeing for themselves and for them to be able to grow and support others' emotional and mental wellbeing. Such as their friends, family and community.</p>	<p>We need to grow the knowledge and skills that all young people have to grow and develop ways to cope when things are challenging and to thrive. We also focus on how young people can be there for others' emotional and mental wellbeing.</p>	<p>To do this we offer:</p> <ul style="list-style-type: none"> ● Skills workshops to grow young people's confidence in themselves and their ability to support others ● We provide a range of spaces for young people to come together and support each other, including an app and comfortable and safe spaces outside school and the home ● We offer support and guidance for those supporting others if they need it, including training & education on inclusion ● We run a peer support & mentoring network: offering a range of ways that young people can volunteer to mentor & support other young people in safe, low pressure and supported roles. This could include offers of anonymous support. Mentors receive high levels of support and training. ● We make sure learning how to help others is a part of everything we do. 	<ul style="list-style-type: none"> ● Strong coaching capacity to grow confidence and capacity: - to self-manage and improve emotional & mental wellbeing- to support other's emotional & mental wellbeing 	<ul style="list-style-type: none"> ● Open access and self-referral routes ● Emotional literacy embedded in the spaces young people socialise and learn, including schools ● Local access points for community support 	<ul style="list-style-type: none"> ● Young people feel accepted ● Young people feel empowered ● Young people feel trusting and comfortable

Our Emotional Wellbeing Places

WHY:	HOW:	WHAT:	Key Capacity & Capabilities:	Key System Conditions:	Key Value produced:
<p>Having somewhere you know you can go if you want to connect to and access support for positive emotional and mental wellbeing is important.</p>	<p>Our emotional wellbeing 'place(s)' feels welcoming, friendly and without judgement. Our wellbeing place is somewhere young people can trust information and advice, feel they can connect with other young people and positive supporting relationships that help them understand, grow and sustain positive mental and emotional wellbeing. It's somewhere that young people feel they own and that they can continue to shape and develop to make it work for them and other young people.</p>	<p>A network of local 5 key neighbourhood places across Tameside and Glossop, either in tailored locations, or hosted by local organisations, to ensure all young people have quick and easy access to a positive place for emotional and mental wellbeing. <i>The places offer a few different spaces, with opportunities for socialising and for quiet time.</i> Our places are supported by our online place - where young people can access information, positive emotional & mental wellbeing resources and connect with coaches and other young people. Information here is tailored to be engaging and supportive for young people, for example curated and selected video content on wellbeing techniques such as mindfulness, breathing, etc.</p>	<ul style="list-style-type: none"> ● Access to common and open place of access in community ● Draw on local resources & assets ● Draw on & use a range of digital resources & tools 	<ul style="list-style-type: none"> ● Leadership for collective focus and development to improve knowledge & capacity to be inclusive (including LGBTQ+ & BAME) 	<ul style="list-style-type: none"> ● Young people feel welcomed and comfortable ● Spaces are accessible ● Young people have ownership of the space

APPENDIX E - Core Deliverables – Programme Offers

Our Emotional and Mental Health Informed Community

WHY:	HOW:	WHAT:	Key Capacity & Capabilities:	Key System Conditions:	Key Value produced:
<p>We know that awareness and understanding of the impact and challenges of emotional and mental wellbeing of children and young people is something that needs to be developed in Tameside & Glossop, especially in our schools and key services.</p>	<p>We proactively seek to inform and advise to grow knowledge and awareness of emotional & mental wellbeing for children & young people - in key services, organisations & people - like schools, teachers, family, friends, after school clubs, youth clubs, sports clubs etc. We aim to promote our way of supporting young people to grow their potential to support themselves and each other.</p> <p>We adapt information & guidance for our diverse communities and groups, ensuring it is inclusive and accessible to all.</p> <p>We support young people to campaign for awareness & understanding of emotional & mental wellbeing.</p>	<p>We support a network of people & places that anyone can come to get access to information and guidance resources to help them build their understanding & awareness.</p> <p>Core to this is a focus on supporting schools and key services in communities to develop their awareness and capacity to support positive emotional and mental wellbeing.</p> <p>Our Library of ideas & info and our Emotional Wellbeing Training offer help us to grow this informed community.</p>	<ul style="list-style-type: none"> ● Utilise existing relationships with schools ● Draw on local resources and assets ● Draw on & use a range of digital resources & tools 	<ul style="list-style-type: none"> ● Leadership for collective focus and development to improve knowledge & capacity to be inclusive (including LGBTQ+ and BAME) ● Collective focus & investment in reducing stigma ● Collective sharing of information and ideas 	<ul style="list-style-type: none"> ● Young people feel validated

Our Emotional Wellbeing Library of Ideas and Information

WHY:	HOW:	WHAT:	Key Capacity & Capabilities:	Key System Conditions:	Key Value produced:
<p>We know that there is an amazing amount of information and resources for young people about building positive emotional & mental health, but sometimes it can be overwhelming or hard to know what to trust.</p>	<p>We are a trusted source for this guidance and information and we make sure we have up to date information. We are known locally as the place to go for this information.</p> <p>If needed, we can provide support to help people know what information or resources might be best for them and provide guidance about how to share and engage young people with key information.</p> <p>We always seek to learn from what was useful to young people, families and services and make sure we promote what works. This includes how information is shared and accommodating different learning styles - for example using videos etc.</p>	<p>We maintain and grow a (digital) library of these resources and make it easy for people to access - be it a school, a young person or a family member. We collate information to make sure it is trusted and age appropriate. We are connected to other sources & services of health & wellbeing information and advice.</p> <p>Key to this is making these resources available, accessible and easily used in schools and other key services.</p>	<ul style="list-style-type: none"> ● Input from young people ● Draw on local resources & assets 	<ul style="list-style-type: none"> ● Leadership for collective focus and development to improve knowledge & capacity to be inclusive (inc. LGBTQ+ & BAME) ● Collective focus & investment in reducing stigma 	<ul style="list-style-type: none"> ● Young people and their families have a shared understanding of mental and emotional wellbeing ● This understanding feels accessible

Our Emotional Wellbeing Training

WHY:	HOW:	WHAT:	Key Capacity & Capabilities:	Key System Conditions:	Key Value produced:
<p>We know that being able to support young people's emotional and mental wellbeing needs to be the job of everyone. However, not everyone has the knowledge and skills to do this.</p>	<p>We offer services and organisations training to develop the knowledge and skills to better support emotional & mental wellbeing and tailor this to work in their context - be that at a school, GP surgery or local sports club. Our training aims to support a wide diversity of different people and recognises the need to adapt training for different cultural groups locally.</p> <p>Our training helps organisations know how to grow positive awareness of mental & emotional health and to recognise when and how young people might need support in key moments of their lives - from exams to family challenges.</p>	<p>Our training is co-led with young people. They help define what we train, how we train and co-deliver key elements of training. This process aims to help young people build their own skills and capacity by training others and is supported by schools. Being trained by us is something that is valued around here and people will want to show that they have been 'accredited' by us. A key audience for this training is schools and key services. This training is a key part of promoting and growing our mental health informed community.</p>	<ul style="list-style-type: none"> ● Co-produced and led with children and young people ● Work with family and peer 'group' to develop training 	<ul style="list-style-type: none"> ● Coordination to ensure no duplication with existing training programmes 	<ul style="list-style-type: none"> ● Young people feel empowered by reaching into their own experience to develop support for others

Our Emotional Wellbeing Co-production Network

WHY:	HOW:	WHAT:	Key Capacity & Capabilities:	Key System Conditions:
<p>At the heart of our offer is a common set of values and approach and a shared set of outcomes. We work together as young people, providers, professionals, commissioners and the community in deep collaboration to make sure that we can grow and promote these across Tameside and Glossop.</p>	<p>We know that this is a journey and will take time to realise our ambitions for children's & young people's mental and emotional wellbeing. The voice, insight and ideas of children & young people are at the heart of everything we do. We make sure that we continue to co-produce why, how and what we do with young people. We actively reach out into our communities to grow the diversity and inclusivity of our network.</p>	<p>Our Co-production Network hosts events, workshops and activities to engage a diverse range of people - from parents & carers, to local services and schools, to wider members of the community - they are all able to be part of leading and growing positive emotional & mental wellbeing with children and young people. At its heart, the Co-production Network is led by young people, with the support of adults. The experience of young people is considered a priority and there are a range of ways for young people to be involved in ways that work for them.</p>	<ul style="list-style-type: none"> ● The voices of parents, families, children & young people from a diverse set of backgrounds, Education, Health, the Council, Adult provision, VSCE and commissioners 	<ul style="list-style-type: none"> ● Network integrated in all elements of provision ● Strong connection into adult Living Life Well offer ● Strong connection into Emotional and Mental Wellbeing Schools Offer ● Driving young people's mental health as a system wide outcome

APPENDIX F – PERFORMANCE FRAMEWORK

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	Design principles	Outcomes/Outputs	Indicator	Threshold	Reporting Method	Frequency
How much are we doing?	We develop young people's positive mental health, resilience and wellbeing in everything we do , to help them thrive and cope when things are difficult	Increasing access for children and young people into support	Number of new CYP receiving a service	At least 1000 CYP in 12 months	MHSDS - monthly report	Monthly
			Number of face to face/equivalent contacts	TBA	MHSDS - monthly report	Monthly
			Number of referrals, including self	N/A	MHSDS - Monthly report	Monthly
			Number of CYP that have 2 or more intervention contacts	At least 800 CYP in 12 months	MHSDS - monthly report	Monthly
		Increasing knowledge, skills & capacity of key relationships (family, community and support, including schools)	Number of parents and carers having face to face/equivalent contacts	50% of under 16's	Quarterly report	Quarterly
			Number of parents and carers taking up training	at least 20 parents per quarter	Quarterly report	Quarterly
		Growing sustainable skills and capacity for positive mental and emotional wellbeing	Number of staff trained (by staff group)	at least 30 staff per quarter	Quarterly report	Quarterly
How well is it being done?	We ensure support is inclusive and accessible to all young people and their peer and family groups	Reducing stigma about mental health	Report on reducing stigma activity	at least 1 activity per quarter that reaches large numbers	Quarterly report	Quarterly
		Increasing inclusivity for LGBTQ+ and BAME groups	Report to show diversity – age, ethnicity, religion, gender, sexual identity plus neighbourhood, GP, school/ college.	Representative of population	Quarterly report (age, sex, ethnicity MHSDS)	Quarterly

		Increased evidence-based prevention and early interventions solutions	Waiting times for each element of the offer	90% initial conversation within 10 days of referral 90% entering an element of the offer within 6 weeks	Monthly report	Monthly
			Types of activities taken up by people		Monthly report	Monthly
We give young people the time and space to have a voice and be heard , including the availability of flexible and young person friendly hours and places	Increasing emotional awareness, management & wellbeing		Lead the Thrive Forum to create a thriving community partnership	N/A	Case study / meeting notes Annual survey of forum members	
			Report on delivery by place	N/A	Quarterly report	Quarterly
			Report on delivery by time	N/A	Quarterly report	Quarterly
We ensure young people are included, listened to and have choice & control of every part of their support journey , from identifying problems to developing and generating ideas and solutions	Empowering young people to shape mental and emotional wellbeing support		Co-produce and lead a thriving CYP Forum	N/A	Case study / meeting notes / LISTENING quarterly report Annual survey of CYP	
			Report, reflect and act on young person and family satisfaction with a ESQ score	85% positive	Monthly report	Quarterly

	We support young people to support each other , so they have the skills and understanding to seek and provide support	Increasing young people's capacity to support each other's emotional wellbeing	Number of active peer supporters recruited in quarter and number of sessions	TBA		Quarterly
			Confidence of peer supporters	quarterly survey	Survey	Quarterly
Is anyone better off?	We build relationships & places where young people feel comfortable, accepted and valued , where they can express themselves without judgement and communicate to adults when they are doing it wrong	Increasing key physical wellbeing	Outcomes (based on agreed standardised measures) – CYP	80%	Monthly report (MHS006 and MHS007 MHSDS)	Monthly
			Outcomes (based on agreed standardised measures) – parent / carer	80%	Monthly report (MHS006 and MHS007 MHSDS)	Monthly
			Cases studies	2 per month	Monthly report	Monthly
			Number of Complaints			Quarterly
			Number of Compliments			Quarterly
			You Said, We Did report based on satisfaction, complaints and compliments			Quarterly

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

Subject / Title	Development of Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer
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Team	Department	Directorate
Starting Well Commissioning	Population Health CCG Commissioning	Population Health CCG Commissioning

Start Date	Completion Date
28/09/2020	17/12/2020

Project Lead Officer	Charlotte Lee, Population Health Programme Manager
Contract / Commissioning Manager	Pat McKelvey, Strategic Lead for Starting Well and MH
Assistant Director/ Director	Debbie Watson, Assistant Director of Population Health Jessica Williams, Director of Commissioning

EIA Group (lead contact first)	Job title	Service

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.

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

<p>1a.</p>	<p>What is the project, proposal or service / contract change?</p>	<p>The funding for current services that are commissioned to support children and young people with their emotional health and wellbeing (assigned to the Getting Advice and Getting Help of the THRIVE Framework), will be pooled together to develop a seamless Community Offer for children, young people and their families. The pooled funding is that from Population Health and CCG, the funding will also see an increase. This would mean that current service contract and grants will come to an end.</p>
<p>1b.</p>	<p>What are the main aims of the project, proposal or service / contract change?</p>	<p>The main aims of the Community Offer are:</p> <ul style="list-style-type: none"> - Supporting children and young people individually with their emotional health and wellbeing through a range of options, that are delivered in view of the young person's needs and wishes, and that is it delivered locally across the neighbourhoods, as well as digitally. - Supporting children and young people collectively and appropriate with their emotional health and wellbeing e.g. access to workshops around exam stress, anxiety etc. Delivered somewhat similar to the above. - Supporting others to support the children and young people – this could be a family members or a trusted adult e.g. a teacher, or through programmes that enable a mental health informed community that reduce stigma of mental health. - Enable peer support amongst young people, through young person lead training. - Programmes to support positive wellbeing, such as building of the assets of children and young people e.g. engagement in sport, music etc... - Development of an accessible emotional wellbeing library of ideas and information (self-guidance and support).

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

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

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Equality Impact Assessment (EIA) Form**

Protected Characteristic	Direct Impact/ Relevance	Indirect Impact/ Relevance	Little / No Impact/ Relevance	Explanation
Age	✓			Current services and the Community Offer will be used by children aged 10-18.
Disability		✓		Some children and families with disabilities will use current services and will use the Community Offer.
Ethnicity		✓		Some children and families from different ethnic backgrounds will use current services and will use the Community Offer.
Sex		✓		Different sexes will use current services and will use the Community Offer.
Religion or Belief		✓		Some children and families from different religion, cultural and belief backgrounds will use current services and will use the Community Offer.
Sexual Orientation		✓		Some children and families with different sexual orientation background will use current services and will use the Community Offer.
Gender Reassignment		✓		Some children and families with gender reassignment will use current services and will use the Community Offer.
Pregnancy & Maternity			✓	The current services and the Community Offer are

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				not used by pregnant women, unless they have a child who is accessing the current/ service community offer.
Marriage & Civil Partnership			✓	The current services and the Community Offer will have little impact on marriages or civil partnerships, but may support children, young people and families where this may be identified as an issue.
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	✓			Current services and the Community Offer will be support children and young people with getting advice, getting help for their emotional and mental wellbeing. This will include support families too.
Carers		✓		Some children using current services will be carers, and will have full access to the Community Offer.
Military Veterans			✓	Little impact but some of the children and young people access current services and who will access the Community Offer may have families member who are Military Veterans.
Breast Feeding			✓	Little impact but some of the children and young people access current services and who will

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				access the Community Offer may have families member who are breastfeeding.
Special Educational Needs and Disabilities (SEND)		✓		Young people accessing autism or ADHD services, or those with additional needs may access the Community Offer
Cared for Children		✓		Children who are cared for may access the Community Offer if they live in Tameside and Glossop

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?

Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Low or no income groups		✓		Some children and families with low or no income will use current services and will use the Community Offer.

“Low or no income groups” should be included as a key consideration when assessing the impact of your project, proposal, policy or service/contract change.

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?	As the development of a Community Offer for children and young people’s emotional and mental wellbeing, ultimately means decommissioning current services, a full EIA would be beneficial to mitigate identified risk factors.	

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

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

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary

An EIA for the development of the Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer is being undertaken as it is a transformation programme to improve outcomes associated with children and young people's mental health. The transformational programme means a significant shift in the ways current services are delivered.

The funding for current services that are commissioned to support children and young people with their emotional health and wellbeing (assigned to the Getting Advice and Getting Help of the THRIVE Framework), will be pooled together to develop a seamless Community Offer for children, young people and their families. The pooled funding is that from Population Health and CCG, the funding will also see an increase. This would mean that current service contract and grants will come to an end on 31st August 2021.

Just some of the key deliverables for the developing Community Offer will include:

- Supporting children and young people individually with their emotional health and wellbeing through a range of options, that are delivered in view of the young person's needs and wishes, and that is it delivered locally across the neighbourhoods, as well as digitally.
- Supporting children and young people collectively and appropriate with their emotional health and wellbeing e.g. access to workshops around exam stress, anxiety etc. Delivered somewhat similar to the above.
- Supporting others to support the children and young people – this could be a family members or a trusted adult e.g. a teacher, or through programmes that enable a mental health informed community that reduce stigma of mental health.
- Enable peer support amongst young people, through young person lead training.
- Programmes to support positive wellbeing, such as building of the assets of children and young people e.g. engagement in sport, music etc...
- Development of an accessible emotional wellbeing library of ideas and information (self-guidance and support).

A key aim of the Community Offer is that it is a collaborative offer delivered together by providers, instead of single services that in the main support children on a one to one basis and are delivered in the venue of provider. The new offer will offer a range of interventions in a range of places, rather than at present where support is currently Ashton or Hyde centric.

Moving into a Community Offer should not have any negative impacts of children and young people with protected characteristics, if anything, the Community Offer will positively impact as access will be improved and a wider range of interventions and support programmes will be live. However, in this it is vital that engagement with children and young people and their parents/carers from a range of backgrounds and communities is ongoing so that Community Offer can evolve.

A potential negative impact is the risk of lack of communication around a transition of a Community Offer. To mitigate this a clear communication plan needs to developed and shared by all parties.

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2b. Issues to Consider

- A key issue to consider is the communication around the Community Offer as services currently in contract will come to a natural end. Residents, stakeholders and referrers will need information to understand what the Community Offer is, what it will do, and how it can be accessed.
- That children and young people currently in service are not 'lost' as services change, and the new Community Offer comes into form, and that Providers are appropriately supporting young people into the new Community Offer.
- That the Community Offer meets the needs and wishes for children, young people and families – poor mental health can affect anyone but particularly the Community Offer will need to support children, young people and families who are higher risk such as those with characteristics: LGBT+¹, Young Carers², vulnerable as identified through Children's Services^{3,4} and those from low to no incomes backgrounds⁵.
- That the Community Offer is able to support the local need in Tameside and Glossop as detailed in the Tameside and Glossop Children and Young People's Local Transformation Plan⁶.
- That the Community Offer meets national guidance and policy, such as the NHS Long Term Plan⁷, the Green Paper⁸, Future in Mind⁹ and the evidence of intervention put forward by Public Health England¹⁰.

2c. Impact/Relevance

The development and implementation of the Community Offer for emotional and mental wellbeing in Tameside and Glossop should have no negative impact on children, young people and their families. The development of the Community Offer seeks to improve and simplify processes and places to access to mental health support, increase delivery of support, and most importantly be adaptable to a range of needs of children and young people identified within the Getting Advice and Getting Help elements of the THRIVE model. The Community Offer will continuously evolve

¹ <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-lgbt-people>

² <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-carers>

³ <https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/domestic-violence-and-abuse-effects-on-children>

⁴ https://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/en/

⁵ <https://www.mentalhealth.org.uk/sites/default/files/Poverty%20and%20Mental%20Health.pdf>

⁶ <https://www.tamesideandglossopccg.org/getmedia/56562a7d-da35-453a-91aa-a4652c155a71/CYP-emotional-wellbeing-and-mental-health-transformation-plan-20152020>

⁷ <https://www.longtermplan.nhs.uk/>

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

¹⁰ <https://www.gov.uk/government/publications/children-and-young-peoples-mental-health-prevention-evidence>

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

through a children and young people’s co-production network.

An impact that could be identified is that children and young people - those that transition from current services to the new Community Offer are confused by the changes or are unsure of where to seek advice and help, and therefore may not obtain the support required at the right time. This also applies to parents, and professionals working with children and young people.

2d. Mitigations <i>(Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)</i>	
Meet the needs of children and young people from all backgrounds	Co-production has a pivotal point in the development of the Community Offer, it is important that this remains through the process of procurement, implementation and review.
Transition of Services to Offer	A clear communication plan will need to be developed for children and young people, families, and to professionals including schools. The communication plan will need to be system wide meaning it is shared by the Strategic Commission and Providers.

2e. Evidence Sources

Strategic Commissioning Board – September 2020:
<https://tameside.moderngov.co.uk/ieListDocuments.aspx?CId=303&MId=5074&Ver=4>

Market Engagement Event:

CYP Emotional and Mental Wellbeing C

Engagement with children and young people, some of whom with lived experienced of poor mental health:

TG_Report_FINAL1 docx.pdf

Co-production workshop with children and young people, stakeholders, providers and commissioners:

DRAFT TG CYP REPORT v1.0.pptx

Parent and Carer Focus Groups:
 To take place in January 2021

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

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2f. Monitoring progress		
Issue / Action	Lead officer	Timescale
Communication Plan for Transition	Charlotte Lee	Spring/ Summer 2021

Signature of Contract / Commissioning Manager	Date
<i>P. McElwey</i>	18/12/20
Signature of Assistant Director / Director	Date
<i>D Watson</i>	23/12/20

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