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## STRATEGIC COMMISSIONING BOARD

**Day:** Wednesday  
**Date:** 10 February 2021  
**Time:** 1.00 pm  
**Place:** Zoom Meeting

Item No.	AGENDA	Page No
1	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>	
2	<b>DECLARATIONS OF INTEREST</b> To receive any declarations of interest from Members of the Board.	
3	<b>MINUTES</b>	
3a	<b>MINUTES OF THE PREVIOUS MEETING</b> The Minutes of the meeting of the Strategic Commissioning Board held on 27 January 2021 to be signed by the Chair as a correct record.	1 - 6
3b	<b>MINUTES OF EXECUTIVE BOARD</b> To receive the Minutes of the Executive Board held on 20 January 2021.	7 - 8
4	<b>REVENUE MONITORING STATEMENT AT 31 DECEMBER 2020</b> To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	9 - 24
5	<b>BUDGET CONVERSATION 2021/22 - FINDINGS REPORT</b> To consider the attached report of the Executive Leader / Executive Member, Finance and Economic Growth / CCG Co-Chairs / Director of Governance and Pensions / Assistant Director, Policy, Performance and Communications.	25 - 52
6	<b>LOCALLY COMMISSIONED SERVICES - REVIEW AND RECOMMISSIONING ARRANGEMENTS</b> To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Lead for Primary Care / Director of Commissioning.	53 - 60
7	<b>PERMISSION TO EXTEND THE HEALTH IMPROVEMENT CONTRACT TO ALLOW FOR A REVIEW OF THE SERVICE SPECIFICATION IN LINE WITH A BUDGET REDUCTION AND A FULL PUBLIC CONSULTATION ON THE PROPOSED CHANGES TO THE SERVICE.</b> To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Lead – Long-Term Conditions / Director of Population Health / Consultant in Public Health	61 - 70

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

Item No.	AGENDA	Page No
8	<b>RE-COMMISSIONING OF ADULT LEARNING DISABILITY AND AUTISM SERVICES</b>  To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Leads / Director of Commissioning.	71 - 76
9	<b>URGENT ITEMS</b>  To consider any items the Chair considers to be urgent.	

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

## STRATEGIC COMMISSIONING BOARD

27 January 2021

Comm: 1.00pm

Term: 1.35pm

**Present:**

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

**In Attendance:**

Sandra Stewart	Director of Governance & Pensions
Kathy Roe	Director of Finance
Richard Hancock	Director of Children’s 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
Debbie Watson	Assistant Director of Population Health
Ilys Cookson	Assistant Director, Exchequer Services
James Mallion	Consultant Public Health
Catherine Moseley	Head of Access Services
Simon Brunet	Head of Policy, Performance and Intelligence

### 77. CHAIR’S OPENING REMARKS

The Chair welcomed everyone to the meeting and announced that since the last meeting of the Board, over 28,000 of the most vulnerable Tameside and Glossop residents had received the Covid 19 vaccine. Over 90% of over people aged over 80 years and all care home residents and staff had been vaccinated and almost all housebound people completed. It was expected that all top four priority groups would be completed ahead of time. He thanked all Health, Council and volunteer workers involved for this fantastic achievement and the delivery of the programme to date.

### 78. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

### 79. MINUTES OF THE PREVIOUS MEETING

#### RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 16 December 2020 be approved as a correct record.

## **80. MINUTES OF THE EXECUTIVE BOARD**

### **RESOLVED**

**That the Minutes of the meetings of the Executive Board held on: 9 December 2020, 6 January and 13 January 2021, be noted.**

## **81. MINUTES OF THE LIVING WITH COVID BOARD**

### **RESOLVED**

**That the Minutes of the meeting of the Living with Covid Board held on 9 December 2020 be noted.**

## **82. CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 30 NOVEMBER 2020**

Consideration was given to a report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance, which updated Members on the financial position up to 30 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.

### **RESOLVED:**

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

## **83. 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.

It was explained 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.

#### **RESOLVED**

- (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; and**
- (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.**

#### **84. 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.

The Director of Commissioning corrected an error in the report and clarified that the contracts for Willow Wood and the Stroke Association were proposed to be extended for 1 year and not 2 years, as stated in the report.

#### **RESOLVED**

**(i) That the extension of the following contracts be approved:**

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

<b>Stroke Association</b>	<b>31/03/2022</b>
<b>Diagnostic Healthcare Ltd</b>	<b>31/03/2022</b>

- (ii) **That the intention to delay the planning of future provision until June 2021 when longer-term Health commissioning arrangements should be known, be approved.**

**85. CHILDREN AND YOUNG PEOPLE’S EMOTIONAL AND MENTAL WELLBEING COMMUNITY OFFER – UPDATE**

A report was submitted by the Executive Member, Adult Social Care and Population Health / Clinical Lead for Starting Well / Director of Commissioning / Assistant Director of Population Health, providing 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.

It was explained 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 to the report) and therefore informed the development of the specification (Appendix 2 to the report).

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 42<sup>nd</sup> Street) had been notified that current contract/grant agreements would end on 31 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, 42<sup>nd</sup> Street, TOG MIND and Anthony Seddon Fund) until 31 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.

**RESOLVED**

- (i) **That 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 be noted; and**

- (ii) That permission be given to tender the redesigned service offer with Tameside & Glossop CCG as lead commissioner and Tameside Council as associate commissioner to the new contract.

**86. URGENT ITEMS**

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

**CHAIR**

## BOARD

20 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:**    **Dr Asad Ali, Steph Butterworth, Tim Bowman, Jeanelle De Gruchy, Dr Ashwin Ramachandra, Ian Saxon, Sarah Threlfall, Jayne Traverse, Debbie Watson, Tom Wilkinson and Jess Williams**

### **205    DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **206    MINUTES OF PREVIOUS MEETING**

The minutes of the meeting of the Board held on the 13 January 2021 were approved as a correct record.

### **207    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 (Neighbourhoods, Community Safety and Environment) / Assistant Director of Population Health / Assistant Director of Finance, which provided an update on the plans for financial sustainability of the Council's Sport and Leisure facilities provided by Active Tameside.

Members were reminded that a Sport and Leisure review was being undertaken across the leisure estate over the next six months including the financial performance of facilities, usage and analysis of demographic information to inform the development of an Equality Impact Assessment.

The Assistant Director of Population Health detailed the changes to the report following consideration at the last meeting of the Executive Board.

It was explained that the report detailed a phased approach. The first phase of the review focused on those facilities that had been operating at a loss in recent years, followed by a second phase including all sport and leisure facilities being carried out in conjunction with the Councils Operational Estate and Portfolio review of council land and property holdings. The second phase would include condition surveys of all the Council's leisure facilities. The cost of the review would be met by existing budget within the Population Health directorate.

The Assistant Director of Finance highlighted that the purpose of this review was to ensure the financial sustainability of Active Tameside. It was reported that Active Tameside had already received £1m out of a £2.5m cap on their insurance claim, however, a challenge had been made to the high court, this would determine if Active Tameside's cap was for the whole estate or each premises. Despite this, it was likely that Active Tameside would need further financial support in the next financial year.

Members discussed the purpose of the consultation and the options that were being considered. It was important that all the options considered would ensure that the Council's Sport and leisure offer was financially sustainable.

The Executive Leader led a discussion on the financial performance of the facilities at Longdendale, Oxford Park and the Etherow Centre. The Board highlighted the importance of proceeding with this phase of the review.

With regards to the consultation Members of the Board requested that the wording of the options for consultation be reviewed prior to decision at Executive Cabinet. Members of the Board expressed the importance that the consultation reflected that if the buildings were to be repurposed it would not be as part of Sports and Leisure services offered by Active Tameside. Members of the Board agreed that the consultation document be appended to the report when it is presented for decision at the Executive Cabinet.

#### **AGREED**

**That the report be redrafted following comments by Members and for the redrafted report to be presented at the next meeting of Board.**

### **208 PLANNING REFORM CONSULTATION - SUPPORTING HOUSING DELIVERY AND PUBLIC SERVICE INFRASTRUCTURE**

Consideration was given to a report of the Executive Member for Housing, Planning and Employment / Director of Growth which detailed the proposed response to the "Supporting Housing Delivery and Public Service Infrastructure" published for consultation by the Government which closed on 28 January 2021.

It was explained that the Government's consultation on supporting housing delivery and public service infrastructure was a technical consultation which sought views on proposals for:

- A new permitted development right for a change of use to residential to create new homes;
- Measures to provide public service infrastructure more quickly through expanded permitted development rights and a new streamlined planning application process for hospitals, schools and prisons; and,
- The approach to simplifying and consolidating existing permitted development rights following changes to the Use Classes Order.

The consultation sought views on any potential impacts on business, local planning authorities and communities from these measures. Through a series of focussed questions it provided the opportunity for comments to be submitted by 28 January 2021. The proposed responses from Tameside Council were as set out in **Appendix 1** to the report.

The Director of Growth highlighted concerns set out in **Appendix 1** to the report. It was stated that if changes of use took place without permission then there would not be a quality control over design, this would lead to complaints from the public. Further, this could reduce applications and planning fees whilst burdens from complaints increase. Members of the Board agreed that a paragraph be added to the report which would summarise the Council's objections, in addition, a list of changes be added on changes which the Council would no longer have control over.

#### **AGREED**

**That Executive Cabinet be recommended to receive a copy of a consultation to the Government's Supporting Housing Delivery and Public Service Infrastructure consultation set out in Appendix 1 to meet the statutory consultation deadline.**

Chair

# Agenda Item 4

**Report To:** STRATEGIC COMMISSIONING BOARD

**Date:** 10 February 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 31 DECEMBER 2020

**Report Summary:** This report covers the Month 9 2020/21 financial position, reflecting actual expenditure to 31 December 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.

At Month 9, the Strategic Commission is reporting a net forecast overspend of £3.328m by 31 March 2021. The Council is forecasting a year end overspend of £3.8m due primarily to a significant overspend on Children’s Social Care services. Additional COVID funding has been announced in recent weeks to support testing and vaccination logistical costs, and the overall position may improve once costs and funding for this work is confirmed. On the assumption that the anticipated COVID top up is received in full, a surplus of £512k is projected at year end on CCG budgets. Further details can be found in **appendix 1**.

**Recommendations:** That the Strategic Commissioning Board and Executive Cabinet be 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:** This report provides the 2020/21 consolidated financial position statement at 31 December 2020 for the Strategic Commission and ICFT partner organisations. The Council set a balanced budget for 2020/21 but the budget process in the Council did not produce any meaningful efficiencies from departments and therefore relied on a number of corporate financing initiatives, including budgeting for the full estimated dividend from Manchester Airport Group, an increase in the vacancy factor and targets around increasing fees and charges income.

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

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

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)**

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

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

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

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

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

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

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

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

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

A budget is a financial plan and like all plans it can go wrong. Councils therefore need to consider the financial impact of risk and they also need to think about their future needs. Accounting rules and regulations require all organisations to act prudently in setting aside funding where there is an expectation of the need to spend in the future. Accordingly, local councils will set aside funding over three broad areas: Councils create reserves as a means of building up funds to meet known future liabilities. These are sometimes reported in a series of locally agreed specific or earmarked reserves and may include sums to cover potential damage to council assets (sometimes known as self-insurance), un-spent budgets carried forward by the service or reserves to enable the council to accumulate funding for large projects in the future, for example a transformation reserve. Each reserve comes with a different level of risk. It is important to understand risk and risk appetite before spending. These reserves are restricted by local agreement to fund certain types of expenditure but can be reconsidered or released if the council's future plans and priorities change. However, every council will also wish to ensure that it has a 'working balance' to act as a final contingency for unanticipated fluctuations in their spending and income. The Local Government Act 2003 requires a council to ensure that it has a minimum level of reserves and balances and requires that the Section 151 officer reports that they are satisfied that the annual budget about to be agreed does indeed leave the council with at least the agreed minimum reserve.

Legislation does not define how much this minimum level should be, instead, the Section 151 officer will estimate the elements of risk in the council's finances and then recommend a minimum level of reserves to council as part of the annual budget setting process.

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

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

**Risk Management:**

Associated details are specified within the presentation.

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

**Background Papers:**

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

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

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## 1. BACKGROUND

- 1.1 Monthly integrated finance reports are usually prepared to provide an overview on the financial position of the Tameside and Glossop economy.
- 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 9, the Strategic Commission is forecasting a net overspend of £3.328m by 31 March 2021.
- 2.2 The Council is forecasting a year end overspend of £3.8m, which is a slight deterioration on the position reported at month 8. This is explored in more detail in appendix 1. Significant pressures remain across Directorates, most significantly in Children's Social Care where expenditure is forecast to exceed budget by £4.134m, 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 On the assumption that the anticipated COVID top up is received in full, a surplus of £512k is projected at year end on CCG budgets.
- 2.4 Further detail on the financial position can be found in **Appendix 1**.

## 3. RECOMMENDATIONS

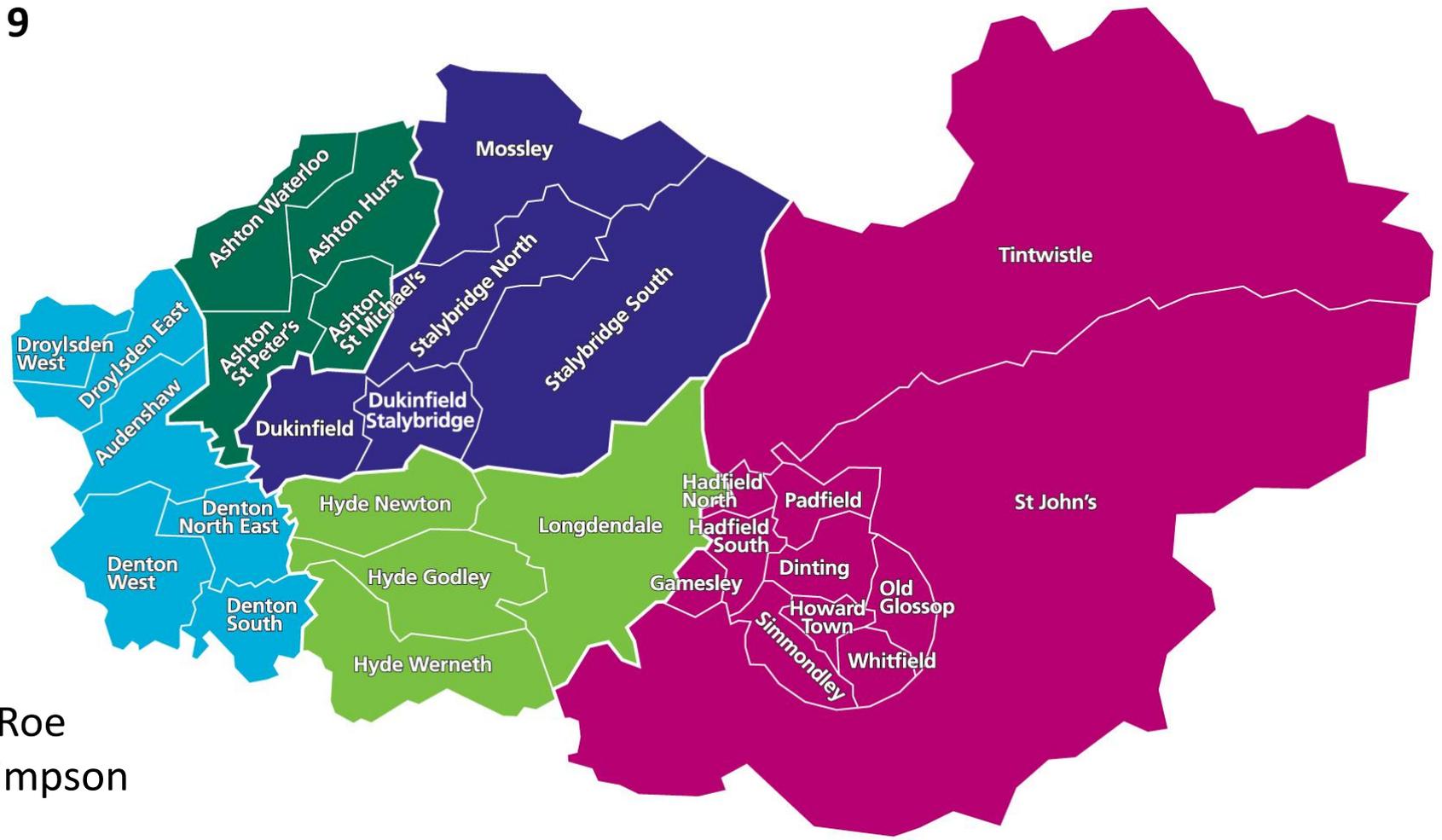
- 3.1 As stated on the front cover of the report.

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# Tameside and Glossop Strategic Commission

## Finance Update Report Financial Year Ending 31st March 2021 Month 9

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Kathy Roe  
Sam Simpson

## Month 9 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 £4,134k 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 M9 the size of the pressure has increased again as a result of an increase in the number and cost of placements.

## Message from the Directors of Finance

The first Tameside & Glossop patients received their COVID vaccine in December 2020. This is a clear and encouraging milestone in our COVID recovery process, with 5 neighbourhood vaccine sites now operational for roll out to the population at large. Our Covid vaccination roll out in Tameside and Glossop is going exceptionally well, with over 18,000 vaccinations carried out by mid January (As at 13 January 2021). This success is a credit to the primary care network teams and GPs, CCG and Council colleagues who have been working flat out to ensure we are vaccinating people in the top priority groups as quickly and safely as possible. T&G are central to the GM vaccination programme, with the ICFT acting as the lead employer for the GM mass vaccination site.

Whilst the vaccine roll out is encouraging, the next few months will remain challenging as COVID infection rates remain high. The impact of the current increases in infection rates and hospital admissions, combined with the economic impact of the third national lockdown, present an increased level of financial risk for the last three months of the year.

Despite the ongoing COVID pressures and prioritisation of the vaccine roll out, planning for 21/22 continues where possible. Work is ongoing to finalise the Council budget proposals for 2021/22, and these will be considered by the Council’s Executive Board and Full Council in January. However, CCG planning guidance for 2021/22 has been delayed and the timetable for 21/22 financial planning is not yet clear.

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## COVID Top Up

The CCG is showing a YTD overspend of £2,001k, but a surplus of £512k by year end. This relates to anticipated top up payments which have not yet been received.

This is made up of £1,284k from the Hospital Discharge Programme, £20k in relation to the COVID vaccination programme and £696k in relation to activity with the independent sector.

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.

Forecast Position £000's	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance
CCG Expenditure	440,495	0	440,495	439,983	512
TMBC Expenditure	540,481	(335,202)	205,279	209,119	(3,840)
<b>Integrated Commissioning Fund</b>	<b>980,977</b>	<b>(335,202)</b>	<b>645,774</b>	<b>649,102</b>	<b>(3,328)</b>

As at Month 9, the Strategic Commission is forecasting a net overspend of £3.328m by 31 March 2021. On the assumption that the anticipated COVID top up is received in full, a surplus of £512k is projected at year end on CCG budgets. Council budgets continue to show a net overall overspend of £3.8m due primarily to a significant overspend on Children’s Social Care services. Additional COVID funding has been announced in recent weeks to support testing and vaccination logistical costs, and the overall position may improve once costs and funding for this work is confirmed.

# Finance Update Report – Strategic Commission Budgets

Forecast Position £000's	Forecast Position					Net Variance		Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	COVID Variance	Non-COVID Variance	Previous Month	Movement in Month
Acute	217,544	0	217,544	217,641	(97)	0	(97)	36	(133)
Mental Health	44,532	0	44,532	44,609	(77)	0	(77)	(348)	271
Primary Care	92,007	0	92,007	91,763	245	0	245	119	126
Continuing Care	15,021	0	15,021	14,560	461	0	461	352	109
Community	34,694	0	34,694	34,823	(129)	0	(129)	(55)	(74)
Other CCG	32,409	0	32,409	34,301	(1,892)	(2,001)	109	(1,158)	(733)
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	(2,001)	2,001	2,001	0	1,055	945
Adults	85,925	(47,187)	38,737	39,177	(440)	0	(440)	(440)	0
Children's Services - Social Care	64,286	(10,288)	53,998	58,131	(4,134)	0	(4,134)	(3,806)	(328)
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	21	(0)
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 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
<b>Integrated Commissioning Fund</b>	<b>980,977</b>	<b>(335,202)</b>	<b>645,774</b>	<b>649,102</b>	<b>(3,328)</b>	<b>(858)</b>	<b>(2,470)</b>	<b>(3,512)</b>	<b>184</b>

# 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	162,690	163,623	(933)	217,544	217,641	(97)	0	(97)
Mental Health	32,935	32,501	433	44,532	44,609	(77)	0	(77)
Primary Care	67,617	67,319	299	92,007	91,763	245	0	245
Continuing Care	11,051	10,222	829	15,021	14,560	461	0	461
Community	25,576	25,700	(124)	34,694	34,823	(129)	0	(129)
Other CCG	23,914	26,429	(2,515)	32,409	34,301	(1,892)	(2,001)	109
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0
CCG Running Costs	3,041	3,032	9	4,288	4,288	0	0	0
Anticipated COVID Top Up	0	0	0	0	(2,001)	2,001	2,001	0
Adults	29,053	34,920	(5,867)	38,737	39,177	(440)	0	(440)
Children's Services - Social Care	40,498	40,848	(350)	53,998	58,131	(4,134)	0	(4,134)
Education	4,319	1,667	2,652	6,398	7,081	(684)	(480)	(204)
Individual Schools Budgets	937	(1,463)	2,400	0	0	0	0	0
Population Health	11,714	6,852	4,862	15,619	18,850	(3,231)	(3,500)	269
Operations and Neighbourhoods	40,583	46,337	(5,754)	52,921	53,226	(305)	(510)	205
Growth	7,722	6,554	1,169	10,988	11,811	(822)	(221)	(601)
Governance	8,077	10,030	(1,953)	9,531	9,620	(90)	39	(129)
Finance & IT	5,935	5,803	132	7,630	7,603	27	(29)	56
Quality and Safeguarding	106	38	68	141	120	21	0	21
Capital and Financing	567	(935)	1,501	756	6,433	(5,678)	(6,474)	797
Contingency	2,532	1,710	822	3,377	3,385	(8)	(911)	903
Contingency - COVID Costs	0	15,821	(15,821)	0	28,244	(28,244)	(28,244)	0
Corporate Costs	3,888	3,049	839	5,184	5,009	175	(100)	275
LA COVID-19 Grant Funding	0	(37,858)	37,858	0	(28,216)	28,216	28,216	0
Other COVID contributions	0	(9,574)	9,574	0	(11,356)	11,356	11,356	0
<b>Integrated Commissioning Fund</b>	<b>482,757</b>	<b>452,626</b>	<b>30,131</b>	<b>645,774</b>	<b>649,102</b>	<b>(3,328)</b>	<b>(858)</b>	<b>(2,470)</b>
CCG Expenditure	326,825	328,826	(2,001)	440,495	439,983	512	0	512
TMBC Expenditure	155,932	123,800	32,132	205,279	209,119	(3,840)	(858)	(2,982)
<b>Integrated Commissioning Fund</b>	<b>482,757</b>	<b>452,626</b>	<b>30,131</b>	<b>645,774</b>	<b>649,102</b>	<b>(3,328)</b>	<b>(858)</b>	<b>(2,470)</b>

## Children's Services

The Directorate is reporting a forecast overspend of £4,134K at period 9 which is an overall adverse increase of £328K from period 8. The forecast overspend is predominantly due to the number and cost of external placements.

The placement forecasts have adversely increased by £562K since period 8; however this increase has been partly offset by reduced employee costs of £170k and additional grant income of £135K. There has also been changes to the forecasts for transfers to reserves which accounts for £45K. The overall adverse increase in the placement forecasts is due in an increase in the external placements forecasts of £523K and an increase in the internal placement forecasts of £39K.

At the end of December the number look after children was 727 a reduction of 1 from the previous month. The increase in the placement forecast is primarily due to an increase in external placement costs for existing LAC.

## CCG Position

On the assumption that the anticipated COVID top up is received in full, a surplus of £512k is projected at year end.

This is an improvement from the break even position reported in November. Financial performance for CCGs in 2020/21 is being monitored at an STP level, therefore the surplus in T&G will help to offset pressures elsewhere in the system and help GM to manage within the financial envelope.

A significant driver of the T&G improvement is individualised commissioning. During the first wave of the COVID pandemic, NHSE introduced the Hospital Discharge Programme. This enabled the NHS to quickly move appropriate patients from hospital beds into care homes, allowing acute providers to concentrate on the pandemic response. As such a large number of patients entered care home as part of the Hospital Discharge Programme, with full assessments for CHC or social care support deferred until the pandemic response allowed

A majority of these assessments have now been completed, with a much smaller number of patients qualifying for a full CHC placement than envisaged during the phase 3 planning process. As such projected spend in this area has reduced and a surplus has been generated.

## TMBC YTD Position

A YTD under spend of £32.3m has been reported in the council, against a full year overspend of £3.8m. 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. 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 in January 2021

## Operations and Neighbourhoods Highways

The recent inclement weather has had a significant impact on the budget to support the gritting of the borough's highways. The whole annual budget of £ 0.441m has been utilised at period 9 (at 31 December 2020).

Since this date, there has and there is forecast to be further inclement weather conditions across the borough which will lead to a projected adverse budget variance by 31 March 2021.

The related details will be included in the Directorate period 10 (at 31 January 2021) revenue monitoring report.

## 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. £6,783k (85%) of the required savings have been banked in the first nine months of the year, with £241k achieved in December. Further savings of £1,211k are expected in future months, which will fully close the gap. This position has improved since last month because of expected savings on CHC.

Work is still required to deliver against this plan, in particular to ensure that appropriate budget management QIPP is identified. But we are confident that the target can be met on an 'in year' basis for 20/21. However because the majority of savings delivered are non recurrent in nature, there remains a significant financial challenge to address in future years.

## Month 9 Position

### Summary

Trust I&E excluding COVID-19 expenditure:	(£604k) underspend*
COVID-19 expenditure:	£1.335m
Net deficit (I&E + COVID-19 Exp):	£731k overspend
<hr/>	
GM System Envelope (COVID/Growth):	(£1.238m)
Net Surplus:	(£507k)
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\*This includes System financial envelope funding of £2.767m (£16.603m M7-12)

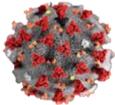
In Month Movement is £52k Favourable, of which I&E excluding COVID-19 is £145k increase and COVID-19 expenditure is £93k decrease

The planned deficit for M9 (based on September plan submission) is c£1.126m and the movement to the M9 reported position of £507k surplus is £1.633m favourable (see following slide)

The Trust is reporting good performance against activity restoration particularly on Diagnostics and Endoscopy, however in some areas still delivering below 100% restoration targets. The ability for the Trust to meet restoration targets is dependent upon the availability of staff and capacity and is not due to financial constraints

## Financial Overview: In Month Movement

Bridge Movement M9 plan to M9 actuals £1.633m (F)



### £352k (F) – Decrease in COVID-19 expenditure

- **Sickness Position:** The number of covid-19 related absences in December reduced from the previous month resulting in a reduction of bank and agency costs
- **ITU:** In month 9 there was a reduction in nursing NHSP bank spend as a number of substantive theatre nurses were move into critical care following reduced elective activity



### £214k (F) – Non-recurrent items

One off non-recurrent items including recharge to the CCG in relation to GP IT Maintenance (£173k) and other smaller items



### £279k (A) – Forecast winter and ward spend not realised:

Winter wards such as ward 30 and ward 43 have largely remained closed meaning that forecast levels of agency and bank spend have not materialised



### £262k (F) – Activity related

A reduction in levels of activity compared to plan:

- Reduced theatre and surgical appliance spend
- Critical care occupancy (63% during December)
- Endoscopy activity less than restoration plan



### £68k (F) – Income

- Income from SLAs and RTA is higher than forecast

### £458k (F) – Forecast assumption not fully materialised

Inability to fully utilise 3<sup>rd</sup> party outsourced staffing provision due to high demand / workforce challenges

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# Agenda Item 5

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 10 February 2021

**Executive Reporting Officer:** **Member/** Councillor Brenda Warrington, Executive Leader  
Councillor Oliver Ryan, Executive Member (Finance and Economic Growth)  
Dr Ashwin Ramachandra (Joint Chair of NHS Tameside & Glossop CCG)  
Dr Asad Ali – (Joint Chair of NHS Tameside & Glossop CCG)  
Sandra Stewart – Director of Governance & Pensions  
Sarah Threlfall – Assistant Director - Policy, Performance & Communications

**Subject:** BUDGET CONVERSATION 2021-22

**Report Summary:** It is important that Tameside and Glossop Strategic Commission (Council and CCG) understand the priorities of the public – local residents, businesses, patients and service users. A public engagement exercise was launched between 2 November 2020 and 6 January 2021 to understand their priorities for spending within the context of the financial challenges facing public services. This engagement took the form of a conversation with the public on providing sustainable public services for the future, and encouraging residents to see themselves as citizens, not just consumers of services. The public were encouraged to leave comments and feedback through the Big Conversation including ideas and suggestions for saving money and improving services. The conversation has also been undertaken via virtual attendance at existing meetings/forums and dedicated engagement sessions, and supported by a communications campaign.

This report covers four key elements:

1. Outlines the results of the Budget Conversation 2021/22 and the communication / publicity conducted to promote the consultation (Section 2.0 to 4.0)
2. Details key findings from thematic engagement and consultation in 2020. This review of all thematic activity in 2020 pulls out key and cross-cutting themes that will have relevance to future priorities and spending plans (Section 5.0)
3. Feedback from engagement with Scrutiny Panels (Section 6.0)
4. Proposals for the statutory consultation with business rate (NNDR) payers (specific local government requirement) (Section 7.0)

**Recommendations:** That the Strategic Commissioning Board and Executive Cabinet be recommended to note the content of the report and take the findings from the conversation into consideration when setting the budget for 2021/22 and future years.

**Links to Corporate Plan:** An effective conversation with the public informs the budget setting process and ensures the budget aligns with the priorities of local people and the organisation's Corporate Plan.

**Policy Implications:** The budget reflects the policy choices that the Council and CCG intends to pursue. The outputs from the conversation with the public will inform the budget setting for 2021/22 and in turn that budget will have implications for future policy.

**Financial Implications:**  
**(Authorised by the Section 151 Officer)** The feedback from the budget conversation will be considered by Executive Cabinet and the Strategic Commissioning Board as part of the budget setting process for 2021/22. The same meeting will consider the budget report, and proposals for budget savings and priorities, ahead of approval by Full Council at its meeting on 23 February 2021.

**Legal Implications:**  
**(Authorised by the Borough Solicitor)** Under section 53 the Local Government Finance Act 1992 and the Non-Domestic Ratepayers (Consultation) Regulations 1992, the council has a statutory duty to consult ratepayer representatives on its annual spending proposals, ahead of setting its budget to help ensure that service delivery is continuously improved in relation to economy, efficiency and effectiveness.

In addition the council has a number of statutory duties arising from The Equality Act 2010 and the Public Sector Equality Duty to continue to promote equality in our service planning and decision-making processes by considering how the decisions and service delivery affect people from different equality groups who share a 'protected characteristic' which must form part of the consideration of the outcome of the consultation.

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

**Access to Information :** The background papers relating to this report can be inspected by contacting Jody Smith, Policy & Strategy Service Manager, Governance and Pensions.

 Telephone: 0161 342 3710

 e-mail: [jody.smith@tameside.gov.uk](mailto:jody.smith@tameside.gov.uk)

## 1.0 BACKGROUND

- 1.1 This report provides the findings from the conversation on the 2021/22 budget for Tameside & Glossop Strategic Commission (Tameside Metropolitan Borough Council and NHS Tameside & Glossop Clinical Commissioning Group).
- 1.2 The Budget Conversation approach supports the public (local residents, businesses, patients and service users) in understanding the tough choices and decisions required when shaping the Strategic Commission budget and also to understand the public's priorities.
- 1.3 This report covers four key elements:
1. Outlines the results of the Budget Conversation 2021/22 and the communication / publicity conducted to promote the consultation (Section 2.0 to 4.0). All work to deliver the Budget Conversation has been undertaken within existing staff budgets.
  2. Details key findings from thematic engagement and consultation in 2020. This review of all thematic activity in 2020 pulls out key and cross-cutting themes that will have relevance to future priorities and spending plans (Section 5.0)
  3. Feedback from engagement with Scrutiny Panels (Section 6.0)
  4. Proposals for the statutory consultation with business rate (NNDR) payers (specific local government requirement) (Section 7.0)

## 2.0 EXECUTIVE SUMMARY

2.1 The key headlines from the Budget Conversation 2021/22 are:

- Undertaken between 2 November 2020 and 6 January 2021
- Information on the Budget Conversation was directly e-mailed to over **31,000** individual contacts
- Information was shared directly with over **100** groups / networks.
- **129** Budget Conversation social media posts reached our followers **91,129 times**
- A total of **524** engagements. This is based on:
  - **188** survey responses
  - **250** contacts at dedicated engagement sessions and other meetings
  - **1** e mail
  - **85** social media responses
- The key themes emerging from the Budget Conversation are outlined below. These are based on the full range of feedback received during the Budget Conversation including survey responses and wider comments (e.g. feedback and drop-in sessions, e mails, social media and letters)

### **Spending priorities for the Tameside & Glossop Strategic Commission in 2021/22 and future years<sup>1</sup>**

- Adult social care
- Children's social care

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<sup>1</sup> Key themes for suggested spending priorities are collated from both the Budget Conversation survey and engagement sessions

- Education
- GP / Health Services
- Infrastructure/street maintenance (including potholes)
- General health and wellbeing
- Community safety/crime
- Mental Health/loneliness/isolation
- Greenspaces/parks
- Youth services
- Fly-tipping/litter
- Road Safety
- Digital exclusion

**Ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue**

- Improve estate efficiency
- Involve community
- Reduce staff costs
- Reduced cost of Councillors
- Better integration of services
- More digital services
- Spend less on ornamental / cosmetic objects
- Lobby national government / national bodies
- Larger fines
- Improve efficiency of services
- More speed / CCTV cameras
- Clear communication

The full list of themes emerging from the Budget Conversation survey can be found at **Appendix A**.

### **3.0 BUDGET CONVERSATION**

3.1 The Budget Conversation was launched on 2 November 2020 and finished on 6 January 2021.

3.2 The conversation was used to educate and inform the public on the Strategic Commission's budget and its financial challenges whilst also allowing feedback and ideas on how services can be improved and savings made. The conversation focussed primarily on two questions:

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

3.3 The Budget Conversation was open to all as everyone has the right to contribute their views on what they feel our priorities should be now and in future years. The public were provided with an opportunity to leave comments and feedback through the Big Conversation – available on both the Council and CCG websites. Dedicated webpages to the Budget Conversation were created explaining all aspects of the conversation with links to the feedback form. A dedicated email account was also provided to enable public / service users / businesses to submit any comments.

- 3.4 Due to changing national and local Covid-19 social distancing restrictions, engagement took place through virtual engagement. Methods of virtual engagement were Skype or Zoom video meetings, an online survey and social media. This was supported by an extensive communications campaign including digital methods such as websites, social media and email and non-digital methods such as newspapers and partner organisation networks.
- 3.5 The conversation took place through a number of wider public engagement sessions which were led by Executive Members and CCG Governing Body Members; as well as through attendance at a range of existing meetings / forums. The conversation was promoted extensively via existing groups / networks (further detail at 3.10 to 3.12).
- 3.6 A series of information slides were produced providing context to the Budget Conversation and the considerations the Strategic Commission must take into account to deliver a balanced budget. These covered:

- Where the Strategic Commission's money comes from: business rates, council tax and government grant.
- Change in funding over time
- Financial impact of Covid-19
- How the Strategic Commission currently spends its money: broad spending areas including general spend (wages, buildings etc.) and service spend
- Examples of how the Strategic Commission has provided support to residents during the Covid-19 pandemic
- Invite any views and comments on the information outlined above
- Invite any ideas or suggestions on how we can make further savings

In addition to being hosted on the dedicated webpages, these slides were also presented at the meetings and forums where Budget Conversation was discussed.

- 3.7 The conversation with Glossop residents related only to health services commissioned by Tameside & Glossop Strategic Commission. Engagement material was tailored accordingly.

#### **Communications / Promotion**

- 3.8 To support the engagement activity, a full programme of communications was undertaken. This included infographics used to help explain the Strategic Commission's budget and spend. These were used on social media, the web pages and other publicity material. A selection of the infographics and materials used in the communication programme can be found in Appendix B.

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

- 3.9 The following channels were used to communicate to the public and wider stakeholders (including staff) that the engagement was taking place:

- Press Release
- Tameside Council and Tameside & Glossop CCG websites
- Twitter
- Facebook
- Leader's Blog
- Leader's Column and other articles in Tameside Reporter and Manchester Weekly News
- Staff Portal
- Chief's Executive Brief

- Wire
- Public sector partner's newsletters, e-mails, websites etc.
- Partnership Engagement Network
- Purple Wi-Fi Mailing List
- Big Conversation Mailing List
- Information Ambassador's Network Mailing List
- Social Media Pack for External Partners and Stakeholders.

### **Engagement**

3.10 In addition to promotion through written communications, the Budget Conversation was also promoted in a number of other ways. These include via:

- Partnership Engagement Network - a network of **390** contacts public, patients, stakeholders, partners and voluntary and community sector.
- Big Conversation - **170** members of the public who have signed up to receive regular updates on consultations and engagement opportunities across Tameside and Glossop.
- Purple Wi-Fi - a list of over **37,000** members of the public who have accessed the free Wi-Fi service across Tameside and agreed to receive marketing emails. This was sent on two occasions, once in December and once in January.
- All Patient Neighbourhood Groups were contacted and engaged in regards to the Budget Conversation.

3.11 The Budget Conversation was also promoted via existing groups / networks. Information was sent directly to **over 100** groups / networks. Service areas / commissioning teams across the Strategic Commission were also encouraged to share details widely across Tameside & Glossop.

3.12 During the budget conversation we have endeavoured to engage with people from all equality groups. Engagement has been undertaken across a range of protected characteristic demographic groups – including young, working age and older people, people with disabilities and those from different ethnic backgrounds. Details of these sessions and the key themes arising from these are outlined within Section 5.0 of this report.

## **4.0 BUDGET CONVERSATION ANALYSIS**

4.1 Analysis of the Budget Conversation and key themes emerging from this are outlined in section 4.0. These are based on feedback taken from:

- **188** survey responses
- **1** e mail
- Feedback from **20** dedicated engagement sessions
- **85** social media comments

### **Survey**

4.2 A total of **188** people completed the Budget Conversation survey.

4.3 Appendix C outlines the achieved sample compared to the Tameside & Glossop population.

4.4 Table 1 details the achieved sample from the survey by postcode sector compared to the Tameside & Glossop population. The achieved sample figures are based on the **95.7%** of respondents who provided a valid Tameside & Glossop postcode sector in response to Question 2: Please select the first part of your postcode from the options below.

**Table 1: Achieved Sample by Postcode Sector**

Postcode Sector	Tameside & Glossop Households <sup>2</sup> (%)	Achieved sample (%)
M34 – Denton / Audenshaw	18.5	13.9
M43 – Droylsden	9.0	8.9
OL5 – Mossley	4.6	4.4
OL6 – Ashton (Hurst / St. Michaels)	11.6	13.3
OL7 – Ashton (Waterloo / St. Peters)	6.6	9.4
SK14 – Hyde	18.2	19.4
SK15 – Stalybridge	10.9	12.8
SK16 - Dukinfield	7.7	15.0
SK13 - Glossop	12.7	2.8

- 4.5 The table above and those in **Appendix C** detail the achieved sample from the survey, against the Tameside & Glossop population. Respondents who did not specify a particular characteristic have been removed from these figures. This has not impacted on considering their views.
- 4.6 Weighting the data to account for over and under-sampling of particular sections of the population is not necessary, given that the budget conversation was available via the Big Conversation web pages on both the Council and CCG websites. It was open to all residents / members of the public and was not a fixed / controlled sample. No personal data was collected as part of the consultation process.
- 4.7 A total of **188** respondents also stated their interest in the consultation (Question 1). **161** respondents (85.6%) were a resident of the area. Responses are detailed in Table 2.

**Table 2: Respondent's interest in consultation**

Interest in Issue	%
I am a resident of the area	85.6
I work in the area	3.7
I spend my free time in the area	2.1
I have family in the area	1.1
I am an employee of either Tameside Council, Tameside and Glossop Clinical Commissioning group, or another public sector organisation based in the area	4.3
I am a representative or member of a charity or voluntary group based in the area	2.1
Other	1.1

- 4.8 The Budget Conversation asked two key questions:
- What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2021/22 and future years?
  - Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?
- 4.9 The key themes arising from each of the key questions are outlined in Tables 3 and 4 below. A full table of the themes identified are available at **Appendix A**.

<sup>2</sup> Figures are based on the number of households in each postcode sector area.

**Table 3: What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2021/22 and future years?<sup>3</sup>**

Theme	No.	%
Adult's social care	46	24.5
Children's social care	35	18.6
Education	35	18.6
GP / Health Services	29	15.4
Infrastructure/street maintenance (including potholes)	27	14.4
General health and wellbeing	27	14.4
Community safety/crime	21	11.2
Mental Health	20	10.6
Greenspaces/parks	19	10.1
Youth services	13	6.9
Fly-tipping/litter	12	6.4
Road Safety	10	5.3

**Table 4: Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?<sup>4</sup>**

Theme	No.	%
Improve estate efficiency	30	16.0
Involve community	27	14.4
Reduce staff costs	16	8.5
Reduce cost of Councillors	14	7.4
Better integration of services	14	7.4
More digital services	12	6.4
Spend less on ornamental / cosmetic objects	11	5.9
Lobby national government/national bodies	11	5.9
Larger fines	11	5.9
Improve efficiency of services	11	5.9
More speed/CCTV cameras	8	4.3
Clear communication	8	4.3

4.10 Cross tabulation of results by demographic group has not been undertaken due to small numbers by individual category, making meaningful analysis not possible.

### **Engagement Sessions**

4.11 Due to changing national and local Covid-19 social distancing restrictions, the majority of engagement took place through virtual sessions. Over **25** organisations were approached and invited to arrange a virtual engagement session with their members. These were in addition to the public engagement sessions referenced in section 3.5. The organisations and groups approached for engagement were:

<sup>3</sup> This list excludes those who stated no comment / provided no answer to this question (8.0%) and those who made a one off comment relating to specific topic which could not be analysed within a wider theme (6.9%) – these are detailed in Appendix A.

<sup>4</sup> This list excludes those who stated no comment / provided no answer to this question (14.4%) and those who made a one off comment relating to a specific topic which could not be analysed within a wider theme (13.8%) – these are detailed in Appendix A.

- Age UK Tameside and Glossop
- Ashton Sixth Form College
- Autism Reference Group
- BAMER Group
- Clarendon Sixth Form
- Dementia UK
- Denton Community College
- Derbyshire Carers Group
- Diversity Matters North West
- Greenspace Volunteers
- Healthwatch Tameside and Glossop
- High Peak CVS
- Independent Advisory Group
- People First Tameside
- Poverty Action Group
- Stroke Association
- Tameside & Glossop Partnership Engagement Network
- Tameside and Glossop Mind
- Tameside Carers Association
- Tameside College
- Tameside Covid-19 Community Champions
- Tameside Youth Council
- The Bureau Glossop
- The Grafton Centre
- Voluntary Sector Influencing Group
- West African Development Group

4.12 A total of **20** dedicated engagement sessions were undertaken as part of the Budget Conversation. The key themes arising from each of these sessions are outlined in Table 5 below.

**Table 5: Key Themes from Engagement Sessions**

Group / Organisation	Key Themes
Independent Advisory Group	<ul style="list-style-type: none"> <li>• Ensure that cost-effectiveness of service delivery is not impacted by social restrictions</li> <li>• Prioritise young and elderly</li> <li>• Spend effectively in the community</li> <li>• Engage the public as much as possible</li> <li>• Use third sector</li> </ul>
Wider Public engagement session 1	<ul style="list-style-type: none"> <li>• Mental health and support to isolated people should be a priority</li> <li>• Digital provision of services not possible for everyone</li> <li>• Local economy and town centre regeneration important</li> <li>• Increased used of volunteers</li> </ul>
Voluntary Sector Influencing Group	<ul style="list-style-type: none"> <li>• Support third sector in service delivery</li> <li>• Prioritise value for money</li> <li>• More investment and innovation in mental health services</li> <li>• Focus on preventative rather than recovery support</li> </ul>

Tameside and Glossop Partnership Engagement Network	<ul style="list-style-type: none"> <li>• Mental health support</li> <li>• Use lived experience to guide where to make cuts if necessary</li> <li>• Make greater use of third sector providers</li> <li>• Repurpose buildings in the area</li> <li>• Identify savings in prescribing costs</li> <li>• Use input of the community</li> </ul>
People First Tameside (Red, Blue & Green Bubbles across four separate sessions)	<ul style="list-style-type: none"> <li>• GPs, Medicines &amp; general healthcare</li> <li>• Caring for the most vulnerable</li> <li>• Better disabled access in parks, pavements</li> <li>• Mental health services</li> <li>• Education/activities for people with learning disabilities</li> <li>• Maintenance/cleanliness of buildings/parks</li> <li>• Mental health services</li> </ul>
Ashton Sixth Form College	<ul style="list-style-type: none"> <li>• Investment in local shops and facilities that would attract young people</li> <li>• Investment in getting young people to take part in exercise</li> <li>• Help older people/digitally excluded to develop skills</li> <li>• Mental health support for young people</li> </ul>
Denton Community College (Session 1)	<ul style="list-style-type: none"> <li>• Consider raising money from charitable donations</li> <li>• Invest in youth services – leisure; sport for wellbeing and reduce exposure to antisocial behaviour</li> <li>• Support for homeless</li> <li>• Make use of empty buildings</li> </ul>
Denton Community College (Session 2)	<ul style="list-style-type: none"> <li>• Concerns over impact on mental health provision</li> <li>• Focus on elderly, especially those with poor mental health</li> <li>• Facilities for young people needed – sports, leisure facilities, parks</li> <li>• Identify savings where there has been less use of services/change in delivery during lockdown</li> </ul>
Tameside College politics year 1	<ul style="list-style-type: none"> <li>• Mental health big concern for young people</li> <li>• Concerns about digital exclusion</li> <li>• The need to tackle poverty and deprivation</li> <li>• Support the local area to prevent unemployment</li> </ul>
Tameside Youth Council	<p>Spending priorities:</p> <ul style="list-style-type: none"> <li>• Youth service</li> <li>• Activities and sports</li> <li>• Mental health, including tailored support for specific issues</li> <li>• Young carers</li> <li>• Preserving green spaces</li> <li>• Digital access</li> </ul>
Wider Public engagement session 3	<ul style="list-style-type: none"> <li>• Look to adopt more home working to save money on office space.</li> <li>• Focus on converting wasted retail space into housing to raise income and restore town centres.</li> <li>• Improve engagement with local communities.</li> <li>• Develop electric vehicle charging infrastructure</li> <li>• Focus on maternity services</li> </ul>
Poverty Action Group	<ul style="list-style-type: none"> <li>• Be creative in partnership working with the third sector</li> </ul>

	<ul style="list-style-type: none"> <li>• Local welfare assistance schemes to catch people who fall through the gap</li> <li>• Welfare rights support</li> <li>• Remove barriers to accessing help – digital; language</li> </ul>
Community champions session takeover	<ul style="list-style-type: none"> <li>• Make savings through selling/repurposing buildings</li> <li>• Introduce charges for cultural services</li> <li>• Investment in preventative care</li> <li>• Early help in education</li> <li>• Investment in towns</li> <li>• Mutual aid approaches</li> <li>• Investment in green and outdoor spaces to attract people</li> <li>• Partner up with charitable sector</li> <li>• Maintain cleanliness of local area</li> </ul>
Diversity Matters North West	<ul style="list-style-type: none"> <li>• Invest in recreational activities/spaces to avoid spending more on poor health further down the line</li> <li>• Activities for young people – places for them to exercise/socialise</li> <li>• More mental health provision</li> <li>• Opportunities for people to train/upskills</li> <li>• Outreach support for older people/people isolated by the pandemic</li> <li>• Street cleaning</li> <li>• Clear, consistent messaging about Covid-19</li> </ul>
Tameside College politics year 2	<ul style="list-style-type: none"> <li>• Increase revenue through council tax</li> <li>• Concerns about impact of new developments on finances</li> <li>• Attract investment into the area</li> <li>• Make better use of brownfield sites</li> <li>• Improve transport links in and out the area</li> </ul>
Derbyshire Carers Group	<ul style="list-style-type: none"> <li>• Need to invest in carers to prevent people resorting to local authority services</li> <li>• Need clarity on whether remote appointments are appropriate or not on a case-by-case basis.</li> <li>• Money could be saved by moving acute services into a community setting</li> </ul>
Autism Reference Group	<ul style="list-style-type: none"> <li>• Training staff on Autism awareness</li> <li>• Support for employees to support people with Autism, including GP practices</li> <li>• Better transition from child to adult services</li> </ul>

## OTHER FEEDBACK METHODS

- 4.13 In addition to feedback received through the direct survey and via engagement sessions, there were other methods by which comments were received. These include social media (**85**) and e-mails (**1**).
- 4.14 In total **129** posts promoting the Budget Conversation were made across Tameside & Glossop Strategic Commission social media channels (Twitter and Facebook) during the engagement period. Information detailing the reach of these posts is outlined in Table 6.

**Table 6: Social Media – Number of Posts, Impressions and Performance**

Social Media Platform	No. of posts	Impressions	Shares	Replies	Likes
Twitter	97	66,941	34	20	27
Facebook <i>(Post was pinned to top of Tameside Council page)</i>	32	24,188	22	13	34

4.15 It is important that this feedback is also collated and fed into the engagement process. Table 7 below details the key themes taken from social media across the Budget Conversation engagement period.

**Table 7: Key Themes from Other Feedback Methods**

Theme
General negative comments (Council don't listen, won't make a difference etc.)
Spend less money on Tameside One
More funding/services for special needs and vulnerable residents
Make more effort to tackle obesity
Request for a service – not related to the Budget Conversation specifically

## **5.0 THEMES FROM WIDER CONSULTATION & ENGAGEMENT OPPORTUNITIES**

5.1 Tameside & Glossop Strategic Commission regularly engage and consult with the public, patients, stakeholders, partners and the voluntary and community sector to understand their views on various issues.

5.2 Key engagement headlines for Tameside & Glossop Strategic Commission from 2020 include:

- Facilitated **26** thematic Tameside and/or Glossop engagement projects
- Received over 3,000 engagement contacts (excluding attendance at events / drop-ins)
- Delivered two Partnership Engagement Network (PEN) conferences attended by approximately **140** delegates
- In addition, five PEN engagement sessions took place over summer 2020, with the overarching purpose of gaining insight into the impact of Covid-19 and ways to 'build back better'. This included a separate session to learn the views of children and young people. These were attended by over **55** participants.
- Promoted **48** regional or national consultations where the topic was of relevance to and/or could have an impact on Tameside and/or Glossop
- Achieved Green Star (with the highest possible score of 15 out of 15) in the 2019/20 patient and community engagement indicator CCG NHS Oversight Framework for the third year running.

5.3 Responses to all thematic engagement and consultation activity is thoroughly analysed and the outputs used to inform the specific project related to that piece of work. Clearly

common themes occur across the different thematic engagement activity. Similarly, the strategic engagement work through the Partnership Engagement Network (PEN) provides an insight into views and opinions outside of the topic specific thematic work. These cross-cutting themes help to provide a direction of travel and under-pinning understanding of needs and aspirations. The outputs from wider engagement that has taken place across the year is also important to take into account when setting our budget priorities – alongside the direct outputs from the Budget Conversation process.

5.4 Below is a summary of the key cross-cutting themes identified in 2020.

#### Economy/infrastructure:

- Parking availability and cost should be improved
- People were generally supportive of extending cycling and walking provision in Tameside to support social distancing
- Some residents expressed opposition to pop-up cycle lanes, citing concerns around impact on traffic, speeding and safety.
- Respondents were generally in favour of prioritising pedestrians and cyclists over cars, particularly in town centres.
- Justification for support was based on reducing speeding and traffic in residential areas and improving health through physical activity
- Some concerns that pedestrians did not have enough space to walk safely
- Residents have concerns about uncertainty connected with lockdown measures, particularly in the insecurity of employment, housing, financial support and debt.

#### Children & young people:

- Foster carers need greater support and incentives
- Families with children with SEND need better, more timely support
- Mental health of children requires much consideration and planning – children have missed key life events during lockdown, have anxiety relating to school and exams missed.

#### Mental health/social isolation

- Mental health issues and isolation were the most significant impact of covid-19
- Many respondents reported either through individual experiences or their experience of working with people that mental health has worsened significantly as a direct result of the lockdown restrictions. Particularly for those who have had to shield as a result, or those who were already socially isolated.
- Some services that have been delivered digitally will need to return to face-to-face, particularly if their remit is to combat social isolation – this cannot be done through screens. For example social groups at the Grafton Centre.
- Assessing and supporting mental health need must remain a priority. Concerns about avoidance of primary care during lockdown.

#### Building back better

- Consistent and clear communication with residents to support them through social restrictions throughout the pandemic
- The VCSE sector should be harnessed to continue to play a vital role in supporting residents in Tameside & Glossop. Volunteers have been essential.
- Following and enforcing social distancing guidelines was a priority for respondents with regard to getting services reopen
- Respondents' health – and their family's health – was the priority for most respondents. Both physical and mental wellbeing were the most commonly selected priorities for the future of covid-19

- Work is required to understand the impact on certain groups, for example Black, Asian and Minority Ethnic people; older people and; young people.

#### Access to services

- Digitally accessing services such as GP appointments has been beneficial for some and should continue for some
- However efforts need to be made to ensure service users can access the same level of support, which means in-person services should continue in a safe manner
- The relationship between patients and the NHS must be 'repaired' to encourage people to begin to seek help for whatever their need is once again.
- Respondents generally had a good experience when accessing services online
- Some thought that face-to-face consultations were preferable to other forms of consultation

#### Digital services/digital exclusion

- Some reported personal experience of having better quality, more frequent contact with a doctor for example, and reported that as professionals there has been more time to deliver services because they have been able to do this virtually
- However many people raised the risk that being digitally delivered excludes some from these new methods, particularly older people, people with no access to digital methods (financial reasons or other), and people who require additional support in such services – such as people who require a chaperone to advocate or family member who can translate.
- Where digital methods have benefited a public service provider or charity, these methods should be retained where possible with learning from the pandemic to be incorporated.

#### Impact of the pandemic on people from Black, Asian & Ethnic Minority backgrounds

- Concerns raised over the disproportionate impact that the pandemic has had on people from ethnic minority background.
- For those whose first language is not English or who do not speak English, the impact of having to attend appointments (in hospital or elsewhere) has caused issue for those who would normally bring a family member or friend to translate on their behalf. This acts as a further barrier to accessing primary and secondary care, and other services.
- Utilise mosques as community hubs as they worked very well during the height of the first lockdown.

#### Role of the VCSE Sector

- Many charitable organisations continued throughout the pandemic to ensure that their vital support continued to those who needed it.
- There is a need for recognition of the impact that volunteers have had on people during the pandemic
- Volunteers and VCSE organisations must be harnessed as a vital resource in future

## **6.0 SCRUTINY PANEL ENGAGEMENT**

- 6.1 All Scrutiny Panel members were provided with an opportunity to attend one of two budget briefing sessions held on 18 January 2021. This follows on from a mid-year budget position update received on 22 September 2020. The independence of scrutiny enables members to seek assurances on budget planning, process and priorities for 2021/22 and beyond. It can also be considered appropriate for budget priorities to inform future scrutiny activity and work programmes.

- 6.2 Detail of the discussions has been drafted in a letter of the Scrutiny Chairs to the Executive Member for Finance and Economic Growth; and the Director of Finance – Section 151 Officer, and attached at **Appendix D**. Scrutiny chairs request that points raised by both Scrutiny Panels are considered in advance of the 2021/22 budget report being finalised. The scrutiny budget letter is also appended to a Scrutiny Update report tabled at the joint meeting of Executive Cabinet and Overview Panel on 10 February 2021.

## 7.0 STATUTORY RATE PAYERS CONSULTATION

- 7.1 The Council has a statutory duty to consult with businesses and other representatives of non-domestic ratepayers on its annual spending proposals for 2021/22. Our proposed plans for carrying out this consultation are detailed below.
- 7.2 Businesses along with the public have already had the opportunity to partake in the budget conversation exercise as detailed in this report.
- 7.3 Table 8 details the proposed timetable for activity. Due to the timings of Executive Cabinet and Full Council, the amount of time for consultation is limited. We therefore propose to send out an email pre-warning organisations of the impending consultation one week prior to commencement.

**Table 8: Proposed Timetable for Rate Payers Consultation of the 2020/21 Budget**

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

- 7.4 The question for the 2021/22 budget is:

Tameside’s business community is being invited to have its say on the council’s draft budget proposals for the next financial year (2021/22). We are seeking your views on how we intend to use our resources. The budget includes the Council’s saving proposals 2021/22 and these are set out in the budget report which is available to view at the following link

## 8.0 NEXT STEPS

- 8.1 The findings from the Budget Conversation exercise will be used, in conjunction with other considerations, to inform the budget setting process. For the council the budget will be set at Full Council on 23 February 2021.
- 8.2 Feedback on the results will also be provided to the public, staff, partners and engaged groups and a summary infographic report produced and shared on Tameside Council’s and NHS Tameside & Glossop CCG’s websites.

## **9.0 APPENDICES**

9.1 The following appendices are included as part of this report:

- Appendix A – Key Themes from Budget Conversation Survey
- Appendix B – Communications materials
- Appendix C – Achieved Survey Sample
- Appendix D – Scrutiny Panel Budget Letter

## **10.0 RECOMMENDATIONS**

10.1 As set out on the front of the report.

## APPENDIX A

### KEY THEMES FROM BUDGET CONVERSATION SURVEY

What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2020/21 and future years?		
Theme	No.	%
Adult's social care	46	24.5
Children's social care	35	18.6
Education	35	18.6
GP / Health Services	29	15.4
Infrastructure/street maintenance (including potholes)	27	14.4
General health and wellbeing	27	14.4
Community safety/crime	21	11.2
Mental Health	20	10.6
Greenspaces/parks	19	10.1
Blank/no comment	15	7.4
Youth services	13	6.9
Other (including sports facilities, parking enforcement, support for parents and reference to Covid-19)	13	6.9
Fly-tipping/litter	12	6.4
Road Safety	10	5.3
Street lighting	9	4.8
Building communities	9	4.8
Bin Collection	8	4.3
Efficiency	8	4.3
Helping most vulnerable	7	3.7
Active travel	6	3.2
Public transport	6	3.2
Jobs	6	3.2
Inclusive growth	6	3.2
Town centres	6	3.2
Early intervention	6	3.2
Culture (including libraries and galleries)	5	2.7
Neighbourhood approach	5	2.7
Digital	5	2.7
Invest in older/unused buildings	4	2.1
Disabilities	4	2.1
All services	4	2.1
Affordable housing	3	1.6
Funding charities	3	1.6
Air pollution	3	1.6
Improved recycling	3	1.6
Reduce/don't increase council tax	3	1.6
Care workers pay	2	1.1
Homelessness	2	1.1
Rationalise estate	2	1.1
Reduce inequalities	2	1.1

## APPENDIX A

### KEY THEMES FROM BUDGET CONVERSATION SURVEY

What do you think should be the spending priorities for the Tameside & Glossop Strategic Commission in 2020/21 and future years?		
Theme	No.	%
Working from home	2	1.1
Deliver statutory services only	2	1.1
Maternity services	2	1.1

## APPENDIX A

### KEY THEMES FROM BUDGET CONVERSATION SURVEY

Do you have ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue?		
Theme	No.	%
Improve estate efficiency	30	16.0
Involve community	27	14.4
Blank/No/no idea	27	14.4
Other (including staff parking levy, redeveloping older sites, active transport focus and build council housing)	26	13.8
Reduce staff costs	16	8.5
Reduce cost of Councillors	14	7.4
Better integration of services	14	7.4
More digital services	12	6.4
Spend less on ornamental / cosmetic objects	11	5.9
Lobby national government/national bodies	11	5.9
Larger fines	11	5.9
Improve efficiency of services	11	5.9
More targeted interventions	10	5.3
More speed/CCTV cameras	8	4.3
Clear communication	8	4.3
Home working	8	4.3
Retrain staff	7	3.7
Inclusive growth	7	3.7
Early health interventions	7	3.7
Less frequent bin collections	6	3.2
Longer term focusses	5	2.7
Raise council tax/business rates/other charges	5	2.7
Promote Tameside	5	2.7
Invest in youth services	4	2.1
Reduce costs of LAC	3	1.6
Transparency about funding and pay (GPs, schools etc.)	3	1.6
Tackle fraud	3	1.6
Raise awareness of how funding is spent	3	1.6
Statutory spending only	3	1.6
Make money from markets	3	1.6
Education	3	1.6
Privatise culture and leisure	3	1.6
Bring services back in house	3	1.6
Target fly tipping	3	1.6
Improve access to services	3	1.6
Recruit more staff	2	1.1
Reduce social media use	2	1.1
Reduce teacher maternity leave	2	1.1

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# GOT 5 MINUTES TO SPARE?

Tameside Council and Tameside & Glossop CCG needs your help to develop new ways to deliver services for residents – in the face of government funding cuts since 2010 and increased service demand due to coronavirus.

Tell them what's important to you in their #BudgetConversation



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# DO YOU LIVE OR WORK IN TAMESIDE & GLOSSOP?



Tameside Council and Tameside & Glossop CCG are developing their budget for 2021/22 and need your views.

Join their #BudgetConversation and tell them what's important to you.





We maintain **26,000** street lights,  
**1,155** kilometres of pavements  
& inspect **35,000** trees.



What's important to you? **#BudgetConversation**

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GPs & primary care services in Tameside and Glossop protect the health of over **248,000** residents



Tell us what matters to you **#BudgetConversation**



## APPENDIX C

### ACHIEVED SAMPLE COMPARED TO THE TAMESIDE & GLOSSOP POPULATION

Demographic Group	Tameside & Glossop Population (%)	Achieved Sample (%)
<b>Sex<sup>1</sup></b>		
Male	49.1	42.9
Female	50.9	57.1
<b>Age<sup>2</sup></b>		
Under 18	21.9	1.9
18 – 29	14.5	11.9
30 – 49	26.3	44.7
50 - 64	19.8	29.6
65+	17.5	11.9
<b>Ethnicity</b>		
White	91.8	89.5
BME	8.2	10.5
<b>Religion</b>		
No Religion	24.0	45.3
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	64.2	42.4
Buddhist	0.2	0.0
Jewish	0.0	0.6
Sikh	0.0	0.6
Hindu	1.3	0.6
Muslim	3.9	5.3
Any other religion	N/A	5.3

<sup>1</sup> These figures exclude those respondents who selected “Prefer not to say” (7.9%), as this figure is not available for the Tameside & Glossop population overall.

<sup>2</sup> Based on those respondents who provided an exact age to enable categorisation

## APPENDIX C

### ACHIEVED SAMPLE COMPARED TO THE TAMESIDE & GLOSSOP POPULATION

<b>Sexual Orientation</b>		
Heterosexual / straight	Not available	80.2
Gay or Lesbian		5.2
Bisexual		5.2
Prefer not to say		7.6
Prefer to self-describe		2.9
<b>Disability</b>		
Yes	20.5	28.2
No	79.5	71.8
<b>Carer</b>		
Yes	10.9	37.4
No	89.1	62.6
<b>Armed Forces Member / Ex-Member</b>		
Yes	Not available	1.2
No		95.4
Prefer not to say		3.5
<b>Marital Status<sup>3</sup></b>		
Single	34.8	30.2
Married / Civil Partnership	44.4	58.5
Divorced	13.2	9.4
Widowed	7.5	1.9
<b>Pregnancy Status</b>		
Yes	Not available	1.2
No		92.5
Prefer not to say		6.3

<sup>3</sup> These figures exclude those respondents who selected "Prefer not to say" (9.1%) as this figure is not available for the Tameside & Glossop population overall.

## **Chairs of the Scrutiny Panels**

**Councillors Mike Glover and Teresa Smith**

**Councillor Oliver Ryan**  
**Executive Member**  
**Finance and Economic Growth**

Tameside One  
Market Place  
Ashton-under-Lyne  
OL6 6BH

**Ms Kathy Roe**  
**Director of Finance – Section 151 Officer**

email: paul.radcliffe@tameside.gov.uk  
Ask for Paul Radcliffe  
Direct Line 0161 342 2199  
Date 20 January 2021

Dear Councillor Ryan and Ms Roe,

### **Consultation with Scrutiny Panels regarding the 2021/22 Budget**

We write in response to the budget consultation meetings held on 18 January 2021, at which scrutiny members received a comprehensive overview of the planning process associated with budget setting for 2021/22 and beyond. In addition to the mid-year budget monitoring information presented to Scrutiny Panels in September 2020, the sessions have enabled members to seek assurances on the Strategic Commission's approach to managing and mitigating the adverse impacts that Covid-19 continues to place on residents, communities and the local economy.

At the start of the 2020/21 municipal year, it was important for Scrutiny to review its approach to planned activity in order to consider appropriate matters with a keen eye on recovery, as well as community and economic resilience. The pandemic has therefore resulted in a structured consolidation of the scrutiny role, creating a heightened focus on Covid-19 issues. While it is difficult at this time to look beyond the health crisis, Scrutiny has continued to keep abreast of strategic priorities for the borough. Looking forward, we will start to reintroduce the more in-depth reviews and reporting to support plans of the Executive.

The cooperation of public sector agencies and partners during the past 12 months has been commendable. The hard work must continue in order to ensure Tameside is able to find a sustainable path to recovery. It remains important for the Strategic Commission to continue placing residents and businesses at the heart of financial decision-making.

This letter provides an account of discussions captured from the meetings. We do hope the recent Budget Conversation has been successful in gaining insight on a range of priorities. Please pass our thanks to the Assistant Director of Finance for the helpful summary, with a request for consideration to the points raised in the meetings prior to the budget report being finalised.

The Council is set to receive a single year financial settlement for 2021/22. To some extent, this is understandable when considering the level of uncertainty and crisis management taking place at a national level. At a local level, this does affect our ability to project and plan accordingly. It was pleasing to hear of a commitment to undertake prudent financial modelling in order to forecast budget pressures into 2022/23 and beyond. Members accept that a greater level of confidence and assurance is achievable should the government grant a longer funding plan to local authorities beyond the next financial year.

Future challenges remain and they are likely to be profound and far-reaching on the resilience of households and communities. This includes factors such as the uncertainty of future employment,

housing, education, access to healthcare and support. Scrutiny is increasingly concerned about the impact that Covid-19 restrictions place on children and young people, the mental health and wellbeing of residents and prolonged social isolation for the elderly and most vulnerable. Members are conscious of the need to effectively plan for challenges that residents are likely to face going forward, and the impact that will have on the demand for services and the need to close in-year budget gaps.

Budgetary demands and pressures continue to build within statutory services that work to support some of our most vulnerable children and adults. Providing the right financial support is necessary in the short-term. There is however, a growing need to ensure investment in preventative measures reduce the root causes of demand and start to have a positive financial impact. Scrutiny has previously raised concerns on the Council's ability to sustain budget increases of this nature and the use of reserves. Members welcome a refreshed strategy regarding the use of reserves, with no new reliance in 2021/22.

In general, members are aware of the financial fragility across local government. The Council's income has become an increasing proportion of the overall budget, which places significant pressures on a need to grow our Council Tax and Business Rates base. This in itself requires bold decisions and cross-cutting enabling programmes to alleviate additional pressures placed on residents and businesses at this difficult time.

It is felt that the strategic direction for growth and investment have an important role to play going forward. Recent scrutiny activity has focused on the emerging Inclusive Growth Strategy and representation at a regional and national level. Opportunities will continue to arise for the Council to receive recovery grants and it is important that the Council be in a strong position to negotiate on behalf of residents and businesses.

Discussion touched upon the delivery of savings targets identified across individual directorates. It was encouraging to hear of plans to increase the level of monitoring and accountability across Executive Member portfolios to ensure savings are both sustainable and achievable. Members welcome the additional oversight and scrutiny that will aim to keep progress on track and therefore alleviate in-year pressures.

The Executive has remained supportive of Scrutiny reporting methods to ensure findings and recommendations be shared in a timely manner and to prevent delay. Scrutiny will continue to seek assurances and identify suitable opportunities to inform local, regional and national decision-making. Examples of this include responding to consultations and reviewing shared learning opportunities made available by the Local Government and Social Care Ombudsman. Where necessary, Scrutiny will remain mindful of any associated financial implications.

Scrutiny members support transparency of budget conversations and request that a mid-year financial update remain in place going forward. The information presented will inform work programme priorities where appropriate.

Yours sincerely,

**Councillor M Glover – Chair to Place and External Relations Scrutiny Panel**

**Councillor T Smith - Chair to Integrated Care and Wellbeing Scrutiny Panel**

# Agenda Item 6

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 10 February 2021

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

**Clinical Lead:** Dr Kate Hebden, - Governing Body GP for Primary Care

**Reporting Officer:** Jessica Williams, Director of Commissioning

**Subject:** **LOCALLY COMMISSIONED SERVICES – REVIEW AND RECOMMISSIONING ARRANGEMENTS**

**Report Summary:** The general practice Locally Commissioned Services (LCS) in Tameside and Glossop were significantly reviewed and redesigned from 2019/20 framing services within a series of 'bundles', each with a set of outcomes for an area of care. Six of the eight bundles are commissioned at practice level, with two commissioned from Primary Care Networks (PCNs).

The current structure of the LCS framework commissions the identification and management of long term conditions, increased focus on palliative, end of life care and frailty, improved access to general practice, quality improvement projects in general practice, alternatives to hospital or clinic based services and the delivery of Severe and Enduring Mental Illness (SMI) healthchecks. Public Health Locally Commissioned Services for Tameside practices form part of this model. The introduction of the Partnership Investment Fund within the model in 2020/21 strengthened the system focus on the health and wellbeing of a geographical population; delivery against the full ambition has been significantly impacted in year by the Covid-19 pandemic.

This investment has, for a number of years been a core aspect of general practice funding, and any significant change to the investment would have a corresponding impact on the scope and potential for service delivery, patient outcomes and the resilience of our general practices. The investment aligns to our Corporate Plan priorities of Longer Healthier Lives and Independence and Dignity in Older Age. It also delivers on key Strategic Commission priorities of care close to home, stronger neighbourhoods and supports the capacity pressure on the ICFT and associated contract cost.

The activity commissioned through this framework supports outcomes for patients and would need to be commissioned from another provider if these services were not commissioned from general practice. The access to patient records make it much safer to deliver this in general practice and ensures it aligns as part of a seamless offer of care to patients.

Strategic Commissioning Board is asked to support the continued investment into general practice however with a further refresh of the specification to commission from Primary Care Networks from 2021/22.

This refresh is proposed with clear principles and outcomes focus for delivery across neighbourhood partners and member

practices. This aligns with the development of integrated neighbourhoods, the role of PCNs within that and the strategic aim to address unwarranted variation in offer to patients, to reduce health inequalities and improve the proactive identification of patients. This will embed LCS commissioned from general practice as part of the continued delivery model of Strategic Commission priorities.

**Recommendations:**

That Strategic Commissioning Board be recommended to support the commissioning intentions outlined in this report, including the priorities of the LCS framework and the approach to strategic investment which includes:

1. the continuation of this investment, recognising the priorities addressed through the LCS framework.
2. the contract extension of existing arrangements to 30<sup>th</sup> September 2021.
3. the re-contracting of the LCS framework from PCNs, with the specification refresh, from 1 October 2021 to 31 March 2023.

In recognition of the breadth of investment across CCG and SCB governance, this paper will also be considered by Primary Care Committee in February.

**Financial Implications:**

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

<b>Budget Allocation (if Investment Decision)</b>	
<b>CCG or TMBC Budget Allocation</b>	£5.3m CCG (£4.2m core CCG allocation; £1.1m delegated allocation / £200k TMBC)
<b>Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration</b>	In-collaboration and S75 aligned
<b>Decision Body – SCB Executive Cabinet, CCG Governing Body</b>	SCB/CCG
<b>Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark</b>	

**Additional Comments**

There is a recurrent CCG LCS budget of £5.3m, split funded across the core CCG allocation (£4.2m) and the Primary Care Delegated Commissioning (PCDC) allocation (£1.1m). These services are historically CCG core allocation funded however we moved to split fund so as to support the management of the total CCG financial position.

The report explains there will be new NHS commissioning organisation configuration in place from 1<sup>st</sup> April 2022 for which the specific detail is currently unknown including the funding allocations and funding flows. It is important these risks are recognised. However, continuity of service provision is crucial for our residents and it is acknowledged that primary care is a key stakeholder in the delivery of integrated neighbourhoods and demonstrating VFM.

<b>Legal Implications: (Authorised by the Borough Solicitor)</b>	As set in the main body of the report continuation of the investment is sought together with a change to the commissioning model so that the entire framework is commissioned at a PCN level. Procurement advice should be sought to ensure that the commissioning is undertaken compliantly especially if there are existing commissioning arrangements which are either expiring or being terminated.
<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	Proposals are fully aligned with a focus on reducing health inequalities.
<b>How do proposals align with Locality Plan?</b>	Fully aligned with the locality plan focus on place, population outcomes and reducing health inequalities.
<b>How do proposals align with the Commissioning Strategy?</b>	As above.
<b>Recommendations / views of the Health and Care Advisory Group:</b>	Not been discussed at HCAG, financial decision sought.
<b>Public and Patient Implications:</b>	Focus of the paper describes the ambition through this commissioning to improve the proactive and personalised delivery of care with a focus on healthy life expectancy and care close to home.
<b>Quality Implications:</b>	As above
<b>How do the proposals help to reduce health inequalities?</b>	The proposal recommends a shift to commissioning from Primary Care Networks, therefore facilitating delivery of care and resilience of provision across those member practices and partner providers across those neighbourhoods.
<b>What are the Equality and Diversity implications?</b>	None - Primary Care services are available to all.
<b>What are the safeguarding implications?</b>	There are no additional safeguarding implications, safeguarding policies in place around existing practice contracts would apply
<b>What are the Information Governance implications? Has a privacy impact assessment been conducted?</b>	There are no additional information governance implications, the policies in place around existing practice contracts would apply.
<b>Risk Management:</b>	The move to commission from Primary Care Networks reduces the risk of inequalities of provision across practices. There is a risk in commissioning this way of reduced sign up however this will be managed through proactive engagement and dialogue with Primary Care Networks and member practices.
<b>Access to Information:</b>	The background papers relating to this report can be inspected by contacting the report writer Tori O'Hare Telephone: 07920 086397 e-mail: <a href="mailto:tori.ohare@nhs.net">tori.ohare@nhs.net</a>

## **1. INTRODUCTION**

- 1.1 The general practice Locally Commissioned Services (LCS) in Tameside and Glossop were significantly reviewed and redesigned from 2019/20 framing services within a series of five 'bundles', each with a set of outcomes for an area of care. The model was expanded from 2020/21 with a further three bundles introduced. Six of the eight bundles are commissioned at practice level, with the remaining two commissioned from Primary Care Networks (PCNs).
- 1.2 The current structure of the LCS framework commissions the identification and management of long term conditions, increased focus on palliative, end of life care and frailty, improved access to general practice, quality improvement projects in general practice and alternatives to hospital or clinic based services. Public Health Locally Commissioned Services for Tameside practices form part of this model. Delivery of Severe and Enduring Mental Illness (SMI) Healthchecks and a Partnership Investment Fund for investment across neighbourhoods are also included and are the two aspects currently commissioned from PCNs. The introduction of the Partnership Investment Fund in 2020/21 strengthened the system focus on the health and wellbeing of a geographical population, though delivery against the full ambition has been significantly impacted in year by the Covid-19 pandemic.
- 1.3 The current LCS model was designed with the intention of creating a framework for continually increasing the level and transparency of investment in general practice and to focus on collective delivery priorities, standards of delivery and to address unwarranted variation.
- 1.4 A further refresh for 2021/22 reflects the learning from the first contracting period plus the impact of and learning from the Covid pandemic. The latter will be supported by the Primary Care Living with Covid and Build Back Better groups.
- 1.5 This refresh recommends commissioning the total framework at PCN level; this aligns with the development of PCN teams and the strategic aim to address unwarranted variation in offer to patients, to reduce health inequalities and improve the proactive identification of patients. This refresh is proposed with clear principles and outcomes focus for delivery across neighbourhood partners and member practices. This will embed LCS commissioned from general practice as part of the continued delivery model of Strategic Commission priorities.

## **2. LOCALLY COMMISSIONED SERVICES (LCS) SCOPE**

- 2.1 The LCS framework commissions a range of proactive, preventative care and provides services in the community. This investment aligns to our Corporate Plan priorities of Longer Healthier Lives and Independence and Dignity in Older Age. It also delivers on key Strategic Commission priorities of care close to home, stronger neighbourhoods and supports the capacity pressure on the ICFT and associated contract cost.
- 2.2 Some bundles provide proactive, preventative care, for example the Prevention, Identification and Management of Long Term Conditions and the Access bundle. This early identification improves the healthy life expectancy of our population and reduces future acute planned and unplanned care episodes.
- 2.3 Others, such as the Palliative, End of Life and Frailty and Mental Health, support improved provision and quality of care to specific cohorts of patients and support the management of patients through primary care.
- 2.4 The Alternative to Hospital bundle commission's activity locally which is can often be easier for the patient from an access/location perspective or as part of a pathway. The phlebotomy aspect of this bundle has been key during the covid pandemic as additional provision has

been requested from general practice which would historically have been undertaken in the hospital. This will need to be a priority workstream as we move to Build Back Better and learn from this period.

- 2.5 The activity commissioned through this framework supports outcomes for patients and would need to be commissioned via the ICFT or from another provider if these services were not commissioned from general practice. The access to patient records make it much safer to do lots of this in general practice and ensures it aligns as part of a seamless offer of care to patients.
- 2.6 The Quality Improvement (QI) bundle pre-dates the inclusion of QI in QOF and recognises the importance of continuous review and service improvement, the bundle focuses on prescribing project and patient experience. This bundle therefore also supports the achievement of the prescribing QIPP workstreams.
- 2.7 The Partnership LCS bundle was introduced from 2020/21. This is commissioned from PCNs and enabled the expansion of the PCN team as part of a Neighbourhood Plan. The timing of this in year has been a challenge and the capacity of PCNs and neighbourhood partners to come together has been significantly compromised. The Partnership Oversight Group, a sub group of Primary Care Committee will oversee the evaluation of these projects. This bundle supports the delivery of neighbourhoods and strengthens the cohesive delivery of care across a population.
- 2.8 The national strategy, recognising the covid pandemic has now seen the ask of CCGs to suspend any locally commissioned services, except where these are specifically in support of vaccination, or other COVID-related support to the local system, eg wherever they contribute to reducing hospital admissions or support hospital discharge. For 2020/21 updated LCS delivery guidance has been developed to guide practices and PCNs on expectations.
- 2.9 Primary Care Delivery and Improvement Group and the LCS working group oversee the monitoring of this investment; delivery of outcomes as detailed in the bundle specifications.

### **3. LOCALLY COMMISSIONED SERVICES (LCS) 2021/22 PRINCIPLES**

- 3.1 The principles for the refreshed commissioning of these LCS from 2021/22 are framed under an overarching premise for personalised, preventative and proactive care. The model has a clear focus on health inequalities, with the aim of improving the healthy life expectancy of the population of Tameside and Glossop and to reduce the burden of disease.
- 3.2 Under that overarching premise, all aspects of the investment align with the following key themes:
  1. supports the delivery of locally identified priorities,
  2. maintains or increases quality of services
  3. reduces demand elsewhere within the health and social care system.
- 3.3 The design of the LCS framework recognises the Strategic Commission priorities of a place based approach to reducing early deaths, improving healthy life expectancy and delivering sustainable reductions in health inequalities bringing health experience in line with regional and national averages. The design, principles and outcomes will continue to align to our Corporate Plan priorities of Nurturing Communities, Longer and Healthier Lives and Independence and Dignity in Older Age. The enablers to that plan of a place based approach that redefines services and places individuals, families and communities at the heart and also

a stronger prioritisation of wellbeing, prevention and early intervention are key principles of this LCS refresh.

- 3.4 The introduction of PCNs created the potential to commission on a neighbourhood basis. A move to commission the total LCS framework from PCNs, recognises the development and maturity of our Networks, maximises the workforce opportunities and supports provision across a across a population which could support workforce and estate challenges.
- 3.5 The full LCS framework will be commissioned from PCNs from 2021/22 however with flexibility for delivery across neighbourhood partners and member practices. Commissioning the LCS framework in this way supports our strategy of a whole system approach with commitment from all strategic partners and community assets.
- 3.6 A culture of partnership and effective communication, is essential to drive the improvement in population outcomes and improve the health experience and healthy life expectancy of our population recognised throughout our locality plan. The importance of system working with partners across the locality remains a fundamental foundation of this framework.
- 3.7 Personalised care, based on holistic care planning and shared decision making must be a key principle of all commissioning and delivery plans, driven by robust patient engagement. The role of Patient Participation Groups (PPGs) and Patient Network Groups (PNGs), the Partnership Engagement Network (PEN) and our VCFSE partners is critical in this.
- 3.8 In signing up to the LCS framework, practices and PCNs sign up to these principles.

#### **4. LOCALLY COMMISSIONED SERVICES (LCS) OUTCOMES**

- 4.1 A review and refresh of the existing specifications is in progress, led by the LCS working group, to reflect the learning from the first contracting period plus the impact of and learning from the Covid pandemic. This working group has clinical and officer membership and represents the scope of commissioning portfolios covered by the LCS framework.
- 4.2 This refresh will support the focus on tackling health inequalities and the proactive identification of patients as set out in the Third Phase of NHS response to Covid-19 letter.
- 4.3 In addition to the move to commission the framework in full from PCNs, the refresh from 2021/22 will also reflect commissioning on an outcomes basis, further aligning commissioning from general practice in line with other providers across the system. A proportion of the LCS specification will remain activity based, namely around Alternatives to Hospital/Clinic Based Services and some Public Health activity with the majority still paid on a capitation and outcomes basis.
- 4.4 This approach supports our strategic vision for neighbourhoods and wraps the totally of proactive and preventative care around a patient. The expectation is for delivery of outcomes across the system and role of communities, PPGs and PNGs, VCSFE and community and mental health service providers is critical and should be visible in delivery models.
- 4.5 The implementation of this approach by PCNs will support the continued development and expansion of integrated neighbourhood teams which are enabled and supported to address the social, psychological, economic and environmental challenges that lead to additional needs.
- 4.6 The investment, in line with Additional Roles Reimbursement Scheme funding under the PCN Directed Enhanced Service (DES), will support the expansion of the Primary Care Network

workforce to meet local priorities, though with the clear expectation the investment should reflect the totality of system partners working together to a common neighbourhood plan.

## **5. FINANCE**

- 5.1 There is a recurrent CCG LCS budget of £5.3m, split funded across the core CCG allocation (£4.2m) and the Primary Care Delegated Commissioning (PCDC) allocation (£1m). These services are historically CCG core allocation funded however we moved to split fund so as to support the management of the total CCG financial position.
- 5.2 This investment has, for a number of years been a core aspect of general practice funding, and any significant change to the investment would have a corresponding impact on the scope and potential for service delivery, patient outcomes and the resilience of our general practices.
- 5.3 It is acknowledged there will be a new NHS commissioning organisation configuration in place from 1<sup>st</sup> April 2022 for which the specific detail is currently unknown including the funding allocations. However, it is important we plan for continuity of service provision with appropriate flexibility within the contract to allow for transfer of services to successor organisations as necessary but acknowledging the risk of constrained funding.

## **6. CONTRACTING**

- 6.1 The current contracts expire at 31 March 2021; there is a one year extension clause available within this. In light of the Covid pandemic and the challenge and capacity in general practice it is necessary to enact that extension and SCB is asked to support a six month extension to 30 September 2021.
- 6.2 SCB is asked to support the re-contracting of LCS arrangements from 1 October 2021 this will be with the refreshed specification in place. This refresh will be proposed to be commissioned from PCNs however with clear principles and outcomes focus for delivery across neighbourhood partners and member practices. This will embed LCS commissioned from general practice as part of the continued delivery model of Strategic Commission priorities.
- 6.3 It is proposed the contracting from October 2021 be a contract to 31 March 2023 to ensure the transfer of these contracting arrangements into the commissioning organisation reconfiguration from April 2022 however with scope for early review within the new commissioning structure if desired as referenced at paragraph 5.3.
- 6.4 Commitment to investment over that timeline will ensure recruitment to, and establishment of, integrated neighbourhood teams can be embedded. The organisational and culture change can be established more robustly with the outcomes focus be built on a longer term planning cycle.
- 6.5 The specification within the LCS framework will be reviewed and updated as required through this contracting period, for changes in national clinical and strategic guidance, changes in nationally commissioned services and any local service transformation.
- 6.6 This LCS contract will be offered to all Tameside and Glossop CCG PCNs, noting the Public Health aspects being Tameside PCNs only, recognising Local Authority boundaries.

## **7. CONCLUSION**

- 7.1 The potential through the combined budgets described in this paper carries opportunities far in excess of the pure financial investment and can support the continued development of our integrated neighbourhood model, strategic locality ambition centred around population and place and greatly improved outcomes for our residents.
- 7.2 The investment will build on the health inequalities focus in 2020/21 and embed this model of review and service redesign by neighbourhoods for a geographical population ongoing forward.

## **8. RECOMMENDATIONS**

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

# Agenda Item 7

<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	10 February 2021
<b>Executive Member:</b>	Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)
<b>Clinical Lead:</b>	Dr Ashwin Ramachandra – Co-Chair Tameside & Glossop CCG, Clinical lead Long Term Conditions
<b>Reporting Officer:</b>	Dr Jeanelle de Gruchy, Director of Population Health Dr Sarah Exall , Consultant in Public Health
<b>Subject:</b>	<b>PERMISSION TO EXTEND THE HEALTH IMPROVEMENT CONTRACT TO ALLOW FOR A REVIEW OF THE SERVICE SPECIFICATION IN LINE WITH A BUDGET REDUCTION AND A FULL PUBLIC CONSULTATION ON THE PROPOSED CHANGES TO THE SERVICE.</b>
<b>Report Summary:</b>	<p>The current integrated wellbeing service, Be Well, is Population Health’s flagship front line behaviour change programme. It is a community offer aimed at preventing ill health through support to individuals, organisations and communities.</p> <p>On 22 January 2020 authorisation was granted by SCB to re-tender Health Improvement services with a total budget of £1,092,000. Population Health planned to procure two new services to cover the functions described above, and to novate the oral health function into another service. The new contracts were due to commence on 1st October 2020 with a tender process planned for the months leading up to that date.</p> <p>In June 2020 due to the disruption caused by Covid-19, permission was granted by SCB to extend the contract by 12 months, to go out to tender as planned for a contract starting on 1st October 2021.</p> <p>In November 2020, the council’s spending review identified Health Improvement Services for a 20% saving against the budget allocated for Smoking Cessation and Healthy Weight support. The savings required amount to a reduction in the budget of £185,800 leaving £906,200 available to commission the new services.</p> <p>The budget reduction will require significant changes to the service plans to be made. In order to carry out a full re-design of the service and a comprehensive public consultation exercise on the revised plans, an extension to the contract will be required. It is therefore proposed that an extension period of 6 months to 31st March, 2022 will be sufficient to allow for a consultation to take place and re-design the service.</p>
<b>Recommendations:</b>	<p>That the Single Commissioning Board be recommended to agree:</p> <ul style="list-style-type: none"><li>(i) That approval is given to extend or to directly award the contract for an additional period of six months to 31 March 2022 to allow for a re-design of the service and a full Public Consultation following a 20% budget reduction.</li></ul>

- (ii) To note that the cost pressure will be covered from within the Population Health Budget, with the full 20% saving realised from April 2022.
- (iii) That the plan to undertake a full public consultation on the proposed changes to the Health Improvement Services is noted and approved.

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

The Health Improvement budget in FY 21/22 includes a savings target of £92,900, on the original assumption that the new contract would be implemented from October 2021. A six-month delay in obtaining this proposed 20% saving will therefore mean the original savings target will be deferred, with a corresponding impact that it is anticipated can be managed within the general Population Health budget. As proposed here, this is a temporary pressure with no impact beyond FY21/22, and the full savings target of £185,800 will be achieved in FY22/23.

There is a risk of further budget pressure if the new contract is further delayed, or in future years if the planned 20% reduction proves undeliverable. Conversely, there are financial and contractual risks to rushed or under-resourced procurement, and the Council's value for money duty implies that adequate time and resource be given to this exercise with sufficient consultation where required.

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

The reasons for the additional time being sought to undertake the procurement exercise are set out in the main body of the report.

Whilst any delay to a procurement process especially a delay which impacts on the current contractual arrangements should be avoided there are times when it is necessary in order to take into account longer term objectives as in this case.

It is not clear whether the current extension being sought to the existing contract is technically an extension/modification of an existing contract or a direct award to continue to have the service delivered pending the consultation and reprocurement. There are potential risks of challenge to both approaches but taking advice from STAR should mitigate these and generally as the additional arrangement is for only a short period of time before taking the service back out to tender any risk is likely to be low.

The report sets out that part of the reason for seeking the additional time is in order that a consultation can be undertaken in relation to the delivery of the service going forward. There are both common law and legislative requirements to be met to ensure that the consultation is appropriately undertaken and most importantly that the outcomes from that consultation are carefully considered as part of the decision making process.

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

The proposals link with all priorities in the Health and Wellbeing Strategy in particular Starting Well, Living Well and Ageing Well programmes.

The service links into the Council's priorities for People:

- Decrease smoking prevalence

- Promote whole system approach and improve wellbeing and resilience
- Improve satisfaction with local community
- Increase access, choice and control in emotional self-care and wellbeing
- Increase physical and mental healthy life expectancy
- Improve the wellbeing for our population
- Increase levels of physical activity
- Increase levels of self-care/social prescribing
- Prevention support outside the care system.
- Reduce rate of smoking at time of delivery

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

The proposals will support the locality plan objectives to –

- Improve health and wellbeing for all residents
- Address health inequalities
- Protect the most vulnerable
- Promote community development
- Provide locality based services

**How do proposals align with the Commissioning Strategy?**

This supports the ‘Care Together Commissioning for Reform Strategy 2016-2020’ commissioning priorities for improving population health particularly:

- Early intervention and prevention
- Encourage healthy lifestyles
- Supporting positive mental health

**Recommendations / views of the Health and Care Advisory Group:**

n/a

**Public and Patient Implications:**

The recommendations will ensure continued access to services to improve health and prevent long-term conditions.

**Quality Implications:**

The 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. Any procurement exercise will be awarded on the basis of the most economically advantageous tender that balances the cost and quality advantages of tender submissions.

**How do the proposals help to reduce health inequalities?**

The provision of Health Improvement Services has a positive effect on health inequalities. The proposed stronger focus on reaching individuals and groups who are at greater risk of poor health will help to reduce health inequalities. Further, by conducting a Public Consultation the health needs of our residents can be evaluated and taken into account when designing the changes required.

**What are the Equality and Diversity implications?**

An Equality Impact Assessment has been undertaken, and will be reviewed to reflect the changes to the service. The Health Improvement Services provided are available regardless of age, race, sex, disability, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership. Some service provision is targeted to address health inequalities experienced by more marginalised groups, and the

reduction of health inequalities will be key aims of all Health Improvement services.

**What are the safeguarding implications?**

There are no safeguarding implications associated with this report. Where safeguarding concerns arise the Safeguarding Policy will be followed.

**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 the provider. A Data Protection Impact Assessment (DPIA) will be carried out as part of the procurement process.

A privacy impact assessment has not been carried out.

**Risk Management:**

Risks are being monitored and mitigated through a risk register and regular meetings of the Population Health and Commissioning Teams. Risks will be identified and managed by the implementation team and through ongoing performance monitoring once the contracts have been awarded.

**Access to Information:**

The background papers relating to this report can be inspected by contacting the report writer Sarah Exall, Consultant in Population Health



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## **1. INTRODUCTION**

- 1.1 The current integrated wellbeing service, Be Well, is Population Health's flagship front line behaviour change programme. It is a community offer aimed at preventing ill health through support to individuals, organisations and communities. Be Well offers a number of services to help people living in Tameside to improve their health, including:
- An integrated wellbeing service covering smoking cessation, weight management, diet, sleep and stress management;
  - Community NHS Healthchecks;
  - Community engagement;
  - Health improvement campaigns;
  - Workforce development and training on brief advice and interventions;
  - Population oral health.
- 1.2 NHS Health checks are a statutory function of Population Health. In Tameside, they are currently commissioned and delivered via two routes to maximise access and choice for residents: Be Well in the community, and in General Practice by individual GP surgeries.
- 1.3 The Health Improvement service directly contributes to a number of priorities of the Corporate Plan, in particular:
- Increase physical and mental healthy life expectancy
  - Improve the wellbeing for our population
  - Decrease smoking prevalence
  - Increase levels of physical activity
  - Prevention support outside the care system
- 1.4 The contract is provided by Pennine Care NHS Foundation Trust, who continued their provision following a major service redesign in 2015-16. The service in its current form began operating in March 2016 and forms part of the Pennine Care contract.

## **2. CURRENT SITUATION**

- 2.1 On 22 January 2020 authorisation was granted by SCB to re-tender Health Improvement services with a total budget of £1,092,000. Population Health planned to procure two new services to cover the functions described above, and to novate the oral health function into another service where it could be better integrated and aligned with other, complementary functions. The new contracts were due to commence on 1st October 2020 with a tender process planned for the months leading up to that date.
- 2.2 In 2020 due to the disruption caused by covid-19, it was not considered feasible to re-commission the service as planned either for the commissioner or for potential providers. The covid-19 crisis would have had a severely damaging effect on both the market and the process, risking both a shortage of providers bidding for the contract, and a failure of the tender and TUPE processes to be fair, open and transparent. Permission was therefore granted by SCB in June 2020 to extend the contract by 12 months, to go out to tender as planned for a contract starting on 1st October 2021.
- 2.3 In keeping with this decision, a tender process has been planned and is due to commence in March 2021, to procure two services as two separate contracts, allowing for a greater range of potential providers. Lot 1 is for a Community Stop Smoking Service (£575,000 total value) and Lot 2 is for a Community Wellness Service (£440,000 total value). The contracts are for a period of up to 5 years commencing on 1 October 2020, with a termination clause of six months. The oral health function (£77,000) will be novated into an existing service.

- 2.4 Procurement of the Community Stop Smoking Service is being undertaken using a standard procedure with flexibility built into the contract to allow for changes in needs and evidence. In addition to one-to-one services, emphasis is placed on community engagement and partnership working in order to improve motivation for behaviour change across the Tameside population. Reduction of health inequalities is to be a key outcome.
- 2.5 The Community Wellness Service is to be commissioned using a developmental, outcomes-based specification. Bids will be invited which explain how potential providers will approach the development of the model, using co-design and the principles of public service reform, with the final model being developed in collaboration between the successful provider and partners, including the council. The new service will take a population-based approach, moving away from one-to-one services and having strong links with existing community groups, services and networks.
- 2.6 For both services, consideration has been given to maximising the social value of the contracts, following STAR procurement processes. The Council are working jointly with STAR procurement to undertake the tender.

### **3. IMPACT OF THE COUNCIL'S SPENDING REVIEW**

- 3.1 In November 2020, the council's spending review identified Health Improvement Services, along with a number of other front line services, for a 20% saving against the budget allocated for the Smoking Cessation and Healthy Weight components of Health Improvement services. The savings required amount to a reduction in the budget of £185,800 leaving £906,200 available to commission the new services. This will require the Population Health department and Commissioners to carry out a full service re-design to ensure that the best use is made of the revised budget.
- 3.2 Since the decision for a budget reduction, the Population Health department and Commissioners have been considering ways in which to deliver savings on the contract while keeping the experience for the end user as strong as possible. Consideration has been given to changes to service delivery, including:
- Using the learning from the current provider on what is working well in the modified service to amend the design for the new offer. It is expected that this would include maintaining some aspects of remote and digital service delivery, and reducing face-to-face activity;
  - With a 20% reduction in budget, it is highly likely that some reduction in activity will be inevitable. This will mean reviewing the targets in the stop smoking service, and reducing what potential providers are able to build into the Community Wellness service.
- 3.3 Additional changes could be made to the service model, which may improve efficiency. These include:
- Bringing some or all aspects of the service in-house, allowing the Strategic Commission more flexible control over activity;
  - Tendering for a lead provider model, as opposed to going out in Lots. This may reduce management costs and overheads. However, it may result in fewer interested providers.
- 3.4 It is the Council's policy, and best practice, to engage and consult service users if there is a service change or redesign decision that will impact them. In some instances the Council has a statutory duty to consult, and in other cases there is a legitimate expectation that we will engage. This occurs in situations where people can reasonably expect a process of consultation, for example for local authority budget cuts or healthcare changes. The Policy, Performance and Communication Department of the Council have advised that the changes

planned to Health Improvement Services in response to the budget reduction now means that a Public Consultation should take place.

#### **4. REQUIREMENT FOR A CONTRACT EXTENSION**

- 4.1 In order to carry out a full re-design of the service and a comprehensive consultation exercise, an extension to the contract will be required. In line with best practice guidance, a 12 week consultation period is recommended, in addition to the time needed to develop the questions, analyse the results, and make necessary changes to the service specifications. It is therefore proposed that an extension period of 6 months to 31st March, 2022 will be sufficient to allow for a consultation to take place and re-design the service.
- 4.2 The Commissioning and Population Health teams have been working with STAR procurement throughout this period, who have advised that under Public Contract Regulations 2015 there is provision for extending or modifying a contract during its term where there are urgent requirements due to unforeseen circumstances. They are confident that this situation meets these definitions. We are continuing to work closely with STAR to ensure that the procurement process is fair, transparent and lawful.

#### **5. CURRENT PERFORMANCE OF THE HEALTH IMPROVEMENT SERVICE**

- 5.1 Pennine Care have continued to deliver this service throughout the covid-19 pandemic, with modifications to service delivery in response to changing government guidance and legislation.
- 5.2 The main changes to service delivery currently in operation are;
- Face to face support, including for smoking cessation and physical activity sessions, was paused for all aspects of the service in order to comply with government guidance. In March 2020 the service rapidly transferred all support to a telephone-based model. They continue to accept referrals for support with weight management, healthy eating and smoking cessation, and now offer remote health checks.
  - The team have been working hard to develop protocols for a safe face-to-face offer when this is possible, and until then are continuing to work remotely.
  - The service have worked with the Health and Wellbeing College to develop and deliver an open access behaviour change course, and have also modified their group workshops (Sleep, Stress and Relaxation; and Live Well Eat Well) to become online sessions.
  - Due to the nature of the covid-19 restrictions, the routine referrals to Be Well from GPs and community events have reduced. The service have responded to this in a number of ways:
  - changing the way they communicate and promote the service by increasing their use of social media:
    - proactively communication and work with local GPs;
    - linking in with ICFT to promote their service to in-patients on discharge;
    - working closely with Action Together to promote wellbeing and the Be Well service.
    - Workforce training has moved to a remote offer, and the training lead has adapted other sessions to fit with an online interactive model. They are also working with the professional bodies who accredit some of their workforce training to re-start delivery of these as online offers.
  - Due to the necessary reduction in some activities (such as oral health and community development), Be Well initially had capacity to work in other ways, with some staff members re-deployed to support the covid-19 humanitarian response. In recent months, however, these staff members have moved back into the Be Well team to deliver online support and to develop further different ways of working.

- 5.3 Be Well Tameside performs well against its performance targets overall and maintains quality in the service it provides, evidenced by outcomes and positive client feedback. In 2019/20, Be Well met or came close to meeting the majority of KPIs, despite the challenges of the final few weeks of the year. During the six months from April to October 2020, Be Well made personal health plans with 762 people with around 80% of people achieving or part achieving their goals.
- 5.4 In 2019-20, Be Well successfully supported 395 clients to quit smoking. The service also supported 1148 households to become smoke free: an essential part of protecting children and young people from second-hand smoke. The service also conducted 1460 health checks (843 full NHS Health Checks and 617 mini Checks).
- 5.5 Over the past 12 months, and in particular since the beginning of March, the commissioner has strongly encouraged and supported Be Well to focus more attention on smoking cessation. The service have performed extremely well, increasing numbers of people setting a tobacco quit date quarter-on-quarter, from 153 people in quarter 1 of 2019/20 to 312 people in quarter 1 of 2020/21, of whom 50% remained quit after 4 weeks.
- 5.6 The service has been extremely responsive and flexible during the covid-19 pandemic and has adapted to continue to provide wellbeing support remotely, as well as supporting covid-19 response services in other organisations.

## 6. OPTIONS APPRAISAL

- 6.1 The current options for this service are:

### **Tender the service as planned with no Public Consultation**

- 6.2 This option would leave no opportunity for Public Consultation. Significant changes to services are necessary as a result of the budget reduction as well as covid-19, and would be made without giving our residents the opportunity for involvement in the process. In addition, due to the current new lockdown and resultant pressures on both commissioners and potential providers, there is an additional risk that the market and the process would suffer as a result of a procurement exercise in the current environment.

### **Bring the service in-house at the end of the current contract period**

- 6.3 This option would give time for Public Consultation and for service redesign before transfer of the service, but not before decisions about the future of the service were made. Decisions about the service should be made following the Public Consultation, as the results may have an impact on the preferred approach. In addition, transferring the service during this period of change and uncertainty poses risks to a fair and transparent TUPE process.

### **Extend the contract for 6 months to undertake service redesign and Public Consultation**

- 6.4 This would allow the Population Health department and Commissioners to carry out a full consultation and re-design of the service to give the best chance of recommissioning a strong service, while retaining Be Well in the interim period to continue with their community Health Improvement work. This option would incur a cost pressure which could be managed from within the Population Health budget. The full 20% saving will be realised from April 2022.
- 6.5 This option would maximise the health benefits to Tameside and ensure that the new contract represents the best design and value for money in the medium-long term, and is our preferred option.
- 6.6 Following the 6 month extension period, the contract would come to an end in March 2022 for a new contract to start in April 2022. Before this point, the service will be re-designed in

light of the Public Consultation and budget reductions. It is proposed that a paper would be brought back to SCB in June for a decision on the preferred delivery model.

## **7. RECOMMENDATIONS**

7.1 As set out at the front of the report.

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# Agenda Item 8

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 10 February 2021

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

**Clinical Lead:** Dr Vinny Khunger and Dr Christine Ahmed – Clinical Leads

**Reporting Officer:** Jessica Williams – Director of Commissioning

**Subject:** RE-COMMISSIONING OF ADULT LEARNING DISABILITY AND AUTISM SERVICES

**Report Summary:** The Tameside and Glossop Integrated Care Foundation Trust (ICFT) has given the CCG notice that they no longer wish to provide adult learning disability and autism services after 1 October 2021. This decision was made following recommendations from an independent review commissioned from Pathway Associates CIC in 2019.

STAR have undertaken a procurement options appraisal and have recommended that the services are varied into the Pennine Care Trust Contract.

There are risks of challenge but these can be mitigated. In terms of improving service user experience and quality, commissioners believe that there will be significant improvement under the leadership of Pennine Care Trust.

**Recommendations:** SCB is asked to take account of the risk of challenge and agree that the mitigating factors and rationale are such that the proposal to vary the services into the Pennine Care contract should be actioned.

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

<b>Budget Allocation (if Investment Decision)</b>	£937k plus Estates <i>approx</i>
<b>CCG or TMBC Budget Allocation</b>	CCG
<b>Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration</b>	Section 75
<b>Decision Body – SCB Executive Cabinet, CCG Governing Body</b>	Strategic Commissioning Board

## Additional Comments

The ICFT have provided an adult LD/autism service since the community services contract was transferred in 2016/17. Prior to this, the service was provided by Stockport FT and the PCT provider division. As such this service has formed part of the CCGs recurrent budgets since its formation in April 2013.

While the future of CCGs is currently uncertain, the ICFT have served notice on the service. Therefore while we do not know precisely who will have commissioning responsibility for this service in the future, we need to act now in order to ensure

continuity of provision of a long standing service beyond October 2021.

As the ICFT are paid on the basis of a global block, we do not have an explicitly agreed value for this service built into our contract. However based on due diligence at the point of transfer from Stockport to ICFT, plus some inflation we estimate a budget in the region of £900k. Conversations are currently ongoing with the ICFT to refine this estimate and agree a value to remove from the ICFT once the notice period expires.

On the assumption that the proposed increase to the Pennine Care contract is equal and opposite to the variation in the ICFT contract, the proposal in this paper would be cost neutral to the CCG.

The variation to the Pennine contract is proposed to last 18-24 months before conducting a full procurement exercise. This time horizon is sufficient to establish which organisation will inherit commissioning responsibility for this area and gives the successor organisation ample opportunity to assess and set the strategic direction for the service.

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

It is clear from the information contained in the report that the Reporting Officer is recommending a risk based approach in relation to a short term measure to ensure the continued delivery of the services whilst a robust and compliant procurement process is undertaken to establish the long term delivery of this service.

STAR has provided the technical advice on the risks which is detailed in the main body of the report.

In addition in light of the risks it is critical that the service commences the procurement exercise as soon as possible in order to engage with the market and most importantly the timelines as set out in this report should be adhered to in order to avoid the risks escalating.

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

The proposal aligns with the Starting Well, Developing Well, Living Well and Aging Well programmes.

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

This proposal supports the achievement of:

- Healthy Lives (early intervention and prevention)
- Locality based services; for people who need regular access to health and social services, these will be fully integrated in localities, offering services close to people's homes. Enabling self-care: improving skills, knowledge and confidence of people with long-term conditions or with on-going support needs to self-care and self-manage.

**How do proposals align with  
the Commissioning  
Strategy?**

This supports the commissioning priorities for improving population health particularly reducing health inequalities.

**Recommendations / views of  
the Health and Care Advisory  
Group:**

This section is not applicable as the report is not received by the Health and Care Advisory Group.

**Public and Patient Implications:**

The proposal supports quality improvements in health services to people with learning disabilities and autism.

**Quality Implications:**

This proposal to commission learning disability and autism services from a specialist health trust (Pennine Care) will have a significant impact on service delivery, patient care and the achievement of national targets. The two services will be reviewed in partnership with people once the transfer has taken place, therefore improving quality of service for people accessing support.

**How do the proposals help to reduce health inequalities?**

This proposal will reduce health inequalities for people with learning disabilities and autism due to proactively directly meeting health needs whilst also promoting all services to make reasonable adjustments to actively reach people who are often excluded.

**What are the Equality and Diversity implications?**

There are no implications directly related to this proposal.

**What are the safeguarding implications?**

The NHS Standard Contract safeguarding requirements apply.

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

No Information Governance implications have been identified at this time but all requirements will be included in the operational transfer plan.

**Risk Management:**

Risks will be identified and managed by the implementation team. This will include managing the risks to quality and continuity of care for patients who are under the care of the teams.

**Access to Information:**

The background papers relating to this report can be inspected by contacting the report writer Pat McKelvey.



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## **1. INTRODUCTION**

- 1.1 The Integrated Care Foundation Trust has issued a termination notice to the CCG regarding the provision of adult learning disability and autism services from 1<sup>st</sup> October 2021. This decision was made on the basis of recommendations from an independent review commissioned from Pathway Associates CIC in 2019. The purpose of the review was to assess the adequacy of clinical leadership in the service; whether the LD service is fit for purpose; and the ability of the ICFT's LD service to deliver the NHS Long Term Plan as well as the Transforming Care agenda for people with LD and autism.
- 1.2 The report made numerous findings and recommendations, notably
- senior clinical leadership in the LD team and access to specialised training and development would all need to be increased;
  - LD staff recruitment and retention is more difficult for a non-specialised provider.
  - there is too wide a range of LD and other services concentrated into just the one team and as a result management had become too thinly spread over a number of services including LD
  - whilst there is no doubt about the commitment of LD staff and the quality of the service currently delivered, the relatively small size of the ICFT's LD service might result in issues for the future.
- 1.3 Since receiving the notice the CCG commissioning lead has worked with STAR to undertake an appraisal of the different procurement options. The recommended option is to vary the services into the CCG Pennine Care contract for 18/24 months. The STAR report can be found in **Appendix 1**.
- 1.4 The total contract value is currently being costed but is c. £937,000 per annum, excluding estates, however decisions are yet to be finalised regarding the most appropriate provider for the children and young people elements – see section 4.5 below.

## **1. PROPOSED PROCUREMENT OPTION**

- 1.1 The recommended option for recommissioning the services is to vary them into the existing CCG contract with Pennine Care for 18/24 months.
- 1.2 This will allow for time to review and develop the service model in partnership with service users to deliver the objectives of the NHS Long Term Plan. This will be managed under the leadership of an experienced provider Trust.
- 1.3 It will also accommodate for changes being made across Greater Manchester in relation to Clinical Commissioning Groups and the form commissioning will take in the future.
- 1.4 This option to vary an existing contract in emergency requirements would need to be followed by a full procurement within 18-24 months after which time it is expected that there would have been parallel development of the service specification, design and CCG development to allow for a fuller process to be undertaken in a timely manner.

## **2. RISKS AND MITIGATION**

- 2.1 Varying the services into the Pennine Care contract includes risks as the CCG would be varying a contract of material size and scope with a key strategic role without undertaking a formal public procurement.
- 2.2 However, there are a number of mitigating factors:

- a. This approach has been adopted by numerous areas across England and Greater Manchester who are also seeking to develop innovative and integrated approaches to service delivery;
- b. The variation is viewed in compliance with Regulation 72 (c) of the 2015 Procurement Regulations, where a diligent contracting authority could not have foreseen; the variation does not alter the overall nature of the contract; and any increase in price does not exceed 50% of the value of the original contract
- c. The CCG will create an audit trail by which the options, risks and ultimate decision is taken through committee and Governing Body
- d. The CCG will publish its final decision on this modification to contract on the CCG's website which will trigger a 30 day time for potential objections to be lodged. Whilst future claims can still be lodged, it does give an early opportunity for objections to be identified before the full transfer is completed.

### 3. BENEFITS OF THE PROPOSED OPTION

- 3.1 As an experienced learning disability and autism service provider Pennine Care (PCFT) is well placed to take on responsibility for providing the services for Tameside and Glossop. The Learning Disability division is well led by an experienced management team, with strong clinical leadership under Dr Dipti Patil.
- 3.2 The Trust is a very active partner in Greater Manchester learning disability and autism service development, both shaping regional priorities as well as delivering them in each locality. This will be of great benefit to Tameside and Glossop.
- 3.3 Pennine Care is developing learning disability services in line with the well-regarded Thrive Framework, which supports a whole system approach to promoting health and wellbeing. On transition it is proposed to work with Pennine Care to review the services, in partnership with service users, to ensure they are fit for purpose. People First, the user led organisation, have agreed to support effective engagement.
- 3.4 The Community Learning Disability Team is an integrated team with a small number of mental health staff commissioned from Pennine Care NHS Trust. Greater integration will benefit both service users and staff.
- 3.5 In the last two years the recruitment of specialist learning disability mental health staff has significantly improved the support for people with dual diagnosis, notably those within the Transforming Care cohort. This has reduced the need for inpatient care and enabled people to be looked after closer to home.
- 3.6 There are 27 staff working in the services and TUPE will apply to all who transfer to a new provider. It is proposed that they are transferred as follows

<b>Service</b>	<b>Proposed Provider</b>
a. Community Learning Disability Team This is an integrated, multi-disciplinary team of nurses, therapists and psychological therapists who provide health support to people with a learning disability.	Transition of ICFT staff to Pennine Care with a view to develop and transform. Option to reintegrate social workers into the team should be explored.
b. Adult Autism Diagnosis Team This is a small team who provide multidisciplinary assessment and diagnosis for	Transition to Pennine Care with a view to review in line with GM developments

<b>Service</b>	<b>Proposed Provider</b>
adults with suspected autism. Working with TMBC Autism Coordinator they also provide some ongoing support.	
c. Behaviour Support Team (all age) This team support children and adults with a learning disability who have behaviour that challenges. Working to a Positive Behaviour Support approach, they work with individuals, their families, schools and carers to design behaviour support plans.	<ul style="list-style-type: none"> <li>- Adult resource to Pennine Care</li> <li>- Discussions are underway to agree where the CYP elements are best located – either in the ICFT as part of the Integrated Service for Children with Additional Needs (ISCAN) or in Pennine Care with CYP mental health service (CAMHS) in line with the SEND and Transforming Care for children agenda.</li> </ul>
d. Health Transition Coordinator Working with young people and their families this role support transition from children to adult health services.	As above re CYP resource.

#### **4. CONCLUSION**

- 4.1 There are sound reasons to recommission the adult learning disability and autism services from Pennine Care.
- 4.2 There are risks but these will be mitigated by the steps outlined in section 3.2 above.
- 4.3 An interagency working group has been established to take this work forward.

#### **5. RECOMMENDATIONS**

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