

STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 24 March 2021
Time: 1.00 pm
Place: Zoom Meeting

Item No.	AGENDA	Page No
1	WELCOME AND APOLOGIES FOR ABSENCE	
2	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Board.	
3	MINUTES	
3a	MINUTES OF THE PREVIOUS MEETING The Minutes of the meeting of the Strategic Commissioning Board held on 10 February 2021 to be signed by the Chair as a correct record.	1 - 6
3b	MINUTES OF EXECUTIVE BOARD To receive the Minutes of the Executive Board held on: 3 February, 10 February, 17 February and 3 March 2021.	7 - 40
3c	LIVING WITH COVID BOARD To receive the Minutes of the Living with Covid Board held on: 20 January and 24 February 2021.	41 - 50
4	REVENUE MONITORING STATEMENT AS AT 31 JANUARY 2021 To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	51 - 132
5	EARLY YEARS POPULATION HEALTH COMMISSIONING UPDATE AND INTENTIONS To consider the attached report of the Executive Member, Finance and Economic Growth / Clinical Lead, Starting Well / Director of Population Health.	133 - 138
6	DELIVERING THE NHS LONG TERM PLAN: MENTAL HEALTH BUSINESS CASE 2021/24 To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Lead for Mental Health and Learning Disabilities / Clinical Lead for Starting Well / Director of Commissioning.	139 - 156

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.

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7	FLU VACCINATION PROGRAMME 2021/2022: STRATEGIC COMMISSION WORKFORCE VACCINATION	157 - 162
	To consider the attached report of the Executive Member, Adult Social Care and Health / Director of Population Health.	
8	SUPPORTING MENOPAUSE AT WORK	163 - 176
	To consider the attached report of the Executive Leader / Assistant Director, People and Workforce Development.	
9	URGENT ITEMS	
	To consider any items the Chair considers to be urgent.	

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

STRATEGIC COMMISSIONING BOARD

10 February 2021

Comm: 1.00pm

Term: 1.45pm

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 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 Kathy Roe Richard Hancocklan Saxon Jayne Traverse Jess Williams Jeanelle De Gruchy Debbie Watson Tom Wilkinson Ilys Cookson Sarah Threlfall Tim Rainey Paul Smith Sarah Exall Simon Brunet Dave Berry	Director of Governance & Pensions Director of Finance Director of Children’s Services Director of Operations & Neighbourhoods Director of Growth Director of Commissioning Director of Population Health Assistant Director of Population Health Assistant Director of Finance Assistant Director, Exchequer Services Assistant Director, Policy Performance & Communication Assistant Director, Digital Tameside Assistant Director, Strategic Property Public Health Consultant Head of Policy, Performance & Intelligence Head of Employment & Skills	
Apologies for Absence:	Steven Pleasant	Tameside MBC Chief Executive and Accountable Officer	

87. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

88. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 27 January 2021 be approved as a correct record.

89. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of the Executive Board held on 20 January 2021, be noted.

90. CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 31 DECEMBER 2020

Consideration was given to a report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance, which updated Members on the financial position up to 31 December 2020 and forecasts to 31 March 2021.

The Director of Finance reported that at Month 9, the Council was forecasting a year end overspend of £3.8 million, which was a slight deterioration on the position reported at month 8.

It was explained that significant pressures remained across Directorates, most significantly in Children's Social Care where expenditure was forecast to exceed budget by £4.134m, 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.

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

RESOLVED:

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

91. BUDGET CONVERSATION 2021/22 - FINDINGS REPORT

The Executive Leader / Executive Member, Finance and Economic Growth / CCG Co-Chairs / Director of Governance and Pensions / Assistant Director, Policy, Performance and Communications submitted a report detailing responses to a public engagement exercise undertaken between 2 November 2020 and 6 January 2021 to understand the priorities for spending within the context of the financial challenges facing public services.

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 could 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?

To support the engagement activity, a full programme of communications was undertaken. 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.

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.

An analysis of the feedback received was detailed in the report.

RESOLVED

That the content of the report be noted and the findings from the conversation be taken into consideration when setting the budget for 2021/22 and future years.

92. LOCALLY COMMISSIONED SERVICES - REVIEW AND RECOMMISSIONING ARRANGEMENTS

A report was submitted by the Executive Member, Adult Social Care and Health / Clinical Lead for Primary Care / Director of Commissioning explaining that 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 were commissioned at practice level, with two commissioned from Primary Care Networks (PCNs).

Members were informed that the current structure of the LCS framework commissioned 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 (SEMI) healthchecks. Public Health Locally Commissioned Services for Tameside practices formed 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 had been significantly impacted in year by the Covid-19 pandemic.

The investment had, 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 general practices. The investment aligned to Corporate Plan priorities of Longer Healthier Lives and Independence and Dignity in Older Age. It also delivered on key Strategic Commission priorities of care close to home, stronger neighbourhoods and supported the capacity pressure on the ICFT and associated contract cost.

The activity commissioned through this framework supported 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 made it much safer to deliver this in general practice and ensured it aligned as part of a seamless offer of care to patients.

Support was sought for the continued investment into general practice however with a further refresh of the specification to commission from Primary Care Networks from 2021/22. The refresh was proposed with clear principles and outcomes focus for delivery across neighbourhood partners and member practices. This aligned 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 would embed LCS commissioned from general practice as part of the continued delivery model of Strategic Commission priorities.

RESOLVED

(i) That the commissioning intentions, as outlined in the report, be supported, 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 September 2021; and**

3. the re-contracting of the LCS framework from PCNs, with the specification refresh, from 1 October 2021 to 31 March 2023.
- (ii) It be noted that, In recognition of the breadth of investment across CCG and SCB governance, the report will also be considered by Primary Care Committee in February 2021.

93. 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

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Clinical Lead – Long-Term Conditions / Director of Population Health / Consultant, Public Health, which explained that the current integrated wellbeing service, Be Well, was Population Health's flagship front line behaviour change programme. It was a community offer aimed at preventing ill health through support to individuals, organisations and communities.

Members were informed that, 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 1 October 2020 with a tender process planned for the months leading up to that date.

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 1 October 2021.

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 amounted to a reduction in the budget of £185,800 leaving £906,200 available to commission the new services.

The budget reduction would 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 would be required. It was therefore proposed that an extension period of 6 months to 31 March, 2022 would be sufficient to allow for a consultation to take place and re-design the service.

RESOLVED

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

94. RE-COMMISSIONING OF ADULT LEARNING DISABILITY AND AUTISM SERVICES

The Executive Member, Adult Social Care and Health / Clinical Leads / Director of Commissioning submitted a report explaining that the Tameside and Glossop Integrated Care Foundation Trust (ICFT) had given the CCG notice that they no longer wished 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 had undertaken a procurement options appraisal and had recommended that the services were varied into the Pennine Care Trust Contract with Pennine Care for 18/24 months. This would 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 would be managed under the leadership of an experienced provider Trust. It would also accommodate for changes being made across Greater Manchester in relation to Clinical Commissioning Groups and the form commissioning would take in the future.

There were risks of challenge but these could be mitigated. In terms of improving service user experience and quality, commissioners believed that there would be significant improvement under the leadership of Pennine Care Trust.

RESOLVED

Taking into account the risk of challenge, it be agreed that the mitigating factors and rationale are such that the proposal to vary the services into the Pennine Care contract be actioned.

95. URGENT ITEMS

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

CHAIR

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BOARD

3 February 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: **David Berry, Steph Butterworth, Jeanelle De Gruchy, Sarah Exall, Dr Ashwin Ramachandra, Tim Rainey, Ian Saxon, Paul Smith, Sarah Threlfall, Jayne Traverse, Emma Varnam, Debbie Watson, Tom Wilkinson and Jess Williams**

209 DECLARATIONS OF INTEREST

There were no declarations of interest.

210 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Board meeting on the on the 20 January 2021 were approved as a correct record.

211 INVEST TO SAVE TAMESIDE ONE INSURANCE PROPOSITION

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Assistant Director for Strategic Property, which outlined an invest to save proposal in relation to the installation of fire detection equipment into the ceiling voids at the Tameside One building, that had arisen due to changes in the fire insurance market following Grenfell fire and other similar incidents.

It was explained that since construction and the subsequent occupation of the building, the Council's insurers had identified an asset protection/ risk need to enhance the automated fire detection system through the installation of an automatic detection system within ceiling voids with a depth of 800mm and above. Further, through the Council's experience during 2020 renewal negotiations and discussions with appointed insurance brokers, Gallaghers, there was awareness that the insurance market was hardening.

It was further explained that the Council's property insurers, Travelers Insurance had confirmed that they would be forced to impose a 25% Co-insurance Clause (or £250,000 whichever was the greater amount) if fire detection was not fitted to the voids at Tameside One. Failure to comply with the Council's property insurer's recommendation to install the equipment was highly likely to bring additional annual insurance premiums.

It was stated that as of September 2020 the quoted costs for the installation of the equipment was £1,089,363. This quote included associated work such as the moving of furniture and contingency in respect of any specialist work that may be required in spaces of the College that provided a specialist function.

AGREED

That Executive Cabinet be recommended to approve:

- (i) The installation of equipment and associated contract and project management costs of £1,249,363 via the Council's insurance fund reserve balance.**
- (ii) That the works are added to the Council's capital programme to the value of £1.25m to be funded from the Insurance Reserve, and managed and monitored by the Council's**

capital team with progress reports made to the Strategic Planning and Capital Monitoring Panel.

- (iii) That the Council makes annual provision for the replenishment of the insurance risk reserve from its existing risk management and insurance budgets over the remaining life of the property at a cost of £45k per annum.
- (iv) That the Council ensures that the service charges to third party occupiers reflects the full costs of insuring the leased areas of the premises.

212 ADDITIONAL RESTRICTIONS GRANT AND LOCAL RESTRICTIONS GRANT SCHEME UPDATES

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Director of Growth, which sought to amend the scheme to utilise 100% of the Additional Restrictions Grant (ARG) funding by amending the scheme so that it would be more generous and exploring options for the use of ARG.

Members were reminded that the ARG and Local Restrictions Support Grant (LRSG) (Open) had launched on the 10 December 2020 and were considered by Cabinet on the 16 December 2020. It was stated that as at the 25 January 2021, 4,146 grants had been paid to the value of £5,516,664 across all COVID19 business schemes to 1,468 Tameside businesses and 454 grants to the value of £1,073,245 had been provided on the discretionary ARG (5.09% of allocation) and LRSG Open (39.11% of allocation) schemes.

Tameside's schemes had been designed in alignment with Government guidance and also Greater Manchester design principles as agreed by Leaders. It was reported that the Tameside ARG scheme had spent 5.09% to date. It was proposed that the ARG scheme be made more generous to commercial based businesses and increased targeted marketing to eligible sectors. This was expected to increase spend from £346K to £4.8m. Further it was proposed that a commitment be made to explore other options for the use of ARG and retain a proportion of the ARG be held in reserve for use in any future changes to the scheme.

It was expected that the proposals A, B and C would enable Tameside to have a robust plan to utilise 100% of ARG funding, spending 71% by 1 April 2021 with 29% in reserve.

AGREED

That Executive Cabinet be recommended to approve the proposals set out in section 3 of the report and the Additional Restrictions Grant scheme be updated immediately. That the new award levels set out in Proposal A in the report be applied immediately subject to the Executive Decision approval,

213 BUDGET CONVERSATION 2021/22 - FINDINGS REPORT

Consideration was given to a report of the Executive Leader / Executive Member (Finance and Economic Growth) / Joint Chair of NHS Tameside & Glossop CCG / Director of Governance and Pensions / Assistant Director for Policy, Performance & Communications, which set out 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).

It was stated that 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 could 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?

The Budget Conversation was open to all as everyone had the right to contribute their views on what they felt the councils 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.

The key headlines from the Budget conversation 2021/22 were highlighted. It was reported that 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. There were a total of 524 engagements.

AGREED

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.

214 MONTH 9 FINANCE REPORT

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Lead Clinical GP / Director of Finance, which covered the Month 9 2020/21 financial position, reflecting actual expenditure to 31 December 2020 and forecasts to 31 March 2021.

It was reported that at Month 9, the Strategic Commission was forecasting a net overspend of £3.328m by 31 March 2021.

The Council was forecasting a year end overspend of £3.8m, which was a slight deterioration on the position reported at month 8. This was explored in more detail in **Appendix 1** to the report. Significant pressures remained across Directorates, most significantly in Children's Social Care where expenditure was forecast to exceed budget by £4.134m, 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.

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

AGREED

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.

215 2021/22 BUDGET

Consideration was given to a report of the Executive Leader / Director of Finance setting out the detailed revenue budget proposals for 2020/2021 and the Medium Term Financial Plan for the 5 year period 2021/22 to 2025/26, including the proposed council tax increase for 2021/22.

It was explained that the Council set a balanced budget for 2020/21, but the budget process was challenging, with budget pressures of more than £23m having to be funded. Whilst the Council dealt with these challenges it did not propose any meaningful transformational efficiencies from departments and as a result relied on a number of corporate financing initiatives to balance the budget including budgeting for the full estimated dividend from Manchester Airport Group, an increase in the vacancy factor and targets around increasing fees and charges income.

The budget also relied on drawing down £12.4m of reserves to target investment into priority areas and allow services the time to turn around areas of pressures. The pressures 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 system and additional income generated. The additional investment was targeted at 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.

Although the CCG was on track to meet the 2020/21 amended, post COVID QIPP target of £7.994m, the majority (£6.767m i.e. 85% of target) was expected to be met as a result of non-recurrent means, adding considerable additional pressure to the 2021/22 financial year.

The COVID-19 pandemic had a significant adverse impact on Council Finances, both in 2020/21 and on future financial forecasts, due to a combination of additional costs and lost income. Significant additional funding had been provided in 2020/21 and for 2021/22 however this did not cover all income losses, particularly those income reductions forecast in future years due to the ongoing economic impact of the pandemic.

Balancing the 2021/22 budget had only been possible through the use of a significant amount of additional one-off funding which was not expected to be available in 2022/23, and as a result the Council still faced a significant budget gap in future years. The delivery of a significant programme of savings in 2021/22 would be challenging, and would require a sustained focus on delivery of plans. The scale of savings, combined with significant financial pressures which may emerge from further demographic changes in Children's Social Care and Adults services, meant that delivery of the 2021/22 budget presented a significant financial challenge. The proposals did not, however, drawdown further on Council reserves, which represented a reduction in the reliance on reserves to balance the budget as in previous years. This helped to protect the Council's overall reserves position during 2021/22.

It was reported that 2019/20 was the fourth and final year of a four year funding settlement for the Council, which provided the Council with some certainty over funding levels despite resulting in year on year funding reductions. A review of the Local Government funding methodology commenced in 2019 but did not conclude, and following a one year budget and a one year Local Government Finance Settlement for 2020/21, a full spending review was expected later in 2020.

COVID-19 had inevitably had a significant impact on Government spending, planning and budget plans, resulting in a further one year provisional settlement for 2021/22. The resourcing figures included in the budget were based on the provisional finance settlement which will be confirmed in February 2021. Traditionally there was little movement between the provisional and final settlements, and any differences would be adjusted through the contingency budget or reserves.

The proposals set out in the report assumed that the Council would approve a 2% general increase in Council Tax and a 3% Adult Social Care precept. However, despite this increase in the amount charged to residents, the Council's total income from Council Tax in 2021/22 was forecast to be over £4 million **less** than the income from Council Tax in 2020/21 (before any increase in Council Tax rates charged).

Government had signalled a desire for a full spending review in 2021 and a multi-year settlement from 2022/23, however no commitments had been made. Whilst the provisional settlement for 2021/22 enabled the Council to plan for the next 12 months, the absence of a multi-year medium term settlement meant that planning for future years was very difficult.

Beyond 2021/22, assumptions had been made based on intelligence gathered and commentary from sector experts. The funding for local government was expected to remain broadly flat, with the continued reduction in central government support being compensated by increasing local taxes, specifically business rates and council tax. It was currently assumed that grant funding made

available in 2020/21 would as a minimum, continue at current levels into future years, but that the additional funding announced in the provision 2021/22 settlement would not be available beyond this year.

After taking account of budget pressures, additional income and savings identified for delivery in 2021/22, the total net budget requirement for the Council in 2021/22 was £194.494m. Before any increase in Council tax levels, the resource available in 2021/22 was £189.778m, leaving a gap of £4.716m. The gap of £4.716m could be closed through an increase in Council Tax of 4.99%. This was made up of a 3% increase for the Adult Social Care Precept and a 1.99% general increase in Council Tax (which had previously been assumed in the MTFP). For a typical band A property in Tameside a 4.99% increase in Council Tax would equate to an increase of £50.83 per year, or 98 pence per week.

A three year capital programme had been approved in October 2017 and since then a number of changes had been approved by Executive Cabinet to add additional schemes to the programme. Future investment plans were subject to available resources and the realisation of available capital receipts, however the current plans would see investment in excess of £200million over the four year period 2017 to 2021.

The Pay Policy Statement for 2021/22, Appendix 19 to the report, set out the Council's approach to pay policy in accordance within the requirements of Section 38 of the Localism Act 2011. The Pay Policy Statement had also been revised to take into account the Council's approach to approval by Full Council for severance payments in excess of £95K in line with guidance received from the Department for Communities and Local Government (DCLG). This pay policy applied for the year 2021/22 unless replaced or varied by Full Council.

In relation to the Treasury Management Strategy Members were informed that as at 31 December 2020 the Council had £100m of investments which need to be safeguarded, £141m of long term debt, which has been accrued over the years to help to fund the Council's capital investment programmes, and £10m of short term borrowing. The Council was also the lead authority responsible for the administration of the debt of the former Greater Manchester County Council on behalf of all ten Greater Manchester Metropolitan Authorities. As at 31 March 2020, this represented a further £40m of debt. The significant size of these amounts requires careful management to ensure that the Council met its balanced budget requirement under the Local Government Finance Act 1992. Generating good value for money is therefore essential, in terms of both minimising the cost of borrowing and maximising the return on investments. The Treasury Management Strategy also set out the estimated borrowing requirement for both Tameside MBC and the Greater Manchester Metropolitan Debt Administration Fund (GMMDAF), together with the strategy to be employed in managing the debt position.

AGREED

That Executive Cabinet be recommended to approve that the following recommendations, as outlined in the submitted report be RECOMMENDED to Council for approval, subject to any final minor changes to the final figures:

- (i) That the significant financial challenges and risks set out in this report, be noted;**
- (ii) That the budgeted net expenditure for the financial year 2021/22 of £194.494m as set out in section 3 and Appendix 1, be approved, noting the significant pressures outlined in Appendix 2;**
- (iii) That the proposed savings to be delivered by management outlined in section 3 and Appendix 3, noting the additional detail provided in Appendices 7 to 16, be approved;**
- (iv) That an uplift to fees and charges as set out in Appendix 22, be approved;**
- (v) That the proposed resourcing of the budget as set out in Appendix 4, be approved;**
- (vi) That a 4.99% increase to Council Tax for Tameside MBC for 2021/22, consisting of a 1.99% general increase and 3% Adult Social Care precept, be approved;**
- (vii) It be noted that the budget projections set out in section 6 assume a 1.99% per annum increase in general Council Tax through to 2025/26. The budget projections also assume that there is no further reduction to current levels of Government funding;**

- (viii) That the Director of Finance's assessment of the robustness of the budget estimates and adequacy of reserves as set out in Appendix 5, be accepted. Following this determine that the estimates are robust for the purpose of setting the budget and that the proposed minimum General Fund Balance is adequate;
- (ix) That the proposed minimum General Fund Balance of £27.4m set out in Appendix 6, be approved;
- (x) That the Reserves Strategy and note the projected reserves position as set out in Appendix 6, be approved;
- (xi) That the position on the Capital Programme (Section 8 and Appendix 18) previously approved by Executive Cabinet, and the forecast future investment requirements, be noted;
- (xii) That the Pay Policy Statement for 2021/22 as set out in section 9 and Appendix 19, be approved;
- (xiii) That the Treasury Management Strategy 2021/22, which includes the proposed borrowing strategy, Annual Investment Strategy and Minimum Revenue Provision Policy (Appendix 20), be approved;
- (xiv) That the Capital Strategy 2021/22 (Appendix 21), be approved; and
- (xv) That delegated authority be given to the Directors (in consultation with the Section 151 officer) to agree any uplifts required to other contractual rates from 1 April 2021 which Directorates will manage within their approved budgets for 2021/22.

216 CLOSED BUSINESS LOCKDOWN PAYMENT

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Assistant Director (Exchequer Services), which detailed the latest mandatory grant for businesses that were closed as a result of the national lockdown from 5 January 2021.

It was explained that unlike previous grants which were payable to eligible businesses depending on whether they were trading and open or closed, the COVID restriction in place at that time, the sector the business operated in and the rateable value of the business premises, this grant was a one-off lump sum payment.

The new lump sum grants would be paid in addition to the 'Local Restrictions Support Grant (Closed) Addendum 5 January onwards' which was payable to closed businesses under national lockdown restrictions. However, the latter was time bound and payable for a 42-day period from 5 January up to lockdown review date of 15 February 2021

The following funding thresholds applied to the Closed Businesses Lockdown Payment:

- a) Business rateable value of exactly £15,000 or under on the date of the commencement of the widespread national restrictions would receive a payment of £4,000.
- b) Business rateable value over £15,000 and less than £51,000 on the date of the commencement of the widespread national restrictions will receive a payment of £6,000.
- c) Business rateable value of exactly £51,000 or above on the commencement date of the widespread national restrictions, will receive £9,000.

A total of 879 business premises were identified to receive a lump sum CBLP grant these were paid on 18 January 2021.

AGREED

That Executive Cabinet be recommended to note the report.

217 GREATER MANCHESTER CLEAN AIR PLAN: CONSULTATION

Consideration was given to a report of the Executive Member (Neighbourhoods, Community Safety and Environment) / Director of Operations and Neighbourhoods, which set out the progress that had been made on the development of Greater Manchester's Clean Air Plan.

The report highlighted key areas within the report to Members of the Board. It was reported that the 10 GM Authorities continued to ask the Government to direct Highways England to tackle NO2 exceedances on the Strategic Road Network (SRN) in the same way GM Authorities were having to take action on the local road network. In particular Tameside MBC had highlighted to Ministers that the inconsistency in approach was leaving many residents unprotected, particularly, around the A628/A57, a strategically important trans-Pennine route that passed through the villages of Hollingworth and Mottram as a single carriageway.

It was reported that on 25 August 2020, Tameside MBC had been notified that Government Ministers had agreed to consider extending Greater Manchester's Clean Air Zone (CAZ) charges to the sections of the A628/A57 which formed part of the Strategic Road Network, within the proposed CAZ boundary. The extension of any charges to the A628/A57 would be subject to a full assessment of the potential impacts, to be led by Highways England. Tameside Officers were involved in the work to ensure that it came to a collective conclusion about the outcomes of the assessment, which was expected to be completed by early 2021. An update on progress could be found at **Appendix 1**.

It was explained that whilst the COVID-19 pandemic had caused changes that radically altered transport patterns and behaviour, the relaxation of 'lockdown 1' (March – May 20) travel restrictions since June led to increasing vehicle flows. By the introduction of 'lockdown 2' (November 20), traffic flows were at around 85% of typical pre-COVID-19 levels. Because the GM Clean Air Plan was required to take action to take NO2 levels over a number of years into the future in order to demonstrate compliance with legal limits, the nearer term influence of COVID-19 on air quality was not expected to lead to sufficiently long term reductions in pollution such that the modelled exceedances of the legal NO2 limits would be met without implementing a Clean Air Zone.

It was highlighted that the distribution of the Bus Retrofit funding commenced in December 2020. The fund offered operators of locally registered bus services with up to £16k of funding per vehicle towards the retrofit of non-compliant buses.

The report detailed that there were several key charging authority functions that could only be discharged by the charging authorities, the approach that GM would take would be to establish:

- a Joint Committee of charging authorities to enable decisions to be taken that were required to be taken jointly by the Constituent Authorities' as charging authorities in relation to the Greater Manchester Clean Air Zone; and
- a Joint Committee of the charging authorities and the GMCA to enable the joint discharge of the GMCA's and Constituent Authorities' functions under sections 82 to 84 of the Environment Act 1995 (Air Quality) and in relation to the Greater Manchester Clean Air Plan (excluding such decisions that must be taken by the charging authorities jointly under Part 3 of, and Schedule 12 to, the Transport Act 2000 and regulations made thereunder).

These formal governance arrangements would need to be in place before the GM Authorities made a decision to award the contracts necessary, as set out in **Appendix 2**.

AGREED

The Executive Cabinet be recommended to:

- (a) **Note the progress of the Greater Manchester Clean Air Plan;**
- (b) **Note the next steps for the development of the Clean Air Plan and Minimum Licensing Standards, listed at Section 12;**
- (c) **Note the distribution of Bus Retrofit funding commenced in December 2020;**
- (d) **Note that Government ministers have agreed to consider extending Greater Manchester's Clean Air Zone (CAZ) charges to the sections of the A628/A57 which form**

- part of the Strategic Road Network, within the proposed CAZ boundary, subject to the outcomes of an assessment, which is expected to be completed by early 2021;
- (e) Note that the GM Clean Air Plan is required to take action tackle nitrogen dioxide exceedances until compliance with the legal limits has been demonstrated and that the nearer term influence of COVID-19 on air quality is not expected to lead to sufficiently long term reductions in pollution such that the exceedances of the legal limits of nitrogen dioxide will not occur without implementing a Clean Air Zone;
 - (f) Note that the GM CAP final plan will be brought forward for decision makers as soon as is reasonably practicable and no later than summer 2021;
 - (g) Note that the outputs of the MLS will be reported alongside the GM CAP as soon as is reasonably practicable and no later than summer 2021;
 - (h) AGREE to enter into a collaboration agreement with the other 9 GM local authorities and GMCA/TfGM to clarify amongst other matters the rights, responsibilities and obligations of the authorities in relation to those contracts set out in Appendix 2 that are required to maintain delivery momentum in line with JAQU funding agreements.
 - (i) AGREE a delegation to Executive Member (Neighbourhoods, Community Safety and Environment) to agree the final form of the collaboration agreement;
 - (j) AGREE a delegation to Executive Member (Neighbourhoods, Community Safety and Environment) to award the contracts set out in Appendix 2 (subject to government funding) that are required to implement a charging Clean Air Zone in Spring 2022 to ensure the achievement of Nitrogen Dioxide compliance in the shortest possible time and by 2024 at the latest as required by the Ministerial Direction; and

That Council be recommended to:

- (a) Agree to the establishment of joint committees and to delegate to those committees the Authority's functions as set out in this report at paragraph 9.5 and the terms of reference, as set out in Appendix 6.
- (b) Appoint Executive Member (Neighbourhoods, Community Safety and Environment) to sit on both committees for purposes as set out in this report at paragraph 9.5 with specific terms of reference, as set out in Appendix 6.
- (c) Appoint Assistant Executive Member (Green Tameside) as substitute for both committees for purposes as set out in this report at paragraph 9.5 with specific terms of reference, as set out in Appendix 6.

218 ACCELERATED DEPLOYMENT OF MICROSOFT OFFICE 365

Consideration was given to a report of the Executive Leader / Assistant Executive Member (Digital Lead) / Assistant Director of Digital Services, which set out the unprecedented changes to how the workforce operated and the proposal for the accelerated deployment of Microsoft Office 365.

Members were reminded that in September 2019 a report detailing options for replacing the ageing MS 2010 products whose extended support was ending in 2020 was presented to Executive Cabinet. The report provided details and costs for moving directly to the new Microsoft cloud based Office 365 solution or alternatively purchasing Office 2016 licences as an interim step before buying Office 365 subscriptions and beginning to move to the new software in Summer 2023.

It was explained that the advancement of agile working and increased take-up and reliance on technology for communicating and collaborating, not only within the Council but wider with partners, had necessitated a rethink on the timescales and pace for deploying Office 365 and associated products such as Microsoft Teams.

Prior to the COVID Lockdown in March 2020 fewer than 100 people regularly used Skype for Business to hosts online meetings or for their desktop telephone calls. This changed overnight when the majority of the workforce moved to home working.

To date Skype for Business had proven to be reliable and has successfully supported much of the organisations internally and external communication and collaboration requirements. However using different platforms has limited the way joint NHS/Council Teams could communicate and share

information, which in turn had caused operational difficulties. Furthermore being Skype users, as opposed to using Microsoft Teams, like many of the other GM authorities, had made joining external meetings with partners confusing, problematic and overly complicated.

Preparatory works required ahead of the migration to Office 365 were already underway but would now be accelerated and prioritised. Additional resources would be needed to undertake this work, (and the wider 18 month migration process), in order that the service would be in a position to begin the move to Office 365 in June 2021

That Executive Cabinet be recommended to agree to:

- (i) **Approve subject to the appropriate procurement being agreed and undertaken in conjunction with STAR it is noted that the timetable for bringing forward the implementation of Microsoft Office 365 is being brought forward 2 years to 2021.**
- (ii) **Approve subject to procurement, the Microsoft Teams functionality will be deployed to all Council users as the first stage in the transition/migration to the full Office 365 solution.**
- (iii) **Approve an 18-month programme beginning in February 2021 will then manage the systematic migration of users and their data to the new environment. This work will be undertaken alongside the existing ICT work plan and will require appropriate resourcing which will be detailed in the IT Service Review.**
- (iv) **Approve additional revenue budget of £600k per annum for the licensing costs of Office 365.**
- (v) **Note that additional staffing capacity will be required to enable the implementation team to focus on roll out of Office 365 (section 6). This will be the subject of a further report on a wider IT service review.**

219 OPERATIONS AND NEIGHBOURHOODS FINANCIAL STRATEGY

Consideration was given to a report of the Executive Member (Neighbourhoods, Community Safety and Environment) / Executive Member (Lifelong Learning, Equalities, Culture and Heritage) / Director of Operations and Neighbourhoods, which provided Members with budget savings proposals from across Operations and Neighbourhoods directorate for their consideration.

It was explained that the Operations and Neighbourhoods directorate had created a Budget Improvements Team to evaluate and provide considered proposals to achieve the necessary efficiencies and service re-designs for the consideration of Members. To date, there were 38 projects across Operations and Neighbourhoods that were being evaluated. The report detailed and proposed the projects that, due to their nature, could be progressed readily if approved.

The remaining projects were undergoing further evaluation, due to their increased complexities, and it was proposed that these reports would be submitted for consideration at Board at later dates.

AGREE

That Executive Cabinet be recommended to agree:

- (i) **Not to host the Tour Series cycling events as detailed in sections 2.1-2.9.**
- (ii) **To approve the temporary budget removal of staffing for the Museum of the Manchester regiment until the museum is developed.**
- (iii) **To approve the withdrawal of the Post Office Book Access points, following a 3-month notice period with the option of replacement with the home library service for customers where necessary and gifting books to the post offices if desired, as detailed in sections 2.19-2.29.**
- (iv) **To approve the budget reduction of the Dog Wardens service to reflect service demand.**
- (v) **To approve the transfer of the disposal of all street sweepings through the Waste Levy as detailed in sections 4.1-4.4.**
- (vi) **To approve the reduction of the core vehicle hire budget in Street Cleansing and Grounds Maintenance teams as detailed in sections 4.5-4.8.**

- (vii) To approve the budget removal of seasonal grounds maintenance agency staff during the growing season (March to October).
- (viii) To approve the reduction in budget for Markets events and to seek sponsorship to support future events, as detailed in sections 4.17-4.20.
- (ix) To approve the budget removal identified in Transport Services as detailed in sections 5.1-5.2.
- (x) To note the increased income targets in the Engineers Service as detailed in sections 6.1-6.3.

220 CHARGING FOR WHEELED BINS AND INTRODUCING A PILOT SCHEME TO REVIEW IMPACT OF WIDER ROLL OUT OF ADJUSTING FREQUENCIES OF THE BLACK AND BLUE BINS (3.10PM)

Consideration was given to a report of the Executive Member (Neighbourhoods, Community Safety and Environment) / Assistant Director of Operations and Neighbourhoods, which proposed charging for all wheelie bins the Council supplies, with an exemptions policy in place. It also outlined an option to roll out a pilot changing the collection frequencies of the black and blue bins.

On 24 August 2016 an Executive Decision was taken to charge residents for the replacement of general waste bins. The general waste (green) bin included the waste that could not be recycled or recovered. It was proposed that this be taken further by charging for all replacement bins, specifically the brown, black and blue bins recycling bins that were used for the domestic waste collection. In Tameside, the brown bin was for food and garden waste. There was an existing issue of bins being abandoned across Tameside, which was unsightly and hazardous if not addressed. Members considered the range of approaches across the Greater Manchester Authorities and the current charging regimes at **Appendix 1**.

It was further proposed that that a reduction of the frequency of collection would be made to the black co-mingled bins and the blue paper and cardboard bins; making the collection frequency of each of the black and blue bins a three weekly collection. The current collection frequencies of the black bin (plastics, bottles) and the blue bin (paper and cardboard) was two weekly. Members were presented with a comparison of the collection frequencies across GM. It was explained that by moving to a three weekly collection on the black and blue bins the resources required to complete a full cycle of collections servicing all domestic properties could be reduced by three crews.

This would be a reduction of three refuse collection vehicles and nine operational staff. This equated to an estimated annual saving of £0.37m per annum from 2022/23, with an estimated part year saving of £ 0.12m in 2021/22 if implemented from 1 December 2021. The reduction in operational staff would enable the service to make a reduction of agency staff. The reduction of vehicle numbers would enable the service to sell on the vehicles and avoid the running costs and maintenance of those vehicles.

It was proposed that a 12 week pilot scheme was used to measure the impact and effectiveness of the proposed changes. By conducting a pilot, Waste Services could assess the full effect and viability of changing the collection rates of black and blue bins on 4 occasions.

AGREED

That Executive Cabinet be recommended to agree:

- i) That subject to consultation the proposed charges for wheelie bins are introduced and an exceptions model is developed.
- ii) Support is given to roll out a pilot changing the frequency of collections of the black and blue refuse bins, with a view to evaluation and further roll out across the Borough.

221 THE COUNCIL'S SPORT AND LEISURE FACILITIES - FINANCIAL SUSTAINABILITY PROPOSALS DURING THE COVID-19 (CORONAVIRUS) PANDEMIC (3.30PM)

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.

It was highlighted that the report had been amended to reflect that the Trust had been asked to prepare a financial business plan to the end of the contract period in March 2024. This factored in a recovery period to the end of 2021/22, with trade returning towards pre Covid levels by 2023/24.

The Assistant Director of Population Health reminded Members that the purpose of undertaking the initial review was to understand the potential for immediate efficiency savings in relation to key facilities within the Council's leisure portfolio to support the provider to remain solvent. The report sought permission to consult initially on proposals to withdraw Active Tameside services from those facilities which had been operating at a loss in recent years, and to ensure the future of these buildings were informed by the Strategic Asset Management Plan (SAMP). A desktop review had been undertaken of available data in relation to facility usage, financial performance and programmed activity, along with potential savings, risks and mitigations and could be found in **Appendix 1** to the report.

It was proposed that the Council carry out a public consultation on the withdrawal of Active Tameside services from Adventure Longdendale, Active Oxford Park and Active Etherow from Friday 12 February to Friday 26 March 2021 via the Big Conversation pages on the Council website. The proposed consultation framework was attached at **Appendix 2**.

AGREED

That Executive Cabinet be recommended to:

- (i) Approve the implementation of a public consultation from 12 Feb 2021 to 26 March 2021, to seek views on the initial proposals outlined in the report and to inform the Council's future commissioning approach.**
- (ii) Approve that a further review is carried out of all Sport and Leisure facilities in Tameside, including conditions surveys, aligned to the review of the Operational Estate and Portfolio of council land and property holdings.**
- (iii) Agree to review the results of the consultation and recommendations from the asset management review, with final options presented to Executive Cabinet for decision in July 2021.**

222 LOCALLY COMMISSIONED SERVICES - REVIEW AND RECOMMISSIONING ARRANGEMENTS

Consideration was given to a report of the Executive Member (Adult Social Care and Health) / Clinical Lead for Primary Care / Director of Commissioning which reminded that 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 were commissioned at practice level, with the remaining two commissioned from Primary Care Networks (PCNs).

It was stated that the further refresh for 2021/22 reflected the learning from the first contracting period plus the impact of and learning from the Covid pandemic. The latter would be supported by the Primary Care Living with Covid and Build Back Better groups.

It was explained that this refresh recommended commissioning the total framework at PCN level; this aligned 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.

The refresh was proposed with clear principles and outcomes focus for delivery across neighbourhood partners and member practices.

The report sought support from the Strategic Commissioning Board for the re-contracting of LCS arrangements from 1 October 2021 this would be with the refreshed specification in place. It was 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.

AGREED

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 included the:

- (i) continuation of this investment, recognising the priorities addressed through the LCS framework.**
- (ii) contract extension of existing arrangements to 30 September 2021.**
- (iii) re-contracting of the LCS framework from PCNs, with the specification refresh, from 1 October 2021 to 31 March 2023.**

223 PERMISSION TO EXTEND THE HEALTH IMPROVEMENT CONTRACT

Consideration was given to a report of the Executive Member (Adult Social Care and Population Health) / Co-Chair Tameside & Glossop CCG / Director of Population Health / Consultant in Public Health, which set out the proposal for the extension of the Health Improvement Contract to allow for a review of the service specification.

On 22 January 2020 authorisation was granted by the Strategic Commissioning Board to re-tender Health Improvement services with a total budget of £1,092,000. It was stated that 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. It was reported that in keeping with this decision, a tender process had been planned and was due to commence in March 2021, to procure two services as two separate contract.

Members were reminded that 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 amounted to a reduction in the budget of £185,800 leaving £906,200 available to commission the new services. This would require the Population Health department and Commissioners to carry out a full service re-design to ensure that the best use was made of the revised budget.

It was explained that in order to carry out a full re-design of the service and a comprehensive consultation exercise, an extension to the contract would be required. In line with best practice guidance, a 12 week consultation period was recommended, in addition to the time needed to develop the questions, analyse the results, and make necessary changes to the service specifications.

AGREED

That the Single Commissioning Board be recommended to agree:

- (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.**

- (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.**

224 RE-COMMISSIONING OF ADULT LEARNING DISABILITY AND AUTISM SERVICES

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Clinical Lead / Director of Commissioning, which set out the proposal for the recommissioning of the Adult Learning Disability and Autism Services.

It was reported that the Integrated Care Foundation Trust had issued a termination notice to the CCG regarding the provision of adult learning disability and autism services from 1 October 2021. This decision was made on the basis of recommendations from an independent review commissioned from Pathway Associates CIC in 2019

It was stated that since receiving the notice the CCG commissioning lead had worked with STAR to undertake an appraisal of the different procurement options. The recommended option was to vary the services into the CCG Pennine Care contract for 18/24 months. The STAR report could be found in **Appendix 1**.

With regards to risks, it was explained that varying the services into the Pennine Care contract included 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.

AGREED

That the Strategic Commissioning Board be recommended 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.

225 FORWARD PLAN

AGREED

That the forward plan of items for Board be noted.

CHAIR

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BOARD

10 February 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**
 Deputy Section **Tom Wilkinson**
 151 Officer

Also in **Steph Butterworth, Ilys Cookson, Jeanelle De Gruchy, Dr Ashwin**
Attendance: **Ramachandra, Ian Saxon, Paul Smith, Jayne Traverse, Debbie Watson,**

226 DECLARATIONS OF INTEREST

There were no declarations of interest.

227 BUSINESS RATES YEAR START BILLING 2021/22

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Assistant Director of Exchequer Services, which detailed the written ministerial statement from government on 3 February 2021, that billing authorities could defer the issue of year start business rates bills until after the Budget Statement of 3 March 2021.

It was explained that on 3 February 2021 the government issued a Business Rates Information Letter (BRIL). The BRIL text was detailed at **Appendix 1** to the report was from the Financial Secretary to the Treasury who made a Written Ministerial Statement (WMS) to Parliament and asked billing authorities to consider waiting until the Chancellor had set out plans in the Budget Statement on 3 March, before issuing bills for 2021/22.

The year start production timetable for all bills had already been set and software release for the production of annual business rates billing was underway. Software suppliers had also confirmed that they too were unaware as to what information regarding business rates would be contained in the Budget announcement on 3 March 2021 and were unclear whether reprogramming to facilitate production of year start bills would be required. Should that be the case then there would be significant delay in sending bills out.

It was further explained that bills would need to be produced before 31 March each year to create a full financial year record even if any new system developments required for the Budget announcements had not been completed. In addition to this, there was no automated process for reversing any incorrectly awarded reliefs.

It was further explained that it was against this backdrop of confusion and uncertainty that plans for year start business rates bill production had to be made. Colleagues across Greater Manchester were equally concerned with the majority deferring billing production for business rates.

To delay billing until after the government announcement on 3 March 2021 was the preferred option to save bills being sent out with incorrect information and/or requesting the incorrect amount of payment which would result in increased customer contact. This was likely to be at the expense of business rates instalments collected in April, which would have to be collected in the remaining 11 months of the year subject to the date that year start bills were issued.

AGREED

That Executive Cabinet be recommended to agree that the issue of business rates bills for 2021/22 will be deferred until after the Budget Statement on 3 March 2021, and bills are issued as soon as practicably possible after that date.

228 BROWNFIELD HOMES FUND GRANT - GMCA

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Director of Growth, which detailed the proposals following the successful bid into the Brownfield Land Fund (BLF) grant programme.

Members were reminded that in late June 2020 MHCLG, announced that GMCA would receive an initial allocation of £81m to unlock 5,500 homes over the period of the programme with an aspiration to achieve unlocking 7,500 homes. In July 2020 GMCA asked Districts to develop bids for schemes to be considered for funding.

The Director of Growth outlined Council owned sites that had been selected for the BHS programme. The bid for BHF for these sites would assist with the funding of existing capital programme works and in some instances would support bringing forward the capital works. This would reduce ongoing liability for revenue expenditure for business rates, repairs and managing these empty properties.

The former Two Tree Site (the footprint of the former school buildings) would receive BLF funding of £0.800m, this would make a positive contribution to reduce the capital cost of the demolition and infrastructure works to the Council which were estimated in the region of £0.763m.

The former Denton Baths site would receive BLF of £0.300m, this would reduce the Council liability to £0.150m for this site if successfully applied.

The Droylsden Library Site occupied by a Library building which was in operation would receive £0.8m if the BLF was successfully applied. The opportunity to relocate the Library to another building was the subject of a separate Executive Cabinet report. The estimated cost of the scheme at this stage was £ 2.3m.

The Director of Growth outlined risks that were associated with entering in to the Grant Funding Agreement. It was stated that the funding to GMCA from Government was time limited and a commitment had been made by GMCA to take up the capital funding and spend in financial year 20/21 or potentially have the allocation clawed back.

Members considered the timetables required to ensure that the funding was available to support the identified schemes. Members also requested that the report be amended so that it was clear that the Two Tree Site referred only to the footprint of the building not the site as a whole and to be brought to the next meeting of Board to consider further as they needed to be certain as to the terms of the negotiated agreements and deliverability.

AGREED

That the work continue on the report to finalise the content and the report be submitted to the next Board meeting.

229 DROYLSDEN LIBRARY REDEVELOPMENT

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Executive Member (Lifelong Learning, Equalities, Culture and Heritage) / Director of Growth, which set out the nature of the funding opportunity available to the Council and the options relating to Droylsden Library.

It was stated that the existing Droylsden Library building, was deteriorating exponentially and was now well beyond its design life. Staff and users of the library experience anti-social behaviour encouraged by the adjacent poor quality public realm to the side and rear of the property, which did not have any natural surveillance. Rising costs of repairs combined with the desire to progress with the regeneration of Droylsden Town Centre with a modern Library at its core meant that a solution for the future of the Library was needed.

It was stated that the relocation of the library into the ground floor of the GMPF building was considered to be a viable option for members to consider. The GMPF building was situated 50m from the existing building thereby servicing the same catchment. The total scheme cost was estimated to be £2.3m, the capital receipt value of the vacated site was estimated to be £0.15m with a potential Brownfield Capital Grant of £0.8m. The net effect on the Capital Programme was estimated to be £1.35m.

With regards to retaining the exiting library building this option included not progressing with the application to the GMCA for Brownfield Land funding for the existing library building site. In this instance the existing library building would remain in operation, the site would not be brought forward for residential development and the ground floor at the GMPF buying would remain unoccupied until such time as a viable solution for the space could be identified.

It was explained that in order to arrest the deterioration and to support the development of the existing library offer investment was required to deal with backlog maintenance, requirements connected with buildings and site security and also improvements to the energy efficiency of the building were estimated to be £0.600m.

AGREED

That the work continue on the report to finalise the content and the report be submitted to the next Board meeting to consider further finances and contractual delivery.

CHAIR

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BOARD

17 February 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, Suzanne Antrobus, Steph Butterworth, Jeanelle De Gruchy, Richard Hancock, Dr Ashwin Ramachandra, Ian Saxon, Paul Smith, Jayne Traverse, Sarah Threlfall, Debbie Watson, Tom Wilkinson**

Assistant Chief Constable Chris Sykes and Superintendent Rob Cousen – for Item 232.

230 DECLARATIONS OF INTEREST

Councillors Cooney and Ryan declared a prejudicial interest on Item 8a Adult Services Housing and Accommodation with Support – Marsden Close Mossley as Council appointed Directors for Jigsaw.

231 MINUTES OF PREVIOUS MEETING

The minutes of the meetings of Board held on the 3 and 10 February 2021 were approved as a correct record.

232 AN UPDATE OF HER MAJESTY'S INSPECTORATE OF CONSTABULARY AND FIRE & RESCUE SERVICES (HMICFRS) INSPECTION OF GMP 2020

Consideration was given to a presentation by Assistant Chief Constable of Greater Manchester Police (Tameside District) / Superintendent of Greater Manchester Police (Tameside District) which provided an update on Her Majesty's Inspectorate of Constabulary and Fire & Rescue services (HMICFRS) inspection of Greater Manchester Police (GMP) in 2020.

The Assistant Chief Constable stated that GMP fully accepted the findings of the HMIC report and GMP's priorities were to make the changes needed as soon as possible to provide the best services possible to victims of crime. It was recognised that there was a need for improvement in areas, particularly on recording crimes properly, investigating crimes to the correct standard and recognising vulnerability while safeguarding victims. GMP's action plan to address these issues had been agreed with the Mayor's Office, shared with both HMICFRS and the Home Office and was reported to be making rapid progress.

It was explained that 'Think Victim' was the new ethos driving a wide area of improvements. It was a call to action to ensure that every victim of crime received the service they were entitled to and improved public confidence in GMP as a result.

The Superintendent of Greater Manchester Police outlined findings from HMICFRS inspection of GMP. With regards to Call Handling and Initial Response it was found: that 1 in 5 non-emergency calls were unanswered, the assessment of victim vulnerability was inconsistent and; opportunities were missed to secure evidence at scenes which presented further risk of harm to victim. Also prioritisation of calls were not well managed and resources allocated appropriately. The Assistant Chief Constable highlighted that some of those unanswered calls would have been from callers moving to online reporting, as they were encouraged to do so.

In relation to Crime Recording, it was estimated that 80,000 crimes went unrecorded. It was reported that rape crime recording had improved substantially, sexual offence crime recording had remained good, however, crime recording overall had declined. Further, directly reported crimes from partner agencies involving vulnerable children and adults were going unrecorded. The Superintendent reassured Members that safeguarding was still taking place but the crimes had not been properly recorded.

It was found that recording of investigation plans within Policy Works was inconsistent in quality. Whilst in general supervisory oversight was poor, where supervisory oversight was present investigations progressed well. Further, many investigations progressed in a reasonable timeframe but some had no apparent activity for a considerable period of time. There were instances of response officers carrying serious offences with no specialist officer oversight and some child protection cases did not document key information, further, documentation failures were potentially leading to inadequate safeguarding. It was explained that GMP had recently updated their crime management procedure to ensure the appropriate officer would handle the appropriate crime.

It was reported that substantive governance structures were in place locally and at force level, however, much needed to be done to ensure that they were effective in responding to issues that needed intervention. Strategic governance needed to translate into tactical action. Members were presented with the new performance structure that was in place to address the findings of the HMICFRS findings.

Members of the Board welcomed a return to a neighbourhood approach to policing and a partnership approach between GMP and Local Authorities.

AGREED

That the contents of the presentation be noted.

233 BROWNFIELD HOMES GRANT

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Director of Growth which, sought approval for entering into a Grant Funding Agreement (GFA) for the Brownfield Homes Fund (BHF).

The Director of Growth outlined Council owned sites that had been selected for the BHS programme. The bid for BHF grant for these sites would assist with the funding of existing capital programme works and in some instances would support bringing forward the capital works. This would reduce ongoing liability for revenue expenditure for business rates, repairs and managing these empty properties.

The former Two Tree Site (the footprint of the former school buildings) would receive BHF funding of £0.800m, this would make a positive contribution to reduce the capital cost of the demolition and infrastructure works to the Council which were estimated in the region of £0.763m.

The former Denton Baths site would receive BLF of £0.300m, this would reduce the Council liability to £0.150m for this site if successfully applied.

The Droylsden Library Site occupied by a Library building which was in operation would receive £0.8m if the BLF was successfully applied. The opportunity to relocate the Library to another building was the subject of a separate decision. The estimated cost of the scheme at this stage was £ 2.3m.

Since the Board meeting on the 10 February 2021, the GFA had been finalised with the Greater Manchester Combined Authority and concerns in particular regarding the transferring of land and overage had been resolved.

AGREED

That the Executive Member (Finance and Economic Growth) be recommended to approve a key decision that:

- (i) The Council enters into a Grant Funding Agreement for the Brownfield Homes Fund to enable the programme of works set out in the report to be delivered.**
- (ii) On-going performance and reporting updates be provided to the Strategic Planning & Capital Monitoring Board.**

234 DROYLSDEN LIBRARY

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Executive Member (Lifelong Learning, Equalities, Culture and Heritage) which, set out the nature of the funding opportunity available to the council and sought approval to proceed with the redevelopment of Droylsden Library in the vacant ground floor of Guardsman Tony Downes House and the clearance of the existing library building as asset out in the report.

The Assistant Director (Strategic Property) stated that the Droylsden Library redevelopment scheme had an earmarked sum of £1.4m in the capital programme. The redevelopment of the library as set out in the report required that the scheme be approved and for the programme budget to be increased to £2.2m, which included an estimated £0.324m relating to the demolition of the vacated former library building. The estimated £2.2m capital programme sum would be reduced by £0.8m if the Council could successfully commit the Brownfield Land funding towards the cost of this scheme by the funding deadlines.

In order to ensure that a library redevelopment scheme could be delivered in time to take advantage of significant grant funding opportunity from the GMCA, initial designs and surveys had been progressed to support a planning application for the clearance of the existing library building, plan to RIBA stage 4 for the development of the ground floor space at the GMPF building and to support a public engagement exercise. £0.117m had been expended to develop the designs and surveys for the relocation.

It was proposed that the consultation exercise would begin on 18 February 2021, running for 4 weeks. Users and non-users would be consulted through the Council's Big Conversation platform and at the existing library building. In order to ensure that the project was delivered by accessing available funding.

AGREED

That the Executive Member (Finance and Economic Growth) / Executive Member (Lifelong Learning, Qualities, Culture and Heritage) be recommended to approve a Key Decision that subject to entering into a grant agreement with GMCA to access £0.8m Brownfield Land funding AUTHORISATION be given to:

- (i) Seek the necessary Planning and Building Regulations for the redevelopment of the ground floor of the Guardsmen Tony Downes House building to create the new Droylsden Library and the demolition of the existing Droylsden Library building;**
- (ii) consult on the redevelopment of the Droylsden Library offer as set out in this report and set out in appendix 3.**
- (iii) allocate £2.2m from the capital programme for the relocation and fit-out of Droylsden Library which includes £0.324m for the demolition of the vacated Library;**
- (iv) entering into the standard contractual Design & Build contract with the LEP for the redevelopment of Droylsden Library with a contract sum of £1.594m subject to (a) the Covid risk being accounted for in the contract price (b) liability of the LEP/contractor is capped at 10 times the contract value;**
- (v) utilising the Tameside Additional Services contract for the Droylsden site clearance at a value of £0.324m;**
- (vi) entering into a Deed of Appointment with the LEP and Currie & Brown for the appointment of an Independent Certifier for the library redevelopment scheme; and;**

- (vii) declaring surplus the current Droylsden Library building once demolished and any requirements relating to the Brownfield Land grant funding complied with.**

235 ESTABLISHMENT OF A COMMITTEE TO PREPARE A JOINT DEVELOPMENT PLAN DOCUMENT (2.50PM)

Consideration was given to a report of the Executive Member (Housing, Planning and Employment) / Director of Growth, which provided further details on the next steps in relation to the joint plan of nine GM boroughs to be known as 'Places for Everyone'.

Members were reminded that that on 30 October 2020 the AGMA Executive Board agreed to recommend the GMSF 2020 to the 10 GM authorities, to be approved for consultation and submission. At Cabinet (2 November 2020) and Council (3 November 2020) meetings, Tameside resolved to approve the GMSF, through its publication and onward submission following the consultation period.

It was reported that the decision at Stockport Council's meeting on 3 December 2020, to not submit the GMSF 2020 following the intended consultation period and the subsequent resolution at its Cabinet meeting on 4 December 2020 not to publish the GMSF 2020 for consultation, in effect, signalled the end of the GMSF as a joint plan for all ten GM boroughs. Consequently, at its meeting on the 11 December 2020, Members of the AGMA Executive Board reached agreement in principal to the preparation of a joint plan of the remaining nine boroughs and asked officers to report back on the implications and processes of preparing a joint development plan document for those boroughs.

It was explained that it was necessary to establish a new joint committee of the nine relevant boroughs; Bury, Bolton, Manchester, Oldham, Rochdale, Salford, Tameside, Trafford and Wigan. Each borough was now requested to authorise the establishment of a new joint committee and to delegate the preparation of the joint development plan document to the new joint committee as outlined in the recommendations of this report.

Membership of the joint committee was a matter of each individual borough to consider and forms part of the recommendation to Full Council.

AGREED

That Council be recommended to:

- (i) Approve the making of an agreement with the other eight Greater Manchester Councils (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Trafford, Wigan) to prepare a joint development plan document to cover strategic policies, including housing and employment land requirements and, as appropriate, strategic site allocations and Green Belt boundary amendments and associated infrastructure across the nine districts.**
- (ii) Agree that the Executive Member Executive Member (Housing, Planning and Employment) (currently Cllr Gerald P Cooney) be the Tameside lead Member for the joint committee and Cllr Claire Reid as the Assistant Executive Member(Planning and Civic Design) be the nominated deputy to attend and vote as necessary.**
- (iii) Note that Executive Cabinet will be asked to delegate the formulation and preparation of the draft joint development plan document to a joint committee of the nine GM authorities.**
- (iv) Note that a further report will be brought to Full Council seeking approval to submit the joint development plan document to the Secretary of State for independent examination.**

That Executive Cabinet be recommended to:

- (i) Note that Full Council has approved the making of an agreement with the other eight Greater Manchester Councils (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Trafford, Wigan) to prepare a joint development plan document to cover strategic policies, including housing and employment land requirements and, as appropriate,**

- strategic site allocations and Green Belt boundary amendments and associated infrastructure across the nine districts.
- (ii) Delegate to the joint committee of the nine Greater Manchester councils the formulation and preparation of the joint development plan document to cover housing and employment land requirements including, as appropriate, strategic site allocations and Green Belt boundary amendments and associated infrastructure across the nine Greater Manchester districts insofar as such matters are executive functions.
 - (iii) Note that the following are the sole responsibility of Full Council:
 - a. Responsibility for giving of instructions to the Executive to reconsider the draft plan submitted by the Executive for the authority's consideration;
 - b. The amendment of the draft joint development plan document submitted by the Executive for the Full Council's consideration;
 - c. The approval of the joint development plan document for the purposes of submission to the Secretary of State for independent examination; and
 - d. The adoption of the joint development plan document.

236 EARLY YEARS POPULATION HEALTH COMMISSIONING UPDATE AND INTENTIONS

Consideration was given to a report of the Executive Member (Adult Social Care and Health) / Clinical Lead for Starting Well / Assistant Director (Population Health) which, detailed Population Health's early years commissioning intentions for 2021 – 2022 and set out specific details to extend for one year two service agreements.

It was stated that HomeStart provided one-to-one peer support for families via a team of dedicated and supervised volunteers, who visited families' for a couple of hours per week and tailor support to meet the individual needs of the family. The core HomeStart Peer Support Service had operated for a number of years on a grant funding basis from the Strategic Commission's Population Health Directorate.

The grant for the core HomeStart Peer Support Service had been £75,000 per annum. However, this was uplifted to £125,000 last year using monies from the Troubled Families

It was explained that the intention during the past 12 months, was to initiate a procurement exercise however the impact of the Covid pandemic had affected the service's ability to undertake a re-procurement exercise before the expiry of the grant, therefore authorisation was requested to renew the current grant arrangement for one year from 1 April 2021.

It was further explained that the 12 month extension would allow the Strategic Commission to receive confirmation from the Government regarding long term funding arrangements for the Troubled Families programme, as well as allow time to co-design and align to the strategic objective to integrate 0-19 children and family services by April 2022.

Members were reminded that at the Strategic Commissioning Board in March 2020, approval was given to retender the Breastfeeding Peer Support Service jointly with Oldham MBC. However, due to the impact of the pandemic, the retender for the service did not take place. The current contract was due to end on the 31 March 2021. Authorisation was therefore sought to extend the current contract for one year from the 1 April 2021. The intention to do this had been agreed by Oldham MBC. The Assistant Director of Population Health reported that during the time of the extension, a commissioning and retendering process would commence. The extension enabled reflection to build back fairer and learn from the different ways of working during the response to Covid-19, which included the development of a digital offer. The Breastfeeding Peer Support Service would be reviewed in line with the strategic objective to integrate 0-19 children and family services by April 2022.

AGREED

That the Strategic Commissioning Board be recommended to approve:

- (i) Extend the core grant arrangements with HomeStart for 12 months to 31 March 2022.**
- (ii) Extend the contract for the Breastfeeding Peer Support Service (commissioned jointly with Oldham MBC) for 12 months to 31 March 2022.**

Councillors Cooney and Ryan declared a prejudicial interest on the Adult Services Housing and Accommodation with Support – Marsden Close Mossley as Council appointed Directors for Jigsaw and took no further part in the meeting.

237 ADULT SERVICES HOUSING AND ACCOMMODATION WITH SUPPORT - MARSDEN CLOSE MOSSLEY (3.10PM)

Consideration was given to a report of the Executive Member of Health Social Care and Population Health / Director of Adult Services. The report set out the terms in relation to one property at Marsden Close Mossley offered by Jigsaw HG.

It was stated that the ambition of Adult Services was to seek modern accommodation, either existing property built within the last ten years or totally new build schemes that met existing and future needs. Discussions were ongoing within the Council and a number of providers in relation to accommodation needs of all adult groups, but in relation to supported accommodation for people with a learning disability an opportunity through Jigsaw HG at Marsden Close Mossley had emerged that fitted the ambition of Adult Services.

The proposed scheme was part of a cul-de-sac where there were eight new properties due to be completed January 2021 of which one two bedroomed bungalow would be available to Adult Services.

It was proposed that the Council would be allocated the property which would be covered by a Management Agreement – this would be based on similar arrangements currently in place between the Council and Jigsaw HG in relation to the their supported living schemes.

The property would be covered by individual tenancy between Jigsaw HG as the landlord and the person supported by the Council who will be a direct tenant.

It was explained that the bungalow would be for the housing of a young person currently supported in an out of borough placement via Children Services whose care package was costing the Council £500,000 per annum. Once the person was settled after a period of transition it was expected that the cost of support would be £250,000 per annum.

AGREED

That the Executive Member (Health Social Care and Health) be recommended to give approval:

- (i) to progress accommodation with Jigsaw Homes Group (HG) at Marsden Close Mossley for the provision of supported living for Adults with a Learning Disability.**
- (ii) the proposed terms with Jigsaw Homes Group in relation to one property at Marsden Close Mossley and the entering onto a tenancy at will if required.**
- (iii) to provide the support in the accommodation by the in-house Long Term Support Service.**

238 FORWARD PLAN

AGREED

That the forward plan of items for Board be noted.

CHAIR

BOARD

3 March 2021

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

Also in **David Berry, Steph Butterworth, Ilys Cookson, Jeanelle De Gruchy, Catherine**
Attendance: **Moseley, Dr Ashwin Ramachandra, Ian Saxon, Paul Smith, Jayne Traverse,**
 Sarah Threlfall, Debbie Watson, Tom Wilkinson

239 DECLARATIONS OF INTEREST

There were no declarations of interest.

240 MINUTES OF PREVIOUS MEETING

The minutes of Board meeting on the 17 February 2021 were approved as a correct record.

241 MONTH 10 FINANCE REPORT

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Lead Clinical GP / Director of Finance, which outlined month 10 of the 2020/21 financial year, reflecting actual expenditure to 31 January 2021 and forecasts to 31 March 2021.

It was reported that as at Month 10, the Strategic Commission was forecasting a net underspend of £0.155 by 31 March 2021. This was a significant improvement on the position reported at Month 9 and reflected additional Covid related income on Council budgets, which had reduced the forecast overspend to £0.358m. On the assumption that the anticipated Covid top up was received in full, a surplus of £512k was projected at year-end on CCG budgets.

It was stated that whilst the overall forecast position was looking more positive, there remained significant variances in some service areas, which were not attributed to Covid and which presented ongoing financial risks for future years.

The Director of Finance advised Members that there was a forecasted in year deficit on the Collection Fund for both Council Tax and Business Rates due to the impact of the Covid Pandemic. This forecast deficit would need to be funded in 2021/22 and the forecast deficit was reflected in the 2021/22 budget approved by Full Council on 23 February 2021.

The third capital monitoring report for 2020/21 summarised the forecast outturn at 31 March 2021 based on the financial activity to 31 January 2020. The approved budget for 2020/21 was £56.338m and the forecast for the financial year was £46.410m.

Members were advised that the CCG had a cumulative surplus held with NHS England, which had built up over a number of years and was reported in the CCG annual accounts. NHS England had offered the opportunity to access this resource in 2020/21 financial year to support the financial pressures faced by the system to tackle delays incurred in implementation of the next phase of the transformation as a result of Covid. It was proposed that this surplus be accessed and utilised to facilitate ongoing financial sustainability across the economy. This additional funding would enable the Strategic Commission to invest in integrated transformation programmes, to improve outcomes

and efficiency.

AGREED

That Executive Cabinet be recommended to: -

- (i) Note the forecast outturn position and associated risks for 2020/21 as set out in Appendix 1.**
- (ii) Note the significant pressures facing Council Budgets as set out in Appendix 2.**
- (iii) Approve the budget virements and reserve transfers set out on pages 23 and 24 of Appendix 2.**
- (iv) Note the forecast Collection Fund position for 2020/21 as set out in Appendix 3.**
- (v) Note the Capital Programme 2020/21 forecast and approve the re-profiling of capital budgets as set out in Appendix 4.**
- (vi) Note the forecast position in respect of Dedicated Schools Grant as set out in Appendix 5.**
- (vii) Approve the proposals for accessing the CCG cumulative surplus and the utilisation of funds for the purposes set out in section 6, including the creation of earmarked reserves to support specific initiatives.**

242 BREATHING SPACE SCHEME

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Assistant Director Exchequer Services that detailed a new statutory breathing space scheme, which aimed to help people in problem debt to better manage their finances, seek professional debt advice and reach sustainable solutions.

Members were advised that a new government backed statutory scheme, the Debt Respite Scheme (Breathing Space Moratorium and Mental Health Crisis Moratorium) (England and Wales) Regulations 2020, aimed to incentivise more people in problem debt to access professional debt advice sooner. The scheme published in December 2020 enabled those in debt to enter the debt solution that was most appropriate in view of their individual circumstances. According to the Institute of Revenues Rating and Revaluation (IRRV) an estimated 1.5 million people in England and Wales sought advice to help with their debts each year.

The Breathing Space Moratorium was expected to provide protections for people in problem debt by pausing enforcement action and freezing charges, fees and certain interest on qualifying debts for up to 60 days. Some specific public sector debts were considered ineligible to be included as a moratorium debt such as debts incurred because of fraudulent behaviour; fines imposed by a court, including criminal fines; confiscation orders; child maintenance payments and debts that had arisen after an order made in family proceedings; social fund loans; student loans and personal injury liabilities. There was no limit on the amount of any individual debt, or total debts that could be protected in a moratorium.

People receiving mental health crisis treatment would receive the protections of the Breathing Space scheme but through a different entry mechanism. This group would be able to enter a mental health crisis moratorium without engaging with a debt advisor. The policy protections would apply for the duration of their crisis treatment and then for a further 30 days. If eligible, debtors could then have access to the 60-day Breathing Space moratorium accessed via professional debt advice. There would be no limit on the number of times that people receiving mental health crisis treatment may enter a moratorium via this mechanism.

The scheme was positive in helping those with significant debts or who had mental health problems and in debt, however uptake could have resource implications and collection implications however this could not yet be quantified. While the numbers of people entering the Breathing Space scheme could not be quantified, it was clear that additional resource was required in terms of managing these accounts and for which the government had made clear no New Burdens Funding would be made available to any local authority.

AGREED

That Executive Cabinet be recommended to note the report.

243 DISPOSAL OF COUNCIL OWNED LAND AND PROPERTY

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Assistant Director of Strategic Property, which sought permission to declare the former Cotton Tree Public House, Droylsden surplus to requirements of the Council.

Members were reminded that due to issues around crime and community safety, on 15 August 2013, the Council acquired the subject property at 106 Market Street for £150,000. Following on from acquisition the Council marketed the vacant property for alternative use and on 7 January 2016 entered into an agreement with a tenant who was looking to operate the former Public House as a restaurant. Unfortunately, the tenant made minimal lease payments since completing the lease initially and had not made any payments since 25 March 2017. The property had not been occupied by the lessee or his trading business for a number of years, leaving the property vacant and in a derelict state.

During the period of void, the Council had received unsolicited interest from developers who were keen to acquire the property from the Authority and both convert and refurbish the building to provide a combination of uses, primarily involving retail uses to the ground floor and residential uses to the upper floors. It was therefore proposed that the Council formally seek to declare the property surplus to its requirements so that, the Authority could explore disposal options that would seek to see the building brought back into a meaningful use.

Members agreed that a covenant/restriction should be added to the land sale to prevent the property being used as a public house in the future given its previous history and the reason why the Council bought the premise in the first place.

AGREED

That Executive Cabinet be recommended to agree that:

- (i) an appropriate absolute restriction/covenant be added on the land sale to prevent the property being used as a public house in the future.**
- (ii) the premise, known as the former Cotton Tree Public House, Droylsden be declared surplus to the requirements of the Council.**

244 AUTHORITY'S MONITORING REPORT

Consideration was given to a report of the Executive Member (Housing, Planning and Employment) / Director of Growth, which sought approval to publish an updated Authority's Monitoring Report (AMR) for 2019/20 to satisfy the requirements of Section 35 of the Planning and Compulsory Purchase Act 2004.

Members were reminded that Section 35 of the Planning and Compulsory Purchase Act 2004 required every local planning authority to prepare an Authority's Monitoring Report (AMR) at least every 12 months. It was reported that the Council's most recent AMR was published in September 2020 and covered the monitoring period 1 April 2018 to 31 March 2019. It was therefore timely to update the AMR to reflect on monitoring activities for 2019/20 and to meet the Council's legal requirements.

AGREED

That Executive Cabinet be recommended to agree to the publication of those documents which comprised the 2019/20 AMR as listed in paragraph 2.1 and appended to this report.

245 SUPPORTING MENOPAUSE AT WORK

Consideration was given to a report of the Executive Leader / Assistant Director for People and Workforce Development, which detailed a guide, which had been developed called *Supporting the Menopause at Work* in order to support those employees going through menopause.

The guidance pulled together the latest information on how the menopause affected some employees at work. The guidance was aimed at managers and employees to support those going through menopause and offer practical guidance on how hold to open and honest discussion and improve workplace environments.

The guidance had been developed in order to encourage open and honest discussions between affected employees and their line managers, or another supportive individual, in order to ensure those employees felt supported at work. Managers had an important role to play in ensuring that anyone who experienced menopausal symptoms was offered the same support and understanding as they would if they had any other health issue, and that support was tailored appropriately to the individual.

The organisation had a legal duty to make a suitable and sufficient assessment of the workplace risks to the health and safety of their employee; which included ensuring menopausal symptoms were not made worse by the workplace, and making changes to help an employee manage their symptoms when doing their job.

Moreover, it was important to recognise within an organisation where over 70% of its employees were female and the average age of the work force was above 51 years of age, which was also the average age for menopause that this was a significant issue for the Council and therefore even more essential that the appropriate support was put in place to support and get the best from our workforce.

In regards to raising menopause awareness in the workplace, Menopause awareness sessions had been delivered, with 61 females attending the available sessions and providing extremely positive feedback. Future menopause sessions would build on this established platform to increase awareness across the workforce and enable managers to effectively support employees affected by the menopause.

AGREED

That Executive Cabinet be recommended to agree:

- (i) To implement the proposed Guide to Supporting the Menopause at Work, as detailed in Appendix A for Tameside Council and to recommend implementation to the Tameside & Glossop CCG Governing Body for its employees.**
- (ii) That the Guide to Supporting the Menopause at Work as detailed in Appendix A be recommended for adoption by all Governing Bodies of all community, voluntary controlled and voluntary aided schools.**

246 INCLUSIVE GROWTH STRATEGY 2021-26

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Director of Growth, which detailed the Inclusive Growth Strategy for review and approval following public consultation.

Members were reminded that the Tameside Inclusive Growth Strategy had been approved for consultation on the 2 November 2020. The consultation was robust and successful and ended on the 22 January 2021 with high levels of support for the Strategy.

It was reported that the consultation took place between 4 November 2020 and 22 January 2021 with 7 bespoke workshops engaging multiple demographics attended by 49 people, 22 people responded to the online consultation and two written submissions were received (one being the restated outcomes from a workshop session). The consultation was widely marketed through media, business and community networks.

Overall the consultation found a high level of support for the Strategies Vision, Aims, Opportunities and Strengths in response to the challenges faced.

The 2 November 2020 Cabinet report set out the Governance arrangements for the Strategy. The new Inclusive Growth Board chaired by the Executive Member Finance and Growth would lead on the implementation of the Inclusive Growth Strategy and associated cross cutting Public Service Reform projects with Lead Executive Members involved as appropriate in the delivery and monitoring.

AGREED

That Executive Cabinet be recommended to agree that the Inclusive Growth Strategy be adopted.

247 INFRASTRUCTURE FUNDING STATEMENT 2019-2020

Consideration was given to a report of the Executive Member (Housing, Planning and Employment) / Director of Growth, which provided a summary of financial contributions secured by the Council through section 106 agreements from new developments for off-site infrastructure works and affordable housing provision.

Members were advised that Councils were required to publish Infrastructure Funding Statements annually on their websites, which set out the years' income and expenditure that related to the Community Infrastructure Levy (CIL) and Section 106 (S106) agreements. This was a requirement of the Community Infrastructure Levy (CIL) Regulations (amended 2019). Tameside Council did not operate a CIL charging schedule and, therefore, this Infrastructure Funding Statement was provided only in respect of income and expenditure in relation to Section 106 agreements.

Members were presented with a breakdown of the amount of money to be provided under any planning obligations which had been entered into during the reported year. Further, it confirmed the total number of affordable housing units that would be provide on-site. Full details for each of the obligations entered into during this monitoring period were available at **Appendix 1**.

AGREED

That Executive Cabinet be recommended to agree that the report be published on the Council's website to meet legal requirements.

248 ASHTON MOSS - PROGRESS AND NEXT STEPS

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Director of Growth, which provided a summary of progress to date, confirmed next steps and sought approval to expenditure on specific commissions required to take matters forward.

Members were reminded that the Executive Cabinet had approved reports on the 23 September and 16 December 2020 which set out the background and way forward on the redevelopment of land at Ashton Moss East (AME) and Ashton Moss West (AMW).

Working in conjunction with colleagues at GMCA and Midas, officers believed a potential window of opportunity existed for a bid to Government as part of the levelling up agenda for major funding that would be required to address the significant cost of remediating the land and providing key infrastructure at AME and AMW. To be ready for this process officers believed it was necessary to engage specialist consultants to develop a detailed business case as part of this major funding bid. The cost of such a commission at £20,000 could be met from the existing Ashton Moss capital budgets.

At its December 2020 meeting, Cabinet approved a budget of £350k to support the undertaking of various site investigation and services studies at AME and AMW. The Consulting Engineers would produce the specification and tenders for these detailed studies. This whole process however,

although critical to determine and specify the actual works required, would take some time and would not be concluded in time to feed into any bid to Government. It was therefore proposed to engage Arup Consulting Engineers to produce a short summary report of the ground conditions and a high-level strategy to address and bring land forward for development to form part of the funding bid. The cost of the study would be £3,250.

At its September 2020 meeting Cabinet approved the appointment of a specialist resource to lead on all property and development matters at AME and AMW working to a comprehensive brief and reporting direct to the Assistant Director of Growth and the Head of Investment and Development. This resource had proved to be valuable to the Council in progressing all matters at Ashton Moss including the Project Fold enquiry. It was considered vital to retain this resource and with this in mind a provision of £20,000 should be allocated as part of the approved budget on Ashton Moss.

AGREED

That an Executive Decision by the Executive Member (Finance and Economic Growth) and the Director of Growth be recommended to approve the draw down against approved budgets for the following specific elements of consultancy work:

- (i) The appointment of Arup Consulting Engineers to produce advice on high level cost estimates for the remediation of the land at AME and AMW in the sum of £3,250 plus VAT.**
- (ii) The appointment of consultants at a budget cost of £20,000 plus VAT to produce a business case which would form part of a major funding bid to Government for the cost of remediating the land and providing key infrastructure at AME and AMW.**
- (iii) The continued appointment of SMT Projects at a budget cost of £20,000 to lead on all property and development matters.**

249 ACTIVE NEIGHBORHOOD PROPOSALS - DUKINFIELD

Consideration was given to a report of the Executive Member (Transport and Connectivity) / Assistant Director of Operations and Neighbourhoods, which outlined proposals to promote and consult on the delivery of a pilot Active Neighbourhood scheme in Dukinfield, to be led by Transport for Greater Manchester.

It was explained that an Active Neighbourhood was a place where the movement of people was prioritised over cars, with a particular focus on residential streets. Schemes were designed to create barriers to cars on residential streets within a defined neighbourhood area to preventing “rat running”. The design would ensure that residents and emergency vehicles can still access their homes.

It was stated that TfGM’s specialist team had reviewed a number of areas across Tameside and had recommended that the area identified in **Appendix 1** be progressed. The area was based on people being able to walk across the area in 10 minutes, with a 5 minute walk or less to key services and facilities.

It was essential that the development of the Active Neighbourhood scheme was community led from the outset. This would ensure that local issues were identified and understood before appropriate design solutions were developed. Temporary / trial solutions were also envisaged as a key part of the consultation and engagement process. The programme of the proposed consultation activities was detailed in the report. It is essential that the development of a pilot Active Neighbourhood scheme is community led from the outset. This will ensure that local issues are identified and understood before appropriate design solutions are developed. Temporary / trial solutions are also envisaged as a key part of the consultation and engagement process.

AGREED

That the Executive Member (Transport and Connectivity) be recommended to approve the implementation of a programme of engagement and consultation, as set out in section 7 of this report.

250 LAND ADJACENT TO MANCHESTER ROAD, AUDENSHAW.

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Director of Growth, which sought to formalise an existing encroachment and facilitate a request from a developer who had sought to provide a more comprehensive redevelopment opportunity. This would generate a one off capital receipt for the Council.

Members were reminded that on 30 September 2020, the Council had approved an updated policy which allowed the Authority to consider the disposal of its assets. The policy advocated a 'two step' approach, with Executive Cabinet initially declaring an asset surplus after prior consultation with Ward Councillors, prior to officers seeking to negotiate terms for a sale which, could then be approved by the Director Growth in consultation with the Executive Member (Finance and Economic Growth). The subject asset was declared surplus at Executive Cabinet on 30 September 2020 as part of an initial 'batch' of assets that the Council were now looking to bring forward for sale.

It was stated that the Council owned the area of land off Manchester Road, which measured approximately 220sq.m (or 0.054 acres). In recent months, a local Registered Provider Mosscafe St. Vincent's Housing ('MSV') had approached the Council and advised that they were in the process of acquiring the former Nursery site and seeking planning permission to develop the land for 16 houses and 18 apartments (20/00129/FUL). In recent days, it was understood that the application had been approved and therefore, MSV had advised that they are keen to fulfil their grant requirements and commence with the affordable rent scheme in early 2021.

The planned scheme incorporated the Council's land edged green into the development and MSV were looking to acquire the subject area in order to deliver the scheme as proposed. The subject area was declared surplus and in line with the policy agreed, delegation would now pass to the Director of Growth as part of an Executive Decision in consultation with the Executive Member, Finance and Economic Growth. Terms had been agreed for the Council to sell its Freehold interest in the subject area of land to MSV for £25,000 (twenty five thousand pounds)

AGREED

That an executive decision by the Executive Member for Finance and Economic Growth and Director of Growth be recommended to approve that:

- (i) the Council enter into a direct agreement to sell the subject area of land to the adjoining landowner and provide an easement to address surface water run off generated as part of the development, subject to the Council obtaining a satisfactory independent valuation confirming that the terms agreed are representative of market value.**
- (ii) Subject to obtaining any approval under The School Playing Fields General Disposal and Change of Use Consent (No 5) 2014 (if required), provide an easement (in the form set out in Appendix 1 to the report) to the Register Provider to install a surface water drain over the Council's adjoining land, as indicatively shown on the blue dotted line A-B-C-D-E. Appendix 1.**

251 FINANCE AND IT CAPITAL UPDATE

Consideration was given to a report of the Director of Finance and IT, which provided a summary of the progress to date in relation to the delivery of the Council's Capital Investment Programme in the Finance and IT Directorate.

It was stated that the equity investment of £5.6m in a £56m investment with the other 9 GM districts at Manchester Airport to fund the construction of 7,500 space multi-storey car park was funded by prudential borrowing. The investment was drawn down in three tranches during March (£1.4m in the 2019/20 financial year) and April 2020 (£3.2m in the 20/21 financial year). Also in April 2020, Executive Cabinet approved a further investment of £9.7m in Manchester Airport in the form of an equity loan, which would be funded by prudential borrowing.

With regard to Digital Tameside schemes, in January 2018 the DCMS announced a second round of LFFN funding. The Tameside element of the successful bid was £2.500m and was based on expanding the existing re-use of public assets model, with the further commercialisation through the Digital Cooperative. It was reported the work on DCMS Wave 2 was 90% complete, time lost due to Covid had been recovered.

The initial phase of the Microsoft Licensing scheme in regards to procurement and design was completed and many of the licenses relating to the Microsoft Office 2016, the main Data Centre and Disaster Recovery site had been placed and the new software had started to be rolled out across the Councils laptop fleet and server infrastructure. Work upgrading the operating systems on 97 servers and 122 SQL databases was underway, with just 20 servers and associated databases still to be completed.

AGREED

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

252 ADULTS CAPITAL PLAN

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

Members were presented with the projects already approved in the Adults Capital Plan. It was reported that the Day Time Offer scheme would not proceed for time being and would be reconsidered as part of a wider review of the offer of daytime provision.

The Christ Church Community Developments (CCD) 4 Cs Community Centre was scheduled to formally open in spring 2021. Progress on the building works continued, internal walls and associated work were now completed and the plumbing and electrical work had now started. Since the last report, it had been confirmed that the registration of the charge with Companies House and the Land Registry had been formally completed. Due to the current government restrictions in place due to Covid-19, structural and internal design changes had been made to ensure that the building was safe for members to attend post Covid and with social distancing guidelines and practice in place

With regard to the Moving With Dignity (MWD) scheme, the team had been recruited to, however, pressures from the Covid wave had an impact on waiting times for assessment and intervention. There were also pressures across the system, staff were working across other parts of the service to assist with flow of work. Work on the mandatory Moving and Handling training to incorporate the Single Handed Care approach across the board was underway and a risk assessment had been submitted to Health and Safety to be able to deliver this safely.

It was stated that no further progress had been made on determining if Hyde Market Hall was a viable option for the Disability Assessment Centre.

It was reported that work continued to identify and support people who would benefit from the Brain in Hand technology. However, it had proved significantly challenging to identify suitable people through the pandemic and to set them up on this technology remotely.

The Director of Adult Services advised that Irwell Valley Housing Association (IVHA) developed the supported accommodation scheme in Mount Street, Hyde. The scheme converted the building to meet the requirements of supported living. The £100k of work had already been completed by IVHA to adapt the property to meet the identified client needed including pressure-operated doors, adapted showers, and other improvements that would make Mount Street more suitable for a broader range of range of service users, and improve the experience and safety of the users already in situ.

The Housing Adaptations Service within the Growth Directorate was the delivery mechanism for the adaptations budget within the borough. Expenditure of this budget was by approval of individual grants to residents where there was an assessed need and in many cases, it supervised the work for the resident. In order to continue to deliver adaptations it was felt appropriate to confirm the service was authorised to continue to approve mandatory and discretionary grant applications within the terms of the Councils Housing Assistance Policy 2018-2023 under the terms of the Regulatory Reform (Housing Assistance)(England and Wales) Order 2002. The service would deliver the grant eligible adaptations via a number of procured contracts.

Housing Adaptations was embarking on a program to replace all stair lifts and hoists 20+ years old thereby reducing the maintenance implication to the Council. 30 units were due to be, or had been, replaced since beginning of December. These units would become part of the lifetime warranty scheme. Once this was complete units of 15+ years old would be targeted.

AGREED

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

- (i) the replacement of the ageing and obsolete equipment through the employment of a dedicated Occupational Therapist for 12 months (£45,593 with on costs to be funded via DFG.**
- (ii) that the Housing Adaptations Service be authorised to continue to approve mandatory and discretionary grant applications**

253 GROWTH UPDATE REPORT

Consideration was given to a report of the Executive Member (Finance and Economic Growth) / Director for Growth, which provided an update on the 2020/21 Growth Capital Programme and set out details of the major approved capital schemes in this directorate.

Members were updated on the progress on the approved capital projects. It was stated that The Droylsden library relocation scheme had an earmarked sum of £ 1.4m in the capital programme. A Key Decision in February 2021 approved a request to increase the budget to £ 2.2m.

With regard to the Denton Baths Site Clearance, works to clear the site had started and would be completed in late May 2021. The cost would be offset by a GMCA Brownfield Homes grant of £0.300m approved by Key Decision on 17 February 2021

The Tameside One installation of fire detection equipment invest to save scheme, had been approved on 10 February 2021. The installation would save future costs on increased insurance premiums and allocate £1.249m from the Councils Insurance Reserve to capital funds to fund the work. The work would begin in April 2021 and had an anticipated completion schedule of 65 weeks.

Members were advised that the bid made via GMCA for the Decarbonisation of the Public estate had been approved. Tameside element of this bid was estimated at £2.3 million. An executive decision report would be required on receipt of the grant condition letter to formally agree to accept the funding into the Councils capital funds

A report on Ashton Town Hall was being prepared for discussion with Members in March 2021.

Approval to undertake a Playing Pitch Strategy and Schools Sports Facilities Strategy was approved by Executive Cabinet on 16 December 2020. A specialist consultant had been appointed to develop the PPS and a working group created including representation from Sport England, It was anticipated that the PPS would be ready for consideration by Members in Late summer 2021.

AGREED

That the Strategic Planning and Capital Monitoring Panel recommend to Executive Cabinet that the following be added to the approved Council Capital Programme

- (i) **The Corporate Landlord Statutory Compliance capital expenditure for the period identified in Appendix 4 of £137,350.46.**
- (ii) **That the Growth directorate 2020/21 capital budget is rephrased as set out in Appendix 5.**

254 EDUCATION CAPITAL PROGRAMME MARCH 2021

AGREED

The item Education Capital Programme March 2021 be deferred to a future meeting of the Board.

255 LEISURE ASSETS CAPITAL INVESTMENT PROGRAMME

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

It was reported that the Hyde Pool Extension, had kept within the projected scheme costs. The scheme which commenced on site in February 2020 and due for completion in late March 2021 was reporting a completion delay of 5 weeks. The practical completion was due on the 30 April 2020. The main reason for the delay was Covid restrictions causing a slowing down in the main contractors supply chain. The delay had resulted in the need to re-phase the capital spend profile for the scheme with £0. 500m that would be re-profiled into 21/22. However, it should be noted as an all risks fixed price contract whilst taking longer, the Contractor not the Council was bearing this cost risk.

With regard to the Tameside Wellness Centre the buildings 12-month defects liability period ended on the 6 February 2021. Once all outstanding defects had been resolved to the satisfaction of the Council and the Contract Administrator the retention sum would be released. The final account had been provisionally agreed at £0.262m. The budget for the scheme stood at £0.230m leaving a negative budget balance of £0.032m. The variance was attributed to the cumulative effect of vary minor changes throughout the lifetime of the project.

The Pitch Replacement scheme at Active Medlock was completed in January 2020 with and under spend of £0.013m. It was proposed that the underspend be used to offset the negative balance leaving a new negative balance of £0.020m. It was proposed that the negative balance be passed over to the Hyde Pool scheme where an underspend was evident across a number of provisional sum items. The completion of the Hyde Pool scheme would bring to an end the current approved Leisure Asset investment programme. The balance of the Sport England grant funding, (£0.045m), would be drawn-down by the Council at the end of the defects liability period.

AGREED

That Strategic Planning and Capital Monitoring Panel be recommended to agree that the contents of the report be noted and the following recommendations be made to Executive Cabinet for approval:

- (i) **That the underspend of £0.013m from the Active Medlock Pitch Replacement scheme be used to part fund the negative balance of the Tameside Wellness Centre scheme and**
- (ii) **The remaining negative balance of £0.020m from the Wellness Centre final account be passed over to the Hyde Pool scheme.**

256 FORWARD PLAN

AGREED

That the forward plan of items for Board be noted.

CHAIR

LIVING WITH COVID BOARD

20 January 2021

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

Also In Attendance: Tim Bowman, Steph Butterworth, Gill Gibson, Jeanelle De Gruchy, Ian Saxon, Jayne Traverse, Sarah Threlfall, Debbie Watson and Tom Wilkinson

Apologies for Kate Hebden and Karen James
Absence:

37 MINUTES OF PREVIOUS MEETING

The minutes of Living with Covid Board meeting on the 9 December 2020 were approved as a correct record.

38 EPIDEMIOLOGY UPDATE

Living with Covid Board received a presentation from the Director of Population Health, which updated the Board on the latest position in Tameside, including an update on Covid-19 surveillance within Tameside and an epidemiology data and intelligence update.

It was reported that the current rate of new cases in the last seven days per 100,000 people was 361.6. This rate was an 8% decrease compared to seven days previously when the rate was 392.1. It was stated that the positivity rate of tests was reducing but was still at a high level, the positivity rate was one in ten within Tameside. The Director of Population Health explained that while vaccinations had started for those most vulnerable, those who were primarily responsible for spreading the virus were not yet being vaccinated.

Members were advised that of the 3,613 tests 60% were confirmed SGTF cases (new variant). The new variant of Covid was first confirmed in Tameside in the week of the 4 December 2020.

The Director of Population Health presented the T&G ICFT Acute Bed Occupancy, the increasing bed occupancy was highlighted to Members. It was explained that it was expected that the bed occupancy would increase further. As at 14 January 2021 there were 65 patients confirmed with Covid and 19 suspected who were suspected of having Covid. It was further explained that the mortality rate would increase in line with hospitalisations albeit lagging behind hospitalisation rate.

The mortality from all causes including Covid-19 and Excess Deaths as at 1 January 2020 was detailed to Members. It was highlighted that in the week ending 1 January 2021, 33% of deaths had Covid mentioned on their death certificate.

With regards to Outbreaks Incidents and Community Insight, cases of outbreaks and clusters were detailed to Members, this was expected due to the high level of prevalence of Covid in the community. It was stated that the seven days to 15th January, people from ethnic minority backgrounds accounted for 15.6% of new cases. It was important that those in the BME communities take up the offer of the vaccine to prevent further health inequalities.

AGREED

That the presentation and the update in relation to the various actions being taken by the locality be noted.

39 TESTING AND VACCINATIONS PROGRAMME

Living with Covid Board received a presentation by the Assistant Director (Population Health), which provided an update on the testing and vaccination programme.

The Assistant Director (Population Health) advised Members that there were two types of tests being used in Tameside these were the PCR tests and the Rapid Lateral Flow test. The PCR had been delivered in Tameside through Local Testing Sites and Mobile Units, the Rapid Lateral Flow Test had been delivered in Tameside through asymptomatic testing sites at Dukinfield TH and Stalybridge Civic Hall.

The asymptomatic testing sites were focused on testing key workers, this had been delivered with the assistance of the military. It was explained that the roll-out of rapid antigen testing, was part of a targeted testing at scale approach. It was stated that testing would begin for all key workers and communications plans for key workers had been initiated.

The Director of Population Health delivered an update on the vaccination programme. It was reported that approximately 90% of 80+ priority group were vaccinated. The North West average was 36% and national average was 35%. It was explained that 16,000 people have been vaccinated with the first dose in Tameside and 18,000 had received two doses of the vaccine.

AGREED

That the presentation be noted.

40 HEALTH AND SOCIAL CARE SYSTEM UPDATE

Consideration was given to a presentation of the Medical Director for Tameside and Glossop ICFT, which provided an update on the Health and Social Care System.

It was reported that that Tameside General Hospital Beds and Acute Beds had a 22% occupancy by patients with Covid. It was explained that it was estimated that less than 10% occupancy of Covid patients would be needed for a Hospital to provide non-urgent care. Some hospitals within GM had an occupancy between 30-40%.

With regards to critical care occupancy, it was reported that the beds were full. There were 15 intensive care beds whereas pre Covid Tameside General Hospital would of run 9 Intensive care bends. A new CPAP (Continuous Positive Airway Pressure) Unit containing 8 beds had been opened, which provided advanced breathing support.

It was further explained that due to the nature of the peak it was expected that the pressure on the hospitals would remain, and was expected that pressure would only reduce at the end of February.

Members discussed the availability of ventilator beds and whether these beds were available for patients when needed. The Medical Director for T&G ICFT reassured Members that through the

mutual aid across hospitals and regions patients had been moved both out and into Tameside as part of a daily plan to ensure that the next bed would always be available.

AGREED

That the information provided be noted.

41 SCHOOLS AND EDUCATION

Consideration was given to a report of the Executive Leader / Assistant Director of Education, which provided an update on the latest position on schools and education in Tameside.

It was stated that Greater Manchester pupils had been disproportionately impacted by Covid. Attendance was now in line with the national average having been well below in October. There had been nearly 4% more Covid related absence from settings in GM than nationally.

The Assistant Director for Education reminded the Board that on the 4 January 2021 the Prime Minister had announced the third national lockdown and second required restricted attendance at schools. However Early Years private, voluntary, independent settings and nursery classes were able to remain open. Further, A Levels, GCSEs, and all statutory testing and assessment in Key Stages One and Two had been cancelled for summer 2021 for the second year in succession.

With regards to attendance this term, overall school attendance had ranged from 16.1% to 18.5%. Compared to GM and national so far, Tameside had a higher percentage of pupils on site in school, the GM range was 13.7% to 20.5%.

It was stated that support for schools and colleges continued to be available to all schools. Collective processes were in place which supported safe and sensible local decision making.

It was reported that on Friday 15 January the Director of Public Health for Tameside advised secondary school to pause daily testing of pupils, students and staff who were close contacts of a positive case, this advice did not affect regular LFT testing of students and staff.

The Assistant Director for Education provided an update on remote learning at schools. It was stated that there had been support from the Department for Education of the provision of laptops. The challenging expectation to teach children in school and at home to a high standard was highlighted to the Board.

It was explained that schools had a choice between vouchers and providing food parcels as part of the Free School Meals (FSM) scheme, schools could claim up to £15 per pupil eligible FSM per week.

AGREED

That the presentation be noted.

CHAIR

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LIVING WITH COVID BOARD
24 February 2021

Present	Elected Members	Councillors Warrington (In the Chair), Bray, Fairfoull, Feeley, Ryan, Gwynne, Kitchen and Wills.
	Tameside & Glossop CCG Members	Dr Asad Ali, Dr Ashwin Ramachandra, Dr Vinny Khunger, Dr Christine Ahmed, Dr Tim Hendra, Clare Todd, David Swift and Carol Prowse
	Chief Executive TMBC	Steven Pleasant
	Borough Solicitor	Sandra Stewart
	Deputy Section 151 Officer	Tom Wilkinson
	Chief Inspector for Neighbourhoods GMP	Lee Broadstock
Also in Attendance:	Martin Ashton, David Berry, Tim Bowman, Steph Butterworth, Gill Gibson, Jeanelle De Gruchy, Ian Saxon, Jayne Traverse and Sarah Threlfall	
Apologies for Absence:	Councillor Cooney	
	Karen Huntley, Kate Hebden and Karen James	

42 MINUTES OF PREVIOUS MEETING

The Minutes of the Living with Covid Board meeting on the 20 January 2021 were approved as a correct record.

43 NATIONAL TIMELINE FOR LIFTING RESTRICTIONS

Consideration was given to a report of the Executive Leader / Director of Population Health, which updated members of the Living with Covid Board on the national timeline for lifting Covid-19 restrictions.

The Assistant Director of Policy and Communications reported that from the 8 March people in England would see restrictions start to be lifted and the Governments' four-step roadmap could offer a route back to a more normal life. It was stated that the Government would continue to support families and businesses throughout the steps set out in the roadmap - details of which would be set out by the Chancellor in the Budget on 3 March.

Members of the Board were advised of the four tests, it was explained that only when the Government was sure that it was safe to move from each step to the next would the final decision be made on lifting restriction. Each of the 4 steps were detailed to the Living with Covid Board and the communications that would be used. It was reported that Step 1 focused on the return of all children and students to face to face education from 8 March. From the 29 March 2021 outdoor gatherings of either 6 people would also be allowed.

It was stated that after 12 April 2021 Step 2 would see the opening of non-essential retail, indoor leisure facilities, hospitality venues and funerals for up to 30 mourners. As part of Step 3 after 17 May 2021, the Government would look to continue easing limits on seeing friends and family wherever possible. Most legal restrictions on meeting others outdoors would be lifted, gatherings of over 30 people would remain illegal. Indoors, the Rule of 6 or 2 households would apply. By Step 4 the Government expected to be in a position to remove all legal limits on social contact, this was expected to be after the 21 June 2021.

AGREED

That the presentation be noted.

44 EPIDEMIOLOGY UPDATE

Consideration was given to a presentation of the Executive Leader / Director of Population Health on the latest position in Tameside, including an update on the Covid-19 epidemiology data.

The Director of Population Health detailed the trends in new cases for Tameside as at 20 February 2021. It was stated that the rate of new cases in the last seven days per 100,000 people was 194.7/100,000, the current rate was a 1% increase compared to seven days ago when the rate was 193.4. It was explained that the rate of new cases had started to slow over the last 14 days. The Director of Population Health presented trends from across Greater Manchester and explained that all the Greater Manchester areas had a similar rate of infection.

It was highlighted to the Living with Covid Board that there was a contrast between the North and South regions with northern areas having a higher rate of infection when compared to southern regions. It was explained that the lockdown had a greater impact in southern regions on the rate of infection, the 7 day rolling cases per 100,000 by Deprivation for England showed a greater link between deprivation and rate of infection.

AGREED

That the presentation be noted.

45 VACCINATION AND TESTING ROLL-OUT

Consideration was given to a presentation of the Executive Leader / Director of Commissioning, which updated members of the Living with Covid board on the latest position in Tameside on the vaccination roll-out.

The Director of Commissioning updated the Living with Covid Board on the progress of the vaccination programme. It was reported that as at 22 February 2020 64,109 had been vaccinated, members of the Board were updated on the percentage of each cohort that had been vaccinated. It was stated that national aim of 75% take up in Cohorts 1-4 had been exceeded and the vaccine would now be offered to Cohorts 5&6. Supplies had been confirmed for care home vaccines and visits had been scheduled between 5 – 19 March 2021. It was further reported that the deliveries confirmed of the vaccine for the week beginning 22nd Feb was 3,540 (1200 OAZ, 2,340 Pfizer) which was the lowest delivery to date. With Cohort 6 being one of the largest and which was continually being changed, this presented operational challenges.

Members of the Board were presented data on the Covid vaccine uptake, the data looked at individuals vaccinated by deprivation, sex, ethnicity and age band. The director of Commissioning detailed the percentage of each cohort that had been vaccinated broken down for each PCN.

AGREED

That the presentation be noted.

46 IMPACT DASHBOARD

Consideration was given to a presentation of the Executive Leader / Assistant Director of Policy, Performance and Communications, which updated the Living with Covid Board on the impact dashboard.

The Assistant director of Policy, Performance and Communications highlighted the changes and headlines on the Impact Dashboard. In regards to social harms and inequalities, it was reported that the number of residents claiming universal credit continued to rise, there had been an 83% increase since the start of the pandemic in January 2020. Further, there had been an increase in residents who were claiming Council Tax support since the start of the pandemic.

It was reported that there had been an increasing pressure in Children's Services, the Assistant Director of Policy, Performance and Communication detailed the trends in Children's Services relating to Assessments, Contacts and Enquiries made to Children's Services and the number of Children in Need.

Members of the Living with Covid Board were presented with the data and pressures within Adults Services, there had been indications that pressures were increasing within the service over the last two weeks, however the number of assessments carried out was relatively stable.

It was stated that in regards to the Humanitarian Response there had not been an increase in residents receiving support to receive food or other essentials. It was explained that residents had found other ways to cope with being added to the Clinically Extremely Vulnerable list.

It was found that Food Bank, Emergency Temporary Accommodation and IAPT referrals had not seen increased enquiries, however, this could increase overtime as support was reduced by Government.

The Impact Dashboard detailed the impact on businesses, it was reported that over 50% of business in Tameside had reported a decrease in sales, this was in line with the rest of Greater Manchester. There was an increasing trend of business which were only sustainable for up to six months and an increase in businesses with staff with Covid-19 or in self isolation as at the end of 2020.

AGREED

That the presentation be noted.

47 CLINICALLY EXTREMELY VULNERABLE

Consideration was given to a presentation of the Executive Leader / Assistant Director for Policy Performance and Communications, which delivered an update on additions to the shielded patient list of the Clinically Extremely Vulnerable.

The Assistant Director for Policy Performance and Communication reported there were now 16,480 of which 214 were children on the CEV list in Tameside. Those who were CEV had been advised to shield until 31 March 2021. There had been an additional 6,500 added to the shielding list in the last two weeks. These were added based on a combination of risk factors which included BMU, sex registered at birth, Ethnicity, postcode and a number of conditions including CVD, respiratory disorders and diabetes. In regards to the local impact, it was explained that 67% vote of those on the shielding list in Tameside were of working age and only 1.3% were under the age of 18. The Government anticipated that it would no longer be necessary to advise shielding beyond the end of March 2021.

AGREED

That the presentation be noted.

48 SUPPORT FOR SCHOOLS, COLLEGES AND EARLY YEARS DURING SPRING TERM 2021

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Assistant Director for Education, which outlined the support offered to schools, colleges and early years providers during the lockdown.

The Assistant Director for Education summarised the support offered to schools colleges and early year's providers following the third national lockdown which restricted attendance at schools. Members of the Board were detailed the support given to vulnerable children, including those who were who were cared for, care leavers, children who attended the Tameside pupil referral service, children with social workers and children who attended special schools and colleges.

It was explained that third lockdown had different expectations than the previous lockdown, it was stated that all children not in school should receive high quality remote education for between 3 and 5 hours per day. It was reported that schools had developed their remote learning offers and officers were working hard to support schools in their duty through a range of support strategies including daily School.

It was stated that from the 8 March 2021, all children would return back at school, however, there would be an element of staggering in returns in high school due to the testing requirements. Members of the Living with Covid Board discussed the testing regime that was in place for teachers and staff.

AGREED

That the report be noted.

49 EXPANDING DISCRETIONARY BUSINESS GRANTS

Consideration was given to a report the Executive Member for Finance and Growth / Director of Growth, which detailed the plans for Local Restrictions Support Grant Open underspend. The report also set out an end date of 31 May 2021 to all elements of Additional Restrictions Grant.

Members of the Living with Covid Board were reminded that the Additional Restrictions Grant (ARG), alongside the Local Restrictions Support Grant (LRSG) (Open), were launched by Tameside Council on the 10 December 2020 and were considered by Cabinet on the 16 December 2020. Amendments to the Additional Restrictions Grant scheme, to increase the value of awards, were approved on 10 February 2021 by Executive Cabinet.

The Head of Employment and Skills stated that the report set out the proposals to :-

- Amend the ARG scheme to allow applications from domestic based businesses and Tameside Taxi License holders for a grant of £1,500 to a ring fenced pot of £1,800,000 from the overall ARG allocation of £6,803,949.
- Monitor the LRSG Open spend and utilise any underspends by adding to the ARG scheme total allocation of £6.8m prior to the 31 March 2021 end date for use of LRSG Open.
- Ring fence a small reserve fund (£147,949) for future use with the ARG to have an end date of 31 May 2021. The fund would be for contingency purposes.

It was explained that the proposed changes would enable Tameside Council to have a robust plan to utilise 100% of ARG funding, supporting a wide range of businesses. It was further explained that so far domestic based businesses including taxi drivers had not been applicable for any Covid grant funding since March 2020. The allocation of £1,800,000 to Tameside Domestic Businesses would enable a one off payment of £1,500 on a first come first serve basis until 31 May 2021.

AGREED

That the Executive Member for Finance and Growth be recommended to:-

- (i) **Agree the proposal to support domestic based businesses and Tameside taxi license holders set out in Section 4 Table 2 within Tameside from the Additional Restrictions Grant.**
- (ii) **Agree an end date to the Additional Restriction Grant Scheme of 31 May 2021.**
- (iii) **Agree an end date to the Local Restrictions Support Grant Open scheme of 31 March 2021**
- (iv) **Agree the approach to Local Restriction Support Grant Open underspends set out in Section 3.**
- (v) **Subject to approval the updated schemes to go live for applications from the 26 February 2021.**

50 INTEGRATED CARE REFORMS

Consideration was given to a presentation of the Chief Executive, which set out the legislative proposals of the White Paper: Integration and Innovation – working together to improve H&SC for all.

It was reported that the white paper detailed the intent to create Statutory Integrated Care Systems (ICS) which would include an NHS Body and Board, the ICS would exist on a Greater Manchester level. It was explained that the ICS Body would be responsible for the NHS money allocated to Greater Manchester. The responsibilities for the ICS Body also included:-

- Day to day running, planning and resource (revenue and capital) allocation
- Accountability for NHS spend, performance and quality
- The requirement to develop a plan to meet health needs of population
- A wider system role than CCGs
- A requirement for the Board to include as a minimum ICS Chair & Chief Executive, NHS trusts, General Practice, Local Authorities

The ICS Board would be made up primarily NHS trusts, primary care practices and Local Authorities. All partners within systems, including local authorities, would have a duty to collaborate across the healthcare, public health and social care system.

This represented a shift away from competition between healthcare organisations towards a new model of collaboration, partnership and integration. There would be no legislative arrangements at place based level, it would be left to local organisations to arrange.

In regards to Greater Manchester CCG's, it was explained that the CCG's would cease to exist with functions transferred to the Greater Manchester ICS. There would be Maximum local flexibility as to how ICS health and care stakeholder partnership was constituted. Further, there would be devolution of functions and resources to a place-based committee to enable local decision-making.

This change would mean that there would be a change of employer for CCG colleagues to NHS ICS Body's. Members were advised that there was a commitment to the continuity of T&C for majority of staff.

The Chief Executive stated that the aspiration remained for an integrated ACS within T&G supported by a local partnership board with political, clinical, managerial and VCFSE leadership. Neighbourhoods, and communities would remain the building block for the local delivery model.

Members of the Living with Covid Board discussed the proposals including the flexibility that would be available to develop different models within localities and the importance of clinical leadership remaining involved in the local decision-making.

AGREED

That the presentation be noted.

CHAIR

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Report To: STRATEGIC COMMISSIONING BOARD

Date: 24 March 2021

Executive Member / Cllr Ryan – Executive Member (Finance and Economic Growth)
Reporting Officer: Dr Ash Ramachandra – Lead Clinical GP
Kathy Roe – Director of Finance

Subject: STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE REPORT 2020/21 - AS AT MONTH 10

Report Summary: This is the tenth financial monitoring report for the 2020/21 financial year, reflecting actual expenditure to 31 January 2021 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 have been prepared using the best information available but is based on a number of assumptions. New funding continues to be announced by Government to support the impacts of the COVID pandemic, and whilst confidence in the year end position is much greater at this time of year, forecasts remain subject to change in the event of new or changed government guidance and funding over the next two months.

Appendix 1 summarises the integrated financial position on revenue budgets as at 31 January 2021 and forecast to 31 March 2021. As at Month 10, the Strategic Commission is forecasting a net underspend of £0.155m by 31 March 2021. This is a significant improvement on the position reported at month 9 and reflects additional COVID related income on Council budgets which has reduced the forecast overspend to £0.358m. 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. Whilst the overall forecast position is looking more positive, there remain significant variances in some service areas which are not attributed to COVID and which present ongoing financial risks for future years.

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

Appendix 3 provides an update on Council Tax and Business Rates collection performance and the forecast year end position on the Collection Fund based on a detailed exercise undertaken in December 2020. There is a forecast in year deficit on the Collection Fund for both Council Tax and Business Rates due to the impact of the COVID pandemic. This forecast deficit will need to be funded in 2021/22 and the forecast deficit is reflected in the 2021/22 budget approved by Full Council on 23 February 2021.

Appendix 4 is the third capital monitoring report for 2020/21, summarising the forecast outturn at 31 March 2021 based on the financial activity to 31 January 2020. The detail of this monitoring report is focused on the budget and forecast expenditure for fully approved projects in the 2020/21 financial year. The approved budget for 2020/21 is £56.338m (after re-profiling approved at P7 monitoring) and current forecast for the financial year is £46.209m.

Appendix 5 provides an update on the Dedicated Schools Grant (DSG). The Council is facing significant pressures on High Needs

funding and starts the 2020/21 financial year with an overall deficit on the DSG reserve of £0.557m. The projected in-year deficit on the high needs block is expected to be £2.838m due to the continuing significant increases in the number of pupils requiring support.

Recommendations:

Members are recommended to:

- (i) Note the forecast outturn position and associated risks for 2020/21 as set out in **Appendix 1**.
- (ii) Note the significant pressures facing Council Budgets as set out in **Appendix 2**.
- (iii) **Approve** the budget virements and reserve transfers set out on pages 23 and 24 of **Appendix 2**.
- (iv) Note the forecast Collection Fund position for 2020/21 as set out in **Appendix 3**.
- (v) Note the Capital Programme 2020/21 forecast and **approve** the re-profiling of capital budgets as set out in **Appendix 4**.
- (vi) Note the forecast position in respect of Dedicated Schools Grant as set out in **Appendix 5**.
- (vii) Approve the proposals for accessing the CCG cumulative surplus and the utilisation of funds for the purposes set out in **section 6**, including the creation of earmarked reserves to support specific initiatives.
- (viii) Approve the signing of the Memorandum of Understanding to accept £0.548m of funding to support the preparation for the Domestic Abuse Bill and to receive a further report to agree the implementation strategy in Tameside, as outlined in **Section 8**.

Policy Implications:

Budget is allocated in accordance with Council Policy

Financial Implications:

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

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

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

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

The NHS was operating under a command and control financial

regime for the first six months of 2020/21. 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.

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.

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.

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

Risk Management:

Associated details are specified within the presentation.

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

Background Papers:

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

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Telephone:0161 342 5626



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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 in excess of £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. REVENUE BUDGET SUMMARY

- 2.1 **Appendix 1** summarises the integrated financial position on revenue budgets as at 31 January 2021 and forecast to 31 March 2021.
- 2.2 As at Month 10, the Strategic Commission is forecasting a net underspend of £0.155m by 31 March 2021. This is a significant improvement on the position reported at month 9 and reflects additional COVID related income on Council budgets which has reduced the forecast overspend to £0.358m. 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.
- 2.3 Whilst the overall forecast position is looking more positive, there remain significant variances in some service areas which are not attributed to COVID and which present ongoing financial risks for future years. Further detail on budget variances, savings and pressures is included in **Appendix 2**.

3. COLLECTION FUND 2020/21

- 3.1 **Appendix 3** provides an update on Council Tax and Business Rates collection performance and the forecast year end position on the Collection Fund based on a detailed exercise undertaken in December 2020. There is a forecast in year deficit on the Collection Fund for both Council Tax and Business Rates due to the impact of the COVID pandemic. This forecast deficit will need to be funded in 2021/22 and the forecast deficit is reflected in the 2021/22 budget approved by Full Council on 23 February 2021

4. CAPITAL PROGRAMME

- 4.1 **Appendix 4** is the third capital monitoring report for 2020/21, summarising the forecast outturn at 31 March 2021 based on the financial activity to 31 January 2020. The detail of this monitoring report is focused on the budget and forecast expenditure for fully approved projects in the 2020/21 financial year. The approved budget for 2020/21 is £56.338m (after re-profiling approved at P7 monitoring) and current forecast for the financial year is £46.410m.

5. DEDICATED SCHOOLS GRANT (DSG)

- 5.1 **Appendix 5** provides an update on the Dedicated Schools Grant (DSG). The Council is facing significant pressures on High Needs funding and starts the 2020/21 financial year with

an overall deficit on the DSG reserve of £0.557m. The projected in-year deficit on the high needs block is expected to be £2.838m due to the continuing significant increases in the number of pupils requiring support. If the 2020/21 projections materialise, there will be a deficit on the DSG reserve at the end of this financial year. This would mean it is likely a deficit recovery plan would have to be submitted to the Department for Education (DfE) outlining how we expect to recover this deficit and manage spending over the next 3 years and will require discussions and agreement of the Schools Forum.

6. CCG CUMULATIVE SURPLUS

- 6.1 The CCG has a cumulative surplus held with NHS England which has built up over a number of years and is reported in the CCG annual accounts. The Strategic Commission has been unable to access this funding without prior authorisation from NHS England and this has been impeded as a result of the NHS Command and Control financial regime in 2020-21.
- 6.2 NHS England have now offered the opportunity to access this resource in the 20/21 financial year to support the financial pressures faced by the system and tackle delays incurred in implementation of the next phase of our transformation as a result of COVID. It is proposed that this surplus is accessed and utilised to facilitate ongoing financial sustainability across the economy. This additional funding will enable the Strategic Commission to invest in integrated transformation programmes, to improve outcomes and efficiency whilst we build back and learn to live with COVID.
- 6.3 The total available surplus is £7.8m which it is proposed will be utilised as follows:
- £5m to be managed under the risk share arrangement in 2020-21 under the Section 75 pooled budget arrangement. The opportunity afforded by the return of the accumulated surplus allows the risk share to be activated and used to fund the Population Health community services contract with the ICFT under the pooled budget arrangements. The Council's 2020-21 position was balanced by the use of £12m Council reserves. This will allow the £5m of Council resources that was earmarked to be spent on this contract to be added to an earmarked reserve and used in future years to support future priorities of the Strategic Commission as set out under the terms of the risk share agreement. (Members will recall this offers the benefits in reverse from when the Council increased contributions to the section 75 pool to enable the CCG to meet its obligations in 2017-18).
 - £1m additional investment into the joint Investment Fund. In 2018/19 the Strategic Commission created an Investment Fund of £1m (funded £0.5m from the Council and £0.5m from the CCG) to fund 'invest to save' initiatives across the Strategic Commission. It is proposed that this Investment Fund is expanded with a further £1m of investment from the CCG in 2020-21, matched with a further £1m of investment from the Council, to support the on-going transformation strategy across the system and particularly within our neighbourhoods. The Council investment will be reallocated from the service improvement reserve.
 - £1.094m CCG Contribution to support expenditure incurred during 2020/21 on Housing, Homelessness and Supporting People services. The Council has experienced demand and cost pressures in this area during 2020-21, with total forecast spend of £2.091m exacerbated by health needs during the pandemic. These pressures are expected to continue into 2021-22 – the CCG contribution in 2020-21 will enable the Council to reduce its overall drawdown of reserves that are being used to support the overall budget this year. These unused reserves will be available to support the Council's ongoing homelessness pressures into 2021-22 if required. It is proposed that an earmarked reserve will be created for this purpose.
 - £0.706m CCG Contribution to support the health needs in complex Children's Social Care packages in 2020-21 as identified as part of the Children's Services Seven point improvement plan. As the Council is now forecasting to be broadly on budget, in the spirit of joint working, it is proposed that this funding will be held in an earmarked reserve and

future spending decisions related to this amount be taken jointly by the Strategic Commission.

7. WRITE OFF OF IRRECOVERABLE DEBT

- 7.1 There were no write offs of irrecoverable debt requiring Member approval in the period 1 October 2020 to 31 December 2020.

8. DOMESTIC ABUSE BILL FUNDING

- 8.1 The Ministry of Housing, Communities and Local Government has announced the distribution of £125m nationally to support the implementation of the Domestic Abuse Bill when it comes into law (subject to Parliamentary approval). Tameside are eligible for £0.548m towards this to be spent in the 2021/22 financial year, with a robust needs assessment to be prepared by August 2021. To access this funding the MHCLG are requiring the Council to sign a memorandum of understanding to confirm that they will use the funding towards the necessary preparations and meet the obligations yet to be made law. As the funding is in excess of £500K in accordance with the Council's Constitution a further report will be necessary for Executive Cabinet approval of the proposed allocation of the funding.

9. RECOMMENDATIONS

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

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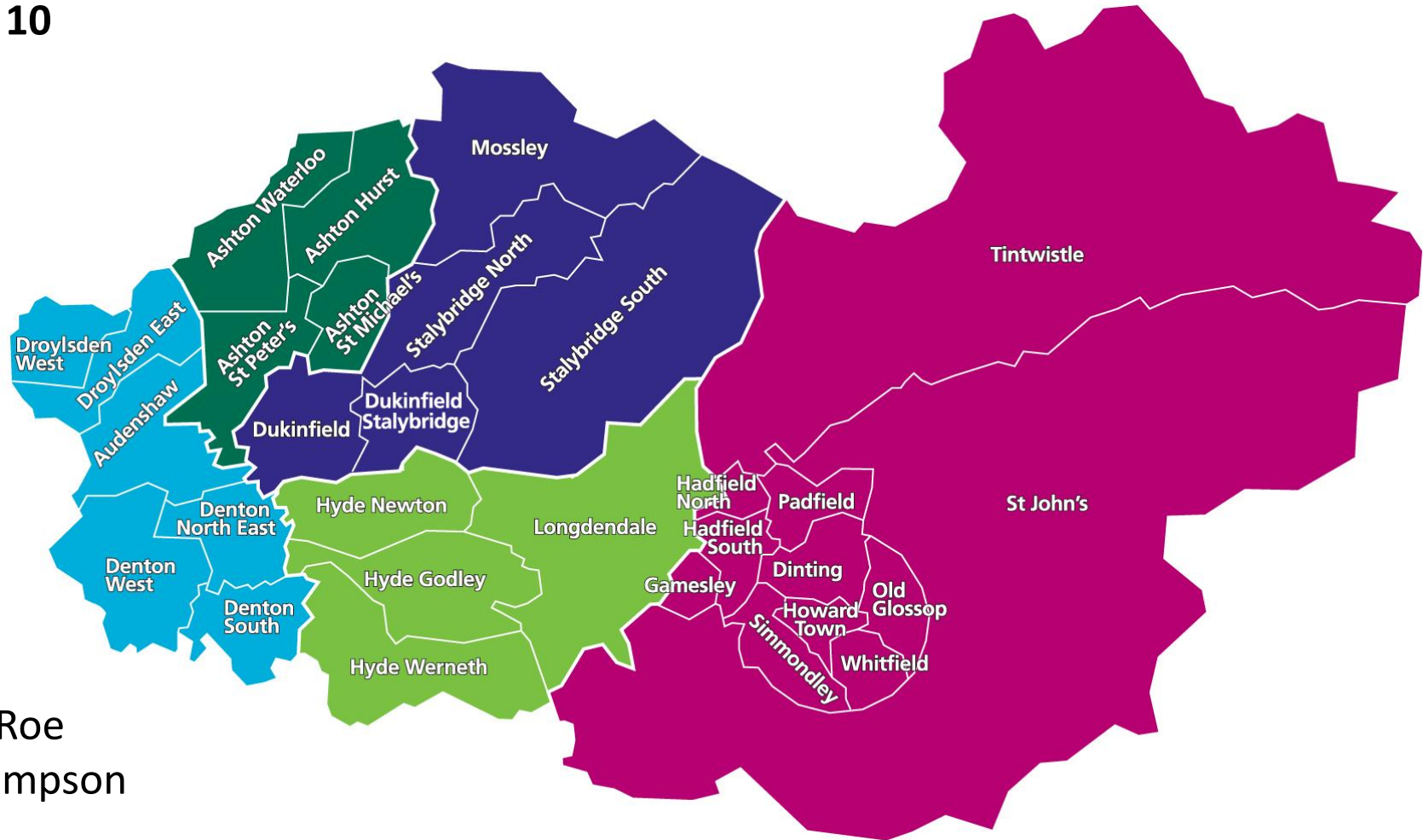
Tameside and Glossop Strategic Commission

Finance Update Report

Financial Year Ending 31st March 2021

Month 10

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Kathy Roe
Sam Simpson

Month 10 Finance Report

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

Finance Update Report – Executive Summary

Children's Services

£3,830k 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 M10 the size of the pressure has reduced from month 9, due to revised staffing forecasts, but remains a significant overspend against budget.

Message from the Directors of Finance

As we enter the final two months of this financial year, we are well placed to balance the financial position on a non-recurrent, in-year basis. As a locality we are maintaining control over our financial position within the context of the target agreed for the GM system overall.

However COVID continues to place a significant operational strain on the system, while the longer term financial outlook is a cause for concern as we contend with the aftermath of the pandemic at the same time as addressing an underlying financial deficit.

The CCG has a cumulative surplus held with NHS England which has built up over a number of years and reported in the CCG annual accounts. We have been unable to access this funding without prior authorisation from NHS England and this has been impeded as a result of the Command and Control financial regime in 2020-21.

However, NHS England have now offered us the opportunity to access this resource in the current financial year to support the financial pressures faced by the system and tackle delays incurred in implementation of the next phase of our transformation as a result of COVID.

This would be managed under the terms of the risk share arrangement of the pooled budget between the CCG and Council. Enabling system wide investment in our integrated transformation programmes to improve outcomes and efficiency as we collectively build back whilst living with COVID, and to facilitate ongoing financial sustainability across our economy.

Page 1

CCG Top Up Payments

The CCG is showing a YTD overspend of £1,379k, 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 £338k from the Hospital Discharge Programme, £15k for flu vaccines, £85k in relation to the COVID vaccination programme, and £941k 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	441,901	0	441,901	441,389	512
TMBC Expenditure	540,467	(335,188)	205,279	205,637	(358)
Integrated Commissioning Fund	982,368	(335,188)	647,180	647,026	155

As at Month 10, the Strategic Commission is forecasting a net underspend of £0.155m by 31 March 2021. This is a significant improvement on the position reported at month 9 and reflects additional COVID related income on Council budgets which has reduced the forecast overspend to £0.358m. 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. Whilst the overall forecast position is looking more positive, there remain significant variances in some service areas which are not attributed to COVID and which present ongoing financial risks.

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	217,048	0	217,048	218,609	(1,561)	0	(1,561)	(97)	(1,464)
Mental Health	44,532	0	44,532	44,321	211	0	211	(77)	288
Primary Care	92,268	0	92,268	91,650	618	0	618	245	374
Continuing Care	14,521	0	14,521	14,110	411	0	411	461	(50)
Community	34,768	0	34,768	35,030	(263)	0	(263)	(129)	(133)
Other CCG	34,224	0	34,224	34,506	(283)	(1,379)	1,096	(1,892)	1,609
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0	0
CCG Running Costs	4,541	0	4,541	4,541	0	0	0	0	0
Anticipated COVID Top Up	0	0	0	(1,379)	1,379	1,379	0	2,001	(622)
Adults	85,935	(47,197)	38,737	38,477	260	0	260	(440)	700
Children's Services - Social Care	64,286	(10,288)	53,998	57,827	(3,830)	0	(3,830)	(4,134)	304
Education	32,250	(25,843)	6,407	6,880	(473)	(562)	89	(684)	211
Individual Schools Budgets	119,645	(119,645)	0	0	0	0	0	0	0
Population Health	15,910	(291)	15,619	18,763	(3,144)	(3,500)	356	(3,231)	87
Operations and Neighbourhoods	80,504	(27,583)	52,921	54,221	(1,300)	(1,225)	(75)	(305)	(995)
Growth	45,526	(34,537)	10,988	11,870	(882)	(125)	(757)	(822)	(59)
Governance	67,256	(57,735)	9,521	10,334	(813)	(1,409)	596	(90)	(723)
Finance & IT	9,537	(1,907)	7,630	7,518	112	(29)	141	27	85
Quality and Safeguarding	378	(237)	141	110	31	0	31	21	9
Capital and Financing	10,379	(9,624)	756	6,098	(5,342)	(6,269)	927	(5,678)	336
Contingency	3,377	0	3,377	2,410	967	(911)	1,878	(8)	975
Contingency - COVID Costs	0	0	0	40,465	(40,465)	(40,465)	0	(28,244)	(12,221)
Corporate Costs	5,486	(301)	5,184	4,952	232	(65)	297	175	57
LA COVID-19 Grant Funding	0	0	0	(44,095)	44,095	44,095	0	28,216	15,878
Other COVID contributions	0	0	0	(10,193)	10,193	10,193	0	11,356	(1,163)
Integrated Commissioning Fund	982,368	(335,188)	647,180	647,026	155	(272)	426	(3,328)	3,482

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	180,663	181,891	(1,228)	217,048	218,609	(1,561)	0	(1,561)
Mental Health	36,796	36,416	380	44,532	44,321	211	0	211
Primary Care	75,645	75,073	572	92,268	91,650	618	0	618
Continuing Care	11,875	11,525	350	14,521	14,110	411	0	411
Community	28,689	28,814	(125)	34,768	35,030	(263)	0	(263)
Other CCG	26,759	28,081	(1,322)	34,224	34,506	(283)	(1,379)	1,096
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0
CCG Running Costs	3,645	3,651	(6)	4,541	4,541	0	0	0
Anticipated COVID Top Up	0	0	0	0	(1,379)	1,379	1,379	0
Adults	32,281	38,177	(5,896)	38,737	38,477	260	0	260
Children's Services - Social Care	44,998	46,220	(1,222)	53,998	57,827	(3,830)	0	(3,830)
Education	5,237	5,173	65	6,407	6,880	(473)	(562)	89
Individual Schools Budgets	1,569	(2,334)	3,903	0	0	0	0	0
Population Health	13,016	13,479	(464)	15,619	18,763	(3,144)	(3,500)	356
Operations and Neighbourhoods	45,509	47,268	(1,759)	52,921	54,221	(1,300)	(1,225)	(75)
Growth	10,569	9,679	889	10,988	11,870	(882)	(125)	(757)
Governance	9,086	9,740	(654)	9,521	10,334	(813)	(1,409)	596
Finance & IT	6,531	6,095	436	7,630	7,518	112	(29)	141
Quality and Safeguarding	117	60	57	141	110	31	0	31
Capital and Financing	630	(1,020)	1,650	756	6,098	(5,342)	(6,269)	927
Contingency	2,814	1,748	1,065	3,377	2,410	967	(911)	1,878
Contingency - COVID Costs	0	15,029	(15,029)	0	40,465	(40,465)	(40,465)	0
Corporate Costs	4,433	4,370	63	5,184	4,952	232	(65)	297
LA COVID-19 Grant Funding	0	(34,502)	34,502	0	(44,095)	44,095	44,095	0
Other COVID contributions	0	(9,741)	9,741	0	(10,193)	10,193	10,193	0
Integrated Commissioning Fund	540,860	514,890	25,970	647,180	647,026	155	(272)	426
CCG Expenditure	364,071	365,450	(1,379)	441,901	441,389	512	0	512
TMBC Expenditure	176,788	149,440	27,348	205,279	205,637	(358)	(272)	(86)
Integrated Commissioning Fund	540,860	514,890	25,970	647,180	647,026	155	(272)	426

Finance Update Report – Headlines

Children's Services (£3,830k)

The Directorate is reporting a forecast overspend of £3,830K at period 10 which is an overall favourable reduction of £304K from period 9. The forecast overspend is predominantly due to the number and cost of external placements. As at the end of January the number of Looked After Children was 715 a reduction of 12 from the 727 reported in the previous month.

The overall change in forecasts is predominately due to a favourable change in employee forecasts of £349K. This is mainly due to delays in filling Positive Futures posts and vacant posts in the Tameside Together Service. In addition the cost of residential external placements has reduced by £75K which is mainly due to placements for young people aged 18 and over ending. Interagency fee expenditure has also reduced by £159K.

However there are a number of areas for which the forecast expenditure has increased. These include transport costs for children open to the Child Protection & Child in Need Teams (£118K) and legal fees (£83K).

TMBC YTD Position

The YTD underspend on TMBC budgets reflects COVID funding in actuals which was not included in the budget. Significant funding has been received for mass testing activity where expenditure will be incurred during February and March 2021.

CCG Surplus £512k

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

This in line with the position reported at M9 and the surplus in T&G will help to offset pressures elsewhere in the system and help GM to manage within the financial envelope.

CCG QIPP

The CCG had a QIPP target of £7,994k for 2020/21. This has been fully realised at M10.

Outstanding credit notes for estates, relating to a prior year dispute around 'true up' costs have been received and transacted. This has resulted in non-recurrent QIPP of £456k.

Our plan included provision for increased individualised commissioning patients over the winter period. While number of placements has increased slightly at the end of January, this has not happened on the scale originally envisaged. Resulting in QIPP achievement of £500k.

This has allowed us to report QIPP as fully achieved this month. However, as the majority of savings delivered are non recurrent in nature, there remains a significant financial challenge to address in future years.

COVID Costs – Council Expenditure

Further analysis of COVID related expenditure and funding is included in Appendix 2. The Council is in receipt of general COVID funding to offset general expenditure pressures and loss of income. In addition, a number of significant targeted grants are being provided to fund a range of activity include mass testing, outbreak containment and support for those impacted by the pandemic, including support to businesses, families and individuals.

Finance Update Report – Headlines

Capital and Financing (£5,342k)

As reported in previous updates, the overspend on Capital and Financing budgets is attributable primarily to the loss of the Manchester Airport Dividend in 2021 due to the COVID pandemic. The forecast position has improved slightly since last month due additional interest income on balances and borrowing costs not incurred due to cash balances being higher than previously forecast.

Governance (£813k)

The directorate is currently forecasting an overspend of (£813k) – this is driven by the Housing Benefit & Homelessness related pressures which total (£1,468k). Without this pressure, which is being subsidised by the Directorate, it would be underspending by £655k. Within Housing Benefit there is an element of Expenditure on board and lodging or non self-contained licensed accommodation where the local authority is landlord relating to the provision of Homelessness accommodation. The Local Housing Allowance limits mean that we can only claim subsidy up to a certain level. The Gross Expenditure is £1.693m of which we cannot claim subsidy for (£1.188m). This expenditure has significantly increased from previous years due to COVID pressures, with increased length of stay being a significant driver of increased cost. The budgets for this activity will transfer to the Homelessness Team in Operations and Neighbourhoods from 1 April 2021 because the Governance Directorate whilst paying Housing Benefit do not control or exercise any influence over the expenditure, which sits with the Homelessness team who commission the services. There is also a £280k pressure due to a reduction in Housing Benefit overpayments identified and collected in year together with reduced collection of prior year overpayment debts. Reduced debt collection is attributable to the economic impact of Covid 19 and the suspension or recovery processes earlier in the year.

Operations and Neighbourhoods (£1,300k)

The forecast outturn position reflects a number of under and overspends across the directorate. Significant underspends on staffing costs have arisen due to delays in recruitment and the holding of vacant posts whilst a service review and restructure takes place. Savings are also being achieved on the disposal of street sweepings, the transport levy is less than budget and one-off savings have been achieved on transport costs.

Significant pressures resulting in overspends include significant shortfalls in income from markets, licensing and public protection, and most significantly car parking (in excess of £1.4m pressure). The service has also incurred significant additional costs on winter gritting due to the prolonged cold weather, and delays to the LED Street Lighting scheme mean that savings in electricity costs have not yet materialised.

Population Health (£3,144k)

The forecast outturn position reflects the expected financial support required for Active Tameside. Population Health staff continue to be focused on COVID related activity and further additional COVID funding is expected to be allocated to Population Health, which will improve the reported position by year end.

Growth (£882k)

The net overspend reflects a number of under and overspends across the service. Savings have been achieved on utilities and premises costs due to buildings not being utilised during the year, and vacant posts have also resulted in budget savings. However, significant shortfalls in income across the service, together with abortive disposal costs, are resulting in a net overspend forecast.

Finance Summary Position – T&G ICFT

	Month 10			YTD			Forecast		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
Total Income	£22,902	£22,148	(£754)	£225,414	£225,227	(£187)	£271,105	£269,753	(£1,352)
Employee Expenses	(£14,984)	(£14,546)	£439	(£153,525)	(£145,633)	£7,892	(£183,530)	(£175,967)	£7,563
Non Pay Expenditure	(£6,884)	(£5,614)	£1,270	(£64,355)	(£57,335)	£7,020	(£78,075)	(£70,735)	£7,340
Total Operating Expenditure (excl. COVID-19)	(£21,868)	(£20,159)	£1,709	(£217,881)	(£202,968)	£14,912	(£261,605)	(£246,702)	£14,903
Income - COVID-19 (Mass Vaccs)	£0	£301	£301	£0	£301	£301	£0	£1,889	£1,889
Income - COVID-19 (Staff Vaccs)	£0	£27	£27	£0	£27	£27	£0	£188	£188
Employee Expenses - COVID-19	(£1,362)	(£1,533)	(£172)	(£5,386)	(£11,953)	(£6,567)	(£8,009)	(£16,482)	(£8,473)
Non Pay Expenditure - COVID-19	(£337)	(£264)	£73	(£1,289)	(£4,439)	(£3,150)	(£1,951)	(£5,104)	(£3,153)
Total Operating Expenditure - COVID-19	(£1,699)	(£1,470)	£229	(£6,674)	(£16,064)	(£9,389)	(£9,960)	(£19,510)	(£9,550)
Total Operating Expenditure	(£23,567)	(£21,629)	£1,938	(£224,555)	(£219,032)	£5,523	(£271,565)	(£266,212)	£5,353
Financing Costs	(£475)	(£495)	(£20)	(£4,940)	(£4,921)	£19	(£5,889)	(£5,882)	£7
Net Surplus/ (Deficit) before exceptional Items	(£1,140)	£24	£1,164	(£4,081)	£1,274	£5,355	(£6,349)	(£2,341)	£4,008
Trust Efficiency Programme	£267	£10	(£257)	£943	£711	(£232)	£1,500	£800	(£700)

Finance Summary Position – T&G ICFT

Trust Financial Summary

The Trust reported a small net surplus in month of c.£24k after receipt of all funding, YTD performance reported c.£1.274m surplus. Compared to plan (which was planned at c.£6.3m for Months 7-12) the Trust is reporting a favourable position in month of c.£1.164m and YTD c.£5.355m. As previously communicated, the plan submitted was in line with national guidance and assumptions which assumed no further COVID spikes in activity. As the plan is out of date, the Trust has submitted a revised forecast at month 10, which illustrates a forecast deficit of c.£2.341m by the end of the financial year.

Total COVID expenditure incurred in month equates to c.£1.470m and c.£16.064m YTD.

The Trust has delivered non recurrent efficiencies YTD equating to c.£0.711m which are largely through non recurrent income and rebates received.

Activity and Performance:

Despite the pressure the Trust is facing in managing COVID activity resultant from the 3rd surge, the Trust continues to deliver strong levels of activity performance against restoration plans particularly in Diagnostics and Endoscopy, as well as Urgent and Cancer referrals. Due to the surge in COVID cases, 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 this is not due to financial constraints.

Planning 2021/22 Update

As communicated and due to the 3rd surge in COVID cases, planning for 2021/22 has been postponed until April and further guidance is awaited. It has been communicated, that the current financial arrangements in absence of usual planning will be extended for Quarter 1 2021. Further guidance to be issued end of March 2021.

Exit Run Rate 2020/21

The Trust is currently reviewing its Exit Run Rate leaving 2020/21 financial year and will form a starting point to inform 2021/22 planning.

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APPENDIX 2 – Strategic Commission Detailed Analysis

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Local Authority Savings Progress

Directorate	Opening Target £000s	Undeliverable Savings £000s	Red £000s	Amber £000s	Green £000s	Achieved £000s	Total forecast savings £000s
Adults	981	188	0	0	0	793	793
Children's Services	0	0	0	0	0	0	0
Children's - Education	100	0	0	81	0	100	181
Population Health	326	326	0	0	0	0	0
Operations and Neighbourhoods	682	150	0	0	0	532	532
Growth	500	500	0	0	0	0	0
Governance	105	30	0	0	0	75	75
Finance & IT	840	15	0	0	0	805	805
Quality and Safeguarding	0	0	0	0	0	0	0
Capital and Financing	3,002	2,400	0	0	562	50	612
Contingency	0	0	0	0	0	0	0
Corporate Costs	204	58	0	0	63	230	293
Total	6,740	3,667	0	81	625	2,585	3,291
%		54.4%	0.0%	1.2%	9.3%	38.4%	48.8%

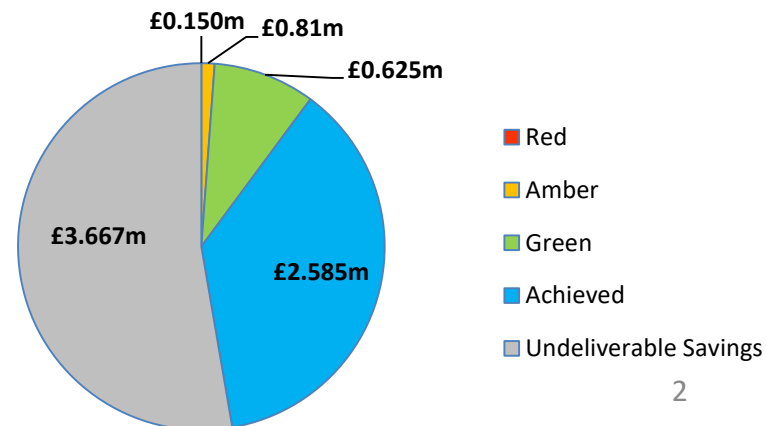
SAVINGS PROGRESS

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

Vacancy Factor - The total vacancy factor for the year is £2,387k. As at the end of period 10, forecast underspends relating to vacant posts were £7,861k, therefore significantly overachieving the annual target.

Other Savings – Overall the Council is forecasting to achieve savings of £3,291k against a target of £6,740k, although £81k remains rated as Amber with risks to delivery. Savings of £625k are rated green and £2,585k already achieved as at the end of January 2021. Planned savings of £3,667k will not be delivered with alternatives now being planned and delivered in place of the original targets.

Savings 2020/21



Local Authority Pressures

PRESSURES

The 2020/21 Council Revenue Budget included funding for pressures across services of £23,075k. As at month 10 total forecast pressures have increased across a number of areas as set out below. Further narrative on increased pressures in each area is included in the narrative for each service later in this report.

Directorate	Pressures funded in budget £000s	Pressures materialised to date £000s	Total pressures forecast £000s	Increase/(decrease) in pressures £000s
Adults	3,109	1,090	1,552	(1,557)
Children's Services	10,509	10,923	13,361	2,852
Children's – Education	402	928	1,150	748
Population Health	466	461	466	0
Operations and Neighbourhoods	3,533	1,937	3,238	(295)
Growth	3,039	734	2,581	(458)
Governance	842	648	777	(65)
Finance & IT	1,743	161	467	(1,276)
Quality and Safeguarding	0	0	0	0
Capital and Financing	40	0	40	0
Contingency	(639)	(487)	(639)	0
Corporate Costs	31	26	31	0
Total	23,075	16,419	23,024	(51)

Adult Services	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Adults Commissioning Service	56,832	(21,455)	35,377	34,444	33,926	1,451
Adults Neighbourhood Teams	8,244	(85)	8,158	7,032	8,563	(405)
Integrated Urgent Care Team	2,054	(10)	2,044	1,486	1,909	135
Long Term Support, Reablement & Shared Lives	13,051	(1,062)	11,989	10,168	12,491	(502)
Mental Health / Community Response Service	4,280	(1,215)	3,065	3,386	4,397	(1,332)
Senior Management	1,474	(23,370)	(21,896)	(18,338)	(22,810)	914
TOTAL	85,935	(47,197)	38,737	38,177	38,477	260

BUDGET VARIATIONS

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

Underspends:

- **£2,565k** - Residential & nursing placements are forecast to be £1,910k below budget, as a large part of the costs previously budgeted to be borne by the Council are now funded by the NHS via COVID monies, due to the large number of COVID cases. Likewise, homecare is £511k below budget, with allocated COVID monies more than offsetting increased demand. The approach to the funding of COVID care packages (those intended to facilitate a hospital discharge or avoid an admission) has changed, with a phased approach through to March rather than an immediate transition to Council funding from September
- **£608k** - Various contracts within the Commissioning service will come in well below their budgeted cost with a number of contracts being part-funded by NHS COVID monies, as is the case with equipment store. Funds are provided for home care packages provided through the Independent Living Fund, but costs have not arisen.
- **£971k** - Employee costs in Commissioning, Urgent Care, Reablement and Neighbourhoods staffing are significantly under budget, with some costs met by NHS COVID funding, and in particular areas, there are delays in recruitment to budgeted vacancies.

BUDGET VARIATIONS

Underspends (continued)

- **£806k** - The Better Care Fund grant has been uplifted for inflation. This had not been factored in when the budget was set, as it was uncertain whether the increase would be passed through to the Council.
- **£462k** – Pressures that were budgeted for have not been incurred due to the delayed transfer of support functions to the ICFT (hospital) associated with the transfer of Adult Social Care staff. The delay to the transfer is due to the need to focus all resources in responding to the pandemic.
- **£347k** - Funding provided for independent living has been received, but package costs have not materialised.
- **£196k** - Various minor variations including additional income received for Day Services from the Infection Control Fund, reduced cost of the PayPartners contract managing Direct Payments funds transfers, and reduced transport costs.

Pressures:

- **(£1,358k)** - There is forecast to be a large reduction in client income, largely around residential and nursing charges where demand has reduced slightly. This is offset by underspends on care costs now that a large proportion of care packages are now directly fully funded by the NHS during the COVID period, but the Council does not charge for them initially and will only begin to do so as assessments are completed.
- **(£432k)** - Staffing pressures in Homemakers services have arisen as a result of increased statutory need, and a review of the assessed hours budget.
- **(£806k)** - Higher costs are forecast on a range of Supported Accommodation contracts, including the five Learning Disability contracts (£562k) and off-contract placements (£244k), plus a number of other smaller contracts. These arise from a combination of pressures, including the National Living Wage increase, and from the requirement for increased care hours in particular areas
- **(£801k)** - The forecast cost of long-stay residential care packages for Mental Health (Section 117) purposes has increased by £801k over the original budget, owing to an underestimate of the demands on the service and the unit costs of packages. The closure and withdrawal of several contracted providers over the past year has necessitated transferring a number of existing clients to a non-contracted provider, along with several new clients this year.

BUDGET VARIATIONS

- **(£326k)** - The use of Direct Payments within the Homecare service has increased following an improved uptake of this provision
- **(£1,459k)** - The need to draw down from reserves in relation to the iBCF schemes and the venture fund is no longer required, as a result of increased COVID income
- **(£85k)** – Payments of Carers grants have exceeded the allocated budget.
- **(£240k)** - The under-recovery of housing benefit income is forecast at £240k. The position around claims for clients within council-funded or managed properties is under review to establish whether current clients have been reassessed as ineligible for the benefit, with a loss of income potentially falling upon the Council.

SAVINGS

Savings Performance:

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

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

Childrens Services- Social Care	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Child Protection & Children In Need	8,171	(9)	8,162	7,245	8,732	(570)
Children's Social Care Safeguarding & Quality Assurance	2,030	(10)	2,020	1,625	1,981	39
Children's Social Care Senior	761	(7,268)	(6,507)	(5,042)	(6,491)	(16)
Early Help & Youth Offending	1,061	(693)	368	17	366	1
Early Help, Early Years & Neighbourhood	6,280	(1,681)	4,599	3,519	4,105	495
Looked After Children (External	27,523	(539)	26,983	24,000	30,835	(3,852)
Looked After Children (Internal	10,718	(13)	10,705	9,537	11,378	(673)
Looked After Children (Support Teams)	7,743	(76)	7,667	5,320	6,921	746
TOTAL	64,286	(10,288)	53,998	46,220	57,827	(3,830)

BUDGET VARIATIONS

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

Underspends:

- **£542k** - Underspend on employees due to delays in filling vacant posts and delays in establishing the Positive Futures Scheme

Pressures:

- **(£82k)** - Overspend on legal fees due to the number of cases and need the for external counsel
- **(£3,852k)** - Overspend on external placements due to the number of Looked After Children (LAC) and the cost of placements. At the end of January the number of LAC was 715. Whilst the number of LAC remains relatively stable the placement costs for new children coming into care in the majority of cases exceeds the placement cost for children ceasing to be looked after. There are also significant numbers of young people aged 18+ that remain in external placements whilst awaiting access to independent living arrangements. Covid and the eviction ban has also reduced the availability of move on lets for Care Leavers.
- **(£673k)** - Overspend on internal placements including Children's Homes (£277K) and Fostering & Special Guardianship allowances (£395K)
- **(£93k)** - Overspend on transport costs for LAC

Education	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Access Services	17,406	(14,593)	2,813	3,486	3,635	(822)
Assistant Executive Director - Education	400	(100)	301	204	208	92
Schools Centrally Managed	1,963	(218)	1,745	1,334	1,663	81
School Performance and Standards	758	(547)	211	(50)	96	115
Special Educational Needs and Disabilities	11,723	(10,385)	1,338	199	1,278	60
TOTAL	32,250	(25,843)	6,407	5,173	6,880	(473)

BUDGET VARIATIONS

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

Underspends:

- **£284k** - Non-grant funded staffing expenditure is £380k less than budget due to part and full year staffing vacancies. This is partly offset by the £96k vacancy factor included for the service.
- **£210k** - A review of the budget has been undertaken which has resulted in in-year core budget savings which can support the wider budget pressures.
- **£130k** - A reduction in the use of associates within the Education Psychology (EP) team has led to a projected saving on professional fees this financial year. This is partly due to the lockdown restrictions in place reducing the traded time for in-house and contracted Education Psychologists resulting in them carrying out a greater number of statutory assessments.
- **£93k** - Utilisation of grant to support the Social Emotional and Mental Health Service along with Health income to support ASC has resulted in receiving unbudgeted income.
- **£63k** - Costs of moderation have reduced as elements of the academic year moderation process have been cancelled due to the Covid 19 situation.
- **£96k** - Other minor variations under £50k including in-year savings identified from non-staffing spend to alleviate pressures in the budget.

BUDGET VARIATIONS

Pressures:

- **(£748k)** - SEN Transport - A further pressure of £748k is currently projected for the service in 2020/21 based on the Autumn 20 term route costs. Suppliers have continued to be paid where contracts are in place throughout the Covid 19 situation. The demand for SEN Transport has continued to rise due to the increase in the number of pupils eligible and the increase in out of borough placements. £14k of this pressure relates to additional costs of transporting pupils in the Easter and Summer half term holidays as a result of schools being open to vulnerable and key worker children during the Covid 19 pandemic. £74k relates to additional routes being supplied in Autumn 20 & Spring 21 terms due to social distancing measures being put in place during the Covid 19 pandemic.
- **(£500k)** - The Education service is projected to under achieve on its traded income with schools by £500k due to a reduced buy in to services. The impact of Covid 19 has had a bearing on this forecast, as it has effected the buy in of schools for both annual and ad hoc services.
- **(£118k)** - There is a projected decrease in Education Welfare penalty notice income due to changes in government legislation during the Covid 19 lockdown periods and pupils not being able to attend school.
- **(£64k)** - Projected loss of parental and other community income for the Music Service due to restricted access to the service due the Covid 19 lockdown periods.

SAVINGS

- **£81k** - There is further reduced demand on the budget for Teachers retirement pension costs. This additional saving will be used to offset the pressures elsewhere within the budget.

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

Service Area	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Population Health	15,910	(291)	15,619	13,479	18,763	(3,144)
TOTAL	15,910	(291)	15,619	13,479	18,763	(3,144)

BUDGET VARIATIONS

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

Underspends:

- **£265k** - Various underspends relating to the inability to carry out planned work due to Covid 19 pandemic. For example, the service have been unable to carry out Health Checks and certain prescribing services and targeted schemes. This is an increase in the underspend last reported as it was anticipated that the access of services would increase throughout the year as the pandemic eased but this has not materialised.
- **£78k** - There is a proportion of population health staff currently supporting the COVID response, related costs have been charged to NHS Covid funding.
- **£13k** - There has been additional income received in the main from the NHS.

Pressures:

- **(£3,500k)** - Active Tameside - there is a potential risk/need to provide financial support to Active Tameside of around £3,500k, as their income has been badly affected through the closure of its centres. A report to Cabinet has being prepared, which will explain the options available to recover and the proposed course of action over the longer term as well as short term support for the following financial year.

Quality & Safeguarding	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Safeguarding and Quality Assurance	378	(237)	141	60	110	31
TOTAL	378	(237)	141	60	110	31

BUDGET VARIATIONS

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

Underspends:

- **£16k** – Reduced premise, transport and printing expenditure due to training courses being delivered online.
- **£31k** - Reduction in commissioned services for training courses.

Pressures:

- **(£13k)** – Employees - vacancy factor unachievable as there are only a few staff members and no vacant posts.
- **(£3k)** – Income pressure primarily due to reduced traded income from maintained schools.

Operations and Neighbourhoods	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Community Safety & Homelessness	6,209	(2,299)	3,910	3,689	4,194	(284)
Cultural & Customer Services	3,784	(372)	3,412	2,224	2,907	506
Engineers, Highways & Traffic Management	14,558	(10,798)	3,760	4,965	4,407	(647)
Management & Operations	1,425	(2,738)	(1,313)	(962)	(1,292)	(20)
Operations & Neighbourhoods Management	32,596	(179)	32,416	29,157	32,381	35
Operations, Greenspace & Markets	6,923	(1,704)	5,219	3,528	4,534	685
Public Protection & Car Parks	4,530	(3,518)	1,013	2,016	2,543	(1,530)
Waste & Fleet Management	10,479	(5,976)	4,503	2,651	4,548	(45)
TOTAL	80,504	(27,583)	52,921	47,268	54,221	(1,300)

BUDGET VARIATIONS

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

Underspends:

- **£286k** - The Engineering service currently has a number of vacant posts including operational posts and a Head of Service post) which are being held vacant while a restructure is being undertaken. It is expected that the new structure will not begin to be filled until the next financial year. It should be noted that some of the posts that are being held vacant would normally be chargeable against capital projects.
- **£121k** - There is an expected underspend on events within the borough this year as a result of the restrictions relating to COVID-19.
- **£266k** - Due to the timing of the current year's budget being set and the transport levy being agreed, an underspend has materialised.
- **£260k** - Non recurrent transport underspends are expected within operations and greenspace during this financial year.
- **£388k** - Changes to the way street sweepings are disposed of have been implemented, resulting in significant savings

BUDGET VARIATIONS

- **£77k** - Due to the increased demand for bereavement services there is an overall increase in the forecast income for the year although it should be noted that the level of increase has reduced since the previous monitoring period. Previous forecasts were based on actuals to September and 19/20 actual income October - March. These projections assumed an increase during the winter. However the forecast increase has levelled off despite the ongoing pandemic due to families going to Stockport / Oldham due to potential 3/4 week waits (capacity issues compounded by replacement cremator project) . Also, due to current COVID restrictions, the Council is subsidising costs associated with funeral recordings (£27k). Book of remembrance and chapel income has also reduced due to direct impacts of COVID restrictions
- **£251k** – There are a number of vacant posts across Cultural and Customer Services (e.g. Welfare Rights, debt advice), however due to the current financial position recruitment has been put on hold. Much of this has been offered up as savings in 2021/22..
- **£62k** - Reduction in Libraries spend on books / materials due to the covid enforced closures
- **£68k** - Other minor variations less than £50k

Pressures:

- **(£77k)** - Due to businesses being closed during the lockdown period, the pest control service has experienced a reduction in income.
- **(£304k)** - There have been ongoing delays in the street lighting replacement scheme which have resulted in additional energy and maintenance costs.
- **(£310k)** - There has been an increase in the forecast costs of Winter gritting of £310k since the previous forecast. The period since November has been colder than average and the month of January, with an average temperature of 2.2 °C, has been the coldest January across the UK since 2010 with this trend expected to continue throughout February (source = Met Office) Despite the increase in cost it is important to note that Tameside still benchmark extremely well against statistical neighbours for this function.
- **(£204k)** - The income received by the markets, particularly by the outdoor markets, has reduced in recent years as part of a nationwide decline. However this has been further exacerbated by the closure of the outdoor market during the lockdown period.
- **(£1,480k)** - Income generated by the car parks within the borough (including fine income) has suffered significantly as a result of reduced demand from COVID-19. There is an additional shortfall as a result of new pay and display car parks not coming online. This is a combination of new car parks and existing ones that we don't currently charge for and equates to 1,440 additional chargeable spaces across 18 locations. A full review of car parking options across the borough is currently underway.
- **(£133k)** - Income shortfalls are expected within licensing and public protection across a number of fees and charges, due to the covid pandemic.

- **(£347k)** – The service have met additional costs relating to prior years Homelessness and Community Safety to ensure as many people as possible have access to critical services
- **(£74k)** - Reduced income across Libraries and Cultural Services due to ongoing Covid restrictions

SAVINGS

Savings Performance:

- **(£150k)** - It is currently expected that the additional fees & charges savings target will not be achieved by the directorate. It was expected that work would be able to continue throughout the financial year to identify new income streams or ways in which the Council can expand its income generating business areas. Due to the ongoing impact the COVID situation is having on capacity and income across the Operations and Neighbourhoods directorate this has not been able to happen. As part of the ongoing work around future years' savings, this issue is being considered.

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Scheme	Savings Target 20/21 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Extending commercial offer	100	100				0	100
Procurement	50	50				0	50
Disposal of Street Sweepings	125	0				125	125
Waste levy reduction	407	0				407	407
Total	682	150	150	0	0	532	682

Growth	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Growth Management	262	0	262	212	284	(22)
Development & Investment	1,832	(284)	1,548	527	1,401	147
Economy, Employment & Skills	2,426	(1,219)	1,207	384	1,153	54
Major Programmes	575	0	575	91	575	0
Infrastructure	249	(10)	239	77	271	(32)
Planning	1,489	(1,001)	488	462	600	(113)
BSF, PFI & Programme Delivery	24,037	(24,037)	0	2,867	0	(0)
Asset Management	286	(286)	0	(227)	0	0
Capital Programme	830	(353)	477	295	474	4
Corporate Landlord	8,631	(1,862)	6,769	4,794	7,024	(255)
Environmental Development	493	(28)	465	198	386	80
Estates	1,639	(2,686)	(1,046)	27	(313)	(733)
School Catering	2,776	(2,772)	4	(29)	15	(11)
Vision Tameside	0	0	0	1	1	(1)
TOTAL	45,526	(34,537)	10,988	9,679	11,870	(882)

BUDGET VARIATIONS

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

Underspends:

- **£382k** – Saving on a number of vacant posts
- **£74k** – Additional grant income, not included in the original budget, has reduced the forecast in Economy Employment and Skills
- **£320k** – Projected saving on utilities (£216k) and caretaking (£104k) related expenditure are due to the reduced use of buildings within Corporate Landlord during the Covid period
- **£46k** – Other minor variations including transport related costs and recharge expenditure (e.g. printing, stationery)

BUDGET VARIATIONS

Pressures:

- **(£261k)** - Estimated cost of disposal of assets, in excess of the amount that can be offset with capital receipts
- **(£120k)** - Additional Interim costs covering vacant posts
- **(£127k)** - Reduction of estimated rental income due, which includes £75k from Clarendon shopping centre, Hyde (profit share arrangement) due to Covid
- **(£285k)** - Reduced forecast income due to cancellation of functions and events during the Covid period
- **(£233k)** - Reduced levels of Building Control and Planning fee income during the Covid period
- **(£70k)** - Reduced occupancy in Ashton Old Bath's during the Covid period
- **(£108k)** - Minor variations of less than £50k including capitalised salaries income, and water levies

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SAVINGS

Savings Performance:

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

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

Governance	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Democratic Services	791	(119)	672	353	425	246
Executive Support	1,814	(184)	1,629	1,242	1,497	133
Governance Management	185	(90)	95	76	96	(1)
Legal Services	1,587	(34)	1,553	1,278	1,560	(6)
Exchequer	56,908	(55,348)	1,560	3,732	2,856	(1,296)
Policy, Performance & Communications	1,765	(290)	1,474	1,131	1,445	29
HR Operations & Strategy	1,357	(697)	660	484	666	(6)
Organisational & Workforce Development	711	(135)	576	381	475	101
Payments, Systems and Registrars	2,139	(838)	1,302	1,062	1,314	(12)
TOTAL	67,256	(57,735)	9,521	9,740	10,334	(813)

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BUDGET VARIATIONS

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

Underspends

- **£662k** - Employee related expenses including training are less than budget due to a combination of vacant posts held, maternity leave, and delayed recruitment to posts across the directorate. Staffing is under budget by £642k in excess of the vacancy factor, plus training budgets are £20k under budget.
- **£164k** - Democratic Services is forecast to underspend due the cancellation of elections in 2020 as a result of the COVID 19 pandemic.
- **£58k** - The net cost of collection for Council Tax and Business Rates arrears is forecast to be less than budget as a result of increased recovery of income relating to legal costs.
- **£92k** - Budget of £92k to allocate to increase the bad debt provision for Housing Benefit has been assessed as not being required.

Pressures

- **(£280k)** - The net effect of a reduction in Housing Benefit overpayment identified and collected in year together with reduced collection of prior year overpayment debt recovery. Reduced debt collection is attributable to the economic impact of Covid 19 and the suspension or recovery processes earlier in the year due to COVID and the closure of the Courts.
- **(£1,188k)** - Within Housing Benefit there is an element of expenditure relating to the provision of Homelessness accommodation. The Local Housing Allowance limits meant that we can only claim subsidy up to a certain level. The Gross Expenditure is £1.693m of which we cannot claim subsidy for £1.188m. This expenditure has significantly increased from previous years and COVID has resulted in an increase in the number of people in temporary accommodation, and the length of stay, which has driven up costs. The forecast pressures on Housing Benefit expenditure have increased since period 6 due to additional forecast expenditure on expenditure related to Homelessness Accommodation and a reduction in the forecast recovery of Housing Benefit overpayments. The budgets for this activity will transfer to the Homelessness Team in Operations and Neighbourhoods from 1 April 2021 because the Governance Directorate whilst paying Housing Benefit do not control or exercise any influence over the expenditure, which sits with the Homelessness team who commission the services.
- **(£78k)** - Government grant income across the directorate is currently forecast to be £78k less than budget (Exchequer Services is currently forecast to be £98k less than budget based on grant allocations notified to date, this has been addressed in 21/22 financial year).
- **(£80k)** - Income is forecast to be less than budget due to a reduction in the number of schools purchasing HR, Payroll and Recruitment and Teacher Trade Union services.
- **(£44k)** - Registrars Income is forecast to under recover by (£44k) due to loss of ceremony income as a result of the COVID 19 situation.
- **(£49k)** - The Priority Account Service (Oxygen) has a net income target of £50k. Due to COVID 19 and based on the 7 month cessation of the programme we are estimating expenditure to be £64k and income to be £65k. Along with the £50k income target there is an estimated shortfall of (£49k).
- **(£40k)** - There is One off funding identified for a Fostering Marketing and Recruitment Campaign of £40k. This is being funded from existing underspends in Policy & Communications.

SAVINGS

Savings Performance:

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

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

Finance and IT	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Financial Management	3,519	(1,027)	2,491	1,526	2,440	51
Risk Management & Audit Services	1,912	(250)	1,662	1,296	1,578	84
Digital Tameside	4,106	(629)	3,477	3,272	3,501	(24)
TOTAL	9,537	(1,907)	7,630	6,095	7,518	112

BUDGET VARIATIONS

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

Underspends:

- **£87k** - Other minor variations below £50k
- **£69k** - Device Management: - The underspend has arisen because of the need not to purchase Microsoft Operating System licences as these will be covered by the Office 365 licenses recently agreed at Board in Feb 21

Pressures:

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

Savings Performance:

- **(£15k)** - It is unlikely that we will achieve the saving for STAR Procurement due to the fee due to be reduced in 20/21

Scheme	Savings Target 20/21 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Financial Management restructure	25	0				25	25
STAR procurement	15	15				0	0
Income Management	50					30	30
Insurance	750					750	750
Total	840	15	0	0	0	805	805

Corporate	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Actual to date £000's	Forecast £000's	Variance £000's
Chief Executive	326	0	326	295	295	32
Corporate and Democratic Core	3,682	(222)	3,460	3,009	3,348	112
Democratic Processes	1,478	(79)	1,398	1,066	1,310	89
Investment and Financing	10,379	(9,624)	756	(1,020)	6,098	(5,342)
Contingency	3,377	0	3,377	(48,782)	(11,413)	14,790
TOTAL	19,241	(9,925)	9,317	(45,432)	(364)	9,680

BUDGET VARIATIONS

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

Underspends:

- **£143k** – Corporate and Democratic Core - Other minor variations under £50k
- **£3,300k** – The Contingency budgets include an earmarked amount of £3.5m for specific service pressures. Of this £3.3m will be released to cover the anticipated overspends being reported across other Council services
- **£18k** - Debt repayments to the Greater Manchester Debt Administration Fund (GMMDAF) are expected to be £18k under budget based on the latest pool interest rates.
- **£165k** - Projected interest payments to internal funds expected to be below budget due to historically low interest rates

Pressures:

- **(£58k)** - The Coroners service is a joint service with Stockport MBC (Host) and Trafford MBC and has a budget of £650k. Based on most recent information there is forecast expected higher than budget, this increase includes costs in relation to COVID 19 activity.
- **(£18k)** - Estimated interest costs are above budget due to a £10m short term loan taken up in quarter 3. This is a reduction from the Quarter 2 projection when it was estimated a potential £30m of borrowing could be taken up in year.
- **(£6,287k)** - Forecasts have been amended to remove any budgeted dividend income from Manchester Airport Group (MAG) in light of the financial impact of the COVID 19 crisis on the Airport.
- **(£280k)** - A pressure relating to financing costs for new IT licenses will not materialise as the initial spend is now only anticipated in the current financial year, meaning the pressure will not materialise until 2021/22. This budget previously sat within IT.
- **(£2,330k)** - Anticipated increase in the bad debt provision for sundry debt. This is mainly due to unpaid debt in year as a result of the COVID crisis.

SAVINGS

Savings Performance:

- **£147k** - Pension Increase Act payments are currently forecasting an over achievement on the £35k saving due to contributions to costs being reduced
- **£10k** - Projected interest earned on investments due to combination of higher paying fixed interest deals and higher cash balances than initial conservative estimates. This projection has decreased since the previous monitoring report due to falling rates but is still favourable compared to budget.
- **£492k** - Estimated savings resulting from the advanced pensions payment made to GMPF in April 2020. This saving has been increased from the previous monitoring report due to updated projections based on actuals over the previous three months.

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Scheme	Savings Target 20/21 £000's	Not expected to be delivered £000s	Red £000's	Amber £000's	Green £000's	Achieved £000's	Total £000's
Treasury Investment Income	50	0			10	50	60
Pension Increase Act	35	0			63	119	182
Capital & Financing - MRP	552	0			552	0	552
MAG Dividend Income	2,400	2,400				0	0
Other minor budget adjustments	169	58				111	111
Total	3,206	2,458	0	0	625	280	905

COVID-19 Grant funding and other contributions

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

COVID-19 Grant Funding and other Contributions	£000
Local Authority Support Grant	16,355
Council Tax Hardship Grant	2,158
Local Authority Discretionary Grant Fund	2,345
Infection Control Fund Grant	4,262
Test and Trace Service Support Grant	1,420
Emergency Assistance Grant for Food and Essential Supplies	332
Income Compensation Grant	1,046
Test and Trace Support Payments Grant	111
Compliance and Enforcement Grant	310
Winter Grant Scheme	895
Contain Outbreak Management Fund	6,156
Asymptomatic Testing Sites	430
Community Champions	368
Rapid Testing Fund	526
Workforce Capacity Fund	577
Additional Restrictions Grant	6,804
Other COVID-19 contributions	10,193
Total	54,288

COVID-19 Spend

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

Service	Direct £000	Indirect £000	Total £000
Adults	9,848	0	9,848
Children's Services	246	0	246
Education	9	562	571
Schools	0	0	0
Population Health	401	3,500	3,901
Operations and Neighbourhoods	1,593	1,225	2,818
Growth	99	125	224
Governance	296	1,409	1,705
Finance and IT	90	29	119
Quality and Safeguarding	0	0	0
Capital and Financing	0	6,269	6,269
Contingency	0	911	911
Corporate Costs	3,211	65	3,276
Council Tax Hardship Grant	2,158	0	2,158
Local Authority Discretionary Grant Fund	2,345	0	2,345
Infection Control Fund	4,262	0	4,262
Test and Trace Support Grant	1,420	0	1,420
Emergency Assistance for Food and Essential Supplies Payments	332	0	332
Test and Trace Support Payments	73	0	73
Winter Grant Scheme	895	0	895
Contain Outbreak Management Fund	4,156	0	4,156
Asymptomatic Testing Sites	430	0	430
Community Champions	368	0	368
Rapid Testing Fund	526	0	526
Workforce Capacity Fund	577	0	577
Additional Restrictions Grant	6,804	0	6,804
Discharge to Assess Payments	181	0	181
Clinically Extremely Vulnerable	143	0	143
Totals	40,465	14,095	54,559

Budget Virements

Budget Virements

The table below details the budget virements that need approval;

Service	Reason for virement	Virement Between	Transfer Between		Virement amount £	Nature of virement
			Debit	Credit		
Adults	A&E Funding provided for house deep cleans to accelerate discharge from hospital process	Income and Expenditure	Expenditure	Income	10,000	Non-recurrent
Growth	Recruitment of Directorate Project Manager on 12 month secondment	Service	Growth Management	Planning Policy	7,190	Non-recurrent
Governance	The schools element of the Trade Union service has transferred to HR Operations and Strategy, as the line management of the staff and the decision making regarding the service sits with HR. This service has transferred from Education	Director	Education	Governance	9,810	Recurrent
Education	Confirmed Additional Pupil Premium grant	Income and Expenditure	Expenditure	Income	52,980	Recurrent
Finance	The Maternity Insurance Scheme operated for schools has transferred to Finance from Education as the Schools Finance Team manage and administer this insurance fund.	Director	Education	Finance	0	Recurrent

Reserve Transfers

Reserve Transfers

The table below details the reserve transfers that need approval;

Service	Details of request	Transfer to/from reserves	Amount to be transferred £
Adults	Contribution to the Intensive Support Contract	Transfer from	360,840
Governance	Fostering Marketing and Recruitment Campaign	Transfer to	40,000
Finance and IT	Expected contribution to Insurance reserves based on annual actuarial assessment of insurance provision and reserve requirements.	Transfer to	276,350
Finance and IT	Forecast drawdown from reserve for Teachers Maternity Insurance scheme. Scheme is self financing over the medium term but net cost/surplus will fluctuate between years.	Transfer to	98,157
Finance and IT	Insurance Claims	Transfer from	38,140
Childrens Education	2019/20 Virtual Heads Grant held in reserve to be utilised in 2020/21	Transfer from	24,831
CDC	Budget to fund the PWC Specialist Advice re Demand Management - Approved by Executive Cabinet in December 2020	Transfer from	135,000
Operations and Neighbourhoods	Refunds expected from GMCA reserves in relation to the Waste Levy to be transferred to the MTFP reserve for investment in future years.	Transfer to	1,753,680

Acute

£000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M9
Acute Commissioning	170,704	171,664	(960)	204,550	206,273	(1,723)	(1,948)
Ambulance Services	8,078	8,078	(0)	9,694	9,694	0	0
Clinical Assessment & Treatment Centres	1,207	1,459	(253)	1,944	1,719	225	427
Collaborative Commissioning	256	256	(1)	329	329	0	0
High Cost Drugs	203	186	17	243	232	11	17
NCAS/OATS	75	124	(49)	90	180	(90)	(181)
Winter Resilience	141	124	17	198	181	17	27
Total - Acute	180,663	181,891	(1,228)	217,048	218,609	(1,561)	(1,658)

- The Acute Commissioning cost centre includes expenditure with both acute NHS providers and the independent sector:
- NHS Providers** – All expenditure with the GM acute trusts continues to be in line with the nationally calculated command and control values plus services charged outside of the block arrangements.

The monthly block values for Tameside ICFT and Christie NHSFT have been adjusted from December 2020 to reflect the transfer of the Haematology service from the ICFT to Christies. The recurrent full year value of the transfer is £2.2m, however most of this relates to specialist commissioning, with the annual value for all CCG activity being £938k in 2020/2021. Of this value, £851k relates to Tameside & Glossop CCG activity. Budgets have also been adjusted to reflect this in year service transfer.

- Independent Sector** – The movement in forecast outturn between December and January is driven by a change in national reporting requirements around top up payments. In previous months the actuals were reported and contributed to the YTD position, but future forecasts were neutralised on the basis that spend would be externally funded.

In M10 we are forecasting spend until the end of March in gross terms, with a balancing adjustment in reserves to reflect anticipated top up income. On a YTD basis the CCG has submitted a top up claim of £941k and the current expectation is that by the end of the financial year the top up will be £1,644k.

Forecasts are based on activity to date, known provider capacity and waiting list information for the remainder of the year.

- Clinical Assessment & Treatment** – This reduction in forecast relates to reduced activity volumes in December. The forecast is based on 19/20 run rates and where activity falls below these levels, this benefit is released in to the position each month. The provider has been in contact with the CCG in relation to the costs of the ENT service and current activity volumes within this specialty. Due to current operating restrictions in relation to COVID guidelines, this may cause some changes to the forecast for this service in future months.

Mental Health

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	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M9
Child & Adolescent Mental Health	348	331	17	431	382	49	102
Improving Access To Psychological Therapies	227	224	3	272	268	4	4
Learning Disabilities	501	497	4	575	561	14	38
Mental Capacity Act	118	119	(1)	142	146	(4)	(4)
Mental Health Contracts	24,272	24,284	(11)	29,551	29,562	(11)	(22)
Mental Health Services - Adults	962	913	49	1,146	1,109	37	(8)
MH - Collaborative Commissioning	1,361	1,357	4	1,625	1,621	4	8
MH - Non Contracted Activity	36	10	27	54	21	33	147
Mental Health Services - Other	1,274	1,271	4	1,529	1,533	(4)	(8)
MH - Specialist Services	436	436	(0)	523	523	0	0
Mental Health Transformation	856	856	(0)	856	856	(0)	(0)
Mental Health - Individualised Commissioning	5,852	5,562	290	7,022	6,926	96	(107)
Mental Health Neighbourhood	372	377	(5)	447	454	(8)	(16)
MENTAL HEALTH SERVICES - WINTER RESILIENCE	180	180	0	359	359	0	0
Total - Mental Health	36,796	36,416	380	44,532	44,321	211	134

- The Mental Health directorate currently shows a £211k forecast underspend against budget. The main drivers of this variance are:
 - Individualised Commissioning placements and the reduction to the forecast due to Winter pressures not being as significant as originally planned.
 - There are also small pockets of slippage created through mobilisation delays and cross year benefits.
 - It's also worth noting the £33k reduction in Non Contract Activity due to the Command and Control cessation of Provider to Provider recharges, though there is a slight offset in terms of additional costs for Out of Area placements.
- To comply with NHS planning guidance for 2020/21, the CCG has to demonstrate increased expenditure in Mental Health through the Mental Health Investment Standard (MHIS). This calculation includes spend outside of the core MH directorate and the CCG are on track to achieve the MHIS target this year. This equates to £43.8m of overall Mental Health spend, 5.3% above 19/20 outturn of £41.6m.
- There has been mobilisation delays in several schemes commissioned by Pennine Care (for example the Safe Haven and All Age Liaison Expansion). Whilst there is a risk around operational implementation, slippage will not impact upon MHIS achievement as we have contingency plans in place to divert funding toward waiting list initiatives and other schemes to support mobilisation.
- The MHIS Audit for 19/20 is currently underway and will be finalised by the end of February.

Primary Care

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M9
Prescribing	36,906	36,806	100	44,190	44,188	2	3
Delegated Co-commissioning	29,820	29,704	116	37,215	37,074	142	177
Local Enhanced Services	4,343	4,233	110	5,131	4,896	235	254
Out of Hours	2,077	2,078	(1)	2,490	2,480	10	10
Central Drugs	1,106	1,155	(50)	1,329	1,397	(68)	(113)
Primary Care IT	964	758	205	1,209	1,022	187	348
Medicines Management - Clinical	435	404	31	527	489	38	61
Oxygen	366	328	38	441	379	61	113
Commissioning Schemes	250	217	33	300	272	27	40
GP FORWARD VIEW	48	53	(6)	99	111	(12)	(23)
Primary Care Investments	(669)	(665)	(4)	(662)	(658)	(4)	(8)
Total - Primary Care	75,645	75,073	572	92,268	91,650	618	863

- Prescribing** – On YTD basis, prescribing spend is approximately £1.6m higher than the comparable period in 19/20. This change is primarily driven by increased prices for drugs, which we were able to factor into budget setting. There has been very little change in the total number of items prescribed. £350k of the additional spend was attributable to sertraline being classified as a No Cheaper Stock Obtainable (NCSSO) item from March to September due to its limited availability. Despite this, QIPP of £375k has been achieved in prescribing. It has previously been reported that Brexit may cause supply issues and whilst there has been media coverage of issues with imports there has been no impact as yet on drug supply or prices, however it is still very much an area that continues to be closely monitored.
- Central Drugs** – Are calculated nationally to apportion unidentified prescribing costs which cannot be directly attributed to practices. Costs have increased this year following general increase in prescribing activity during the pandemic, resulting in a pressure to the CCG position.
- Home oxygen** is forecast to underspend by £61k. This is attributable to a change in suppliers when the new contract started mid-year and a general reduction in the numbers of patients using the service.
- Delegated Co-Commissioning** – At M10 we are reporting a YTD underspend of £107k, with a forecast underspend of £142k. COVID is the main driver of this. Whilst most GP Services have been income protected throughout the year, several services, including LD Health checks, Minor surgery, Violent Patients and PA Drugs have seen lower activity than planned, which has led to an underspend.

The CCG has received an allocation of £1,498k for the Additional Roles Reimbursement Scheme. We would be able to claim additional funding to a maximum value of £1,887k. However the latest forecast based on PCN returns is spend of £1,187k. It is currently unclear whether the central team will seek to claw back this underspend.
- Local Enhanced Services** - At M10 there is a reported YTD underspend of £110k and a forecast underspend of £235k. This is as a direct result of COVID and the reduced activity in some of the enhanced service schemes (£200k). In addition there is been reduced activity from the Pharmacy minor ailments schemes (£28k) and the Minor Eye care service (£7k), which are both reliant on face –to- face interactions.

Continuing Care

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M9
Adult Joint Funded Continuing Care Personal Health Budgets	0	1	(1)	0	2	(2)	352
CHC Adult Fully Funded	5,762	5,581	181	7,186	7,090	96	104
CHC Adult Joint Funded	464	436	27	556	522	35	135
CHC Adult Personal Health Budgets	3,097	2,959	138	3,717	3,445	272	274
CHC Assessment & Support	946	858	88	1,136	1,116	19	34
Children's CHC Personal Health Budgets	29	34	(5)	35	20	15	15
Children's Continuing Care	139	145	(6)	167	160	7	(13)
Funded Nursing Care	1,437	1,509	(72)	1,725	1,755	(30)	902
Total - Continuing Care	11,875	11,525	350	14,521	14,110	411	1,803

- Based on historic experience, budget profiles for Continuing Care typically anticipate a surge in activity over winter. In 2020/21 £1m of budget was set aside to respond to these winter pressures. Based on actual activity at the end of January, the impact of winter has been less severe than expectation.
- As a result £500k of CHC budget has been moved to QIPP, while we are also forecasting to underspend against budget.
- Between the end of December and the end of January the value of patients in Broadcare has increased in total by £142k, which is a smaller winter increase than we expected in budget and has been built into the forecast. The increase is driven by an increased number of packages, with some movement between categories of Individualised Commissioning package:
 - Non-CHC** – overall reduction of £307k – mainly Winter Pressure, but also reduction of the PICU provision which now reflects anticipation of a high cost private PICU placement for the last 8 weeks of the financial year.
 - Acute/Neuro** – overall reduction of £42k – anticipated neuro rehab patient not happened in 20/21.
 - CHC** – CHC has a number of new CHC packages, not transferred from COVID packages. Fast Tracks have reduced since last month. Fast Tracks are at a lower level than previous years due to many being funded from COVID monies for the first months of the year.
 - FNC** – FNC has remained steady in M10. It has a lower full year expectation than previous years due to a significant number of new traditional FNC packages being funded by COVID HDP monies in part for 20/21.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M9
Community Services	27,501	27,489	12	33,356	33,340	16	21
Hospices	592	592	(0)	710	710	(0)	(0)
Wheelchair Service	434	435	(1)	521	521	(0)	(0)
Intermediate Care	73	200	(127)	73	339	(266)	(400)
Palliative Care	89	98	(9)	108	120	(13)	(12)
Total - Community	28,689	28,814	(125)	34,768	35,030	(263)	(392)

- The majority of the community services budget relates to services provided by the ICFT, which is within the scope of the block contract. Payments are fixed and are not expected to change throughout the year.
- While most COVID spend is contained within the 'Other' directorate, we are coding some of the Hospital Discharge Programme (HDP) to the otherwise unused Intermediate Care cost centre. HDP – Scheme 2 funding is in place for packages that stemmed from a Hospital Discharge since 1st September, where a 6 week deadline was given for the patient to be fully assessed.
The Discharge to Assess scheme has had 145 packages to date. The average length of stay is currently 23 days (against a maximum of 42 days allowed). There are currently 36 open D2A packages awaiting full assessment.
Based on the latest, most accurate data the full year forecast has been increased slightly this month by £26k. This is offset in the 'Movement from M9' column by Top Up allocations received for November. We are able to reclaim all HDP costs incurred in 2020/21 from national COVID funding.
- Other services have delivered broadly in line with budget. The slight pressure on palliative care relates to Marie Curie invoices

Other

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M9
Better Care Fund	11,474	11,474	0	13,769	13,769	0	0
Programme Projects	10,789	11,083	(295)	11,033	11,492	(459)	(1,605)
Property Services	2,751	2,922	(171)	3,553	3,680	(127)	(251)
Commissioning Reserve	(879)	0	(879)	2,693	2,417	276	(368)
Patient Transport	1,023	1,025	(1)	1,227	1,228	(1)	(1)
NHS 111	656	656	(0)	812	812	0	0
Safeguarding	376	351	24	458	444	13	20
Clinical Leads	344	349	(6)	405	407	(2)	(8)
Nursing and Quality Programme	174	173	1	205	190	15	38
Transformation Funding	75	75	0	75	75	(0)	(0)
Commissioning - Non Acute	(24)	(28)	4	(8)	(8)	(0)	(0)
Total - Other	26,759	28,081	(1,322)	34,224	34,506	(283)	(2,174)

- **Programme Projects** – The majority of COVID related expenses have been captured within this cost centre. All top up payments up to Month 8 have been received and funding going forward is limited to Hospital discharge programme (HDP) and vaccine related costs.

HDP Scheme 1 funding remains in place for packages that stemmed from a Hospital Discharge between 19th March and 31st August and that have not yet had a Care Act Assessment or a Full CHC Assessment. At the end of January there were still 77 COVID packages to be converted. This is still in line with the trajectory provided to NHS England and will ensure that all COVID funded packages will be converted by 31st March 2021 deadline.

Of the 36 COVID packages that ended in January, 26 packages ended or transferred to Council funded packages, 7 passed away and 3 transferred to an FNC package. The anticipated remaining cost to the end of the financial year has reduced to £181k.

- **Commissioning Reserve** – This represents in year contingency set aside to manage risk and provide for known pressures. The apparent underspend is required to ensure that the reported CCG position is balanced. Specific contingencies currently in the position include GM levy, cancer, UEC and risk.
- **Property** – Although the providers hold occupancy leases, the funding for the estates costs for community services, still flows through the CCG. This includes Ashton and Glossop primary care centres. At M10 we are reporting a YTD overspend of £171k which is primarily due to historic dilapidation costs for buildings which have been vacated, as part of the estates rationalisation.

In addition, we have achieved £617k of QIPP. A combination of cross year benefits, outstanding credit notes for bookable spaces, and NHSPS debtor write offs, where charges were successfully challenged. There has been a continual problem with billing, particularly from NHS property services, however, these have now been resolved, with no outstanding debt with either NHS Property Services, or Community Health Partnerships.

CCG Running Costs

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	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M9
Finance	1,037	1,033	3	1,194	1,185	9	21
Commissioning	767	763	4	922	925	(3)	(5)
CEO/Board Office	463	461	1	558	552	6	11
ADMINISTRATION & BUSINESS SUPPORT	242	244	(2)	349	349	0	0
IM&T	255	254	1	307	307	0	0
Corporate Costs & Services	219	232	(13)	264	264	(0)	(0)
Communications & HR	176	178	(2)	212	212	0	0
Nursing	101	101	0	123	121	2	(15)
General Reserve - Admin	0	0	0	93	107	(14)	(14)
Estates & Facilities	87	87	0	104	104	0	0
Chair & Non Execs	78	73	6	94	92	2	5
Corporate Governance	67	69	(2)	81	81	0	0
Contract Management	54	54	0	65	65	0	0
IM&T Projects	40	44	(3)	52	55	(3)	(3)
QIPP	0	0	0	54	54	0	0
Human Resources	34	34	(0)	41	41	0	0
Equality & Diversity	24	24	0	29	29	0	0
Total - CCG Running Costs	3,645	3,651	(6)	4,541	4,541	0	0

- The CCG has an earmarked allocation of £4,541k to fund running costs in 2020/21. We are not allowed to exceed this limit, but any underspend on running costs can be used to offset pressures across the CCG as a whole.
- The running cost allocation this year incorporates a 20% national efficiency requirement. Which we will comfortably achieve because of historic savings achievement, most notably benefits of integration with the Council (e.g. single CEO/CFO and co-location at Tameside One).
- At month 10, the CCG was reporting a small overspend of £6k a YTD basis, although this is purely presentational due to budget profiling. A breakeven position is forecast by year end.
- During Month 10, the CCG received an additional running costs allocation of £253k which is matched by spend, representing the 6.3% increase in employer pensions contributions, which is managed centrally by NHS England.
- The breakeven forecast position includes a £54k contribution towards QIPP, which has been met from a combination of vacancies, unused travel costs budgets and savings against other corporate overheads like printing, training and conference costs.

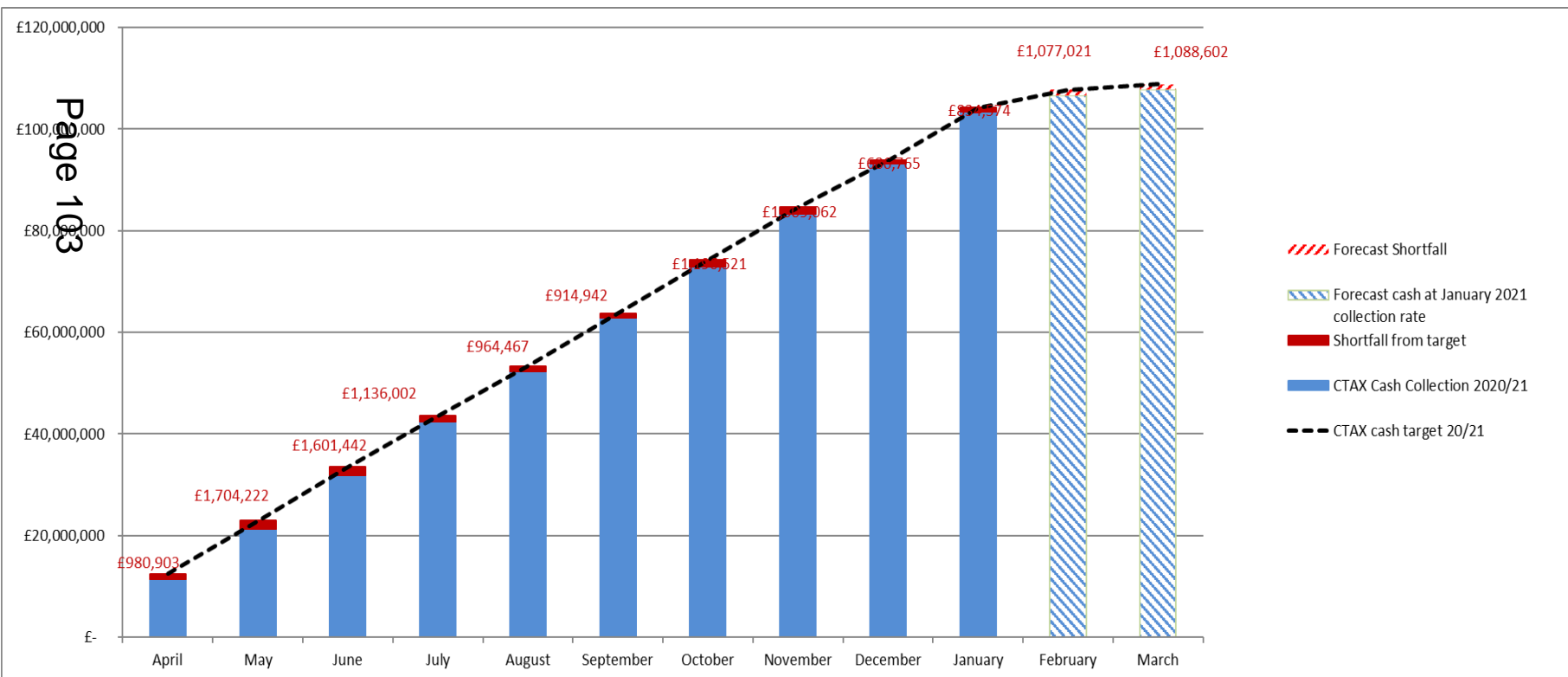
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APPENDIX 3 - Collection Fund

Council Tax and Business Rates Collection

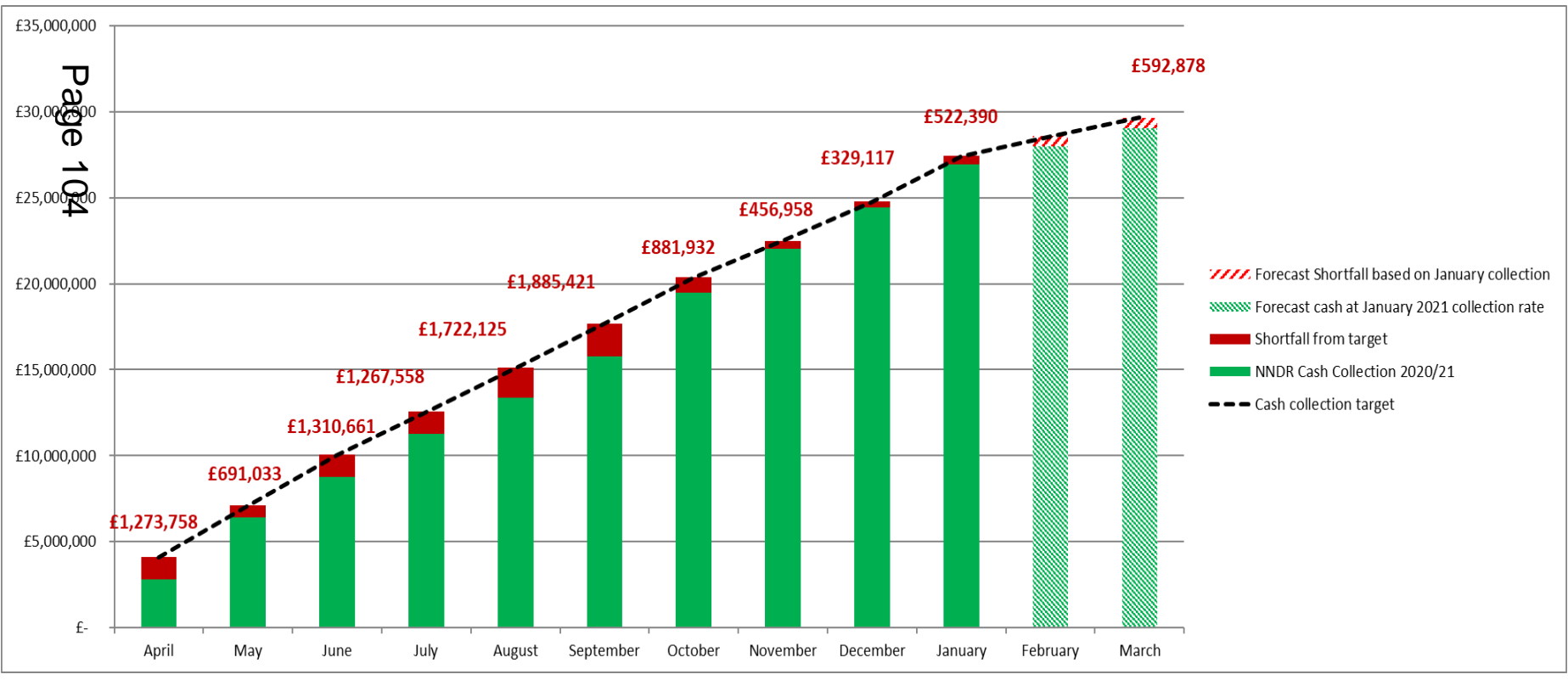
As at the end of January 2021, collection of both Council Tax and Business Rates is below target and prior year trends, and this is attributed to the economic impact of COVID-19.

Council Tax Collection rates have improved over the year and the current forecast is a shortfall of £1.088m against the target cash collection rate. However, in addition to cash collection being below target, the total Council Tax Debit (the amount of income that the Council is able to bill for and collect) has reduced from £117.8m in April 2020 to £115.8m in January 2021, a reduction of £2m over the last ten months. This reduction in the amount of Council Tax the Council is able to collect places further pressures on the Collection Fund and is attributed to the impacts of COVID-19. The reduced debit reflects an increase in reliefs and exemptions due to more Council Tax Support Claimants and an increase in exemptions due to empty properties awaiting a probate.



APPENDIX 3 - Collection Fund

Business Rates collection improved between April and July, however this improvement was not sustained in August, with a deterioration in September and whilst collection has since improved, overall collection is still 2% below target. The forecast shortfall on cash collection by year end is £0.592m. However, in addition to shortfalls in cash collection, the total NNDR Debit (the amount of income that the Council is able to bill for and collect) has reduced from £34.2m in April 2020 to £30.7m in January 2021, a reduction of £3.5m over the last ten months. Whilst some of this reduction is due to an increase in reliefs (which are compensated through additional grant), reductions also reflect changes to the ratings list, which reduce the amount of business rates that the Council is able to collect and placing further pressures on the Collection Fund.



APPENDIX 3 - Collection Fund

	31 March 2021 BUDGET			31 March 2021 FORECAST OUTTURN			VARIANCE
	Council Tax £000	NDR £000	Total £000	Council Tax £000	NDR £000	Total £000	£000
Income							
Income from Council Tax	(118,037)		(118,037)	(115,975)		(115,975)	2,062
Income from NDR		(59,392)	(59,392)		(28,995)	(28,995)	30,397
Total Income	(118,037)	(59,392)	(177,429)	(115,975)	(28,995)	(144,970)	32,459
Expenditure							
<u>Council Tax</u>							
The Council*	96,794		96,794	96,794		96,794	
Mayoral Police and Crime Commissioner	13,187		13,187	13,187		13,187	
GM Fire and Rescue Authority	5,758		5,758	5,758		5,758	
<u>NDR</u>			0			0	
The Council		53,844	53,844		53,844	53,844	
GM Fire and Rescue Authority		544	544		544	544	
Allowance for cost of collection		285	285		285	285	
Transitional Protection Payments		739	739		1,041	1,041	302
Allowance for non-collection	2,361	1,188	3,549	8,778	3,283	12,061	8,512
Provision for appeals		2,791	2,791		3,867	3,867	1,076
<u>Surplus/deficit allocated/paid out in year:</u>			0			0	
The Council	3,657	(2,636)	1,021	3,657	(2,636)	1,021	
Mayoral Police and Crime Commissioner	493		493	493		493	
GM Fire and Rescue Authority	191	(26)	165	191	(26)	165	
Total Expenditure	122,441	56,729	179,170	128,858	60,202	189,060	9,890
(Surplus)/deficit for the year	4,404	(2,663)	1,741	12,883	31,207	44,090	42,349
Balance brought forward	(6,640)	2,489	(4,151)	(6,640)	2,489	(4,151)	
Surplus/deficit for the year	4,404	(2,663)	1,741	12,883	31,207	44,090	42,349
(Surplus)/deficit carried forward	(2,236)	(174)	(2,410)	6,243	33,696	39,939	42,349

Collection Fund Forecast at 31 March 2021

The 2020/21 budget forecast a £2.4m surplus on the Collection Fund at 31 March 2021. This assumed collection rates of 98%, no significant increase in the level of appeals on rateable values for business rates, and growth in the Council Tax base as a result of new homes.

The latest forecast for the Collection Fund (undertaken in December 2020 to inform the 2021/22 budget setting) is that the Collection Fund will be in deficit by £39.9m at 31 March 2021. The key variances in the forecast when compared to budget include:

- Collectible Council Tax Income (the Council Tax Net Debit) is forecast to be £2m lower than budget. This is due to a significant increase in reliefs and exemptions awarded to Council Tax Support Claimants, and an increase in empty properties awaiting probate.
- Collectible NNDR income is forecast to be £30.397m less than budget. Most of this reduction is due to additional COVID reliefs granted by Government and £29.6m of additional section 31 grant is forecast to fund this element of the deficit.
- A significant increase in the allowance for non-collection is forecast as result of reduced collection in year and in anticipation of ongoing economic impacts due to COVID. Collection rates for both Council Tax and Business Rates are below target in year, and recovery of older debts is expected to become more difficult as the economic conditions places further financial hardship on individuals and businesses.
- Additional provision for appeals on Business Rates is expected to be required in 2020/21. The economic impact of COVID-19 has had a material impact on some business sectors and the number of challenges and appeals against rateable value assessments has been increasing both locally and nationally. Where a business successfully challenges or appeals against the rateable value assessment resulting in a reduced liability for business rates, income is reduced and refunds may be due for rates paid in previous years.

Whilst £29.6m of this forecast is expected to be funded by Government through additional section 31 grants, there remains a significant deficit of £10.3m which needs to be funded by the Council and Preceptors. Normally any Collection Fund deficit is required to be funded in full in the following financial year, however, recognising the exceptional nature of deficits resulting from the COVID pandemic, Government has laid regulations allowing the 2020/21 deficit to be spread over the next three years. The financial impact of funding this deficit over the next three years is reflected in the 2021/22 budget proposals (approved by Full Council on 23 February 2021).

P10 2020/21 Capital Monitoring



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2020/21 P10 Capital Monitoring Report

INTRODUCTION

This is the third capital monitoring report for 2020/21, summarising the forecast outturn at 31 March 2021 based on the financial activity to 31 January 2021. The detail of this monitoring report is focused on the budget and forecast expenditure for fully approved projects in the 2020/21 financial year. The approved budget for 2020/21 is £56.338m (after re-profiling approved at P7 monitoring) and current forecast for the financial year is £46.410m. There are additional schemes that have been identified as a priority for the Council, and, where available, capital resource has been earmarked against these schemes, which will be added to the Capital Programme and future detailed monitoring reports once satisfactory business cases have been approved by Executive Cabinet.

SUMMARY

The current forecast is for service areas to have spent £46.410m on capital investment in 2020/21, which is £9.928m less than the current capital budget for the year. This variation is spread across a number of areas, and is made up of a number of over/underspends on a number of specific schemes (£0.318m) less the re-profiling of expenditure in some other areas (£9.610m).

Detailed capital update reports for each Directorate area are included on the agenda of the Strategic Planning and Capital Monitoring Panel (SPCMP). This report provides a summary of the financial position against the overall programme but further details on scheme delivery can be found in the Directorate reports to SPCMP.

Key messages at P10 monitoring are as follows:

- Proposed re-profiling of £9.610m of budgets into 2021/22 due to delays across a number of schemes. Some of these delays have arisen due to COVID-19.

2020/21 P10 Capital Monitoring Report

	2020/21 Budget	Actual to 31 January 2021	Projected 2020/21 Outturn	Projected Outturn Variation	P10 Slippage
	£000	£000	£000	£000	£000
Growth (Appendix 4A)					
Investment & Development	7,132	3,807	5,424	1,708	(1,692)
Corporate Landlord	369	246	323	46	(46)
Vision Tameside	158	233	233	(75)	0
Estates	45	11	12	33	(33)
Operations and Neighbourhoods (Appendix 4B)					
Engineers	8,789	3,980	6,596	2,193	(1,807)
Environmental Services	2,609	1,054	1,779	830	(830)
Transport (Fleet)	2,481	2,332	2,501	(20)	0
Stronger Communities	16	0	16	0	0
Children's (Appendix 4C)					
Education	12,125	3,801	7,544	4,581	(4,593)
Children	193	115	247	(54)	54
Finance & IT (Appendix 4D)					
Finance	13,430	13,417	13,417	13	0
Digital Tameside	3,282	1,538	2,925	357	(357)
Population Health (Appendix 4E)					
Active Tameside	3,361	2,322	3,351	10	0
Adults (Appendix 4F)					
Adults	2,348	1,374	2,042	306	(306)
Total	56,338	34,232	46,410	9,928	(9,610)

Table 1: Capital Monitoring Statement 2020/21

The current forecast is for service areas to have spent £46.410m on capital investment in 2020/21, which is £9.928m less than the current capital budget for the year. This variation is spread across a number of areas, and is made up of a number of over/underspends on a number of specific schemes (£0.318m) less the re-profiling of expenditure in some other areas (£9.610m).

2020/21 P10 Re-profiling

	2020/21 Re-profile Q1	2020/21 Re-profile P7	2020/21 Re-profile P10
	£000	£000	£000
Growth			
Investment & Development	2,003	752	1,692
Corporate Landlord	137	0	46
Vision Tameside	5,272	0	0
Estates	0	69	33
Operations and Neighbourhoods			
Engineering Services	4,589	425	1,807
Environmental Services	342	1,311	830
Transport	0	165	0
Stronger Communities	0	0	0
Children's			
Education	0	4,972	4,593
Children	0	370	(54)
Finance & IT			
Finance	0	0	0
Digital Tameside	0	0	357
Population Health			
Active Tameside	0	500	0
Adults			
Adults	160	50	306
Total	12,503	8,614	9,610

Table 2: Re-profiling requested into 2021/22

Proposed re-profiling of £9.610m includes:

- **Investment & Development:** Re-profiling mainly relates to Godley Garden Village as the Council is able to draw down £720,000 from the Homes England Grant for Godley Green. There are also delays with Hattersley Station as there have been unforeseen problems with Northern Trains which has delayed construction works at Hattersley Station.
- **Engineering Services:** Delays across a number of schemes, with works expected to be completed in 2021/22
- **Environmental Services:** Re-profiling relates to Replacement of Cremators. A structural survey was carried out on the steeple in November which has highlighted some concerns. The projected completion and handover date has currently slipped by a couple of weeks but the project is still on target for completion in September 2021.
- **Education:** Delays across a number of schemes, with works expected to be completed in 2021/22
- **Digital Tameside:** Re-profiling mainly relates to the Microsoft Licencing scheme. Office 2016 licences have been purchased and have been installed. Hand over is expected in February 2021. The remaining licences are expected to be purchased in early 2021/22, thus a re-profiling request is included in this monitoring report.
- **Adults:** No suitable location has been found yet for the Disability Assessment Centre, however no spend will occur until 2021/22.

Programme Summary

TOTAL APPROVED CAPITAL PROGRAMME- JANUARY 2021

	2020/21 Budget (Approved) £000	2020/21 Projected Outturn £000	2021/22 Budget (Approved) £000	2022/23 Budget (Approved) £000
Growth				
Investment & Development	7,132	5,424	10,893	606
Corporate Landlord	369	323	137	0
Vision Tameside	158	233	0	0
Estates	45	12	69	0
Operations and Neighbourhoods				
Engineering Services	8,789	6,596	10,447	0
Environmental Services	2,609	1,779	1,685	0
Transport	2,481	2,501	165	0
Stronger Communities	16	16	0	0
Children's				
Education	12,125	7,544	4,972	0
Children's	193	247	370	0
Finance & IT				
Finance	13,430	13,417	0	0
Digital Tameside	3,282	2,925	0	0
Population Health				
Active Tameside	3,361	3,351	500	0
Adults				
Adults	2,348	2,042	871	0
Total	56,338	46,209	30,109	606

After re-profiling the total approved capital programme for 20/21 will be £46.728, 21/22 will be £39.719m and 22/23 will be £0.606m. The approved programme does not include any previously earmarked schemes which have not been subject to Executive Cabinet approval.

Programme Summary- After Re-profiling

TOTAL APPROVED CAPITAL PROGRAMME- JANUARY 2021				
	2020/21 Budget (Approved) £000	2020/21 Projected Outturn £000	2021/22 Budget (Approved) £000	2022/23 Budget (Approved) £000
Growth				
Investment & Development	5,440	5,424	12,585	606
Corporate Landlord	323	323	183	0
Vision Tameside	158	233	0	0
Estates	12	12	102	0
Operations and Neighbourhoods				
Engineering Services	6,982	6,596	12,254	0
Environmental Services	1,779	1,779	2,515	0
Transport	2,481	2,501	165	0
Stronger Communities	16	16	0	0
Children's				
Education	7,532	7,544	9,565	0
Children's	247	247	316	0
Finance & IT				
Finance	13,430	13,417	0	0
Digital Tameside	2,925	2,925	357	0
Population Health				
Active Tameside	3,361	3,351	500	0
Adults				
Adults	2,042	2,042	1,177	0
Total	46,728	46,410	39,719	606

As reported in the period 6 finance update report, approval will be sought for the following earmarked schemes in coming months:

- £0.557m Statutory Compliance (Corporate Landlord)
- £2.200m Droylsden Library

If approval is given by Executive Cabinet, it is expected that all these schemes will fall into the 21/22 financial year, increasing the approved capital programme for 2021/22 to £42.476m .

Budgeted Financing for 2020/21 (Approved)

Service Area	Grants and Contributions	Revenue Contributions	Prudential Borrowing	Reserves & Receipts	Total
	£000	£000	£000	£000	£000
Growth					-
Investment and Development	2,478	0	0	4,654	7,132
Corporate Landlord	137	0	0	232	369
Vision Tameside	0	0	0	158	158
Estates	0	0	0	45	45
Operations and Neighbourhoods					
Engineers	6,669	0	0	2,120	8,789
Environmental Services	135	0	0	2,474	2,609
Transport	0	205	2,184	92	2,481
Stronger Communities	0	0	0	16	16
Children					
Education	12,125	0	0	0	12,125
Children	0	0	0	193	193
Finance					
Finance	0	0	13,430	0	13,430
Digital Tameside	1,820	0	1,361	101	3,282
Population Health					
Active Tameside	10	0	2,988	363	3,361
Adults					
Adults	2,348	0	0	0	2,348
Total	25,722	205	19,963	10,448	56,338

Budgeted Financing for 2021/22 (Approved)

Service Area	Grants and Contributions	Revenue Contributions	Prudential Borrowing	Reserves & Receipts	Total
	£000	£000	£000	£000	£000
Growth					
Investment and Development	9,444	0	0	1,449	10,893
Corporate Landlord	137	0	0	0	137
Vision Tameside	0	0	0	0	0
Estates	0	0	0	69	69
Operations and Neighbourhoods					
Engineers	3,272	0	0	7,175	10,447
Environmental Services	152	0	0	1,533	1,685
Transport	0	0	165	0	165
Stronger Communities	0	0	0	0	0
Children					
Education	4,972	0	0	0	4,972
Children	0	0	0	370	370
Finance					
Finance	0	0	0	0	0
Digital Tameside	0	0	0	0	0
Population Health					
Active Tameside	0	0	0	500	500
Adults					
Adults	871	0	0	0	871
Total	18,848	0	165	11,096	30,109

Financing from Capital Receipts and Reserves

The current anticipated level of capital receipts of £15.3m is based on the disposal of surplus assets approved by Executive Cabinet in September 2020. The current approved programme requires a minimum of £21.544m of capital receipts or reserves. Two further earmarked schemes are also expected to be approved requiring a further £2.857m of receipts or reserves. Any additional priority earmarked schemes that are approved by Executive Cabinet will increase the amount of corporate funding needed for the capital programme.

Earmarked schemes currently included on the capital programme (and not reflected in the figures above) exceed £40m. Assuming that the planned disposals proceed there is a forecast balance of £5.8m of capital receipts to fund future earmarked capital schemes, meaning the broader capital ambition of the Council is currently unaffordable until such time as additional capital receipts are generated. Many of these schemes were identified in 2017/18 and are therefore subject to a detailed review and reprioritisation.

The Growth Directorate is reviewing the estate and developing a further pipeline of surplus sites for disposal. It is proposed that a full refresh of the Capital Programme be undertaken alongside this review of the estate. With the exception of the three earmarked schemes identified on page 6, all other earmarked schemes will be removed from the programme and subject to review. A refreshed and reprioritised Capital Programme will then be proposed for Member approval in Spring 2021.

Financing Approved Schemes	£000s
Reserves & Receipts required 20/21	10,448
Reserves & Receipts required 21/22	11,096
Statutory Compliance Earmarked	557
Droylsden Library Earmarked	2,200
Total Corporate Funding required	24,301
Available Corporate Funding	
Capital Reserves	(£14,953)
Anticipated capital receipts	(£15,300)
Total anticipated Corporate Funding	(£30,253)
Forecast Surplus Funding	(£5,852)

Programme Changes & Summary

Changes to the Capital Programme	2020/21	2021/22	2022/23	Total
	£000	£000	£000	£000
Period 7 Approved Capital Programme	63,112	19,135	0	82,247
Period 7 Re-Profiling to 20/21	(8,843)	8,843		0
Changes per Executive Cabinet 02 November 2020				
- Two Trees Demolition (New Budget, receipts/reserves)	400	400		800
Changes per Exec Cabinet 25 September 2020				
- Stalybridge HAZ (New Budget, Business Rates Reserve)	265	1,679	606	2,550
- Mayors Challenge Fund (Additional Budget, Grant funding)	358			358
Changes per Executive Cabinet 16 December 2020				
- Bus Stop Enhancements (New Budget, Grant Funding)	300			300
- St Lawrence Road Denton (Additional Budget, receipts/reserves)	48			48
- Fairfield Children's Centre (Approval of earmarked Budget, receipts/reserves)	14			14
- Oxford Park Development (Removal of Budget, Grant funded)	(433)			(433)
- Statutory Compliance (Approval of earmarked Budget, receipts/reserves)	28			28
- Copparas Fields (New Budget, S106 contribution)		52		52
- Playing Pitch Strategy (New Budget, receipts/reserves)	40			40
Other Changes				
- Education S106 Correction (Contributions/Grants)	1,049			1,049
Period 10 Fully Approved Capital Programme	56,338	30,109	606	87,053

Prudential Indicators

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Operational Boundary for External Debt	202,431	151,337	(51,094)
Authorised Limit for External Debt	222,431	151,337	(71,094)

- The Authorised Limit for External Debt sets the maximum level of external borrowing on a gross basis (i.e. excluding investments) for the Council.
- The operational boundary for External Debt comprises the Council's existing debt plus the most likely estimate of capital expenditure/financing for the year. It excludes any projections for cash flow movements. Unlike the authorised limit breaches of the operational boundary (due to cash flow movements) are allowed during the year as long as they are not sustained over a period of time.
- These limits include provision for borrowing in advance of the Council's requirement for future capital expenditure. This may be carried out if it is thought to be financially advantageous to the Council.

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Upper Limit for fixed	191,128	51,511	(139,617)
Upper Limit for variable	63,709	(78,005)	(141,714)

- These limits are in respect of the Council's exposure to the effects of changes in interest rates.
- The limits reflect the net amounts of fixed/variable rate debt (i.e. fixed/variable loans less fixed/variable investments). These indicators allow the Council to manage the extent to which it is exposed to changes in interest rates.

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Capital Financing Requirement	191,128	191,128	-

- The Capital Financing Requirement (CFR) measures the Council's underlying need to borrow for capital purposes, i.e. its borrowing requirement. The CFR is the amount of capital expenditure that has not yet been financed by capital receipts, capital grants or contributions from revenue.
- The CFR increases by the value of capital expenditure not immediately financed, (i.e. borrowing) and is reduced by the annual Minimum Revenue Provision for the repayment of debt.

Prudential Indicators

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Capital expenditure	87,053	34,232	(52,821)

- This is the estimate of the total capital expenditure to be incurred.

Gross borrowing and the capital financing requirement	CFR @ 31/03/20 + increase years 1,2,3	Gross borrowing	Amount within limit
	£000s	£000s	£000s
	191,128	151,337	(39,791)

- To ensure that medium term debt will only be for capital purposes, the Council will ensure that the gross external borrowing does not, except in the short term, exceed the total of the capital financing requirement (CFR).

Maturity structure for borrowing 2020/21		
Fixed rate		
Duration	Limit	Actual
Under 12 months	0% to 15%	6.86
12 months and within 24 months	0% to 15%	0.13%
24 months and within 5 years	0% to 30%	2.92%
5 years and within 10 years	0% to 40%	2.35%
10 years and above	50% to 100%	87.62%

- These limits set out the amount of fixed rate borrowing maturing in each period expressed as a percentage of total fixed rate borrowing. Future borrowing will normally be for periods in excess of 10 years, although if longer term interest rates become excessive, shorter term borrowing may be used. Given the low current long term interest rates, it is felt it is acceptable to have a long maturity debt profile.

Appendix 4A - Growth

Development & Investment Services Capital Programme							Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Actual to Date £000	2020/21 Projected Outturn £000	2020/21 Projected Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Ashton Town Hall Feasibility Study	257	80	134	200	57	(57)	200	137
Godley Green Development and Access Road	110	0	115	115	(5)	0	110	0
Stalybridge HAZ	265	2,285	0	87	178	(178)	87	2,463
Demolition of Former Two Trees School	400	400	1	400	0	0	400	400
Longlands Mill	21	0	0	0	21	0	21	0
Playing Pitch Strategy	40	0	0	0	40	(40)	0	40
Godley Garden Village	1,890	8,062	509	775	1,115	(1,115)	775	9,177
Denton Pool Demolition	620	100	182	520	100	(100)	520	200
Hattersley Station Passenger Facilities	302	372	53	100	202	(202)	100	574
Ashton Old Baths Annex	3,227	200	2,870	3,227	0	0	3,227	200
Total	7,132	11,499	3,864	5,424	1,708	(1,692)	5,440	13,191

Estates Capital Programme							Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Actual to Date £000	2020/21 Projected Outturn £000	2020/21 Projected Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Mottram Showground (OPF)	45	69	11	12	33	(33)	12	102
Total	45	69	11	12	33	(33)	12	102

Appendix 4A - Growth

Corporate Landlord Capital Programme							Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Actual to Date £000	2020/21 Projected Outturn £000	2020/21 Projected Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Retrofit (Basic Measures)	137	137	0	0	137	(137)	0	274
Statutory Compliance	232	0	244	323	(91)	91	323	(91)
Total	369	137	244	323	46	(46)	323	183

Vision Tameside Capital Programme							Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Actual to Date £000	2020/21 Projected Outturn £000	2020/21 Projected Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Vision Tameside	0	0	233	233	(233)	0	0	0
Document Scanning	158	0	0	0	158	0	158	0
Total	158	0	233	233	(75)	0	158	0

On 10 February 2021 Executive Cabinet approved £1.25m for the installation of fire detection equipment and associated contract and project management costs into the ceiling voids at the Tameside One building. This work will reduce annual insurance premiums and the excess on any claims. The scheme will be funded from the Council's Insurance fund, this is £7.479m.

Appendix 4B - Operations & Neighbourhoods

Engineer's Capital Programme							Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Actual to Date £000	2020/21 Projected Outturn £000	2020/21 Projected Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
MCF, Walking , Cycling & Other	2,923	7,347	708	1,000	1,923	(1,531)	1,392	8,878
Bridges, Structures & Inspections	710	35	113	372	338	(338)	372	373
Other Highways & Town Capital	623	50	221	365	258	(255)	368	305
Flood Prevention & Resilience	635	311	117	560	75	(75)	560	386
Street Lighting	1,233	2,593	357	1,390	(157)	157	1,390	2,436
Car Parks	0	0	7	9	(9)	0	0	0
Principal Highways & Town Capital	2,665	111	2,458	2,900	(235)	235	2,900	(124)
Total	8,789	10,447	3,980	6,596	2,193	(1,807)	6,982	12,254

Transport Capital Programme							Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Actual to Date £000	2020/21 Projected Outturn £000	2020/21 Projected Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Fleet Replacement Programme	2,481	165	2,308	2,476	5	0	2,481	165
Transport - 16 New Vehicles	0	0	24	25	(25)	0	0	0
Total	2,481	165	2,332	2,501	(20)	0	2,481	165

Appendix 4B - Operations & Neighbourhoods

Environmental Services Capital Programme							Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Actual to Date £000	2020/21 Projected Outturn £000	2020/21 Projected Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Fairlea Denton and Greenside Lane Droylsden	799	0	689	799	0	0	799	0
Rocher Vale & Hulmes and Hardy Wood	6	0	6	6	0	0	6	0
Audenshaw Environmental Improvements	9	0	0	0	9	(9)	0	9
Egmont St Fencing	2	0	0	2	0	0	2	0
Infrastructure Improvements	2	0	1	2	0	0	2	0
Highway Tree Planting 2019	10	15	0	0	10	(10)	0	25
Greenspace Infrastructure	30	85	0	30	0	0	30	85
Hyde Park	13	0	0	0	13	(13)	0	13
King George's Park	6	0	0	0	6	(6)	0	6
Children's Playgrounds	180	412	0	180	0	0	180	412
Replacement of Cremators	1,370	1,121	310	683	687	(687)	683	1,808
Cemetery Boundary Walls	125	0	48	60	65	(65)	60	65
Sam Redfern Green	17	0	0	17	0	0	17	0
Oxford Park Play Area	40	0	0	0	40	(40)	0	40
Copparas Fields	0	52	0	0	0	0	0	52
Total	2,609	1,685	1,054	1,779	830	(830)	1,779	2,515

Appendix 4C - Education

Education Capital Programme							Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Actual to Date £000	2020/21 Projected Outturn £000	2020/21 Projected Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Unallocated Funding Streams	2,500	0	468	2,500	0	0	2,500	0
Alder Community High School	558	500	31	200	358	(358)	200	585
Audenshaw High School	250	1,022	169	250	0	0	250	1,022
Aldwyn Primary School	3,036	0	286	340	2,696	(2,696)	340	2,696
Denton Community College	335	0	27	60	275	(275)	60	275
Cromwell High School	150	505	153	150	0	0	150	505
Discovery Academy	150	0	43	150	0	0	150	0
Hawthorns Primary Academy	561	0	150	250	311	(311)	250	311
Hyde Community College	1,525	0	1,135	1,525	0	0	1,525	0
Livingstone Primary	414	0	334	414	0	0	414	0
St Anne's Denton Primary	150	0	9	9	141	(141)	9	141
St Johns Dukinfield C of E Primary	600	632	93	200	400	(400)	200	1,032
Stalyhill Infants	220	0	0	110	110	(110)	110	110
Russell Scott Primary	246	0	247	258	(12)	0	246	0
Fire Safety	159	0	149	149	10	(10)	149	10
School Condition Related Works							150	0
Contingency	150	0	35	150	0	0	0	0
All Saints Catholic School	50	1,940	0	0	50	(50)	0	1,990
Rayner Stephens Academy (Astley)	100	373	0	100	0	0	100	373
Minor Schemes (Under £150k)	971	0	472	729	392	(242)	879	242
Total	12,125	4,972	3,801	7,544	4,581	(4,593)	7,532	9,565

Appendix 4C – Children’s Social Care

Children’s Capital Programme							Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Actual to Date £000	2020/21 Projected Outturn £000	2020/21 Projected Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Assessment Centre	30	370	0	30	0	54	84	316
St Lawrence Road Denton	93	0	45	147	(54)	0	93	0
Fairfield CC	70	0	69	70	0	0	70	0
Total	193	370	115	247	(54)	54	247	316

Appendix 4D - Finance & IT

Finance Capital Programme							Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Actual to Date £000	2020/21 Projected Outturn £000	2020/21 Projected Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Strategic Investment in Manchester Airport	3,730	0	3,740	3,740	(10)	0	3,730	0
Manchester Airport Project Mere	9,700	0	9,677	9,677	23	0	9,700	0
Total	13,430	0	13,417	13,417	13	0	13,430	0

Digital Tameside Capital Programme							Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Actual to Date £000	2020/21 Projected Outturn £000	2020/21 Projected Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Digital by Design	30	0	10	10	20	-20	10	20
Tameside Digital Infrastructure	68	0	39	43	25	-25	43	25
Laptop Replacement & Windows 10 Deployment	3	0	3	3	0	0	3	0
Microsoft Licencing	1,361	0	1,013	1,049	312	-312	1,049	312
DCMS Fibre- Wave 2	1,820	0	473	1,820	0	0	1,820	0
Total	3,282	0	1,538	2,925	357	-357	2,925	357

Appendix 4E – Population Health

Population Health Capital Programme							Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Actual to Date £000	2020/21 Projected Outturn £000	2020/21 Projected Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
New Denton Facility	230	0	0	0	230	0	230	0
Extension to Hyde Leisure Pool	3,108	500	2,318	3,089	19	0	3,108	500
Active Medlock	13	0	0	0	13	0	13	0
Floodlight Replacement Scheme	10	0	0	0	10	0	10	0
Total	3,361	500	2,318	3,089	272	0	3,361	500

Appendix 4F - Adults

Adults Capital Programme							Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Actual to Date £000	2020/21 Projected Outturn £000	2020/21 Projected Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Disabled Facilities Grant	1,649	583	1,159	1,649	0	0	1,649	583
Housing Assistance	50	128	0	10	40	(40)	10	168
4C Capital Grants Adults	120	0	90	120	0	0	120	0
Moving with Dignity	179	160	125	163	16	(16)	163	176
Disability Assessment Centre	250	0	0	0	250	(250)	0	250
Mount Street Hyde	100	0	0	100	0	0	100	0
Total	2,348	871	1,374	2,042	306	(306)	2,042	1,177

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Dedicated Schools Grant 2020/21

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

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

DSG Funding Blocks	Estimated DSG Settlement £000	Block Transfer 2020/21 £000	Revised DSG 2020/21 £'000	Projected Distribution / Spend 2020/21 £000	Forecast Surplus / (Deficit) £000
Schools Block	169,918	(850)	169,068	168,764	304
Central School Services Block	953	0	953	951	2
High Needs Block (Pre/Post 16)	24,425	850	25,274	28,112	(2,838)
Early Years Block	17,261	0	17,261	16,866	395
Total	212,557	0	212,556	214,693	(2,137)

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

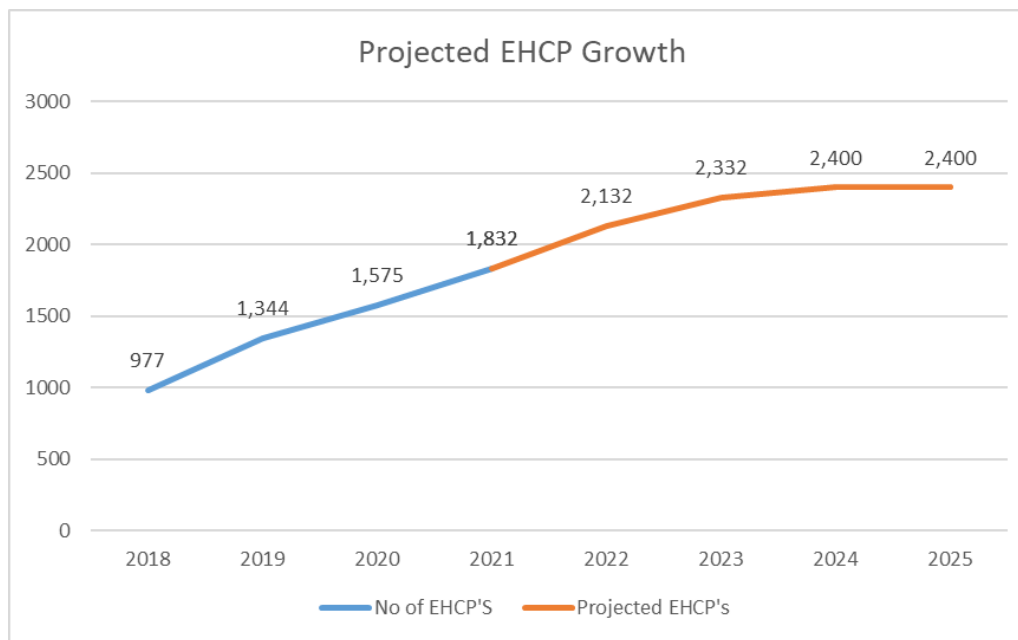
Schools Block

There is a forecast surplus of £0.072m on the schools block relating to rates rebates in relation to schools that recently converted to Academy status and actual rates charges being lower than estimated. This partly offset by rates revaluations (relating to 6 schools) resulting in an increase in the costs of £0.019m. There is a surplus of £0.251m relating to unallocated growth funding. The growth allocation is based on pupil numbers at the October 2020 census point and the figures have now been updated in line with the census data. Any surplus is proposed to contribute to the DSG reserve deficit.

High Needs

This High Needs position has improved since period 6. There appears to be a slowing or flattening in growth as shown in the graph below. In addition, a review of SEN Support services has identified some savings related staffing charged to the high needs block. These savings are now included above and the full year effect will be seen in next year's spend.

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Early Years

The Early Years block is projected to underspend in 2020/21. This is due to a reduction in participation due to lockdown and Covid19. It is more difficult project spend as we are in unprecedented times, at present, we are anticipating a £0.395m surplus at the end of the financial year but this could significantly change due to changing nature of government directives in managing the covid19 outbreak, and the rapidly changing environment we find ourselves in.

Autumn 2020 has seen the vast majority of providers re-open, with a number of providers have had temporary closures as a result of Covid19 and the requirements for self-isolation. The impact of the 2nd period of lockdown is not yet known. It is likely that this will have an impact on the 2021/22 Early Years Funding for the council. DfE have confirmed they will be funding the council on the actual participation of families, i.e. number of places taken at the January 2021 census. Which may be less than normal due to families not taking up their place due to being on furlough or changes in employment status. An update on funding will be brought back when the funding position is confirmed by DfE.

Central Services Schools Block

There is forecast to be a small surplus on the central school services block of £0.002m due to the cost of licences being slightly less than estimated.

DEDICATED SCHOOLS GRANT RESERVE POSITION

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

	2019/20 Surplus / (Deficit) £0	2020/21 Forecast Surplus / (Deficit) £000
DSG Reserve Brought Forward	3,228	(557)
Schools Block	114	304
Central Service Block		2
In year deficit on High Needs Block	(4,568)	(2,838)
In year surplus on Early Years	251	395
Estimated Early Years 2019-20 Adjustment (TBC June 2020)	296	
Early Years Block 2018-19 Adjustment	122	(18)
DSG Reserve after Commitments	(557)	(2,712)

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

If the 2020/21 projections materialise, there would be a deficit of £2.712m on the DSG. Under DfE regulations have produced a deficit recovery plan which has been submitted to the DfE outlining how we expect to recover this deficit and manage spending over the next 3 years. The position will be closely monitored throughout the year and updates will be reported to Members.

Agenda Item 5

Report to: STRATEGIC COMMISSIONING BOARD

Date: 24 March 2021

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

Clinical Lead: Dr Christine Ahmed (Starting Well)

Reporting Officer: Debbie Watson, Assistant Director of Population Health
Dr Jeanelle de Gruchy, Director of Population Health

Subject: **EARLY YEARS POPULATION HEALTH COMMISSIONING UPDATE AND INTENTIONS 2021/22**

Report Summary: The report details Population Health's early years commissioning intentions for 2021 – 2022. The report sets out specific details to extend for one year two service agreements:

- HomeStart – core grant arrangements
- Breastfeeding Peer Support Service

These proposals will ensure alignment to a 0-19 children, family and early help services review, which will inform public health commissioning arrangement from April 2022.

The Council are working with STAR procurement on all areas.

The grant and contract are currently delivering services in line with the specifications with no concerns regarding quality or finance.

Recommendations: That the Strategic Commissioning Board approve:

- Extension of the core grant arrangements with HomeStart for 12 months to 31 March 2022.
- Extension of the contract for the Breastfeeding Peer Support Service (commissioned jointly with Oldham MBC) for 12 months to 31 March 2022.

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

Budget Allocation (if Investment Decision)	The proposal is to extend the existing arrangements for a further 12 months, using existing budgets.
CCG or TMBC Budget Allocation	TMBC Controlled budget
PEER SUPPORT – The TMBC Budget Allocation of £50,000 from Troubled Families for 2021/22 has been confirmed as part of the HM Treasury spending review in November 2020. Future years funding is not as yet confirmed. This is matched with an existing Population Health budget of £75,000 from Population Health for 2021/22. This makes a total of £125,000 available for this activity.	
BREASTFEEDING – The base budget for this activity is held by Population Health and is £114,713 for 2021/22. Together with confirmation from Oldham MBC that they have set aside a budget of £88,679.	

Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	Section 75
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	These existing current contracts will be extended for 12 months. There have been no performance or quality issues with the contracts and the service considers them to be value for money in terms of outcomes. STAR procurement are being engaged to ensure that the value for money and compliance requirements are adhered to.
Additional Comments Population health are reviewing their entire early years commissioning intentions as part of the medium term financial plan and are seeking £0.5m of efficiencies from current contracts from 2022/23. The extension of these arrangements for 12 months, is in light of the pressures faced by both Population Health and the NHS during covid, and allows an in depth review to take place. All contracts between the Council and health organisations require a 12 month lead in time, if changes are sought. The recommissioning for 2022/23 is about to commence.	

Legal Implications:

(Authorised by the Borough Solicitor)

It is important that the project officers take advice from STAR to ensure that the extensions are effected in accordance with the terms of the current contracts, of if there is no extension provision that an appropriate process is undertaken for a direct award for the 12-month period, ensuring that any risk of challenge are identified and managed.

Similarly in relation to the retendering exercise advice should be sought from STAR to ensure that a compliant process is followed.

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the Starting Well elements of the Health and Wellbeing Strategy with a particular focus on support prevention and early intervention.

How do proposals align with Locality Plan?

The service links into the Council's priorities:

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

How do proposals align with the Commissioning Strategy?

The services contribute to the Commissioning Strategy by:

- Empowering Citizens and Communities

- Commissioning for the “whole person”

Recommendations / views of the Health and Care Advisory Group:

This report has not been presented at HCAG.

Public and Patient Implications:

N/A

Quality Implications:

The services support quality outcomes for children and their families to be able to start well and continue living well in their local communities.

How do the proposals help to reduce health inequalities?

The services work with families across the Borough in need of advice, support and assistance. By providing the right support at the right time, helps to reduce health inequalities.

What are the Equality and Diversity implications?

There are no negative equality and diversity implications associated with this report.

What are the safeguarding implications?

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

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

Information Governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both commissioner and provider. Privacy Impact Assessments have not been carried out.

Risk Management:

Risks will be identified and managed by the appropriate officers as part of the contract monitoring process.

Access to Information:

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



Telephone: 0161 342 4136



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

1. INTRODUCTION

- 1.1 The report details Population Health's early years commissioning intentions for 2021 – 2022. The report seeks authorisation to:
- Extend the core grant arrangements with HomeStart for 12 months to 31 March 2022.
 - Extend the Contract for the Breastfeeding Peer Support Service for 12 months up to the 31 March 2022.

2. HOMESTART – CORE GRANT

- 2.1 HomeStart Oldham, Stockport and Tameside (HOST) is a long-standing partner of the Council with a unique, tried and trusted peer support model, with a successful track record of grass-roots community volunteering, valued by volunteers and professionals alike.
- 2.2 HomeStart provides one-to-one peer support for families via a team of dedicated and supervised volunteers, who visit families' for a couple of hours per week and tailor support to meet the individual needs of the family. The trusted relationship that is developed between a parent and volunteer often leads powerful change within the family, as well as enabling the family to grow in confidence for accessing the wider community and universal early years offer. The core HomeStart Peer Support Service has operated for a number of years on a grant funding basis from the Strategic Commission's Population Health Directorate.
- 2.3 In 2019/20, the HomeStart Peer Support Service received 245 referrals, and supported 201 families, with 408 children. In the past three quarters of 2020/21, the HomeStart Peer Support Service has supported 268 families with a total of 532 children, on a range of issues, including isolation, family conflict, managing budgets, and the health of the child and/or parent. HomeStart through their Peer Support Service has supported the difficulties and challenges that Covid-19 has brought to many families in Tameside. The organisation has worked in a 'COVID Safe' manner to provide emotional and social support, as well as providing food and home learning packages to vulnerable families.
- 2.4 HomeStart has been a significant partner in the development of the Early Help Offer, attending panel meetings and providing a crucial pathway and intervening early to prevent family breakdown. They have adapted their service delivery and aligned to new ways of working, including asset based and relational approaches using Signs of Safety methodology. HomeStart are champions and deliver interventions supporting early attachment, infant feeding, child development and school readiness which all have strong evidence of effectiveness and return on investment.
- 2.5 The grant for the core HomeStart Peer Support Service has been £75,000 per annum. However this was uplifted to £125,000 last year using monies from the Troubled Families Funding as outlined in the report presented to Strategic Commissioning Board in March 2020. The current grant agreement is due to end of the 31 March 2021.
- 2.6 The intention during the past 12 months, was to initiate a procurement exercise however the impact of the Covid pandemic has affected the ability to undertake a re-procurement exercise before the expiry of the grant, therefore authorisation is requested to renew the current grant arrangement for one year from 1 April 2021.
- 2.7 Due to the pandemic, the Troubled Families funding has only been confirmed for one year in 2021/2022. It is therefore proposed that £50K of the Trouble Families funding allocation is aligned to the annual grant value, totalling to £125,000. The uplift of funding from Trouble Families will enable HomeStart to support more families stepping down from Early Help Services as well as continue to deliver the universal peer support offer.

- 2.8 The 12 month extension will allow the Strategic Commission to receive confirmation from the Government regarding long term funding arrangements for the Troubled Families programme, as well as allow time to review, co-design and align to the strategic objective to integrate 0-19 children and family services by April 2022. The outcomes of the 0-19 children, family and early help services review, will inform the commissioning arrangements of services commissioned from April 2022. The outcomes of the 0-19 review and further public health commissioning intentions will be reported to the Strategic Commission Board in Summer 2021.

3. HOMESTART – BREASTFEEDING PEER SUPPORT SERVICE

- 3.1 HomeStart is jointly commissioning by Tameside MBC and Oldham MBC to deliver a Breastfeeding Peer Support Service, which has made a significant contribution in supporting families to initiate and maintain breastfeeding, and therefore improving health outcomes for mother and baby. During the Covid-19 pandemic, the Breastfeeding Peer Support Service has worked differently to support families, including Zoom Groups and individual tailored support. However, the Service has also restored face-to-face visits using robust risk assessments for families who are struggling with breastfeeding.
- 3.2 At the Strategic Commissioning Board in March 2020, approval was given to retender the Breastfeeding Peer Support Service jointly with Oldham MBC. However, due to the impact of the pandemic, the retender for the service has not been able to be initiated. The current contract is due to end on the 31 March 2021.
- 3.3 Authorisation is therefore sought to extend the current contract for one year from the 1 April 2021 under the Public Contract Regulations 2015, Regulation 72(1). The intention to do this has been agreed by Oldham MBC. The one year extension values at £203,392 (£114,713 – Tameside Council, £88,679 – Oldham Council).
- 3.4 During this time, this Service will be included in the review, co-design and align to the strategic objective to integrate 0-19 children and family services by April 2022. The outcomes of the 0-19 children, family and early help services review, will inform the commissioning arrangements of services commissioned from April 2022. The outcomes of the review and further commissioning intentions will be reported to the Strategic Commission Board in Summer 2021.

4. CONTRACTING PROPOSALS

- 4.1 The proposals to extent services outlined in this report have been developed, considered and advised by STAR Procurement.

5. VALUE FOR MONEY

- 5.1 As we are looking to extend contracts, the current performance monitoring processes will continue to ensure contracts are compliant and all quality aspects of the services to ensure we are achieving value for money will be undertaken on a quarterly basis.

6. EQUALITIES

- 6.1 It is no anticipated adverse equality and diversity issues associated with these proposals and indeed all seek to reduce inequalities.

- 6.2 An Equality Impact Assessment and Needs Assessment be produced along the review of 0-19 children, family and early help services review.

7. RISK MANAGEMENT

- 7.1 Any risks of poor service delivery will be mitigated by performance monitoring of the services and by the close working relationships between officers representing the Council to ensure that assessed need is being met.

8. RECOMMENDATIONS

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

Agenda Item 6

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 24 March 2021

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

Clinical Lead Dr Vinny Khunger, Clinical Lead for Mental Health and Learning Disabilities
Dr Christine Ahmed, Clinical Lead for Starting Well

Officer of the Single Commission Jessica Williams, Director of Commissioning

Subject: **DELIVERING THE NHS LONG TERM PLAN: MENTAL HEALTH BUSINESS CASE 2021/24**

Report Summary: Mental health is a high priority and Tameside and Glossop Strategic Commission has been committed to improving access to and the quality of mental health support and services to meet the needs of the population. Significant investment was committed in January 2018 and this paper seeks to build on this in order to meet the challenging requirements of the NHS Long Term Plan, notably the transformation of mental health support and services in the community. The mental health elements of the Plan are expected to be funded through a combination of additional funding in the CCG baseline and through transformation investment. This paper sets out funding expectations and the proposed developments to address the mental health recommendations in the Plan in relation to:

1. Perinatal mental health
2. Children and young people's mental health
3. Adult severe mental illnesses (SMI) community care
4. Adult common mental illnesses (IAPT)
5. Mental health crisis care
6. Adult eating disorders
7. Learning disabilities and/or autism mental health support
8. Rehab supported accommodation

The report summarises the funding streams, including the CCG Baseline, expected transformation funds from GM plus proposes investment from the Council held Transforming Care Community Discharge Fund and makes the case for these to be invested over the next three years.

Recommendations: That Strategic Commissioning Board be recommended to approve the investment proposals as outlined in section 8 of the report.

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

Budget Allocation (if Investment Decision)	£4.0m (External LTP & SDF funding). £2.3m CCG Baselines
CCG or TMBC Budget Allocation	CCG & TMBC

Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	MH is a national priority across health and Care and significant sums of national SDF funding is being made available, i.e. £4m as outlined above. Treating Mental health and well-being early can prevent long term health needs and improve economically within communities and the sociology within the population.

Additional Comments

Under command and control the NHS has only been allowed to invest in Mental Health in view of the strategic importance of this service and compliance with the mandated mental health investment standard (MHIS).

This business case sets out funding plans and investments proposals over the next 3 years as it is vital for services to start to mobilise and become embedded in the future outcomes for Mental Health deliverables set out by national priorities. It is therefore caveated that this plan may alter over the course of time as NHS is reformed.

The financial investment plans set out within this business case have been reviewed and fully supported by the GMH&SC Partnership and they have confirmed the values of national SDF funding to support the proposals in 21/22.

Legal Implications:

(Authorised by the Borough Solicitor)

The Board need to consider the proposed application in the context of the main body of the report and the financial implications to ensure that it represents good value for money and also meets the NICE guidance.

What is the evidence base for this recommendation?

National Five Year Forward View for Mental Health and the NHS Long Term Plan

Is this recommendation aligned to NICE guidance or other clinical best practice?

The business case is based on a range of NICE Guidance regarding mental health and national requirements to deliver NICE Concordat Care.

How will this impact upon the quality of care received by the patient?

If additional funding for mental health support is committed access to and quality of care for patients will be improved.

Access to Information :

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



Telephone: 07792 060411



Email: pat.mckelvey@nhs.net

1. INTRODUCTION

- 1.1 The NHS Long Term Plan (2019) outlines the government's commitment to improving mental health services, both for adults and children and young people. The commitment includes additional mental health funding which will outstrip total NHS spending growth in each year between 2019/20 and 2023/24 so that by the end of the period, mental health investment will be at least £2.3 billion higher in real terms.
- 1.2 In adult services, the plan signals an extension of commitments in the *Five Year Forward View for Mental Health* (5YFVMH) to 2023/24. It aims to create a more comprehensive service system, particularly for those seeking help in crisis, with a single point of access for adults and children and 24/7 support with appropriate responses across NHS 111, ambulance and A&E services.
- 1.3 This paper outlines the expectations, existing service provision, transformation schemes in progress and an estimate of the investment required to improve services. The gap in investment is considerable and therefore it is proposed to take an incremental, prioritised approach to delivering the Long Term Plan over the following three years.

2. NATIONAL EXPECTATIONS

- 2.1 The Long Term Plan builds on the recommendations from the Five Year Forward View and expressly commits to the expand and refine the following
 - specialist community perinatal mental health
 - children and young people's mental health
 - adult common mental illnesses (IAPT)
 - adult severe mental illnesses (SMI) community care, including eating disorders
 - mental health crisis care and liaison
 - therapeutic acute mental health inpatient care
 - suicide reduction and bereavement support
 - problem gambling mental health support
 - adult eating disorders
 - learning disability and autism mental health support
- 2.2 This will be completed through the following programs of work delivered at locality and GM level:
 - a. Expanding the availability of specialist perinatal mental health services, from preconception to two years after birth, and extending support to their partners if they need it
 - b. A further expansion in the Improving Access to Psychological Therapies (IAPT) programme, particularly for people with long-term physical conditions
 - c. Testing a four-week waiting time target for community mental health teams
 - d. Developing "a new community-based offer [which] will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance misuse"
 - e. Building on the current expansion of crisis care, "ensuring the NHS will provide a single point of access and timely, universal mental health crisis care for everyone" (p70) including nationwide use of the NHS 111 line, 24/7 community support, alternatives to admissions (such as crisis houses and sanctuaries) and improved ambulance services

- f. Designing a “new Mental Health Safety Improvement Programme” to prevent suicide in inpatient units and offer support for people bereaved by suicide
- g. Expand further the availability of employment services using the evidence-based Individual Placement and Support (IPS) approach to help people who have “a personal goal to find and retain employment” by 2023/24
- h. Improve mental health support in the criminal justice system, including improved continuity of care for people entering or leaving prison, supporting Community Service Treatment Requirements for people who might otherwise get a prison sentence, and providing trauma-informed services for children in the youth justice system
- i. Provide holistic support to people leaving care and to veterans leaving the Armed Forces
- j. Scale up and improve mental health support for children, young people and young adults.
- k. Expansion of community-based crisis services for children and young people
- l. One-fifth of schools and colleges to have a mental health support team in place by the end of 2023
- m. Feasibility test for a national access and waiting time standard for specialist services.
- n. Addressing the issue of transitions between child and adult mental health services by creating “a comprehensive offer for 0-25 year olds”

3. MENTAL HEALTH INVESTMENT TO MEET THE LONG TERM PLAN

NHS Ambitions Tool for GM

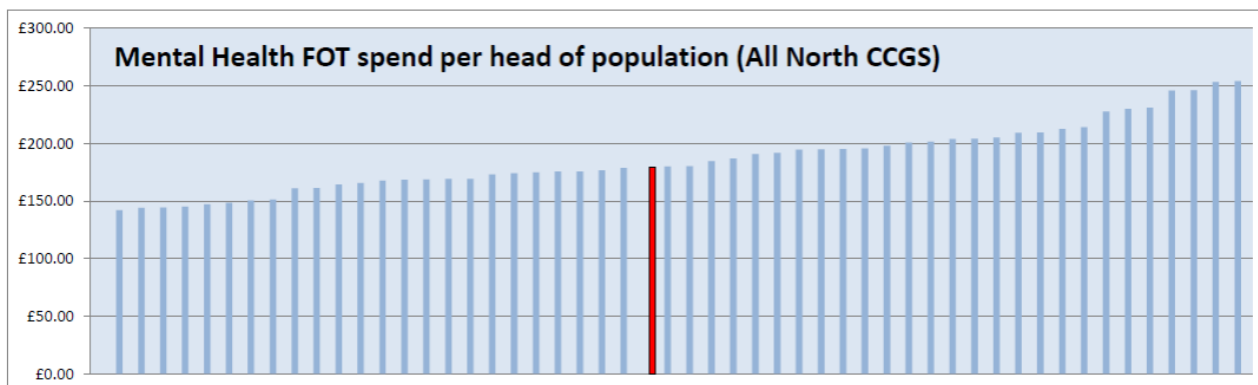
- 3.1 The NHS Long Term Plan promised considerable investment to meet the commitments via two routes – Transformation Funding via the STP and allocations within the CCG Baseline.

Existing Mental Health Investment

- 3.2 The Tameside and Glossop Strategic Commission has long recognised the importance of mental health and has been committed to improve parity of esteem and redress the balance between physical and mental health. Significant new investment has been committed over the past four years as illustrated by the table below:-

Application of MH Funding	2017/18 Outturn £000	2018/19 Outturn £000	2019/20 Outturn £000	2020/21 Forecast £000
Committed MH Expenditure in Baseline Budgets				
Pennine Care FT Core Contract / (CORE MH Providers)	22,273	23,836	25,467	27,531
Mental Health Prescribing	3,409	2,928	2,945	3,987
Mental Health in Continuing Care	6,441	8,129	7,177	8,013
Other	4,946	4,737	6,022	4,280
Total Commitments: MHIS (Excl LD & Dementia) as per Non-ISFE MHIS	37,069	39,630	41,611	43,811
Learning Disabilities	542	643	765	734
Dementia				2,305
Sub-total - MH services (inc LD & Dementia) as per Non-ISFE MHIS	37,611	40,273	42,376	46,850
GM Mental Health Transformation Funding excluded from MHIS			2,899	
Total Commitments	37,611	40,273	45,275	46,850

- 3.3 Although investment in MH services has increased, the spend per head of population is low compared to GM, North Region and Nationally. In October 2020 the CCG position relative to other CCGs was as follows:-



- 3.4 Despite the increased investment the overall % of the CCG budget invested in mental health has not increased, due to uplifts in the CCG allocation. In 2019/20 the CCG spend on MH accounted for 11.1% of the total CCG budget.

4. PROPOSALS TO DELIVER THE LONG TERM PLAN AMBITIONS IN TAMESIDE AND GLOSSOP

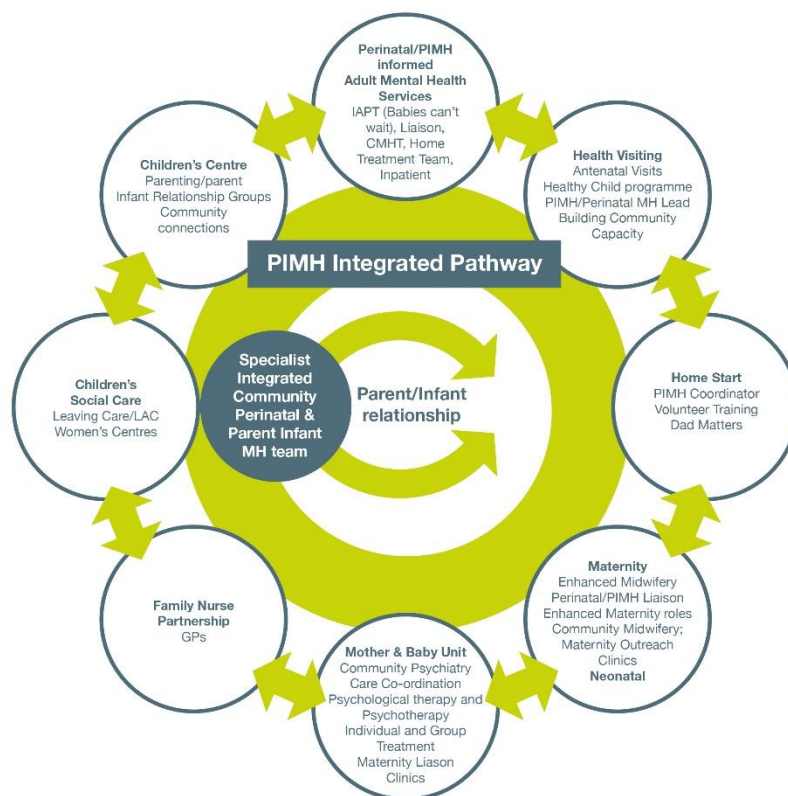
The following priorities are described below

1. Perinatal mental health
2. Children and young people's mental health
3. Adult severe mental illnesses (SMI) community care
4. Adult common mental illnesses (IAPT)
5. Mental health crisis care
6. Adult eating disorders
7. Learning disabilities and/or autism mental health support
8. Rehab supported accommodation

Perinatal Mental Health

- 4.1 The Greater Manchester Perinatal and Parent Infant Mental Health (P&PIMH) Programme has built an integrated model where the specialist Perinatal Community MH Team works in partnership with the Early Attachment Service, maternity, Early Help, Health Visiting, children's social care, Home Start, adult MH services and GPs in each locality to ensure a whole system approach to meeting needs of mothers, partners and infants. As the most established locality we are leading the way in this development and have a solid base on which to expand.

Perinatal Infant Mental Health - GM: A Whole System



- 4.2 Ambition 1 - increasing access to evidence-based care for women with moderate to severe perinatal MH difficulties, to benefit an additional 24,000 women per year by 23/24, in addition to the extra 66,000 women getting specialist help by 20/21. In T&G this equates to the following:-

	2019/20	2020/21	2021/22	2022/23
Target percentage of women who give birth	4.80%	7.40%* 4.8%	8.60%	10%
Target number of women	155	230 155	278	323

*Target for 2020/21 was revised due to Covid

Additional investment is required to extend the capacity of the services to effectively reach 10% of women in Tameside and Glossop.

- 4.3 Ambition 2 - establishing Maternity Outreach Clinics/Maternal Mental Health Services for women experiencing moderate or severe mental health difficulties due to the maternity experience, such as multiple miscarriages, still birth, traumatic birth, living apart from their child. A GM bid to NHSE establish a 12 month Pilot project from April 2021 has been submitted. The pilot will focus on health inequalities and, again, deliver a whole system approach. Based on learning from the Pilot a business case for ongoing investment will be presented.

Children and Young People

- 4.4 Children and young people have benefitted from the expansion and integration of mental health provision, plus the GM crisis care developments and the Mental Health in Education programme. Local priorities including improving autism assessment capacity, integrating

psychological therapies to the Family Intervention Service and expanding the community offer have been welcomed however demand remains high and access needs to be improved and waiting times reduced.

- 4.5 Access for children and young people into mental health support and services is improving, as indicated by the achievement of 41% against the national access target of 35% accessing at least 2 appointments. Delivering the additional elements of the Long Term Plan will improve this further and meet the rising demand. The core CAMHS service received a rate of 4935/100,000 referrals in 19/20, 1300/100,000 more than the national median. The team are managing 1729 open cases which is also above average, despite having a lower than average core CAMHS workforce.
- 4.6 Of the 1729 open cases, 1104 of these are on the neurodevelopmental pathways, with an average of 49 new Attention Deficit and Hyperactivity Disorder (ADHD) and Autistic Spectrum Condition (ASC) referrals per month. Compared to last year, there is a 41% increase in referrals for ADHD, but the number of cases is within the expected prevalence rate in GM.
- 4.7 High waiting lists in ASC (73 weeks) and ADHD (47 weeks) continue to grow despite changes to pathways and the demand outstrips capacity within the service offer. Covid has exacerbated the waiting times. Additional capacity is required to meet demand and it is hoped to fund this through a combination of CCG and PCN funding.
- 4.8 The Five Year Forward View for Mental Health required all localities to extend the age range of core CAMHS from 16 to the age of 18. The aim of this is to prevent young people falling into gaps in adult services at a very vulnerable time, when acuity often rises. All localities are expected to meet the GM CAMHS Service Specification and there is a need to significantly bolster the capacity of the Healthy Young Minds service in order to meet the needs of 16 and 17 year olds. Capacity and demand modelling has shown that an additional 8 staff are required to meet the needs of this group of young people.
- 4.9 Mental Health in Education: Opportunities from DfE and GM transformation funding have enabled us to work in partnership with schools to progress improvements. This is bolstered by locally funded additional capacity to create a multi-agency Single Point of Access. Schemes include:
- Wellbeing for Education Return Training and Workshops, focussed on teacher wellbeing and resilience – programme running from October 2020 to March 2021
 - Anna Freud Link Programme to improve relationships between education settings and the wider mental health networks, in a neighbourhood approach, initiating the idea of a 'network', running from January 2021 to April 2021.
 - Addition of 2.5 WTE mental health practitioners in education settings, on a neighbourhood approach, who will build relationships and help to navigate the system, as well as offer direct interventions. They will be in place March 2021 to September 2022
 - The Worry Wizard - Primary school whole school approach to emotional and mental wellbeing is introduced to all primary schools for an 18 month period, March 2021 to August 2022
 - Pooled CCG and TMBC budget to develop a facilitator post who will continue with the development of a network, offering whole school approach and training for workforce development in schools
 - Improved communication with introduction of a newsletter and a schools information webpage
- 4.10 SCB agreed the development of a new children and young people's community emotional wellbeing and mental health offer to make access to mental health support easier and clearer, the budgets for all existing CYP VCSE emotional wellbeing and mental health services have been pooled and increased. Throughout the Summer and Autumn of 2020 a series of co-production sessions and workshops were held with children, young people, providers and parents/carers to understand what wellbeing means to them and co-develop a specification for the new offer. The specification is out to tender and the new offer will be in place in

September 2021. The partnerships in the new offer will work alongside statutory services, the single point of access (SPOA) and specialist CAMHS, and it will be supporting those families who need advice or help.

- 4.11 Committed to work in closer partnership with Children's Social Care a number of workstreams are being taken forward to promote better health outcomes for all Cared for Children. NHS commissioned Child and Adolescent Mental Health (CAMH) services are not always able to effectively meet the needs of children with complex trauma, and the disruption of placement is often a barrier to receiving timely, high quality care. This is a particular problem where children are placed out of borough where unmet needs and difficulty navigating the system may result in unmanaged crises and increased acuity, both of which add considerable cost to the system. It is proposed to increase the psychological therapy offer for Cared for Children and those with learning disabilities and/or autism who come under the Transforming Care agenda with the overall ambition is to meet needs much earlier and therefore reduce unplanned and crisis costs at a later stage. It is also proposed to invest in commissioning capacity, bring together existing funding streams and establish an individual commissioning budget which will be managed by an interagency panel to speed up the process of meeting identified health needs.

Adult and Older People Serious Mental Illness

- 4.12 The adult and older people's community mental health teams provide risk management, treatment, interventions and support to around 2900 people with serious mental illness (SMI) living in Tameside and Glossop. In addition there are many people living with SMI under the care of their GP. Investment in these services is well below the national average and, as a consequence, to manage demand the threshold for the services are high. The services need to be sustained and bolstered in order to deliver the transformation and modernisation expected within the Community Mental Health Framework.
- 4.13 Primary Care Networks are being provided with funding to support mental health practitioner roles as follows
- From April 2021, every PCN will become entitled to a fully embedded FTE mental health practitioner, employed and provided by the PCN's local provider of community mental health services, as locally agreed.
 - 50% of the funding will be provided from the mental health provider, and 50% by the PCN (reimbursable via the ARRS), with the practitioner wholly deployed to the PCN.
 - This entitlement will increase to 2 WTE in 2022/23 and 3 WTE by 2023/24, subject to a positive review of implementation.
- 4.14 In Tameside and Glossop it is proposed to use the historic opportunity of the Community MH Framework plus the PCN investment to deliver Phase 2 of our Living Life Well Programme. This will focus on a phased approach to building five integrated mental health teams, one in each of the five neighborhoods to deliver better mental health outcomes for the local population by ensuring that:
- People can have a good-quality assessment at whatever point they present
 - Interventions for mental health problems are readily available and accessible at the location most appropriate to people's needs
 - Care can be stepped up where or when more specialist care is required, and stepped down, in a flexible manner without the need for cumbersome referrals and repeated assessments
 - There are effective links with community assets to support and enable people to become more embedded within their community and to use these assets to support their mental health.
- 4.15 Delivering good mental health support, care and treatment in the community will be underpinned by the following six aims:
1. Promote mental and physical health, and prevent ill health.

2. Treat mental health problems effectively through evidence-based psychological and/or pharmacological approaches that maximise benefits and minimise the likelihood of inflicting harm, and use a collaborative approach that: builds on strengths and supports choice; and is underpinned by a single care plan accessible to all involved in the person's care.
 3. Improve quality of life, including supporting individuals to contribute to and participate in their communities as fully as possible, connect with meaningful activities, and create or fulfil hopes and aspirations in line with their individual wishes.
 4. Maximise continuity of care and ensure no "cliff-edge" of lost care and support by moving away from a system based on referrals, arbitrary thresholds, unsupported transitions and discharge to little or no support. Instead, move towards a flexible system that proactively responds to ongoing care needs.
 5. Work collaboratively across statutory and non-statutory commissioners and providers within a local health and care system to address health inequalities and social determinants of mental ill health.
 6. Build a model of care based on inclusivity, particularly for people with coexisting needs, with the highest levels of complexity and who experience marginalisation.
- 4.16 The Living Life Well developments to date provide a good foundation from which to address the gaps in provision and achieve radical change in community mental health care by moving towards joined-up care and whole population approaches, and establishing a revitalised purpose and identity for community mental health services.
- 4.17 Organisations from across the Charity, Voluntary, Community and Social Enterprise sector are integral to the Living Life Well programme bringing depth, breadth and reach to mental health provision across Tameside and Glossop.
- **The Neighbourhood Mental Health Team** is a multi-disciplinary, multi-talented partnership led by a Greater Manchester charity, Big Life, featuring members from Tameside, Oldham and Glossop Mind, Pennine Care, and Tameside Council coming together in a person-centred coaching approach to support people with mental health needs to live bigger, better lives where they may previously have fallen through gaps between thresholds.
 - **Peer Coaches**, an integral part of the NMHT approach, are members of the Tameside and Glossop communities with Mental Health Lived Experience who have themselves been supported by services across the MH system and CVCSE partnership. Trained and supported, coaches provide pragmatic coaching support, advice and signposting to support the person's goals across a wide range of domains including mental health, wellbeing, employment, housing, debts, benefits and other services.
 - **Living Life Well Places and Spaces** are provided by our CVCSE partners across Tameside and Glossop, providing a wide range of accessible and welcoming locations and activities that ensure support is available in the context of people's lives. Places, like Pop Café in Hyde and Topaz café in Ashton provide stigma-free and easily accessible spaces people can pop into when they don't feel comfortable accessing other services and supported to access the support they need.
 - **The Living Life Well Community**, is a mental health informed community with training provided by Mind giving people the competence and confidence to have conversations about mental health and emotional wellbeing, supporting frontline workers from other services, staff from public facing businesses (including super markets and services) and members of the community.
 - To meet the needs of our communities, our **Lived Experience** partner, The Anthony Seddon Fund, manage a committee of Lived Experience champions with a range of experience, who gather stories from a wide spectrum of people who have had contact with the mental health system to feed into service development and delivery.

- 4.18 It is therefore proposed to move forwards with redesigning mental health services by bringing together all funding streams to
- Bolster community mental health team capacity in line with national caseload:workforce ratio
 - Enhance psychological therapies to deliver a new approach to Personality Disorders, including Structured Clinical Management in line with the GM Pathway
 - Establish a treatment support team to assertively reach people who are struggling to maintain compliance with their treatment regime
 - Match-fund the PCN roles and align other MH services on a phased basis to create five integrated mental health neighbourhood teams by the end of 2021/22.
 - Invest in the VCSE sector to grow the community support offer to broaden access to mental health specific support into volunteering, employment, meaningful activities, money management etc
 - Expand the Adult ADHD and Autism service to reduce waiting times
 - Establish a personalised approach to meet the needs of people of different ages and complexities, increasing choice and control at every level.
- 4.19 It is proposed to:
- a) Bolster capacity within secondary care mental health community services in order to reduce pressures within the teams of managing large caseloads with complex risk. This will include building leadership roles and moving away from sole practitioner responsibility through Care Coordination to create genuine multi-disciplinary working by the availability of more Psychologists and Occupational Therapists operating through a model of team formulated interventions for each patient. The additional capacity will improve the stability & safety of the service and staff ambition of what can be achieved with each patient will be raised as more staff hours make available more contact time. Existing ratio of staff to patients severely restricts contact time available to each patient and; drives focus of interventions too far down the continuum towards maintenance, conversely inhibits the person centred recovery based work that supports people to live life well despite their serious mental illness.
 - b) Establish a new service offer to those with Personality Disorder by building the foundations of Structured Clinical Management - an evidenced-based approach model that enables generalist mental health practitioners to work effectively with people with a personality disorder. One post is identified to work specifically with older people in response to clinical advice that there is equivalent need that requires an adjusted approach to be non-discriminatory and effective.
 - c) Introduce peer coaches into the community mental health service. Success of peer coaches in neighbourhood team to be replicated in CMHT as well re-enforcing culture shift towards people who use service being fully active contributors in their own care and that of others.
 - d) Improve patient safety, treatment concordance and relapse prevention by establishing a small team to deliver and co-ordinate treatment support i.e. Clozapine and depot injection clinics.
 - e) Double nursing capacity to the ADHD clinic to maximise the efficiency, reduce waiting times and increase post-diagnostic support.
 - f) Expand the Neighbourhood Mental Health Team to create five teams, one for each neighbourhood. Working with the PCN Clinical Leads, it is planned that this development is

funded through a combination of Primary Care Network funding, CCG investment and VCSE Transformation Funding.

- g) Through a VCSE partnership alliance significantly enhance the VCSE offer to include
- Additional Peer Coaches and Mental Wellbeing Coaches
 - Additional Employment Coaches
 - Additional Housing Coaches
 - Addition of Money Management Coaches
 - Addition of young adult coaches
 - Community crisis support drop-in places – open and welcoming access to direct mental health support.
 - Maintain the development programme which provides training, supervision and peer to peer learning opportunities for the wide range of community wellbeing services across Tameside and Glossop - increasing emotional and mental health understanding, confidence and competence.

Psychological Therapies for Common Mental Health Illnesses (IAPT)

- 4.20 The provision of an easily accessible talking therapies service going into the next decade is even more important. Linking this with our existing long term conditions to provide a more holistic episode of care will also be a key element of promoting optimum health within the community. As well as providing support for those experiencing a common mental health disorder the service also addresses the wider determinants of health and social care supporting people back into employment, increasing self-reliance and resilience whilst also being an integral element of the perinatal offer within the borough, offering rapid access for expectant and current parents of children up to 36 months. While reporting is currently stood down because of covid-19, and prevalence across the STP has reduced due to practicalities of face to face appointments, the service continue to meet targets.

4.21 2020/21 KPI Performance:

Indicator	Target	Frequency	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-02	Dec-20
			Quarter 1 (20/21)			Quarter 2 (20/21)			Quarter 3 (2021)		
IAPT Prevalence	4.75%	Quarterly	2.19%			3.07%			3.27%		
IAPT Recovery	>= 50%	Monthly	51.0	56.6	57.7	51.4	52.7	50.4	50.7	50.0	50.6
IAPT Reliable Improvement	>= 65%	Monthly	73.2	79.0	78.0	75.2	74.6	70.0	70.1	69.95	68.90

- 4.22 LTP Ambitions - By 2023/24 IAPT services will be expanded covering total of 1.9m adults and older adults each year - all areas will maintain existing IAPT referral to treatment time and recovery standards and the existing requirement to commission IAPT Long Term Condition services and achieve a year-on-year proportionate increase in IAPT access for older people aged 65+.
- 4.23 It is proposed to expand capacity within the Healthy Minds service to improve access and reduce waiting times, with a particular focus on integration of psychological therapy into the long term condition services.

Adult Crisis Care

- 4.24 With an awareness that mental health deteriorates in time of recession, and the evidence from previous regional health crises about the impact of loss on an individual's ability to self-care, the importance of having an easily-accessible crisis response service is more critical than ever. Access to support is a known factor of reducing suicide, and provision of a more robust pathway to support those in a mental health crisis will benefit the entire public health system, with fast access to expert help.
- 4.25 MH crisis services have benefitted from additional investment since 2018. The following developments are now fully operational, delivering a much more comprehensive offer:-
- Expansion of therapeutic milieu on the in-patient wards
 - Extension of the 24/7 Liaison Mental Health Service, which covers A&E and the acute wards, to include all ages. Emergency appointments are also offered by this service to GPs.
 - Expansion of the Home Treatment Team to increase therapy
 - Establishment of the Safe Haven overnight, seven days per week.
- 4.26 NHS England required all STPs to bring forward the establishment of 24/7 mental health helplines due to Covid-19 and Pennine Care has delivered this since April 2020, working with NHS 111 and the Clinical Assessment Service, as well as, locally, Minds Matter. It was hoped that national funding would support the ongoing costs but this is now not the case and therefore the CCG is required to fund this important development.
- 4.27 A review of the requirements for Section 136 suites within the Pennine Care footprint is underway. The suites are a facility for people who are detained by the Police under Section 136 of the Mental Health Act. They provide a 'place of safety' whilst potential mental health needs are assessed under the Mental Health Act and any necessary arrangements made for on-going care. Currently funded through non-recurrent funding the costs for each CCG will be clear when the Review concludes.
- 4.28 The additional NHSE Crisis Care funding enables to development of a VCSE Living Life Well Community Crisis Care service, initially building this into the Anthony Seddon Centre with a view to developing satellites in Glossop and Hyde.

Adult Eating Disorders

- 4.29 Community provision for adults with eating disorders requires expansion and improvement in order to deliver timely, effective, evidence-based treatments, care and support that meet the needs of individuals with the full range and severity of eating disorders, across the life span. The current service, commissioned within the Greater Manchester Mental Health Trust block contract is not NICE compliant due to no medical cover and gaps in psychological therapies. Long waiting times mean that there is no early intervention for routine cases and people are left without any support or care.
- 4.30 In line with other GM CCGs it is proposed to expand the service to deliver NICE Compliant care which will include:-
- Increased psychological therapist and dietitian capacity to enable the service to be responsive and achieve the same waiting times for treatment as CYP. It will also allow the service to continue to offer high quality NICE compliant/evidence-based interventions.
 - Increased capacity of psychological therapist and dietitian time to meet the treatment length of interventions for anorexia nervosa.
 - A range of NICE compliant/evidence-based interventions delivered in both group and individual formats. This will enable service user choice.
 - Psychiatry/medical input to enable robust medical monitoring and management and support for staff in other setting managing individuals with the physical risks of an eating disorder. As part of the new psychiatry/medical pathway, the service will also be able to

offer phlebotomy and ECGs within the service to enable ease of access and more rapid results and therefore a safer pathway.

- Psychiatry time to enhance the service offered to referrals accepted by the service with increased physical/mental health complexity.
- A FREED pathway to enable a responsive service and treatments tailored to the needs to emerging adults with ED to be delivered.
- A SEED pathway to enable a pathway for those individuals who meet criteria for a severe and enduring eating disorder.

Mental Health Service for Adults with Learning Disabilities and/or Autism

- 4.31 The Community Learning Disability Service is commissioned from the ICFT and Pennine Care. The long-awaited addition of a consultant psychiatrist for people with learning disabilities in 2019 has made a very big difference in providing comprehensive care, managing risk, supporting discharges and preventing admissions. Preventing and abbreviating admissions into mental health in-patient services for people with a learning disability and or autism is one of the national priorities under the Transforming Care agenda.
- 4.32 It is proposed to utilise the Community Discharge Fund for people with Learning Disabilities or Autism in this development. Derbyshire County Council has committed to invest in this key development and it is hoped that Tameside will do the same, using the £81,952 income in 2020/21 and the same for the next two years.

Delayed Transfers of Care

- 4.33 The Community Mental Health Teams are instrumental in supporting discharges from mental health in-patient wards as well as supporting people moving between community placements, stepping up or down levels of support. Richmond Fellowship have been commissioned to provide housing and discharge planning support the Community MH Teams through winter pressures funding and the benefits of having this additional, focused capacity are evident. An extension of the current scheme will provide the time for full evaluation and review of requirements going forward.

5. FUNDING TO DELIVER THE REQUIREMENTS

CCG Allocation Growth/MHIS Target Baseline		2021/22	2022/23	2023/24
		3.58%	3.34%	3.06%
		£m	£m	£m
Source Funding	Growth Funding Available CCG Baseline	1573	1520	1440
	Less Net Tariff Inflation	-585	-423	-438
	CCG MHIS Investment Resource	989	1097	1002
	PCFT CQUIN 19/20 C/Fwd	146	0	0
	PCFT MHIS Slippage in 20/21	482	0	0
	GM TF 2019/20 (Crisis Care Share of £10.8m)	1094	0	0
	Venture Fund CCG/TMBC (Upto £1m)	500	0	0
	CCG Accumulated Surplus **	Tbc	Tbc	Tbc
	PCN MH (B7x5)	134	134	134
	TMBC Contribution - MH Discharge Fund	81	81	81
	Derbyshire Contribution - MH Discharge Fund	12	12	12
	Living Well Development (GM Transformation)	210	487	646
	Adult Eating Disorder Expansion	45	86	120
	SMI Physical Health Checks	39	86	128
	GM Personality Disorder Investment (£1.1m PCFT - T&G Share 8.56%)	94	94	94
	VCS New Ways of Working Support	34	171	214
	GM CYP MH Support Teams in Schools	150	Tbc	Tbc
	GM CYP LDA Ealing Model / Key Worker	150	Tbc	Tbc
	GM LDA + FTA - TBC	171	Tbc	Tbc
	GM MH Rehabilitation / Housing DTOCs	56	Tbc	Tbc
	GM ADHD/Autism	Tbc	Tbc	Tbc
	GM VCS Crisis Alternatives	135	171	215
	GM Individual Placement & Support / MH Working Well (£600k across GM)	51	51	51
NHS Ambitions Tool				
T&G Fair Share 8.56%	CYP	143	273	304
	Adult Crisis	186	6	6
	SMI Community Care	65	218	917
	CYP ED	3	2	2
	Ambulance Services	59	61	96
	Perinatal Mental Health	158	140	26
	Maternity Outreach	0	65	1
	IAPT	351	351	627
	Therapeutic Acute Inpatient Care	24	61	96
	SDF Funding			
	CYP	326	504	829
	SMI Com'ty (*Based on Allocated*)	328	830	1108
	Crisis	152	203	265
Total Funding		6369	5185	6974

6. FUNDING ASSUMPTIONS 21/22 AND BEYOND

- 6.1 CCG Allocation Growth is based on the CCGs 5 yr allocations pre COVID. Allocations for 21/22 and beyond have yet to be finalised as CCGs wait further planning guidance which isn't due until April 2021. The Allocation and MHIS Growth % may therefore change from what is published in this business case following the pandemic.
- 6.2 Inflation is mandatory uplift to national contracts. Therefore any MHIS growth must be used to contribute towards inflation. This is also based on pre COVID planning assumptions.
- 6.3 MHIS slippage in 20/21 is still work in progress with PCFT. The actual value is likely to be lower than £482k. However any utilisation of this investment needs to reflect measurable outcomes and value for money. Any new investments in 21/22 should call upon this slippage in the first instance rather than adding new monies first.
- 6.4 The funding source relating to CCG accumulated surplus and venture fund are subject to set criteria and are of a non-recurrent nature.

- 6.5 Additional GM Transformation funding is expected to be made available to T&G CCG Baselines, which covers Living Well, Adult Eating Disorders, SMI Physical Health Checks and Personality Disorder. T&G is also expected additional funding for MH support teams in schools, CYP Ealing Model, LDA and ADHD Autism, where other localities within GM have already accessed this funding, whereas T&G has not yet accessed.
- 6.6 CCG required investment in MH LTP services for 5 years 19/20-23/24 is set out in NHS Ambitions Tool. 18/19 is the baseline year so CCG investment is recurrent on a 18/19 "nil" baseline. CCGs need to invest at least these values from their baselines. If they don't GM will not be successful in its bids for £70m of SDF Funding.
- 6.7 The values in the Ambitions Tool are unlikely to equate exactly to additional funding CCGs will receive through allocations in the next 3 years. CCGs will be informed of their allocations through a separate process, which has not yet been shared with CCGs.
- 6.8 Available SDF Funding. Expectation is allocation to localities will be on a fair-share basis. CFOs/DOCs may well decide how to manage this on an STP footprint. T&G fair-share is 8.56% for the purpose of this business case.
- 6.9 SDF "National" investment - is in-year funding. Expectation is this will flow into CCG baselines after 23/24, but NHSE to confirm.

7. INVESTMENT REQUIRED TO DELIVER THE PRIORITIES AND GAP FOR PRIORITISATION

	Application of New Funding Streams	2021/22	2022/23	2023/24
FYE of 20/21 Recurrent Investments	Family Intervention Service (PCFT)	148	Tbc	Tbc
	All Age Liaison (PCFT)	160	Tbc	Tbc
	Safe Haven / HTT (PCFT)	514	Tbc	Tbc
	EIT Expansion (PCFT)	90	Tbc	Tbc
	IAPT Trainees (PCFT)	60	Tbc	Tbc
	Eating Disorder Estates (PCFT)	11	Tbc	Tbc
Planned (NEW) Investments from 21/22	Raising Confident Kids / Flourishing Families (PCFT)	51	Tbc	Tbc
	Additional Capacity for Autism Pathway. (PCFT)	142	Tbc	Tbc
	Extend Provision for 16 & 17 year olds. Increase capacity of service to meet the needs (PCFT)	93	Tbc	Tbc
	Children & Young People EMH Offer - CCG Increase Investment (TMBC Share 16.2k)	16	Tbc	Tbc
	CYP Eating Disorder NICE compliance (PCFT)	33	Tbc	Tbc
	PIMHS IAPT Lead (PCFT) New B7 1 WTE	56	Tbc	Tbc
GMTF Programmes "Recurrent Pick Up" 5YFVMH T&G Fair Share 8.56%	Adult ADHD Expansion (PCFT)	57	Tbc	Tbc
	24/7 Community-based Access & Crisis Care (CYP)	300	Tbc	Tbc
	GM iThrive and MH Workforce development excl. Schools	17	Tbc	Tbc
	Improving Mental Wellbeing, Building Capacity & Resilience	26	Tbc	Tbc
	Perinatal and Parent-Infant MH model	128	Tbc	Tbc
	Liaison MH Core-24 across key GM Acute Hospitals	385	Tbc	Tbc
	24/7 Community-based Adults Crisis Care	0	Tbc	Tbc
	Integrated IAPT	0	Tbc	Tbc
	Suicide Prevention, overcoming MH Stigma	9	Tbc	Tbc
	Work & Health, including IPS	51	Tbc	Tbc
	Dementia United	34	Tbc	Tbc
BUSINESS CASE	Richmond Fellowship (RF Rehab Supported Accommodation)	138	Tbc	Tbc
	DTOC Scheme	56	150	Tbc
	Alzheimers contract extension	109	Tbc	Tbc
	PCFT Band 7/8a (BI/Data Quality Team) 12 months only. Split across all 5 CCGs	13	Tbc	Tbc
	Perinatal Mental Health	108	336	27
	CYP access	450	750	Tbc
	Crisis Care - 24/7 Helpline and S136	421	50	Tbc
	Adult and Older Adult SMI (includes PD)	800	800	800
	GM Individual Placement & Support / MH Working Well (£600k across GM)	51	51	51
	Community Transformation Living Life Well Neighbourhood Developments	176	324	200
	Community Transformation Living Life Well Young Adults	0	200	300
	Community Transformation Living Life Well VCSE Crisis Care	135	171	215
	Community Transformation Living Life Well PCN	315	315	315
	Community Transformation Living Life Well Practice Lead B8b	60	25	Tbc
	IAPT Psychological Therapies	212	444	626
	SMI Physical Health Checks	39	86	128
	Adult Eating Disorders (GMMH)	200	75	Tbc
	Learning Disabilities and/or Autism MH support	142	Tbc	Tbc
	CYP Cared for and Transforming Care	563	237	Tbc
Total Application Of New Investment		6369	4014	2662
Total Resource / (GAP)		0	1171	4311

8 INVESTMENT REQUIREMENTS 21/22 AND BEYOND

- 8.1 GMTF Programmes "Recurrent Pick Up" 5YFVMH T&G Fair Share 8.56%. These amounts are to recurrently fund 5YFVMH commitments. Additional funding will be required through CCG baseline investment to meet the LTP ambitions. This investment will be through MHIS.
- 8.2 In the 2018 CFO paper, GM CFOs supported the £30.4m recurrent costs (of which £15.3m was for MH) on the belief new SDF funding would become available in future years to support these key services and this would be a pre-commitment on that source of funding. It was also understood that there would be full evaluations undertaken of all GM TF programmes for which there would likely be a prioritisation process for those deemed to be successful, to align services to funding available. However, SDF funding which has materialised in more recent years has been used to fund services over and above the original commitment which is adding significant pressures on CCG budgets.

- 8.3 MHIS % Growth Target is based on CCG allocation growth. As this resource was not included in CCGs baseline, % Growth therefore does not cover the recurrent pick up of these Pan GM Schemes.
- 8.4 It is expected that each of the recurrent schemes undergo a thorough evaluation to ensure they still deliver the outcomes as outlined in the original business cases and they continue to represent value for money and highlight other inefficiencies that can be taken out of the system.
- 8.5 Future options where de-commissioning of these investment is an option.
- 8.6 Alzheimer's contract extension - LA TF funding ceasing 31/3/21, CCG pick up contract extension for 12 months from April 2021.
- 8.7 All Business Case Investments described in detail above.

9. RECOMMENDATIONS

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

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Report to:	STRATEGIC COMMISSIONING BOARD
Date:	24 March 2021
Executive Member:	Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)
Reporting Officer:	Dr Jeanelle de Gruchy – Director of Population Health
Subject:	FLU VACCINATION PROGRAMME 2021/2022: STRATEGIC COMMISSION WORKFORCE VACCINATION
Report Summary:	<p>The front-line workforce is both at higher risk of contracting influenza (flu) due to the nature of their work, and at risk of passing the illness on to the vulnerable people they work with. Employers in addition have a duty of care to their workforce to protect them against illness. Vaccination against flu gives protection to both our workforce and our most vulnerable residents. As it is likely that covid-19 will still be circulating next Winter, it is again more important than ever that we offer our staff the opportunity for protection against flu.</p> <p>This report sets out the aims, ambitions and rationale for a flu vaccination programme for all staff in the Local Authority and CCG workforce. It goes on to recommend a model for the provision of staff vaccination.</p>
Recommendations:	<p>That Strategic Commissioning Board be recommended to:</p> <ul style="list-style-type: none">(i) Approve the model proposed in section 7.(ii) Commit to supporting and funding staff employed by the Strategic Commission to receive a vaccination.(iii) Support the offer to schools to access vaccination through this model, as a chargeable service while vaccine is available.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>The proposal is to offer vaccinations to all frontline staff through on-site clinics. As described at 6.1, several options for delivery of the previous annual programme were considered, with vouchers being cheaper on a 'per head' basis compared to clinics but more difficult to procure and less effective in ensuring take-up. The final cost of the scheme to the Strategic Commission is estimated to be £11,000 - £16,600 depending on take-up and engagement by schools, as set out at 8. It may be practical to control costs by limiting clinic days, if this can be achieved without reducing take up. There is currently no budget for this expenditure. All costs will be recharged to individual directorates to cover the cost of vaccination of their own staff. Directorates need to be informed of this and are then able to set aside a provision for this expenditure. Should schools opt to participate, costs will be met from their own budgets.</p>
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	<p>Per 2.1.3, it may reasonably be expected that the costs of the programme will be justified by reducing the direct cash costs of influenza to the Council, in the form of cover for staff absence and demands upon social care and health services. There may also be an indirect financial benefit to the population health and social care economy in the local area.</p>

Legal Implications: (Authorised by the Borough Solicitor)	The advantages this project offers to both services users and staff are set out in the main body of the report. Whilst the employer cannot insist that staff have to be vaccinated it is advisable that this programme is accompanied by a communications strategy to encourage all staff to take up the opportunity of being vaccinated. The project officers have already engaged with STAR which should ensure that a compliant procurement route is followed and that best value is achieved.
How do proposals align with Health & Wellbeing Strategy?	Supports the delivery of the corporate plan; in particular ambition 7: Longer and Healthier Lives
How do proposals align with the Commissioning Strategy?	Aligns with national policy to vaccinate front line health and social care staff
Public and Patient Implications:	This will support public health by protecting the most vulnerable members of the community who are supported by front-line staff.
Quality Implications:	Provider quality will be assessed prior to the award of the contract.
How do the proposals help to reduce health inequalities?	All front-line and office-based staff will be offered the opportunity to take up their flu vaccination. Access will be offered through the workplace and a communications plan will encourage all staff to take up the offer.
What are the Equality and Diversity implications?	All front-line and office-based staff will be offered the opportunity to take up their flu vaccination. Access will be offered through the workplace and a communications plan will encourage all staff to take up the offer.
What are the safeguarding implications?	Informed consent will be a requirement of vaccination
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Any data will be obtained and stored according to regulations. A privacy impact assessment has not been conducted.
Risk Management:	Risks will be identified and managed by the Flu Vaccination Steering Group, through continued monitoring of outcomes.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Dr Sarah Exall, Consultant in Public Health.



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1. INTRODUCTION

- 1.1 Front line health and social care workers are at higher risk than most of the population of contracting seasonal influenza ("flu"), due to the number of people they are in contact with through their work and the nature of these contacts. In addition, there is a risk of them transmitting flu to the vulnerable people they care for. Health and social care employers therefore have a duty to offer flu vaccinations to their staff.
- 1.2 More broadly, employers have a duty of care to their workforce and can offer them protection against a disease which brings with it a relatively high risk of serious illness and even death. Finally, influenza costs employers millions of working days lost across the UK, many of which can be avoided by the flu vaccine.
- 1.3 It is difficult to predict what the situation will be in Winter 2021/22, but it is likely that covid-19 will still be circulating to a greater or lesser extent. Therefore, flu vaccination will be once again even more critical than in previous years.

2. FLU VACCINE IMPACT AND VALUE FOR MONEY

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

3. SCOPE OF THE PROGRAMME

- 3.1 For the 2021/22 flu season, locally we should ensure that 100% of all front-line staff employed by the strategic commission are offered the vaccination, and that as many as possible take up the offer.
- 3.2 For the 2021/22 flu season, we should also ensure that office-based staff are offered and have the opportunity to take up the flu vaccine, to ensure that our staff are protected against flu and to ensure business continuity.
- 3.3 Each year the Strategic Commission also is asked by schools if their staff are able to have a flu vaccination. This has previously not been possible. However, this could be accommodated by offering schools the opportunity to book appointments as a chargeable service for any vaccine left after the front-line workforce in the Strategic Commission has had the opportunity to have their vaccination. This is offered in other GM boroughs.

4. AIM OF THE PROGRAMME

- 4.1 100% of front-line staff should be offered the vaccination, with the aim of at least 60% uptake.
- 4.2 Once front-line staff have had the opportunity to be vaccinated, any remaining vaccine could be offered to people working in office-based roles for the strategic commission, and to those working in local schools and colleges as a chargeable service.

5. COMMUNICATIONS

- 5.1 We want to protect as many staff as possible. In addition, the model will be more cost effective if clinics are full. It is therefore essential that we have a robust communications strategy and management support. Communications will be via multiple channels including: The Chief Executive's weekly briefing; the Tameside intranet; LiveWire, and posters displayed in key locations.
- 5.2 In particular it is important that the workforce has full opportunity to take up the offer of flu vaccination. It is therefore vital that managers are involved and engaged with the flu programme both by promoting the offer, and by enabling their teams to have time protected to attend appointments.

6. UPTAKE AND DELIVERY MODEL IN 2020/21

- 6.1 In order to widen access and uptake of the flu vaccine, we considered a number of options for staff flu vaccinations for 2020/21. After extensive discussion with the flu steering group and services within the Local Authority and CCG, we explored possible provision of the vaccine by: ICFT; Go to Doc; vaccine vouchers; pharmacies; an occupational health provider; and a centralised GM vaccination procurement system. Due to limited resources within many of these providers as a result of the covid-19 pandemic and pressures on flu vaccine stocks, most of these options were not viable.
- 6.2 The model used for 2020/21 was a clinic-based model run by pharmacists at Dukinfield Town Hall. This was well-received, and saw an increased uptake of flu vaccine compared to the previous year.
- 6.3 In the 2020/21 flu season, all approximately 1000 front-line staff across the Strategic Commission were offered a flu vaccine and around 50% of these staff took up their vaccine through the clinics at Dukinfield Town Hall.
- 6.4 In total, 518 people were vaccinated through the clinics at Dukinfield Town Hall. This was broken down into:
- Adults Services 154
 - Operations and Neighbourhoods: 197
 - Children's Services: 110
 - Other: 57
- 6.5 Further staff will have taken up a vaccine through their GP if eligible due to age or clinical history.

7. RECOMMENDED MODEL OF DELIVERY 2021/22

- 7.1 It is the recommendation of this paper that a flu clinic in a central location, like the system used last year is used again, but that enough vaccine is procured for it to be offered to a wider range of staff. This would include staff working in other Strategic Commission roles, and those working in schools and colleges as a chargeable service.

8. ESTIMATED COST

- 8.1 It is difficult to predict exact uptake: previous year's uptake has been variable, some staff prefer to arrange their own vaccination, and demand for 2021/22 is likely to be very different to that in 2020/21 because of the impact of the covid pandemic.

- 8.2 If a maximum of 1500 vaccines are requested with 1000 taken up by the Strategic Commission workforce and 500 taken up by schools and colleges as a chargeable service, this would cost the Strategic Commission an estimated £11,000-£16,600, based on the costs for 2020/21 and depending on the provider.
- 8.3 The total value of the contract would be estimated at between £16,500 and £25,000.
- 8.4 This cost would be reduced if, as this year, some of those vaccinated were eligible for NHS vaccination and were claimed back by the provider rather than charged to the Strategic Commission.
- 8.5 The Commissioner is currently working with STAR procurement to ensure that we are taking all measures necessary to comply with procurement laws.
- 8.6 This report recommends that the cost of this programme is recharged to directorates for vaccine taken up by their own staff, as has happened in previous years.

9. RECOMMENDATIONS

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

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Agenda Item 8

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	24 March 2021
Executive Member:	Councillor Brenda Warrington – Executive Leader
Reporting Officer:	Tracy Brennand - Assistant Director (People & Workforce Development)
Subject:	SUPPORTING MENOPAUSE AT WORK
Report Summary:	<p>A guide to Supporting the Menopause at Work has been developed in order to support those employees going through menopause, whilst offering practical guidance for line managers on how hold to open and honest discussions and improve workplace environments; to allow affected employees to continue to thrive in the workplace.</p>
Recommendations:	<p>That it be recommended to approve:</p> <ul style="list-style-type: none">(i) To implement the proposed Guide to Supporting the Menopause at Work, as detailed in Appendix A for Tameside Council and to recommend implementation to the Tameside & Glossop CCG Governing Body for its employees.(ii) That the Guide to Supporting the Menopause at Work as detailed in Appendix A be recommended for adoption by all Governing Bodies of all community, voluntary controlled and voluntary aided schools.
Corporate Plan:	Supporting employees who experience the menopause to continue to thrive in the workplace supports both Living Well and Ageing Well.
Policy Implications:	N/a
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>There are no direct financial implications arising from this report. The development and implementation of the Guide to Supporting the Menopause at Work has been accommodated within existing revenue budgets.</p>
Legal Implications: (Authorised by the Borough Solicitor)	<p>There are two main strands of law that may relate to the perimenopause and menopause:</p> <ul style="list-style-type: none">• The Equality Act 2010 protects workers against discrimination. This includes because of their sex, a disability and their age• The Health and Safety at Work Act 1974 says an employer must, where reasonably practical, ensure health, safety and welfare at work <p>Menopause and perimenopause are not specifically protected under the Equality Act. However, if a worker is treated unfairly because of the menopause and perimenopause, this may amount to discrimination because, for example, of their sex and/or a disability, and/or their age.</p> <p>Sex discrimination: Unfair treatment of a worker because of their sex could lead to a discrimination claim. For example, this is likely if an employer treats a woman's menopause or perimenopause symptoms less seriously than it would a male worker's health</p>

condition when considering a drop in job performance. Also, for example, unwanted comments, jokes, banter or ridicule about a woman's menopause or perimenopause symptoms could amount to harassment, or sexual harassment depending on the nature of the unwanted behaviour.

Disability discrimination: A worker's menopause or perimenopause could potentially be regarded as a disability by an employment tribunal. If a worker has a disability, an employer must consider making changes to reduce or remove any disadvantages the worker experiences because of it. Regarding disability, the law calls these 'reasonable adjustments'. An employer must make adjustments if they are reasonable. For example, this might include an employer agreeing to record a worker's absence because of the menopause or perimenopause separately from other illness absence. Also, disability law protects a worker against what is termed 'discrimination arising from disability'. This is where a worker is treated unfairly, not because of their disability, but because of something linked to it. For example, this could include a worker being dismissed because they forgot to do a task set by their employer. And this is when they have become forgetful and confused as a result of anxiety caused by their menopause. Their anxiety would have to meet the Equality Act definition of disability.

Age discrimination: Workers are protected against unfair treatment because of their age. This may include unfair treatment of workers because they are going through the perimenopause or menopause which are usually in their mid-forties to early fifties.

Managing the effects of the menopause and perimenopause includes making sure health and safety checks are already in place, are regularly carried out, and risks minimised, reduced or where possible removed.

Risk Management:

Tameside Council, Tameside & Glossop CCG and the Governing Body of a School have a legal duty to make a suitable and sufficient assessment of the workplace risks to the health and safety of their employee; which includes ensuring menopausal symptoms are not made worse by the workplace, and making changes to help an employee manage their symptoms when doing their job.

Background Information:

The background papers relating to this report can be inspected by contacting Jenny Dickie, HR Manager, People and Workforce Development.



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1. INTRODUCTION

- 1.1 The menopause is a natural part of ageing that usually occurs between 45 and 55 years of age as a woman's estrogen levels decline.
- 1.2 Studies have shown that menopause symptoms can have a significant impact on attendance and performance in the workplace.
- 1.3 With our population now living longer, working longer, and with women making up 70% of our Organisation's workforce, it is vital that employees are supported to stay well and thrive in the workplace.
- 1.4 The People and Workforce Development Service have produced guidance on supporting menopause in the workplace. The guidance pulls together the latest information on how the menopause affects some employees at work.
- 1.5 The guidance is aimed at managers and employees to support those going through menopause and offer practical guidance on how hold to open and honest discussion and improve workplace environments.

2. BACKGROUND

- 2.1. A 2017 Government Report on Menopause stated:
 - Menopausal women are the fastest growing demographic in the workforce.
 - The average age for a woman to go through menopause is 51. It can be earlier than this, naturally or due to surgery, or illness. And symptoms may start years before menopause, during the perimenopause phase.
 - According to the Faculty of Occupational Medicine, nearly 8 out of 10 of menopausal women are in work.
 - 3 out of 4 women experience symptoms, 1 in 4 could experience serious symptoms.
 - One in three of the workforce will soon be over 50, and retirement ages are now 68 plus.
 - There have already been successful employment tribunals against employers related to this matter.
- 2.2. The report concluded that work contributes far more than just a salary; it can provide fulfilment, self-esteem, identity and social needs too. But working environments like those with lack of temperature control, cramped conditions, some uniforms and stress can also make menopause symptoms worse.
- 2.3. Some women sail through their menopause with barely a symptom, but it's not an easy transition for all. By talking about it openly, raising awareness and putting the right support in place, Tameside Council and Tameside & Glossop CCG aim to create a culture where menopause is no longer an issue in the workplace at all.

3. A GUIDE TO SUPPORTING THE MENOPAUSE AT WORK

- 3.1. 33% of the organisation's female employees are aged between 45-55, meaning the menopause could have a significant impact on the health and wellbeing, and the performance, of a large number of the organisation's employees.
- 3.2. The guidance has been developed in order to encourage open and honest discussions between affected employees and their line managers, or another supportive individual, in order to ensure those employees feel supported at work.

- 3.3. The menopause is a biological process that signals the end of a woman's ability to conceive a child. It usually happens between the ages of 45 and 55, but it can be earlier (sometimes much earlier) or later.
- 3.4 The menopause produces a range of physical and psychological symptoms that can affect many aspects of life. Every woman is different and not all will be affected in the same way or to the same extent.
- 3.5. Some of the most typical menopause symptoms include:
- psychological issues such as mood disturbances, anxiety and / or depression, memory loss, panic attacks, loss of confidence and reduced concentration
 - hot flushes (brief and sudden surges of heat usually felt in the face, neck and chest)
 - sleep disturbance that can make people feel tired and irritable
 - irregular periods and/or periods can become light or heavy
 - muscle and joint stiffness, aches and pains
 - Headaches.
- 3.6. Each of these symptoms can affect an employee's comfort and performance at work, and in some cases symptoms can even be exacerbated by the work environment, for example, if the working environment temperature is too high this can worsen or increase the frequency of hot flushes.
- 3.7. Managers have an important role to play in ensuring that anyone who experiences menopausal symptoms is offered the same support and understanding as they would if they had any other health issue, and that support is tailored appropriately to the individual.
- 3.8. The organisation has a legal duty to make a suitable and sufficient assessment of the workplace risks to the health and safety of their employee; which includes ensuring menopausal symptoms are not made worse by the workplace, and making changes to help an employee manage their symptoms when doing their job.
- 3.9. For women experiencing the menopause, a risk assessment should be carried out. By completing the risk assessment, it will help to identify simple changes to someone's role or working environment that can help ensure the menopause does not become a barrier to performance.
- 3.10 In many cases small and simple adjustment can make a significant difference i.e. ensuring the temperature is at the right level, frequent consumption of water, easy access to toilet and changing facilities, and flexibility of working hours.
- 3.11 In some cases, menopausal symptoms can be so serious that they affect a person's performance at work.
- 3.12 Performance management is most effective when it's proactive, informal and based on regular and constructive feedback and discussion. If managers don't address the root causes of poor performance, any solutions are unlikely to fully resolve the issue – and problems can spiral into sickness absence.
- 3.13 Line managers should approach performance conversations supportively and positively, taking any health issues fully into account; and identifying any extra support or coaching the employee may benefit from.
- 3.14 The guidance also encourages employees experiencing symptoms of the menopause to adopt healthier lifestyle choices in order to help alleviate them.

4. RAISING MENOPAUSE AWARENESS IN THE WORKPLACE

- 4.1. Menopause awareness sessions have been delivered, with 61 females attending the available sessions and providing extremely positive feedback. Testimonials include:
- I found the session really helpful and informative as well as answering a lot of questions which I didn't have answers for
 - I have to say I found this session really informative and inspirational
 - I found out about symptoms I had that I thought were more major problems
 - So interesting and informative, loved the science behind it and useful and realistic advice on nutrition
 - It was really useful for understanding symptoms and tools to help
 - It was amazing, I understand so much more!
 - An excellent introduction and explanation to the menopause, with practical self-help strategies
 - Extremely informative – it would be great to have longer so we could ask questions and get through more
- 4.2. Future menopause sessions will build on this established platform to increase awareness across the workforce and enable managers to effectively support employees affected by the menopause. Learning programmes will be available through a variety of channels, primarily online.

5. RECOMMENDATIONS

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

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A Guide to Supporting The Menopause at Work

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APPENDICES

- A. Practical Tips for Supporting the Menopause Transition

1. INTRODUCTION

- 1.1. Tameside Council and Tameside & Glossop CCG are committed to ensuring all individuals are treated fairly and with dignity and respect in their working environment.
- 1.2. The menopause is a natural stage of life and most women will experience menopausal symptoms at some point.
- 1.3. We understand that some employees may be reluctant to discuss their experiences and symptoms which, in some circumstances, could be severe.
- 1.4. However, the menopause does not need to be an embarrassing topic, and should not be placing additional pressures on our workforce.
- 1.5. The Council and CCG encourage open and honest discussions between affected employees and their line managers, or another supportive individual, in order to ensure those employees feel supported at work.

2. SCOPE

- 2.1. This guidance applies to all employees of Tameside Metropolitan Borough Council, Tameside & Glossop CCG and the Governing Body of a School that are affected by menopausal symptoms.
- 2.2. Trans and non-binary employees may be affected in the same or similar ways and are equally covered by this guidance.
- 2.3. Throughout this guidance, Tameside Metropolitan Borough Council, Tameside & Glossop CCG and School Governing Bodies will be collectively referred to as 'the organisation.'

3. WHAT IS THE MENOPAUSE?

- 3.1. **Menopause** - a natural event in most women's lives during which they stop having periods and experience hormonal changes such as a decrease in oestrogen levels.
- 3.2. It usually occurs between the ages of 45 and 55 and typically lasts between four and eight years. However, each woman's experience will differ, and menopausal symptoms can occasionally begin before the age of 40.
- 3.3. **Perimenopause** – also known as menopause transition; begins several years before menopause. Women may start to experience menopausal symptoms during the final two years of perimenopause.
- 3.4. **Surgical menopause** - triggered by the removal of a woman's ovaries, even if she is young.
- 3.5. Menopause symptoms will start straight away after the surgery if the woman has had both ovaries removed. If the woman has lost only one ovary, there is a chance the symptoms will start within five years of the surgery.
- 3.6. Surgical menopause can increase the risks of cancer, heart disease, weaker bones, depression and anxiety.
- 3.7. **Premature Ovarian Sufficiency** – also known as 'premature menopause.' This is when women experience the menopause before the age of 40. Approximately 1 in 100 women experience Premature Ovarian Sufficiency.

- 3.8. **Post Menopause** - a term used when a woman's periods have stopped for 12 consecutive months. However, other menopausal symptoms may not have ended so soon.

4. WHAT ARE THE SYMPTOMS?

- 4.1. Some of the most typical symptoms of the menopause include:
- psychological issues such as mood disturbances, anxiety and/or depression, memory loss, panic attacks, loss of confidence and reduced concentration
 - hot flushes (brief and sudden surges of heat usually felt in the face, neck and chest)
 - sleep disturbance that can make people feel tired and irritable
 - night sweats (hot flushes that happen during the night)
 - irregular periods and / or periods can become light or heavy
 - muscle and joint stiffness, aches and pains
 - recurrent urinary tract infections (UTIs) including cystitis
 - headaches
 - weight gain
 - palpitations (heartbeats that become more noticeable)
 - skin changes (dryness, acne, general itchiness)
 - reduced sex drive
- 4.2. Each of these symptoms can affect an employee's comfort and performance at work.
- 4.3. Equally, in some cases symptoms can be exacerbated by the work environment, for example if office temperature is too high this can worsen or increase the frequency of hot flushes. A hot flush is a sudden onset of feverish heat all over the body; these can cause dizziness, discomfort, sweating and heart palpitations and are one of the most common symptoms of the menopause.
- 4.4. Symptoms such as insomnia can reduce the ability to concentrate and stay focused. Decreased confidence could affect a woman's feelings towards carrying out certain aspects of her role. Changes in mood and irritability could impact on relationships with others at work.
- 4.5. The organisation has a duty to provide a safe working environment for all employees and therefore commits to ensuring that adjustments and additional support are available to those experiencing menopausal symptoms.

5. SUPPORT AT WORK

- 5.1. Managers have an important role to play in ensuring that anyone who experiences menopausal symptoms is offered the same support and understanding as they would if they had any other health issue.
- 5.2. Line managers are typically the first point of contact if someone needs to discuss their health concerns or needs an adjustment to their work or working hours to enable them to perform efficiently.
- 5.3. Building relationships based on trust, empathy and respect will make it easier for employees to feel comfortable about raising health issues like the menopause.
- 5.4. Having regular one-to-ones with employees can provide a forum for health situations, including the menopause.
- 5.5. Confidentiality – all conversations with an employee regarding their health, including menopausal symptoms, must remain confidential. If an employee wants information about

APPENDIX A

their condition to be shared, consent must be explicit. Line managers should discuss with employees who will be told and by whom, as well as the information they do or don't want shared with colleagues.

- 5.6. Line managers should review this brief checklist before approaching sensitive conversations with employees:
- Avoid interruptions – switch off phones, ensure colleagues can't walk in and interrupt
 - Ask simple, open, non-judgemental questions
 - Avoid judgemental or patronising responses
 - Speak calmly
 - Maintain good eye contact
 - Listen actively and carefully
 - Encourage the employee to talk
 - Give the employee ample opportunity to explain the situation in their own words
 - Show empathy and understanding
 - Avoid making assumptions or being prescriptive
- 5.7. While any health condition can understandably be a sensitive and personal issue, for many, some of the issues associated with the menopause can manifest themselves in a particularly intimate and even visible way.
- 5.8. It is therefore understandable why many women could feel embarrassed and reluctant to discuss the impact of their symptoms. However, most people would prefer a concerned and genuine enquiry about how they are as opposed to silence.
- 5.9. Conversations should be approached with empathy, and line managers should try not to be embarrassed by the issue and how the individual is feeling. Regular conversations including catch ups or one-to-one which should always be in a private, confidential setting where the employee feels comfortable and at ease.
- 5.10. Managers should also recognise however, that not all employees will want to discuss this health matter, and this decision should be respected.

6. CARRYING OUT A RISK ASSESSMENT

- 6.1. The organisation has a legal duty to make a suitable and sufficient assessment of the workplace risks to the health and safety of their employees. This includes:
- ensuring menopausal symptoms are not made worse by the workplace and/or its work practices
 - making changes to help a worker manage their symptoms when doing their job
- 6.2. Regarding the perimenopause and menopause, a risk assessment should, for example, include:
- the temperature and ventilation in the workplace
 - somewhere suitable for the worker to rest
 - whether toilet and washroom facilities are easily available
 - whether cold drinking water is easily available
- 6.3. See the organisation's 'Reducing and Preventing Stress in the Workplace - Stress Risk Assessment Procedure' for more information.

7. MAKING APPROPRIATE ADJUSTMENTS

- 7.1. Simple changes to someone's role or working environment can help ensure the menopause does not become a barrier to performance.
- 7.2. Line managers have a responsibility to consider, and put in place, reasonable adjustments to alleviate or remove barriers wherever possible, so that women can carry on performing in their role.
- 7.3. Adjustments should always be tailored to an individual's specific need. Some of the changes that may be considered include:
 - Flexibility around working hours
 - Flexibility around uniform and/or to change clothes
 - Adequate drinking supplies
 - Access to toilets
 - Provision of a fan or access to an open window
- 7.4. Line managers should record any specific needs or agreed adjustments and review these at least annually. Symptoms of the menopause can fluctuate over time, so regular discussions should be had with the person concerned to ensure the support still meets their needs.
- 7.5. Line Managers should also discuss with the employee whether they have been to their GP, and should consider an occupational health referral if the employee is finding it difficult to manage the symptoms.
- 7.6. See Appendix A for 'Practical Tips for Supporting the Menopause Transition.'

8. MANAGING PERFORMANCE PROACTIVELY AND POSITIVELY

- 8.1. If someone's performance is suffering, it's important to help them address the root cause.
- 8.2. In some cases, menopausal symptoms can be so serious that they affect a person's performance at work. In this situation, it's in everyone's interest to discuss potential adjustments that could help the individual perform to their full potential.
- 8.3. Where there are suspected or known health issues, these should be explored, prior to initiating any formal processes for performance.
- 8.4. Performance management is most effective when it's proactive, informal and based on regular and constructive feedback and discussion. This helps to build trust-based relationships and two-way dialogue, making it easier to address any underlying health issues. If managers and employees don't address the root causes of poor performance, any solutions are unlikely to fully resolve the issue and problems can spiral, most likely leading to sickness absence.
- 8.5. Where there is a performance concern approach conversations supportively and positively, taking any health issues fully into account.
- 8.6. Identify any extra support or coaching the person may benefit from, and set reasonable timescales for improvements.

9. SELF – MANAGEMENT FOR WOMEN EXPERIENCING THE MENOPAUSE

- 9.1. Employees are encouraged to make healthier lifestyle choices to help with some of the symptoms such as:
- Eating healthily and regularly – research has shown that a balanced diet can help in alleviating some symptoms, in keeping bones healthy and in not gaining weight
 - Drinking plenty of water
 - Exercising regularly - to reduce hot flushes, improve sleep, boost mood and maintain aerobic fitness levels
 - Not smoking – to help reduce hot flushes and the risk of developing serious conditions such as cancer, heart disease and stroke
 - Ensuring alcohol intake is within recommended levels and cutting down on caffeine and spicy food – all of which can trigger hot flushes
 - Having access to natural light
 - Staying cool at night – wearing loose clothes in a cool and well-ventilated room to help with hot flushes and night sweats
 - Ensuring adequate rest and relaxation – to reduce stress levels and improve mood (through, for example, activities such as mindfulness, yoga and tai chi).

10. USEFUL SOURCES OF INFORMATION

- 10.1. [Women's Health Concern Menopause factsheet](#) - Women's Health Concern is a charitable organisation – the patient arm of the British Menopause Society – that aims to help educate and support women with their healthcare by providing unbiased, accurate information.
- 10.2. [NHS Menopause](#) - Up-to-date medical guidance from the NHS.
- 10.3. [Menopause matters](#) - An award-winning, independent website providing up-to-date, accurate information about the menopause, menopausal symptoms and treatment options.
- 10.4. [the Daisy Network](#) - The Daisy Network is dedicated to providing information and support to women diagnosed with Premature Ovarian Sufficiency, also known as Premature Menopause.
- 10.5. [ACAS - Menopause at Work](#) – Guidance on supporting women experiencing the menopause, in the workplace.
- 10.6. [The Menopause Doctor](#) – A website that aims to help empower women with necessary information to make informed decisions regarding any treatment they may take to help turn the menopause into a positive experience that does not negatively impact their lives.
- 10.7. [NICE guidelines on 'Menopause: diagnosis and treatment'](#) - NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.
- 10.8. [The Menopause Exchange](#) - The Menopause Exchange gives independent advice about the menopause, midlife and post-menopausal health. They send out a free quarterly newsletter with useful impartial help and support.

PRACTICAL TIPS FOR SUPPORTING THE MENOPAUSE TRANSITION

The menopause affects people in different ways, but there are some practical steps a manager can take to support women experiencing the menopause at work, and help to minimise some of the most common symptoms.

Sleep disruption and/or night sweats

- Recognise someone may take more short-term absence if they've had a difficult night.
- Consider a change to shift patterns or the ability to swap shifts on a temporary basis.
- Offer a flexible working arrangement, for example a later start and finish time.

Hot flushes and/or daytime sweats

- Look at ways to cool the working environment, for example provide a fan, move a desk close to a window or adjust the air conditioning.
- Provide easy access to cold drinking water and washrooms.
- Adapt uniforms to improve comfort.
- Limit the time wearing personal protective equipment (PPE) such as face masks.

Heavy or irregular periods

- Provide easy access to washroom and toilet facilities.
- Allow for more frequent breaks to go to the toilet.
- Make sanitary products available in washrooms.
- Make it easy to request extra uniforms if needed.

Headaches and fatigue

- Consider a temporary adjustment to someone's work duties.
- Provide a quiet area to work.
- Provide access to a rest room.
- Offer easy access to drinking water.
- Allow regular breaks and opportunities to take medication.

Muscular aches, and bone and joint pain

- Make any necessary temporary adjustments through review of risk assessments and work schedules.
- Allow someone to move around or stay mobile, if that helps.

Psychological issues (for example loss of confidence, poor concentration, anxiety etc)

- Encourage employees to discuss concerns at one-to-one meetings with you and/or occupational health.
- Discuss possible adjustments to tasks and duties that are proving a challenge.
- Address work-related stress by carrying out a stress risk assessment recommended by the HSE.
- Signpost to counselling services.
- Identify a supportive colleague to talk to away from the office or work area.
- Allow time out from others when needed, to have some quiet time or undertake relaxation or mindfulness activities.
- Provide access to a quiet space to work or the opportunity to work from home, where service operations permit.
- Have agreed protected time to catch up with work.
- Discuss whether it would be helpful for the employee to visit their GP, if they haven't already.