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STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 28 April 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**	
a)	**MINUTES OF THE PREVIOUS MEETING** The Minutes of the meeting of the Strategic Commissioning Board held on 24 March 2021 to be signed by the Chair as a correct record.	1 - 8
b)	**MINUTES OF EXECUTIVE BOARD** To receive the Minutes of the Executive Board held on: 10 and 17 March 2021.	9 - 22
4.	**REVENUE MONITORING STATEMENT AS AT 28 FEBRUARY 2021** To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	23 - 36
5.	**UPDATE ON PROVISION OF GENERALIST SOCIAL WELFARE INFORMATION AND ADVICE AND SPECIALIST EMPLOYMENT ADVICE** To consider the attached report of Executive Member, Neighbourhoods, Community Safety and Environment / Executive Member, Adult Social Care and Health / Clinical Lead, Starting Well / Assistant Director, Operations and Neighbourhoods.	37 - 42
6.	**URGENT AND EMERGENCY CARE BY APPOINTMENT** To consider the attached report of the Executive Member, Adult Social Care and Health / CCG Co-Chair / Urgent Care Lead / Director of Commissioning.	43 - 64
7.	**SECTION 31 LOCAL AUTHORITY GRANT FOR ADDITIONAL DRUG TREATMENT, CRIME AND HARM REDUCTION ACTIVITY 2021/22** To consider attached report of Executive Member, Adult Social Care and Health / Clinical Lead / Director of Population Health.	65 - 76

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.

8. TENDER FOR THE PROVISION OF A SEXUAL & REPRODUCTIVE HEALTH SERVICE 77 - 112

To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Lead / Director of Population Health.

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

24 March 2021

Comm: 1.00pm **Term: 2.05pm**

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 Oliver Ryan – Tameside MBC
Councillor Eleanor Wills – Tameside MBC
Steven Pleasant – Tameside MBC Chief Executive and Accountable Officer
Dr Asad Ali – NHS Tameside & Glossop CCG
Dr Christine Ahmed – NHS Tameside & Glossop CCG
Dr Kate Hebden – NHS Tameside & Glossop CCG
Dr Vinny Khunger – NHS Tameside & Glossop CCG
Carol Prowse – NHS Tameside & Glossop CCG

In Attendance:	**Sandra Stewart**	**Director of Governance & Pensions**
	Kathy Roe	**Director of Finance**
	Richard Hancock	**Director of Children's Services**
	Steph	**Director of Adults Services**
	ButterworthJayne	**Director of Growth**
	Traverse	**Director of Commissioning**
	Jess Williams	**Assistant Director of Population Health**
	Debbie Watson	**Assistant Director of Finance**
	Tom Wilkinson	**Assistant Director, Policy Performance & Communication**
	Sarah Threlfall	**Assistant Director, People & Workforce Development**
	Tracy Brennand	**Assistant Director, Operations and Neighbourhoods**
	Emma Varnam	**Public Health Consultant**
	Sarah Exall	**Head of Mental Health and Learning Disabilities – Tameside & Glossop CCG**
	Pat McKelvey	

Apologies for Absence: **Councillor Allison Gwynne - Tameside MBC**
Councillor Joe Kitchen – Tameside MBC

96. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

97. MINUTES OF THE PREVIOUS MEETING

RESOLVED
That the minutes of the meeting of the Strategic Commissioning Board held on 10 February 2021 be approved as a correct record.

98. MINUTES OF THE EXECUTIVE BOARD

RESOLVED
That the Minutes of the meetings of the Executive Board held on: 3 February, 10 February, 17 February and 3 March 2021, be noted.

99. LIVING WITH COVID BOARD

RESOLVED
That the Minutes of the meetings of the Living with Covid Board held on: 20 January and 24 February 2021, be noted.

100. CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 31 JANUARY 2021

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 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 reported 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 forecast in year deficit on the Collection Fund for both Council Tax and Business Rates due to the impact of the Covid Pandemic. The 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.

In respect of the Designated Schools Grant (DSG) it was explained that the Council was facing significant pressures on High Needs funding and started the 2020/21 financial year with an overall deficit on the DSG reserve of £0.557m. The projected in-year deficit on the high needs block was expected to be £2.838m due to the continuing significant increases in the number of pupils requiring support. If the 2020/21 projections materialised, there would be a deficit on the DSG reserve at the end of this financial year. This would mean it was likely a deficit recovery plan would have to be submitted to the Department for Education (DfE) outlining how this deficit was expected to be recovered and how spending would be managed over the next 3 years and would require discussions and agreement of the Schools Forum.

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.

Members were further advised that the Ministry of Housing, Communities and Local Government had announced the distribution of £125m nationally to support the implementation of the Domestic Abuse Bill when it came into law (subject to Parliamentary approval). Tameside were 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 required the Council to sign a memorandum of understanding to confirm that they would use the funding towards the necessary

preparations and meet the obligations yet to be made law. As the funding was in excess of £500K in accordance with the Council's Constitution, a further report would be necessary for Executive Cabinet approval of the proposed allocation of the funding.

RESOLVED:

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

(ii) That the significant pressures facing Council Budgets as set out in Appendix 2 to the report, be noted;

(iii) That Executive Cabinet be recommended to approve the budget virements and reserve transfers set out on pages 23 and 24 of Appendix 2 to the report;

(iv) That the forecast Collection Fund position for 2020/21 as set out in Appendix 3 to the report, be noted;

(v) That the Capital Programme 2020/21 forecast be noted and Executive Cabinet be recommended to approve the re-profiling of capital budgets as set out in Appendix 4 to the report;

(vi) That the forecast position in respect of Dedicated Schools Grant as set out in Appendix 5 to the report, be noted;

(vii) That the proposals for accessing the CCG cumulative surplus and the utilisation of funds for the purposes set out in section 6 of the report be approved, including the creation of earmarked reserves to support specific initiatives; and

(viii) That Executive Cabinet be recommended to 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 of the report.

101. 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 tailored 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 funding. The current grant agreement was due to end of the 31 March 2021.

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.

It was reported that, during this time, the Service would 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, would inform the commissioning arrangements of services commissioned from April 2022. The outcomes of the review and further commissioning intentions would be reported to the Strategic Commission Board in Summer 2021.

RESOLVED

(i) That the core grant arrangements with HomeStart be extended for 12 months to 31 March 2022; and

(ii) That the contract for the Breastfeeding Peer Support Service (commissioned jointly with Oldham MBC) be extended for 12 months to 31 March 2022.

102. DELIVERING THE NHS LONG TERM PLANS: MENTAL HEALTH BUSINESS CASE 2021/24

A report was submitted by the Executive Member, Adult Social Care and Health / Clinical Lead for Mental Health and Learning Disabilities / Clinical Lead for Starting Well / Director of Commissioning setting out funding expectations and the proposed developments to address the mental health recommendations in the NHS Long Term Plan.

Mr Freeman, a volunteer/facilitator with the Anthony Seddon Fund presented before Members and explained his role with the charity and how it had helped him deal with PTSD and mental health issues he had experienced following traumatic events in his life. He further shared the life stories of some of the people in his group. He expressed his gratitude for the life-changing support provided by the Anthony Seddon Fund, which had helped him and others turn around their lives.

Members were advised that the NHS Long Term Plan (2019) outlined the government's commitment to improving mental health services, both for adults and children and young people. In adult services, the plan signaled an extension of commitments in the *Five Year Forward View for Mental Health* (5YFVMH) to 2023/24. It aimed to create a more comprehensive service system, particularly for those who were 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.

The Long Term Plan built on the recommendations from the Five Year Forward View. The Director of Commissioning highlighted programs that would be completed as part of the programs of work delivered at a locality and GM level: -

- 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
- A further expansion in the Improving Access to Psychological Therapies (IAPT) programme, particularly for people with long-term physical conditions
- Testing a four-week waiting time target for community mental health teams
- 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"
- 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

- Designing a “new Mental Health Safety Improvement Programme” to prevent suicide in inpatient units and offer support for people bereaved by suicide
- 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
- 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
- Provide holistic support to people leaving care and to veterans leaving the Armed Forces
- Scale up and improve mental health support for children, young people and young adults.
- Expansion of community-based crisis services for children and young people.
- One-fifth of schools and colleges to have a mental health support team in place by the end of 2023
- Feasibility test for a national access and waiting time standard for specialist services.
- Addressing the issue of transitions between child and adult mental health services by creating “a comprehensive offer for 0-25 year olds”

It was explained that 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. The Tameside and Glossop Strategic Commission had long recognised the importance of mental health and had been committed to improve parity of esteem and redress the balance between physical and mental health. Significant new investment had been committed over the past four years. However, although investment in MH services had increased, the spend per head of population was low compared to GM, North Region and Nationally. Furthermore, despite the increased investment the overall % of the CCG budget invested in mental health had 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.

It was further explained that the CCG Allocation Growth was based on the CCGs 5 yr allocations pre COVID. Allocations for 21/22 and beyond had yet to be finalised as CCGs awaited further planning guidance which was not due until April 2021.

Members expressed their sincere appreciation and thanks to Mr Freeman for sharing his powerful life story and the experiences of people in his group and their journey to improved mental health. Members further highlighted the importance of investment in mental health services and the vital support provided by charities like the Anthony Seddon Fund.

RESOLVED
That the investment proposals, as set out in Section 8 of the report, be approved.

103. FLU VACCINATION PROGRAMME 2021/2022: STRATEGIC COMMISSION WORKFORCE VACCINATION

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Director of Population Health, which set out the aims, ambitions and rationale for a flu vaccination programme for all staff in the Local Authority and CCG workforce.
It was reported that front line health and social care workers were at higher risk than most of the population of contracting seasonal influenza (“flu”), due to the number of people they were in contact with through their work and the nature of these contacts. In addition, there was a risk of them transmitting flu to the vulnerable people they care for. Health and social care employers therefore had a duty to offer flu vaccinations to their staff.

More broadly, employers had a duty of care to their workforce and could offer them protection against a disease which brought with it a relatively high risk of serious illness and even death. Influenza cost

employers millions of working days lost across the UK, many of which could be avoided by the flu vaccine.

It was proposed that for the 2021/22 flu season, 100% of all front-line staff employed by the Strategic Commission should be offered the vaccination, and that as many as possible take up the offer. Furthermore, office-based staff should have the opportunity to take up the flu vaccine, to ensure that staff were protected against flu and to ensure business continuity.

RESOLVED

(i) That the model proposed in section 7 of the report, be approved;

(ii) That there be a commitment to supporting and funding staff employed by the Strategic Commission to receive a vaccination; and

(iii) That the offer to schools to access vaccination through this model, as a chargeable service while vaccine is available, be supported.

104. SUPPORTING MENOPAUSE AT WORK

Consideration was given to a report of the Executive Leader / Assistant Director for People and Workforce Development, which gave a details of a guide, called *Supporting the Menopause at Work*, which had been developed 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 the menopause and offered practical guidance on how to hold open, honest discussion and improve workplace environments. 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 whilst 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.

Members were advised that 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.

RESOLVED

(i) That the implementation of the proposed Guide to Supporting the Menopause at Work, as detailed in Appendix A to the report, be approved and recommend implementation to the Tameside & Glossop CCG Governing Body for its employees; and

(ii) That the Guide to Supporting the Menopause at Work as detailed in Appendix A to the report, be approved for adoption by all Governing Bodies of all community, voluntary controlled and voluntary aided schools.

105. URGENT ITEMS

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

CHAIR

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BOARD

10 March 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 Officer	**Kathy Roe**
Also in Attendance:	**Dr Asad Ali, Tim Bowman, Steph Butterworth, Ilys Cookson, Sarah Exall, Jeanelle De Gruchy, Richard Hancock, Martyn Leigh, Dr Ashwin Ramachandra, Ian Saxon, Paul Smith, Jayne Traverse, Emma Varnam, Debbie Watson and Tom Wilkinson**	

230 DECLARATIONS OF INTEREST

There were no declarations of interest.

231 MINUTES OF PREVIOUS MEETING

The minutes of the Board meeting on the 3 March 2021 were approved as a correct record.

232 SAVINGS DELIVERY 2021/22

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Finance. The report provided Members with an update on the first savings monitoring exercise for delivery of the 2021/22 savings, and highlighted any risks or delays to delivery.

Members were advised that progress on the delivery of proposed savings as part of the 2021/22 budget process would be monitored on a monthly basis, with a proportion of schemes reviewed at different points during the year. Appendix 1 included the timetable for reporting required to ensure that these key projects were on track. All directorates completed an implementation template as part of their original proposals.

It was explained that the reporting schedule had been tailored to align with key implementation points of proposals that were assessed to be a red or amber risk to assure members that delivery was on track. As part of this reporting it was expected that Directorates complete the implementation section of the original savings templates and these detailed plans would be reviewed by the Senior Leadership Team.

It was reported that three schemes originally rated as 'Green' had been reassessed to Amber as there were some unexpected delays to delivery. Of the 33 schemes scheduled for detailed review this month, 21 schemes were on track. Four schemes were partially on track with delays to some elements of the scheme. Three schemes were not on target with significant delays to delivery. Where schemes were not on target officers sought to identify alternative savings proposals to mitigate delay or non-delivery.

AGREED
That the report be noted.

233 CARED FOR CHILDREN FORMALISATION

Consideration was given to a report of the Deputy Executive Leader / Director of Children's Services. The report detailed the proposal to change the language used regarding Cared for Children in line with the views of young people.

The Director of Children's Services explained that over the past two years young people had shared their views at the Children in Care Council (CICC) and during other consultation opportunities with regards to the language that was used by professionals. They did not like the language or acronyms relating to Cared for Children. Further, they did not want to be referred to as Looked after Children (LAC). They had co-produced the Coming into Care pack and the new pledge. This had used the language they wanted to see going forward.

It was explained that the Children in Care Council were aware that changing the language relating to Cared for Children could take some time. They understood that there were some national documents that would still have the terminology 'Looked after Child'. They hoped that this national approach would change over time but TMBC had an opportunity to change the language in line with the commitment to LISTENing in Tameside and the Voice of the Child Strategy which gave a commitment to co-production, inclusivity and Cared for Children's views carrying the same weight as that of adults.

AGREED
That Executive Cabinet be recommended to approve the change in language relating to Cared for Children. This would enable an implementation plan to be progressed.

234 CARED FOR CHILDREN PLEDGE

Consideration was given to a report of the Deputy Executive Leader / Director of Children's Services, which sought approval for the Cared for Children's Pledge.

Members were advised that the Corporate Parenting Board and Engagement group for young people had developed a Cared for Children's Pledge. This was considered and endorsed by the Corporate Parenting Board on 13 October 2020, which resolved that: that the content of the report be noted and that the 'New Pledge' be taken through the Council's formal governance process for adoption by the Council. The Cared for Children's Pledge at **Appendix 1** encapsulated the thinking of the Cared for Children.

It was explained that endorsing and actively promoting this Pledge would help and support engagement with Cared for Children and enhance the delivery of the Corporate Parenting responsibilities.

AGREED
That Executive Cabinet be recommended to agree that the Cared for Childrens Pledge is agreed and actively supported and promoted across the Authority and our partners.

235 BUSINESS RATES - EXTENSION TO RELIEFS AND DISCOUNTS 2021/22

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Assistant Director of Exchequer Services. The report detailed the temporary business rate support announced by the Chancellor on the 3 March 2021 for eligible retail, hospitality, leisure and nursery businesses in England occupying a qualifying property.

It was reported that on the 3 March 2021 the government confirmed in the budget statement that the Expanded Retail Discount would continue to apply in 2021/22 at reduced levels for eligible business premises.

From 1 July 2021 to 31 March 2022, the Expanded Retail Discount would apply at 66% relief for eligible properties, with a cash cap of £2m for businesses that were required to close as at 5 January 2021, and up to £105,000 for business permitted to open at that date.

From 1 July 2021 to 31 March 2022 the Nursery Discount would apply at 66% relief for eligible properties, with a cash cap of £105,000.

It was stated that the discounts were fully funded by central government by a section 31 grant and New Burdens funding would be awarded at a future point. The discount was to be awarded under Section 47 of the LGFA and written notice would be given to all eligible businesses by 31 March 2021 that the discount would reduce from 100% as at 30 June 2021 to 66% discount from 01 July 2021 to 31 March 2022. Eligible businesses would be given the opportunity to opt out from receiving the discount.

It was reported that there were resource implications in applying the correct level of discount to eligible bills at the late stage in the year start billing process, however by not awarding the discount the local economy in these sectors would suffer further. There could be a risk to collection of business rates from 01 July 2021 onwards from eligible businesses as many have had no business rates to pay for at least a year, and it could not be predicted as to how trade may be affected post lockdown.

AGREED

That Executive Cabinet be recommended to note and approve the following:-

(i) The temporary extension to eligible retail, hospitality, leisure and nursery discount up to 30 June 2021 at 100%, and then reduced discount of 66% from 01 July to 31 March 2022, in accordance with Section 47 of Local Government Finance Act 1988 be approved;

(ii) The cash cap on discount awarded to eligible accounts from 01 July to 31 March 2022 is noted.

236 HOLIDAY ACTIVITY AND FOOD FUNDING GRANT

Consideration was given to a report of the Deputy Executive Leader / Director of Children's Services, which set out the proposals for spending the HAF Grant, which had been allocated to the Local Authority from the DFE to fund local coordination of free holiday activates and healthy food for disadvantaged children during 2021.

Members were reminded that on 8 November 2020, the government announced that the Holiday Activity and Food programme, which had provided healthy food and enriching activities to disadvantaged children since 2018 would be expanded across the whole of England in 2021.

It was reported that Tameside received a Grant determination letter on 11 February2021 informing of the total maximum amount payable of £1,162,030 **.** A delivery report was submitted 19 February 2021 to HAF programme, which outlined the proposal of delivery and how Tameside would build upon the delivery from Summer 2020

The programme would cover one week at Easter, 4 weeks over summer and one week at Christmas holidays in 2021. All children in receipt of benefits related Free School Meals were eligible.

The Director of Children's Services explained that Local authorities had flexibility about how they could spend the grant and deliver this provision to best serve the needs of the children and families in their areas. In Tameside a multi- agency steering group had been established to oversee and support the implementation of the HAF programme.

It was stated that to enable a robust plan for summer and Christmas a HAF coordinator would be appointed through a secondment to Tameside. The HAF coordinator would work with schools and providers across Tameside to develop a plan to enable the full delivery of the programme to all eligible families.

It was explained that as Active Tameside were already commissioned by the Council to deliver holiday activity provision for a broad range of vulnerable children. Given the short timescales given by the DFE to deliver Easter provision and because of Active Tameside's existing track record in delivery, it was proposed that via an amendment to their existing arrangements, the Local Authority would allocate £116,880 from the HAF grant for Active Tameside to build upon the previous school

holiday provision, nutritional food and support offered throughout COVID for vulnerable families This would ensure we meet all targets for the programme at Easter.

AGREED
That Executive Cabinet be recommended to agree that:

(i) The HAF grant be spent on supporting vulnerable families who are eligible for 'free school meals' in the holiday period.

(ii) A HAF coordinator be appointed to oversee the project and coordinate activity and planning for Summer and Christmas.

(iii) Active Tameside be commissioned to deliver the Easter holiday programme to be funded by the 2020/21 grant of £116,860;

(iv) The remaining allocation for 2021/2022 of £1,045,170 be spent on HAF project over the summer and Christmas period 2021 as outlined within the HAF grant conditions.

(v) The HAF coordinator role to lead on mapping and scoping out a financial spend and procurement delivery plan for 2021/2022 to be agreed by Executive Cabinet in June and delivered through the HAF partnership steering group

(vi) It be agreed to develop a preferred provider list for delivery of the programme Summer 2021 and Christmas 2021.

237 RE-OPENING HIGH STREETS FUND

AGREED
That Item 4g Re-Opening High Streets Fund be deferred to the next meeting of the Board.

238 NATIONAL PLANNING POLICY FRAMEWORK AND NATIONAL MODEL DESIGN CODE (GOVERNMENT CONSULTATION)

Consideration was given to a report of the Executive Member for Housing Planning and Employment / Director of Growth, which detailed the Council's proposed response to the Governments' consultation on National Planning Policy Framework and National Model Design Code.

Members were advised that the Government's consultation sought views on proposed changes to the National Planning Policy Framework. The text had been revised to implement policy changes in response to the Building Better Building Beautiful Commission "Living with Beauty" Report and was intended to promote quality of design of new development. The Building Better, Building Beautiful Commission was an independent body set up to advise government on how to promote and increase the use of high-quality design for new build homes and neighbourhoods. The "Living with Beauty" report set out the Commission's recommendations to government which proposed three overall aims: ask for beauty, refuse ugliness and promote stewardship and made 45 detailed policy propositions.

In addition, the consultation sought views on the draft National Model Design Code, which provided details guidance on the production of design codes, guides and policies to promote successful design. The government expected this to be used to inform the production of local design guides, codes and policies and wanted to ensure it was as effective as possible.

It was reported that the Ministry of Housing, Communities and Local Government was consulting on the draft text of the revised National Planning Policy Framework and sought views on the draft National Model Design Code. In responding to this consultation, the government would appreciate comments on any potential impacts under the Public Sector Equality Duty. Through a series of focussed questions, it provided the opportunity for comments to be submitted by 27 March 2021, and the proposed responses from the Council were set out in the attached Appendix 1.

AGREED
That the Executive Cabinet be recommended to agree to the submission of the response at Appendix 1 as the Council's response to the Government's consultation "National Planning Policy Framework and National Model Design Code: consultation proposals".

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

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Clinical Lead for Mental Health and Learning Disabilities / Clinical Lead for Starting Well / Director of Commissioning. The report set out funding expectations and the proposed developments to address the mental health recommendations in the NHS Long Term Plan.

Members were advised that the NHS Long Term Plan (2019) outlined the government's commitment to improving mental health services, both for adults and children and young people. In adult services, the plan signaled an extension of commitments in the *Five Year Forward View for Mental Health* (5YFVMH) to 2023/24. It aimed to create a more comprehensive service system, particularly for those who were 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.

The Long Term Plan would build on the recommendations from the Five Year Forward View. The Director of Commissioning highlighted programs that would be completed as part of the programs of work delivered at a locality and GM level: -

- 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.
- A further expansion in the Improving Access to Psychological Therapies (IAPT) programme, particularly for people with long-term physical conditions.
- Testing a four-week waiting time target for community mental health teams.
- 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".
- 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.
- Designing a "new Mental Health Safety Improvement Programme" to prevent suicide in inpatient units and offer support for people bereaved by suicide.
- 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
- 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
- Provide holistic support to people leaving care and to veterans leaving the Armed Forces
- Scale up and improve mental health support for children, young people and young adults.
- Expansion of community-based crisis services for children and young people.
- One-fifth of schools and colleges to have a mental health support team in place by the end of 2023.
- Feasibility test for a national access and waiting time standard for specialist services.
- Addressing the issue of transitions between child and adult mental health services by creating "a comprehensive offer for 0-25 year olds"

It was explained that 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. The Tameside and Glossop Strategic Commission had long recognised the importance of mental health and had been committed to improve parity of esteem and redress the balance between physical and mental health. Significant new investment had been committed over the past four years.

However, although investment in MH services had increased, the spend per head of population was low compared to GM, North Region and Nationally. Further, despite the increased investment the overall % of the CCG budget invested in mental health had 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.

It was further explained that the CCG Allocation Growth was based on the CCGs 5 year allocations pre COVID. Allocations for 21/22 and beyond had yet to be finalised as CCGs wait further planning guidance which was not due until April 2021.

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

240 FLU VACCINATION PROGRAMME 2021/2022: STRATEGIC COMMISSION WORKFORCE VACCINATION

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Director of Population Health, which set out the aims, ambition sand rationale for a flue vaccination programme for all staff in the Local Authority and CCG workforce.

The Consultant for Public Heath reported that front line health and social care workers were at higher risk than most of the population of contracting seasonal influenza ("flu"), due to the number of people they were in contact with through their work and the nature of these contacts. In addition, there was a risk of them transmitting flu to the vulnerable people they care for. Health and social care employers therefore had a duty to offer flu vaccinations to their staff.

It was explained that more broadly, employers had 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 could be avoided by the flu vaccine.

It was stated that it was proposed that for the 2021/22 flu season, 100% of all front-line staff employed by the strategic commission should be offered the vaccination, and that as many as possible take up the offer. Further, office-based staff should have the opportunity to take up the flu vaccine, to ensure that staff were protected against flu and to ensure business continuity.

AGREED
That Strategic Commissioning Board be recommended to:
(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

241 CAPITAL MONITORING REPORT PERIOD 10

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Finance. The summarised 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. It was reported that the approved budget for 2020/21 was £56.338m (after re-profiling approved at P7 monitoring) and current forecast for the financial year was £46.410m. There were additional schemes that had been identified as a priority for the Council, and, where available, capital resource had been earmarked against these schemes, which would be added to the Capital Programme and future detailed monitoring reports once satisfactory business cases had been approved by Executive Cabinet.

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

AGREED
That Strategic Planning and Capital Monitoring Panel be recommended to note the Capital Programme 2020/21 forecast and recommend to Executive Cabinet the approval of the re-profiling of capital budgets as set out in Appendix 1.

242 CAPITAL PROGRAMME - OPERATIONS AND NEIGHBOURHOODS

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Assistant Director for Operations and Neighbourhoods. The report provided information with regards to the 2020/21 Operations and Neighbourhoods Capital Programme.

The Assistant Director of Operations and Neighbourhoods highlighted areas within the Operations and Neighbourhoods Capital Programme. It was stated the Highway Maintenance Programmes had been prioritised with the range of delivery contractors. The carriageway and footway resurfacing programmes commenced in August 2020 and ran to mid-December 2020. Work that could not be completed by that date will recommence in early Spring 2021. There was a forecast £0.124m adverse variance on principle road highway works in 2020-21 due to increased costs. This would be resourced by the anticipated 2021-22 Highway Maintenance grant settlement.

The Works to Demesne Drive (No1 & No2 screens) and Halton Street, Hyde had been completed. During Storm Christoph in January 2021, these newly improved inlet structures were monitored and proved to be highly efficient and resilient protecting our communities during the prolonged storm. Further, the engineering works at Fairlea, Denton were complete with only the planting aspect of the landscaping works outstanding.

It was reported that the approved scheme of £260,000 continues to progress with further works planned for Hurst, Mossley and Hyde cemeteries. The total spend on the boundary walls by 31 March 2020 was £135,000 leaving a budget in 2020/21 of £125,000. A further £43,000 had been spent at Dukinfield Cemetery.

In regards to the repairs and restoration of cemetery boundary walls the the approved scheme of £260,000 continued to progress with further works planned for Hurst, Mossley and Hyde cemeteries. A further £43,000 had been spent at Dukinfield Cemetery. Funding would now be channelled into the completion of the additional repairs to medium and low priority wall repairs that still remained on the sites at Mossley, Hurst Ashton, where it was expected a further £10,000 - £20,000 would be spent this year.

Works on the replacement of cremators and mercury abatement, filtration plant and heat recovery facilities were scheduled to commence in March 2020. The Covid 19 pandemic affected Bereavement Services across Greater Manchester, therefore , work on site commenced on 2 October 2020. Cremator No 1 had been taken out of service and the crematory was a construction site. A structural survey was carried out on the steeple in November which had highlighted some concerns which were being dealt with by the Strategic Property Directorate. The projected completion and handover date had slipped by a couple of weeks due to the unforeseen circumstances but the project was still on target for completion in September 2021. £683k was forecast to be spent by 31st March 2021 the remainder would be spent during the financial year 2021/2022.

Members were advised of the capital investment of £600,000 in children's playgrounds across Tameside. STAR had sent out an expression of interest and the tender would go live in February which would be the start of Phase 2 of the project. Phase 3, which were the infrastructure improvements, would commence in February 2021.

It was reported that as a result of Covid 19 the Ashton Town Centre Public Realm project was temporarily paused, in line with Government guidance, resulting in a delay in the delivery of the next phase of the public realm works. Work had started on the procurement of materials which would allow works to start on Wellington Road in front of Clarendon College. Due to the impact of COVID on staff resources and the availability and material delivery timescales this programme was delayed and was under constant review. Reviewed delivery timescales would be provided as soon as there was greater clarity on the availability of materials and availability of staff resources.

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

(i) **Rescheduling to the Tameside Asset Management Plan (TAMP) and the Highways Maintenance Programme. The commencement of the works programme was revised due to Covid 19.**
(ii) **The progress with regards to Flooding: Flood Prevention and Consequential Repairs.**
(iii) **The progress with regard to the Slope Stability Programme and potential additional works required.**
(iv) **The progress with regards to the Cemetery Boundary Walls Programme.**
(v) **The rescheduling to Replacement of Cremators and Mercury Abatement, Filtration Plant and Heat Recovery Facilities Programme by the significant impact Covid 19 has had on the operation of the Crematorium and the suppliers of cremator equipment**
(vi) **The progress of capital schemes in section 2.12-2.24, and external grant schemes in section 3 and 4.**

And recommend to Executive Cabinet :

(vii) **The addition of £0.985m to the Council's 2021/22 Capital programme for the Active Travel Fund Tranche 2 as stated in sections 3.18 to 3.22.**
(viii) **The re-phasing of the Operations and Neighbourhoods directorate 2020/21 capital budgets as set out in Appendix 4.**

243 EDUCATION CAPITAL PROGRAMME MARCH 2021

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Executive Member for Finance and Growth / Assistant Director for Education / Assistant Director for Strategic Property. The report detailed the updated position of the Council's Education Capital Programme.

Members were advised that on 15 April 2020, the Government announced the 2021/22 allocation of Basic Need Funding. Following discussion with the DfE over aspects of the formula and its application to Tameside, an allocation of £12,231,816 was announced In regards to the School Condition Grant Funding the 2019/20 Allocation was £1,153,000. The Assistant Director for

Education summarised the Basic Need Funded Schemes for 2020/21, Appendix 1 provided a financial update of current Basic Need funded projects.

In regards to the School Condition Grant Schemes it was reported that the budget available was insufficient to meet the demands placed upon it and the surveyors had been asked to identify priorities of the works required within each school and across the portfolio of schools. It was stated that Appendix 3 provided a financial update with details of current School Condition Allocation funded projects, which included proposed changes to the scheme funding.

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

(i) Proposed changes to the Education Capital Programme, Basic Need Funding Schemes Appendix 1, Special Provision Fund and Healthy Pupils' Capital Fund as outlined in Appendix 2A and 2B and School Condition Allocation Funding Schemes Appendix 3;
(ii) The allocation of an additional £49,000 from Basic Need to cover the additional costs at Discovery Academy and Birch Lane as described in paragraph 4.25;
(iii) To re-profile the budget for the works to provide a secure entrance at Denton St Anne's into 2021/22 as described in paragraph 6.8;
(iv) The allocation of an additional £11,657 for additional emergency works at Russell Scott Primary School already incurred, (paragraph 6.15);
(v) Accept the Sport England Award of £75,000 by the deadline of 31 March 2021 subject to the conditions detailed in paragraphs 6.16 and 6.17;
(vi) The allocation of a further £50,000 of 2021/22 School Condition Grant funding towards the two schemes at Gee Cross Holy Trinity (paragraph 6.18);
(vii) The allocation of £11,058.04 from currently unallocated School Condition Grant funding in respect of safety works to glass balustrades at three primary schools (paragraph 6.19);
(viii) To set aside £300,000 of 2021/22 School Condition Grant for replacement boilers at Gorse Hall, Hurst Knoll CE and Audenshaw Primary Schools noting that if successful, some costs will be reimbursed from the decarbonisation scheme (paragraph 6.30);
(ix) The allocation of £29,000 in respect of surveys of CLASP and other system built schools' fire compartmentalisation (paragraph 6.31);
(x) The allocation of a high level estimate of £35,000 to remove a life-expired mobile unit at Arlies Primary School in summer 2021 (paragraph 6.33);
(xi) The allocation of £30,000 of 2021/22 School Condition Grant for further stock condition surveys (paragraph 6.34);
(xii) The allocation of £40,000 of 2021/22 School Condition Grant for asbestos management works (paragraph 6.35); AND
(xiii) The allocation of £5,000 of 2021/22 School Condition Grant for structural engineers' fees (paragraph 6.436).

244 FORWARD PLAN

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

CHAIR

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BOARD

17 March 2021

Present:	**Elected Members**	**Councillors Warrington (In the Chair), Bray, Fairfoull, Feeley, Gwynne, Kitchen Ryan and Wills**
	Chief Executive	**Steven Pleasant**
	Borough Solicitor	**Sandra Stewart**
	Deputy Section 151 Officer	**Tom Wilkinson**
Also in Attendance:	**Dr Asad Ali, Steph Butterworth, Tracy Brennand, James Mallion, Dr Ashwin Ramachandra, Ian Saxon, Jayne Traverse and Debbie Watson**	
Apologies for Absence	**Councillor Cooney**	

245 LICENSING ACT POLICY EXTENSION

Consideration was given to a report of the Executive Member for Neighbourhoods Community Safety and Environment / Assistant Director for Operations and Neighbourhoods. The report recommended the restatement of the current Statement of Licensing Policy for one year and for a full review and consultation to be conducted in 2021/22.

Members were advised that Section 5 of the Licensing Act 2003 required Tameside Council to review its Licensing Policy every 5 years. Due to the extraordinary impact of the Coronavirus pandemic in 2020, this full review had not been able to take place. The Government had clarified that primary legislation would not be amended to delay the requirement for Councils to review statements of licensing policy. Therefore, it was proposed to carry over the current policy subject to a full review being carried out in 2021/2022. Responsible authorities and licensed trade networks had been informally consulted on this proposed approach.

It was reported the impact of the Coronavirus pandemic on licensed premises and night time economy had been severe. Several licensed premises had closed due to the pandemic and venues such as nightclubs had been unable to open since March 2020 and it was not clear what the lasting impacts on the sector would be. The revised policy would need to effectively reflect the situation post-Covid.

AGREED
That Council be recommended to approve the re-instatement of the current Statement of Licensing Policy for one year, subject to a full review and consultation process being conducted in 2021/2022. This approach would enable the updated Policy to take into account the impact of the Coronavirus pandemic on the licensed sector.

246 ADULT SOCIAL CARE FEES 2021-22

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Head of Commissioning. The report detailed the proposals in relation to revised prices to meet the increased cost of providing adult social care services for 2021-22.

Members were advised the health and social care economy has seen unprecedented reductions in funding over the last decade. As a result of these reductions all services had been subject to review to establish where efficiencies could be achieved and/or where services could be provided differently. This included consideration of services where there were statutory and non-statutory duties and responsibilities.

The demand to meet savings targets had progressed at a time when providers had in the main been facing increased operating costs. The most significant increase in costs had been those experienced specifically in relation to the introduction of the National Living Wage to a sector that had for many years been operating on wage levels at or close to minimum wage levels, but also in relation to increased pension contributions, increased costs related to regulation, inflationary pressure related to utilities and insurance, and over the past twelve months costs related to Covid-19.

Work had been progressing over the past few years to work with providers to reflect these additional costs in realistic prices that could continue the delivery of what were essential services for the vulnerable adults concerned whilst working within the financial restrictions the Council and CCG had been working within. The methodology adopted had included revising cost of care frameworks that reflected local factors, and in some cases adopted open book accounting methodology to establish the impact on costs of these additional requirements.

AGREED

That the Executive Member for Adult Social Care and Health be recommended to approve: -

(i) the proposed new rates for care home placements as detailed in Section 4 of this report in line with the agreed cost of care framework detailed in Appendix 1.

(ii) the proposed new rates for Support at Home at £18.45 per hour (Appendix 2) and Standard Home Care at £16.65 per hour (Appendix 3)

(iii) the proposed spot purchase rates for sleep-in at rates of £110.63 per night, and £147.48 per night for waking nights, across adult services contracts.

(iv) the proposed 2.18% uplift on the core contract prices at the four Extra Care Schemes and the proposed revised rate for additional hours commissioned in Extra Care of £15.68 per hour (Appendix 4)

(v) the proposed uplift by 2.18% of Adult Social Care contract prices highlighted in Section 2 and 4 of this report.

(vi) the revised Direct Payment rates as detailed in section 4;

(vii) the revised annual contract price for the Dementia Day Service at Wilshaw House at £417,301.

(viii) the Day Services rate of £33.68 per placement per day and revised additional hours rate of £13.27 per houras detailed in section 4.

(ix) the rate increases for Shared Lives Carer payments detailed in Section 4

(x) the offer to increase younger adults out of borough placements by 2.18 % with flexibility to approve a higher rate where providers evidence a higher rate is required as detailed in Section 4.

(xi) that all the proposed new rates becoming effective from 1 April 2021

247 COVID-19 RELATED DEMAND IN DOMESTIC ABUSE SERVICES – ADDITIONAL RESOURCE REQUEST (3.10PM)

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Assistant Director of Operations and Neighbourhoods, which proposed an allocation from the Covid fund to recruit one additional independent Domestic Violence Advocate (IDVA) for 12 months (£30k) and to extend the funding for a fixed term Keyworker for a further 6 months (£20k), should funding from GMCA not be confirmed.

The Consultant for Public Health reported that due to increased demand for high risk services, the provider of our specialist domestic abuse provision, Bridges, had used an agency IDVA to manage demand. This had been at an additional cost to the provider and the spend was not provided for in the core domestic abuse contract. In 2020/21 there had been two additional sources of income to support Bridges with costs associated with Covid-19. This comprised a one-off grant from Community Safety for £9,700 and a grant of £30,000 from the Home Office Covid-19 Emergency Fund. It was expected that demand would remain at current levels for the service in 2021/22, however, there were no additional sources of funding for the next financial year to support with costs associated with meeting the demand relating to the pandemic.

It was explained that increased prevalence of domestic abuse created additional demand elsewhere in the system, particularly in health, social care and criminal justice. Analysis from the cost of domestic abuse finance paper revealed that responding to domestic abuse in Tameside cost the police an estimated £12 million over a single year. A rise in the frequency and severity of domestic abuse also results in more children requiring social care intervention and in the most serious cases, children becoming looked after by the authority.

The report sought permission to award £30,000 to Bridges for a full-time IDVA post for 12 months. This would provide stability for the service and victims who were accessing support.

In regards to the Key Worker 6 Month Extension, one of the Keyworker roles was funded by the Ministry of Justice via GMCA. This contract was due to expire in March 2021, but had been extended by GMCA for 6 months to September 2021. The report sought permission to spend £20,000 to fund 6 months of 1 FTE Key Worker. This funding would only be awarded if GMCA did not commit to funding the role beyond September 2021.

AGREED
That the Executive Member for Adult Social Care and Population Health be recommended to approve the purchase of additional domestic abuse support from the current Bridges service to for 2021/22 as part of the Council's response to the recovery from the Covid pandemic to support our most vulnerable residents. This will be in the form of:

- **the provision of an additional FTE IDVA on a 12 month basis;**
- **the extension of the contract of one FTE Keyworker for a further 6 months from September 2021, if funding is not forthcoming from GMCA;**
- **That the £50k cost is funded from the carried forward covid general grant in 2021/22 financial year.**

CHAIR

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Report To:	**STRATEGIC COMMISSIONING BOARD**
Date:	28 April 2021
Executive Member / Reporting Officer:	Councillor Oliver Ryan – Executive Member (Finance and Economic Growth) Dr Ash Ramachandra – Lead Clinical GP Kathy Roe – Director of Finance
Subject:	**STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE REPORT 2020/21 - AS AT MONTH 11**
Report Summary:	This is the eleventh financial monitoring report for the 2020/21 financial year, reflecting actual expenditure to 28 February 2021 and forecasts to 31 March 2021. New funding continues to be announced by Government to support the impacts of the COVID pandemic, and whist 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 remaining few weeks of the year. **APPENDIX 1** summarises the integrated financial position on revenue budgets as at 28 February 2021 and forecast to 31 March 2021. As at Month 11, the Strategic Commission is forecasting a net overspend of £0.204m by 31 March 2021. This is a small overall deterioration on the position reported at month 10 and reflects the reduced surplus on CCG budgets which was previously offsetting a larger overspend on Council Budgets. As further COVID funding continues to be made available to the Council in the final month of the year, this position may improve before the end of the financial year. Whilst the overall forecast position remains broadly positive compared to the position earlier in the year, there remain significant variances in some service areas which are not attributed to COVID and which present ongoing financial risks for future years.
Recommendations:	Members are recommended to note the forecast outturn position and associated risks for 2020/21 as set out in **Appendix 1**.
Policy Implications:	Budget is allocated in accordance with Council 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 Sustainabilty and Transformation Plan (STP) footprint. In T&G this means that a financial envelope exists at a Greater Manchester level. This report show that local control totals required to deliver against the envelope will be met, however there is risk associated with this.

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)

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

Risk Management:

Associated details are specified within the presentation.

Failure to properly manage and monitor the Strategic Commission's budgets will lead to service failure and a loss of public confidence. Expenditure in excess of budgeted resources is likely to result in a call on Council reserves, which will reduce the resources available for future investment. The use and reliance on one off measures to

balance the budget is not sustainable and makes it more difficult in future years to recover the budget position.

Background Papers:

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

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

 Telephone:0161 342 5609

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

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

 Telephone:0161 342 5626

 e-mail: tracey.simpson@nhs.net

1. BACKGROUND

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

1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The total gross revenue budget value of the ICF for 2020/21 is in excess of £992 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 28 February 2021 and forecast to 31 March 2021.

2.2 As at Month 11, the Strategic Commission is forecasting a net overspend of £0.204m by 31 March 2021. This is a small overall deterioration on the position reported at month 10 and reflects the reduced surplus on CCG budgets which was previously offsetting a larger overspend on Council Budgets. As further COVID funding continues to be made available to the Council in the final month of the year, this position may improve further by the end of the financial year.

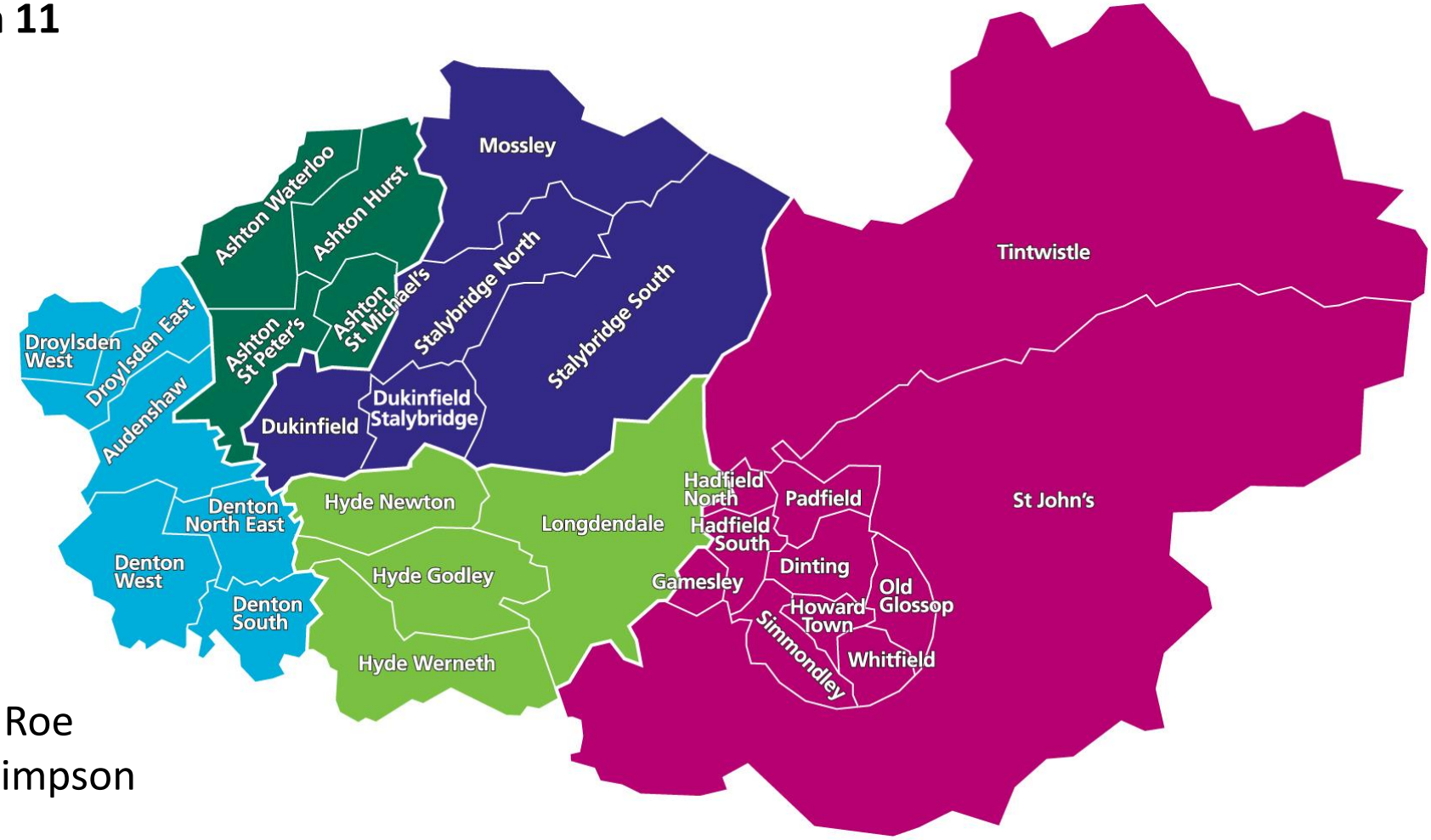
2.3 Whilst the overall forecast position is looking broadly positive when compared to the position earlier in the year, there remain significant variances in some service areas, which are not attributed to COVID and which present ongoing financial risks for future years.

3. RECOMMENDATIONS

3.1 As stated on the front cover of the report.

Tameside and Glossop Strategic Commission

Finance Update Report
Financial Year Ending 31st March 2021
Month 11



Kathy Roe
Sam Simpson

Financial Year Ending 31st March 2021 – Month 11

Month 11 Finance Report

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

Finance Update Report – Executive Summary

Children's Services
£3,682k 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 M11 the size of the pressure has reduced from month 10, due to number of small revisions in forecasts, but remains a significant overspend against budget.

As at Month 11, the Strategic Commission is forecasting a net overspend of £0.204m by 31 March 2021. This is a small overall deterioration on the position reported at month 10 and reflects the reduced surplus on CCG budgets which was previously offsetting a larger overspend on Council Budgets. As further COVID funding continues to be made available to the Council in the final month of the year, this position may improve further by the end of the financial year.

Message from the Directors of Finance

As we enter the final few weeks 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 impact of COVID continues to present significant financial risks and uncertainty. The Council approved its 2021/22 budget in February, including a significant savings programme which will be challenging to deliver in the current climate. Monitoring of delivery progress has already commenced and a relentless focus on savings delivery must continue as we enter the new financial year.

There remains significant uncertainty over the financial planning and budget setting process for the NHS, despite being a matter of weeks from the new financial year.

Forecast Position £000's	Forecast Position				
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance
CCG Expenditure	452,234	0	452,234	452,232	2
TMBC Expenditure	540,467	(335,188)	205,279	205,485	(206)
Integrated Commissioning Fund	**992,701**	**(335,188)**	**657,513**	**657,717**	**(204)**

Finance Update Report – Strategic Commission Budgets

Forecast Position £000's	Forecast Position					Net Variance		Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	COVID Variance	Non-COVID Variance	Previous Month	Movement in Month
Acute	218,327	0	218,327	218,622	(296)	0	(296)	(1,561)	1,266
Mental Health	44,682	0	44,682	44,675	7	0	7	211	(204)
Primary Care	92,282	0	92,282	92,309	(26)	0	(26)	618	(645)
Continuing Care	14,521	0	14,521	14,046	475	0	475	411	64
Community	35,034	0	35,034	35,102	(68)	0	(68)	(263)	194
Other CCG	42,848	0	42,848	42,937	(89)	(1,379)	1,290	(283)	193
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	0	0	0	0	1,379	(1,379)
Adults	85,935	(47,197)	38,737	38,477	260	0	260	260	0
Children's Services - Social Care	64,286	(10,288)	53,998	57,680	(3,682)	0	(3,682)	(3,830)	147
Education	32,250	(25,843)	6,407	6,880	(473)	(562)	89	(473)	(0)
Individual Schools Budgets	119,645	(119,645)	0	0	0	0	0	0	0
Population Health	15,910	(291)	15,619	18,938	(3,319)	(3,675)	356	(3,144)	(175)
Operations and Neighbourhoods	80,504	(27,583)	52,921	54,221	(1,300)	(1,225)	(75)	(1,300)	(0)
Growth	45,526	(34,537)	10,988	11,870	(882)	(125)	(757)	(882)	(0)
Governance	67,256	(57,735)	9,521	10,147	(627)	(1,409)	782	(813)	186
Finance & IT	9,537	(1,907)	7,630	7,518	112	(29)	141	112	(0)
Quality and Safeguarding	378	(237)	141	117	24	0	24	31	(7)
Capital and Financing	10,379	(9,624)	756	6,098	(5,342)	(6,269)	927	(5,342)	0
Contingency	3,377	0	3,377	2,410	967	(911)	1,878	967	0
Contingency - COVID Costs	0	0	0	40,465	(40,465)	(40,465)	0	(40,465)	(0)
Corporate Costs	5,486	(301)	5,184	4,952	232	(65)	297	232	(0)
LA COVID-19 Grant Funding	0	0	0	(44,095)	44,095	44,095	0	44,095	0
Other COVID contributions	0	0	0	(10,193)	10,193	10,193	0	10,193	0
Integrated Commissioning Fund	**992,701**	**(335,188)**	**657,513**	**657,717**	**(204)**	**(1,826)**	**1,622**	**155**	**(358)**

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	200,092	200,240	(147)	218,327	218,622	(296)	0	(296)
Mental Health	40,808	40,550	257	44,682	44,675	7	0	7
Primary Care	82,765	82,355	410	92,282	92,309	(26)	0	(26)
Continuing Care	13,198	12,697	500	14,521	14,046	475	0	475
Community	31,954	31,954	(1)	35,034	35,102	(68)	0	(68)
Other CCG	28,949	30,199	(1,250)	42,848	42,937	(89)	(1,379)	1,290
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0
CCG Running Costs	3,996	3,992	4	4,541	4,541	0	0	0
Adults	35,509	41,903	(6,394)	38,737	38,477	260	0	260
Children's Services - Social Care	49,498	48,267	1,231	53,998	57,680	(3,682)	0	(3,682)
Education	6,051	3,900	2,151	6,407	6,880	(473)	(562)	89
Individual Schools Budgets	2,254	(1,071)	3,325	0	0	0	0	0
Population Health	14,317	14,157	161	15,619	18,938	(3,319)	(3,675)	356
Operations and Neighbourhoods	49,899	49,472	428	52,921	54,221	(1,300)	(1,225)	(75)
Growth	13,299	11,458	1,841	10,988	11,870	(882)	(125)	(757)
Governance	10,172	10,872	(700)	9,521	10,147	(627)	(1,409)	782
Finance & IT	7,110	6,636	474	7,630	7,518	112	(29)	141
Quality and Safeguarding	129	51	78	141	117	24	0	24
Capital and Financing	693	(1,227)	1,920	756	6,098	(5,342)	(6,269)	927
Contingency	3,095	1,748	1,347	3,377	2,410	967	(911)	1,878
Contingency - COVID Costs	0	18,440	(18,440)	0	40,465	(40,465)	(40,465)	0
Corporate Costs	4,876	4,630	247	5,184	4,952	232	(65)	297
LA COVID-19 Grant Funding	0	(29,853)	29,853	0	(44,095)	44,095	44,095	0
Other COVID contributions	0	(10,007)	10,007	0	(10,193)	10,193	10,193	0
Integrated Commissioning Fund	**598,663**	**571,363**	**27,300**	**657,513**	**657,717**	**(204)**	**(1,826)**	**1,622**

Finance Update Report – Headlines

Children's Services (£3,682k)

The Directorate is reporting a forecast overspend of £3,682K at period 11 which is an overall favourable reduction of £147k from period 10. 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 favourable movement since period 10 reflects a number of small changes in the forecast across the service, including reductions in staffing costs, additional grant income and a reduction in the forecast for placement costs.

Population Health (£3,675k)

As reported in previous reports, the adverse variance on Population Health budgets relates to the financial risks faced by Active Tameside as a result of the COVID. The forecast outturn position has deteriorated as at Month 11 to reflect the increased risk of non repayment on long term debtors in March 2021.

Governance

The overall forecast outturn position in Governance has improved since period 10 due to the receipt of additional grant funding to contribute towards the additional administrative costs faced by the Exchequer teams during 2020/21 as a result of COVID 19.

CCG Surplus

Reported surplus at M11 is £2k, an apparent deterioration in the position since M10, where we reported a surplus of £512k.

This is a presentational change because of changes in the way we have been asked to report top-up payments nationally. The underlying position has not changed and the £512k surplus would theoretically be restored once final allocations are transacted at the end of March.

However changes to the national financial regime in 2020/21 mean that individual organisational financial positions will be monitored within the context of a financial envelope set at an STP (Sustainability and Transformation Partnership) level this year.

For us this means an envelope that has been agreed at a Greater Manchester level, with individual CCG level budgets set within the context of this wider control total. In recent months reported surpluses at T&G and at other CCGs have been used offset pressures at other organisations within the STP.

However new guidance has recently been issued, stating that each constituent part of the STP must report a break even position at year end. To facilitate this, a series of allocation adjustments will be transacted in March. The overall STP position will remain unchanged, but the reported surplus in T&G will be neutralised and we will be reporting a break even position next month.

Finance Update Report – Headlines

CCG Budgets & Allocation

At M11 this report covers £452,234k of budgeted CCG spend across 2021/22 as a whole. This has increased from £441,901k last month. This is a result of £10,333k of additional allocations, which included:

- £7,844k CCG Historic Cumulative Surplus,
- £2,112k COVID Top-up, including prospective allocations for M11 & M12.
- £ 377k Various Mental Health, Primary Care & Community allocations

CCG Position & Top Up Payments

The CCG is showing a YTD overspend of £227k at M11 (reduced from £1,379k over at M10), but a surplus of £2k by year end (against a reported surplus of £512k last month).

While these may appear to be significant movements, the changes are purely presentational and relate to top up payments the CCG is able to claim under the rules of the phase 3 financial regime introduced in the 2nd half of 2020/21 as we build back post pandemic.

At Month 10, almost £1.3m of top up payments were outstanding for Independent Sector and Hospital Discharge Programme, dating back to the beginning of September. These have now been paid in full, together with a prospective payment covering spend to the end of March (based on 80% of the forecast at M10).

There will be a final IAT transacted on 31st March which will cover spend over and above the prospective payment already made. We currently estimate this at £283k.

The only historic top up outstanding at M11 relates the vaccine programme, where we are still anticipating income of £227k.

Changes to the way NHSE have asked us to report our year end position, mean that we have to include the spend relating to both of these, but keep the anticipated top up payment out of the position.

Our underlying surplus after adjusting for this change is unchanged at £512k. This variance will be restored once final allocations are transacted at the end of March.

Finance Summary Position – T&G ICFT

	Month 11			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	**£22,907**	**£22,591**	**(£316)**	**£248,321**	**£247,816**	**(£505)**	**£271,228**	**£270,297**	**(£931)**
Employee Expenses	(£14,995)	(£15,342)	(£346)	(£168,522)	(£160,975)	£7,547	(£183,530)	(£176,683)	£6,847
Non Pay Expenditure	(£6,955)	(£6,163)	£792	(£71,209)	(£63,401)	£7,808	(£78,198)	(£71,166)	£7,033
Total Operating Expenditure (excl. COVID-19)	**(£21,950)**	**(£21,505)**	**£446**	**(£239,731)**	**(£224,376)**	**£15,355**	**(£261,728)**	**(£247,849)**	**£13,880**
Income - COVID-19 (Mass Vaccs)	£0	£674	£674	£0	£975	£975	£0	£1,873	£1,873
Income - COVID-19 (Staff Vaccs)	£0	£21	£21	£0	£48	£48	£0	£91	£91
Employee Expenses - COVID-19	(£1,312)	(£1,984)	(£673)	(£6,697)	(£13,937)	(£7,240)	(£8,009)	(£16,237)	(£8,228)
Non Pay Expenditure - COVID-19	(£325)	(£267)	£58	(£1,614)	(£4,706)	(£3,092)	(£1,951)	(£5,021)	(£3,071)
Total Operating Expenditure - COVID-19	**(£1,637)**	**(£1,556)**	**£81**	**(£8,311)**	**(£17,619)**	**(£9,308)**	**(£9,960)**	**(£19,294)**	**(£9,334)**
Total Operating Expenditure	**(£23,587)**	**(£23,061)**	**£526**	**(£248,042)**	**(£241,995)**	**£6,047**	**(£271,688)**	**(£267,143)**	**£4,545**
Financing Costs	(£475)	£188	£663	(£5,415)	(£4,733)	£682	(£5,889)	(£5,169)	£720
Net Surplus/ (Deficit) before exceptional Items	**(£1,155)**	**(£282)**	**£873**	**(£5,136)**	**£1,088**	**£6,224**	**(£6,349)**	**(£2,015)**	**£4,334**
Adjusted for allowable items:									
Non NHS Income (Received in Month 11)	£0	£1,200	£1,200	£0	£1,200	£1,200	£0	£1,200	£1,200
Annual Leave (Oustanding)	£0	£0	£0	£0	£0	£0	£0	£707	£707
Adjusted Net Surplus/ (Deficit) before exceptional Items	**(£1,155)**	**£918**	**£2,073**	**(£5,136)**	**£2,288**	**£7,424**	**(£6,349)**	**(£108)**	**£6,241**
Trust Efficiency Programme	£267	£0	(£267)	£1,210	£711	(£499)	£1,500	£800	(£700)

Finance Summary Position – T&G ICFT

Trust Financial Summary

The Trust reported a net surplus in month of c.£918k after receipt of all funding which represents a favourable movement from month 10 of £894k. This favourable movement is largely as a result receiving non-recurrent funding from NHSE in relation to reimbursement for reduced non-clinical income (predominantly due a reduction of car parking income). At Month 10, the Trust was reporting a forecast deficit of c.£2.341m, the Trust has reported an improvement of c.£326k before allowable items in month. Therefore, the revised FOT is c.£2.015m before allowable items. After allowable items the FOT is £108k deficit.

Total COVID expenditure incurred in month equates to c.£1.556m and c.£17.619m year to date.

The Trust has delivered non recurrent efficiencies year to date 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

Following recent national guidance, the current financial framework will continue into Quarter 1 2021/22 with the primary objectives being to:

1. Provide certainty and support continuing operational response
2. Centrally generate organisational plans for Quarter 1 to avoid a lengthy planning process
3. Organisations to deliver a break even position within the funding allocated (Funding £'s still to be confirmed)

In line with NHSE/I recommendation the Trust's approach for Quarter 1 planning is that the default position is based on Quarter 3 actuals from 2020/21 having adjusted for any "one-off" items. The Trusts approach for Quarter 2-4 is still under review.

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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	28 April 2021
Executive Member:	Councillor Allison Gwynne – Executive Member (Neighbourhoods, Community Safety and Environment) Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)
Clinical Lead:	Dr Christine Ahmed, Clinical Lead, Starting Well
Reporting Officer:	Emma Varnam – Assistant Director, Operations and Neighbourhoods
Subject:	**UPDATE ON PROVISION OF SOCIAL WELFARE INFORMATION AND ADVICE AND SPECIALIST EMPLOYMENT ADVICE**
Report Summary:	The Council has had a contract with Citizens Advice Tameside for many years to deliver generalist social welfare advice and specialist employment advice. A report was presented to Strategic Commissioning Board on 25 November 2020, which gave approval to tender the service for a 3 year period to commence 1 April 2021. It has taken longer than envisaged to get to a position of being tender ready and this is due in part to the current climate during the Covid-19 pandemic, but this has been further exacerbated by the nature of the contract and the fact that this is the first time the service has been tendered. This report outlines the current position with the tender process and requests additional time by way of a 6 month direct contract award to Citizens Advice to allow a competitive tender process to take place for the remaining 2.5 year contract period.
Recommendations:	That the Strategic Commissioning Board and Executive Cabinet be recommended to agree that : (i) the current situation with the tender process and the difficulties encountered in meeting the tender commencement date of 1 April 2021 is noted; (ii) approval is granted to directly award a 6 month contract to Citizens Advice to cover the period 1 April 2021 to 30 September 2021 to allow a competitive tender process to take place (iii) approval is granted to tender the provision of generalist social welfare information and advice and specialist employment advice for a period of 2.5 years (iv) approval is granted to allow a 1 plus 1 year optional extension in the contract noting that further governance would need to be obtained before any such extension could be exercised (v) authority is delegated to the Director of Operations and Neighbourhoods to award the tender and enter into all necessary contract arrangements

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

Budget Allocation (if Investment Decision)	**Six Month Extension** : **£0.058m** £0.039m – Operations and Neighbourhoods £0.019m – Population Health **Annual : £0.116m** £0.078m – Operations and Neighbourhoods £0.038m – Population Health)
CCG or TMBC Budget Allocation	**TMBC**
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	**Section 75** Population Health Six Month Extension : £0.019m Annual : £0.038m **Aligned** Operations and Neighbourhoods :
Decision Body – SCB Executive Cabinet, CCG Governing Body	Six Month Extension : £0.039m Annual : £0.078m **SCB** Six Month Extension : £0.019m Annual : £0.038m **Executive Cabinet** Six Month Extension : £0.039m Annual : £0.078m

Additional Comments

The proposed 6 month extension (£0.058m) to 30 September 2021 will be financed via the existing 2021/22 directorate revenue budgets of Operations and Neighbourhoods (£0.039m) and Population Health (£0.019m).

Members should note that there is no budget provision for any subsequent price increases (e.g. inflation) that may arise above the proposed annual value of £0.116m (Operations and Neighbourhoods £0.078m and Population Health £ 0.038m).

In addition the new contract from 1 October 2021 should have appropriate break clauses included in the event of savings that may need to be realised to support the Council's medium term financial plan.

This decision will require approval by both the Executive Cabinet (for the Operations and Neighbourhoods directorate budget provision that is within the Aligned section of the Integrated Commissioning Fund) and the Strategic Commissioning Board for the Population Health directorate budget provision that is within the Section 75 of the Integrated Commissioning Fund).

Legal Implications: (Authorised by the Borough Solicitor)

Any contract awards need to be undertaken with advice from STAR to ensure that any risks relating to the same are identified and mitigated wherever possible.

How do proposals align with Health & Wellbeing Strategy?	The proposal aligns with the Starting, Living Well and Ageing Well programmes.
How do proposals align with Locality Plan?	The proposals link into the Council's priorities for people: • Improve health and wellbeing of residents • Protect the most vulnerable • Increasing self-sufficiency and resilience of individuals and families
How do proposals align with the Commissioning Strategy?	The proposal supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health and wellbeing of residents.
Recommendations / views of the Health and Care Advisory Group:	N/A
Public and Patient Implications:	The proposed service model has been informed by data on customer satisfaction and engagement on social policy issues
Quality Implications:	The provider will be required to maintain Advice Quality Standards (AQS) accreditation at the general help level for welfare benefits and debt and specialist level in relation to employment law advice throughout the duration of the contract. Services commissioned via the contract will be subject to ongoing quality monitoring.
How do the proposals help to reduce health inequalities?	The provision of advice and information is essential in reducing poverty, which can help reduce stress, anxiety and improve health outcomes and reduce inequalities.
What are the Equality and Diversity implications?	There are no equality and diversity implications associated with this report
What are the safeguarding implications?	There are no safeguarding implications associated with this report.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	The provider will hold personal data relating to users of the service. The provider must comply with the provisions of the General Data Protection Regulation and the Data Protection Act 2018 in relation to their handling of this data. A privacy impact assessment has not been conducted.
Risk Management:	There is a significant risk that if the contract expired this would mean that residents would not have access to independent advice and information. This would very likely lead to poverty, homelessness and poor health outcomes and subsequently increase demand on statutory services.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Janine Yates, Team Manager, Welfare Rights and Debt Advice Service Telephone: 0161 342 3181 e-mail: janine.yates@tameside.gov.uk

1. INTRODUCTION

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

1.2 The contract was last reviewed in 2018 when a waiver to standing orders was granted to allow the direct award of a three-year contract to Citizens Advice Tameside. The current contract ended on 31 March 2021.

1.3 A report was presented to Strategic Commissioning Board on 25 November 2020, which gave approval to tender the service for a 3 year period to commence 1 April 2021.

1.4 It has taken longer than envisaged to get to a position of being tender ready. This report outlines the current position with the tender process and requests additional time by way of a 6-month direct contract award to Citizens Advice to allow a competitive tender process to take place for the remaining 2.5 years of the agreed contract period.

2. CURRENT POSITION

2.1 In August 2020 the Council, in conjunction with STAR Procurement, reviewed the future options available for this contract prior to the contract expiring. It was agreed that a soft market testing exercise would be conducted to establish whether there were any interested parties apart from the incumbent. The soft market testing exercise was conducted in September 2020 and this confirmed there were other parties interested in bidding, so it was agreed that a procurement exercise would be conducted. Approval to allow a tender to take place was granted at Strategic Commissioning Board on 25 November 2020.

2.2 It has taken longer than envisaged to get to a position of being tender ready and this is due in part to the current climate during the Covid-19 pandemic, but this has been further exacerbated by the nature of the contract and the fact that this is the first time the service has been tendered. Unfortunately, the delay means there is no longer sufficient time to tender the service in time for a contract start date of 1 April 2021.

2.3 To address this, consideration was initially given to extend the current contract however, the Contract Particulars do not provide for an extension option. Unfortunately, this did not become apparent until very recently and there was then insufficient time to put the necessary governance arrangements in place before the current contract expires. It is for this reason that approval is requested to directly award a 6 month contract to Citizens Advice to cover the period 1 April 2021 to 30 September 2021. This would ensure sufficient time to complete a competitive tender process and allow transition to new contracting arrangements. **.**

2.4 Thereafter, approval is requested to tender the provision of generalist social welfare information and advice and specialist employment advice for a period of 2.5 years. This would cover the period 1 October 2021 – 31 March 2024. The overall total contract spend would be for a 3 year period as previously agreed at SCB on 25 November 2020. Additionally approval is sought to allow a 1 plus 1 year optional extension in the contract noting that further governance would need to be obtained before any such extension could be exercised.

2.5 Permission has previously been afforded to the Director of Operations and Neighbourhoods by way of delegated authority to award the tender and enter into all necessary contract arrangements. Further approval is requested to award the same delegation powers to the Director of Operations and Neighbourhoods for the revised 2.5 year tender exercise for the provision of the contract.

3. FINANCE

3.1 SCB granted approval on 25 November 2020 to go out to tender with a spend of £0.116m per year for 3 years.

3.2 This report seeks permission to award the following for the same total contract spend:-

- £0.058m - direct contract award for 6 months with Citizens Advice 1 April 2021 – 30 September 2021
- £0.290m – 2.5 year contract award by way of a formal tender process for the provision of generalist social welfare information and advice and specialist advice. This would cover the period 1 October 2021 – 31 March 2024 with a 1 plus 1 year optional extension.

4. RISK MANAGEMENT

4.1 If the exemption request is not approved, this could potentially mean that the authority incurs additional costs due to this contract expiring. Vulnerable residents would have no access to advice and information which could potentially mean that other services (e.g. Mental Health, Children's Services, Housing) see an increase in demand and their spend because of residents presenting with worsening issues later on rather than deal with them at an earlier stage. This could in turn significantly outweigh the value of the extension.

4.2 Furthermore, if the contract expired this would likely put additional pressure on the council's welfare rights service due to increased demand for advice and an increase in benefit appeals as a result of the lack of availability of advice to help make claims. This scenario would potentially result in the need for additional welfare rights staff to be recruited to deal with the increased workload which would be additional cost to the council and could exceed the value of the extension.

5. EQUALITIES

5.1 The proposal is intended to reduce inequality.

6. CONCLUSION

6.1 The Council has had a contract with Citizens Advice for many years to deliver generalist social welfare advice and information to residents. The contract is due to expire on 31 March 2021 and approval was given at SCB on 25 November 2020 to tender the service for a 3 year period to commence 1 April 2021.

6.2 It has taken longer than envisaged to get to a position of being tender ready and this is due in part to the current climate during the Covid-19 pandemic, but this has been further exacerbated by the nature of the contract and the fact that this is the first time the service has been tendered. It is now not possible to complete the tender process within the time available.

6.3 Failure to provide the service would result in residents unable to access advice and information. This could lead to unnecessary and costly demand on statutory services because of increased poverty, homelessness and poor health.

6.4 It is proposed that permission is granted to award a new contract to Citizens Advice for 6 months in order to allow a competitive tender process to take place and to approve the tender of the contract for a period of 2.5 years with a 1 plus 1 year extension.

6.5 Following the successful tender exercise it is proposed that the Director of Operations and Neighbourhoods is afforded delegated authority to award the tender

7. RECOMMENDATIONS

7.1 As set out at the front of the report.

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	28 April 2021
Executive Member:	Councillor Wills – Executive Member (Adult Social Care and Health)
Clinical Lead:	Ashwin Ramachandra Co-Chair Tameside and Glossop CCG Naveed Riyaz Tameside & Glossop Urgent care Lead
Reporting Officer:	Jessica Williams Director of Commissioning Tameside and Glossop CCG
Subject:	**URGENT AND EMERGENCY CARE BY APPOINTMENT- NHS 111 FIRST**
Report Summary:	This report provides an update on the development of Urgent and Emergency Care by Appointment in Tameside and Glossop
Recommendations:	Note the contents of the report

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

Budget Allocation (if Investment Decision)	£487k, based on the non-recurrent phase 3 allocation.
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	S75
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	
The phase 3 CCG budget, which formed the basis of allocations for the second half of 2020/21 included an assumption of spend for UEC. This was based on a combination of regional and GM level costs, plus a locally calculated cost of implementation in Tameside & Glossop. On the basis that phase 3 budgets will be rolled forward into Q1 of 2021/22, we know that funding will remain available for UEC in the immediate future. Longer term funding arrangements for the CCG, or how UEC will be funded following the NHS re-structure are currently unclear. Further work will be required to determine the recurrent cost of UEC, as the service evolves to ensure resilient and efficient post pandemic provision. But based on the foundation already laid by our Care Together programme, the Finance Economy Workstream have already discussed a reduced investment requirement relative to the GM benchmark.	

Legal Implications: (Authorised by the Borough Solicitor)	The Board needs to be content that the service represents good value for money.
How do proposals align with Health & Wellbeing Strategy?	The services within the update are designed to support people in the most appropriate place and ensure that only people who need emergency care are directed to ED and so can be treated more efficiently.
How do proposals align with Locality Plan?	The services described in the update were primarily developed locally in response to Care Together.
How do proposals align with the Commissioning Strategy?	The update shows how we are endeavouring to deliver our commitments of improved Urgent and Emergency care.
Recommendations / views of the Health and Care Advisory Group:	The original plans were endorsed by HCAG before they were implemented.
Public and Patient Implications:	The overall plans for Urgent and Emergency care are national. The services described that have been developed locally have gone through local processes of engagement including a formal 12-week consultation on Effective Urgent Care. The services are all designed to reduce the need for people to attend unnecessary appointments and to receive the right care first time. Access remains through telephone, online and direct walk in.
Quality Implications:	The services are designed to improve experience and clinical outcomes by ensuring effective pathways to care.
How do the proposals help to reduce health inequalities?	The proposals support more care closer to home and reduce the need for the time and expense of travel where possible.
What are the Equality and Diversity implications?	There are no specific implications but the improved patient experience, reduced travel and increased opportunities for care through known professional may have a greater positive impact on some protected groups. The EIA is attached in appendix 1.
What are the safeguarding implications?	There are no specific safeguarding implications the duties for all providers remain and clinical governance processes are in place to look at the system as a whole.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	The appropriate MOUs and data sharing agreements exist between providers to ensure compliance with national standards.
Risk Management:	The update does not highlight any risks in services but the affordability of services designed to reduce demand in EDs is always challenging as the nature of EDs means they have to be funded at a safe and appropriate level 24/7 regardless of demand.

Access to Information:	The background reports relating to this report can be inspected by contacting the report writer
	 Telephone: 07855469931
	 e-mail: Elaine.richardson@nhs.net

1. INTRODUCTION

1.1 The term 'Urgent and Emergency Care (UEC) by appointment' is the term used to describe a system that ensures people who need Urgent or Emergency care are able to receive it from the most appropriate professional in the most appropriate timeframe and at a place that makes best use of our facilities and in a way that reduces any impact of overcrowding.

1.2 For some the idea that you can make an appointment for an Emergency has been difficult but the aim is more to ensure people get the right treatment when and where they arrive without having to wait for an unknown time in a waiting room. People with Urgent needs, which will not deteriorate by waiting, will be booked into an appointment so they will be able plan their visit knowing they will be seen at or near that time. In addition, people whose needs will not benefit from passing through the Emergency Department (ED) will receive their care directly in the place that can best assess and address those needs. E.g. on the Early Pregnancy Unit, the Same Day Emergency Care Unit or in the Urgent Treatment Centre (UTC).

1.3 Some people will not even need to travel to the hospital, as the best place for their care could be through a local GP or Pharmacy or for some at home with wrap around health and social care that prevents an admission and reduces the risk of a long stay in hospital.

1.4 This report describes the services in Tameside and Glossop that support the national expectation around UEC by Appointment.

2. NATIONAL BACKGROUND

2.1 The Five Year Forward View in 2014 recognised that urgent and emergency services needed to integrate more, '*Across the NHS, urgent and emergency care services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services.*'[1] The Next Steps on the Five Year Forward view[2] in 2017 then described the achievements delivered so far and those expected for 2017/18 and 2018/19.' These changes were the basis for a seamless transfer of care for individuals from their point of entry to their treatment.

2.2 The Next Steps also set out the expectations that every hospital must have comprehensive front-door clinical streaming by October 2017 and that systems would implement standardised new Urgent Treatment Centres (UTC). These two elements working together would ensure ED/A&E departments were free to care for the sickest patients, and other people would receive care in a more appropriate place with advance booking in UTCs.

2.3 A starting point for many people seeking urgent care is NHS 111 and the future for this was set out in the Next Steps document. Two developments were key to the further development of UEC by Appointment; Enhancing the access to clinical assessment, so that only patients who genuinely need to attend ED or use the ambulance service are advised to do this and enabling NHS 111 to able to book people into urgent face to face appointments where needed.

2.4 The Covid-19 pandemic brought about a change in the way that people accessed healthcare with fewer people self-presenting at EDs and more people utilising NHS 111. Whilst there were some concerns that people who needed help may not be seeking it, there were also benefits as more people could be supported without the need to attend ED or an UTC and those that did need to attend could be managed more safely with reduced congestion in waiting rooms.

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[1] https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

[2] https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

2.5 The Royal College of Emergency Medicine released a position statement on 6th May 2020 asking for 5 fundamental aims to be supported:

- EDs must not become reservoirs of nosocomial infection for patients
- EDs must not become overcrowded ever again
- Hospitals must not become overcrowded again
- Emergency care must be designed to look after vulnerable patients safely
- EDs must be safe workplaces for staff

2.6 The national 'NHS 111 First' programme aimed to capitalise on the change in how people were accessing services and embed the 'Call before you Go' ethos before people reverted to self-presenting at ED. It aimed to offer people a different way of accessing and receiving healthcare, including a new way to access Emergency Care. The National campaign for NHS 111 started on 1st December 2020. It asked people to contact NHS 111 first, whether online or by phone, if they have an urgent – but not life-threatening – medical need, as an alternative to self-presenting to the UTC or ED.

2.7 The aim is to have fewer patients in ED waiting rooms to reduce the risk of nosocomial (hospital-acquired) infection. Key to achieving this is utilising remote clinical assessment, which enables the caller to be assessed and give advice on self-care or directed to/booked into the service that can most appropriately meet their need. It was hoped that 25% of self-presenters would utilise NHS 111 First and these would follow pathways such as below:

- People who need Primary Care will be booked into their practice or locality based Primary Care such as an UTC or OOH service or directed to the appropriate Primary Care service such as a Dentist, Pharmacy or Optician.
- People who need to access hospital services go directly to the appropriate department in the hospital, and not via ED e.g. a Same Day Emergency Service or direct to a clinic/ward.
- For people that do need to attend an ED, those who can wait for a few hours before attending are booked into timed slots, to smooth the number of people attending and reduce time waiting at the ED.
- For people who would be better receiving care in their own homes Crisis Response Teams or Community Teams will attend them.

3. GREATER MANCHESTER BACKGROUND

3.1 In January 2020, prior to the current COVID 19 Crisis, the GM UEC Improvement & Transformation Board approved a high-level Urgent Care by Appointment model as a refreshed priority for UEC integration. The aim was that by April 2022 the model would reduce across GM: Ambulance attendances by 100 per day and ED walk in attendances by 300 per day.

3.2 The GM model had four key elements that would work together to deliver the reduction.

- 'Call before you go to ED' or 111 First
- Acute-based pre-ED triage and streaming
- Clinical Assessment Service (GM and locality-level)
- Locally agreed referral pathways (community-based and acute-based)

3.3 It was recognised that whilst consistent standards and outcomes were needed across GM that locality level design and planning would ensure that local needs could be met and that some systems already had mature services that delivered some of the elements.

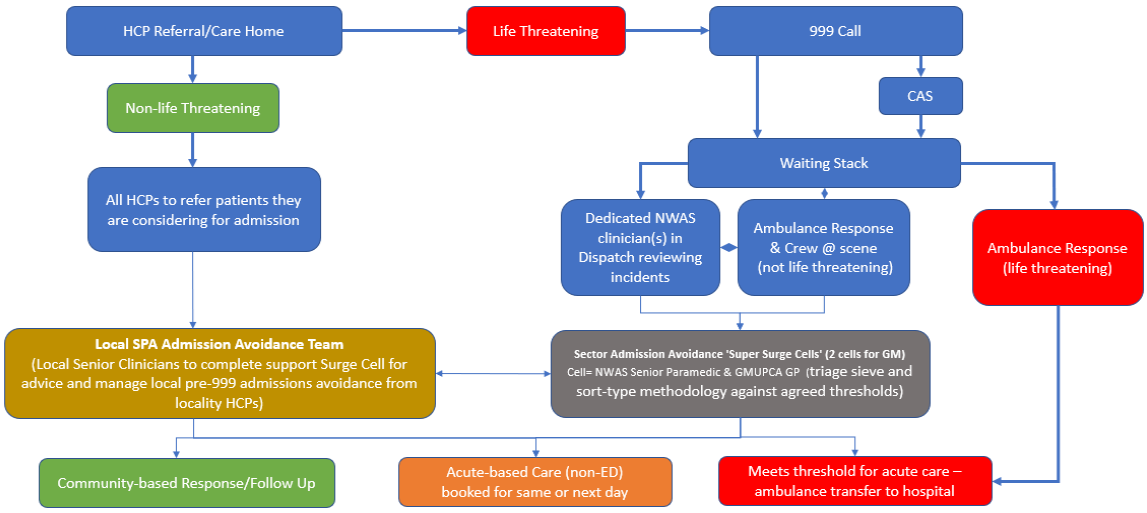
3.4 All GM localities, though the GM Urgent Primary Care Alliance (providers of GP Out of Hours cover), had been working together for several years to provide clinical assessment support to NWAS to ensure people who did not need to attend ED were managed elsewhere. Initially with the APAS supporting NHS 111 calls and since 2019 with the GM Clinical Assessment

Service (GM CAS) supporting first 999 and latterly both 111 and 999 calls. A decision to extend the arrangement throughout 20/21 ensured availability during the Covid-19 pandemic.

3.5 The GM CAS was commissioned to:

- Ensure early patient access to a senior clinical assessment enabling navigation to a more appropriate local service.
- Ensure admission and conveyance avoidance (based on defined codesets) prior to an ambulance being dispatched.
- Receive patients from both the 111 and 999 (cat 3 & 4) services, to avoid escalation through the urgent care pathway and stream as many patients as possible away from an emergency ambulance response and ED attendance.
- Support the pressures on Urgent Care throughout the Covid-19 pandemic.
- Improve the patient journey and minimise any delays in them receiving the most appropriate care.
- Provide a consistent offer to patients across Greater Manchester.
- Provide a consistent approach for GM in achieving the goal of the national 111 First agenda.

3.6 During Covid-19 wave 2, between 29/01/2021 and 08/02/2021, the GM CAS was enhanced to deliver a Super Surge Admission Avoidance Escalation Process. This process as shown below was set up in conjunction with NWAS and Locality based services to safely reduce ambulance conveyance through enhanced clinical assessment and community response in the context of GM having Critical care bed occupancy at 85% and G&A bed occupancy at 90%.



3.7 To support delivery of the 'Locally agreed referral pathways' element GM focused on the availability of community services that could accept urgent transfers and in September 2020 developed the Community Rapid Response Standards set out below:

3.7.1 **Single point of single point of access:** each locality will require a SPA by Q3 2020 which will receive urgent health and social care requests from professionals and the public (generally people already known to services). The SPA must interface with 111, GM CAS and locality Clinical Assessment Service (CAS).

3.7.2 As a minimum, the SPA should operate between 0800-2200hrs every day of the year and be able to provide call handling and clinical triage functions. This increase incrementally towards 24/7 provision, by no later than March 2023.

3.7.3 **Referrals should be triaged within 30 minutes:** requests from ambulance crews should be triaged within a maximum of 20 minutes.

3.7.4 **Where clinically indicated assessment by the** r**eceiving community service will need to be within 2 hours** of the original triage (or earlier if indicated). A home/care home assessment should be provided unless a virtual/telephone consultation is appropriate.

3.7.5 **CRR will operate for a minimum of 14 hours per day** (0800-2200), 7 days per week and support health and social care provision for up to 2 days (where required), including home-based rehabilitation, home care, reablement, or intermediate care .

3.7.6 The SPA will provide access to support from **specialty and associate physicians.**

3.7.7 **Urgent community rapid response should provide support where possible for discharge to assess pathways,** enabling a person to remain in their own home and to maximise independence.

3.7.8 **Data collection: Community Services Data Set 67 - TBC across GM.**

3.7.9 **CRR services should have access to the GM shared care record (Graphnet) and to** personalised care plans to support decision making.

3.8 Through the above services and Locality arrangements in ED GM went live with NHS 111 First in October 2020.

4. TAMESIDE AND GLOSSOP POSITION

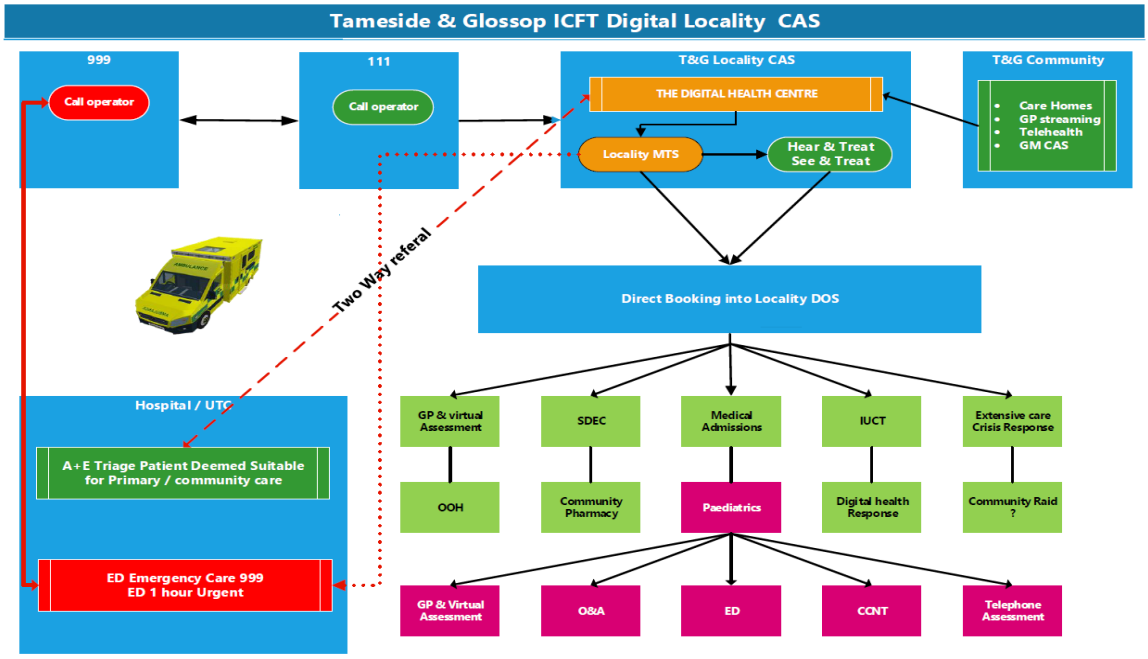
4.1 Tameside and Glossop recognised the opportunity to reduce attendances at ED and admissions in 2015 and developed several services as part of the Care Together programme that would not only reduce illness but also manage urgent care out of hospital, in particular Digital Health and the Integrated Urgent Care Team (IUCT). The Tameside and Glossop Locality plan, 'A Place-Based Approach to Better Prosperity, Health and Wellbeing' set out our vision for people who need urgent care. With a key expectation by 2022 that the most appropriate person within primary care (whether this is registered GP practice, dentist, pharmacy or optician or through a Locality-wide service) will assess people with an urgent care need on the same day. With either, a treatment plan agreed to manage the immediate need within that service or a safe transfer made to the care of another neighbourhood-based service.

4.2 Following a public consultation a more integrated Urgent Care Service was commissioned in 2018 that comprised the Primary Care Access Service (PCAS) and the UTC and that together delivered improved access to Primary Care based Urgent Care enabling people to book appointments for same day care as well as retaining the ability to 'walk in'.

4.3 These services along with existing ED front door streaming, Ambulatory Care (Same Day Emergency Care) and the developing Acute Frailty Services positioned Tameside and Glossop strongly when the Covid-19 pandemic focused attention on how systems mange Urgent and Emergency Care.

4.4 During 2020/21 local services have developed and Digital Health is the service that delivers clinical assessment for NHS 111 First between 08:00 and 22:00 seven days a week transferring to the GM CAS outside of these hours (calls in transfer at 21:00). The rationale for this being this role was already being undertaken by Digital Health for Health Care Professionals and Care Homes and the 999 stack was already being monitored and calls responded to as an alternative to an ambulance transfer when appropriate. This along with the local knowledge and situational awareness the team utilise was considered more beneficial than transferring responsibility to a GM CAS. A previous pilot to establish the benefit of extending Digital Health to 24/7 concluded it was not cost effective for the level of demand and there was no significant improvement in outcomes for individuals so it was therefore more effective to utilise the GM CAS overnight. Together these form the Locality CAS (LCAS)

4.5 The LCAS takes calls from NHS 111 and 999 where an Urgent but not Emergency response is seen as the likely outcome. Notification of the call is sent by NWAS and the LCAS aims to ring the patient back within 20 minutes to carry out a clinical assessment of their condition. From that assessment, it will be clearer which service can best meet the need and LCAS team will then give advice, signpost/refer or directly book the person in to an appropriate primary, community or hospital service as shown below. For some this may be booking an appointment with their own GP, PCAS or the UTC or it could be booking into a virtual appointment with an online GP.



4.6 For people identified as an Emergency either when they ring 111/999 or on assessment in the LCAS the details of the assessment will be sent direct to the ED informing the ED team that the patient is on route to them, so teams can prepare for their arrival. Where possible people will be booked into arrival slots as this helps support demand, it improves social distancing in the waiting areas and provides a much better experience for patients and staff. This 'heralding' also allows a safety net as people who are expected at ED but do not attend are known about so are contacted to understand why they have not attended and ensure their health is not at risk. Previously people were advised to attend ED but no one ever knew they were due so could not check on their health if they did not turn up.

4.7 IUCT already provided a community rapid response, in line with the GM standards, to support people in their own homes and along with the Digital Health/Community Response Service are able to assess people in their own homes with access to more specialist clinical expertise via a digital device. This is especially beneficial to people whom fall as they can be safely lifted with specialist equipment and their health needs assessed there and then avoiding any unnecessary journeys to hospital.

4.8 A new e-Triage area has now been fully implemented within T&GICFT ED with two 'islands' of iPads within the ED waiting room, each with four iPads, two of which are accessible for wheelchair users. These support the identification of people who could be seen in the UTC or SDEC rather than wait in ED.

4.9 When a person arrives at ED, they still go to the reception to book in and are then directed to complete the e-Triage (volunteers are available to help when needed). If the triage categorises them as a four or five, they are sent to the Blue Zone in order to be seen by an emergency nurse practitioner or the UTC. People categorised as three or below will be seen by a triage nurse who will check their condition and advise them of the best pathway to follow next (re-

direct to UTC/ Medical Same Day Emergency Care (SDEC)/Surgical SDEC/ or remain in the ED. This enable better utilisation of nursing staff and ensures people do not have unnecessary waits.

4.10 Some other systems may be triaging prior to booking into ED but the decision was taken locally to retain the booking process at the front door to minimise the risk that people may get missed either by not following processes as expected or by leaving without anyone knowing they attended. This decision was based on assessment around clinical safety and will mean that if the numbers booked into ED are used to evaluate effectiveness this may be a higher number than are actually treated in ED.

5. IMPACT OF UEC BY APPOINTMENT

5.1 The outcomes expected from UEC by Appointment included:

5.1.1 25% of self-presenter to ED utilise NHS 111 before attending

5.1.2 Increased number of people being directed to alternatives to ED

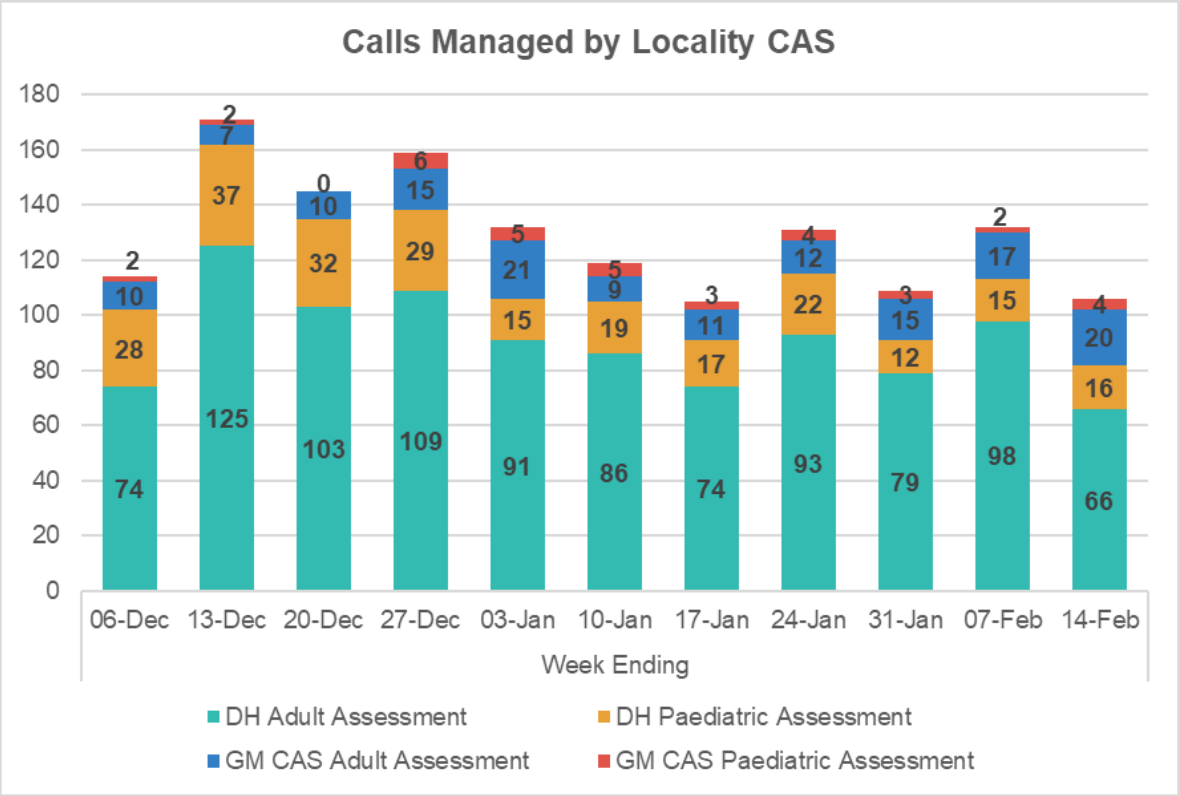
5.1.3 Fewer people within ED at any one time

5.2 It is still early days and the lack of availability of comprehensive and comparable datasets means it is difficult to demonstrate that the UEC by Appointment is delivering the above outcomes.

5.3 Whilst comparing Feb 20 with Feb 21 there has been an increase in calls with 725 more calls (3591 calls compared to 4316) it is not possible to be clear whether this was due to Covid or to NHS 111 First. We do know that in Feb-21 over 300 calls were for potential COVID-19 symptoms so Covid symptoms does not account for the total increase. However if 25% of ED self presenters were ringing 111 we would have expected an increase of around 1200 calls in Feb 21.

5.4 There has not been a significant change in where people who ring 111 are directed to with 11% recommended to attend A&E in Feb 21 compared to 9% in Feb 20 and 52% recommended to attend Primary/Community care in Feb 21 compared to 57% in Feb 20. The recording for those sent to the CAS is not clear and so further work is needed to be clear on the pathways all calls follow.

5.5 The level of calls managed by the Locality CAS has averaged at around 130 a week with GM CAS managing around 17 overnight (21:00 to 08:00) and Digital Health around 113.



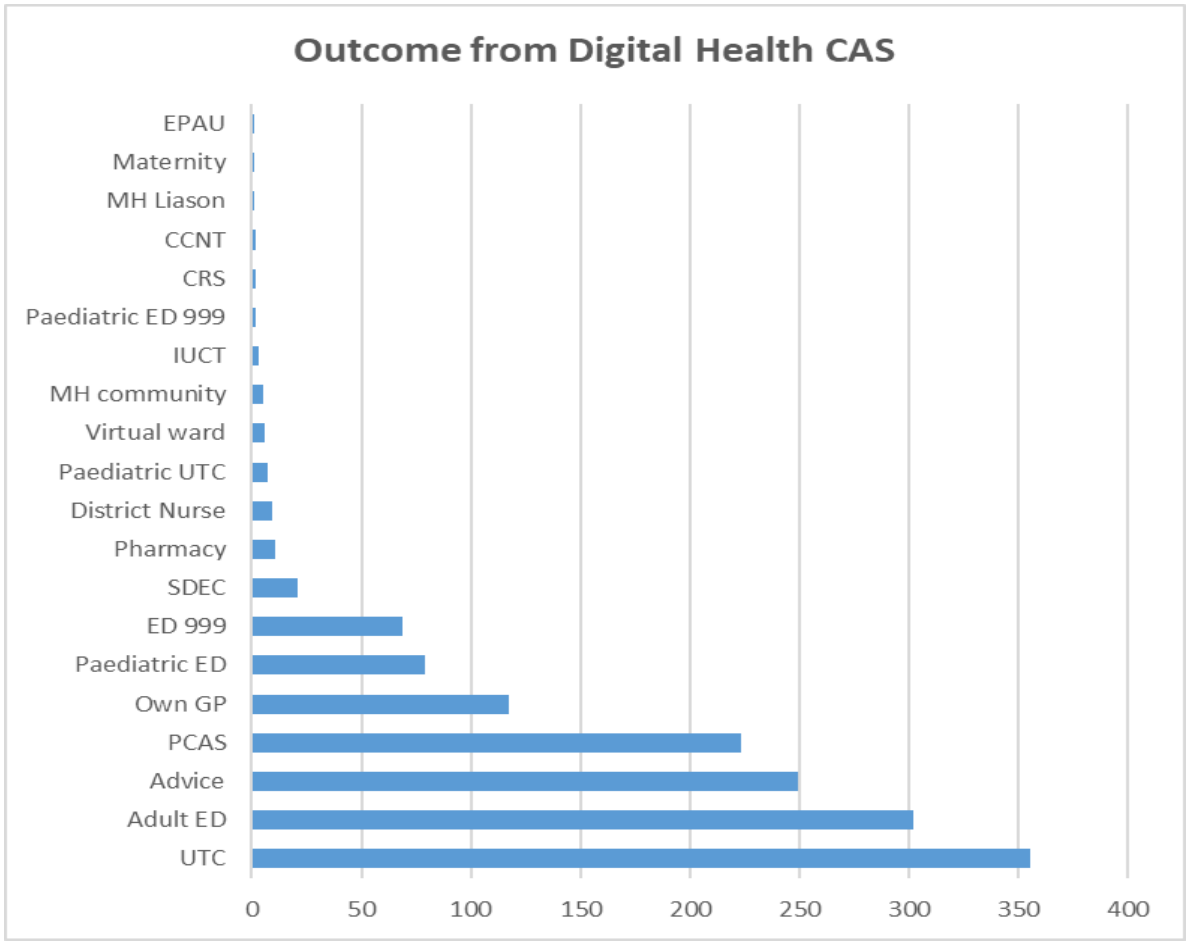
5.6 For the Digital Health time period the average number of calls increase as general practices close in the evenings and at weekend which is as expected. The transfer of call taking at 21:00 to GM CAS may explain the reduction at the end of the day.

Average Calls per Hour and Day	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Grand Total
Monday	0	0	0	1	1	1	1	1	1	0	1	2	1	0	**9**
Tuesday	0	1	1	0	1	1	1	1	1	1	2	2	1	0	**12**
Wednesday	0	1	1	1	1	0	1	1	1	1	2	2	1	0	**11**
Thursday	0	1	0	0	0	1	1	1	1	1	2	2	1	0	**10**
Friday	0	0	0	0	0	0	0	0	1	1	2	1	1	0	**7**
Saturday	1	2	3	3	2	2	2	2	3	2	2	2	1	1	**28**
Sunday	1	2	3	3	2	3	3	2	2	2	2	2	1	0	**28**
Grand Total	**4**	**6**	**8**	**9**	**7**	**8**	**9**	**7**	**8**	**7**	**11**	**12**	**7**	**2**	**105**

5.7 The number of calls handled by GM CAS is much smaller but when considering the total number most happen before 02:00. There are some calls being incorrectly passed through to GM 08:00 to 20:59 and work is ongoing to ensure 111 utilise the correct service.

Total Cases	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Grand Total
Monday	2	7	2	2	2		3	3	2	1	1	1	1	1	1	2		2	2	1	1	2	4	3	46
Tuesday	1	6	1	2	1	2	2	3		1		1		1	1		1	1				6	3	1	34
Wednesday	3		4	1	1	3	2	2		1	1		2	1	2				3	1	1	6	6	4	44
Thursday	1	2		4	1	2	2	2		1		1	1					1	1			3	4		26
Friday	2	2	1	1		1	1				1		1	1	1	1			1	1	1	7	4	5	32
Saturday	7	1		2	2	2	2	3		2	1						1					3	8	7	41
Sunday	3	2	2		1		2	2				1		1								6	7	4	31
Grand Total	19	20	10	12	8	10	14	15	2	6	4	4	5	5	5	3	2	4	7	3	3	33	36	24	254

5.8 The outcome of the calls suggests that a significant number of people are supported without the need to attend the hospital and many do not need to attend any service.



6. CONCLUSION

6.1 Tameside and Glossop have been able to respond to the national and GM expectation around UEC by Appointment by building on the services already in place.

6.2 Whilst too early to be assured that there is a positive impact on ED there is evidence that people are able to be supported without the need to attend any service and it is possible to direct people to services that better meet their needs.

6.3 It is expected that over time the services and pathways will develop further to increase the opportunities to ensure people receive prompt and effective Urgent and Emergency Care as close to home as possible.

7. RECOMMENDATIONS

7.1 As set out at the front of the report.

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

Subject / Title	UEC by Appointment

Team	**Directorate**
Ageing Well Team	Commissioning Directorate (NHS T&GCCG)

Project Lead Officer	Elaine Richardson
Contract / Commissioning Manager	Elaine Richardson Strategic Lead for Ageing Well and Assurance
Assistant Director/ Director	Jess Williams, Commissioning Director, Strategic Commission

EIA Group (lead contact first)	**Job title**	**Service**
Elaine Richardson	Strategic Lead for Ageing Well and Assurance	Strategic Commission
Tracy Turley	Policy and Strategy Lead	Policy, Performance and Communications

PART 1 – INITIAL SCREENING

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

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

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

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

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

1a.	**What is the project, proposal or service / contract change?**	Urgent and Emergency Care by Appointment is a national programme to provide more integrated Urgent and Emergency Care that is expected to be implemented across England by December 2020. It is seen as a key programme in reducing the risk of crowded Emergency Departments (ED) mitigating the risks this poses of spreading the COVID-19 virus. It consists of two elements: **Before Hospital:** **Asking people to call 111 first, instead of coming to A&E.** NHS 111 will answer the call and help to quickly identify if the patient needs to attend an A&E straight away. If the patient does not need to attend A&E straight away people will be **connected directly with local clinicians to** complete a more in depth assessment of the patient. The service will be able to offer self-care advice or book the patient into appointments in the community. In some cases, an appointment might be booked to attend A&E. **At hospital:** **Pre ED triaging of patients to identify if they need to access A&E straight away.** People who attend A&E will be triaged as soon as they arrive. The triage at the hospital might be completed online or via a telephone. Those that do not require emergency care, may go on for further assessment in a different area of the hospital or be referred back to another service in the community, which might include pharmacy, or GP.

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

1b.	**What are the main aims of the project, proposal or service / contract change?**	The national integrated programme aims to improve outcomes and experience of urgent and emergency care. Ensuring people receive the most clinically appropriate care whilst keeping them safe and allowing them to maintain social distancing. The benefits will be: • People who do need rapid emergency care will be seen and treated more quickly in less crowded A&E departments. • There will be less risk of contracting infections. By using 111 patients can be referred to their local A&E only when they absolutely need to, who will be ready to receive them at a specific time. • If the clinical assessment service refers a caller to A&E or another service they will be given a time for an appointment – so the caller can wait at home, and this shortens the time they have to wait at the hospital or other setting. • People will be able to receive more treatment in their own homes or closer to home • Patients may be linked to the right specialists for their condition much more quickly • Reduced travel for patients and their families In Tameside and Glossop the service will be delivered by Tameside and Glossop Integrated Care NHS Foundation Trust in partnership with the Greater Manchester Clinical assessment service, NHS 111and 999, building on existing tries and tested services that have deliver positive outcomes for the populations through more effective use of services and improved patient experience. People who ring NHS 111 will be assessed and any who need a 999 blue light response will receive one. Those that can be supported in routine time scales will be directed to the most appropriate service e.g. GP or Mental Health support with appointments booked directly when possible. Those who are assessed as having an urgent need or where a more in depth assessment of the patient is needed will be transferred to the Locality Clinical Assessment Service. The Locality CAS (LCAS) is made up of local clinicians who will conduct a remote assessment with the patient and identify the most appropriate local service for the patient booking appointments where possible to support prompt care in urgent cases when the remote consultation is unable to resolve the condition. When people who have not been booked in by NHS 111 arrive at ED they will be triaged and those who do not need ED will be directed to the most appropriate service e.g. Same Day Emergency Care, Urgent Treatment Centre with appointments made where possible.

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

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? **Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.**				
Protected Characteristic	**Direct Impact/Relevance**	**Indirect Impact/Relevance**	**Little / No Impact/Relevance**	**Explanation**
Age	X			Direct access to services already exists but this may be further improved through this programme. The opportunity to avoid the need to travel to ED may also be beneficial
Disability	X			The opportunity to avoid the need to travel to ED may be beneficial
Ethnicity	X			NHS 111 and CASs have appropriate systems to support people who do not speak English which may help. Remote consultation may mitigate limitations due to COVID around multiple people attending
Sex			X	It is not anticipated that implementation of this programme will impact directly or indirectly on this particular characteristic
Religion or Belief			X	It is not anticipated that implementation of this programme will

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

				impact directly or indirectly on this particular characteristic
Sexual Orientation			X	It is not anticipated that implementation of this programme will impact directly or indirectly on this particular characteristic
Gender Reassignment			X	It is not anticipated that implementation of this programme will impact directly or indirectly on this particular characteristic
Pregnancy & Maternity	X			People are already able to go direct to services in urgent cases but this could increase opportunities via NHS 111
Marriage & Civil Partnership			X	It is not anticipated that implementation of this programme will impact directly or indirectly on this particular characteristic
Other protected groups determined locally by Tameside and Glossop Strategic Commission?				
Group (*please state*)	**Direct Impact/Relevance**	**Indirect Impact/Relevance**	**Little / No Impact/Relevance**	**Explanation**
Mental Health	X			Direct access to the most appropriate service first time should reduce stress. Direct access to Mental Health services are a key

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

				part of the programme
Carers	X			There are currently 27, 594 registered carers in Tameside and Glossop which equates to 10.93% of the total population. The use of remote consultations, reduced need to travel and reduced waiting times in ED should support carers
Military Veterans			X	It is not anticipated that implementation of this programme will impact directly or indirectly on this particular characteristic
Breast Feeding			X	It is not anticipated that implementation of this programme will impact directly or indirectly on this particular characteristic

Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to?

(*e.g. vulnerable residents, isolated residents, low income households, those who are homeless)*

Group (*please state)*	**Direct Impact/Relevance**	**Indirect Impact/Relevance**	**Little / No Impact/Relevance**	**Explanation**
Homelessness	X			Due to the nature of this cohort it may be more difficult to utilise NHS 111 The CAS will link with the Homelessness and Rough Sleepers Development Officer

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

Low income households	X			The opportunity to avoid the need to travel to ED may be beneficial. NHS 111 is a free service

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

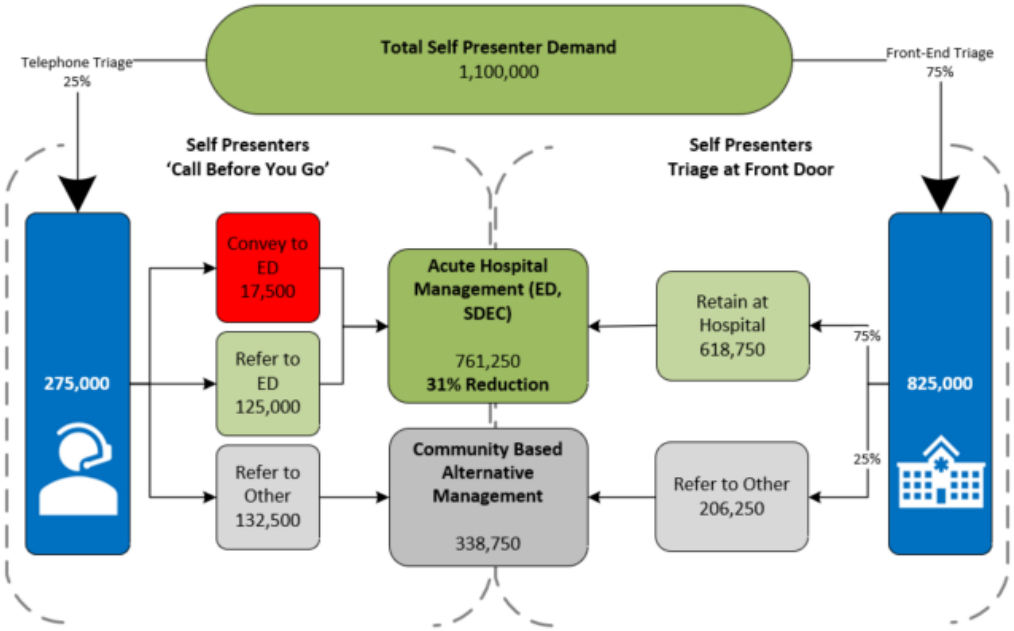
1d.	**Does the project, proposal or service / contract change require a full EIA?**	**Yes**	**No**
		X	
1e.	**What are your reasons for the decision made at 1d?**	Whilst this is a national programme with limited scope for local variation, the provision is through existing Tameside and Glossop and GM Providers.	

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

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary
Tameside and Glossop implementation of the national Urgent and Emergency Care by Appointment programme will start in early November 2020 with 111 First with the Pre-ED triage element following later in November 2020. The delivery involves a partnership between Tameside and Glossop Integrated Care NHS Foundation Trust, the GM out of Hours Alliance and NWAS with each delivering part of the integrated pathway as part of an overall GM model. The GM model promotes locality-developed services based on the needs of patients - supported and connected by digital solutions where possible. This has enabled Tameside and Glossop to build on the learning from Digital Health and develop a local Clinical Assessment Service that is embedded in Community and Hospital services and has strong links and integrated pathways with Mental Health services and Primary Care. The GM model below assumes that 25% of 1.1m people who currently attend ED in Greater Manchester would 'call before they go'. The remaining 75% of patients would still attend an acute site but, would go through a very similar triage and assessment process to that used in the telephony-based service prior to the ED..

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



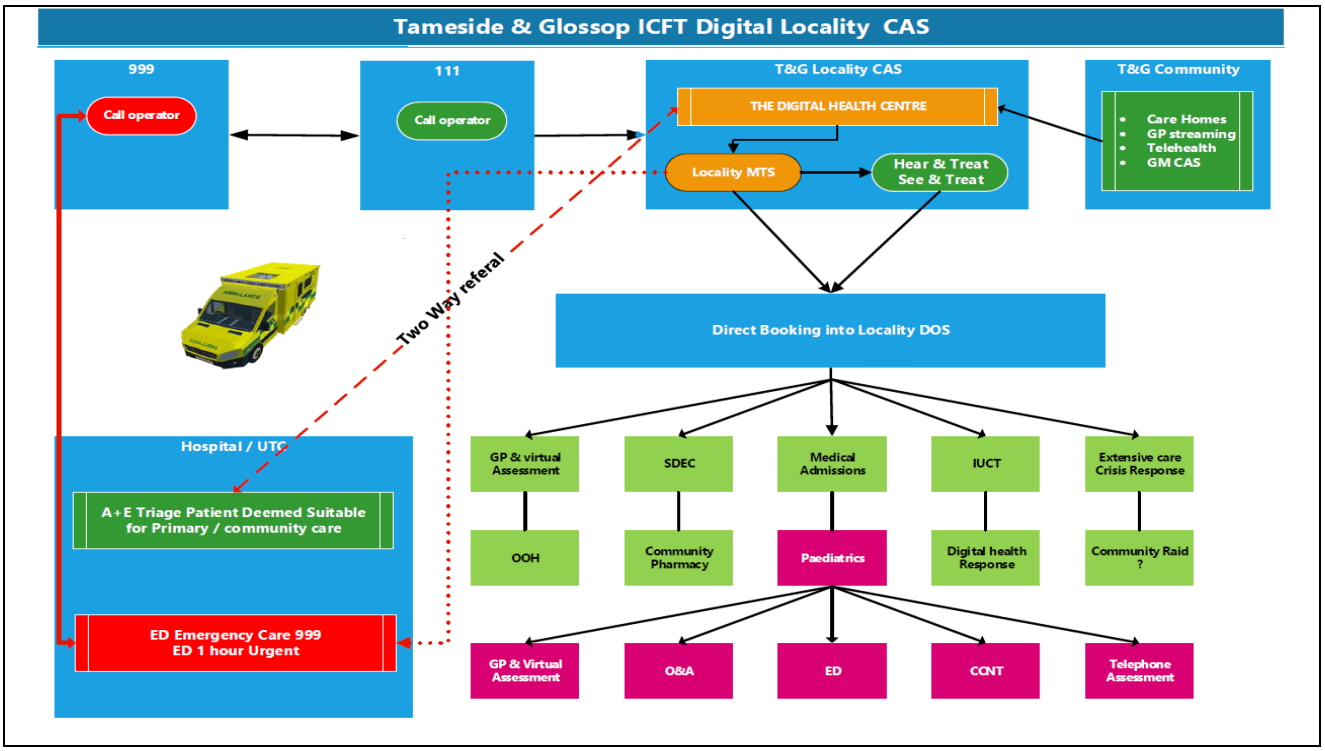
The initial NHS 111 service will be provided by NWAS and they will continue to transfer people to 999 or book an appointment in ED where needed. For people who do not need either emergency or urgent care they will be advised on self-care or booked into Community based support including GPs. Where appointments cannot be directly booked people will be advised on how to access services themselves.

For people who are not an emergency but do have an Urgent Care need or further clinical assessment is required these calls will be transferred to the Local Clinical Assessment Service LCAS. The local knowledge of the clinicians and agreed pathways will then be used to book people directly into the most appropriate service as shown in the diagram below.

The LCAS will be provided by the ICFT seven days a week between the hours of 08:00 and 22:00 with calls transferring over to the GM CAS team at 21:00 until 08:00.

The Pre-ED triage will be delivered by the ICFT in a similar way to the LCAS but operating 24/7 with ICFT clinicians.

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



2c. Impact/Relevance
The whole programme is designed to improve outcomes for the population as whole by ensuring people receive the right treatment first time and minimising waiting times by utilising appointment slots. The programme aims to deliver the key requirement in COVID-19 to prevent crowded waiting rooms and reduce risk of infection. The ability of people to get help initially by phone and a timed appointment will support people who need to consider other members of the family and make arrangements should they need to travel to receive care. It should also minimise unnecessary travel and expense. The services involved are already in existence and effective managing the whole population so the programme should not introduce and further concerns around access.

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

2d. Mitigations *(Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)*	
Impact 1 – Access to telephone or digital equipment	*Some people may not have access to a telephone to ring NHS 111 however the Pre-ED triage will ensure that these individuals are not disadvantaged. If a video consultation is required and an individual does not have the technology to undertake an alternate means of support will be provided.* *Work is also underway in T&G on digital access to reduce inequalities and this programme will be able to utilise that support.* *For particular cohorts such as the homeless connections have been made with organisations who directly link in with homeless people to support this cohort of participants*

2e. Evidence Sources

2f. Monitoring progress		
Issue / Action	**Lead officer**	**Timescale**
The national programme includes a reporting requirement which will be utilised along with Locality data to monitor the impact of the national programme on the health outcomes for local people. Updates on the programme will be discussed on a monthly basis at the Tameside and Glossop A&E Delivery Board	Elaine Richardson Strategic Lead for Ageing Well and Assurance	March 2021

Signature of Contract / Commissioning Manager	**Date**
Elaine Richardson	**28 Oct 20**
Signature of Assistant Director / Director	**Date**
Jessica Williams	**2 Nov 20**

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	28 April 2021
Executive Member:	Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)
Clinical Lead:	Dr Vinny Khunger
Reporting Officer:	Dr Jeanelle de Gruchy, Director of Population Health James Mallion, Consultant in Public Health
Subject:	**SECTION 31 LOCAL AUTHORTY GRANTS FOR ADDITIONAL DRUG TREATMENT CRIME AND HARM REDUCTION ACTIVITY IN 2021/22 (Universal Element)**
Report Summary:	This report provides background information on the Section 31 Local Authority Grant for additional drug treatment and harm reduction activity and outlines the proposed approach to the commissioning and delivery of the Universal Component of this Grant in Tameside with a value of £406,000 for 2021/22. The Council proposes to commission our existing specialist substance misuse service provider, CGL My Recovery Tameside to deliver the Universal Element of this grant. Commissioners and staff from CGL are working collaboratively to develop a robust delivery plan that meets local needs and delivers a range of interventions set out in this report.
Recommendations:	That approval is given to award the allocation of £406,000 for delivery of the drug treatment crime and harm reduction activity 2021/22 through the Section 31 Local Authority Grant provision, as outlined in this report. That approval is given to commission CGL My Recovery Tameside to deliver the drug treatment, crime and harm reduction package of interventions aligned to the Universal component of the Section 31 Local Authority Grant award.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	The council has received an allocation of Section 31 Local Authority Grant for additional drug treatment and harm reduction activity of £406, 000 for 2021/22. The proposal to spend this grant has been outlined in Appendix A and meets the conditions that are attached to this grant giving assurance that proposed activity is affordable and acceptable, minimising exposure to financial risk. This is a one-off grant therefore CGL My Recovery Tameside Team need to ensure spend is maintained within the financial boundaries given.
Legal Implications: **(Authorised by the Borough Solicitor)**	When considering this report the Board needs to be content that the proposed use of the funding sits within the remit of the grant as set out in section 3 of this report and that it represents best value with reference to the financial implications. The project officers also need to ensure that they take advice from STAR to ensure that the procurement of the service is achieved compliantly.

How do proposals align with Health & Wellbeing Strategy?	The proposals link with several of the strategic priorities of the health and Wellbeing Board: • Improve the health and wellbeing of local residents throughout life • Give targeted support to those with poor health to enable their health to improve faster • Develop cost effective solutions and innovative services, through improved efficiency • Deliver more joined up services that meet local need • Enable and ensure public involvement in improving health and wellbeing The proposal also aligns with the Living Well programme of the Health and Wellbeing Strategy - Creating a safe environment to build strong healthy communities and strengthening prevention. It will address the priority to reduce reoffending. Feeling safe is a top priority for our residents and businesses. Offenders, including those on probation and their families represent one of the most socially excluded groups in our society, with considerable and complex physical and mental health needs compared to the general population
How do proposals align with Locality Plan?	The proposals will support the locality plan objectives to – 1.1 Improve health and wellbeing for all residents 1.2 Address health inequalities 1.3 Protect the most vulnerable and those suffering multiple disadvantage 1.4 Develop a Place based/ Neighbourhood model of delivery 1.5 Develop an integrated personalised approach
How do proposals align with the Commissioning Strategy?	This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly: 1.1 Addressing the wider determinants of health 1.2 Creating the right Care Model 1.3 Encourage healthy lifestyles 1.4 Supporting positive mental health
Recommendations / views of the Health and Care Advisory Group:	The report is scheduled to be presented by James Mallion, Consultant in Public Health, to the Health and Care Advisory Group in May 2021
Public and Patient Implications:	The recommendations will ensure continued access to services to improve health and wellbeing and reduce drug related crime.
Quality Implications:	The Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness. The same quality assurance over the existing contract with CGL will

	apply to the provision of additional services from this grant funding.
How do the proposals help to reduce health inequalities?	This programme of interventions will address a wide range of inequalities and will seek to support the social determinants suffered by those who are in the Criminal Justice System, as a result of their substance misuse. There will be a strong focus on identifying and reaching those suffering multiple disadvantage and identifying their wide-ranging needs. The pathways and protocols developed will ensure more support and an equitable access to service for this client group, resulting in a reduction in health inequalities and improvement in health and wellbeing The proposal links with the Tameside Our People Our Place-Our Plan priority 'Longer healthy lives with good mental health through better choices and reducing health inequalities' by aspiring to reduce drug and alcohol related harm
What are the Equality and Diversity implications?	The Substance Misuse services provided are available regardless of age, race, sex, disability, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership. This proposal is targeted a specific cohort of clients, namely those who are involved in or on the edge of the criminal justice system with a substance misuse issue with a focus on drugs Some of the proposed service provision is targeted to address health inequalities experienced by this cohort.
What are the safeguarding implications?	There are no safeguarding implications associated with this report. Where safeguarding concerns arise the Safeguarding Policy will be followed.
What are the Information Governance implications? **Has a privacy impact assessment been conducted?**	Information Governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by the provider. A Data Protection Impact Assessment (DPIA) is in place with the provider under the existing contract. A privacy impact assessment has not been carried out.
Risk Management:	Risks will be identified and managed by the implementation team and through ongoing performance monitoring once the grant funding has been awarded.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer James Mallion, Consultant Public Health. ☎ Telephone: 0161 342 2328 e-mail: james.mallion@tameside.gov.uk

1 INTRODUCTION

1.1 Substance misuse places a significant burden on health outcomes in Tameside. High rates of drug and alcohol consumption and dependence have a substantial impact in Tameside with the highest rate of alcohol-specific mortality and dependent drinkers of all our statistical peers and almost 1,400 opiate users living in the borough, which a high proportion of adults with drug dependency living with children.

1.2 We have an established, all-age integrated substance misuse service, which was commissioned from August 2015 and is delivered by Change Grow Live, My Recovery Tameside (CGL MRT).

1.3 The government has announced £80 million of 1-year funding for drug treatment as part of a £148 million funding package for reducing crime. This is broken down into a Universal, Accelerator and Inpatient elements.

1.4 Under this programme, the government are allocating a proportion of the overall funding under the Universal element to local authorities under a Section 31 Local Authority Grant. Tameside has been allocated £406,000 for 2021/22

1.5 This paper outlines the background to this funding, existing services in Tameside and the outline proposals of how this funding will be allocated and utilised to improve health outcomes for Tameside residents in 2021/22.

2 THE GM AND TAMESIDE CONTEXT

2.1 The GM Drug and Alcohol Strategy 2019-2022 sets out a vision is to make Greater Manchester a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol:

The strategy identifies six priorities for making things better:

- Prevention and early intervention.
- Reducing drug and alcohol related harm.
- Building recovery in communities
- Reducing drug and alcohol related crime and disorder.
- Managing availability and accessibility
- Establishing diverse, vibrant and safe night-time economies

2.2 Drugs and alcohol are everybody's business and we need to work together with our communities. We will know we have made a difference when there is:

- A reduction in levels of drug and alcohol related harm
- There is a reduction in drug and alcohol related offending
- There is an increase in the number of people in recovery

2.3 Tameside is adopting the GM Strategy locally as we know that substance misuse harm in Tameside is extensive and is an important factor that adversely affects the overall quality of life and perpetuates inequalities.

2.4 Due to the scale of the challenge posed by drug and alcohol use in Tameside, and following an independent peer review around substance misuse in late 2018, the Council have developed a local Strategic Substance Misuse Partnership with senior leaders from the local authority, CCG, ICFT, police and voluntary sector. This partnership oversees the local work programme with: specialist treatment services, hospital alcohol liaison service, therapeutic residential supported housing, motivational programmes in community and residential settings, proactive work with licensing colleagues to reduce harms of alcohol availability across the

community, the Alcohol Exposed Pregnancies work programme, and dedicated work around the hidden harm to children.

2.5 Our specialist treatment services in Tameside are commissioned as an all-age integrated substance misuse service. This is currently provided by Change Grow Live, My Recovery Tameside (CGL MRT) and this has been in place since August 2015.

2.6 The Tameside Community Safety Partnership (CSP) also plays pivotal role in the substance misuse agenda. The draft **Tameside Community Safety Strategy** has 5 key priorities all of which align with key aspects of the Substance Misuse Programme and outcomes of the locally commissioned service.

- Building stronger communities
- Preventing and reducing violent crime, knife crime & domestic abuse
- Preventing and reducing crime & anti-social behaviour
- Preventing and reducing the harm caused by drugs & alcohol
- Protecting vulnerable people and those at risk of exploitation

2.7 There are challenges with the current criminal justice provision in Tameside. The criminal justice team at MRT consists of two full-time Recovery Coordinators who work with clients who require support from the drug and alcohol service following a period in custody. The aim is to have continuity of care from prison into the community for people requiring support. MRT offer a range of psychosocial interventions, harm minimisation advice, signposting to community groups, Opioid Substitution Treatment, alcohol assessments, access to the needle exchange, Blood Borne Virus (BBV) testing and access to the AEP programme. There is a reliance on strong partnership working with probation, homelessness teams, housing associations, social care and wider healthcare services. Current issues include lack of communication around early prison release, delays in the court system, signposting from some agencies rather than direct referral, covid-19 challenges around face-to-face contact, increasing drug-related deaths nationally. These are all areas in which additional capacity and focus will improve local processes and outcomes.

3 DRUG TREATMENT, CRIME & HARM REDUCTION GRANT 2021/22 – BACKGROUND

3.1 The government has announced £80 million for drug treatment as part of a £148 million funding package for reducing crime. This is the biggest increase in drug treatment funding for 15 years. This is additional to the local authorities core allocation for substance misuse treatment services as part of the public health grant and is funding for 1 year specifically to enhance drug treatment, focused on reducing drug-related crime and stopping the rise of drug-related deaths.

3.2 This overall drug treatment crime and harm reduction activity funding package will consist of three separate components:

1. **Universal** – available to all LAs except for those selected to be Accelerator areas. These grants will account for the majority of the £80m.

2. **Accelerator** – available to a small number of local authority areas as an extension of Project ADDER (see further information below). These local authorities will receive larger grants. This will be alongside Home Office funding for targeted enforcement activity by the police and the targeting of recovery support resources and interventions, such as employment support and criminal justice system interventions, by other government departments. **Note that the specific areas have been selected based on specific needs and Tameside is not one of the areas selected for this element of the programme**

3. **Inpatient** – all areas will be able to benefit from grants awarded to regional or sub-regional consortia of LAs for commissioning inpatient detoxification beds. Tameside will benefit from a GM-wide allocation to increase inpatient detox capacity which is currently being developed.

3.4 The **Universal** component is the main element, which is paper discusses, which for Tameside represents the grant allocation of £406,000, one-off funding. The interventions which this funding must be used for have been specified in broad areas, but further consideration around how these can be delivered can be determined locally:

- increased usage of residential rehabilitation
- offering more treatment places
- expanding needle and syringe programmes to reduce blood-borne viruses
- providing more naloxone to prevent overdose deaths
- improving treatment pathways from the criminal justice system including courts, prisons and police custody
- increasing use of community sentence treatment requirements

3.5 A key aim of the Universal element of the grant is to help drive down the crime associated with the drug market, particularly acquisitive crime and violent crime. Interventions will be monitored nationally and improved pathways from the criminal justice system and increased use of community sentence treatment requirements will be key to achieving this aim.

4 CONTRACT VALUE

4.1 Tameside has been awarded a Section 31 Local Authority Grant totalling £406,000 for commissioning and delivery of the Universal Component of the Drug Treatment, Crime & Harm Reduction Grant for 2021/22. This is one-off funding for the 2021/22 financial year only.

4.2 Brief details of the areas of work this funding will be utilised for are included in section 3 of this report, above. A full cost breakdown is also provided in **Appendix A.**

5 PROPOSAL

5.1 The Tameside model for utilising this funding is based around 7 key delivery areas and consists of a range of interventions, programmes and service developments.

5.2 PHE confirmed on 11 March 2021 the amount of the Universal Grant allocation that was available to Tameside. Following this a proposal for this spend was submitted on the deadline of 26 March 2021. Due to the quick timescales involved, there was insufficient time for any competitive tender exercise to take place. Please see Appendix A for the full Tameside Proposal, which has been submitted to Public Health England (PHE) and the Department of Health and Social Care (DHSC). This has been initially verified by PHE as appropriate to meet the grant conditions and objectives.

5.3 Grant applications will be approved by PHE and the DHSC, who will ensure that they are consistent with the conditions and objectives of the grant. A menu of interventions for which Universal grants expenditure can be utilised has been provided by PHE.

5.4 **The key areas included in the additional provision set out for Tameside from the menu of interventions are:**

- Enhanced harm reduction provision.
- Increased pharmacological and psychosocial treatment capacity.

- Increased integration and improved care pathways between the criminal justice and other settings, and drug treatment.
- Treatment capacity to respond to increased diversionary activity, including through out of court disposals, liaison and diversion and drug testing on arrest.
- Enhanced recovery support.
- Other local Priorities for example working with the acute sector.

5.5 **The implementation of this list of interventions throughout 2021/22 aspires to achieve the following outcomes:**

- Reduced drug-related offending
- Improved continuity of care, especially between prisons and the community (a greater proportion of offenders who leave prison are successfully engaged in the community to reduce reoffending).
- Reduced drug-related deaths, principally from overdose poisoning but also from infections, alcohol consumption, etc.
- More treatment and recovery capacity, primarily for offenders (more offenders enter treatment, offending is reduced, more people achieve long-term recovery).
- Increase in use of residential provision (more complex drug users achieve and sustain abstinence and recovery).
- Increase the number of community sentence treatment requirements (particularly drug rehabilitation requirements (DRRs) and in areas where the CSTR programme is operating, consider increasing combined orders with mental health treatment requirements (MHTRs)).

6 RATIONALE

6.1 CGL is a registered charity already delivering the prime integrated contract for substance misuse services in Tameside, and it is pragmatic to add this additional funding into existing provision to ensure continuity of delivery. A Contract Variation will only be made upon approval of both this request, and approval of the funding application by PHE national team

6.2 The Council has an established contract with CGL around substance misuse treatment provision. To appoint another provider without consultation and service redesign, would cause a delay in real time spend. It would also risk confusion to Tameside service users, making it difficult and unclear where support is available from. It would disrupt established pathways of care and recovery for both service users and Tameside partners who already integrate with CGL and make access less timely. Any new provision would also require additional service integration, monitoring and management by the existing Provider and Council, creating significant duplication of effort within the Service and potential attrition for Service Users, resulting in worse outcomes for them. Managing two comparable contracts for similar delivery requirements would equally be confusing for the intended partner agencies including Police, Her Majesty's Prison & Probation Service, Courts, Mental Health and Homelessness, causing potential loss of the future clients we are aiming to assist.

6.3 The funding is for 12 months only, is non-recurring and the cumulative value of modifications to date is less than 10% of the original contract value, and the value of successful modifications to date is below the relevant World Trade Organisation Government Procurement Agreement threshold of £663,540 for these type of Light Touch services.

6.4 There is provision within the current contract to extend the service. Additional criminal justice capacity within CGL will allow the provision already in place to be strengthened and pathways to be sustainably re-energised, particularly following recent delays in face to face work due to Covid. There are no concerns with the performance provided within the current contract and the elements provided represent value for money each quarter, evidenced by quarterly returns within budget.

6.5 This funding will provide the Council with the opportunity to understand more about the cohort of service users who present to criminal justice services for our performance management, and encourage increased engagement with CGL services, and long-term recovery for our service users. Once the additional staffing roles are withdrawn at the end of 2021/22 (funding period), and assuming no further additional funding is available, criminal justice element of the provision will continue to benefit from the strengthened pathways and direct referral system that will be established.

6.6 Additionally, the remaining GM Local Authorities are also acting in similar manner due to the nature and swiftness of the funding stream, with their own local provision.

7 NEXT STEPS

7.1 The Council will commission CGL MRT to deliver the Universal Component of the Section 31 Grant. Commissioners and staff from CGL have and will continue to work collaboratively to develop a robust delivery plan that meets local needs and delivers a range of interventions as set out in the PHE guidelines.

7.2 Key partners including GMP, Probation, Mental Health services, Homelessness services, the Women & Families Centre, Bridges Domestic Abuse Service, Job Centre Plus and others have a pivotal role to play in the development and implementation of this plan. The first priority is for CGL to recruit and appoint a Project Manager for 12 months to lead this, alongside the above partners and working directly with the Population Health Manager to jointly oversee expenditure, implementation of the work plan and partnership development.

7.3 CGL will have the flexibility to subcontract elements of the programme where appropriate, to ensure successful and timely delivery of interventions. Also, where and if it has been agreed, to deliver elements on a GM footprint.

7.4 Senior level leadership of the new additional employees will be undertaken by the Project Manager within CGL. They will also lead on ensuring the sustainability of the projects in the longer term, utilising partnerships and local communities as assets.

7.5 Working jointly, Population Health and CGL will implement the programme of interventions, lead the offer and ensure it is embedded within the local neighbourhoods and they will also monitor the outcomes of the work. The Council will develop and implement a Monitoring and Performance Framework and will be responsible for reporting and feeding back to PHE in terms of spend, achievements and outcomes. The council will ensure that evaluation is built into each phase of delivery.

8 OTHER OPTIONS CONSIDERED

8.1 The Council were required to submit the proposal for spend by 26 March 2021 and there was insufficient time to undertake any form of competitive exercise prior to the commencement of the programme and spend of the funds.

9 RISKS

9.1 There is potential for delays in the commencement dates for some elements due to risks around successful recruitment, with large numbers of areas nationally recruiting to similar posts to deliver these programmes. Tameside plans to recruit as quickly and efficiently as

possible with minimal slippage and we expect delivery of the overall programme to be within 22/23.

9.2 Partner agencies required for the delivery of the programme such as probation services and the police may experience delays in their engagement with this work due to other pressures such as ongoing internal reform and reviews taking place in some of these agencies.

10 CONCLUSION

10.1 This grant has been provided as part of an £80m nationwide sum, which aims to help areas drive down local crime associated with the drug market, particularly violent crime and drug-related deaths. It presents an opportunity in Tameside to assist existing substance misuse services to improve systems and outcomes around drug-related harms.

10.2 This is a non-recurring grant which must be used as set out in the grant conditions and menu of interventions put forward by PHE and the DHSC. It will be important that this funding is used to embed work with criminal justice agencies into pathways around drug treatment to ensure sustainable capacity is left in place once the funding period ends.

10.3 The work will aim to reduce the levels of drug-related deaths, drug-related offending and prevalence of drug use in Tameside in order to achieve the outcomes set out in section 5 of this report.

11 RECOMMENDATION

11.1 As stated at the front of this report.

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Your proposals for your LA's allocation of the universal component of the £80m

Fill in cells shaded green. Cells in grey are calculated and protected

Your allocation	£406,000
Baseline (2020-21) spend	£3,289,814
Proposed total 2021-22 spend (including with the universal grant)	£3,541,664

#NAME?

Change in spend from baseline to 2021-22 (including universal grant)	**£251,850**
Spend in 2021-22 from the universal grant (=sum of additional spend below)	£406,000

Note: The spend in 2021-22 from the universal grant (C9) does not equal the change in spend from baseline (C8). Please provide explanation in box below (B13)

#NAME?

If your spend in 2021-22 from the universal grant (cell C9) does not equal the change in spend from baseline (cell C8), please explain why:

There is a £200,000 in contract deduction to budget effective from 1 August 2021. This Contract runs annually from 1 August to 31 July.

	Q1	Q2	Q3	Q4	Q5	Sum of quarterly spend
Quarterly breakdown of additonal spend	£30,700	£95,075	£95,075	£95,075	£90,075	£406,000

Area	Intervention	Your proposals	Additional spend in 2021-22 from universal grant	% of additional spend
1. System coordination and commissioning	Commissioning support	TMBC will commission CGL My Recovery Tameside to deliver the Universal Element of the Section 31 Grant. Commissioners and staff from CGL have and will continue to work collaboratively to develop a	£50,179	12%
2. Enhanced harm reduction provision	Needle and syringe programmes	Increase NSP provision across Tameside by 20%, (from the current cost of £90,000 to £108,000). Focusing on the development of peer to peer NSP, Change Grow Live My Recovery Tameside will target specific groups of people who historically have not been able to access NSP (Parents, Women and Young Parents and people aged (18-25); people with Learning Difficulties or those with mobility issues. My Recovery Tameside will utilise peer to peer and outreach for direct provision and to support and encourage the use of NSP direct (postal provision). 4 Volunteers are also costed to provide peer to peer NSP. The Project Manager will work with Population Health and partner	£28,600	7%
	Naloxone provision	Purchase 700 kits - spilt between Nyoxoid and Prenoxad. Nyoxoid (250 kits) will be distributed to partner agencies including the Fire Service (GMFRS) and Tameside Homelessness Team. My Recovery Tameside will also introdcue a pilot programme where GMP Tameside	£20,050	5%
	Outreach	Change Grow Live My Recovery Tameside will employ an Outreach Worker to deliver Enhanced Harm Reduction provision and Assertive	£35,010	9%
3. More treatment options	Novel long-acting OST	Change Grow Live My Recovery Tameside will pilot the use of Buvidol for suitable members of the cohort in line with CGL guidance.	£50,000	12%
	Residential rehabilitation	My Recovery Tameside will provide additional Residential placements (6 placements, depending on need, length of stay and provider costs).	£60,000	15%

4. Increased integration and improved care pathways	•Treatment capacity for police and court custody assessments •Collaboration with L&D, courts and probation •Continuity of care post prison release •Continuity of care from non-criminal justice settings	My Recovery Tameside will employ a FTE CJ Worker to develop and deliver an intervention programme (REFLECT) for substance users. The programme will be aimed at those naive to CJ system / first presenters to the system, reducing recidivism and substance use. The CJ worker will work in partnership with GMP custody suites to implement a robust referral process from custody to My Recovery Tameside. Innovative / digital media will be utilised to deliver the REFLECT programme, maximising accessibility. This CJ worker will also provide training to partner agencies and outreach into Police Custody suites and Magistrates courts. This will include training in Trauma Informed Practice and Support. In addition, My Recovery Tameside will employ a FTE Prison in-reach CJ worker to support pre-	£101,464	25%
5. Increased treatment capacity to respond to extra diversion	Work with out-of-court disposal schemes and testing on arrest to provide treatment	1 FTE Project Support Officer will be employed to coordinate and manage all CJ referrals, both from Police custody (Out of court disposals and test on arrest) and prison release. The Project Support Officer will be available to support with additional prescribing	£27,841	7%
6. Enhanced recovery support	Recovery communities and peer support networks	Employ 0.6 FTE Building Recovery in Communities (BRIC) Worker to develop the Recovery community, including self sustaining social enterprise, linking directly with the existing Community Substance Use	£21,006	5%
7. Other interventions	Please see notes worksheet for information about inclusion of interventions outside the menu of interventions	DRD Panel / Surveillance Panel - funding for supprt from LJMU (£6,389.79) + project budget to support delivery, volunteer costs and digital development (£5,460)	£11,850	3%
Totals			£406,000	100%

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	28 April 2021
Executive Member:	Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)
Clinical Lead:	Dr Jane Harvey – GP
Reporting Officer:	Dr Jeanelle de Gruchy, Director of Population Health James Mallion, Consultant in Public Health
Subject:	**TENDER FOR THE PROVISION OF A SEXUAL & REPRODUCTIVE HEALTH SERVICE**
Report Summary:	This report outlines the proposed approach to the re-commissioning of Sexual & Reproductive Health services in Tameside with an annual budget of £1,274,924. The paper seeks authorisation to tender the service for a new contract to start on 1 April 2022. The total contract value over the five year period is £6,374,620. The Council will co-commission this service with Stockport MBC, who will act as the lead commissioner via a legally binding Inter-authority Agreement we will put in place and we are working with STAR procurement to re-tender the service. There is also an additional element of grant funding for the PrEP HIV prevention drug which we now have an allocation of £68,320 for in 2021/22
Recommendations:	That Strategic Commissioning Board be recommended to: (i) That approval is given to tender the Sexual & Reproductive Health Service to commence 1 April 2022 for a five year period, plus the option of a five year extension, dependent on a formal review of the service in year 4 (2025/26) to ensure adequate performance and outcomes achieved and the necessary approval granted to proceed as demonstrates vfm. The contract term will include a termination period of six months. (ii) That approval is given to award the contract following the completion of a compliant tender exercise , subject to compliance with the Council's Procurement Standing Orders (iii) That approval is given to enter into an Inter-authority Agreement, as advised by STAR procurement, with Stockport MBC. (iv) That approval is given to award a grant for provision of the PrEP HIV prevention treatment during 2021/22 and in future years when this grant will be allocated within the wider public health grant allocation.

Financial Implications:

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

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board

Organisation and Directorate	Tameside MBC – Population Health
Budget Allocation 2022/23	£ 1,275,000 for Sexual Health Services and a £68,320 grant towards the HIV treatment.

There is a long established budget within the Council for the commissioning of these services within the Population Health service. Engagement with STAR procurement is vital for a contract of this length and size. The Council is currently facing a budget shortfall of around £14m for 2022/23 rising to £22m by 2024/25. All services should be considering opportunities to seek efficiencies to contribute to closing this budgetary gap.

It is proposed that the tender includes the use of the current CCG occupied estate at Ashton Primary Care Centre. Consideration needs to be given to the national health reform and restructuring proposals as to whether this will have an impact on the delivery of these services after the contract is let.

Legal Implications:

(Authorised by the Borough Solicitor)

This is a significant procurement exercise in terms of value and length. It is therefore critical that a robust procurement exercise is adopted not only to ensure compliance but also best value. Therefore the advice and support of STAR will be critical throughout this procurement exercise. There is a balance to be achieved between having a long term partner so that significant vfm can be achieved compared with a long term partner who is not delivering in a long term contract. Having a formal review will be critical to determining whether that relationship is working, flexible to needs of service delivery and vfm and elected and the Board will need to be satisfied that is the case..

STAR will also be able to advise on any TUPE related matters which may require consideration as part of the procurement exercise.

As set out in the main body of the report some of the existing service has performed well but there is a case for change to ensure that the services can be assessed as widely as possible which is backed up by a needs assessment. It is important that an Equality Impact Assessment is undertaken in relation to these changes and the assessment continues to be reviewed as the procurement exercise progresses.

This is intended to be a joint procurement exercise with Stockport MBC as the lead commissioner. The report states that the relationship between Tameside and Stockport MBC with regards this contract will be managed via a Memorandum of Understanding (MoU). MoU's are often an appropriate mechanism to manage relationships between organisations working collaboratively but they are not legally binding documents and therefore are not enforceable. It would therefore be advisable for advice to be sought from STAR in relation the best mechanism to manage the relationship which

	will be determined largely by the roles each party is taking in the arrangement. It would be advisable to liaise with colleagues in estates in relation to the continued use of the existing properties for the delivery of the services to ensure that the appropriate legal agreements are in place such a leases and licences, to facilitate the same. There is reference to the awarding of a grant for provision of the PrEP HIV. It is not clear in the report where this is being funded from and on what basis the grant is being awarded. It would be advisable for this to be clarified before the report proceeds to Board and a further authority may be required in relation to the awarding of the grant.
How do proposals align with Health & Wellbeing Strategy?	The proposals link with a wide range of priorities in the Health and Wellbeing Strategy, in particular the Starting Well and Living Well programmes. The service links into the Council's priorities for People: **1.1.1** Promoting good parent infant mental health **1.1.2** Promote whole system approach and improve wellbeing and resilience **1.1.3** Improve access to Early Help interventions **1.1.4** Reduce the impact of adverse childhood experiences **1.1.5** Increase access, choice and control in emotional self care and wellbeing **1.1.6** Increase physical and mental healthy life expectancy **1.1.7** Improve the wellbeing for our population
How do proposals align with Locality Plan?	The proposals will support the locality plan objectives to – **1.1.8** Improve health and wellbeing for all residents **1.1.9** Address health inequalities **1.1.10** Protect the most vulnerable **1.1.11** Provide locality based services
How do proposals align with the Commissioning Strategy?	This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly: **1.1.12** Early intervention and prevention **1.1.13** Encourage healthy lifestyles **1.1.14** Supporting positive mental health
Recommendations / views of the Health and Care Advisory Group:	The report is scheduled to be presented by James Mallion, Consultant in Public Health, to the Health and Care Advisory Group on the 14 April 2021
Public and Patient Implications:	The recommendations will ensure continued access to services to improve health and prevent long term conditions.

Quality Implications:	The Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness. Any procurement exercise will be awarded on the basis of the most economically advantageous tender that balances the cost and quality advantages of tender submissions.
How do the proposals help to reduce health inequalities?	The provision of Integrated Sexual & Reproductive Health Services has a positive effect on health inequalities. The proposed stronger focus on reaching individuals and groups in their communities and also prioritising those who require more support in their sexual & reproductive lives, will help to reduce health inequalities.
What are the Equality and Diversity implications?	An Equality Impact Assessment has been undertaken. The Sexual & Reproductive Health services provided are available regardless of age, race, sex, disability, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership. Some service provision is targeted to address health inequalities experienced by more marginalised groups.
What are the safeguarding implications?	There are no safeguarding implications associated with this report. Where safeguarding concerns arise the Safeguarding Policy will be followed.
What are the Information Governance implications? **Has a privacy impact assessment been conducted?**	Information Governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by the provider. A Data Protection Impact Assessment (DPIA) will be carried out as part of the procurement process. A privacy impact assessment has not been carried out.
Risk Management:	Risks will be identified and managed by the implementation team and through ongoing performance monitoring once the contract has been awarded.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer James Mallion, Consultant Public Health.  Telephone: 0161 342 2328  e-mail: james.mallion@tameside.gov.uk

1.0 INTRODUCTION

1.1 Tameside has seen increasing demands in recent years for sexual health advice, contraception, testing and treatment and at the same time continues to have relatively high rates of under-18 conceptions; abortions; and STI diagnoses.

1.2 Tameside MBC is responsible for commissioning open access sexual and reproductive health services to be available within the borough, which is a mandated function (Health & Social Care Act 2012). Ensuring the delivery of high quality, accessible services for our residents is key to improving the wide-ranging health outcomes linked to sexual & reproductive health. Tameside continues to have a relatively low level of investment per head of population on sexual health services compared to similar areas.

1.3 This report puts forward the evidence of the impact that sexual & reproductive health interventions have on population health outcomes. It also provides value for money and cost benchmarking analyses to make the case for ongoing investment in sexual & reproductive health services, which will return longer-term savings. Therefore, this paper seeks permission to go out to tender, and award for a longer-term contract to work up a developmental, neighbourhood-centred model of delivery with the provider to achieve a step-change in supporting good sexual wellbeing across Tameside over the next 5-years and beyond.

1.4 Finally, this paper seeks permission to award a grant to our current specialist sexual health provider to continue the delivery of the PrEP HIV prevention programme during 2021/22.

2.0 THE CURRENT SEXUAL & REPRODUCTIVE HEALTH SERVICE

2.1 The current sexual & reproductive health offer for Tameside residents is broad and sits across primary care, council-based outreach services, community-services and the specialist Integrated Sexual & Reproductive Health and HIV service provided by Manchester NHS Foundation Trust (MFT). The specialist service is delivered through a fully integrated, consultant-led, open access model. This was originally commissioned for 3 years (plus a possible 2-year extension) in 2016. The extension was enacted from 1 April 2019 for two years and then, following the impact of the Covid-19 pandemic on sexual health service providers, this was extended by a further 12 months under Public Contract Regulations (2015) due to the unforeseen circumstances of the pandemic, and will come to an end on 31 March 2022. The current service provides:

- a full range of contraception and sexual health advice (including contraceptive assessments & counselling, long-acting reversible contraception fitting, and emergency contraception)
- STI testing and treatment (available both in clinic and via online kit ordering)
- specialist Tier 3 support for more complex issues
- counselling
- safeguarding support for more vulnerable residents
- support through pregnancy (including pregnancy testing and advice)
- the PrEP HIV prevention programme, funded by a PHE grant (NB. treatment commissioned by NHS England but hosted by the local service)
- Non-clinical and clinical outreach support to promote key messages around sexual & reproductive health as well as specific advice around contraception
- The service is part of a wider footprint of sexual & reproductive health services, which MFT provide. This wider offer is known as ‘The Northern’ and encompasses the boroughs of Manchester, Trafford, Stockport and Tameside.

2.2 This service saw large-scale change following the 2016 redesign and recommission, introducing the integrated service (having one multi-skilled team for both contraception & sexual health advice (CASH) and genitourinary medicine (GUM)). That change has seen some very positive developments and achievements including:

- increase in staff skill-mix
- managing increasing demands on the service in the form of numbers of clinic sessions delivered
- ongoing highly positive patient feedback regarding clinical services
- delivery of PrEP on top of other contractual requirements to reduce risk of HIV for increasing numbers of service users
- exceeding targets for meeting the needs of patients in urgent and emergency situations (100% achievement for 2018/19)
- introduction of an online booking system
- introducing new nursing clinical outreach post to work within communities to support the most vulnerable residents
- integration within the wider safeguarding system and partnerships across Tameside
- addressing increasing safeguarding demands from increased numbers of vulnerable residents presenting to the service.

2.3 The current service performance has been strong overall, however there are aspects which have required additional support such as the clinical outreach offer, which Tameside MBC has provided additional funding to support in the current, final year of the contract. There is also currently a centralised model of delivery with the only physical location for the service being at Ashton Primary Care Centre. Transformation is needed in a future service to ensure that there are clinics available in other parts of the borough and the overall approach is more preventative. Further detail around the case for change and the proposed model can be found in section 4.2 and 4.3.

3.0 THE IMPACT OF COVID-19

3.1 The current sexual & reproductive health service was originally due to cease on 31 March 2021. Commissioners were working towards this timescale in March 2020 when the Covid-19 pandemic caused major disruption in England when the national lockdown was implemented. On the back of this, a 12-month extension of the existing contract was sought and approved via Strategic Commissioning Board in September 2020. While this caused an unfortunate delay in progressing the transformation work around sexual and reproductive health under a new commissioned service, this was deemed the best option to ensure continued service delivery for Tameside residents.

3.2 There have been a range of adverse impacts from the Covid-19 pandemic which continue to be a challenge for services and which contributed for the justification of this extension. These impacts include:

3.2.1 National advice from the Faculty of Sexual & Reproductive Health that non-urgent procedures such as long acting contraception fitting and other sexual health advice should not be prioritised face-to-face due to the wider pressures on NHS services and the risk of transmission of Covid-19 in the community.

3.2.2 Re-deployment of clinical staff from the sexual health service to support Covid-19 related pressures in hospital. This predominantly occurred in the first wave of the pandemic between March 2020 and the end of June 2020. These staff have now mostly returned to the sexual health service however staff absences among this group have increased on the back of this redeployment.

3.2.3 The service has been required to adapt its approach to supporting and treating patients due to the risk of infection from Covid-19. This has included prioritising urgent sexual and reproductive health treatment and support, including safeguarding issues and support for vulnerable young people. A large amount of other activity has been shifted to remote consultations; telephone triage; and online support including click and collect test and treatment kits. The adapted approach also involves additional measures within the service to reduce the risk of Covid-19 infection including use of appropriate PPE, cleaning and other infection control measures – some of these measures have increased face-to-face appointment times.

3.2.4 There have been surges in demand at different stages of the pandemic due to stages of re-introduction of routine procedures, such as during summer 2020. There is anticipated to be a high degree of unmet need currently among the population due to reduced service provision during parts of the pandemic, which may cause demand in the sexual health service to increase substantially in the short to medium-term.

4.0 CASE FOR CHANGE

4.1 National And Greater Manchester Context

4.1.1 A Health & Social Care Parliamentary Committee Review into sexual health was conducted and published in 2019[1]. This review highlighted challenges facing the sexual health system and recommended the need for adequate funding into these services, including emerging issues/infections; and wider issues such as cervical screening in sexual health clinics. It also emphasised the importance of prevention and how activities to prevent poor sexual health outcomes should be prioritised, funded, and an integral part of all sexual health provision.

4.1.2 The Greater Manchester Health & Social Care Partnership (GMHSCP) conducted a review during 2019, which demonstrated high levels of STIs and abortions across the region as well as dropping contraception uptake, particularly LARC. This further emphasised the need for change in the sexual health system across Greater Manchester.

4.1.3 In tackling this, the GMHCSP has proposed a model to address these issues which all GM local authorities can work towards in transforming our system wide response to improve these outcomes for local residents (see figure 1 below). The key aspects of this high-level model are local commissioning to mobilise communities and deliver sexual wellbeing in neighbourhoods, which is what we are working towards in Tameside and is explained further as part of our 5-year step change model.

[1] UK Parliament: Health and Social Care Committee (2019) Sexual Health Review https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1419/1419.pdf

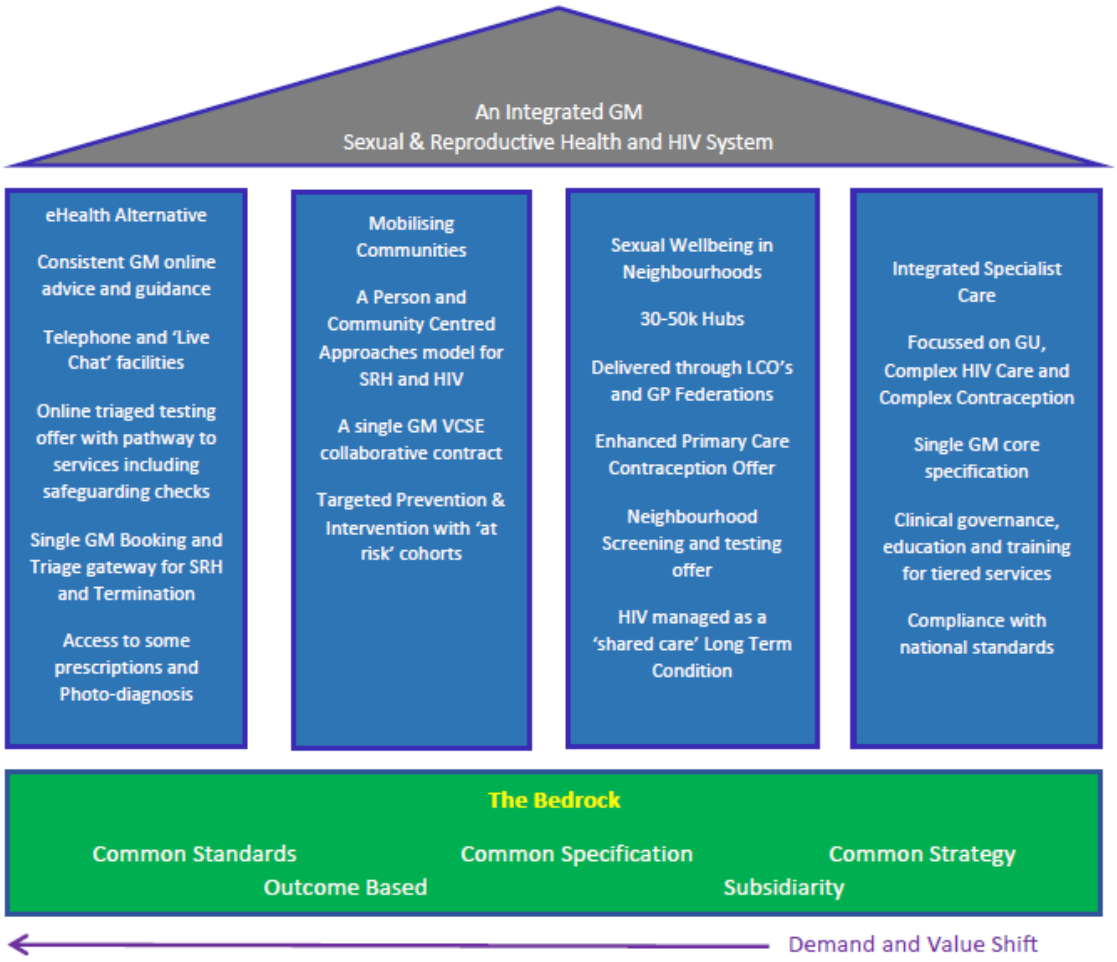

Figure 1: GM Model for an Integrated Sexual & Reproductive Health and HIV System

4.2 Case For Change: Current Position & Needs Assessment

4.2.1 Many aspects of the current offer are working well, however there is wide acknowledgement that there are some aspects of existing services where change is required to improve outcomes for local residents.

4.2.2 A recent Health Needs Assessment conducted around sexual and reproductive health in Tameside (2020) involved a review of data as well as surveys and face-to-face public engagement. This work highlighted some of the current issues in the following key findings:

Data

- Abortion rate is 25 per 1,000 women in Tameside (gradually increasing in recent years and is the 9th highest rate in the country, compared to national average of 18.1 per 1,000 women)
- Most of the increase in abortions has been in the over-25 age group (though younger people are at highest risk of unplanned pregnancy and associated risks)
- Recent increases in under-18 conception rate
- HIV testing significantly lower than national average, especially in women and some groups have seen increases in late HIV diagnosis recently
- While our overall STI rates are not significantly worse than we would expect, there have been increases in recent years and STI testing coverage is significantly lower than the national average.

Engagement

- Many residents were not aware of the range of S&RH services available and how to access them
- Access to the specialist service is consistently an issue (for residents and professionals)
- A systematic approach (ie. Training) is needed to raise awareness amongst professional and support staff across the borough regarding S&RH issues and services.
- Many services are Ashton-based, which makes access difficult for Tameside's more remote and deprived communities, who often have most need.
- Residents wanted more out of hours/weekend appointments.
- High abortion rates suggest better access to LARC is needed
- LARC fitting was particularly low in Mossley, Hattersley and Droylsden.
- Large amount of capacity in core service (40%) used for contraception advice/prescribing – partly due to lack of access in primary care.
- Clearer communication needed for younger people about what contraception is available, where it can be accessed and how people can access it.

4.2.3 The current service has faced substantial challenges during the current contract with increased demands arising from HIV prevention (PrEP), increasing STI rates, and an increase in safeguarding issues, which the service are required to report and address. These issues have had an impact on the balance between treatment focussed activity and preventative activity. This has resulted in some of the above feedback where residents have faced difficulties in accessing lower level advice, information and contraception. This is also due to increasing pressures and demands (including Covid-19 impacts) in general practice, which is also a provider of contraception services.

4.2.4 It is crucial that we make changes in the wider system to address some of these issues. Access to preventative interventions such as contraception is particularly important as wider evidence shows that access to contraception is supportive for people, particularly women, to ensure that the spread of STIs is limited and that there are fewer unplanned pregnancies. Younger people remain at highest risk of an unplanned pregnancy and the adverse impacts this can have on them and the baby. It does not just affect younger people though, and we have seen in Tameside in recent years that the majority of the increase in our abortion rates has been in those over the age of 25. While there are a complex range of factors contributing to the abortion rate, one of those is access to and delivery of effective contraception.

4.3 Case For Change – The Tameside Vision

4.3.1 It is crucial that we make changes in the wider system to address some of the issues identified in the above section. Access to preventative interventions such as contraception is particularly important.

4.3.2 There is a complex commissioning landscape across the wider sexual & reproductive health system with a range of services, which support people to achieve good sexual health. These are often commissioned in different parts of the system (see Figure 2 below). Tameside & Glossop Strategic Commission is in a unique position to be able to work across these services to coordinate how we best use resources. Recent developments from the White Paper around Integrated Care Systems and the new local partnerships this will require also present new opportunities to coordinate this work across different providers locally to move towards more preventative, community-based services for our residents.

Local Authorities	CCG	NHS England
Community contraception, including: • Long acting reversible (LARC) contraception in general practice • Emergency hormonal contraception (EHC) in pharmacy	Abortion services	HIV treatment and care including pre and post prophylaxis
Community STI diagnosis and treatment, including the National Chlamydia Screening Programme (NCSP)	Vasectomy and sterilisation services	Contraception provided under the GP contract
Targeted S&RH promotion, including free condom schemes	Gynaecology services	Cervical screening
HIV prevention	Psychosexual services (non sexual health element)	Opportunistic promotion and testing of STIs
Sexual health aspects of psychosexual counselling		Sexual health in prisons
Specialist sexual health services: including young people's sexual health services, outreach, and S&RH promotion services in schools, colleges and pharmacies.		Sexual assault in referral centres (SARC)

Figure 2: Breakdown of Sexual & Reproductive Health and HIV Commissioning Responsibilities

4.3.3 Previous work across the local system in Tameside involved a workshop during 2019 and engagement with the Health & Wellbeing board in 2020. From this work we have devised a vision for sexual and reproductive health in Tameside:

4.3.4 In order to achieve this vision, the new service model and work across the wider system need to move from a centralised, treatment focussed model, to a more community based, preventative model, delivered in partnership (see Figure 3 below).

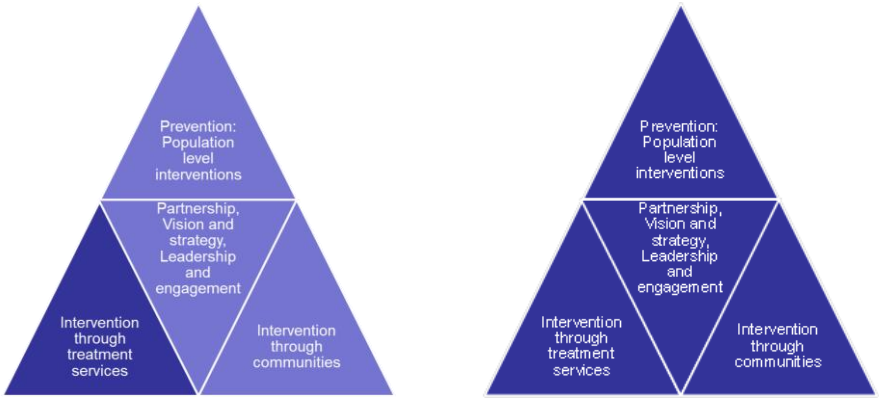

Figure 3: Population Health Approach to Levels of Intervention

All Tameside residents are able to express themselves, be confident, have choice and take control of decisions about their sexual and reproductive lives.

ncludes all residents having open access to services and reliable information, in a way that effectively meets their needs.

4.3.5 In a complex system with limited resources, it will take time to realign resources and activity to this model, which is why we are proposing a 5-year step-change model for the sexual and reproductive health system in Tameside. This will include the steps and work required to make the change seen in the diagram above shifting from the current

centralised services, with high demand in areas like STI treatment and abortions, to realign our capacity into a preventative population health model which includes the whole system working in partnership, much closer to our communities, following the Public Service Reform (PSR) principles and model of neighbourhood working. The 5-year step change commences from April 2021 with the first year representing the work happening in the coming months to recommission the service. This is a separate timeframe to the 5-year contract term being proposed for the integrated service. Figure 4 below outlines the 5-year step-change model. Also see Appendix 1 for further detail of the work proposed in each year of this programme.

YEAR 5 (25/26)

REALIGN CAPACITY INTO FULL PREVENTION MODEL

Activity:

Full transformation and rationalisation of specialist care; further enhance prevention activity

YEAR 4 (24/25)

MAINSTREAM AND FURTHER ENHANCE PREVENTION CAPACITY

Activity:

Realign system-wide budgets; expand non-clinical outreach offer including training; enhanced support for vulnerable groups

YEAR 3 (23/24)

BEGIN SHIFTING CAPACITY TOWARDS PREVENTION

Activity:

Full rollout of PCN spokes offer; monitor outcomes for demand reductions; development of PCN women's health offer

YEAR 2 (22/23)

DELIVERY & DEVELOPMENT OF COMMUNITY BASED OFFER

Activity:

Begin roll-out of PCN spokes; enhanced digital offer; boost community LARC training offer

YEAR 1 (21/22)

CENTRALISED OFFER; RESOURCE FOCUSSED ON TREATMENT; HIGH FAILURE DEMAND (TOP & LAC) & LACK OF ACCESSS

Activity:

Recommissioning specialist service with more community focus; new LARC primary care offer; initiate clinical outreach offer; make the case for change around prevention investment

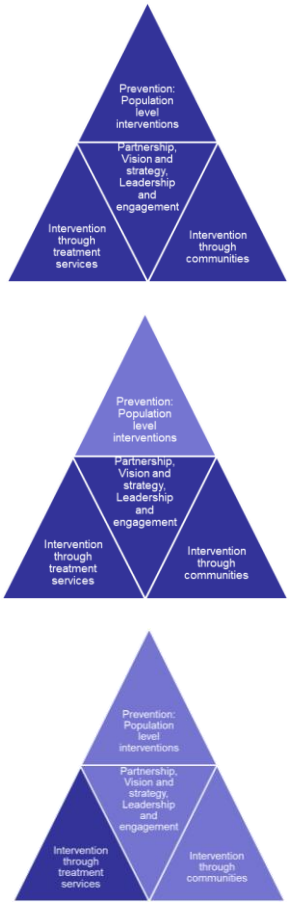

Figure 4: Tameside 5-Year Step Change Model for Sexual & Reproductive Health Transformation (2021-2026)

4.3.6 Re-commissioning the integrated sexual & reproductive health service provides the opportunity to make changes to align service delivery to the 5-year step change model and the shift towards more preventative capacity. This will also allow us to address some of the emerging issues in data and wider insights from the Health Needs Assessment. It will also enable us to further develop an approach which is in keeping with the corporate plan and the principles of Public Service Reform, with the model of neighbourhood delivery at the centre, to help us achieve better outcomes for the health and wellbeing of local residents:

- Shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services;
- An asset-based approach;
- Community independence and support for residents to be in control;
- A place-based approach;
- A stronger prioritisation of well-being, prevention and early intervention;
- An evidence-led approach;
- Collaboration with a wide range of organisations.

4.3.7 We will set clear expectations and milestones for the new service to develop and integrate their offer into the person-centred neighbourhood model in Figure 5 below. This will require much broader working with stakeholders and partners and will move the model towards a proactive, preventative and asset-based approach. This will allow our system to intervene early and respond to the person in the context of their community (do with, not to).

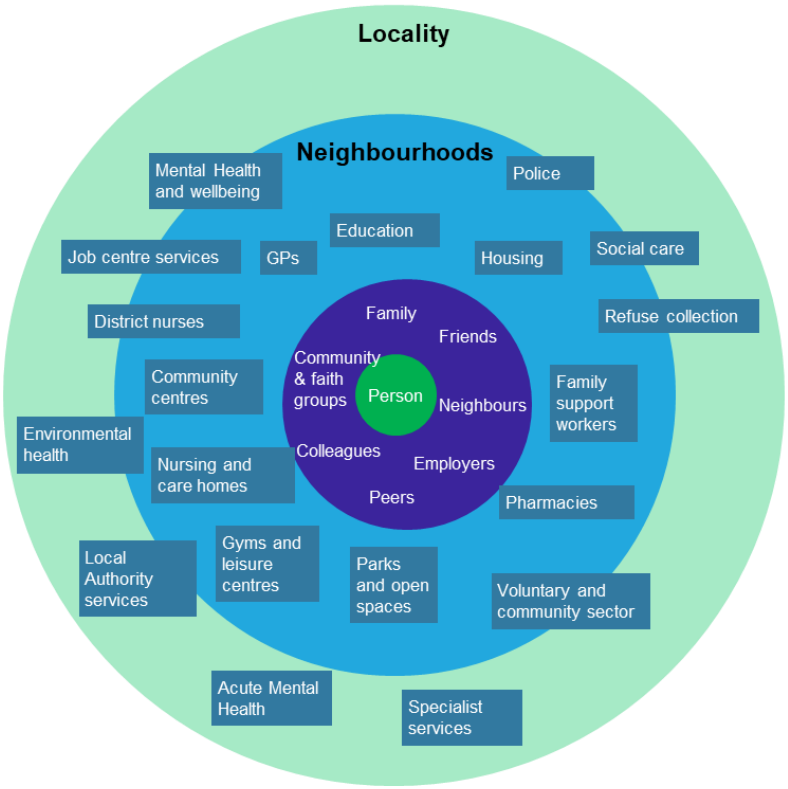

Figure 5: The Tameside Neighbourhood Model

PERSON - how can a person support their own sexual health (self-management and support via digital offer and information). The service will be expected to support the immediate system around a person in terms of information and access so people can be supported by their employers, friends & family etc around their sexual health
NEIGHBOURHOODS - how do each of the services or functions in a neighbourhood support residents' sexual health – this could include wider staff training and awareness for a 'make every contact count' approach for the agencies and services in the neighbourhood, as well as the hub & spoke and outreach models which place sexual health services closer to people in their communities
LOCALITY – the service will be expected to deliver excellent clinical care for anyone in Tameside requiring more specialist support (Tier 3 services). It will also be important to link in to other locality-based services such as hospital care

5.0 PROPOSED NEW SERVICE MODEL

5.1 In order to deliver the vision set out above, and to move through the next 5-years, achieving the various stages of our step-change model, we need to put in place an agile sexual & reproductive health service which will provide the specialist support required as well as fulfil the role of system leader in this. We will require this service to follow public service reform principles and work towards a more integrated, system-wide approach to make a truly preventative, neighbourhood-based system in Tameside.

5.2 **Contract Length -** The first step in this is to put in place a longer-term contract of 5 years, with the option to extend for a further 5 years, dependent on a formal review of the performance and outcomes achieved by the service in year 4 (2025/26). This will allow for a decision to be taken to either continue the strategic and contractual relationship with the provider at this stage, or to recommission the service if objectives and outcomes have not been achieved. There will be several key milestones that the provider must meet and also relevant clauses within the contract to allow the local authority to change terms or come out of this arrangement if outcomes are not achieved throughout the contract. This length of contract will provide stability and will encourage providers to make longer-term investments in capacity and capabilities within the service. Other commissioners including our contracting partner Stockport MBC, and Oldham/Rochdale/Bury are also proposing to tender for the same contract length.

5.3 **Service Make-up -** The proposed structure of the service is to maintain the all-age, integrated contraception & sexual health advice (CASH) and genitourinary medicine (GUM) model, under one contract. In retaining this integrated model, the emphasis of the service specification will be around the provider being a system leader of the wider sexual & reproductive health agenda in Tameside, working in close partnership with a range of local stakeholders to lead the work to improve outcomes in Tameside. This is key to progressing as per the 5-step change model, rather than merely meeting demands coming through the clinic doors.

5.4 **Key Milestones -**There are some clear ambitions and outcomes, which we want this service to achieve in the short to medium term of this contract. In order to ensure that these are delivered, a series of milestones will be built into the specification and the contract for the service to hold them to account for these developments. These include:

5.4.1 Establishing 4 community-based 'spoke' clinics (1 per Tameside PCN) within the first 12-months of the contract (by 31 March 2023) – a Service Credits programme of performance monitoring will be applied to this aspect of the contract to ensure delivery against this outcome. Failure to deliver on this will result in a reduction in the charges payable by the Council for the period in question.

5.4.2 When the spoke sites are established, these are to be built upon to further develop PCN-level partnership working. This will include the wider training offer for primary care, particularly around LARC training and working with primary care to ensure consistent access to contraceptive assessments and LARC fitting at a PCN level. If this progresses well then there will be a move for the service to take on additional sexual & reproductive health commissioning responsibilities (progress on this would be brought back to decision makers at a later date)

5.4.3 Ongoing prioritisation of clinical outreach capacity (1 dedicated WTE nursing post) from the outset of the contract – to increase to at least 2 WTEs by Year 2 of the contract (from April 2023)

5.4.4 Develop a delivery plan alongside Tameside Population Health for the 5-year step change model for sexual & reproductive health (within first 6 months of the contract). This should be co-produced with a wide range of stakeholders and including input from patients, service-users and members of the public.

5.5 **Service Details / Service Specification**

5.5.1 Several elements of the core service will be updated, however remain the same in terms of clinical delivery and standards. The levels of intervention offered by the service range from Tier 1 (advice and information) through to Tier 3 (complex clinical support). The delivery of all tiers of care, meeting appropriate clinical standards, will still be a requirement in the new contract. The specification and standards for the core clinical elements of the service are shared across GM.

5.5.2 It is the expectation that the provider will work to a range of high-level outcomes, whilst meeting KPIs and the milestones discussed. Tier 3 services require appropriate clinical space and will be delivered from 'The Orange Rooms'. However Tiers 1 & 2 could be delivered in a range of community-based settings such as GP surgeries, community centres, third sector estates. These will represent the 'spokes' of the main service which the provider must establish (1 per Tameside PCN) in the first 12 months of this contract.

5.5.3 Given the overall trends of decline in uptake of contraception, particularly long-acting reversible contraception, and the fact that these represent forms of prevention in terms of STIs and unplanned pregnancy, the provider will be expected to prioritise access and delivery of contraceptive assessments, prescribing and fitting where appropriate. This will include integrated working and training with primary care to boost contraception delivery in GPs

5.5.4 The provider will be the system lead around sexual & reproductive health and will direct resources into partnership and engagement work across the borough and across a range of public and third sector partners to support wider priorities in the sexual health system. Key to this will be primary care (GP and pharmacy), relevant local charities and third sector organisations (eg. Diversity Matters; LGBT Foundation; Action Together, Change Grow Live, Bridges), and existing partners in the sexual health system (eg. Youthink outreach team; gynaecology services within T&G ICFT; Children's Social Care and Safeguarding Partnership). There will be key priorities around particular groups in the population including vulnerable children and young people (eg. Working with children's social care / phoenix team / multi-agency safeguarding hub); and other high risk groups such as men who have sex with men, people living with HIV and people from BAME communities (LGBT Partnership; George House Trust; Black Health Agency).

5.5.5 The provider will support and develop a range of projects across Tameside with a number of partner organisations in order to provide place-based offers, which appeal to different individuals, groups and communities. Examples include engagement with local initiatives such as the current Alcohol Exposed Pregnancy Programme, as well as more direct support such as formula milk for mothers with HIV for whom it may not be safe to breastfeed.

5.5.6 The provider will collaborate on existing priorities across Tameside. Specifically system-wide work to tackle domestic abuse (DA) and support victims. This will include DA training requirements for patient facing staff, DA risk assessments as part of routine clinical work; documenting DA disclosures; and ongoing work with the specialist DA provider.

5.5.7 The performance management for the new contract will have a more outcomes focus with qualitative elements included as well as more of a focus on the impact of services on individuals. We will also look to include potential escalation measures/penalties if KPIs and key milestones have not been achieved. There will also be the requirement for the provider to produce a concise annual report of the key achievements of the service, along with quality assurance surveys at each year-end. There will be a particular focus on this in Year 4 (2025/26) as part of the formal review required to inform whether the provider has adequately met expectations and delivered on outcomes in order to justify a further extension of the contract (5 years) or to go out to tender at this point to seek a new service at the end of the initial 5 year contract term.

5.5.8 **Grant Allocation for PrEP –** Resource has now been allocated nationally to ensure the routine provision of PrEP (Pre-Exposure Prophylaxis) for HIV prevention via local sexual health services. This will be incorporated into the service offer – see Section 10 for further details.

6.0 PROCUREMENT PROPOSAL

6.1 Consideration is given to re-tender the Integrated Sexual & Reproductive Health service in Tameside to ensure continued delivery of open access sexual health services, which is a mandated function of local authorities. It is proposed that this will be for a contract period of five years commencing 1 April 2022, with the option to extend for a further 5 years, dependent on a formal review of the performance and outcomes achieved by the service in year 4 (2025/26). Our commissioning partner Stockport is also going out for the same contract length, as are the other local authorities going out to tender at the same time (Bury, Rochdale and Oldham).

6.2 We are currently in a contract with Stockport MBC and Trafford MBC, with Stockport MBC being the lead commissioner who hold the contract with MFT for the current service. Due to changing circumstances in Trafford and their existing contractual relationship with MFT as the provider of their wider Community Services Contract, they will be coming out of the cluster at the end of the current contract on 31 March 2022. This will leave Tameside MBC and Stockport MBC remaining in the joint-commissioning arrangement going forward, via an inter-authority agreement, with Stockport remaining as the lead commissioning authority.

6.3 Our cluster commissioning arrangements across GM mean that there are two main contracts that will be going out to tender at the same time: our contract with Stockport MBC, which is currently provided by MFT; and the shared contract between Bury MBC, Rochdale MBC and Oldham MBC, which is currently provided by Virgin Care. STAR procurement will be supporting all five local authorities through this procurement process.

6.4 As the current contract is coming to an end and Tameside MBC is subject to a legal framework, which encourages free and open competition and a duty to establish Best Value we are obliged to conduct an open and transparent procurement process.

6.5 To ensure a competitive tender in terms of delivering best value, evaluation criteria against the most economically advantageous tender will be implemented as part of the procurement process.

7.0 ESTATES

7.1 The current service is based in Ashton Primary Care Centre with a suite of rooms called 'The Orange Rooms'. The lease of this space is held between Tameside & Glossop CCG and CHP, with the cost of the lease funded by the CCG. There is agreement that these funding arrangements for the premises will continue going forward, under a new contract and with a new provider, even if this is a non-NHS provider.

7.2 The cost of this lease to the CCG is currently £293,569.38 per year for 2020/21, this is not included in the proposed costs for the service outlined in this paper. This represents 14.5% of the overall lease cost for Ashton Primary Care Centre. There will be an annual RPI uplift in this cost from 1 April 2021 which is an annual uplift/re-costing.

7.3 We have stipulated in the service specification and the key milestones that the service must continue to use The Orange Rooms in Ashton Primary Care centre as the main hub location for the service, as well as the four 'spoke clinics' they will be required to establish within each of the four Tameside PCNs within the first year of the contract.

8.0 VALUE FOR MONEY

8.1 The available budget for this service is £1,274,924 per year, allowing a maximum contract value over the initial five year period of £6,374,620. This includes all elements of the integrated sexual & reproductive health service, apart from the estates costs as explained in the previous section. The proposal is to maintain this annual cost for the service at the same level, while considering potential uplifts for NHS staff Agenda for Change pay increases, which may be required.

8.2 **Investment in Contraceptive and Sexual Health services is an invest to save opportunity** with evidence from the Department of Health & Social Care which demonstrates that:

- For every £1 spent on contraceptive services, £11 is saved on other costs within Health and Social Care.
- NHS savings associated with one early HIV diagnosis alone is £36,061.
- Each new HIV infection prevented saves between £280,000 and £360,000 in lifetime treatment costs

8.3 Without adequate local investment in high quality service provision, our system-wide costs will increase as a result of increased demand for acute health and social care services (for example for those with complications from untreated infection, and unintended pregnancies); and greater numbers of local residents may access sexual health services in other areas, which they are entitled to do and we are obliged to pay for, at a higher cost than people entering our local service.

8.4 Increased availability and uptake of contraception, including long acting reversible contraception, could lead to a reduction in unplanned pregnancies and a reduction in the need for abortions. A large study of birth mothers and recurrent care proceedings highlighted that where there have been care proceedings, particularly with multiple children, the mothers typically described the pregnancies as unplanned[2]. **Preventing more unplanned pregnancies may reduce the number of care proceedings taking place.**

8.5 The current service was commissioned following a competitive tender process in 2016. This came at the same time as a 20% reduction in the overall budget for this service. Alongside these savings, to ensure good value for money, the best value and the most economically advantageous tenders were also sought.

8.6 **Recurrent financial savings have already been offered up from sexual health services in Tameside** with the annual budget for chlamydia screening reducing by £15,000 per year going forward from 2020/21.

8.7 **Financial Benchmarking -** In September 2020, Population Health worked with Grant Thornton to conduct a review of financial investment in sexual health services when benchmarked against other local authorities in GM and our nearest statistical neighbours. This work has highlighted that our current levels of investment are classed as 'Very Low' when compared to GM and statistical neighbours. In both groups, the lowest amount of spend per head of total population is £2.40. Tameside come just above that with spend of £2.42 per head. This is among the lowest investors with the highest in GM being £6.84 per head and the highest among our statistical neighbours being £4.87 per head.

8.8 **The current investment in the integrated sexual health service represents one of the lowest levels of spend across GM.** Looking in more detail at comparative spend of the integrated sexual health services across GM, which are commissioned and structured in a similar way, we currently have the joint 2nd lowest spend per head (£12) on our integrated sexual health service with only Oldham having lower spend per head (£10). It should be noted

[2] Broadhurst, K. et al (2017) Vulnerable Birth Mothers and Recurrent Care Proceedings: Final Summary Report. Centre for Child & Family Justice Research. Lancaster University.

that Oldham also invest over £100k of additional resource into a separate young person's offer, which is included within our existing integrated service.

8.9 **Outreach for Vulnerable Groups -** The council worked with the provider to divert more resources within the service to clinical outreach. This has enabled nursing staff to see patients in the community, closer to home in more accessible locations. This will address service access issues for some of our most vulnerable communities in areas such as Hattersley and among key groups such as sex workers and homeless people, which were highlighted in the recent Sexual & Reproductive Health Needs Assessment for Tameside (2020). The expansion of this has been supported by the council throughout 2021/22 with one-off funding of £45k for an additional nursing post, however going forward in the new contract, this will be an expectation of the core service to provide 1 WTE clinical outreach nurse, expanding to two posts after the first 12 months.

9.0 ALTERNATIVES CONSIDERED AND DISCOUNTED

9.1 In collaboration with STAR, various options for the procurement process have been considered and discussed. It is felt that the procurement proposal described in section 7 will give the best combination of flexibility, innovation and delivery, and therefore this is the recommended approach.

9.2 **Cease Delivery -** As the provision of open access sexual health services is a mandated function for local authorities, we do not have the option to cease the provision of this service at the end of the current contract period, and this approach would also be highly detrimental to health outcomes in our population in Tameside.

9.3 **Reduced Contract Term -** The option to contract for a shorter term has been considered. Given the 5-year step change model proposed for sexual health system transformation in Tameside, and the increased stability provided by a longer-term contract for providers (eg. Minimising impact of workforce disruption and uncertainty) it has been determined that a longer contract period, with the options for extensions was preferable. This will also enable the provider to deliver service transformation and a whole-system leadership approach in line with delivering the milestones and the 5-year step change. This does not remove the ability of the local authority to suitably hold the provider to account via the 6-month break clause built into the contract, as well as other performance management elements such as the Service Credits approach described in section 7.

9.4 **Reduced Contract Value -** The option to reduce the financial investment in this service has been considered. The preferable approach is to retain the current level of investment throughout the duration of this contract term. Several reasons have been put forward to support this including: the high cost effectiveness of investment into sexual health interventions on wider costs and health outcomes; the high spend and impact of current 'failure demand' in the system including the high abortion rate; the impact of poor sexual and reproductive health outcomes on demand in children's social care such as families with care proceedings; other savings already offered from the recurring chlamydia screening budget (£15k pa); and the baseline analysis showing Tameside as an area with Very Low spend per head on sexual health services compared to similar areas.

10.0 AWARDING GRANT FOR PrEP

10.1 Following the successful Impact Trial for Pre-Exposure Prophylaxis (PrEP), which Tameside took part in, the Department for Health and Social Care (DHSC) rolled out the programme across England during 2020. The programme's aim was to provide universal routine access to PrEP to prevent transmission of HIV, and was targeted towards groups with high risk of contracting HIV including men who have sex with men (MSM), black Africans, and transgender men and women,.

10.2 A grant of £27,804 was awarded to Local Authorities in September 2020 for programme implementation, with conditions meaning that the programme had to be procured from our level 3 sexual health provider, which in Tameside is The Northern service, part of Manchester University NHS Foundation Trust (MFT). On 27th January 2021 Strategic Commissioning Board gave permission to award the grant to MFT.

10.3 On the 16h March 2021, the DHSC confirmed that the PrEP HIV prevention programme is to continue with an increased allocation for 2021/22, due to the recognition of unmet need in local communities. The allocation will be awarded to Local Authorities as part of their overall Public Health grant. The DHSC has also provided a breakdown showing that the PrEP allocation for Tameside for 2021/22 is £68,320[3].

10.4 As in 20/21, we intend to award the majority of this grant to MFT to deliver the PrEP HIV prevention programme, with some held back to cover costs of Tameside residents accessing treatment in other areas and some potentially being awarded to the GM Passionate about Sexual Health (PaSH) partnership, to deliver a holistic HIV prevention programme. The PaSH programme is made up of 3 VCSE partners, Black Health Agency (BHA) for Equality (the lead provider), the LGBT Foundation and George House Trust. The partners deliver a multi-faceted programme of HIV and STI prevention for GM residents and support for those People Living with HIV (PLW HIV), both newly diagnosed and as a long-term condition.

11.0 EQUALITIES

11.1 It is not anticipated that there are any negative impacts on equality and diversity as a result of this proposal. An EIA is in progress. This is a live document, which will continue to be updated on an ongoing basis. See Appendix 2.

12.0 RISK MANAGEMENT

12.1 The approach described in this report will lead to longer-term transformation of the Integrated Sexual & Reproductive Health Service in Tameside. The service model described in this paper will ensure delivery of the 5-year step change model to better support people in Tameside around their sexual and reproductive health and to deliver a more person-centred, preventative model.

12.2 As with any transformation, there are potential risks involved. Work is ongoing across other GM sexual health commissioners, wider stakeholders, and utilising views from recent resident engagement to identify and mitigate against any possible risks. Broad areas to consider are:

- Ensuring that the learning from the work of the current service over recent years is learned from, built upon, and maintained;
- Potential disruption to the service in the event of a change in provider following the re-tender process;
- Risk of high demands in the acute (Tier 3) aspect of the service which places increased pressure on resources required for more developmental, preventative elements of the service as we move through the 5-year step change model
- Ensuring that there is capacity within the market of providers to bid for and deliver this service.

12.3 The potential risks identified will need to be monitored as the service and approach to achieving the 5-year step change are developed. Monitoring and evaluation will also continue after the service is developed to identify any issues early and support the provider to address them.

[3] Public health grants to local authorities: 2021 to 2022 - GOV.UK (www.gov.uk)

13.0 CONCLUSION

13.1 The current integrated sexual & reproductive health service contract comes to an end on 31 March 2022. The above report outlines the proposals for a new service commencing from 1 April 2022 supported by the case for change in the wider system and the proposed transformation for the service going forward.

14.0 RECOMMENDATIONS

14.1 As set out on the front sheet of the report.

Appendix 1

5 Year Step Change in SH

APPENDIX 2

Subject / Title	Sexual & Reproductive Health Offer

Team	**Department**	**Directorate**
Health Improvement	Population Health	Population Health

Start Date	**Completion Date**
March 2021	Ongoing

Project Lead Officer	James Mallion / Pamela Watt
Contract / Commissioning Manager	Linsey Bell
Assistant Director/ Director	Jeanelle de Gruchy

EIA Group (lead contact first)	**Job title**	**Service**
James Mallion	Public Health Consultant	Population Health
Pamela Watt	Public Health Manager	Population Health
Linsey Bell	Commissioning and Contracts Officer	Adults

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.
The Initial screening is a quick and easy process which aims to identify:

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

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

1a.	**What is the project, proposal or service / contract change?**	The proposal is for the transformation and retender of the Sexual & Reproductive Health service, currently delivered as an integrated service combining all aspects of sexual and reproductive health (contraception; advice; STI testing & treatment; HIV), provided by Manchester NHS Foundation Trust. This is an open access offer for all people wishing to access these services in Tameside, whether they are residents of the borough, or not. While this is an open access service offer, the way in which this is delivered in communities (via increased outreach work and community-based spoke clinics) and the role the provider will play as a system leader, will target those in greatest need of support. The new contract will place stronger emphasis on the need for community provision of support (not just in a centralised service model) that is made available and accessible to those with more complex circumstances. This will also include a focus on prioritising delivery of more preventative interventions such as contraceptive assessments, and the prescribing of a full range of contraceptive methods, including long acting reversible contraception (which has a greater efficacy in terms of preventing pregnancy than other forms). The new contract will differ from the existing service offer in that there will be a firm expectation on the provider to host direct service provision in different locations across the borough in the form of 'spoke' clinics (where certain elements of the service will be available) or also in the form of clinical and non-clinical outreach staff resources to support those in the community who are less able to, or do not wish to access physical service locations. Recent resident engagement and wider evidence suggests that those with more challenging needs are more likely to require this type of support. The contract period will be for up to 5 years from 1 April 2022 (with the option of extending this contract for a further 5 years) It is proposed that a new model is commissioned to meet the local population health needs, based on the evidence available.

1b.	**What are the main aims of the project, proposal or service / contract change?**	The main changes to the service are: • To meet population need and the increased demand on sexual and reproductive health services by ensuring the provider in the new contract has a focus on achieving some of the key population-level outcomes (including reducing unintended pregnancies, terminations and under-18 conception; further reducing the late diagnosis of HIV; increasing chlamydia screening rates; reducing STI rates; and increasing contraception usage particularly LARC prescribing) • To hold the provider to account to act as a system leader around sexual and reproductive health across a wide range of partners including acute health services; Safeguarding Partnerships; primary care; tertiary services including HIV treatment; and other community providers such as substance misuse and health improvement services. • To ensure a more community and prevention focussed approach with direct access to services across the borough either in neighbourhood-based physical locations offering elements of the SRH service, or via a clinical and non-clinical outreach offer to target those in need of more support and less likely to access centralised services. • To support delivery of key objectives in the Tameside & Glossop Corporate Plan. Specifically relating to ensuring children have the very best start in life, with as many pregnancies as possible being planned and reducing the number of under-18 conceptions; and people living healthier lives with reduced health inequalities across our population by increasing prevention and access to services to improve the wellbeing of our population and increase physical and mental healthy life expectancy.

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.

Protected Characteristic	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Age		✓		There will be no change to the age the service is directed towards.

				Though the targeted outreach and spoke clinics may make the service more accessible to some younger people
Disability		✓		The service is open to all and there will be no change in how people with a disability access the service. However, an improved locality offer may reduce travel issues.
Ethnicity			✓	The service is open to all and there will be no change in how people from different ethnic groups access the service.
Sex		✓		The service is accessible for all ages and sex groups – however some targeted elements of service development such as increased delivery of long acting contraception will be more targeted to address inequities in access for females
Religion or Belief			✓	The service is open to all and there will be no change in how people

				with different religions or beliefs access the service.
Sexual Orientation		✓		The service is open to all, however certain programmes that target men that have sex with men (MSM) should be easier to access.
Gender Reassignment			✓	The service is open to all and there will be no change in how people that are undergoing, or have undergone, gender reassignment access the service.
Pregnancy & Maternity		✓		There will be little change for those that are already pregnant, however it should be easier for people to access contraception immediately after birth.
Marriage & Civil Partnership			✓	The service is open to all and there will no change in how people with different marriage or civil partnership status will change.
Other protected groups determined locally by Tameside and Glossop Strategic Commission?				
Group (*please state)*	**Direct Impact/Relevance**	**Indirect Impact/Relevance**	**Little / No Impact/Relevance**	**Explanation**

Mental Health		✓		Although the service is open to all, improved access and links with partner agencies should help to improve access for people with mental health issues.
Carers			✓	The service is open to all and there will be no change in carers' access to the service.
Military Veterans	✓			Although the service is open to all, improved partnership working and targeting of vulnerable groups such as military veterans, should improve access for this group.
Breast Feeding			✓	The service is open to all and there will be no change in access to the service for those that breastfeed.
Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? (*e.g. vulnerable residents, isolated residents, low income households, those who are homeless)*				
Group (*please state)*	**Direct Impact/Relevance**	**Indirect Impact/Relevance**	**Little / No Impact/Relevance**	**Explanation**
Socio economic deprivation and areas of high deprivation	✓			The service is open to all, but an improved offer in more local communities will enable

				increased access in some of Tameside's more deprived communities.
Homeless	✓			Although the service is open to all, improved partnership working and targeting of vulnerable groups such as the homeless, should improve access for this group.
Looked after, and other vulnerable, children (LAC) and young people	✓			Through increased partnership working and specific outreach to vulnerable children and adults, should improve access to the service for this group.
Men and women selling sex	✓			Although the service is open to all, improved partnership working and targeting of vulnerable groups such as people selling sex, should improve access for this group.

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

1d.		**Yes**	**No**

	Does the project, proposal or service / contract change require a full EIA?	✓	
1e.	**What are your reasons for the decision made at 1d?**	The new service will aim to improve access for the general population, but will also have an improved offer for vulnerable people and those with complex needs. This will be achieved by the new provider working more closely with local agencies and provider more services in local communities rather than from a single centralised hub. As this means there will be a direct impact/relevance (albeit a positive one) to several groups with protected characteristics, a full EIA is required.	

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

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary

The provider for Tameside's Sexual and Reproductive Health (SRH) Service is Central Manchester Foundation Trust (MFT). They began delivering against this contract in 2016, and after a contract extension due to COVID, the contract is now due to go out to tender. The new contract will begin 1st April 2022.

The service specification will contain a similar core clinical content to the previous contract, due to the clinical nature and quality standards required from a specialist sexual and reproductive health service. However, the specification also contains a wider vision and challenge for the new provider. There is a requirement to provide increased access for local people, including four spoke clinics, one in each of the PCN areas. These spoke clinics will not offer the specialist Tier 3 services which will continue to be available at the main clinic at the Orange Rooms in Ashton-Under-Lyne. However, the spoke clinics will be able to offer level 1 and 2 services such as contraception advice and STI testing.

There is also the requirement to provide additional training of staff from the wider sexual and reproductive health system, such as primary care professionals. This will help to improve access to contraception in particular.

The service will increase its offer for particularly vulnerable groups who may not access any sexual or reproductive health services at the specialist clinic or general practice. Clinical nurse led outreach will be available to meet this demand and work in partnership with existing programmes and agencies that support vulnerable groups such as homeless, sex workers, LAC, military veterans etc.

The new provider will be asked to be a system leader, working in partnership with stakeholders such as primary care, third sector, patient groups etc. They will look at how best to work together to improve the sexual and reproductive health outcomes of Tameside residents.

We would expect that any service commissioned by Tameside MBC should aim to uphold equality, diversity and inclusion. The definitions for equality, diversity, and inclusion are as follows:

- **Equality** is making sure everyone is treated fairly and given an equitable chance to access opportunities. The notion of equality or equal opportunities is not about treating everyone the same, it's about levelling the playing field to address the different needs individuals may have, in order to achieve the same outcomes.
- **Diversity** is recognising and valuing individuals as well as group differences. It also means treating people as individuals, placing positive value on the diverse aspects they bring as a result of belonging to a certain personal cultural, linguistic religious, faith or background characteristic.
- **Inclusion** is seen as a universal human right. The aim of inclusion is to embrace all people irrespective of any of the protected characteristics giving equal access and opportunities and getting rid of discrimination and intolerance. This means removal of barriers.

A number of protected groups are vulnerable to sexual and reproductive ill health and the associated outcome such as unintended pregnancy, illness and disease. The issues to be considered for each group pf people are described in section 2b.

Section 2c goes on to explain how these impacts will be mitigated within the new service. The key actions the new service will be required to deliver:

- Improved access for local residents by offering spoke clinics for level 1 and 2 services in each of the 4 neighborhoods in Tameside. This will help reduce potential barriers such as having to travel to access the service and the time cost associated with travel.
- Improved clinical outreach, particularly for Tameside's vulnerable groups. This is of particular relevance for safeguarding Tameside's vulnerable young people, but is also relevant to vulnerable adults.

These commissioning intentions will be included and in the forthcoming tender process, with the new service beginning delivery on 1st April 2022. The KPIs and service milestones, outputs and progress will be monitored quarterly and amended as necessary.

2b. Issues to Consider

Age Relevant issues for young people include potential travel, costs, times venues are available and how information is available. Young people are proportionately more likely to access specialist SRH services that other age groups. The under 18s conception rate in Tameside is much higher than in England, suggesting a greater need for effective contraception.

Disability This broad category includes people with physical and sensory impairments, mental health problems and long-term conditions (including learning disabilities). There is no need for a person to have a medically diagnosed cause for their impairment. Relevant issues include potential travel, costs, and times venues are available and how information is available. For certain groups, changes of venues and personnel will have a more profound impact than for some other groups. There may also be issues about the need for some people to be able to access services in their own home and this will require an understanding of the impact of this on individuals.

Ethnicity Race describes physical characteristics, while ethnicity encompasses cultural traditions such as language and religion, playing pivotal and socially significant roles in individual's lives. These aspects of our identity inform how we see ourselves and the world, how others see us, and how we relate to each other. There are a number of relevant issues including cultural barriers to accessing services especially for women. Some women, including Refugees and Asylum seekers, may require to be seen by female health professionals. Language barriers and general lack of information for these groups is also relevant. Female Genital Mutilation (FGM) is also an issue of concern. Sexual health services are advised to ensure that HIV tests are offered and recommended to all eligible attendees, especially MSM, black Africans and

attendees born in countries with a diagnosed HIV prevalence >1%. However, fewer people in Tameside who were eligible to be tested for HIV, were tested compared to the average for England.

Sex The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in all settings was lower in Tameside compared to England. The total abortion rate in Tameside is also higher than in England, indicating an unmet need for contraception. Also there may be a delay in access to emergency contraception is if is not available from all pharmacies, or if a qualified pharmacists was not available.

Religion or belief For some communities there are strong religious beliefs and practices that may mean, for example, there additional support needed when faced with issues of pregnancy abortion, contraception, female genito-mutilation or HIV.

Sexual orientation It is estimated that between 5 and 10 percent of the UK population define themselves as gay and lesbian. It is recognised that people who are lesbian, gay or bisexual may experience prejudice, discrimination and disadvantage as a result of their sexual orientation. Research shows that sexual orientation and gender identity play an important role in health inequalities, resulting in poor experience in the provision, and take up of health services by the LGBT community. Research also shows that due to fear of discrimination, homophobia and ignorance; older gay, lesbian and bisexual people are five times less likely to access services than the general older population. The LGBT+ community can sometimes feel that services do not understand their specific needs and requirements, so a more inclusive, sensitive and understanding approach is needed. However, sexual health services are advised to ensure that HIV tests are offered and recommended to all eligible attendees, especially MSM, black Africans and attendees born in countries with a diagnosed HIV prevalence >1%. However, fewer people in Tameside who were eligible to be tested for HIV, were tested compared to the average for England.

Gender reassignment Data relating to gender identities is not well understood. The Equality Act 2010 provides a legal framework to protect the rights of individuals with 'protected characteristics' and advance equality of opportunity for all. To be protected, there is no need to have undergone treatment or surgery and the person can be at any stage in the transition process – proposing to, or undergoing a process to reassign your gender, or have completed it. Relevant issue may relate to accessible venues where individuals feel safe and understood. Lack of these can lead to increased physical problems and mental health issues.

Pregnancy and maternity A key issue can be waiting times for access to some services, or ensuring contraception, especially long term contraction, is available before the post-natal period ended.

Marriage and civil partnership Covered by other characteristics and no legal issues.

Carers Being a carer can be rewarding and fulfilling. However, it can also be physically and emotionally exhausting and can lead to negative health consequences, as well as social isolation. Being a carer may also make accessing services more difficult, as it may be harder to commit to activities and sessions. Carers may be impacted upon because of transport and timing of clinics etc.

Military Veterans Specific groups of veterans may also have different health needs. For example, there is evidence that: older veterans (those born before 1960) appear to be at higher risk of smoking-related cancers and cardiovascular diseases; and veterans who left service early appear to be at higher risk of a range of poor outcomes, including mental illness, alcohol and substance misuse, homelessness, and unemployment. Relevant issues relate to cost, travel, disability and the mental health, all of which may reduce the ability of military veterans to access centralised specialist hubs.

Breast feeding Services should be breastfeeding friendly. Other issues are covered by other characteristics.

Socio-economic deprivation Tameside population has areas where the population is at higher risk of social issues such as unemployment, poverty, poor housing and debt. These can lead to low mental and physical wellbeing, in addition to a higher risk of engaging in unhealthy and risky behaviours, which has further negative impacts on mental and physical health. So along with possible increased demand, there are barriers to accessing services such as services close to home and cost of travel.

Homeless Relevant issues relate to cost, travel, disability and mental health, as well as barriers to accessing health and social care services caused by not having a fixed address.

Looked after, and vulnerable, children and young people Looked after and vulnerable children are more likely to have access issues relating to cost and travel compared to other children and young people. In addition, they are more vulnerable to safeguarding issues. It is important that they receive holistic sexual health services to prevent STIs and unintended pregnancies, but that they also receive effective support to keep them safe from harm.

Sex workers Sex workers can experience stigma and discrimination and the focus of services can often be HIV and STI testing, rather than comprehensive SRH services. Stigma has also been found to prevent sex workers from accessing care and support, because of fears and experiences of being judged or reported to the authorities.

2c. Impact/Relevance

Age – The aim of the new service is improve access for all, which will result in improved access for young people. This will be achieved by setting up spoke clinics in each neighbourhood area, increasing clinical outreach provision, and improving access to contraception in particular. The new service is specifically asked to be responsive to the needs of residents from groups at high risk of sexual ill-health including young people.

Disability – The new service will be committed to ensuring the protections of the Disability Discrimination (Amendment) Act 2005. The aim of the new service is improve access for all, and although the service is not specifically defined as being for people with disabilities, the service will give support and makes reasonable adjustments. The new service is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc. This will be achieved by setting up spoke clinics in each neighbourhood area and increasing clinical outreach provision. It is expected that the clinical outreach will work in partnership to address the sexual health needs of protected and vulnerable characteristic groups such as disabled people. However, assessment of the location to the needs of the person will be given consideration e.g. ramp access, toilet facilities, parking, noise levels. It is also important to consider appointment times and length of the appointment.

Ethnicity – Although the new service aims to improve access for all, however, the new service is specifically asked to be responsive to the needs of residents from groups at high risk of sexual ill-health including people from Black African communities and is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc. The outreach function (clinical and non-clinical) will look to improve access from those from BAME communities generally, but specifically the Black African community.

Sex - The new service will continue to provide support regardless of sex, however it is mostly women that seek access for contraption and the new service seeks to improve the availability of

effective contraption by providing more local clinics and increasing the training available to professionals.

Religion or belief - The new service will provide support regardless of religion or belief. To improve accessibility for people from all religions, some communities may need gender-sensitive support, for example, providing women-only sessions or groups.

Sexual orientation – The new service is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc, and is specifically asked to be responsive to the needs of residents from groups at high risk of sexual ill-health including MSM. The new service will work with organisations such as the LGBT Foundation to ensure the service is meeting the needs of the local population.

Gender reassignment – The new service is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc. The new service will be accessible to people of all gender identities. It will be respectful when using pronouns to ensure they are consistent with how the person identifies.

Pregnancy and maternity – Improved access and outreach will help new mothers access sexual health services, such as effective contraception as appreciate. There are no anticipated negative impacts as a potential change in provider.

Marriage and civil partnership - The new service is asked to be respectful of the needs of patients irrespective of age, gender, ethnic origin, sexual orientation, relationship status, disability or ability etc. The new service will see everyone, regardless of marital or civil partner status. There are no anticipated negative impacts as a result of the potential change in provider.

Carers - The new service is expected to continue to see carers and further develop links with other services and work in partnership, e.g. with Tameside Carers' Centre, and therefore may have a positive impact on this characteristic.

Military Veterans - The new service will see everyone, including military veterans. The outreach functions (clinical and non-clinical) will align to the principles of the Tameside Armed Forces Covenant and the new service will make stronger links and work in partnership with Tameside Armed Forces Community (TASC) to ensure it is meeting the needs of this group.

Breast feeding - The new service will see everyone, including breastfeeding women. There are no anticipated negative impacts as a result of the change of service. The service will have an awareness of where it is delivering sessions, and will support women to breast feed.

Socio-economic deprivation –The new service will be proactive in targeting services to areas of deprivation when choosing sites for its spoke clinics and directing its clinical and non-clinical outreach.

Homeless The new service will see everyone, including homeless people. Barriers to services are of particular relevance to this vulnerable group. The outreach functions (clinical and non-clinical) will seek to link with existing agencies to work with homeless people and better meet the needs of this group.

Looked after, and vulnerable, children and young people - The provider will ensure that members of staff are aware of their legal responsibilities in relation to safeguarding children and young people aged 13-15 and for children aged 12 and under as described in the Sexual Offences Act 2003 including the provisions relating to Abuse of a Position of Trust. They will raise safeguarding concerns and work with key safeguarding partners. This will be an essential part of the clinical outreach function.

Sex workers - The new service is specifically asked to be responsive to the needs of residents from groups at high risk of sexual ill-health including people selling sex.

2d. Mitigations *(Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)*	
Assess providers ability to give fair and equitable access	A core function of the new service will be its ability to engage with people at high risk of sexual health inequalities. This will be assessed through the tender process, including assessment of their ability to give fair and equitable access to people with protected characteristics. This will review how they would identify and remove barriers in order to be inclusive; and how they will reach out to those at risk of/experiencing sexual health inequalities.
Ensuring equitable access to services	The Equality Impact Assessment is an ongoing process that will be reviewed regularly at Contract Performance meetings.
Ensuring positive outcomes are maintained	Any positive impacts that are identified will be recorded, and monitored.
Any negative equalities impacts are continuously identified throughout the procurement and contract period	Any negative impacts that are identified will be recorded, and appropriate action is taken to address these

2e. Evidence Sources

Contract monitoring report MFT, 2019/20

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Disability Discrimination (Amendment) Act 2005 https://www.legislation.gov.uk/ukpga/1995/50/contents

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Tameside MBC. Tameside's partnership approach to improving recording of military service in primary care records. Available online at: https://www.tameside.gov.uk/TamesideMBC/media/EmploymentandSkills/TASC-GP-Recording-of-Military-Service-document-2019-V4_2.pdf

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Thomson R. and Katikireddi S (2019) Improving the health of trans people: the need for good data. Lancet; 4(8)

The Global Network of Sex Work Projects (NSWP) Sex workers' access to comprehensive sexual and reproductive health services. https://www.nswp.org/sites/nswp.org/files/cg_sws_access_to_comp_srh_-_nswp_2018.pdf

Sanders, T., Cunningham, S., Platt, L., Grenfell, P. and Macioti, P.G. (2017) Reviewing the occupational risks of sex workers in comparison to other 'risky' professions. https://www2.le.ac.uk/departments/criminology/people/teela-sanders/BriefingPaperSexWorkandMentalHealth.pdf

2f. Monitoring progress		
Issue / Action	**Lead officer**	**Timescale**

Ensuring equitable access to services Ensuring positive outcomes are maintained	James Mallion, Pamela Watt, Linsey Bell	Quarterly
Any negative equalities impacts of the proposal are continuously identified throughout the procurement and contract period – any negative impacts are identified and appropriate action is taken to address these	James Mallion, Pamela Watt, Linsey Bell	Ongoing

Signature of Contract / Commissioning Manager	**Date**
Signature of Assistant Director / Director	**Date**

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