

**STRATEGIC COMMISSIONING BOARD**

**Day: Wednesday**  
**Date: 23 June 2021**  
**Time: 1.00 pm**  
**Place: Zoom Meeting**

Item No.	AGENDA	Page No
1.	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>	
2.	<b>DECLARATIONS OF INTEREST</b> To receive any declarations of interest from Members of the Board.	
3.	<b>MINUTES</b>	
a)	<b>MINUTES OF THE PREVIOUS MEETING</b> The Minutes of the meeting of the Strategic Commissioning Board held on 28 April 2021 to be signed by the Chair as a correct record.	1 - 8
b)	<b>MINUTES OF EXECUTIVE BOARD</b> To receive the Minutes of the Executive Board held on: 14 April, 19 May, 2 June 2021.	9 - 40
4.	<b>2020/21 FINANCE OUTTURN REPORT</b> To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	41 - 128
5.	<b>ONE EQUALITY SCHEME ANNUAL UPDATE 2021</b> To consider the attached report of the Executive Member, Lifelong Learning, Equalities, Culture and Heritage / CCG Co-Chairs / Assistant Director, Policy, Performance and Communications.	129 - 202
6.	<b>DETERMINING THE FUTURE OF THE COUNCIL AND CCG'S WORKFORCE CULTURE</b> To consider the attached report of the Executive Leader / Assistant Director, People and Workforce Development.	203 - 212
7.	<b>ADULT SERVICES COMMISSIONING INTENTIONS 2021-2022</b> To consider the attached report of the Executive Member, Social Care and Health / Clinical Lead, Living Well, Finance and Governance / Director of Adult Services.	213 - 222

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<b>8.</b>	<b>TARGETED NATIONAL LUNG HEALTH CHECKS</b> To consider the attached report of Executive Member, Adult Social Care and Health / CCG Chair / Director of Commissioning.	223 - 238
<b>9.</b>	<b>OFSTED FOCUSED VISIT TO TAMESIDE CHILDREN'S SERVICES &amp; RESPONSE</b> To consider the attached report of the Deputy Executive Leader (Children and Families) / Director of Children's Services.	239 - 256
<b>10.</b>	<b>URGENT ITEMS</b> To consider any items the Chair considers to be urgent.	

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

## STRATEGIC COMMISSIONING BOARD

28 April 2021

Comm: 1.00pm

Term: 1.55pm

**Present:**

- Dr Ashwin Ramachandra – NHS Tameside & Glossop CCG (Chair)
- Councillor Brenda Warrington – Tameside MBC
- Councillor Warren Bray – Tameside MBC (part meeting)
- Councillor Gerald P Cooney – Tameside MBC
- Councillor Bill Fairfoull – Tameside MBC
- Councillor Leanne Feeley – Tameside MBC
- Councillor Allison Gwynne – Tameside MBC
- Councillor Joe Kitchen – Tameside MBC
- Councillor Oliver Ryan – Tameside MBC
- Councillor Eleanor Wills – Tameside MBC
- Steven Pleasant – Tameside MBC Chief Executive & 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 Butterworth	Director of Adults Services
Ian SaxonJayne	Director of Operations and Neighbourhoods
Traverse	Director of Growth
Jeanelle De Gruchy	Director of Population Health
Tom Wilkinson	Assistant Director of Finance
Ian Duncan	Interim Assistant Director of Finance
Sarah Threlfall	Assistant Director, Policy Performance & Communication
Ilys Cookson	Assistant Director, Exchequer Services
James Mallion	Consultant - Public Health
Elaine Richardson	
Catherine Moseley	Head of Access Services
Dr Naveed Riyaz	Tameside & Glossop – Urgent Care Lead

### 106. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

### 107. MINUTES OF THE PREVIOUS MEETING

#### RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 24 March 2021 be approved as a correct record.

### 108. MINUTES OF THE EXECUTIVE BOARD

#### RESOLVED

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

## **109. CONSOLIDATED 2020/21 REVENUE MONITORING STATEMENT AT 28 FEBRUARY 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 28 February 2021 and forecasts to 31 March 2021.

It was reported that as at Month 11, the Strategic Commission was forecasting a net underspend of £0.204 by 31 March 2021. This was a small overall deterioration on the position reported at month 10 and reflected the reduced surplus on CCG budgets which was previously offsetting a larger overspend on Council Budgets. As further COVID funding continued 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.

It was reported that whilst the overall forecast position remained broadly positive compared to the position earlier in the year, there remained significant variances in some service areas which were not attributed to COVID and which presented ongoing financial risks for future years.

### **RESOLVED:**

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

## **110. UPDATE ON PROVISION OF SOCIAL WELFARE INFORMATION AND ADVICE AND SPECIALIST EMPLOYMENT ADVICE**

Consideration was given to a report of the Executive Member, Neighbourhoods, Community Safety and Environment / Executive Member, Adult Social Care and Health / Clinical Lead, Starting Well / Assistant Director, Operations and Neighbourhoods, explaining that the Council had a contract with Citizens Advice Tameside for many years to deliver generalist social welfare advice and specialist employment advice.

It was explained that 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. 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 had taken longer than envisaged to get to a position of being tender ready and this was due in part to the current climate during the Covid-19 pandemic, but this had been further exacerbated by the nature of the contract and the fact that this was the first time the service has been tendered.

The 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. 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 was 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.

Members were advised that permission had 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 was 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.

## RESOLVED

- (i) That the current situation with the tender process and the difficulties encountered in meeting the tender commencement date of 1 April 2021 be noted;
- (ii) That approval be 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) That approval be granted to tender the provision of generalist social welfare information and advice and specialist employment advice for a period of 2.5 years;
- (iv) That approval be 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; and
- (v) That authority be delegated to the Director of Operations and Neighbourhoods to award the tender and enter into all necessary contract arrangements.

## 111. URGENT AND EMERGENCY CARE BY APPOINTMENT

A report was submitted by the Executive Member, Adult Social Care and Health / CCG Co-Chair / Urgent Care Lead / Director of Commissioning, providing an update on the development of Urgent and Emergency Care by Appointment in Tameside and Glossop.

Dr Riyaz, Tameside & Glossop Urgent Care Lead, presented the report and explained that 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*'. The Next Steps on the Five Year Forward view 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.

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.

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.

The Royal College of Emergency Medicine released a position statement on 6 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

Members were informed that, 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.

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)

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.

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 NWS 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.

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 the vision for people who needed urgent care. With a key expectation by 2022 that the most appropriate person within primary care (whether this was registered GP practice, dentist, pharmacy or optician or through a Locality-wide service) would 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.

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'.

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 manage Urgent and Emergency Care.

The report concluded that Tameside and Glossop had been able to respond to the national and GM expectation around UEC by Appointment by building on the services already in place. Whilst too early to be assured that there was a positive impact on ED there was evidence that people were able to be supported without the need to attend any service and it was possible to direct people to services that better met their needs. It was expected that over time the services and pathways would develop further to increase the opportunities to ensure people received prompt and effective Urgent and Emergency Care as close to home as possible.

Members welcomed the report and highlighted the importance of communication programmes and the need for a robust evaluation of the users' experience. The way forward in respect of integrated care models was also discussed.

## **RESOLVED**

**That the content of the report be noted.**

### **112. SECTION 31 LOCAL AUTHORITY GRANT FOR ADDITIONAL DRUG TREATMENT, CRIME AND HARM REDUCTION ACTIVITY 2021/22**

Consideration was given to a report of the Executive Member. Adult Social Care and Health / Clinical Lead / Director of Population Health, providing background information on the Section 31 Local Authority Grant for additional drug treatment and harm reduction activity and outlined 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.

It was explained that the GM Drug and Alcohol Strategy 2019-2022 set out a vision to make Greater Manchester a place where everyone could have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol:

The strategy identified 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; and
- Establishing diverse, vibrant and safe night-time economies

Tameside was adopting the GM Strategy locally as it was known that substance misuse harm in Tameside was extensive and was an important factor that adversely affected the overall quality of life and perpetuated inequalities.

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 had 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.

Specialist treatment services in Tameside were commissioned as an all-age integrated substance misuse service. This was currently provided by Change Grow Live, My Recovery Tameside (CGL MRT) and this had been in place since August 2015.

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

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

1. **Universal** – available to all LAs except for those selected to be Accelerator areas. These grants would 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 would receive larger grants. This would 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. It was noted that the specific areas had been selected based on specific needs and Tameside was not one of the areas selected for this element of the programme
3. **Inpatient** – all areas would be able to benefit from grants awarded to regional or sub-regional consortia of LAs for commissioning inpatient detoxification beds. Tameside would benefit from a GM-wide allocation to increase inpatient detox capacity which was currently being developed.

It was reported that Tameside had 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 was one-off funding for the 2021/22 financial year only. Brief details of the areas of work the funding would be utilised for were included in the report and a full cost breakdown was also provided in an appendix to the report.

Members sought assurances that appropriate advice from STAR was obtained to ensure that the procurement of the service was achieved compliantly.

#### **RESOLVED**

**That approval be 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 the report. That approval be 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.**

### **113. TENDER FOR THE PROVISION OF A SEXUAL AND REPRODUCTIVE HEALTH SERVICE**

Consideration was given to a report of the Executive Member, Adult Social Care and health / Clinical Lead/ Director of Population Health, outlining the proposed approach to the re-commissioning of Sexual & Reproductive Health services in Tameside with an annual budget of £1,274,924.

It was reported that Tameside had seen increasing demands in recent years for sexual health advice, contraception, testing and treatment and at the same time continued to have relatively high rates of under-18 conceptions; abortions; and STI diagnoses.

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

The report put forward the evidence of the impact that sexual & reproductive health interventions had on population health outcomes. It also provided value for money and cost benchmarking analyses to make the case for ongoing investment in sexual & reproductive health services, which would return longer-term savings. Therefore, the report sought 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.

The report sought authorisation to tender the service for a new contract to start on 1 April 2022. The total contract value over the five year period was £6,374,620. The Council would co-commission this service with Stockport MBC, who would act as the lead commissioner via a legally binding Inter-authority Agreement and work was underway with STAR procurement to re-tender the service. There was also an additional element of grant funding for the PrEP HIV prevention drug for which there was an allocation of £68,320 for in 2021/22.

#### **RESOLVED**

- (i) That approval be 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 be 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 be given to enter into an Inter-authority Agreement, as advised by STAR procurement, with Stockport MBC; and
- (iv) That approval be 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.

#### **114. URGENT ITEMS**

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

**CHAIR**

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## BOARD

14 April 2021

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

**Also in Attendance:** Dr Asad Ali, Ilys Cookson, Jeanelle de Gruchy Richard Hancock, Alison Lloyd-Walsh, James Mallion, Catherine Moseley, Elaine Richardson Ian Saxon, Jayne Traverse, Sarah Threlfall Sandra Whitehead.

**Apologies for Absence** Councillor Bray and Dr Ashwin Ramachandra

### **248 DECLARATIONS OF INTEREST** **249 MINUTES OF PREVIOUS MEETING**

#### **AGREED:**

**That the minutes of the meetings of Board held on 10 and 17 March 2021 be approved as a correct record.**

### **250 MONTH 11 FINANCE REPORT**

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Lead Clinical GP / Director of Finance, which detailed the eleventh financial monitoring report for the 2020/21 financial year reflecting actual expenditure to 28 February 2021 and forecasts to 31 March 2021.

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

Whilst the overall forecast position was looking broadly positive when compared to the position earlier in the year, there remained significant variances in some service areas, which were not attributed to COVID and which presented ongoing financial risks for future years.

#### **AGREED**

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

### **251 2021/22 SAVINGS MONITORING UPDATE**

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Director of Finance, which provided an update on the savings monitoring exercise for delivery.

Members were advised that if savings of £8.930m were delivered in 2021/22 and a further £4.921m of savings delivered in 2022/23, the Council still faced a forecast budget gap of more than £14m in 2022/23. It was therefore important that the Council embarked on early forward planning for 2022/23 and beyond. In order to meet the challenges of the 2022/23 financial year it was vital that all the proposed savings for 2021/22 were delivered.

It was reported that 13 schemes remain rated as 'RED' with significant risks to delivery. One scheme rated red last month had moved to Amber and one scheme rated Amber moved to red. The value of savings rated red had increased from £0.651m to £0.693m. 20 schemes were rated 'Amber' with some risks to delivery. This was ten fewer schemes than last month as 11 schemes had moved to green and 1 scheme moved from red to amber. The value of savings rated amber had reduced from £3.786m to £2.697m

It was further reported that 43 schemes were rated 'Green' on track for delivery as planned, an increase of ten schemes from last month. The value of schemes rated green had increased from £4.493m to £5.541m. Savings for 2022/23 remained at risk with £5.181m still rated 'RED' and £4.149m rated 'Amber'. This included £4.068m of digital transformation savings rated 'red' where significant further work and capacity was required to enable delivery.

## **AGREED**

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

## **252 CIPFA FINANCIAL MANAGEMENT CODE**

Consideration was given to a report of the Executive Member, Finance and Economic Growth / Director of Finance, which gave details of the new CIPFA Financial Management code and provided an assessment of the Council's current levels of compliance and any areas for further development and improvement.

It was reported that the first year of compliance for the FM Code was 2021/22, however, CIPFA had recognised the extraordinary burden being placed on Local Authorities since the beginning of the COVID pandemic. In a statement issued on 11 February 2021 a proportionate approach was encouraged, meaning that in practice adherence to some parts of the Code would demonstrate a direction of travel rather than full compliance from 1 April 2021.

It was explained that the FM Code established an approach based on six principles of good financial management, supported by 17 standards for compliance, and was therefore not intended to be prescriptive. The six principles covered:

1. **Organisational Leadership** Demonstrating a clear strategic direction based on a vision in which financial management is embedded into organisational culture.
2. **Accountability** Based on medium term financial planning, driving the annual budget process, supported by effective risk management, quality supporting data and whole life costs.
3. **Transparency** At the core of financial management, using consistent, meaningful and understandable data, reported frequently, with evidence of periodic officer action and elected member decision making.
4. **Professional Standards** Promoted by the leadership team, with adherence evidenced.
5. **Assurance** Recognised as an effective tool, mainstreamed into financial management, including political scrutiny and the results of both external audit, internal audit and inspection.
6. **Long-Term Sustainability** At the heart of all local services' financial management processes, evidenced by the prudent use of public resources.

The FM Code translated the principles of good financial management into a series of standards. These standards addressed the aspects of the Council's operations and activities that must function effectively if financial management was to be undertaken robustly and financial sustainability was to be achieved.

Members were advised that an assessment of compliance with the standards in the FM code had been undertaken and was summarised in Appendix 1 to the report. This assessment concluded that the Council was compliant with minimum standards set out in the FM Code but identified some areas for further improvement over the course of the next 12 months.

## **AGREED**

**That Executive Cabinet be recommended to note the content of the report and the improvement actions identified in the self-assessment against the Code requirements, be endorsed.**

## **253 SELF ISOLATION PAYMENTS - DISCRETIONARY POLICY AMENDMENT**

Consideration was given to a report of the Executive Member, Finance and Economic Growth / Director of Growth, detailing the additional funding made available from central government in respect of discretionary self-isolation payments, the expansion of the discretionary policy and the inclusion of parents or guardians of children who had to self-isolate with effect from 8 March 2021. It also detailed the latest mandatory grants payable to businesses to support them in re-opening safely.

It was explained that self-isolation payments commenced in September 2020 for people on low incomes who needed to self-isolate, and were unable to work from home. The scheme was due to end at 31 March 2021 and the government had since extended the self-isolation payment scheme until the end of June 2021.

As at 31 March 2021, 684 people had been paid under the mandatory scheme totalling £342k, and 178 in the discretionary scheme totalling £89k. The mandatory scheme was fully funded by central government, whereas the discretionary scheme was subject to local policy being developed within the funding provided by government. Additional monies had been granted by the government in respect of the discretionary scheme totalling £340,365.87.

The scope of the discretionary scheme may be extended, subject to approval, in line with other Greater Manchester discretionary policies, to remove the eligibility criteria regarding having property costs and a Council Tax liability and to include parents or guardians of children having to self-isolate from 08 March 2021, subject to eligibility criteria being met.

In respect of Restart Grants, it was reported that further monies were available from central government via Restart Grants aimed at supporting businesses in relevant business sectors of non-essential retail, hospitality, leisure, personal care and gym businesses to open safely amid the easing of COVID restrictions. Payment of a one-off lump sum was dependent on rateable value and business sector. The cost of the Restart Grants would be met in full by government by way of a Section 31 grant and new burdens funding would be available. The scheme was to operate from 1 April 2021 and application closure date was 30 June 2021 with final payments having to be made by 31 July 2021.

Government guidance was prescriptive on the information required from businesses to satisfy eligibility checks, and weekly payments recording and post payment assurance was reported to BEIS. A robust process was in place, which was compliant with government guidance and approved by internal audit.

### **AGREED**

**That Executive Cabinet be recommended to approve:**

- (i) That the amendment to the discretionary self-isolation eligibility criteria as detailed in Section 2.9 of the report, be approved;**
- (ii) That the inclusion in the scheme of parents or guardians of children who have to self-isolate be noted; and**
- (iii) That the payment of Restart Grants to eligible businesses in accordance with government guidance, be noted.**

## **254 HOMELESSNESS COMMISSIONING INTENTIONS**

A report was submitted by the Executive Member, Housing, Planning and Employment / Assistant director, Operations and Neighbourhoods detailing Homelessness commissioning intentions for 2021/22. The report set out specific details on service developments that would allow the Council to meet its obligations to deliver a holistic and integrated response to preventing homelessness and increasing the resilience of vulnerable people.

It was explained that the Council's Homelessness Service utilised a range of services to support those who were homeless or at risk of homelessness in the Borough. The service had undergone considerable transformation over the last 2 years and used a broad range of different approaches in order to fulfil the aims of the Council's Preventing Homelessness Strategy.

In 2018, Tameside Council was successful in its bid to the Ministry of Housing, Communities and Local Government (MHCLG) for additional resources to provide new services to prevent and relieve rough sleeping. The funding enabled the Council to develop and review delivery in order to meet the continued demands on services.

The Covid-19 pandemic had also had an impact on both commissioners and providers and services had responded flexibly in making adjustments to deliver Covid-19 safe services. The rapid response to the pandemic had allowed the service to explore the learning and best practice from the crisis to adopt as part of the service review. Additionally, the pandemic also brought some unknowns – specifically the impact on homelessness once the moratorium on evictions had been lifted. The Authority could potentially be facing a significant increase in the number of people and families presenting as homeless from April 2021 onwards and it was important that appropriate contracts were in place to support those in the most need.

Members were advised that the Homelessness service had a range of contracts which enabled the delivery of services to support the homelessness agenda within the borough. The service review had identified those contracts that were due to end and therefore required a decision in terms of future delivery. The service was seeking authorisation to develop, procure and extend those contracts identified as follows:

- Contract for Short Term Accommodation and Support;
- Contract for Accommodation Based Service for People With Alcohol & Substance Misuse Problems/ Provision of a 5 Bed Complex Needs Service for Rough Sleepers/ Contract for Accommodation Based Service for Young People and Care Leavers; and
- Contract for the provision of a Tenancy Support and Compliance Service for Offenders subject to MAPPA and PPO/ Contract for the Provision of a Floating Support and Activities Service for People at Risk of Social Exclusion.

Details of the contracts and proposals going forward, were provided in the report.

In seeking to move towards the proposals as outlined, the commissioners would be seeking to carry out a consultation exercise with the findings and recommendations included in service delivery specifications going forward.

Permission was also being sought to carry out a period of public consultation in respect of the changes, to ensure specifically, that the views of service users were taken into account. The proposed public consultation questions appended to the report.

#### **AGREED**

**That the Executive Cabinet be recommend subject to public consultation in respect of the proposed changes to service delivery, that the following interim arrangements be approved in principle:**

- (i) Development of a short term accommodation model from current contractual arrangements to an enhanced housing benefit model;**
- (ii) Tender for a framework to support call off arrangements for specialist accommodation services outside of the enhanced housing benefit model;**
- (iii) Enter into a contract for the provision of a Tenancy Support and Compliance Service for Offenders subject to MAPPA and PPO where there is no provision in the contract to do so to 30 September 2023; and**
- (iv) Enter into a contract with preferred provider following the tenders, subject to compliance with the Council's Procurement Standing Orders, to provide a floating**

**support and activities service for people at risk of social exclusion where there is no provision in the contract to do so to 30 September 2022.**

## **255      LEVELLING UP BIDS**

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Director of Growth / Assistant Director of Investment, Development and Housing. The report provided an update on the recently announced national Levelling Up Fund (the Fund).

Members were advised that As part of the March 2021 budget, the Government had announced £4.8 billion of 'Levelling Up Funding' ('The Fund') over four years (up to 2024-25), committed to a holistic, place based approach to funding projects and programmes across the country.

The Fund would provide investment in projects that require up to £20m of funding. However, there was scope for the Fund to invest (between £20m and £50m) in larger high value transport projects, by exception.

The first round of the Fund will be open for bids until Friday 18 June 2021 and these would need to be submitted to MHCLG by this date. Decisions on projects supported by the Fund were expected by autumn 2021.

Funding was requested to cover external/professional/Due diligence (DD) costs associated with preparing two green book submissions. The costs were associated with that of putting together detailed comprehensive bids and that of further due diligence costs that would be required in parallel to the submission itself and for purposes of the bid and other requirements as needed such as independent assessment of costs, valuations, and detailed cash-flow and financial profiling, investment structure advice and other aspects around delivery and compliance.

### **AGREED**

**That Executive Cabinet be recommended to:**

- (i) Agree that bids for Ashton Town Centre and Stalybridge Town Centre are prepared for submission and referred back for consideration prior to bid submission date of 18 June 2021.**
- (ii) Agree on the procurement and appointment of Specialist external support through STAR to assist in the preparation and submission of two bids for submission into the Levelling Up Fund.**
- (iii) Approve a budget of up to £0.100m to appoint the aforementioned external support and this budget is approved for all professional fees and costs associated with the preparation and submission of two bids to the Levelling Up Fund. It is proposed that this budget is financed via the residual balance of Covid grant funding received by the Council from the Government in 2020/21 that will be carried forward to 2021/22.**
- (iv) Agree to enter into a Memorandum of Understanding (MOU) and associated Terms of Reference with the owners of the Arcades and Ladysmith Shopping Centres in Ashton Town Centre and establish a Working Group with them to progress proposals for a Levelling Up Fund bid.**

## **256      ST PETERSFIELD FUTURE – COMMISSIONING OF DEVELOPMENT REPORTS**

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Growth / Assistant Director of Investment, Development and Housing. The report provided the next steps in the programme for the redevelopment of St Petersfield in Ashton Under Lyne.

Members were reminded of the St Petersfield Masterplan which identified 7 key office development plots and subsequent changes as a result of the Corona Virus outbreak. Where people had adapted by working from home rather than commuting to the office

As a result of these changes, it was recommended that the Council appoint a Consultant to undertake a study reviewing the deliverability of Grade A office development at St Petersfield. This study should focus on potential demand for office space in the short and long term and identify a quantum that was deliverable within these timescales. Further, with the economy currently in an unpredictable state it would be appropriate to consider the delivery options for each development parcel considering short and long-term possibilities.

Members of the Board were advised that to complement and advance work undertaken to date on St Petersfield the Council has secured Evergreen Grant Funding of £0.127m to part fund a development prospectus and feasibility works to bring the St Petersfield development to the market. The Grant would be match funded by an additional £ 0.127m via the Growth Directorate revenue budget.

It was estimated that a revenue sum of £0.020m was required in order to carry out interim maintenance of the public realm to the St Petersfield area. This work was necessary, as currently, there were no arrangements in place to undertake these public realm works. This interim maintenance was to ensure the area was secure, managed, maintained and monitored.

It was requested that £0.200m of Council funding be carried forward to 2021/22 within Council reserves as there had been no expenditure incurred in 2020/21. This would allow the delivery of the scheme as intended when the budget was allowed as part of the 2020/21.

#### **AGREED**

**That Executive Cabinet be recommended to agree to:**

- (i) Appoint consultants to undertake a study reviewing the deliverability of office development in the area considering both short- and long-term delivery.**
- (ii) Following the review above, appoint a consultant to undertake a Delivery Options Report for each Parcel.**
- (iii) Procure a multidisciplinary team to prepare a Development Prospectus to cover the St Petersfield masterplan area and deliver other tasks associated with the Evergreen Fund.**
- (iv) Approve the budget sum of £0.127m to finance recommendations 1 to 3 which is to be funded via a total available budget of £ 0.327m as set out in table 1 section 8.1. The £0.127m is to be financed in equal proportions via the Growth Directorate revenue budget and Evergreen grant funding (£0.0635m via each funding source).**
- (v) Approve the carry forward of £0.200m of Council funding allocated to the Growth Directorate revenue budget in 2020/21 to 2021/22 via Council reserves for the development of St Petersfield as stated in section 8.1, table 1. This sum is within the total available budget of £ 0.327m.**
- (vi) Approve interim revenue funding (£0.020m) via the aforementioned £0.200m budget in 2021/22 to finance the works stated in section 7 to the public realm in the St Petersfield area whilst a detailed report is prepared considering future**

#### **257 REVIEW OF SCHOOLS PFI CONTRACTS, REFINANCING AND ACADEMISATION PROPOSALS**

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Assistant Director of Finance. The report sought to ensure that all necessary due diligence was completed prior to agreeing to any refinancing, contract variations and academy conversions to ensure value for money for Tameside residents and pupils.

It was reported that there were a number of risks that are associated with the conversion of PFI schools to academy status, as the contractual relationship for delivery remained between the Council and the PFI provider, with a pass through of costs to the academy. This additional layer means that the Council could be put at significant risk for poor service delivery and non-payment by the school.



It was stated that there was the opportunity to combine the three issues by aligning a review of the services and elements of the current contract with the refinancing, this will reduce the costs of dealing with lenders and remodelling work, as costs can be defrayed into the refinancing work. This is also timely following guidance from the Treasury on this type of review.

The contractual review would seek to consider how to reshape the arrangements in a way that would minimise risk to the Council, and provide assurance to the Council, and Schools if the decision was to proceed to converting those schools to academy status.

This work can run concurrently with the proposed refinancing as the level of borrowing would remain the same regardless of the service specification outputs of the contract. The proposed PFI refinancing was expected to save a total of £2.6m for the contract over the remaining life to August 2037, with £1.8m of the benefit falling to the Council and Schools.

Due to the technical nature of this review and the complexity of the contracts, it was recommended that the Council engage in a procurement exercise to source external commercial and financial expertise to support the due diligence process in relation to the refinancing, contract review and academisation process.

Further to the due diligence exercise, the Council would consider the PFI refinancing proposals as put forward by Amber Infrastructure Ltd as Managed Service Provider and Shareholder of Inspired Spaces (Tameside) Ltd project company 2.

The cost of the review should be funded from any savings realised from the review process therefore would not cause any further pressures on the Council's financial position and would be met from the PFI reserves.

#### **AGREED**

**That the Executive Member for Finance and Economic Growth be recommended to agree that:**

- (i) The Council consider the PFI refinancing proposals as put forward by Amber Infrastructure Ltd as Managed Service Provider and Shareholder of Inspired Spaces (Tameside) Ltd project company 2.**
- (ii) The Council engage in procuring external commercial and financial expertise in supporting the due diligence process in relation to the refinancing, contract review and academisation process to enable decisions to be made at a later date.**
- (iii) The cost of the review, due diligence and legal fees should be funded from any savings realised from the review process therefore not causing any further pressures on the Council's financial position and will be met from the PFI reserves.**

#### **258 SEN HOME TO SCHOOL AND VULNERABLE ADULTS TRANSPORT, ADOPTION NEWPURCHASING SYSTEM (DPS) FRAMEWORK CONTRACT (3.00PM)**

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Executive Member for Adult Social Care and Population Health. The report sought authorisation to allow the new DPS Framework to be used and to enter into contract arrangements with the successful bidders for mini competitions to provide SEN and Vulnerable Adults transport on the Council's behalf.

The Director of Operations and Neighbourhoods explained that the Council's current framework contract for the supply of all its external transport provision for Education (SEN), Social Care and Health and Adult Services, expired October 2020. The contract was operating under a 12-month extension period, which would expire October 2021.

In partnership with the Council's procurement partners STAR and Trafford, Rochdale and Stockport Councils, the service took part in a joint tendering exercise to implement a new joint Dynamic Purchasing System (DPS) Framework Contract for the provision of SEN Home to School and Adult

Services Transport. This new framework would allow the Council to legally procure its SEN and Adult Services transport needs for the 6 year period 2020 to 2026. This DPS would operate on a 4+1+1 basis that was an initial 4 years followed by two 1 year extensions.

This would be achieved through mini competitions for routes/contracts run through the DPS framework, with a view to obtaining savings. It was estimated that the Council will expend approximately £25.898m on providing statutory SEN and Adult Services transport over the 6 year period. This value was provided as a guide and was not a fixed contractual commitment over this period.

It was estimated that the Council would expend approximately £25.898m on providing statutory SEN and Adult Services transport over the 6 year period. This value was provided as a guide and was not a fixed contractual commitment over this period.

**AGREED:**

**That the Executive Member for Neighbourhoods, Community Safety and Environment / Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Executive Member for Adult Social Care and Population Health be recommend to determine that authorisation is granted to enter into the Dynamic Purchasing System (DPS) Framework Contract as provided for by STAR, for the provision of SEN Home to School and Adult Services Transport.**

**259 AUDENSHAW SCHOOL: CONVERSION WORKS**

Consideration was given to a report of the Executive Member, Lifelong Learning, Equalities, Culture and Heritage / Executive Member, Finance and Economic Growth / Director of Growth, explaining that Audenshaw High School increased its published admission number through the statutory consultation process with effect from September 2021, from an intake of 210 to 240 per year and also agreed to take 240 pupils from September 2020. The growth in demand for high school places, was as a result of increased birth rates in the local area and across Tameside.

It was reported that the school was able to accommodate the additional pupils admitted in September 2020 using surplus accommodation, following of the closure of its sixth form provision in June 2018. The sixth form block was therefore refurbished in August 2020, as part of Phase 1 of the expansion works. However, as the block was designed for smaller sixth form groups, three rooms remained undersized and could not accommodate standard sized class groups. Structural internal modelling was required to provide ten standard sized classrooms for general teaching. In addition, there was a requirement to remodel three spaces in the science block to create two additional science laboratories and a new food technology room to enable the increase in pupils to access sufficient facilities for the increased numbers.

The project represented good value for money by remodelling and repurposing existing rooms in the school rather than constructing brand new accommodation. The Executive Cabinet approved a budget of £1,311,000 for the project at its meeting on 29 July 2020.

This report sought permission to enter into a Design and Build Contract with inspired spaces Tameside Limited (LEP) to deliver the project and also enter in a joint Deed of Appointment with the LEP and Currie and Brown who would be the Independent Certifier, for the project.

An executive summary of the independent value for money report required before entering into any contract with the LEP was attached at **Appendix 1** to the report.

**AGREED:**

**That Executive Cabinet be recommended to approve the following:**

(i) **A Design and Build contract is entered into with the LEP, to deliver the Audenshaw High School Expansion project in the sum of £1,067,161 to remodel the former sixth form block to create ten standard, general teaching rooms and also remodel existing rooms in the science block to create two brand new science laboratories and a new food technology room on the basis of the following:**

- **The price is inclusive of any cost increases which may be due to Covid 19;**

- Design works procured through the Tameside Additional Services contract (TAS) are included in warranties provided by the LEP under the Design and Build Contract, to ensure that the Council is adequately protected ; and
  - Liability of the LEP is capped at ten times the value of the works
- (ii) To enter into Deed of Appointment with the LEP to procure the services of Currie and Brown to fulfil the role of Independent Certifier for the contract in the additional sum of £8,550.
- (iii) A virement between the unallocated basic need budget and this project for a further £62,448.

## **260 ACCEPTANCE OF GRANT MONEY AWARDED FROM THE PUBLIC SECTOR DECARBONISATION FUND**

Consideration was given to a report of the Executive Member for Finance and Growth / Assistant Director of Strategic Property. The report detailed the award, grant conditions of the public sector decarbonisation fund and the building which would utilise the funding.

Members were advised that the Council were required to formally agree to monies being awarded via grant schemes to be utilised for the identified purpose of the award. An agreement in principle to accept the award was agreed at Executive Cabinet on the 16 December 2020.

The grant bid and scheme had been coordinated by the Greater Manchester Combined Authority, the grant award had been made from the Department of Business, Energy and Industrial Strategy (BEIS) via SALIX Finance acting as the auditing body. The grant award had been made directly to GMCA on behalf of 13 organisations. The Council was required to enter into a contract with GMCA to draw down the grant funding to Tameside.

The funding would be utilised to install measures in the buildings across Tameside's asset portfolio. The delivery of design works and installation of measures would be undertaken via the Council's arrangement with the LEP, Robertson and the associated supply chain utilising the Tameside Additional Services Contract (TAS).

### **AGREED:**

**That the Executive Member for Finance and Growth be recommended to determine that:**

- (i) The Council agree to accept the funding valuing £2,238,604 from the Public Sector Decarbonisation Fund (PSDS) award to be utilised for the identified purpose of the award.
- (ii) That the Council agree to entering into a contract with the Greater Manchester Combined Authority for the purposes of disbursement of funding in relation to the PSDS award.
- (iii) That the confirmed grant funding value and related decarbonisation scheme is included within the Council's approved capital programme.
- (iv) That the Council agrees that the delivery of design works and installation of measures will be undertaken via the Council's procurement and contractual arrangements with the LEP, Robertson and the associated supply chain utilising the Tameside Additional Services Contract (TAS).
- (v) That the Council notes that the Grant award notification is 8 weeks later than programmed but the end date for spend remains the 30 September 2021.

## **261 UPDATE ON PROVISION OF GENERALIST SOCIAL WELFARE INFORMATION AND ADVICE AND SPECIALIST EMPLOYMENT ADVICE**

Consideration was given to a report of the Executive Member, Neighbourhoods, Community Safety and Environment / Executive Member, Adult Social Care and Health / Clinical Lead, Starting Well / Assistant Director, Operations and Neighbourhoods, explaining that the Council had a contract with Citizens Advice Tameside for many years to deliver generalist social welfare advice and specialist employment advice.

It was explained that 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. It had taken longer than envisaged to get to a position of being tender ready and this was due in part to the current climate during the Covid-19 pandemic, but this had been further exacerbated by the nature of the contract and the fact that this was the first time the service has been tendered.

The report outlined 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. 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 was 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.

Members were advised that permission had 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 was 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.

#### **AGREED:**

**That the Strategic Commissioning Board and Executive Cabinet be recommended to agree:**

- (i) That the current situation with the tender process and the difficulties encountered in meeting the tender commencement date of 1 April 2021 be noted;**
- (ii) That approval be 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) That approval be granted to tender the provision of generalist social welfare information and advice and specialist employment advice for a period of 2.5 years;**
- (iv) That approval be 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; and**
- (v) That authority be delegated to the Director of Operations and Neighbourhoods to award the tender and enter into all necessary contract arrangements.**

#### **262 URGENT AND EMERGENCY CARE BY APPOINTMENT**

A report was submitted by the Executive Member, Adult Social Care and Health / CCG Co-Chair / Urgent Care Lead / Director of Commissioning, providing an update on the development of Urgent and Emergency Care by Appointment in Tameside and Glossop.

It was stated that Five Year Forward View in 2014 recognised that urgent and emergency services needed to integrate more. The Next Steps on the Five Year Forward view 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.

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.

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.

Members were informed that, 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.

It was reported that 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 the vision for people who needed urgent care. With a key expectation by 2022 that the most appropriate person within primary care would 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.

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'.

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 manage Urgent and Emergency Care.

The report concluded that Tameside and Glossop had been able to respond to the national and GM expectation around UEC by Appointment by building on the services already in place. Whilst too early to be assured that there was a positive impact on ED there was evidence that people were able to be supported without the need to attend any service and it was possible to direct people to services that better met their needs. It was expected that over time the services and pathways would develop further to increase the opportunities to ensure people received prompt and effective Urgent and Emergency Care as close to home as possible.

**AGREED:**

**That the report be noted.**

**263 SECTION 31 LOCAL AUTHORITY GRANT FOR ADDITIONAL DRUG TREATMENT, CRIME AND HARM REDUCTION ACTIVITY 2021/22**

Consideration was given to a report of the Executive Member. Adult Social Care and Health / Clinical Lead / Director of Population Health, providing background information on the Section 31 Local Authority Grant for additional drug treatment and harm reduction activity and outlined 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.

It was explained that the GM Drug and Alcohol Strategy 2019-2022 set out a vision to make Greater Manchester a place where everyone could have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol:

The strategy identified 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; and

- Establishing diverse, vibrant and safe night-time economies

Tameside was adopting the GM Strategy locally as it was known that substance misuse harm in Tameside was extensive and was an important factor that adversely affected the overall quality of life and perpetuated inequalities.

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 had 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.

Specialist treatment services in Tameside were commissioned as an all-age integrated substance misuse service. This was currently provided by Change Grow Live, My Recovery Tameside (CGL MRT) and this had been in place since August 2015.

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

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

1. **Universal** – available to all LAs except for those selected to be Accelerator areas. These grants would 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 would receive larger grants. This would 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. It was noted that the specific areas had been selected based on specific needs and Tameside was not one of the areas selected for this element of the programme
3. **Inpatient** – all areas would be able to benefit from grants awarded to regional or sub-regional consortia of LAs for commissioning inpatient detoxification beds. Tameside would benefit from a GM-wide allocation to increase inpatient detox capacity which was currently being developed.

It was reported that Tameside had 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 was one-off funding for the 2021/22 financial year only. Brief details of the areas of work the funding would be utilised for were included in the report and a full cost breakdown was also provided in an appendix to the report.

Members sought assurances that appropriate advice from STAR was obtained to ensure that the procurement of the service was achieved compliantly.

**AGREED:**

**That the Strategic Commissioning Board be recommended to give approval 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 the report. That approval be 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.**

## **264 TENDER FOR THE PROVISION OF A SEXUAL & REPRODUCTIVE HEALTH SERVICE**

Consideration was given to a report of the Executive Member, Adult Social Care and health / Clinical Lead/ Director of Population Health, outlining the proposed approach to the re-commissioning of Sexual & Reproductive Health services in Tameside with an annual budget of £1,274,924.

It was reported that Tameside had seen increasing demands in recent years for sexual health advice, contraception, testing and treatment and at the same time continued to have relatively high rates of under-18 conceptions; abortions; and STI diagnoses.

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

The report put forward the evidence of the impact that sexual & reproductive health interventions had on population health outcomes. It also provided value for money and cost benchmarking analyses to make the case for ongoing investment in sexual & reproductive health services, which would return longer-term savings. Therefore, the report sought 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.

The report sought authorisation to tender the service for a new contract to start on 1 April 2022. The total contract value over the five year period was £6,374,620. The Council would co-commission this service with Stockport MBC, who would act as the lead commissioner via a legally binding Inter-authority Agreement and work was underway with STAR procurement to re-tender the service. There was also an additional element of grant funding for the PrEP HIV prevention drug for which there was an allocation of £68,320 for in 2021/22.

### **AGREED**

**That the Strategic Commissioning Board be recommended to give approval to the following:**

- (i) 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) Award the contract following the completion of a compliant tender exercise , subject to compliance with the Council's Procurement Standing Orders;**
- (iii) Enter into an Inter-authority Agreement, as advised by STAR procurement, with Stockport MBC; and**
- (iv) 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.**

## **265 FORWARD PLAN**

### **AGREED**

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

**CHAIR**

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## **BOARD**

**19 May 2021**

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

**Also in**            **Suzanne Antzobus, Dr Asad Ali, Tracy Brennand, Stephanie Butterworth,**  
**Attendance:**      **Ian Duncan, Nick Fenwick, Richard Hancock, James Mallion, Dr Ashwin  
Ramachandra, Ian Saxon, Jayne Traverse, Sarah Threlfall.**

**Apologies for**      **Councillor Gwynne**  
**Absence**

### **1        DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **2        MINUTES OF PREVIOUS MEETING**

The minutes of the Board meeting on the 14 April 2021 were approved as a correct record.

### **3        FEEDBACK FROM OFSTED VISIT**

Consideration was given to a verbal report of the Director of Children's Services, which provided feedback on the recent OFSTED visit.

The Director of Children's Services explained that elective home educated children and children missing education was a focus for OFSTED due to the number of children missing education and children who had been educated at home due to Covid. It was reported that feedback had been positive and that there were robust systems in place. In regards to the Front Door and the response on acting quickly to protect children, feedback was positive however, it was identified that there were delays for children who needed further checks to decide on the next steps and highlighted concerns over the management oversight.

In regards to children who were subject to ongoing child protection plans, interventions, child in need and child protection positive feedback was received. Further, Ofsted met with care leavers and felt that the Care Leavers were inspirational, Ofsted's feedback on the support that Care Leavers received was good. It was reported that Ofsted met with a group of cared for children, they were happy to see their social workers and foster workers and that the children felt safe. However, the frequency in the change in social workers was raised as an issue.

Ofsted found that on placements, decisions to come into care were appropriate, most children that were looked at were in stable placements that met their needs appropriately, however, Ofsted identified placement pressures. It was found that there were good examples of audits, Ofsted liked the manner in which social workers and managers engaged in reflective discussion in audits. Social workers found auditing had been helpful although audits could be process driven, however, they were lacking in the focus of the child and the lived experience of the child.

It was found that there was a capacity issue within the MASH, but there was good decision making by the management and social workers. It was found that some of the gathering of information by

social workers and management oversight was delayed due to capacity issues. It was reported that social workers liked working for Tameside MBC and that managers were accessible. Ofsted highlighted problems with the with the social care system IT system, some of the elements were not as functional as they could be.

Feedback from Ofsted included feedback from schools, schools reported a good communication with the local authority and relationships social workers. Schools interviewed by OFSTED reported that Tameside MBC had done everything they could to support vulnerable children who had not been to school due to Covid.

The Director of Children's services summarised the feedback by explaining that there were 5 main themes that had arisen from the feedback.

1. The need to move from compliance to quality.
2. Quality and performance and areas to develop.
3. Management oversight.
4. Relationships and engagement with partners.
5. Staffing turnover, workload and capacity.

#### **AGREED**

**That the information provided be noted AND THAT THE Council will receive a letter in due course.**

#### **4 ARRANGEMENTS FOR FORMAL COUNCIL MEETINGS**

Consideration was given to a report of the Executive Leader / Director of Governance and Pensions, which detailed the options available for holding Council meetings following the Government decision to not bring forward the primary legislation needed to extend the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 ("the Flexibility Regulations") beyond 7 May 2021.

The report sought approval for the undertaking of council meetings as proposed in Appendix 1, funding of webcasting equipment via the Covid Grant Funding and recommended that attendance by officers at any meeting should be restricted to ensure health and safety requirements were met.

The Director of Governance and Pensions advised the Board that the Government had confirmed in a letter to all Council Leaders in a letter dated 25 March 2021 from Local Government Minister Luke Hall that The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 ("the Regulations") that enabled local authorities to hold meetings remotely would expire on 7 May 2021.

It was explained that prior to the enactment of the Regulations, the legal position for local authorities in England and Wales as set out in the Local Government Act 1972 required members to be physically present at committee meetings in order to vote. The Regulations provided for various amendments to be made to the Local Government Act 1972 until May 2021.

The Government had further confirmed that as an extension to the regulations would require primary legislation, and that there was insufficient parliamentary time to bring forward emergency legislation to enable remote committee meetings to continue after 7 May 2021.

The Director of Governance and Pensions detailed the proposed method of holding the council meetings scheduled over May and June 2021 at **Appendix 1**. Members were advised that the funding of webcasting equipment such as the hire of cameras would be necessary to enable the webcasting of meetings at Jubilee Hall. This would be met from the Covid Grant Funding.

In addition in order to ensure that health and safety requirements were met, it was recommended that attendance by officers at any meeting should be restricted to the absolute minimum for essential

reporting.

That Council meetings are undertaken as proposed in Appendix 1 subject to Cabinet Members advising as to whether they wish to continued to undertake virtual meetings in some circumstances by delegation of the formal decision making to an Chair/Officer reflecting the wishes of the virtual meeting – such arrangement, which would need to be approved by Council.

#### **AGREED**

- (i) That it is recommended to Council that in order to maintain covid secure access to all members of the GMPF Management & Advisory Panel, which has representatives from all Greater Manchester districts and the Ministry of Justice, following the expiry of the virtual meeting legislation and in line with a letter to all council leaders dated 25 march 2021 from Local Government Minister Luke Hall, that all future meetings of the panel remain virtual until further notice with any formal decisions arising from the published agenda be delegated to the chair of the panel taking into the account the prevailing view of the virtual meeting.**
- (ii) That it is recommended to Council that in order to enable the Clinical Commissioning General Practitioners to take part in decisions of the strategic commissioning board, whilst they continue to support the NHS in dealing with the pandemic that all future meetings of the SCB remain virtual until further notice with any formal decisions arising from the published agenda be delegated to the chair of the SCB taking into the account the prevailing view of the virtual meeting. That the time for SCB/Cabinet will be reviewed to enable members to undertake Cabinet with the necessary travel required.**
- (iii) That the funding of the webcasting and necessary hire and/or purchase of equipment is met from the Covid Grant Funding.**
- (iv) That attendance by officers at any meeting should be restricted to the absolute minimum for essential reporting to ensure health and safety requirements are met.**

## **5 DETERMINING THE FUTURE OF THE COUNCIL AND CCG'S WORKFORCE CULTURE**

Consideration was given to a report of the Executive Leader / Assistant Director for People and Workforce Development. The report detailed the opportunity that the Council and CCG had to create a new culture and new normal which would provide the right balance between productivity and inclusivity whilst meeting the needs of the workforce to achieve a better work life balance. Further, the report proposed engaging with external 'People Architects' to create a new working model quickly, preventing a shift back to pre Covid ways of working.

The Assistant Director for People and Workforce Development explained that in order to 'build back better' post COVID, experiences over the last 12 months must be learnt from. This intelligence would help create a working culture that would have the right balance between how the staff had worked during Covid and a hybrid approach which would maximise productivity whilst meeting the needs of the workforce to achieve a better balance between work and home life.

Members of the Board were advised of national surveys and more recent feedback from workplaces in March 2021, summarised in the Chartered Institute of Personnel Development (CIPD). It was explained that it was pivotal that any working model created was based on the experiences and feedback from our staff and managers, balancing pros and cons whilst ensuring the needs of our business and residents was prioritised.

Members received a detailed breakdown of the survey of staff and managers about homeworking. The internal survey found that 72% of staff felt their normal job could be carried out from home and Over half of people would like to work from home permanently, a quarter were not sure, and a quarter would not choose to.

In addition to the survey completed by staff and managers, People and Workforce Development attended management teams to gather manager views on the current working model and future

aspirations post-COVID. Managers were clear that they did not envisage returning to pre-COVID ways of working. They recognised that working differently had significant benefits for individuals and the organisation.

Members of the Board were advised of the benefits of a hybrid workforce including a better work-life balance, increased productivity, improved service delivery, better recruitment, decreased sickness absence, reduced estates costs, reduced mileage costs and CO2 emissions and better mental and physical wellbeing.

It was proposed that considering the importance and widespread implications of this work that external specialists in workforce architecture be procured to assist in developing a new post COVID workforce model of the future for the Council and CCG.

#### **AGREED**

**That the Strategic Commissioning Board be recommended to approve the concept and introduction of Hybrid Working across both the Council and CCG approve:**

- (i) the principal and introduction of Hybrid Working across both the Council and CCG**
- (ii) that there will not be an immediate return to full time office based working seen prior to the COVID pandemic following the relaxation of lockdown measures and that an appropriate plan will be developed which increases productivity, inclusivity and supports a reduction in our estate.**
- (iii) an initial investment of £50k to procure through STAR external specialists in workforce architecture to develop options for a new post COVID working model that increases productivity, inclusivity and supports a reduction in our estate.**

## **6 STATEMENT OF COMMUNITY INVOLVEMENT**

Consideration was given to a report of the Executive Member for Housing, Planning and Employment / Director of Growth. The report detailed the proposals to update the SCI to reflect the change in narrative and terminology around joint planning of the nine boroughs and 'Places for Everyone'.

Members were advised that the current SCI was adopted 2 November 2020 following comprehensive review and a 6 week period of public consultation. Permanent changes were proposed were proposed in the 2020 update, which were reflective of the significant changes in how people are interacting physically at that time.

It was explained that this 2021 update however, represented a technical amendment and followed the decisions of Stockport Council (3 and 4 December 2020) not to approve the submission of the Greater Manchester Spatial Framework (GMSF), following the intended consultation period and not to publish the GMSF 2020. This in effect signalled the end of the GMSF as a joint plan of ten Greater Manchester Boroughs.

It was further explained that the updated SCI was presented for approval to be published which had been prepared to reflect changes in preparing a joint plan of nine boroughs through Places for Everyone. Due to the technical nature of the update, recent comprehensive review following consultation and no statutory or local commitment to do so, no period of public consultation was proposed. The SCI was included at **Appendix 1** and the EIA was included at **Appendix 2**.

#### **AGREED**

**That Executive Cabinet be recommended to approve the publication of the updated Statement of Community Involvement and accompanying EIA as set out at Appendix 1 and 2, and bring it into immediate effect.**

## **7 ADULT COMMUNITY EDUCATION GRANT FUNDING AGREEMENT AND FUTURE PROVISION**

Consideration was given to a report of the Executive Member for Lifelong Learning Equalities, Culture and Heritage / Director of Growth / Assistant Director of Investments Development and Housing. The report set out the Grant Funding agreement for Adult Community Education for the academic year 2020-21 and accompanying performance management approach relating to cessation of Covid-19 impact on contract delivery for approval.

Members of the Board were reminded that Executive Cabinet received a report on 26 August 2020 which set out the GMCA's approach to the impact of COVID19 on AEB provision. This was a variation to the Grant Funding Agreement 2019-20 that suspended performance management arrangements from April 2020 until GMCA designated the cessation of the 'Event' of COVID19.

It was explained that the Grant Agreement 2020-21 should of been in place from 1 August 2020 when the academic year began. Due to COVID19 related pressures GMCA provided the Grant Agreement on the 25 February 2021 for Tameside Council to enter into. The Grant Agreement needed to be considered alongside the updated Performance Management Rules in order to fully understand the impact of COVID19 on ACE provision and funding. The Performance Management rules were provided to Tameside Council as final on the 6 April 2021.

Section 4.67 of the Performance Management Rules **Appendix 2** set out the updated approach.

- The period August 2020 to March 2021 would retain the same approach through the pandemic equating to full funding for 67% of 2020-21.
- From the 1 April 2021 the Performance Management processes would be reinstated.
- Providers would be allowed to submit a business case for up to the maximum of their funding allocation.

This would mean that ACE would be able to submit a business case to claim up to 100% of allocated funding. ACE is currently at 69% of delivery against profile. The main costs for the service relate to permanent staff and building costs which have remained constant throughout COVID19, and need to be received by Tameside Council, despite a reduction in learners.

It was proposed that Tameside Council should enter into the Grant Funding Agreement and work with GMCA to prepare a business case as required to ensure all costs for the service were paid.

It was further explained that GMCA introduced a Flexible Procurement System in September 2020 and invited providers to apply. ACE were successful in meeting the requirements of the framework and awarded a place on the FPS in a letter dated 8 March 2021. A contract was received on 7 April 2021 which requiring approval and signature.

It was therefore proposed that Tameside Council should enter the Flexible Procurement System to allow for future response to GMCA for the provision of work, employment and Skills contracts that remain the underpinning funding mechanism for Tameside ACE

### **AGREED**

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

- (i) The Grant Funding Agreement and Performance Management approach for cessation of COVID19 event.**
- (i) The decision to join the Flexible Procurement System to allow bids to be made to future contract opportunities.**

## **9 COVID LOCAL SUPPORT GRANT (CLSG) FOR THE PERIOD 17 APRIL 2021 TO 20 JUNE 2021**

Consideration was given to a report of the Executive Leader / Assistant Director for Policy, Performance and Communications. The report set out proposals for spending the Covid Local Support Grants (CLSG) for the period 17 April 2021 to 20 June 2021.

It was explained that the government had announced that the Winter Covid Grant would be renamed the COVID Local Support Grant (CLSG) Grant Scheme, and extended to the 20 June. The COVID Local Support Grant (CLSG) would enable us to provide support to families with children, other vulnerable households and individuals up to the period 20 June.

It was reported that Tameside had been allocated £210,000 Funding would be ring fenced and cover the period until 20 June 2021. COVID Local Support Grant (CLSG) Grant Scheme payments would be made to Tameside into the same bank account as Housing Benefit Subsidy payments.

It was proposed to continue to allocate funding to the provision of food vouchers for major supermarkets to pay for food for key cohorts including, all children attending schools in Tameside who were eligible for FSM, all college students eligible for FSM or bursaries, all 2, 3 and 4 year olds entitled to free child care, all Care Leavers, Looked After Children and low income families receiving treatment from Willow Wood Hospice. This approach would allow the delivery of an enhanced offer that would reach a large number of families in a short time frame and provides targeted support.

### **AGREED**

**That the Executive Leader be recommended to approve:**

- (i) The COVID Local Support Grant (CLSG) grant be spent on supporting vulnerable families and individuals primarily through the use of Free School Meal vouchers for supermarkets.**
- (ii) A voucher scheme for children eligible for free school meals is established. This scheme will enable children eligible for free school meals to receive one £15 food voucher for every week of the mid summer term break.**
- (iii) This will mean primary school pupils are eligible for two vouchers and secondary school pupils are eligible for one**
- (iv) Any families who are not eligible for FSM but are in need to support online contact the Early Help Access Point for help, support and advice.**
- (v) That this voucher scheme is extended out to Care (to a value of £15).**
- (vi) That this scheme is further extended to low income sixth form and college students (to a value to £15). Administration of grants to students via the colleges will be formalised by letter to the colleges containing any appropriate conditions in relation to the administration of the grants on behalf of the Council**
- (vii) That an amount of money is invested in welfare rights and Willow Wood to provide food vouchers to those who are in financial need (120 vouchers in total)**
- (viii) To work with the following supermarkets to distribute vouchers, Tesco, Sainsbury's, Morrisons and Asda.**

## **9 FORWARD PLAN**

To consider the attached forward plan of items for Board.

**CHAIR**

## BOARD

2 June 2021

Commenced: 2.00pm

Terminated: 3.15pm

**Present:**            **Elected Members**            **Councillors Warrington (In the Chair), Bray, Cooney Fairfoull, Gwynne, Kitchen, Ryan and Wills**  
                         **Borough Solicitor**            **Sandra Stewart**  
                         **Interim Assistant**            **Ian Duncan**  
                         **Director of Finance**  
                         **Deputy S151 Officer**            **Caroline Barlow**

**Also in Attendance:**    **Tracy Brennand, Jeanelle De Gruchy, Richard Hancock, Sarah Jamieson, Dr Ashwin Ramachandra, Elaine Richardson, Ian Saxon, Paul Smith, Emma Varnam, Sandra Whitehead.**

**Apologies for Absence**    **Councillor Feeley**

### 10.    **DECLARATIONS OF INTEREST**

There were no declarations of interest.

### 11.    **MINUTES OF PREVIOUS MEETING**

The minutes of the Board meeting on the 19 May 2021 were approved as a correct record.

### 12.    **NEW CUSTOMER SERVICE CENTRE DELIVERY MODEL**

Consideration was given to a report of the Executive Member, Neighbourhoods, Community Safety and Environment / Assistant Director Operations and Neighbourhoods setting out what a future service offer may look like and sought permission to undertake public consultation to fully understand and consider views before implementing any changes.

It was explained that, on 26 August 2015 Executive Cabinet, following a comprehensive review of the Council's face to face Customer Service function, agreed a new model for the service. The review took into account the usage of the service at that time, the likely reduction in the need for the service in the future, the increasing cost to serve and the public's determination in consultation that this was an area where budget cuts could be made.

It was determined that the service offer would consist of Level 2 service (book, pay, request a service and verification of housing benefit documents) which would take place at all libraries in the Borough. Additionally Ashton Customer Services would be retained and continue to offer a reactive drop in Level 2 service and also in-depth housing benefit and council tax support advice (Level 1 service). The service was suspended in March 2020 due to the Covid 19 pandemic and no face to face Customer Service function had been offered since that time. During that period officers had been supporting call centre operators handling customer enquiries via the telephone, web chat or on-line. Officers had also been assisting customers to complete housing benefit/council tax support applications by telephone appointment.

It was now deemed timely to undertake a further review of the service to determine how this might be offered in the future taking into account the changes in peoples' attitudes to technology, the future

need for a reactive drop in face to face service and the fact that face to face customer service had always been the highest cost channel with the lowest volume of customers.

The report gave details of the service prior to and during Covid 19. The demand in customer service was examined, which had reduced significantly over the years. The cost of the service was also scrutinised with the cost of each transaction for the face to face customer service function far outweighing the cost of other channels.

Members were advised that it was clear that, with the advent of social trends and technological advancements, the way customers accessed services had changed over recent years. The pandemic had pushed the use of technology to another level and served to create a catalyst for change in peoples' attitudes. Many who would not have previously used technology in any aspect of their lives were now turning to such platforms to order shopping, access services, keep in touch with family/friends etc. Some evidence of this change could be seen following the Council introducing a web chat function in early 2019/20. Since implementation, over 12,000 enquiries had been responded to via this channel. Residents were able to access services on the Council's website for both information and advice but also to complete applications for Housing Benefit, Council Tax Support, discounts/exemptions and notify of change of circumstances etc. Applications could be completed on all devices e.g. PCs, laptops, tablets and smart phones.

It was fair to conclude that if a customer had accessed a service by an alternative channel whilst face to face customer services had been suspended, and that contact produced the required results to satisfy the enquiry, accessing by that method in the future would be preferable to making the trip to customer services and queuing up at a drop in service with no guarantee of not having a long wait time.

As protectors of public funds it was incumbent upon all Council services to review the service offer from time to time and ensure services were cost effective whilst meeting residents' needs. The Covid 19 pandemic had created a unique circumstance where change had been accelerated at pace and this change had led to many residents becoming less reliant on face to face services. These circumstances should be capitalised upon when determining future service provision rather than simply returning to the previous landscape and it was therefore now time to undertake a further review of the Customer Service provision.

It was explained that the proposed service model for the future would be based on providing the most appropriate access channel according to customers' requirements and would be very similar to the current offer but with the addition of face to face contact where necessary and only for those where other channels would not be suitable. The principles would be:

- not to re-open the expensive reactive drop in Customer Service centre based in Tameside One at Ashton in the previous format;
- retain Level 2 enquiries at all Tameside Libraries;
- promote, encourage and support a digital first model with the expectation that where possible, residents should self-serve utilising the Council website or other technology such as mobile applications (Apps) where available;
- where this was not possible a supported service offer over the telephone, web chat, email etc. to assist customers with their enquiries;
- where more detailed assistance was required, for example completing a housing benefit application, a telephone call back service by appointment would be available; and
- face to face appointments only for the most vulnerable to ensure that residents were able to access services and assistance without disadvantage. Appointments would be bookable by telephone.

There was no doubt that some customers may be more vulnerable and/or may need additional support to access to services or make enquiries. This could be because the enquiry was complex, there were multiple issues or there were additional health problems which affected a person's ability to manage their situation. Any new service model must take into account all residents' needs and therefore some face to face element would be retained. It was proposed that this would be by



appointment only rather than drop-in and would be following a triage process to understand the nature of the enquiry and the assistance required.

If the proposed service model was implemented staff levels within the service would need to be reviewed. Sufficient staff would be required to conduct telephone appointments to support people with their enquiries and also to undertake face to face appointments where necessary. It would be necessary to consult with staff and unions to ensure they were fully aware of any new service model and staffing structure.

To determine the impact of such a customer contact model as detailed, it was proposed that public consultation was undertaken for a period of 12 weeks from 28 June 2021 – 19 September 2021 to seek views of residents and others who wish to respond. A full Equality Impact Assessment would be completed to fully understand the impact on the communities and particularly those with a protected characteristic under the Equalities Act 2010 and in particular members wanted it to address access to digital.

## **AGREED**

**That Executive Cabinet be recommended to agree:**

- (i) That the reasons for a review and the proposed new delivery model be considered;**
- (ii) That public consultation on the proposed delivery model be undertaken from the 28 June 2021 to 19 September 2021 with the results being presented to Executive Cabinet for further consideration at the end of the year.**

## **13. HIGH STREET TASK FORCE**

Consideration was given to a report of the Executive Member, Finance and Economic Growth / Director of Growth, providing details of the High Street Taskforce programme recently announced by government as part of a package of support to help communities and local government to transform their high streets.

It was explained that, on 19 March 2021, the High Street Task Force (HSTF) was announced by government and would run until 2024. The HSTF provided support to local leaders in town centres and high streets in England. Funded by government, this support included expert advice, training, and data delivered directly to local stakeholders in towns and cities, and a range of resources online that were available to all.

The first 70 local authorities had been selected to enable support to be delivered where it was needed most. Regional indicators of deprivation and inequality had been used, alongside research on the impact of COVID-19 on high street retail, to produce the list of areas that would most benefit from support for their local place making capacity. Hyde Town Centre had been identified as one of the 70 local authority areas. The programme was part of a wider package of proposals declared by the government to support town centres in the wake of the recent pandemic and was linked to the Build Back Better initiative including funding schemes such as the Levelling Up Fund (LUF).

Members were advised that establishing long term partnerships would be a focus for the support and the Task Force would deliver a range of services that were aligned to four objectives and would provide practical support to people and places. These were:

- Boosting Local Authority capacity;
- Building place making skills;
- Coordination; and
- Intelligence and data.

Benefits of being part of the programme included:

- Expert advice on local plans, enabling local authorities to create the best strategies for transformation and investment,

- Facilitation of a local leadership and stakeholder sessions to help build consensus, good will, and momentum behind authorities' plans,
- Training for place leaders and development staff, as well as local stakeholders, based on the latest research on high streets, which could help build capacity for longer-term impact,
- Resources and inspiration for local stakeholders to inform their own action and involvement in place making, and
- Boost trust and confidence in local plans and bids by evidencing adoption of Task Force support and good practice.

Following consultation, the Task Force team had nominated Hyde Town Centre as the area of focus in Tameside. As Hyde Town Centre was identified as one of the first local authority towns to benefit from the programme of support, some initial discussions had taken place with the Task Force in relation to the type and level of support being offered to the Hyde. To help make change happen, Hyde Town Centre would receive a range of tailored support services offered by the Task Force, which may include; targeted expert consultancy, mentoring, visioning or place making workshops, access to local footfall data, and training programmes for place managers and leaders. Hyde Town Centre would benefit from the extra capacity offered as part of the programme and would ensure a joined up approach to the work already taking place including the One Public Estate. It was accepted that all of the town centres would benefit from the HSTF programme as the Council and officers would be able to learn and cascade ideas around the other centres.

Once Tameside had been appointed an advisor from the Task Force team of experts, they would contact the Council to discuss scheduling the first 'Unlocking your Place Potential visit'. From this visit, further tailored support would be programmed in for Hyde. This work would determine the necessary intervention required for the town centre. From this, the Council would seek to prepare an action plan in order to begin to implement recommendations that were identified as a result of this programme of work. There would be a further report to Executive Cabinet outlining the findings of the diagnostic and focus for the action plan.

#### **AGREED**

**That Executive Cabinet be recommended to:**

- (i) Formally participate and engage with the programme and with government delegates responsible for delivering the support; and**
- (ii) That the focus of the support will be Hyde Town Centre.**

#### **14. TARGETED NATIONAL LUNG HEALTH CHECKS**

The Executive Member, Adult Social Care and Population Health / Director of Commissioning submitted a report, which provided an update on development of the Targeted Lung Health Check (TLHC) Programme within NHS Tameside and Glossop CCG (T&G CCG).

It was explained that TLHC programmes were paused from March 2020 due to COVID-19 and implementation of the fully managed 'End to End' T&G CCG TLHC service from Manchester Foundation Trust (MFT) was limited. In June 2020, NHSE published the addendum to the National standard protocol in response to COVID-19; to recommend virtual initial TLHC assessments and removed the requirement to undertake spirometry or blood pressure assessment.

TLHC programmes recommenced in August, following the publication of the Phase 3 planning guidance, which stated: 'All existing projects within the Targeted Lung Health Check programme to be live by the end of 20/21'. In September 2020, NHSE released revised Clinical and evaluation data sets and MFT confirmed their intention to work in partnership with T&G CCG to deliver a fully managed TLHC service with capacity to accommodate additional tertiary surgical capacity and CT capacity (following lengthy discussions over an extensive period of time).

In October NHSE, formally notified TLHC programmes that they would extend the length of the programme to March 2024 to accommodate the pause due to COVID-19. A revised two year

trajectory was submitted to NHSE on 9 October 2020 to indicate the first T&G TLHC would commence on 1 February 2021 and the full roll out across the Locality would be completed by March 2022. This enabled all Low Dose Computed Tomography (CT) scans required by the protocol to be completed by March 2024.

The Strategic Commissioning Board on 25 November 2020, approved the recommendation to commission the 'End to End' fully managed Targeted Lung Health Check service from MFT on a phased approach to delivery. Phase 1, mobile unit operating in the existing COVID-19 safe site at the Etihad with people from Denton, Hyde and Ashton invited (duration approximately 38.5 weeks). Phase 2 would extend to Stalybridge and Glossop and the sites location would be confirmed (duration approximately 24.5 weeks). Should the constraints of COVID-19 change, the locations would be reviewed and if possible, a location within Tameside and Glossop would be used. To deliver the TLHC programme within National timeframe (2 year phased planned roll out of the TLHC programme, with all follow up Low Dose CT scans complete by March 2024), MFT continued to work in partnership to enable Contract sign off and mobilisation of the TLHC programme, and to agree a revised start date in discussion with NHSE.

Members were informed that the screening element of the Lung Health Checks, Smoking Cessation and CT scans would all be delivered in one place (One Stop) on a mobile unit close to where people live (when COVID-19 restrictions were lifted as detailed within the addendum, which was in place until March 2022). MFT would work with providers across GM to ensure that people who required any follow up care, had the choice to receive this care closer to where they lived except when support could only be delivered by specialist centres.

T&G CCG continued to work with GM Cancer and GM colleagues from MHCC, MFT, Salford CCG, Salford FT, Specialised Commissioning, and Christie to ensure coordinated approach to delivery of TLHCs. T&G CCG continued to work with partner organisations to develop pathways that incorporated TLHCs working to the revised National Standard Protocol (issued due to COVID-19 and in place to March 22).

In March 2021, MFT confirmed their commitment to joint working with T&G CCG to ensure screening commenced no earlier than 1 June 2021.

On the 23 April 2021, the CCG agreed to fund reasonable additional costs for diagnostics and other associated activity, relating to the Targeted Lung Health Check Programme and onward referral.

On 28 April 2021 MFT confirmed acceptance of their internal business case and ability to provide the managed service to T&G CCG (phase approach to delivery). MFT confirmed their intention to commence Targeted Lung Health Checks (TLHCs) within T&G CCG on 5 July 2021 (to commence in the Denton neighbourhood, as detailed in Appendix 2 to the report) with invitation letters starting to go out in June 2021. Low Dose CT scans would commence in August 2021.

In terms of funding, it was explained that the initial funding envelope available of £6.3m included a fixed element for staffing and a variable amount based on agreed trajectories. Since the initial plan was submitted, the extraction criteria had changed and therefore there was likely to be a higher variable cost element than previously anticipated. It was expected that this higher variable activity would be fully funded by the national programme.

The report concluded that the change in model due to COVID-19 would enable T&G CCG to deliver the TLHC programme as required and increase the opportunities for early identification and treatment of health issues that left undetected would adversely impact on an individual's healthy life expectancy. Progressing this programme was a key priority for the Strategic Commission and a Long Term Plan commitment.

#### **AGREED**

**That the Strategic Commissioning Board be recommended to note the additional funding requirements and progress on the development of a fully managed 'End to End' TLHC service**

from Manchester Foundation Trust (MFT), who are the only tertiary provider of thoracic surgery within Greater Manchester.

## **15. CONCORD SUITE AND ADJACENT PAY & DISPLAY CAR PARKS**

### **AGREED**

**That consideration of this report be deferred to a future Board meeting when the review of the Capital Programme considered to avoid matters being considered outside of a wider context of priority, need and available budget.**

## **16. LEISURE ASSETS CAPITAL INVESTMENT PROGRAMME UPDATE**

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

Details were given of the following completed schemes:

- (a) Active Copley heating system replacement (£0.369m)
- (b) Active Copley pitch replacement scheme (£0.177m)
- (c) Active Medlock roof replacement scheme (£0.120m)
- (d) Active Dukinfield development (ITRAIN) – (£1.3m Council investment & £1m repayable loan by Active Tameside).
- (e) Active Longdendale Development (Total Adrenaline) – (£0.600m repayable loan by Active Tameside)
- (f) Active Medlock Synthetic Turf Pitch Replacement (£0.120m) – (£0.013m underspend)
- (g) East Cheshire Harriers Floodlight Replacement Scheme – (£0.100m)
- (h) Tameside Wellness Centre (£16.374m)

It was explained that Schemes a) to g) had been delivered within budget. As set out in the approved financial comments, an overspend of £0.036m on the Tameside Wellness Centre scheme had been offset from an underspend on the Medlock Synthetic Turf Pitch Replacement scheme and the Hyde Pool extension scheme. This approach was approved Executive Cabinet on 24 March 2021.

In respect of Active Hyde Pool Extension (£4.034m), it was reported that the Hyde Pool extension scheme was due to achieve practical completion on the 4 June 2021, which was 5 weeks later than previously reported to Panel in March. The delay was due to the need to retile sections of the pool tank due to noncompliance issues. The Council was not liable for any costs in relation to the delay. Active Tameside continued to be updated on progress. This had supported their mobilisation planning in readiness for the buildings handover, which in turn reduced the time required to get the facility operational to an absolute minimum.

### **AGREED**

**That Strategic Planning and Capital Monitoring Panel be recommended to note the report and that, going forward, the Leisure Assets Capital Investment Programme with any further updates, will be included in the Growth Update report.**

## **17. ADULTS CAPITAL PLAN**

Consideration was given to a report of the Executive Member, Health, Social Care and Population Health / Director of Adults Services providing an update of the developments in relation to the Adults Capital Programme for:

- schemes previously approved and still underway; and

- the usage of the wider disabled facilities grant (DFG) including the housing adaptations budget.

Details were given of approved projects for 2020/21, as follows:

	<b>Project</b>	<b>Total Funding Approved</b>	<b>20/21 Allocation</b>	<b>Projected Outturn</b>	<b>Re-profiling</b>
1.	Christ Church Community Developments(CCCD)	£150k	£120k	£120k	£0k
2.	Moving with Dignity (Single Handed Care)	£375k DFG	£179k	£163k	£16k
3.	Disability Assessment Centre	£250k DFG	£250k	£0k	£250k
4.	Brain in Hand	£20k DFG	£0k	£0k	£0k
5.	Mount Street	£100k DFG	£100k	£100k	£0k

Members were advised that the replacement of ageing and obsolete equipment was also approved, however, it had been profiled with allocated funds in 2021/22 of £45,593 with on costs. Details of the wider DFG and other related adaptation funding and discretionary non-adaptations funding were also contained within the report.

Works at Mount Street were completed as described in the previous report and no further costs were anticipated on this scheme.

Full details of the Adult Services capital programme were included in an appendix to the report.

The report concluded that a number of projects were completed or due for completion shortly including Mount Street supported accommodation, that was up and running; Day Services review, which was a medium term piece of work; and Brain in Hand, whose contract expiration was at the end of May. 4C was due to open in line with the nation's roadmap proposed date of all restrictions easing towards the end of June, if all the tests were met. This was a testament to the service, which continued its best to deliver projects and meet improved outcomes for people through challenging times. All costs and benefits were being monitored and reviewed regularly taking into account people's changing needs and ensuring the right support was in place; whether that be assessment staff or adaptations to enable people to remain as independent as possible in their own homes.

#### **AGREED**

**That the Strategic Planning and Capital Monitoring Panel recommend that Executive Cabinet note the progress updates.**

#### **18. REFRESHED PEOPLE OFFER 2021-24**

A report was submitted by the Executive Leader / Assistant Director, People and Workforce Development outlining a number of new and refreshed people initiatives to support the development of the workforce. The report introduced the proposed People Plan for 2021-2024, in addition to the new Competency Framework and refreshed Annual Development Review/Performance Development Review process; the new Greater Manchester Leadership & Management modules; the refreshed e-learning offer, and the refreshed Induction Programme.

It was explained that over the last 12 months, the workforce had to radically change the way that it operated in response to the COVID-19 pandemic in order to keep vital services running, ensuring continued compliance with Government guidance and health and safety guidance. With 89% of the Council's workforce working from home for at least part of their working week, there had been a shift

in the support that most employees required to ensure they continued to feel connected to their colleagues, their manager and to the organisation as a whole.

Tameside Council and Tameside & Glossop CCG introduced the current People Plan in 2018. The plan supported the delivery of the organisation's key priorities by ensuring it continued to attract, develop and retain a talented workforce, so it could continue to deliver and commission high quality services to the citizens of Tameside & Glossop.

The existing People Plan was for the period 2018 – 2021. In light of COVID-19, and current and potential future ways of working, it was important to re-evaluate the strategic aims for the workforce over the next few years, to ensure that:

- our people offer was robust
- we create and sustain a positive culture
- we continue to attract, develop and retain the best people
- we are ready and committed to embrace the opportunities and challenges presented to us by the pandemic and beyond.
- we are able to capture and embed the positive aspects of our changed way of working, increasing flexibility and performance

The proposed People Plan 2021-2024 continued to be underpinned by the organisation's STRIVE values. However, it was proposed that the current value of 'Value Difference' be amended to 'Value Diversity,' to reflect the organisation's commitment to sustaining a culture that celebrated inclusion and the diversity of the workforce and recognised the individual contributions that employees bring.

The Plan continued to play a critical role in embedding values and behaviours, which would enable transformational change, whilst driving continual improvement in delivering the priorities set out in the Corporate Plan.

The newly proposed strategic aims for 2021-2024 were detailed in the report, and the full People Plan was appended to the report at Appendix A.

Members were advised that a competency framework was a structure that set out and defined each individual competency required by individuals working in an organisation which, when done well, could increase clarity around performance expectations and establish a clear link between individual and organisational performance. A new competency framework, as appended to the report at Appendix B, had been developed to support the Tameside Council and Tameside & Glossop CCG Corporate Plan and People Plan, in addition to the Greater Manchester Reform Principles to enable consistent performance management.

It was determined that the competency framework would first be incorporated into the performance management process, to fall in-line with the refresh of the Annual Development Review (ADR)/ Performance Development Review (PDR) process. The ADR/PDR process had been refreshed, (as attached at Appendix C to the report) to provide the opportunity for employees to complete a self-assessment against the competencies, to support the discussion with their line manager around their areas of strength and development, enhancing the conversation.

Tameside Council and Tameside & Glossop CCG's contract with 'Me-Learning', the online learning provider, commenced in 2017. The contract was renewed in April 2020, and would continue until 2024. It was reported that the number of learning hours completed by employees had increased year on year since the contract began. It was proposed that a 12-month rolling e-learning calendar be created, and managed centrally by the Workforce Development Team, which set out what mandatory e-learning must be completed each month.

Details of the refreshed Induction and Onboarding Programme were also outlined. As the majority of the workforce continued to work remotely and as the organisation continued to shape future ways of working, enhancing the induction programme was deemed essential to ensure new

starters had a positive experience and additional support to connect with their colleagues and other teams.

Further information was provided in respect of the Introduction of the 'Managing Virtual and Agile Teams' training courses. In recent months, the GM HR Directors Collaborative Group set up a Leadership Squad which comprised of a group of workforce development specialists. The group was asked to design and develop a series of management development sessions to address some of the core challenges that managers were currently facing as a result of the ongoing pandemic and associated restrictions. A series of seven modules had been designed to be delivered locally within each authority. The main emphasis of the programme was to support managers who were managing virtual teams, and were designed to be academically light and focused on discussion and experiential learning.

Members were broadly supportive subject to raising concerns about the fitness for purpose of the IT infrastructure and the available training to ensure that the workforce and elected members were able to work productively.

A lengthy debate ensued about what had been good enough to survive an emergency pandemic was insufficient as a working model going forward and members were clear that this need to be looked and a reviewed starting with understanding members experiences and needs let alone the larger piece of work required to enable an effective and efficient workforce.

#### **AGREED**

**That the Executive Leader be recommended to approve that:**

- (i) The organisational value of 'Value Difference' be amended to 'Value Diversity' to reflect the organisation's commitment to Equality, Diversity and Inclusion;**
- (ii) The newly proposed People Plan 2021 – 2024, as detailed in the report, be approved and be implemented for all Tameside Council and Tameside & Glossop CCG employees;**
- (iii) The proposed Competency Framework, as detailed in Appendix B to the report be approved and be implemented for all Tameside Council and Tameside & Glossop CCG employees;**
- (iv) The Competency Framework be incorporated into the Tameside Council and Tameside and Glossop CCG performance management processes, as detailed in the refreshed Annual Development Review Pack/Performance Development Review Pack as (Appendix C to the report;**
- (v) The proposed 12-month rolling e-learning calendar for all mandatory e-learning courses, as detailed in the report, and the Training Request Form' as detailed in Appendix D to the report, be approved and implemented;**
- (vi) The proposed 'Corporate Induction' e-learning course be approved and implemented for all new starters of Tameside Council and Tameside & Glossop CCG, as detailed in the report;**
- (vii) The 'Managing Virtual and Agile Teams' training courses and any further subsequent courses developed by the GM Leadership Squad Task and Finish Group, as detailed in the report be approved and implemented; and**
- (viii) The 'Managing Virtual and Agile Teams' and any further subsequent collaboratively developed programmes be added to the ILM Assured STRIVE Leadership & Management Development Programme.**

#### **19. EXTENSION TO FRAMEWORK CONTRACT FOR THE PROVISION OF LIFT AND HOISTING EQUIPMENT – JOINT CONTRACT WITH OLDHAM MBC**

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Director of Adult Services explaining that, following a joint procurement exercise between Oldham MBC and Tameside MBC in 2019 contract awards were made to 3 contractor/ suppliers for the supply and installation of stair lifts, ceiling track hoists, vertical lifts and step lifts. All these installations enjoyed

a 'life of client' warranty. Included also was appointment of a fourth contractor to deliver temporary gantry hoists for the Tameside Moving with Dignity Scheme.

The contract commenced on 1 June 2019 for a two-year period expiring on 31 May 2021. Within the tender, an option to extend the contract for a further 2 years in 12-month increments had been included. The report sought a single 12 month extension to the contract in line with Oldham MBC policy.

It was explained that the four companies had all indicated they were willing to continue for a further 12 months within the terms of the existing contract. The current arrangements continued to move the responsibility of long-term maintenance onto the supplier. The current prices had been in force for the duration of the first 2 years however, the contractors had indicated that they may have to request price increases during the extension period once the effect of Brexit became clearer. Both Councils would work to minimise any price increase but understand that certain material costs had risen since in the intervening period. Having explored other options available, this was the favoured option as it allowed the Council to provide continuity of service and would continue to provide savings in both delivery and long-term maintenance to Tameside.

### **AGREED**

**That the Executive Member, Social Care and Health give approval under Procurement Standing Orders 9.3.1 to extend the current contract arrangements for a further 12-month time period from 1 June 2021 to 31 May 2022 as a joint agreement with Oldham MBC.**

## **20. ADDITIONAL RESTRICTIONS GRANT (ARG) UPDATE & ADDITIONAL FUNDING OPTIONS**

The Executive Member, Finance and Economic Growth / Director of Growth advising Members that the Additional Restrictions Grant (ARG) scheme has an unallocated pot of £927,385. If this was spent by 30 June 2021, a further allocation of £1,134,095 would be provided by the department for Business, Energy and Industrial Strategy (BEIS).

It was explained that a cross departmental team of officers from Growth, Finance, Audit and Communications had met 3 times a week to monitor promotion and delivery of the grant scheme, to minimise the risk of overspending and fraud and to ensure the correct information had been communicated to businesses in the borough. To date 2,506 ARG applications have been received (as of 11 May 2021), of which 1,670 had been paid, 606 were deemed ineligible and 230 were in processing.

Proposed changes to the ARG would increase existing award levels creating a top up payment to eligible businesses to fully utilise both the remaining funding and further allocation to ensure all available funding was accessed and distributed to support businesses and the economy. The change both reflected the approach being taken across GM and the methodology of the Restart grant, which provided further funding to businesses trading from commercial premises on the business ratings list in sectors severely impacted by the pandemic. Furthermore, this would allow the redeployed team to return to their duties once processing was complete avoiding additional impact on the Economy, Employment & Skills team.

Top up payments would be made following the closure of the application window, on 31 May 2021, and completion of processing of all applications to ensure that the financial liability was fully understood. The top up amounts would be amended to reflect the final financial position and ensure that the available funding was fully utilised but not overspent.

The proposals offered two options:

Option 1 (Preferred option): Provide a top up to all ARG eligible businesses who had applied on or before the closing date of 31 May 2021, which would include those trading from domestic premises, including but not limited to, taxi drivers, driving instructors and mobile close contact beauty or



hairdressing services. This provided a fair and equitable approach to all businesses supported to date due to the impact of the pandemic.

Option 2: Provide a top up to only those businesses who had applied on or before the closing date of 31 May 2021, trading from commercial premises only.

Across GM, the anecdotal intention of all other authorities was to increase award levels through top up payments to businesses. GM Officers reported a preference for a common approach to be followed between authorities with an understanding that each area had differing allocations. Information shared to date, in weekly officer meetings, suggested that there was no intention to open to new applications in any GM area as it was agreed that ARG had been widely publicised. Proactive marketing of ARG directly to businesses had provided the insight that many businesses were aware of the opportunity to apply for a grant but had chosen not to as they had not been severely impacted by the pandemic.

#### **AGREED**

**That the Executive Member, Finance and Economic Growth approve Proposal Option 1:**

***'Provide a top up to all ARG eligible businesses who had applied on or before the closing date of 31 May 2021, which would include those trading from domestic premises, including but not limited to, taxi drivers, driving instructors and mobile close contact beauty or hairdressing services. This provided a fair and equitable approach to all businesses supported to date due to the impact of the pandemic'.***

**Once the application window is closed and all outstanding applications are processed, award levels will be confirmed and, working with Finance & Audit, the grant team will apply the top up payments.**

#### **21. FORWARD PLAN**

The forward plan of items for Board was considered.

**CHAIR**

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# Agenda Item 4

**Report To:** STRATEGIC COMMISSIONING BOARD

**Date:** 23 June 2021

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

**Subject:** STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE OUTTURN REPORT 2020/21

**Report Summary:** This is the final financial report for the 2020/21 financial year, reflecting actual expenditure to 31 March 2021.

At the end of an unusual and challenging financial year for the Strategic Commission and ICFT, the final outturn position on 2020/21 budgets presents a broadly balanced position, with a small underspend on Council Budgets. CCG budgets have achieved a balanced position with nil variance. The ICFT are reporting a small deficit. Given the significant pressures and challenges that have been faced over the last 12 months, this position is a significant achievement.

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 financial impacts of COVID have been addressed with significant one-off funding during 2020/21, and whilst some further additional funding is available to the Council in 2021/22 for ongoing COVID pressures, this is one-off in nature. The longer term impacts of COVID, uncertainty over future local government funding, and a lack of clarity over future operational arrangements for the CCG, present significant barriers to sustainable financial planning.

**APPENDIX 1** summarises the integrated financial position on revenue budgets as at 31 March 2021. The final outturn position on 2020/21 budgets presents a broadly balanced position, with a small underspend of £102k on Council Budgets. CCG budgets have achieved a balanced position with nil variance against budget.

The final outturn position is net of a range of significant under and over spends across a number of service areas. Further detail on budget variances, savings and pressures, COVID grants and expenditure is included in **APPENDIX 2**.

**APPENDIX 3** provides an update on Council Tax and Business Rates collection performance and the year end position on the Collection Fund. There is an in year deficit on the Collection Fund for both Council Tax and Business Rates due to the impact of the COVID pandemic, although the Council Tax deficit is less than previously forecast due to significantly improved collection rates in the final quarter of the year. The deficits will need to be funded in over the three financial years 2021/22, 2022/23 and 2023/24 and this is reflected in the 2021/22 budget and MTFP approved by Full Council on 23 February 2021.

**APPENDIX 4** is the capital outturn report for 2020/21, summarising the financial activity to 31 March 2021. The detail of this monitoring report is focused on the budget and expenditure for fully approved projects in the 2020/21 financial year.

**APPENDIX 5** provides an update on the Dedicated Schools Grant (DSG). The Council is 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 2020/21 deficit on DSG is £1.686m, mainly as a result of a continued pressure on High Needs but partly offset by surpluses on the other funding blocks. Under DfE regulations the authority have produced a deficit recovery plan which has been submitted to the DfE outlining how we expect to recover this deficit and manage spending over the next 3 years.

**Recommendations:**

Members are recommended to:

- (i) Note the outturn position as set out in **Appendix 1**.
- (ii) Note the significant variations and pressures facing Budgets as set out in **Appendix 2**.
- (iii) **Approve** the budget virements and reserve transfers set out on pages 36 and 37 of **Appendix 2**.
- (iv) Note the Collection Fund position for 2020/21 as set out in **Appendix 3**.
- (v) Note the Capital Programme 2020/21 outturn and **approve** the re-profiling of capital budgets as set out in **Appendix 4**.
- (vi) Note the outturn position in respect of Dedicated Schools Grant as set out in **Appendix 5**.
- (vii) Agree that a Budget turnaround team be created from the Invest to Save ring-fenced allocation to reduce the budget gap and avoid the need to rely on reserves with the detail being set out in an executive decision to be brought forward by the Executive Member for Finance & Growth.

**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 which it is intended will have the impact of allowing demand to be taken out of the systems and additional income generated. This development and turnaround work must deliver savings and additional income in future years.

**The budget being balanced in 2020/21 is a positive outcome but it should be noted that this still means the drawdown of £12.4m from reserves.**

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 further pressure on already depleting resources.

The NHS was operating under a command and control financial regime for the first six months of 2020/21. Under command and control there was no requirement or expectation that the CCG would deliver efficiency savings. Since October the NHS has entered phase 3 of the COVID recovery process. Under phase 3, financial envelopes have been issued on a Sustainability and Transformation Plan (STP) footprint. In T&G this means that a financial envelope exists at a Greater Manchester level. This report shows that local control totals required to deliver against the envelope will be met, however there is risk associated with this. In order to meet the control total QIPP savings of £7,994k are required, against which there is currently a gap of £174k.

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

**Legal Implications:**

**(Authorised by the Borough Solicitor)**

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 challenging financial times it is tempting to use reserves to maintain day-to-day spending. However reserves by their very nature can only be spent once and so can never be the answer to long-term funding problems. 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 :

Heather Green, Finance Business Partner, Tameside Metropolitan Borough Council



Telephone:0161 342 2929



e-mail: [heather.green@tameside.gov.uk](mailto:heather.green@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](mailto: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 was in excess of £980 million.
- 1.3 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:
  - Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT)
  - NHS Tameside and Glossop CCG (CCG)
  - Tameside Metropolitan Borough Council (TMBC)

## 2. REVENUE BUDGET SUMMARY

- 2.1 **APPENDIX 1** summarises the integrated financial outturn on revenue budgets at 31 March 2021.
- 2.2 The final outturn position on 2020/21 budgets presents a broadly balanced position, with a small underspend of £102k on Council Budgets. CCG budgets have achieved a balanced position with nil variance against budget.
- 2.3 Whilst the overall position is positive, the Council's 2020/21 net expenditure has been financed with £12.4m of reserves and there remain significant variances in some service areas which are not attributed to COVID and which present ongoing financial risks for future years. The final outturn position is net of a range of significant under and over spends across a number of service areas. Further detail on budget variances, savings and pressures, COVID grants and expenditure is included in **APPENDIX 2**.

## 3. COLLECTION FUND 2020/21

- 3.1 **APPENDIX 3** provides an update on Council Tax and Business Rates collection performance and the yearend position on the Collection Fund. There is an in year deficit on the Collection Fund for both Council Tax and Business Rates due to the impact of the COVID pandemic. The Council Tax deficit is less than previously forecast due to significantly improved collection rates in the final quarter of the year. The Council will receive additional section 31 grant from Government to cover a substantial proportion of the deficit on NNDR, however there remains a net deficit on both Council Tax and NNDR that will need to be funded by the Council. The funding of the estimated deficits is reflected in the MTFP for the three financial years 2021/22, 2022/23 and 2023/24 as approved by Full Council on 23 February 2021.

## 4. CAPITAL PROGRAMME

- 4.1 **APPENDIX 4** is the fourth and final capital monitoring report for 2020/21, summarising the outturn at 31 March 2021. The approved budget for 2020/21 was £47.448m (after re-profiling approved at P10 monitoring) and outturn for the financial year is £43.593m. There have been delays on a number of schemes throughout the year due to COVID, and scheme budgets have been re-profiled into the 2021/22 financial year.

## **5. DEDICATED SCHOOLS GRANT (DSG)**

- 5.1 **APPENDIX 5** provides an update on the Dedicated Schools Grant (DSG) financial pressures and outturn for 2020/21. The Council is 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 2020/21 outturn deficit on DSG is £1.686m, mainly as a result of a continued pressure on High Needs but partly offset by surpluses on the other funding blocks. Under DfE regulations the authority has produced a deficit recovery plan which has been submitted to the DfE outlining how we expect to recover this deficit and manage spending over the next 3 years.

## **6. WRITE OFF OF IRRECOVERABLE DEBT**

- 6.1 There were no write offs of irrecoverable debt requiring Member approval in the period 1 January 2021 to 31 March 2021.

## **7. RECOMMENDATIONS**

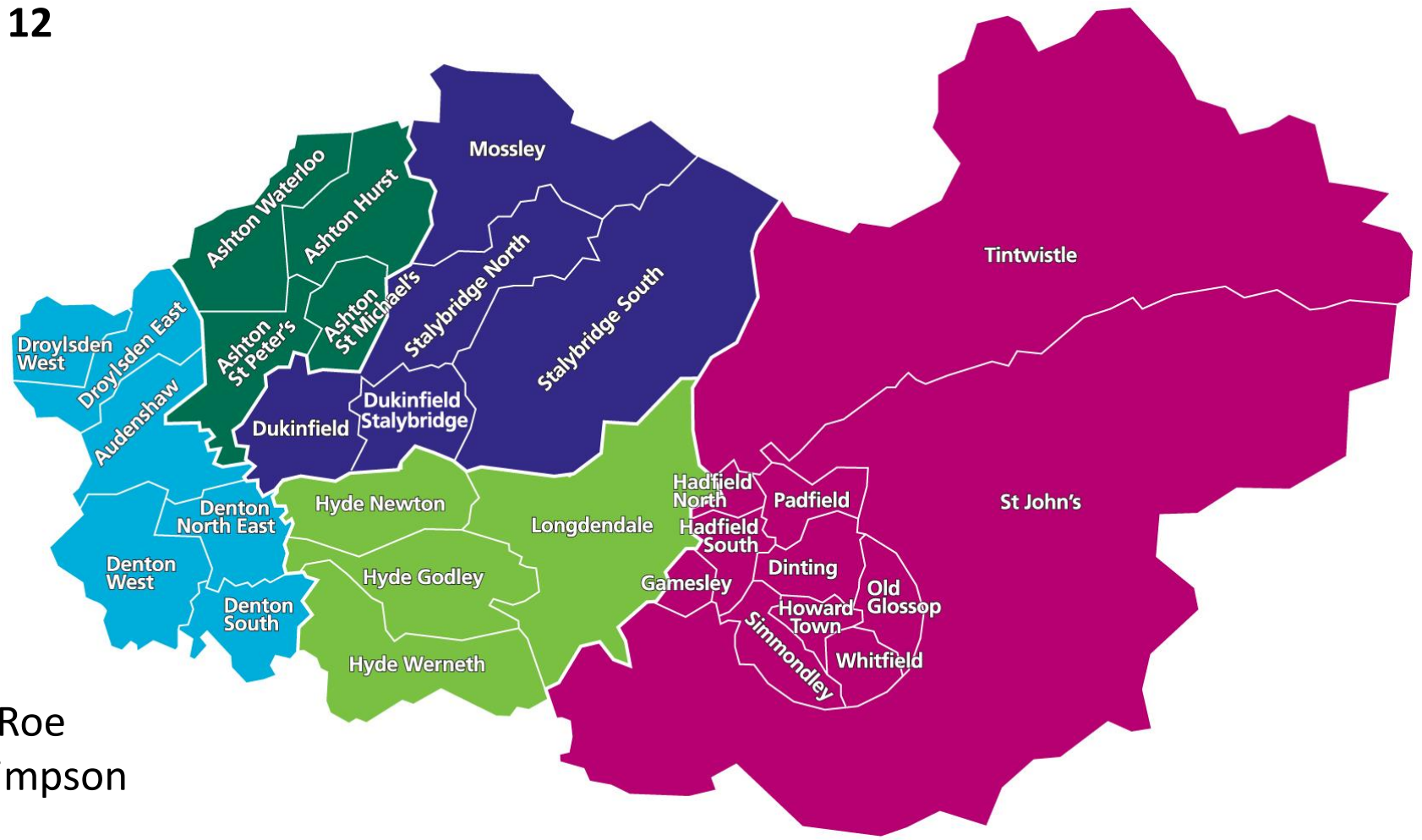
- 7.1 As stated on the front cover of the report.



# Tameside and Glossop Strategic Commission

## Finance Outturn Report Financial Year Ending 31st March 2021 Month 12

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Kathy Roe  
Sam Simpson

## Month 12 Finance Report

Executive Summary	3
Strategic Commission Budgets	4
Council and CCG – Headlines	5-6
ICFT	7-8

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

## Message from the Directors of Finance

At the end of an unusual and challenging financial year for the Strategic Commission and ICFT, the final outturn position on 2020/21 budgets presents a broadly balanced position, with a small underspend on Council Budgets. Following receipt of final allocation adjustments on 23 April the CCG are reporting an in-year break even position. The ICFT are reporting a small deficit. Given the significant pressures and challenges that have been faced over the last 12 months, this position is a significant achievement.

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 financial impacts of COVID have been addressed with significant one-off funding during 2020/21, and whilst some further additional funding is available to the Council in 2021/22 for ongoing COVID pressures, this is one-off in nature. The longer term impacts of COVID, uncertainty over future local government funding, and a lack of clarity over future operational arrangements for the CCG, present significant barriers to sustainable financial planning.

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Forecast Position £000's	Outturn Position					Net Variance		Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Outturn	Net Variance	COVID Variance	Non-COVID Variance	Previous Month	Movement in Month
CCG Expenditure	450,608	0	450,608	450,608	0	0	0	2	(2)
TMBC Expenditure	538,292	(333,013)	205,279	205,177	102	0	102	(206)	308
Integrated Commissioning Fund	988,901	(333,013)	655,887	655,785	102	0	102	(204)	306

# Finance Outturn Report – Strategic Commission Budgets

Outturn Position £000's	Outturn Position					Net Variance		Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Outturn	Net Variance	COVID Variance	Non-COVID Variance	Previous Month	Movement in Month
Acute	218,381	0	218,381	218,287	94	0	94	(296)	389
Mental Health	45,225	0	45,225	45,049	177	0	177	7	170
Primary Care	92,451	0	92,451	92,904	(453)	0	(453)	(26)	(427)
Continuing Care	14,521	0	14,521	14,731	(210)	0	(210)	475	(685)
Community	40,298	0	40,298	40,514	(215)	0	(215)	(68)	(147)
Other CCG	35,191	0	35,191	34,653	539	0	539	(89)	628
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0	0
CCG Running Costs	4,541	0	4,541	4,471	70	0	70	0	70
Anticipated COVID Top Up	0	0	0	0	0	0	0	0	0
Adults	85,935	(46,596)	39,339	38,509	830	3,925	(3,095)	260	570
Children's Services - Social Care	64,286	(10,288)	53,998	56,964	(2,966)	0	(2,966)	(3,682)	716
Education	31,730	(25,322)	6,407	6,585	(178)	(465)	287	(473)	295
Individual Schools Budgets	118,592	(118,592)	0	0	(0)	0	(0)	0	(0)
Population Health	15,910	(291)	15,619	14,453	1,166	1,153	13	(3,319)	4,484
Operations and Neighbourhoods	80,504	(27,583)	52,921	53,584	(662)	(726)	64	(1,300)	637
Growth	42,834	(34,537)	8,297	8,572	(275)	390	(665)	(882)	607
Governance	67,260	(57,735)	9,524	9,854	(329)	(1,146)	817	(627)	297
Finance & IT	9,537	(1,907)	7,630	7,100	530	(21)	551	112	418
Quality and Safeguarding	378	(237)	141	104	37	0	37	24	13
Capital and Financing	13,070	(9,624)	3,447	8,719	(5,272)	(7,308)	2,036	(5,342)	70
Contingency	2,772	0	2,772	795	1,976	(694)	2,670	967	1,010
Contingency - COVID Costs	0	0	0	32,488	(32,488)	(32,488)	0	(40,465)	7,977
Corporate Costs	5,486	(301)	5,184	4,864	321	(33)	354	232	88
LA COVID-19 Grant Funding	0	0	0	(26,615)	26,615	26,615	0	44,095	(17,479)
Other COVID contributions	0	0	0	(10,798)	10,798	10,798	0	10,193	605
<b>Integrated Commissioning Fund</b>	<b>988,901</b>	<b>(333,013)</b>	<b>655,887</b>	<b>655,785</b>	<b>102</b>	<b>0</b>	<b>102</b>	<b>(204)</b>	<b>306</b>

# Finance Outturn Report – Headlines

## CCG COVID Spend

Throughout 2020/21 the CCG has been able to submit claims for any COVID related expenditure, over and above baseline allocation.

All eligible COVID related claims for 2020/21 have been approved and £13,274k of additional allocation was received in total. This includes a final adjustment of £19k received on 23 April.

The Hospital Discharge Programme has been the largest area of COVID related expenditure, with a total reclaim of £9,425k. This includes support to care homes through guaranteed payments in the early days of the pandemic and more recently the Discharge to Assess programme, where the NHS has funded up to 6 weeks of post discharge care while the patient goes through the assessment process.

We have also reclaimed costs to facilitate remote management of patients, purchase PPE, support primary care and enable vaccine rollout.

In 2021/22 eligible costs will be limited to Hospital discharge programme (HDP) and vaccine related costs.

## Mental Health

The reported underspend of £177k is driven by a reduction in the number of individualised commissioning patients. This is a low volume, high cost area which can result in forecasting volatility from month to month, as patients are discharged and admitted into placements.

Despite this, we have fully achieved the Mental Health Investment Standard.

## CCG Budgets & Allocation

This report covers £450,608k of spend across 2020/21 as a whole. Allocations at M12 are £1,607k lower than reported last month, including:

- £532k SDF Crisis Funding
- £284k M12 Top Up for HDP & Independent Sector
- **-£615k** Refund of unspent Lung Health Checks funding,
- **-£311k** Refund unspent ARRs funding
- **-£1,463k** System Funding Adjustment. Under the phase 3 command and control financial regime, a financial envelope has been set at an STP (Sustainability and Transformation Partnership) level. In recent months reported surpluses at T&G and at other CCGs have been used to offset pressures at other organisations across Greater Manchester. However as detailed last month, each constituent part of the STP must report a break even position at year end. Necessitating this IAT, which is made up of the previously reported surplus plus additional slippage (e.g. on GM Levy).

## Primary Care

A pressure of £453k against budget is largely driven by prescribing. While the number of prescription items issued are broadly inline with historic levels, prices have increased significantly. A range of factors including availability of medications throughout the pandemic and Brexit help to explain this change, which has resulted in a cost increase of 7.13% versus 19-20 which is entirely attributable to prices changes.

## Other

Budgets in 'Other' include a non recurrent, in-year commissioning reserve. Actual spend relating to this budget are captured in individual expenditure lines (e.g. 'true up' on estates or to provide for new CHC restitution claims, both of which we think will be impacted by COVID this year), creating an apparent variance against this budget. This has also been used to offset pressures else where in the CCG ledger to ensure an overall breakeven position could be reported.

## Children's Services (£2,966k)

The outturn position of £2,966k over budget is an improvement on the forecast reported at period 11 of £3,682K but remains significantly in excess of budget. The overspend is predominantly due to the number and cost of external placements. As at the end of March the number of Cared for Children was 682 a reduction of 19 from the 701 reported in the previous month.

The variation between the forecasts at period 11 and the outturn position is predominately due to a favourable variation in relation to income and expenditure on short breaks for Children with Disabilities. Work is required in this area to improve the data quality for which forecasts are based on.

## Capital and Financing (£5,272k)

As reported in previous reports, the adverse variance on Capital and Financing budgets is predominantly due to the loss of the budgeted £6.4m dividend income from Manchester Airport. This income loss has been mitigated in part by additional income of £727k accrued in respect of the July 2020 investment in the airport and savings on the pension advanced payment being in excess of budget by £494k.

## COVID Costs (£32,488k)

The Council has incurred £32,488k of direct additional costs as a result of the COVID pandemic, with further indirect pressures and income losses, net cost savings or additional income attributed to COVID across Directorates of £1,309k. This excludes the impact of COVID on the quantum and percentage of income collected from Council Tax and Business Rates. Further analysis of COVID costs and income losses is included in appendix 2 (service area detail) and appendix 3 (Council Tax and Business Rates).

## Council Budgets – other variances

Further detailed analysis of Council budget variances is included in Appendix 2. COVID pressures have been funded from COVID grant but there are significant non-COVID variances in a number of areas which have been offset by contingency budgets and additional investment income, Key messages and headlines across other budget areas include:

- **Adults** – The net underspend position has arisen due to significant additional income and redirection of resources to address the implications of the COVID pandemic. There is an underlying 'non-covid' pressure of approximately £3m – additional funding has been included in the 2021/22 budget but there remains a risk that pressures will continue to exceed budget.
- **Population Health** – The underspend and improved position from last month is due additional income into the directorate to recognise the redirection of resources onto COVID. Provision for financial support to Active Tameside has been moved and included within COVID Costs.
- **Operations & Neighbourhoods, Growth, Governance** – The improved position in each of these areas is due mainly to additional income being allocated to the services to fund the redirection of resources onto the COVID response.
- **Finance & IT** – The improved position is due to delays experienced on a number of IT projects during February and March, which has meant spend has been delayed into 2021/22.
- **Contingency** – The release of general contingencies had been delayed until month 12 in the event of any unexpected significant pressures in the final two months of the year.
- **COVID costs and funding** – All direct COVID costs have been fully funded by specific or general COVID grants received in 2020/21. The Council will carry forward £11.3m of COVID funding into 2021/22, of which £5.239m is earmarked to fund the 21/22 budget and £2.6m to offset Collection Fund Losses.

# Finance Summary Position – T&G ICFT

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	Month 12			Outturn 20/21		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
<b>Total Income</b>	<b>£22,907</b>	<b>£23,848</b>	<b>£941</b>	<b>£271,228</b>	<b>£272,855</b>	<b>£1,627</b>
Employee Expenses	(£15,009)	(£16,468)	(£1,459)	(£183,530)	(£177,444)	£6,086
Non Pay Expenditure	(£6,988)	(£7,773)	(£785)	(£78,198)	(£71,234)	£6,964
<b>Total Operating Expenditure (excl. COVID-19)</b>	<b>(£21,997)</b>	<b>(£24,241)</b>	<b>(£2,244)</b>	<b>(£261,728)</b>	<b>(£248,678)</b>	<b>£13,050</b>
Income - COVID-19 (Mass Vaccs)	£0	£813	£813	£0	£1,788	£1,788
Income - COVID-19 (Staff Vaccs)	£0	£17	£17	£0	£66	£66
Employee Expenses - COVID-19	(£1,312)	(£2,031)	(£719)	(£8,009)	(£15,968)	(£7,959)
Non Pay Expenditure - COVID-19	(£337)	(£328)	£9	(£1,951)	(£5,034)	(£3,083)
<b>Total Operating Expenditure - COVID-19</b>	<b>(£1,649)</b>	<b>(£1,529)</b>	<b>£120</b>	<b>(£9,960)</b>	<b>(£19,147)</b>	<b>(£9,187)</b>
<b>Total Operating Expenditure</b>	<b>(£23,646)</b>	<b>(£25,770)</b>	<b>(£2,124)</b>	<b>(£271,688)</b>	<b>(£267,825)</b>	<b>£3,863</b>
<b>Financing Costs</b>	<b>(£474)</b>	<b>(£424)</b>	<b>£50</b>	<b>(£5,889)</b>	<b>(£5,088)</b>	<b>£801</b>
<b>Net Surplus/ (Deficit) before exceptional Items</b>	<b>(£1,213)</b>	<b>(£2,346)</b>	<b>(£1,133)</b>	<b>(£6,349)</b>	<b>(£58)</b>	<b>£6,291</b>
Trust Efficiency Programme	£290	£0	(£290)	£1,500	£711	(£789)

## Trust Financial Summary

The Trust reported a net deficit in month 12 of c.£2.346m after receipt of all funding which represents an adverse movement from month 11 of £3.287m. This adverse movement is largely as a result of non-recurrent recurrent items. At Month 11, the Trust was reporting a forecast outturn deficit of c.£108k, the Trust has reported an improvement of c.£50k by delivering an outturn of £58k deficit for the financial year 2020/21.

Total COVID expenditure incurred in month equates to c.£1.529m and c.£19.147m for the year ending March 31<sup>st</sup> 2021.

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:

The trust is currently working through plans to ensure delivery against the nationally prescribed activity targets in line with national planning guidance.

## Planning 2021/22 Update

Following recent national guidance, the current financial framework will continue into H1 (Month 1-6) 2021/22 with the primary objective being to ensure GM System delivers a breakeven position.



# APPENDIX 2 – Strategic Commission Detailed Analysis

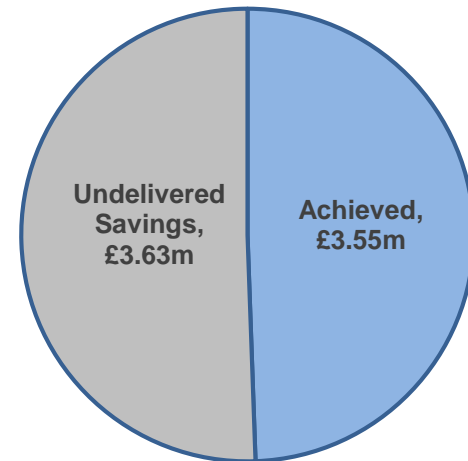
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# Local Authority Savings Progress

Directorate	Opening Target £000s	Undelivered Savings £000s	Achieved £000s
Adults	981	188	793
Children's Services	0	0	0
Children's - Education	100	0	210
Population Health	326	326	0
Operations and Neighbourhoods	682	150	532
Growth	500	500	0
Governance	105	30	75
Finance & IT	840	15	825
Quality and Safeguarding	0	0	0
Capital and Financing	3,002	2,400	792
Contingency	0	0	0
Corporate Costs	204	25	326
<b>Total</b>	<b>6,740</b>	<b>3,634</b>	<b>3,553</b>
<b>%</b>		<b>53.9%</b>	<b>52.7%</b>

## Savings 2020/21



### SAVINGS PROGRESS

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

**Vacancy Factor** - The total vacancy factor for the year is £2,387k. For 2020/21 the total underspend relating to vacant posts was £7,769k, therefore significantly overachieving the annual target.

**Other Savings** – Overall the Council has achieved savings of £3,553k against a target of £6,740k. Planned savings of £3,634k will not be delivered with alternatives now being planned and delivered in place of the original targets.

# Local Authority Pressures

## PRESSURES

The 2020/21 Council Revenue Budget included funding for pressures across the services of £23,075k. At the end of the 2020/21 financial year total pressures have come in under what was budgeted for, however in some cases where funding was provided for one-off pressures, the budget has been transferred to reserves so it can be utilised next year. Further narrative on increases and decreases in pressures is included in the narrative for each service later in this report.

Directorate	Pressures funded in budget £000s	Pressures materialised £000s	Increase/(decrease) in pressures £000s	Budget transferred to reserves £000s
Adults	3,109	2,943	(166)	0
Children's Services	10,509	13,622	3,113	250
Children's - Education	402	1,052	650	0
Population Health	466	466	0	0
Operations and Neighbourhoods	3,533	1,943	(1,590)	1,450
Growth	3,039	1,482	(1,557)	1,361
Governance	842	777	(65)	0
Finance & IT	1,463	1,166	(297)	0
Quality and Safeguarding	0	0	0	0
Capital and Financing	320	40	(280)	0
Contingency	(639)	(639)	0	0
Corporate Costs	31	31	0	0
<b>Total</b>	<b>23,075</b>	<b>22,883</b>	<b>(192)</b>	<b>3,061</b>

Adults	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Outturn £000's	Variance £000's
Adults Commissioning Service	56,832	(20,854)	35,978	34,488	1,489
Adults Neighbourhood Teams	8,244	(85)	8,158	8,262	(103)
Integrated Urgent Care Team	2,054	(10)	2,044	1,756	288
Long Term Support, Reablement & Shared Lives	13,051	(1,062)	11,990	12,270	(281)
Mental Health / Community Response Service	4,280	(1,215)	3,065	4,237	(1,172)
Senior Management	1,474	(23,370)	(21,896)	(22,504)	608
<b>TOTAL</b>	<b>85,935</b>	<b>(46,596)</b>	<b>39,339</b>	<b>38,509</b>	<b>830</b>

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## BUDGET VARIATIONS

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

### Underspends:

- **£2,241k** - The Council has recorded a large net underspend on the costs of Residential & Nursing placements. A large portion of the budgeted costs were funded by COVID monies, with care intended to facilitate a hospital discharge or avoid an admission covered by the NHS for a period before financial responsibility returned to the Council. The nature of demand for care changed also significantly over the year, with fewer residential placements made and some clients preferring to be cared for at home.
- **£648k** - Placement costs for homecare were reduced overall because of NHS COVID monies, despite a large increase in volumes of weekly Support of Home hours being delivered. In part this arose from some clients preferring to be cared for at home, rather than in a residential placement. Gross expenditure on homecare packages was around £1m above budget, but total COVID funding for Support at Home packages was £1.6m and resulted in a large net underspend. As with the underspend on residential package, the 20/21 position is created by one-off funding and does not fully reflect rising demand for care
- **£664k** - Various contracts within the Adults Commissioning service, in particular the Joint Equipment Store, were part-funded by NHS COVID monies.

## BUDGET VARIATIONS

- **£347k** - Funding provided for independent living has been received, but package costs have not materialised
- **£981k** - There was a general reduction in pay costs compared to budget for the Commissioning, Urgent Care, Reablement and Neighbourhoods teams, with costs being met by NHS contributions, Contain Outbreak Management Funding, and other COVID grants. In some areas, there were delays in recruitment to vacancies.
- **£857k** - The Better Care Fund grant has been uplifted for inflation. This had not been factored in when the budget was set as it was uncertain whether this would be passported through to the Council. Increases in other grant income for the Apprenticeship Levy (£51k) were also recognised.
- **£462k** - Pressures that were budgeted for have not been incurred due to the delayed transfer of support functions to the ICFT (hospital) associated with the transfer of Adult Social Care staff. The delay to the transfer is due to the need to focus all resources in responding to the pandemic.

**Page 59** **£1,170k** - The position includes large amounts from the Contain Outbreak Management Fund (£888k) and discretionary blocks of the Infection Control (£137k) and Workforce Capacity Fund (£145k). These grants were introduced in response to financial pressures arising from COVID-19 and did not form part of the original budget. They enabled assistance to social care providers in responding to outbreaks, measures to reduce infections within the Council's own in-house services, and the provision of greater staff capacity to support hospital discharges and manage changing demand amongst social care clients.

### Pressures:

- **(£1,716k)** - There was a large reduction in Customer and Client Income, corresponding to the lower levels of residential and domiciliary placements noted above and offsetting the reduction in spend on those services. Fees were not charged to clients over the period when their care was fully funded by the NHS, and only resumed once the period of NHS funding expired. Continuing Healthcare (CHC) and other NHS and miscellaneous income was relatively flat, with a further £30k variation. For much of the year when new packages were funded by NHS discharge funding, the volume of new CHC packages was reduced.
- **(£698k)** - The overall cost of the Homemakers service (providing in-house supported accommodation) was £698k above budget, with most (£622k) of this variance arising from staffing costs. Some of this increase arose from increased statutory need and a review of the assessed hours in light of the demands of managing COVID. However, further cost increases of around £200k arose from the opening of the new Mount Street facility. This allowed cost reductions to be achieved against other budgets, mainly in contracted fees to external providers, which are reflected in other underspends and reduced overspends elsewhere in the report. The greater range of in-house placement options will enable the Council to make further savings in the future, through less reliance on more expensive external placements.

## BUDGET VARIATIONS

- **(£557k)** - Higher costs arose on a range of Supported Accommodation contracts, including the five Learning Disability contracts and off-contract placements, plus a number of other smaller contracts. These arise from a combination of pressures, including the National Living Wage increase of 6.2% in FY20/21, and from the requirement for increased care hours in particular areas, particularly with rising demand for some forms of care and given conditions under COVID.
- **(£736k)** - The cost of mental health provision rose sharply above budget, mainly from the increased cost of long-stay residential care packages (£668k), owing to sharp increase on the volume of demands on the service and the average costs of packages. The closure and withdrawal of several contracted providers over the past year has necessitated transferring a number of existing clients to non-contracted providers at a higher per-head costs, along with a number of new clients.
- **(£159k)** - The costs of Direct Payments and the Carers Service within the Homecare service has increased following a higher uptake of this provision. In particular, demand for homecare through Direct Payments has been higher over the past year. Grants by the Carers service have continued and risen sharply above budget (£74k), despite an 18/19 savings proposal to limit these payments.
- **(£1,380k)** - Adults Services' improved financial position over FY20/21 has removed the need for £1.774m of Improved Better Care Funding to be applied, and a further £636k is transferred into the IBCF reserve for application in future years. £361k of funding is expended to support the Intensive Support Contract as previous reported. The remainder of the variance (£669k) is drawn out of reserves and matched to Hosted Services expenditure held within Senior Management.
- **(£274k)** - Contributions to the Greater Manchester Health and Social Care Partnership and Transformation Fund, offset by unused Winter Pressures contributions
- **(£150k)** - The Council incurred higher than expected costs in renting external accommodation for service users in care
- **(£146k)** - The department incurred various additional IT and telephony equipment costs, plus further professional and legal fees as well as other various costs. In many cases these arose from exceptional service and office costs during the pandemic.
- **(£186k)** - A drawdown of £186k in in-house Venture Funds (contributed centrally by the Council to support development and savings proposals) was budgeted by the department but not utilised as the requirement was no longer existent.
- **(£351k)** - Housing benefit income overall reduced by 295k, mainly amongst Supported Accommodation clients. The position on claims for clients within council-funded or managed properties is under review to establish whether current clients have been assessed as ineligible for the benefit, with the possibility that the Council may be able to obtain additional income. On a similar basis, cost recovery for the payment of Council Tax was down by a further £56k

## SAVINGS

### Savings Performance:

- **(£188k)** - The Day Services Review (originally a plan to develop in-house day services around Oxford Park) did not proceed, mainly due to the COVID situation which placed other urgent demands on the service and caused most established day services to be suspended. Revised proposals will be considered over FY21/22.

Scheme	Savings Target 20/21 £000's	Not delivered £000s	Achieved £000's
Review of out of borough placements	254	0	254
Oxford Park	188	188	0
Moving with Dignity	539	0	539
<b>Total</b>	<b>981</b>	<b>188</b>	<b>793</b>

Childrens Services- Social Care	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Outturn £000's	Variance £000's
Child Protection & Children In Need	8,171	(9)	8,162	8,609	(447)
Children's Social Care Safeguarding & Quality Assurance	2,030	(10)	2,020	1,942	77
Children's Social Care Senior	761	(7,268)	(6,507)	(6,491)	(16)
Early Help & Youth Offending	1,061	(693)	368	351	17
Early Help, Early Years & Neighbourhood	6,280	(1,681)	4,599	4,096	503
Looked After Children (External)	27,523	(539)	26,983	30,553	(3,570)
Looked After Children (Internal)	10,718	(13)	10,705	11,404	(699)
Looked After Children (Support Teams)	7,743	(76)	7,667	6,499	1,168
<b>TOTAL</b>	<b>64,286</b>	<b>(10,288)</b>	<b>53,998</b>	<b>56,964</b>	<b>(2,966)</b>

## BUDGET VARIATIONS

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

### Underspends:

- **£625K** - Underspend on employees due to delays in filling vacant posts and delays in establishing the Positive Futures Scheme
- **£157K** - Underspend on staff transport and hired transport due to Covid.
- **£120K** - Underspend on premise related expenditure. Predominately due to an underspend on youth on remand accommodation. The number of young people remanded is unpredictable and fluctuates.
- **£420K** - Underspend on resources and short breaks for Children with Disabilities



## Pressures :

- **(£3,570K)** - Overspend on external placements due to the number of Cared for Children and the cost of placements. As at the end of March the number of Cared for Children was 682 a reduction of 19 from the 701 reported in the previous month. The placement costs for new children coming into care in the majority of cases exceeds the placement cost for children ceasing to be looked after. There are also significant numbers of young people aged 18+ that remain in external placements whilst awaiting access to independent living arrangements. Covid and the eviction ban has also reduced the availability of move on lets for Care Leavers.
- **(£699K)** - Overspend on internal residential placements including Children's Homes, fostering allowances and special guardianship allowances
- **(£63k)** - Overspend on legal fees due to the number of cases and need the for external counsel
- **(£119K)** - Overspend on interdepartmental transport costs for Cared for Children

Education	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Outturn £000's	Variance £000's
Access Services	16,886	(14,073)	2,813	3,520	(707)
Assistant Executive Director - Education	400	(100)	301	192	108
Schools Centrally Managed	1,963	(218)	1,745	1,634	110
School Performance and Standards	758	(547)	211	(22)	233
Special Educational Needs and Disabilities	11,723	(10,385)	1,338	1,260	77
<b>TOTAL</b>	<b>31,730</b>	<b>(25,322)</b>	<b>6,407</b>	<b>6,585</b>	<b>(178)</b>

## BUDGET VARIATIONS

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

### Underspends:

- **£280k** - Non-grant funded staffing expenditure is £376k less than budget due to part and full year staffing vacancies. This is partly offset by the £96k vacancy factor included for the service.
- **£210k** - A review of the budget has been undertaken to understand commitments in year. This has resulted in budget saving of which is suggested supports the wider pressures in the Education service.
- **£125k** - Staff have been re-deployed to support various related covid strands of work. Staff have been supporting the Covid Outbreak Management and £98k has been received for this. There has been £27k received for staff to provide psychological support for students returning to school after the pandemic.
- **£122k** - A reduction in the use of associates within the Education Psychology (EP) team has led to a projected saving on professional fees this financial year. This is partly due to the lockdown restrictions in place reducing the traded time for in-house and contracted Education Psychologists resulting in them carrying out a greater number of statutory assessments.
- **£93k** - Utilisation of grant to support the Social Emotional and Mental Health Service along with Health income to support ASC has resulted in additional income.
- **£58k** - Costs of moderation have reduced as examinations for the academic year were cancelled due to the Covid 19 situation.
- **£135k** - Other minor variations under £50k

## BUDGET VARIATIONS

### Pressures:

- **(£650k)** - SEN Transport - A further pressure of £650k has materialised for the service in 2020/21. However, this is £98k less than previously reported. Suppliers have continued to be paid where contracts are in place throughout the Covid 19 situation. The demand for SEN Transport has continued to rise due to the increase in the number of pupils eligible and the increase in out of borough placements. £14k of this pressure relates to additional costs of transporting pupils in the Easter and Summer half term holidays as a result of schools being open to vulnerable and key worker children during the Covid 19 situation. £76k of this pressure relates to additional routes being supplied in Autumn 20 & Spring 21 terms due to social distancing measures being put in place during the Covid 19 situation.
- **(£478k)** - The Education service has under achieved on its traded income target with schools by £478k due to a reduced buy in to services. The impact of the Covid 19 situation has had a bearing on this under achievement for all traded services including both ad hoc buy in and annual buy in traded offers
- **(£118k)** - There is a projected decrease in Education Welfare penalty notice income due to changes in government legislation during the Covid 19 lockdown periods.
- **(£65k)** - Projected loss of parental and other community income for the Music Service due to restricted access to the service due the Covid 19 lockdown periods.

## SAVINGS

- **£110k** - There is further reduced demand on the budget for Teachers retirement pension costs. It is suggested that this additional saving supports the pressure occurring on SEN Transport.

Scheme	Savings Target 20/21 £000's	Not delivered £000s	Achieved £000's
Teachers Pensions	100	0	210
<b>Total</b>	<b>100</b>	<b>0</b>	<b>210</b>



Service Area	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Outturn £000's	Variance £000's
Population Health	15,910	(291)	15,619	14,453	1,166
<b>TOTAL</b>	<b>15,910</b>	<b>(291)</b>	<b>15,619</b>	<b>14,453</b>	<b>1,166</b>

## BUDGET VARIATIONS

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

### Underspends:

- **£487k** - Various underspends relating to the inability to carry out planned work due to the COVID-19 pandemic. For example, the service has been unable to carry out Health Checks, certain prescribing services and other targeted schemes. This is an increase in the underspend last reported as initially it was anticipated that the access of services would increase throughout the year if the pandemic eased, but this has not materialised.
- **£25k** - There is a proportion of Population Health staff currently supporting the COVID response, and related costs have been charged to NHS Covid funding.
- **£13k** - There has been additional income received in the main from the NHS.
- **£129k** - A contribution from the Contain Outbreak Management Fund has been received to support initiatives on Domestic Abuse.
- **£492k** - A contribution from the Contain Outbreak Management Fund has been received to fund employee costs for staff time spent on Covid Test & Trace tasks.

Quality & Safeguarding	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Outturn £000's	Variance £000's
Safeguarding and Quality Assurance	378	(237)	141	104	37
<b>TOTAL</b>	<b>378</b>	<b>(237)</b>	<b>141</b>	<b>104</b>	<b>37</b>

## BUDGET VARIATIONS

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

### Underspends:

- **£17K** - Reduced premise, transport and printing expenditure due to training courses being delivered on line.
- **£43k** - Supplies and Services - reduction in commissioned training courses

### Pressures:

- **(£16k)** - Employees - unachievable vacancy factor as there are only a few staff members and no vacant posts.
- **(£7k)** - Income pressure primarily due to reduced traded income from maintained schools and a credit note for an invoice raised in a prior year

Operations and Neighbourhoods	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Outturn £000's	Variance £000's
Community Safety & Homelessness	6,209	(2,299)	3,910	4,033	(123)
Cultural & Customer Services	3,784	(372)	3,412	2,809	603
Engineers, Highways & Traffic Management	14,558	(10,798)	3,760	4,687	(928)
Management & Operations	1,425	(2,738)	(1,313)	(1,567)	255
Operations & Neighbourhoods Management	32,596	(179)	32,416	32,386	30
Operations, Greenspace & Markets	6,923	(1,704)	5,219	4,465	754
Public Protection & Car Parks	4,530	(3,518)	1,013	2,064	(1,051)
Waste & Fleet Management	10,479	(5,976)	4,503	4,706	(202)
<b>TOTAL</b>	<b>80,504</b>	<b>(27,583)</b>	<b>52,921</b>	<b>53,584</b>	<b>(662)</b>

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## BUDGET VARIATIONS

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

### Underspends:

- **£275k** - There was an underspend on events within the borough this year as a result of the restrictions relating to COVID-19.
- **£259k** - The Engineering service currently has a number of vacant posts (7 in total including Operational posts and a Head of Service post) which are being held vacant while a restructure is undertaken. It should be noted that 6 of the posts that are vacant are income generating posts which has subsequently impacted on the achievement of expected income levels. It is expected that the new structure will be presented for approval in early 2021/22.
- **£265k** - Due to the timing of the current year's budget being set and the transport levy being agreed, an underspend has materialised.
- **£207k** - Transport related underspends within operations and greenspace due to renewal of part of the fleet resulting in reduced hire and maintenance costs. £100k will be delivered as a recurrent saving in 2021/22
- **£410k** - Changes to the way street sweepings are disposed of have been implemented which has resulted in significant savings. £200k will be delivered as a saving in 2021/22 increasing to 250k recurrently from 2022/23

## BUDGET VARIATIONS

- **£360k** - Due to the increased demand for bereavement services there was an overall increase in income for the year. However, due to current COVID restrictions, the Council is currently subsidising the costs associated with funeral recordings (£27k). Book of remembrance and chapel income has also reduced due to direct impacts of COVID restrictions
- **£313k** - Cultural and Customer Services - combination of 11 vacant posts, 4 of which are in the process of being filled where essential to service continuity. 157k will be delivered as a recurrent saving in 2021/22
- **£643k** - Funding received from the Covid Outbreak Management Fund, predominantly to support Enforcement and Regulatory related expenditure
- **£96k** - Reduction in Libraries spend on books / materials, this isn't directly linked to COVID closures, however it should be noted that expenditure fluctuates year on year depending on when the stock needs renewing so should not be viewed as a recurrent saving.

### Pressures:

- **(£47k)** - Due to businesses being closed during the lockdown period, the pest control service has experienced a reduction in income.
- **(£98k)** - There have been ongoing delays in the street lighting replacement capital scheme which has resulted in additional energy and maintenance costs.
- **(£236k)** - Winter Gritting Costs have exceeded the budget. It is important to note that the Council still benchmark extremely well against statistical neighbours for this function. The cost of an average winter is approximately £550k, the coldest January for 10 years (source = MetOffice) resulted in costs of £693k for 20/21. There has been a recurrent budget issue in this area for a number of years, however as part of a budget realignment exercise the budget has been increased to £600k from 21/22 onwards.
- **(£207k)** - The income received by the markets service, particularly by the outdoor markets, has reduced in recent years as part of a nationwide decline. However this has been exacerbated by the closure of the outdoor market during the lockdown period.
- **(£1,543k)** - Income generated by the car parks within the borough (including fine income) has suffered significantly as a result of reduced demand from COVID-19. There is an additional shortfall as a result of new expected car parks not being operational in 2020/21. A review of car parking options across the borough is currently underway.
- **(£91k)** - Costs associated with operating car parks across the borough such as utility and business rates have exceeded budget. These costs are still incurred despite car parks operating at minimum capacity. Income would usually offset this issue, a budget realignment exercise is to be undertaken in 21/22.
- **(£162k)** - Income shortfalls within licensing and public protection across a number of fees and charges.

- **(£274k)** - Increase in accommodation costs as more Homeless people are placed in temporary accommodation which is a positive outcome. The increased expenditure is partially offset by a combination of in year external grant funding and utilisation of previous years unspent grant funding
- **(£69k)** - Reduced income across Libraries and Cultural Services due to ongoing Covid restrictions
- **(£334k)** - Reduced level of income within in Engineers and Highways. The income budgets require review and alignment with the programme of works including the capital programme. This is currently being addressed with a view to rebasing income and expenditure budgets in 2021/22
- **(£114k)** - Increased spend on wheeled bin purchases, linked to higher volume of residential waste collections as a result of COVID
- **(£165k)** - Materials and other supplies in Bereavement Services have exceeded budget due to additional activity in this area as a result of COVID. This partially offsets the additional income delivered.

## SAVINGS

### Savings Performance:

- **(£150k)** - As previously reported, the additional fees & charges savings target was not achieved by the directorate. It was expected that work would be able to continue throughout the financial year to identify new income streams or ways in which the Directorate can expand its income generating business areas. This has been delayed due to the ongoing impact of COVID but will be progressed in 2021/22.

Scheme	Savings Target 20/21 £000's	Not delivered £000s	Achieved £000's
Extending commercial offer	100	100	0
Procurement	50	50	0
Disposal of Street Sweepings	125	0	125
Waste levy reduction	407	0	407
<b>Total</b>	<b>682</b>	<b>150</b>	<b>532</b>



Growth	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Outturn £000's	Variance £000's
Growth Management	262	0	262	260	2
Development & Investment	1,832	(284)	1,548	1,544	4
Economy, Employment & Skills	2,426	(1,219)	1,207	1,241	(33)
Major Programmes	575	0	575	575	0
Infrastructure	249	(10)	239	270	(31)
Planning	1,489	(1,001)	488	513	(25)
BSF, PFI & Programme Delivery	21,346	(24,037)	(2,691)	(2,688)	(3)
Asset Management	286	(286)	0	8	(8)
Capital Programme	830	(353)	477	321	157
Corporate Landlord	8,631	(1,862)	6,769	6,631	138
Environmental Development	493	(28)	465	357	108
Estates	1,639	(2,686)	(1,046)	(363)	(683)
School Catering	2,776	(2,772)	4	(96)	100
Vision Tameside	0	0	0	1	(1)
<b>TOTAL</b>	<b>42,834</b>	<b>(34,537)</b>	<b>8,297</b>	<b>8,572</b>	<b>(275)</b>

## BUDGET VARIATIONS

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

### Underspends:

- **£378k** - Savings on a number of vacant posts (33) across the directorate. The recruitment to these vacant posts is in progress.
- **£152k** - The number of event bookings reduced due to covid which has resulted in savings on additional caretaking that would have been required.
- **£131k** - Premises related savings across the Council estate due to the reduced use of buildings during covid. These savings primarily relate to utility costs
- **£87k** - Contribution from the CCG to fund asset management and covid testing and vaccination sites
- **£20k** - Reduced levels of staff travel due to covid

## BUDGET VARIATIONS

### Underspends:

- **£190k** - Savings on professional services budgets across the directorate due to a review of commitments during the year. Savings realised within Corporate Landlord (107k), Planning (44k) and Investment and Development (20k) service areas.
- **£100k** - Saving on kitchen repairs and maintenance of £73k, and other minor variations within the primary catering service. This is due to schools remaining open during covid but with far fewer pupils in attendance.
- **£71k** - Maximisation of grant funding against base budget within Economy Employment and Skills.
- **£118k** - Other minor variations

### Pressures:

- **(£192k)** - Security costs for sites approved for disposal without budget allocation that were unoccupied during the financial year.
- **(£194k)** - Asset disposal costs associated with assets listed for future disposal that are not expected to be financed via the future capital receipts realised.
- **(£190k)** - Cancellation of events due to covid restrictions that has resulted in a loss of room hire income.
- **(£177k)** - Reduced levels of Planning application and Building regulation fee income due to covid restrictions
- **(£131k)** - Interim agency costs covering vacant posts across the Directorate supporting key priorities in excess of budget allocation
- **(£138k)** - Reduction of rental income due from tenancies. This includes £71k income loss from Clarendon Shopping Centre, Hyde (profit share arrangement). The loss is primarily due to an increase in the number of vacated premises during covid.

## SAVINGS

### Savings Performance:

- **(£500k)** - Additional rent review income has not been achieved in year. Rent increases will be reprofiled incrementally against budget provision between 2021/22 to 2024/25 with additional revenue expected during this period incorporated into the Council's Medium Term Financial Plan to support future year savings requirements.

Scheme	Savings Target 20/21 £000's	Not delivered £000s	Achieved £000's
Estates Property Rent Reviews	500	500	0
<b>Total</b>	<b>500</b>	<b>500</b>	<b>0</b>

Governance	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Outturn £000's	Variance £000's
Democratic Services	791	(119)	672	429	242
Executive Support	1,814	(184)	1,629	1,452	177
Governance Management	185	(90)	95	96	(1)
Legal Services	1,590	(34)	1,557	1,565	(8)
Exchequer	56,908	(55,348)	1,560	2,618	(1,058)
Policy, Performance & Communications	1,765	(290)	1,474	1,404	70
HR Operations & Strategy	1,357	(697)	660	561	99
Organisational & Workforce Development	711	(135)	576	470	106
Payments, Systems and Registrars	2,139	(838)	1,302	1,258	44
<b>TOTAL</b>	<b>67,260</b>	<b>(57,735)</b>	<b>9,524</b>	<b>9,854</b>	<b>(329)</b>

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

**Underspends**

- **£653k** - Employee related expenses including training are less than budget due to a combination of vacant posts held, maternity leave and delays to recruitment to posts across the directorate.
- **£168k** - Democratic Services elections budget not utilised in full in 2020/21 due to the cancellation of elections in 2020 as a result of the COVID 19 pandemic. Budget will be required in 2021/22 for May 2021 elections.
- **£92k** - Budget of £92k for potential Housing Benefit debt write-offs not required in 2020/21 as recovery performance has been maintained.
- **£154k** - There has been additional income for HR identified of £100k from the Clinical Commissioning Group (CCG) for 20/21 to deal with NHS reorganisation, additional advice and support through the pandemic for staff employed across health and social care. Also, unexpected additional Income of £54k to the Executive Support Service from CCG underspends in year.

- **£343k** - One off funding allocated to the provision of Homelessness accommodation from the Contain Outbreak Management Fund of £184k and £159k of additional income for Covid 19 Isolation payment administration costs.
- **£26k** - Other minor net variations of £50k across the directorate

## Pressures

- **(£425k)** - The value of costs recovered in respect of council tax and business rates debt collections costs is significantly less than budget and previously forecast due to delays and restrictions on the recovery processes due to the covid pandemic
- **(£1,123k)** - Within Housing Benefit there is an element of Expenditure on board and lodging or non self-contained licensed accommodation where the local authority is landlord relating to the provision of Homelessness accommodation. The Local Housing Allowance limits meant that we can only claim subsidy up to a certain level. The Gross Expenditure is £1.775m of which we cannot claim subsidy for £1.123m. This expenditure has significantly increased from previous years and Covid 19 again as impacted upon this. This expenditure has transferred to the Homelessness Service within Operations and Neighbourhoods from 1 April 2021 as they are better placed to manage the expenditure
- **(£80k)** - Income is (£80k) less than budget due to a reduction in the number of schools purchasing HR, Payroll and Recruitment and Teacher Trade Union service.
- **(£29k)** - Registrars Income is under the income budget target of £228k by (£29k) , however there has been a (£44k) loss of ceremony income as a result of the COVID 19 situation. Without this the service would have exceeded the budgeted income target by £15k
- **(£38k)** - The Priority Account Service (Oxygen) has a net income target of £50k. Due to COVID 19 and based on the 7 month cessation of the programme the actual expenditure was £66k and income to be £78k. Along with the £50k income target there is an estimated shortfall of (£38k).
- **(£40k)** - As a result of underspends across the Policy and Communications budget, one off funding has been identified for a Fostering Marketing and Recruitment Campaign of £40k.

## SAVINGS

Savings Performance:

- **(£30k)** - There was an In year savings target of (£30k) Strive Programme for schools which was not achieved. This saving was removed from the budget with alternative mitigating savings delivered in its place.

Scheme	Savings Target 20/21 £000's	Not delivered £000s	Achieved £000's
Cease non-statutory appointee & deputyship service for adults	75	0	75
STRIVE for schools	30	30	0
<b>Total</b>	<b>105</b>	<b>30</b>	<b>75</b>

Finance and IT	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Outturn £000's	Variance £000's
Financial Management	3,519	(1,027)	2,491	2,355	136
Risk Management & Audit Services	1,912	(250)	1,662	1,511	151
Digital Tameside	4,106	(629)	3,477	3,234	243
<b>TOTAL</b>	<b>9,537</b>	<b>(1,907)</b>	<b>7,630</b>	<b>7,100</b>	<b>530</b>

## BUDGET VARIATIONS

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

### Underspends:

- **£153k** - A number of minor underspends across Financial Management including Employees costs £49k, professional services £26k, additional income £12k, income management charges £12k and other minor variations .
- **£90k** - Risk & Insurance underspend relates mainly to employee costs due to vacant posts throughout the year.
- **£65k** - Central Insurance Costs - The contribution to insurance reserves is £65k in excess of budget based on the independent actuarial assessment of the required provision and reserves for self insurance.
- **£70k** - IT Device Management - Following the decision to purchase Office 365 licences in 2021/22, there is no longer a requirement to purchase additional Microsoft Operating System licences.
- **£263k** - Due to Data Centre completion being later than planned a number of expected costs relating to hardware and software have been delayed. The forecast had also assumed that £74k of capital costs relating to the data centre would need to be funded from revenue budgets which is no longer required.
- **£41k** - Other minor variations in spend across Digital Tameside

### Pressures:

- **(£21k)** - Due to the current Covid-19 situation and the majority of staff working from home there isn't the same demand to print. Therefore, the recovery of income from services is less than the cost of the Multi Functional Device's (printers/scanners). A review of devices is being carried out.
- **(£44k)** - Additional Data costs relating to the Mobile Phone Contract which have not been recharged to services. Data is recharged based on usage which is lower than previously estimated.
- **(£72k)** - Employee costs have not achieved the vacancy factor due to low turnover. The vacancy factor is not a target and other underspends across the service compensate for this apparent pressure.

## BUDGET VARIATIONS

**Savings Performance:**

**(£15k)** - The saving for STAR Procurement has not been achieved due to the fee not being reduced in 20/21

Scheme	Savings Target 20/21 £000's	Not delivered £000s	Achieved £000's
Financial Management restructure	25	0	25
STAR procurement	15	15	0
Income Management	50	0	50
Insurance	750	0	750
<b>Total</b>	<b>840</b>	<b>15</b>	<b>825</b>

Corporate	Gross Expenditure Budget £000's	Gross Income Budget £000's	Net Budget £000's	Outturn £000's	Variance £000's
Chief Executive	326	0	326	287	39
Corporate and Democratic Core	3,682	(222)	3,460	3,267	193
Democratic Processes	1,478	(79)	1,398	1,310	89
Investment and Financing	13,070	(9,624)	3,447	8,719	(5,272)
Contingency	2,772	0	2,772	(4,130)	6,902
<b>TOTAL</b>	<b>21,327</b>	<b>(9,925)</b>	<b>11,403</b>	<b>9,452</b>	<b>1,950</b>

## BUDGET VARIATIONS

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

### Underspends:

- **£199k** - CDC - Other minor variations under £50k
- **£3,000k** - In Contingency we have an earmarked budget of £3m for specific service pressures. In response to the increased costs incurred across other Council services we have released the full £3m to cover these.
- **£18k** - Debt repayments to the Greater Manchester Debt Administration Fund (GMMDAF) are £18k under budget based on the latest pool rate.
- **£188k** - Payments to internal funds below budget due to low interest rates
- **£866k** - Additional income relating to investment in Manchester Airport Group. This is made up of £722k interest on the "Project Mere" investment in July 2020, an £89k uplift in rent received relating to the Council's share of the airport land, and £55k of interest on previous delayed payments from MAG.
- **£280k** - A pressure relating to financing costs for new IT licenses will not materialise as the initial spend is now only anticipated in the current financial year, meaning the pressure will not materialise until 2021/22. This budget previously sat within IT.
- **£494k** - Savings resulting from the advanced pensions payment made to GMPF in April 2020.

### Pressures:

- **(£25k)** - The Coroners service is a joint service with Stockport MBC (Host) and Trafford MBC and has a budget of £650k. The outturn position is higher than budget, this increase includes costs in relation to COVID 19 activity.
- **(£13k)** - Interest costs are above budget due to a £10m short term loan taken up in quarter 3.
- **(£6,288k)** - No dividend income from Manchester Airport Group (MAG) in light of the financial impact of the COVID 19 crisis on the Airport.
- **(£1,177k)** - Anticipated increase in the bad debt provision for sundry debt. This is mainly due to unpaid debt in year as a result of the COVID crisis.
- **(£1,007k)** - Provision for credit loss in respect of long term debtors due to economic impact of COVID on MAG



## SAVINGS

### Savings Performance:

- **£147k** - Pension Increase Act payments have out turned at an over achievement on the £35k saving due to contributions to costs being reduced
- **£190k** - Projected interest earned on investments due to combination of higher paying fixed interest deals and higher cash balances than initial conservative estimates. This has increased from the P10 projection largely due to the inclusion of some historic interest identified and added in to the year's figures
- **£494k** - Savings resulting from the advanced pensions payment made to GMPF in April 2020.

Scheme	Savings Target 20/21 £000's	Not delivered £000s	Achieved £000's
Treasury Investment Income	50	0	240
Pension Increase Act	35	0	182
Capital & Financing - MRP	552	0	552
MAG Dividend Income	2,400	2,400	0
Other minor budget adjustments	169	25	144
<b>Total</b>	<b>3,206</b>	<b>2,425</b>	<b>1,118</b>

# Acute

£000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M11
Acute Commissioning	205,997	206,245	(248)	205,997	206,245	(248)	219
Ambulance Services	9,694	9,694	0	9,694	9,694	0	(0)
Clinical Assessment & Treatment Centres	1,944	1,639	305	1,944	1,639	305	56
Collaborative Commissioning	215	189	25	215	189	25	25
High Cost Drugs	243	239	4	243	239	4	8
NCAS/OATS	90	141	(51)	90	141	(51)	40
Winter Resilience	198	140	58	198	140	58	40
<b>Total - Acute</b>	<b>218,381</b>	<b>218,287</b>	<b>94</b>	<b>218,381</b>	<b>218,287</b>	<b>94</b>	<b>389</b>

- The Acute Commissioning cost centre includes expenditure with both acute NHS providers and the independent sector:
  - **NHS Providers** – Expenditure with the GM acute trusts is based upon nationally calculated command and control values plus services charged outside of the block arrangements (e.g. IT at the ICFT). Spend is in line with budget.
  - **Independent Sector** – While baseline budgets in H2 included some resource for Independent Sector Spend, this was based upon actual activity between April and July 2020 where activity was limited by national lockdown measures. Top up arrangements were put in place to cover spend in excess of this baseline. The total value of the top up received for the independent sector in 2020/2021 was £1,557k. The improvement in the acute commissioning position since last month is made up of an increase in budget from top up allocations received (£168k) and slightly lower than forecast spend with the independent sector (£51k).
- **Clinical Assessment & Treatment** – Is funded from core CCG budgets, with no access to top up allocations. Throughout the year, there has been the expectation that activity with the provider would return to similar levels to those seen pre COVID levels, and estimates and forecasts have been based on this assumption. However, in reality the volume of activity still hasn't recovered to these expected levels, hence there being a benefit released into the position each month.
- **High Cost Drugs** – The main driver of this reduction in forecast relates to invoices from Lloyds Clinical Homecare invoices. Throughout 20/21 there were ongoing discussions with provider around validation of invoices to ensure invoices received were for activity relating to T&G. This issue was finally resolved in March 21 and validation of 12 months of invoices took place which showed that some activity wasn't T&G's. The provider issued credits for this activity and therefore we have a slight benefit to our position.
- **NCA** – The reduction in forecast relates to a provision included within NCA for invoices from Devolved Administrations. During the first half of 2020/2021, we received a small number of high values invoices from a couple of these providers, so the forecast was increased to report worst case scenario that similar activity would be seen in the second half of 2020/2021. In reality, this didn't happen and we have now received activity invoices up to February 2021 from most providers, meaning the majority of this provision was released giving a benefit to the CCG's position.

# Mental Health

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M11
Child & Adolescent Mental Health	431	828	(397)	431	828	(397)	(480)
Improving Access To Psychological Therapies	272	207	65	272	207	65	61
Learning Disabilities	575	660	(85)	575	660	(85)	(2)
Mental Capacity Act	142	159	(17)	142	159	(17)	(4)
Mental Health Contracts	29,551	29,121	430	29,551	29,121	430	441
Mental Health Services - Adults	1,146	1,338	(192)	1,146	1,338	(192)	(126)
MH - Collaborative Commissioning	1,625	1,621	4	1,625	1,621	4	(0)
MH - Non Contracted Activity	53	3	50	53	3	50	10
Mental Health Services - Other	1,531	1,531	0	1,531	1,531	0	(1)
MH - Specialist Services	523	523	(0)	523	523	(0)	(0)
Mental Health Transformation	1,549	1,443	107	1,549	1,443	107	107
Mental Health - Individualised Commissioning	7,022	6,839	183	7,022	6,839	183	163
Mental Health Neighbourhood	447	417	29	447	417	29	2
MENTAL HEALTH SERVICES - WINTER RESILIENCE	359	359	(0)	359	359	(0)	(0)
<b>Total - Mental Health</b>	<b>45,225</b>	<b>45,049</b>	<b>177</b>	<b>45,225</b>	<b>45,049</b>	<b>177</b>	<b>170</b>

- The Mental Health directorate ended the year with a £177k underspend against budget. The main driver of this variance is a reduction in the value of Individualised Commissioning placements. Individualised Commissioning is an area where low volume and high costs can create volatility within the financial position as patients are discharged and admitted into placements. The number of PICU placements in the second half of the year has been lower than expected, while the traditional winter pressures did not materialise this year.
- To comply with NHS planning guidance for 2020/21, the CCG has to demonstrate increased expenditure in Mental Health through the Mental Health Investment Standard (MHIS). The CCG has achieved its MHIS, demonstrating growth in spend of 6.4% since last year.
- Following the recent rebasing exercise (this required the CCG to rebase values from 16/17 SLR to 18/19 SLR source data), expenditure in excess of £2m has moved from MHIS to Non-MHIS in relation to Dementia and Learning Disabilities. Therefore the target spend had been adjusted. The table below summarises the year end position:

Mental Health Investment Standard (MHIS) Achievement	2020-21 Programme Growth	2019-20 Rebased Outturn (£000)	2020-21 Target MHIS Spend (£000)	2020-21 Actual Spend (£000)	Excess in delivering MHIS %	Excess in delivering MHIS (£)
	5.30%	39,325	41,401	44,040	6.40%	2,639

- As per the guidance the values in this table exclude 3.1m expenditure categorised as Dementia and Learning Disabilities and also expenditure relating to GM Transformation totalling 3.2m. However this does include other Non-Core expenditure relating to 4.1m Prescribing and 1.1m Continuing Healthcare.

# Primary Care

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M11
Prescribing	44,190	44,886	(696)	44,190	44,886	(696)	(142)
Delegated Co-commissioning	37,229	37,291	(62)	37,229	37,291	(62)	(177)
Local Enhanced Services	5,131	4,954	177	5,131	4,954	177	(25)
Out of Hours	2,490	2,492	(2)	2,490	2,492	(2)	(2)
Central Drugs	1,329	1,439	(111)	1,329	1,439	(111)	(24)
Primary Care IT	1,209	1,029	180	1,209	1,029	180	11
Medicines Management - Clinical	527	471	56	527	471	56	4
Oxygen	441	400	41	441	400	41	(20)
Commissioning Schemes	300	257	43	300	257	43	2
GP FORWARD VIEW	165	164	1	165	164	1	16
Primary Care Investments	(559)	(478)	(81)	(559)	(478)	(81)	(70)
<b>Total - Primary Care</b>	<b>92,451</b>	<b>92,904</b>	<b>(453)</b>	<b>92,451</b>	<b>92,904</b>	<b>(453)</b>	<b>(427)</b>

- Prescribing** – Prescribing spend this year was approximately £2.3m higher than in 2019/20. This increase in spend of almost 7% is primarily driven by increased prices for drugs, as usage has reduced by approximately 1.5%. £350k of the additional spend was attributable to sertraline being classified as “No Cheaper Stock Obtainable” due to its limited availability. Despite these increases in cost, QIPP of £375k has been achieved this year. There have been further price increases in a number of Category M items in Quarter 4 and these have been reflected in the year end accrual, which has contributed towards the reported overspend at year end.
- Central Drugs** – Costs are calculated nationally to apportion unidentified prescribing costs which cannot be directly attributed to practices. Costs have increased this year following general increase in prescribing activity during the pandemic, resulting in an overspend.
- Home oxygen** – There has been an underspend of £41k which is attributable to a change in suppliers when the new contract started mid-year and a general reduction in the numbers of patients using the service.
- Delegated** – Overspend and movement since M11 is driven by QOF. Because of uncertainty around the assessment of performance through the pandemic period, a decision was made by the CCG to prudently accrue to 100% achievement in 2020/21 pending completion of the full assessment exercise. Additional pressures have arisen in relation to Locum sickness / Maternity and Paternity. Which in turn are partially offset by a reduction in Minor Surgery estimated activity and reduced Business Rates.
- Local Enhanced Services** – The final position for LCS schemes is an underspend of (£177k). This is as a direct result of COVID and the reduced activity in some of the Locally commissioned service schemes (£104k). In addition there is been reduced activity from the Pharmacy minor ailments schemes (£55k) and the Minor Eye care service (£13k), which are both reliant on face –to- face interactions. There was also a further (£5k) reduction on room hire.

# Continuing Care

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M11
Adult Joint Funded Continuing Care Personal Health Budgets	0	2	(2)	0	2	(2)	0
CHC Adult Fully Funded	7,186	7,400	(214)	7,186	7,400	(214)	(391)
CHC Adult Joint Funded	556	744	(187)	556	744	(187)	(212)
CHC Adult Personal Health Budgets	3,717	3,489	228	3,717	3,489	228	(28)
CHC Assessment & Support	1,136	1,115	21	1,136	1,115	21	(17)
Children's CHC Personal Health Budgets	35	22	13	35	22	13	(2)
Children's Continuing Care	167	174	(7)	167	174	(7)	(4)
Funded Nursing Care	1,725	1,785	(61)	1,725	1,785	(61)	(31)
<b>Total - Continuing Care</b>	<b>14,521</b>	<b>14,731</b>	<b>(210)</b>	<b>14,521</b>	<b>14,731</b>	<b>(210)</b>	<b>(685)</b>

- Previous reports talked about an expected underspend in CHC, many due to overachievement of the QIPP target due to many packages of care being funded from COVID monies in the first half of the year. However, in Month 12, T&G CCG have funded a PuPOC (Previously unassessed periods of care) claim for one patient that was £69k. This is a package of care that was due to have a CHC review as COVID started and CHC was stood down. The patient has been reimbursed for the expenditure they incurred as this patient could potentially have been deemed as CHC eligible and therefore should not have paid for any of their care.
- The CHC team have identified a potential of approximately 5 further packages of care that missed an assessment when COVID hit. These were not eligible for packages funded from COVID HDP as the package started before 19<sup>th</sup> March. The CCG have increased the claim provision for 5 more of these packages, but at an average cost of £50k, not the higher value of £69k as there may be more restitution claims. This along with the 3 packages paid in 20/21 has put an unanticipated pressure of £350k on CHC.
- It has also been identified that there are 3 joint packages of care with Local Authorities where it is likely that the CCG should have picked up the full cost of the package for the financial year, not just the agreed funding split which again, was due to be reviewed when CHC was stood down. This has identified a liability of £180k that was not anticipated previously.
- FNC increased by £30k due to the volume of patients increasing as COVID funding ended.
- Overall the CHC directorate outturn was £210k over-performing. This was mainly driven by Joint Funded packages not expected and increase in provision to PuPOC. CHC did achieve it's QIPP target of £500k, mainly due to costs funded partly through the year from COVID monies that would normally have sat within CHC. There is an expectation that demand levels prior to 2020/21 will return in 2021/22.

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M11
Community Services	38,491	38,465	26	38,491	38,465	26	16
Hospices	710	710	(0)	710	710	(0)	(0)
INTERMEDIATE CARE	464	699	(235)	464	699	(235)	(235)
Wheelchair Service	521	521	(0)	521	521	(0)	69
Palliative Care	113	119	(6)	113	119	(6)	3
<b>Total - Community</b>	<b>40,298</b>	<b>40,514</b>	<b>(215)</b>	<b>40,298</b>	<b>40,514</b>	<b>(215)</b>	<b>(147)</b>

- The majority of the community services budget relates to services provided by the ICFT, which is within the scope of the block contract. Payments are fixed and were not subject to change throughout the year.
- While most COVID spend is contained within the 'Other' directorate, we are coding some of the Hospital Discharge Programme (HDP) to the Intermediate Care cost centre. HDP – Scheme 2 funding is in place for packages that stemmed from a Hospital Discharge since 1<sup>st</sup> September, where a 6 week deadline was given for the patient to be fully assessed.  
The Discharge to Assess scheme has funded 236 packages to date, with an additional allocation of £464k received through the top up process. The average length of stay is currently 25 days (against a maximum 42 days allowed). At the end of March there were 36 open D2A packages awaiting full assessment.  
HDP funding will continue to be available into the first half of the new financial year, albeit with reduced rates in Q2 (where a maximum of 4 weeks of care can be reclaimed).
- Other services have delivered broadly in line with budget. The slight pressure on palliative care relates to Marie Curie invoices

# Other

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M11
Programme Projects	13,682	13,888	(206)	13,682	13,888	(206)	(213)
Better Care Fund	13,769	13,762	7	13,769	13,762	7	257
Property Services	3,553	3,764	(211)	3,553	3,764	(211)	(468)
Patient Transport	1,227	1,229	(1)	1,227	1,229	(1)	124
NHS 111	812	812	(0)	812	812	(0)	0
Safeguarding	458	441	17	458	441	17	17
Clinical Leads	405	392	12	405	392	12	(1)
Nursing and Quality Programme	205	204	1	205	204	1	(2)
Transformation Funding	75	171	(96)	75	171	(96)	(98)
Commissioning Reserve	1,012	0	1,012	1,012	0	1,012	1,012
Commissioning - Non Acute	(8)	(12)	4	(8)	(12)	4	(0)
<b>Total - Other</b>	<b>35,191</b>	<b>34,653</b>	<b>539</b>	<b>35,191</b>	<b>34,653</b>	<b>539</b>	<b>628</b>

- Programme Projects** – The majority of COVID related expenses have been captured within this cost centre. All eligible COVID related claims for 2020/21 have been approved and £13,274k of additional allocation was received in total. In 2021/22 eligible costs will be limited to the hospital discharge programme (HDP) and vaccine related costs.
  - HDP Scheme 1** (for packages that stemmed from a Hospital Discharge between 19th March and 31st August and that had not yet had a Care Act Assessment or a Full CHC Assessment) are coded to this cost centre. We are able to reclaim pre-assessment placement costs until the end of March, but not beyond this date. On 31st March 2021 there were 2 packages where the individual has not yet had an assessment. Both of these are Glossop residents and Derbyshire are leading the assessment process. Plans are in place to assess the individuals as soon as possible.
- Commissioning Reserve** – This represents in year contingency set aside to manage risk and provide for known pressures. The apparent underspend is required to ensure that the reported CCG position is balanced.
- Property** – Although the providers hold occupancy leases, the funding for the estates costs for community services, still flows through the CCG. This includes Ashton and Glossop primary care centres. All historic queries with NHS Property Services has now been addressed and all invoices have been made

The reported overspend and movement since last month relates to anticipated 'true up' costs. While invoices have not yet been received, we understand that cleaning and other costs have increased during the pandemic. These costs would ultimately be recharged to the CCG through the 2020/21 'true up' process, therefore we have made provision for this in our accounts.

# CCG Running Costs

	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Annual Budget £000's	Forecast Outturn £000's	Forecast Variance £000's	Movement From M11
Finance	1,194	1,194	(1)	1,194	1,194	(1)	(10)
Commissioning	922	916	6	922	916	6	1
CEO/Board Office	558	556	2	558	556	2	(3)
ADMINISTRATION & BUSINESS SUPPORT	349	348	1	349	348	1	0
IM&T	307	306	0	307	306	0	0
Corporate Costs & Services	264	243	21	264	243	21	21
Communications & HR	212	210	2	212	210	2	2
Human Resources	134	141	(7)	134	141	(7)	(7)
Nursing	123	123	0	123	123	0	19
Estates & Facilities	104	104	0	104	104	0	0
Corporate Governance	81	92	(10)	81	92	(10)	(12)
Chair & Non Execs	94	88	6	94	88	6	6
Contract Management	65	65	0	65	65	0	0
IM&T Projects	52	57	(5)	52	57	(5)	(2)
Equality & Diversity	29	29	0	29	29	0	0
QIPP	54	0	54	54	0	54	54
General Reserve - Admin	0	0	0	0	0	0	0
<b>Total - CCG Running Costs</b>	<b>4,541</b>	<b>4,471</b>	<b>70</b>	<b>4,541</b>	<b>4,471</b>	<b>70</b>	<b>70</b>

- The CCG received an allocation of £4,541k to fund running costs in 2020/21. We are not allowed to exceed this limit, but any underspend on running costs can be used to offset pressures across the CCG as a whole.
- The 2020/21 running cost allocation incorporates a 20% national efficiency requirement. This was comfortably realised because of historic savings achievement, most notably benefits of integration with the Council (e.g. single CEO/CFO and co-location at Tameside One).
- At year end we had underspent by £70k versus the running cost target. This position includes a £54k contribution towards QIPP, which has been met from a combination of vacancies, unused travel costs budgets and savings against other corporate overheads like printing, training and conference costs.



## COVID-19 Grant funding and other contributions

The table below details the grant funding and contributions the Council is has received in relation to the COVID-19 pandemic;

COVID-19 Grant Funding and other Contributions	Amount Received £000	Amount Spent £000	Balance £000	Treatment of remaining balance
Local Authority Support Grant	21,451*	9,728	11,723	Transferred remaining amount to earmarked reserves to be utilised in future years. £5.239m of this has been earmarked to fund the Council's 2021/22 budget.
Council Tax Hardship Grant	2,158	2,158	0	Grant fully spent in year
Local Authority Discretionary Grant Fund	2,469	2,299	170	Received more grant than was awarded to businesses, additional grant received will be returned to Department for Business, Energy and Industrial Strategy (BEIS).
Local Restrictions Support Grant (Open)	2,027	1,749	278	Grant scheme runs until 30th April 2021, remaining grant carried forward to fund schemes awarded in April 2021
Additional Restrictions Grant	6,804	3,772	3,032	Grant scheme runs until 30th June 2021, remaining grant carried forward to fund schemes awarded in Quarter 1 of 2021
Test and Trace Support Payments Grant	454	89	365	Remaining grant carried forward to fund schemes awarded next year.
Emergency Assistance Grant for Food and Essential Supplies	332	183	149	Transferred remaining amount to earmarked reserves to be utilised in future years.
Income Compensation Grant	986	1,481	(495)	Income compensation was provided up to November 2020, the remaining £495k is the amount owed to the council for the last four months of 2020/21

\* £7.648m of Local Authority Support Grant was received in 2019/20 and carried forward into 2020/21. This is included in the £21.451m.

## COVID-19 Grant funding and other contributions (continued)

COVID-19 Grant Funding and other Contributions	Amount Received £000	Amount Spent £000	Balance £000	Treatment of remaining balance
Compliance and Enforcement Grant	146	146	0	Grant fully spent in year
Winter Grant Scheme	671	1,125	(454)	Amount owed to the council to fund the costs associated with the Winter Grant Scheme.
Test and Trace Service Support Grant	1,420	132	1,288	Remaining grant carried forward to be utilised next year
Contain Outbreak Management Fund	6,415	2,416	3,999	Remaining grant carried forward to be utilised next year
Infection Control Fund Grant	428	428	0	Grant fully spent in year
Asymptomatic Testing Sites	0	211	(211)	Amount owed to the council to fund the costs associated with the Asymptomatic Testing Sites
Community Champions	368	1	367	Transferred remaining amount to earmarked reserves to be utilised in future years.
Rapid Testing Fund	105	105	0	Grant fully spent in year
Workforce Capacity Fund	577	569	8	Received additional grant, balance remaining will be returned to Department for Health and Social Care (DHSC)
Other COVID-19 contributions	10,798	10,798	0	Contributions fully spent in year
Clinically Extremely Vulnerable Funding	307	24	283	Transferred remaining amount to earmarked reserves to be utilised in future years.
<b>Totals</b>	<b>57,914</b>	<b>37,414</b>	<b>20,500</b>	

## COVID-19 Spend

This table details the Council's COVID spend split by services and the many COVID-19 grant funded schemes.

Direct COVID spend is not presented within the service positions, and are mainly costs directly attributable to COVID that can individually be identified and allocated against the COVID-19 funding.

Indirect COVID spend is presented within the service positions, these are costs and loss of income that due to their nature can't easily be individually split out from the non-COVID elements and allocated against the COVID-19 funding.

Service	Direct £000	Indirect £000	Total £000
Adults	9,381	(3,925)	<b>5,456</b>
Children's Services	252	0	<b>252</b>
Education	76	465	<b>541</b>
Schools	0	0	<b>0</b>
Population Health	4,059	(1,153)	<b>2,906</b>
Operations and Neighbourhoods	1,946	580	<b>2,526</b>
Growth	86	(390)	<b>(304)</b>
Governance	279	1,146	<b>1,425</b>
Finance and IT	81	21	<b>102</b>
Quality and Safeguarding	0	0	<b>0</b>
Capital and Financing	0	7,308	<b>7,308</b>
Contingency	0	695	<b>695</b>
Corporate Costs	523	33	<b>556</b>
Council Tax Hardship Grant	2,158	0	<b>2,158</b>
Local Authority Discretionary Grant Fund	2,299	0	<b>2,299</b>
Local Restrictions Support Grant (Open)	1,749	0	<b>1,749</b>
Additional Restrictions Grant	3,772	0	<b>3,772</b>
Test and Trace Support Payments	89	0	<b>89</b>
Emergency Assistance Grant for Food & Essential Supplies	183	0	<b>183</b>
Compliance and Enforcement Grant	146	0	<b>146</b>
Winter Grant Scheme	1,125	0	<b>1,125</b>
Test and Trace Support Grant	153	0	<b>153</b>
Contain Outbreak Management Fund	2,416	0	<b>2,416</b>
Infection Control Fund	428	0	<b>428</b>
Asymptomatic Testing Sites	211	0	<b>211</b>
Rapid Testing Fund	105	0	<b>105</b>
Community Champions	1	0	<b>1</b>
Workforce Capacity Fund	569	0	<b>569</b>
Clinically Extremely Vulnerable	24	0	<b>24</b>
Discharge to Assess Payments	524	0	<b>524</b>
<b>Totals</b>	<b>32,634</b>	<b>4,780</b>	<b>37,414</b>

# Budget Virements

## Budget Virements

The table below details the budget virements that need approval;

Service	Reason for virement	Virement Between	Transfer Between		Virement amount £	Nature of virement
			Debit	Credit		
Adults	Transfer to cover costs of unrecoverable client fees	Director	Adult Services	Contingency	601,400	Non-recurrent
Governance	Legal budget required for specific project	Director	Governance	Contingency	3,560	Non-recurrent
Growth	Transfer of budget via Capital financing to support the borrowing costs associated with PFI schemes.	Director	Capital Financing	Growth	2,691,020	Non-recurrent

# Reserve Transfers

## Reserve Transfers

The table below details the reserve transfers that need approval;

Service	Details of request	Transfer to/from reserves	Amount to be transferred £
Adults	Grant monies from the Improved Better Care Fund which were not applied in FY20/21 are reserved for future years	Transfer to	636,373
Adults	Contribution to Greater Manchester Transformation funding, to improve adult social care standards across the region	Transfer from	(668,517)
Children's Social Care	SENDIASS grant underspend. Monies carried forward to 2021/22 to fund staff to deliver the initiative	Transfer to	13,441
Children's Social Care	Troubled Families grant underspend	Transfer to	344,352
Children's Social Care	Pathways to Talking	Transfer to	14,100
Children's Social Care	Early Help Innovation grant underspend	Transfer to	162,588
Children's Social Care	Early Years Professional Development Fund (DfE) grant underspend due to delays in delivering the programme due to Covid	Transfer to	49,717
Children's Social Care	Early Years Professional Development Fund (DfE) grant underspend due to delays in delivering the programme due to Covid	Transfer to	2,312
Children's Social Care	Early Years Consortium grant underspend	Transfer to	7,337
Children's Social Care	Holiday Activity Fund (HAF) grant underspend due to the timing of when the grant was received. Delivery of the scheme to take place in 2021/22	Transfer to	116,829
Children's Social Care	Covid 19 - Emergency Assistance Grant for Food and Essential Supplies underspend	Transfer to	5,000
Children's Social Care	Cash For Kids Basic Essentials Family grant underspend	Transfer to	4,783

# Reserve Transfers (continued)

Service	Details of request	Transfer to/from reserves	Amount to be transferred £
Children's Social Care	Mental Health Project monies received at the end of 2020/21. Delivery will be in 2021/22	Transfer to	110,000
Children's Social Care	Mental Health Project monies received at the end of 2020/21. Delivery will be in 2021/22	Transfer to	100,000
Children's Social Care	GM Short Breaks. Project monies received at the end of 2020/21. Delivery will be in 2021/22	Transfer to	11,000
Children's Social Care	Delays in implementing a Finance Module (LIFT) for Children's Social Care Payments. Expected implementation 2021/22	Transfer to	250,000
Children's Social Care	Youth Justice Remand Grant - underspend due to unpredictable nature of the spend	Transfer to	84,208
Children's Social Care	GMCA Early Intervention & Youth Justice funding to support Youth Justice Transformation	Transfer to	57,057
Children's Social Care	Serious Youth Violence Funding - via the Community Safety Partnership to fund Pied Pilot project and enhanced Youth Justice Offer	Transfer to	83,364
Children's Social Care	Two year Internships Programme for Carers. Second year of the programme to be delivered in 2021/22	Transfer to	25,000
Children's Education	2020/21 Unspent DSG Contingency transferred to reserve	Transfer to	33,012
Children's Education	Health Funding to Support Mental Health and Behaviour in Schools in 2021/22	Transfer to	65,000

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# Reserve Transfers (continued)

Service	Details of request	Transfer to/from reserves	Amount to be transferred £
Operations And Neighbourhoods	Libraries & Cultural Services - Earmarked Funding for various projects to take place in future years	Transfer to	71,990
Operations And Neighbourhoods	Fleet Management / Maintenance Reserve - To fund increased maintenance costs in future years as the transport fleet ages.	Transfer to	255,378
Operations And Neighbourhoods	Greater Manchester Combined Authority Waste Levy Rebate	Transfer to	2,350,059
Operations And Neighbourhoods	Transport for Greater Manchester -Passenger Transport Bus Reform	Transfer to	1,450,000
Operations And Neighbourhoods	Greenspace - George Byrom Trust Support for maintenance of Pole Bank Park, Hyde	Transfer from	(14,162)
Operations And Neighbourhoods	Homelessness - Contract Funding from previous years unspent revenue grant	Transfer from	(156,168)
Operations And Neighbourhoods	Community Safety - Utilisation of prior years grant funding for a number of specific projects	Transfer from	(210,582)
Growth	Continuation of Youth Employment Scheme - aimed at vulnerable children in care or on edge of care.	Transfer to	74,465
Growth	Stalybridge Town Centre Challenge	Transfer to	75,000
Growth	Local Plan excluding staffing	Transfer to	10,268
Growth	Investment in strategies including the Strategic Asset Management Plan, Inclusive Growth Strategy, Strategic Investment sites	Transfer to	300,000
Growth	Housing Delivery including marketing and promotion	Transfer to	21,928
Growth	Godley Green Garden Village planning application	Transfer to	351,169

# Reserve Transfers (continued)

Service	Details of request	Transfer to/from reserves	Amount to be transferred £
Growth	St Petersfield - Strategic Investment potential	Transfer to	150,000
Growth	Transpennine upgrade Mottram by pass impact assessment	Transfer to	75,000
Growth	Town Centre Masterplanning including Ashton Under Lyne, Stalybridge, Droylsden, and Hyde	Transfer to	200,000
Growth	Ashton Moss master planning	Transfer to	250,000
Growth	TMBC match funding Stalybridge Town Centre Challenge including the Heritage Action Zone Officer	Transfer to	47,803
Corporate	Transfer from reserve to fund business rates No Detriment payment to the Greater Manchester Combined Authority. Money was previously transferred to reserve to be utilised to fund this payment.	Transfer from	(1,422,583)
Corporate	Returned business rates income from the Greater Manchester Combined Authority transferred to reserves. This will be utilised on business rates growth in future years.	Transfer to	991,261
Corporate	Transfer to reserves the Section 31 business rates grant received to compensate the Council for lost business rates income over the period where businesses were closed due to COVID. This includes a separate allocation of £2.551m for income compensation for losses on business rates. This reserve transfer is based on estimates and assumptions at a point in time and therefore is subject to change.	Transfer to	31,246,816

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# Reserve Transfers (continued)

Service	Details of request	Transfer to/from reserves	Amount to be transferred £
Corporate	Transfer to reserves the remaining balance of the Section 13A Council Tax Hardship fund. This will be used to fund the shortfall in council tax income due to the COVID pandemic.	Transfer to	24,983
Corporate	Transfer to reserves the 2019/20 council tax surplus. The 2019/20 surplus was £3.657m of which £2.500m had been earmarked to fund the 2020/21 budget, leaving the remaining £1.157 to be transferred to reserves to fund future year's budgets.	Transfer to	1,156,795

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## Collection Fund Outturn at 31 March 2021

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

The outturn position on the Collection Fund is a deficit of £30.126m, which is a net deficit of £32.029m on Business Rates and a £1.903m surplus on Council Tax. Key messages include:

- Collectable Council Tax Income (the Council Tax Net Debit) is £2.212m lower than budget. This is due to a significant increase in reliefs and exemptions awarded to Council Tax Support Claimants, and an increase in empty properties awaiting probate. Most of this shortfall in income is offset by Council Tax COVID Support grant of £2.133m.
- The Allowance for non-collection of Council Tax income has been increased by more than budget to reflect an expectation that collection of Council Tax arrears will be more difficult in the current economic climate.
- Collectable NNDR income is forecast to be £32.006m less than budget. A significant proportion of this shortfall is due to additional COVID reliefs granted by Government and £28.9m of additional section 31 grant is forecast to fund this element of the deficit. The additional section 31 grant is recognised in the general fund and has been taken to reserves to fund the repayment of the deficit in 2021/22. Other losses reflect reduced collection rates and a reduction in the business rates base due to the economic impact of COVID. The Council expects to receive income compensation from Government to cover 75% of the shortfall related to the reduction in the business rates base (compensation is not paid for losses due to reduced collection). Calculations have yet to be confirmed by MHCLG but is currently expected to be in the region of £2.551m.
- The actual deficit on the Collection Fund is not as high as previously forecast at period 8 and 10 due to collection performance improvements during the last three months of the year. The 2021/22 budget included provision to fund the deficit on the Collection Fund based on the forecast at Month 8. The reduced deficit position will release resources in 2021/22 and future years, and the MTFP and 2021/22 forecast will be revised once final figures for the Income Compensation Scheme have been agreed with Government.

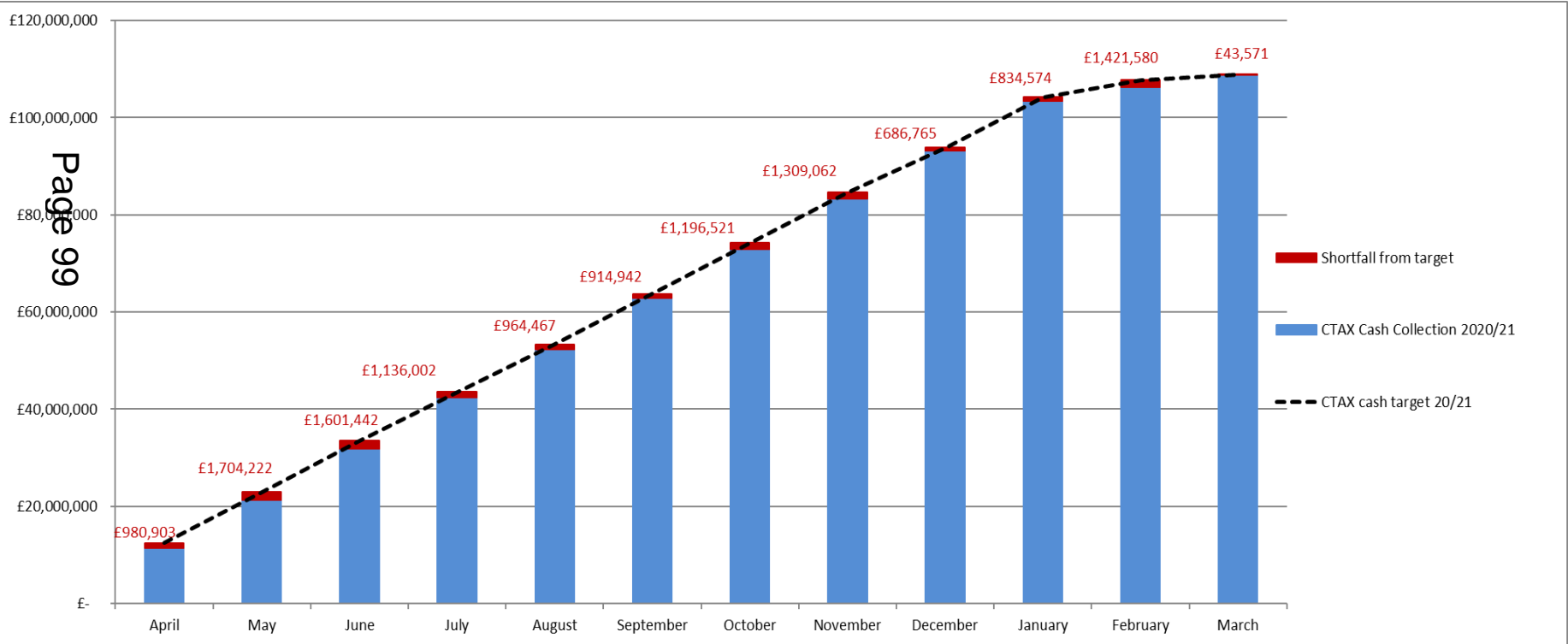
# APPENDIX 3 - Collection Fund

31 March 2021	BUDGET £000s			OUTTURN £000s			VARIANCE £000s		
	Council Tax	NDR	TOTAL	Council Tax	NDR	TOTAL	Council Tax	NDR	TOTAL
<b>Income</b>									
Income from Council Tax	(118,037)		<b>(118,037)</b>	(115,825)		(115,825)	2,212		<b>2,212</b>
Council Tax Support Grant			<b>0</b>	(2,133)		(2,133)	(2,133)		<b>(2,133)</b>
Income from NDR		(59,392)	<b>(59,392)</b>		(27,386)	(27,386)		32,006	<b>32,006</b>
<b>Total Income</b>	<b>(118,037)</b>	<b>(59,392)</b>	<b>(177,429)</b>	<b>(117,958)</b>	<b>(27,386)</b>	<b>(145,345)</b>	<b>79</b>	<b>32,006</b>	<b>32,084</b>
<b>Expenditure</b>									
<u>Council Tax</u>									
The Council*	96,762		<b>96,762</b>	96,762		<b>96,762</b>			
Mayoral Police and Crime Commissioner	13,187		<b>13,187</b>	13,187		<b>13,187</b>			
GM Fire and Rescue Authority	5,758		<b>5,758</b>	5,758		<b>5,758</b>			
<u>NDR</u>									
The Council		53,844	<b>53,844</b>		53,844	<b>53,844</b>			
GM Fire and Rescue Authority		544	<b>544</b>		544	<b>544</b>			
Allowance for cost of collection		285	<b>285</b>		285	<b>285</b>			
Transitional Protection Payments		739	<b>739</b>		1,163	<b>1,163</b>		424	<b>424</b>
Allowance for non-collection	2,361	1,188	<b>3,549</b>	2,647	1,014	<b>3,661</b>	286	(174)	<b>112</b>
Provision for appeals		2,791	<b>2,791</b>		2,738	<b>2,738</b>		(53)	<b>(53)</b>
<u>Surplus/deficit allocated/paid out in year:</u>									
The Council	3,657	(2,636)	<b>1,021</b>	3,657	(2,636)	<b>1,021</b>			
Mayoral Police and Crime Commissioner	493		<b>493</b>	493		<b>493</b>			
GM Fire and Rescue Authority	191	(27)	<b>164</b>	191	(27)	<b>165</b>			
<b>Total Expenditure</b>	<b>122,409</b>	<b>56,728</b>	<b>179,137</b>	<b>122,695</b>	<b>56,927</b>	<b>179,622</b>	<b>286</b>	<b>198</b>	<b>484</b>
<b>(Surplus)/deficit for the year</b>	<b>4,372</b>	<b>(2,664)</b>	<b>1,708</b>	<b>4,737</b>	<b>29,540</b>	<b>34,277</b>	<b>364</b>	<b>32,203</b>	<b>32,568</b>
Balance brought forward	(6,640)	2,489	<b>(4,151)</b>	(6,640)	2,489	<b>(4,151)</b>			
(Surplus)/deficit for the year	4,372	(2,664)	<b>1,708</b>	4,737	29,540	<b>34,277</b>	365	32,204	<b>32,569</b>
<b>(Surplus)/deficit carried forward</b>	<b>(2,268)</b>	<b>(175)</b>	<b>(2,443)</b>	<b>(1,903)</b>	<b>32,029</b>	<b>30,126</b>	<b>365</b>	<b>32,204</b>	<b>32,569</b>

# APPENDIX 3 – Council Tax

## Council Tax

Collection performance fluctuated during the year, with some cash shortfalls of £1.7m and £1.6m in May and June 2020. The final in year collection rate for Council Tax is 93.95% against a target of 94%, which is a positive position given the reduced collection rates in the earlier part of the year. However, whilst the percentage of Council Tax collected is only just short of target, there has been a significant reduction in the amount of Council Tax available to collect (a reduction in the Council Tax Base) due to increased discounts and reliefs for Council Tax Support Claimants, increased numbers of exempt properties awaiting probate and housing growth not materialising as expected. All of these factors are due to the impacts of COVID 19.



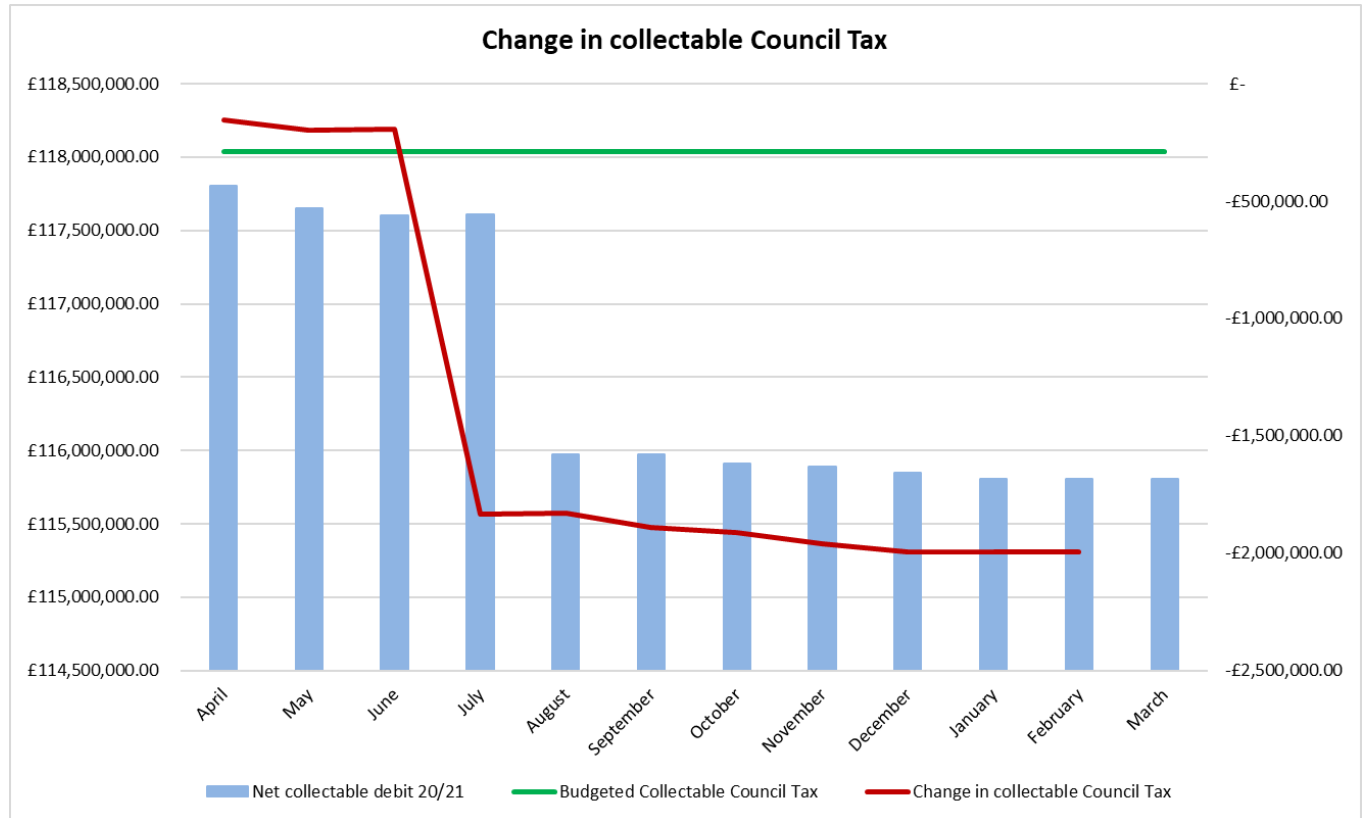
# APPENDIX 3 – Council Tax

## Council Tax

The 2020/21 Council Tax calculations assumed that the total collectable Council Tax income would exceed £118m due to forecast growth in the Council Tax base (new homes).

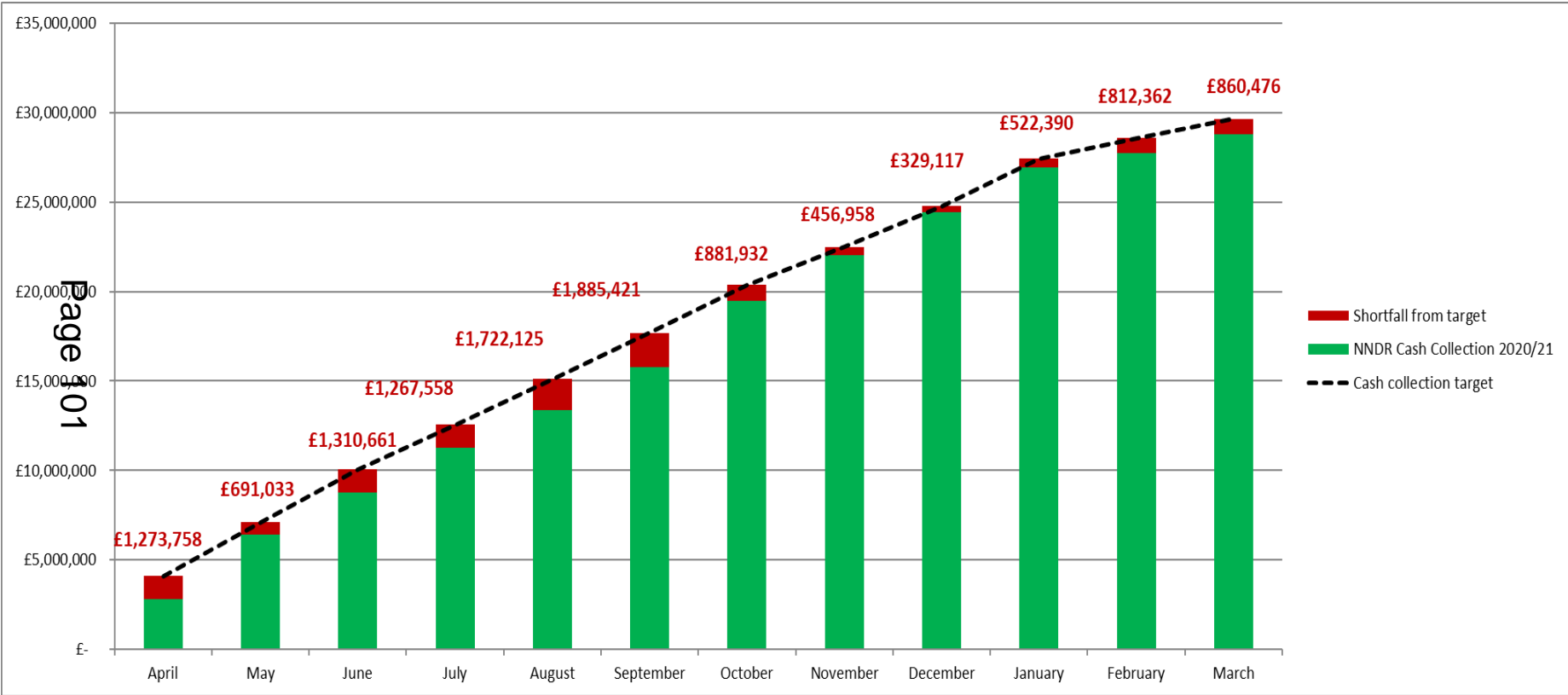
During 2020/21 total collectable Council Tax has reduced significantly as new homes have not been built as expected, and there has been a significant increase in the number of Council Tax Support claimants, and an increase in the number exempt properties awaiting probate. Council Tax Support grant provided to the Council to enable one-off discounts to CTS claimants in 2020/21 accounts for £2.133m of the reduction in collectable income (this is represented by the sharp drop between July and August), however the trend before and after this grant award reflects continued reductions to Council Tax income.

Additional Council Tax Support grant is available to the Council in 2021/22 which will help to offset the impact of reduced income, however the economic impacts of COVID in 2021/22 remain unclear and the additional grants may not be sufficient to offset all income losses.



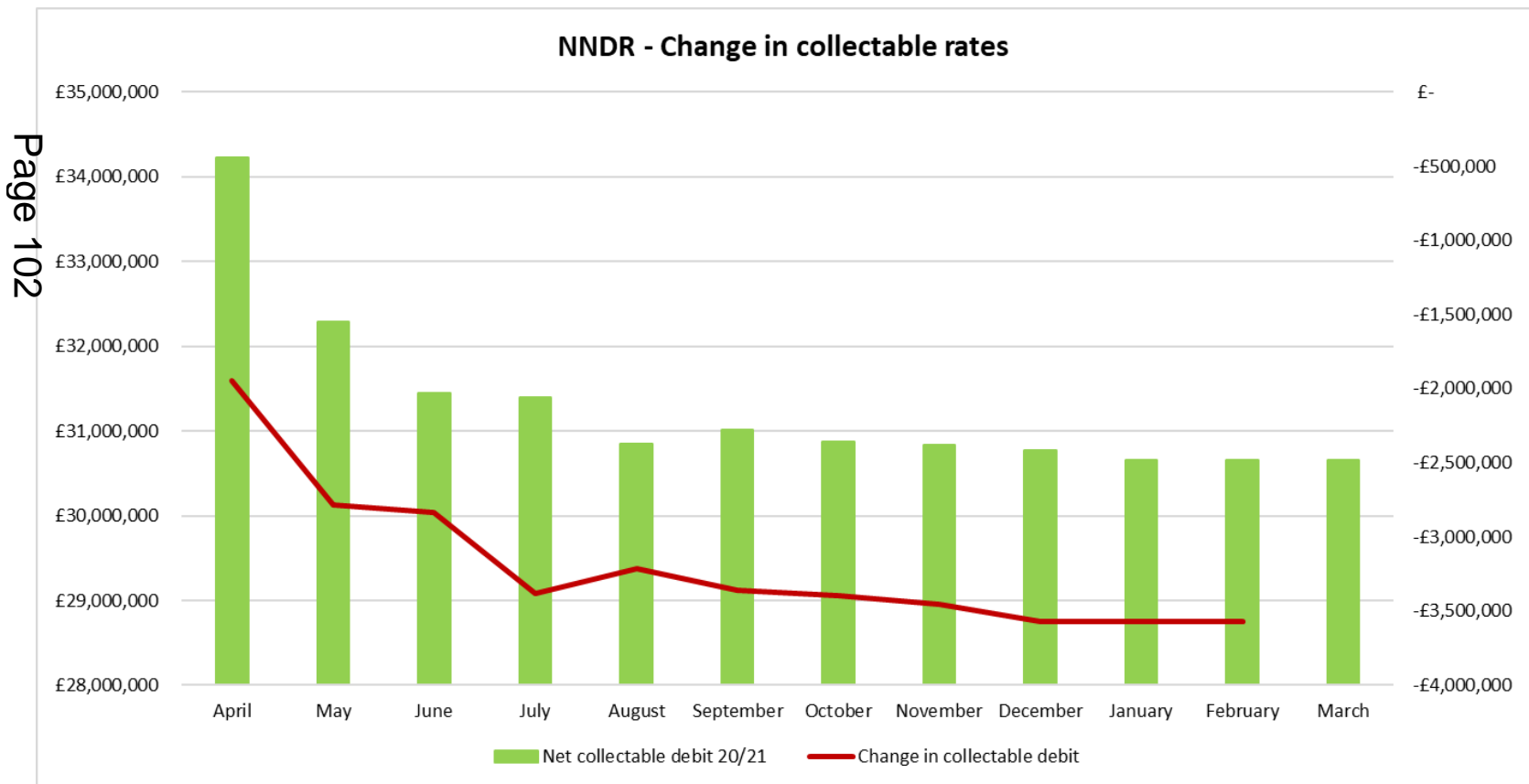
# APPENDIX 3 – Business Rates

Business Rates collection performance has been significantly below target throughout the year, despite significant COVID reliefs and grants to businesses. Collection did improve during the second half of the year but remained below target with the final collection figures representing 94.8% against a target of 97%.



# APPENDIX 3 – Business Rates

The 2020/21 budget was based on expected collectable business rates income of £59.392m. Following the announcement of significant additional COVID reliefs in March 2020, the level of collectable rates fell significantly to just over £34m but has subsequently continued to reduce throughout the year. This reduction in the collectable rates, combined with collection rates significantly below target have contributed to the significant deficit on the Collection Fund. After receipt of an additional £28.9m of section 31 grant for reliefs, there is a net deficit of £3.129m to be funded. Provisional calculations indicate that up to £2.551m of this amount may be funded through the income loss compensation scheme, although final figures have yet to be agreed with Government.





## 2020/21 Capital Outturn



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# 2020/21 Capital Outturn Report

## INTRODUCTION

This is the final capital monitoring report for 2020/21, summarising the outturn position on capital expenditure at 31 March 2021.

The detail of this monitoring report is focused on the budget and forecast expenditure for fully approved projects in the 2020/21 financial year. The approved budget for 2020/21 is £47.448m (after re-profiling approved at P10 monitoring) and outturn for the financial year is £43.593m. There are additional schemes that have been identified as a priority for the Council, and, where available, capital resource has been earmarked against these schemes, which will be added to the Capital Programme and future detailed monitoring reports once satisfactory business cases have been approved by Executive Cabinet.

## SUMMARY

Table 1 on the next slide provides a high level summary of capital expenditure by service area. Services have spent £43.593m on capital investment in 2020/21, which is £3.855m less than the current capital budget for the year. This variation is spread across a number of areas, and is made up of a number of over/underspends on a number of specific schemes (£0.236m) less the re-profiling of expenditure in some other areas (£4.091m).

Table 2 shows the re-profiling that was requested at each monitoring period throughout the year and has been updated with the re-profiling that has been requested as at outturn. Proposed re-profiling of £4.091m of budgets into 2021/22 due to delays across a number of schemes. Some of these delays have arisen due to COVID-19.

Table 3 shows the resources funding the 2020/21 capital projects by service area. The resourcing structure is final and this has been approved by the Director of Finance. We make the best use of resources available at the end of the financial year as part of the year end financing decisions. After maximising the use of external funding from grants and contributions, £7.953m of corporate resource has been applied to finance the overall expenditure of £43.593m.

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

Key messages at outturn are as follows:

- Throughout the year there have been a number of requests for re-profiling of budgets into 2021/22 and 2022/23 due to delays across projects, much of which has been attributed to COVID. Re-profiling of £4.091m is requested in this report which when combined with amounts requested in previous reports this year equates to £34.982m of budget slippage.

# 2020/21 Capital Outturn Report

	2020/21 Budget	Outturn	Outturn Variation	Slippage	Outturn variation after slippage
	£000	£000	£000	£000	£000
<b>Growth (Appendix 4A)</b>					
Investment & Development	5,940	5,641	299	(421)	(122)
Corporate Landlord	369	303	66	(66)	0
Estates	12	11	1	(1)	0
Vision Tameside	234	426	(192)	165	(27)
<b>Operations and Neighbourhoods (Appendix 4B)</b>					
Engineers	6,982	6,548	434	(93)	341
Environmental Services	1,779	1,681	98	(97)	1
Transport (Fleet)	2,481	2,378	103	(127)	(24)
Stronger Communities	16	0	16	(16)	0
<b>Children's (Appendix 4C)</b>					
Education	7,630	5,281	2,349	(2,775)	(426)
Children	247	117	130	(129)	1
<b>Finance &amp; IT (Appendix 4D)</b>					
Finance	13,430	13,417	13	0	13
Digital Tameside	2,925	2,837	88	(68)	20
<b>Population Health (Appendix 4E)</b>					
Active Tameside	3,361	2,993	368	(381)	(13)
<b>Adults (Appendix 4F)</b>					
Adults	2,042	1,960	82	(82)	0
<b>Total</b>	<b>47,448</b>	<b>43,593</b>	<b>3,855</b>	<b>4,091</b>	<b>(236)</b>

**Table 1: Capital Outturn Statement 2020/21**

Service areas have spent £43.593m on capital investment in 2020/21, which is £3.855m less than the current capital budget for the year. This variation is spread across directorate, and is made up of a number of over/underspends on various schemes (£0.236m) less the re-profiling of expenditure in some other areas (£4.091m).

# 2020/21 Capital Re-Profiling

**Table 2: Re-profiling requested into 2021/22**

	2020/21	2020/21	2020/21	2020/21
	Re-profile Q1	Re-profile P7	Re-profile P10	Re-profile Outturn
	£000	£000	£000	£000
<b>Growth</b>				
Investment & Development	2,003	752	1,692	421
Corporate Landlord	137	0	46	66
Estates	5,272	0	0	1
Vision Tameside	0	69	33	(165)
<b>Operations and Neighbourhoods</b>				
Engineering Services	4,589	425	1,971	93
Environmental Services	342	1,311	830	97
Transport	0	165	0	127
Stronger Communities	0	0	0	16
<b>Children's</b>				
Education	0	4,972	4,593	2,775
Children	0	370	(54)	129
<b>Finance &amp; IT</b>				
Finance	0	0	0	0
Digital Tameside	0	0	357	68
<b>Population Health</b>				
Active Tameside	0	500	0	381
<b>Adults</b>				
Adults	160	50	306	82
<b>Total</b>	<b>12,503</b>	<b>8,614</b>	<b>9,774</b>	<b>4,091</b>

## RE-PROFILING

Proposed re-profiling at outturn of £4.091m includes:

### Investment & Development:

- Re-profiling relates to a few schemes within the service. £0.298m will be re-profiled for Ashton Old Baths due to the completion of the scheme being delayed due to a temporary site closure at the start of the Covid pandemic and delays during the snagging process.
- The Droylsden Library project was developed late in the financial year and at pace in order to take advantage of time limited GMCA Brownfield Homes Grant funding. At the time of establishing the budget profile a cash flow forecast was unavailable. Grant funding has now been secured and the call on corporate resources reduced.
- Minor changes to the Denton Pool programme has affected milestone payments to the main contractor resulting in an in year underspend against budget. This will balance out in 2021/22

### Transport:

- A gritter was expected to be delivered in March 2021. The vehicle was delivered and paid for in April 2021

### Education:

- Delays across a number of schemes, with works expected to be completed in 2021/22

### Active Tameside:

- The Hyde Pool scheme commenced on site in February 2020 with completion now due at the end of April 2021, which is a projected delay of 5 weeks.

# 2020/21 Capital Financing

**Table 3: Capital Financing 2020/21**

The financing of the Capital programme is determined by the Director of Finance, making best use of resources available. After maximising the use of external funding from grants and contributions, and the use of borrowing only where this was approved as part of the scheme approval, £7.953m of corporate resource has been applied to finance the overall expenditure of £43.593m.

	<b>Borrowing</b>	<b>Grants</b>	<b>Contributions</b>	<b>Revenue Contribution</b>	<b>Capital Receipts &amp; Reserves</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Growth</b>						
Investment & Development	0	2,226	0	60	3,355	5,641
Corporate Landlord	0	13	0	0	290	303
Estates	0	0	0	0	11	11
Vision Tameside	0	0	185	0	241	426
<b>Operations and Neighbourhoods</b>						
Engineers	0	4,208	0	8	2,331	6,548
Environmental Services	0	0	122	0	1,559	1,681
Transport (Fleet)	2,298	0	0	65	16	2,378
Stronger Communities	0	0	0	0	0	0
<b>Children</b>						
Education	0	4,855	0	426	0	5,281
Children	0	0	0	0	117	117
<b>Finance &amp; IT</b>						
Finance	13,417	0	0	0	0	13,417
Digital Tameside	1,017	1,787	0	0	33	2,837
<b>Population Health</b>						
Active Tameside	2,993	0	0	0	0	2,993
<b>Adults</b>						
Adults	0	1,960	0	0	0	1,960
<b>Total</b>	<b>19,725</b>	<b>15,049</b>	<b>307</b>	<b>559</b>	<b>7,953</b>	<b>43,593</b>

# Programme Summary – Before Re-profiling

## TOTAL APPROVED CAPITAL PROGRAMME- MARCH 2021

	2020/21 Budget (Approved) £000	2020/21 Outturn £000	2021/22 Budget (Approved) £000	2022/23 Budget (Approved) £000
<b>Growth</b>				
Investment & Development	5,940	5,641	14,285	606
Corporate Landlord	369	303	195	0
Estates	12	11	102	0
Vision Tameside	234	426	1,173	0
<b>Operations and Neighbourhoods</b>				
Engineering Services	6,982	6,548	13,239	0
Environmental Services	1,779	1,681	2,515	0
Transport	2,481	2,378	165	0
Stronger Communities	16	0	0	0
<b>Children's</b>				
Education	7,630	5,281	9,565	0
Children's	247	117	316	0
<b>Finance &amp; IT</b>				
Finance	13,430	13,417	0	0
Digital Tameside	2,925	2,837	357	0
<b>Population Health</b>				
Active Tameside	3,361	2,993	500	0
<b>Adults</b>				
Adults	2,042	1,960	1,177	0
<b>Total</b>	<b>47,448</b>	<b>43,593</b>	<b>43,589</b>	<b>606</b>

Services have spent £43.593m on capital investment in 2020/21, which is £3.855m less than the current capital budget for the year. This variation is spread across a number of areas, and is made up of a number of over/underspends on a number of specific schemes (£0.237m) less the re-profiling of expenditure in some other areas (£4.091m).

Re-profiled budgets are shown on the following page.

# Programme Summary- After Re-profiling

TOTAL APPROVED CAPITAL PROGRAMME- MARCH 2021				
	2020/21 Budget (Approved)	2020/21 Outturn	2021/22 Budget (Approved)	2022/23 Budget (Approved)
	£000	£000	£000	£000
<b>Growth</b>				
Investment & Development	5,519	5,641	14,706	606
Corporate Landlord	303	303	261	0
Estates	11	11	103	0
Vision Tameside	399	426	1,008	0
<b>Operations and Neighbourhoods</b>				
Engineering Services	6,889	6,548	13,332	0
Environmental Services	1,682	1,681	2,612	0
Transport	2,354	2,378	292	0
Stronger Communities	0	0	16	0
<b>Children's</b>				
Education	4,855	5,281	12,340	0
Children's	118	117	445	0
<b>Finance &amp; IT</b>				
Finance	13,430	13,417	0	0
Digital Tameside	2,857	2,837	425	0
<b>Population Health</b>				
Active Tameside	2,980	2,993	881	0
<b>Adults</b>				
Adults	1,960	1,960	1,259	0
<b>Total</b>	<b>43,357</b>	<b>43,593</b>	<b>47,680</b>	<b>606</b>

After re-profiling the total approved capital programme for 20/21 will be £43.357, with expenditure of £43.593m, resulting in a net overspend of £0.236m as set out in table 1. Most of this overspend is funded from grants or borrowing, with £0.149m being a call on corporate resources. The budget for 21/22 will be £47.680m and 22/23 will be £0.606m. The approved programme does not include any previously earmarked schemes which have not been subject to Executive Cabinet approval.

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

- £0.499m Statutory Compliance (Corporate Landlord)

If approval is given by Executive Cabinet, it is expected that this scheme will fall into the 21/22 financial year.

# Financing from Capital Receipts and Reserves

The current anticipated level of capital receipts of £15.3m is based on the disposal of surplus assets approved by Executive Cabinet in September 2020. The current approved capital investment programme requires a minimum of £22.219m of capital receipts or reserves. Additional Statutory Compliance works are also expected to be approved requiring a further £0.499m of receipts or reserves, bringing the total call on corporate resources to £22.718m. Any additional priority earmarked schemes that are approved by Executive Cabinet will increase the amount of corporate funding needed for the capital programme.

Earmarked schemes previously included on the capital programme (and not reflected in the figures above) exceeded £40m. Assuming that the planned disposals proceed there is a forecast balance of £7.1m of capital receipts to fund future earmarked capital schemes, meaning the broader capital ambition of the Council is currently unaffordable until such time as additional capital receipts are generated. Many of the earmarked schemes were identified in 2017/18 and therefore now the subject of a detailed review and reprioritisation.

The Growth Directorate is reviewing the estate and developing a further pipeline of surplus sites for disposal. It is proposed that a full refresh of the Capital Programme is undertaken alongside this review of the estate. With the exception of the earmarked scheme identified on page 7, all other earmarked schemes will be removed from the programme and subject review. A refreshed and reprioritised Capital Programme will then be proposed for Member approval in Summer 2021.

## Forecast Corporate Funding:

Capital Reserves	£14,593
Anticipated Capital Receipts	£15,300
<b>Total</b>	<b>£29,893</b>

## Funding committed to approved schemes:

2020/21 approved programme	£7,953
2021-23 approved programme	£14,266
Statutory Compliance earmarked pot	£499

<b>Total</b>	<b>£22,718</b>
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<b>Balance of forecast funding available</b>	<b>£7,175</b>
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# Budgeted Financing for Future Years Approved Schemes

Budgeted Financing 2021/22 and 2022/23	Grants and Contributions	Revenue Contributions	Prudential Borrowing	Reserves & Receipts	Total
	£000s	£000s	£000s	£000s	£000s
<b>Growth</b>					
Corporate Landlord	261	-	-	-	261
Investment and Development Estates	12,244	312	-	2,755	15,311
Vision Tameside	-	-	-	103	103
	258	-	-	750	1,008
<b>Operations and Neighbourhoods</b>					
Engineers	6,418	-	-	6,914	13,332
Environmental Services	261	-	-	2,351	2,612
Stronger Communities	-	-	-	16	16
Transport	-	165	127	-	292
<b>Children</b>					
Children	-	-	-	445	445
Education	12,340	-	-	-	12,340
<b>Finance</b>					
Digital Tameside	-	-	344	81	425
Finance	-	-	-	-	-
<b>Population Health</b>					
Active Tameside	-	-	31	850	881
<b>Adults</b>					
Adults	1,259	-	-	-	1,259
<b>Total</b>	<b>33,041</b>	<b>477</b>	<b>502</b>	<b>14,266</b>	<b>48,286</b>

# Programme Changes & Summary

Changes to the Capital Programme	2020/21	2021/22	2022/23	Total
	£000	£000	£000	£000
<b>Period 10 Approved Capital Programme</b>	<b>56,338</b>	<b>30,106</b>	<b>606</b>	<b>87,050</b>
Period 10 Re-Profiling	(9,610)	9,610		0
<b>Changes per Executive Cabinet 10 February 2021</b>				
- Tameside One Void Detection (New Budget, receipts/reserves)	76	1,173		1,249
<b>Changes per Key Decision 25 February 2021</b>				
- Droylsden Library Relocation (New Budget, Grant and receipts/reserves)	500	1,700		2,200
<b>Changes per Executive Cabinet 24 March 2021</b>				
- COVID Walking and Cycling Initiatives (Additional Budget, Grant Funding)		985		985
- School Contributions (New Budget, Contributions)	98			98
<b>Other Changes</b>				
- Statutory Compliance P10 Re-profiling Correction (Corporate)	46	94		140
- Statutory Compliance Earmarked/Approved Correction (Corporate)		(79)		(79)
<hr/>				
<b>Period 12 Fully Approved Capital Programme (Before Re-profiling)</b>	<b>47,448</b>	<b>43,589</b>	<b>606</b>	<b>91,643</b>
<b>Period 12 Proposed Re-profiling</b>	<b>(4,091)</b>	<b>4,091</b>		<b>0</b>
<b>Capital Programme After Re-Profiling</b>	<b>43,357</b>	<b>47,680</b>	<b>606</b>	<b>91,643</b>

# Prudential Indicators

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Operational Boundary for External Debt	202,431	151,160	(51,271)
Authorised Limit for External Debt	222,431	151,160	(71,271)

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	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Upper Limit for fixed	191,128	21,334	(169,794)
Upper Limit for variable	63,709	(64,115)	(127,824)

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

- The Authorised Limit for External Debt sets the maximum level of external borrowing on a gross basis (i.e. excluding investments) for the Council.
- The operational boundary for External Debt comprises the Council's existing debt plus the most likely estimate of capital expenditure/financing for the year. It excludes any projections for cash flow movements. Unlike the authorised limit breaches of the operational boundary (due to cash flow movements) are allowed during the year as long as they are not sustained over a period of time.
- These limits include provision for borrowing in advance of the Council's requirement for future capital expenditure. This may be carried out if it is thought to be financially advantageous to the Council.
- These limits are in respect of the Council's exposure to the effects of changes in interest rates.
- The limits reflect the net amounts of fixed/variable rate debt (i.e. fixed/variable loans less fixed/variable investments). These indicators allow the Council to manage the extent to which it is exposed to changes in interest rates.
- The Capital Financing Requirement (CFR) measures the Council's underlying need to borrow for capital purposes, i.e. its borrowing requirement. The CFR is the amount of capital expenditure that has not yet been financed by capital receipts, capital grants or contributions from revenue.
- The CFR increases by the value of capital expenditure not immediately financed, (i.e. borrowing) and is reduced by the annual Minimum Revenue Provision for the repayment of debt.

# Prudential Indicators

	Limit	Actual	Amount within limit
	£000s	£000s	£000s
Capital expenditure	91,722	42,872	(48,850)

Gross borrowing and the capital financing requirement	CFR @ 31/03/20 + increase years 1,2,3	Gross borrowing	Amount within limit
	£000s	£000s	£000s
	191,128	151,160	(39,968)

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

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

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

Maturity structure for borrowing 2020/21		
Fixed rate	Limit	Actual
Duration		
Under 12 months	0% to 15%	6.87%
12 months and within 24 months	0% to 15%	0.81%
24 months and within 5 years	0% to 30%	2.25%
5 years and within 10 years	0% to 40%	2.35%
10 years and above	50% to 100%	87.73%

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# Appendix 4A - Growth

Development & Investment Services Capital Programme						Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Outturn £000	2020/21 Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Ashton Town Hall Feasibility Study	200	137	139	61	(61)	139	198
Godley Hill Development and Access Road	110	0	170	(60)	0	110	0
Stalybridge HAZ	87	2,463	0	87	(87)	0	2,550
Demolition of Former Two Trees School	400	400	423	(23)	23	423	377
Longlands Mill	21	0	0	21	(21)	0	21
Playing Pitch Strategy	0	40	0	0	0	0	40
Godley Garden Village	775	9,177	734	41	(103)	672	9,280
Denton Pool Demolition	520	200	478	42	(42)	400	242
Droylsden Library Relocation	500	1,700	656	(156)	156	656	1,544
Hattersley Station Passenger Facilities	100	574	113	(13)	13	113	561
Ashton Old Baths Annex	3,227	200	2,929	298	(298)	2,929	498
<b>Total</b>	<b>5,940</b>	<b>14,891</b>	<b>5,641</b>	<b>299</b>	<b>(421)</b>	<b>5,519</b>	<b>15,312</b>

Estates Capital Programme						Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Outturn £000	2020/21 Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Mottram Showground (OPF)	12	102	11	1	(1)	11	103
<b>Total</b>	<b>12</b>	<b>102</b>	<b>11</b>	<b>1</b>	<b>(1)</b>	<b>11</b>	<b>103</b>

# Appendix 4A - Growth

Corporate Landlord Capital Programme						Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Outturn £000	2020/21 Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Retrofit (Basic Measures)	0	274	13	(13)	13	13	261
Statutory Compliance	369	0	290	79	(79)	290	79
<b>Total</b>	<b>369</b>	<b>274</b>	<b>303</b>	<b>66</b>	<b>(66)</b>	<b>303</b>	<b>340</b>

**Statutory Compliance** The Capital Programme includes a remaining earmarked budget of £0.420m at 31 March 2021 for statutory compliance work on Council properties. All related work that is to be funded via this budget is reported to the Strategic Planning and Capital Monitoring Panel retrospectively for approval as work is completed. The £ 0.079m slippage request is due to a lower than expected actual level of works carried out in 2020/21. The slippage sum will support all related works on Council properties during 2021/22 and future years.

Vision Tameside Capital Programme						Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Outturn £000	2020/21 Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Vision Tameside	0	0	185	(185)	0	0	0
Tameside One Void Detection	76	1,173	241	(165)	165	241	1,008
Document Scanning	158	0	0	158	0	158	0
<b>Total</b>	<b>234</b>	<b>1,173</b>	<b>426</b>	<b>(192)</b>	<b>165</b>	<b>399</b>	<b>1,008</b>

## Vision Tameside - Outturn Variation (£0.185m)

The overspend for Vision Tameside relates to the final settlement of the retention sums. The expenditure will be covered by income due from Tameside College and DWP. For 2020/21 Closure financing £0.020m has been financed through an external contribution and for the remainder a debtor has been raised for sums owed but not yet received.

# Appendix 4B - Operations & Neighbourhoods

Engineer's Capital Programme						Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Outturn £000	2020/21 Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
MCF, Walking , Cycling & Other	1,392	9,863	1,232	160	186	1,206	9,677
Bridges, Structures & Inspections	372	373	219	153	(153)	219	526
Other Highways & Town Capital	368	305	305	63	(60)	308	365
Flood Prevention & Resilience	560	386	584	(24)	24	584	362
Street Lighting	1,390	2,436	1,350	40	(40)	1,350	2,476
Car Parks	0	0	8	(8)	0	0	0
Principal Highways & Town Capital	2,900	(124)	2,849	51	(51)	2,849	(73)
<b>Total</b>	<b>6,982</b>	<b>13,239</b>	<b>6,548</b>	<b>434</b>	<b>(93)</b>	<b>6,516</b>	<b>13,332</b>

## Car Parks - Outturn Variation (£0.008m)

This has been funded from revenue budgets.

Transport Capital Programme						Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Outturn £000	2020/21 Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Fleet Replacement Programme	2,481	165	2,354	127	(127)	2,354	292
Electrical Charging Points	0	0	25	(25)	0	0	0
<b>Total</b>	<b>2,481</b>	<b>165</b>	<b>2,378</b>	<b>103</b>	<b>(127)</b>	<b>2,354</b>	<b>292</b>

## Procurement of 58 Fleet Vehicles – Outturn Variation (£0.25m)

The cost and installation of the electrical charging point was underestimated. This has been funded from revenue budgets.

# Appendix 4B - Operations & Neighbourhoods

Environmental Services Capital Programme						Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Outturn £000	2020/21 Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Fairlea Denton and Greenside Lane Droylsden	799	0	747	52	(52)	747	52
Rocher Vale & Hulmes and Hardy Wood	6	0	6	0	0	6	0
Audenshaw Environmental Improvements	0	9	0	0	0	0	9
Egmont St Fencing	2	0	0	2	(2)	0	2
Infrastructure Improvements	2	0	1	0	0	2	0
Highway Tree Planting 2019	0	25	0	0	0	0	25
GreenSpace Infrastructure	30	85	0	30	(30)	0	115
Hyde Park	0	13	0	0	0	0	13
King George's Park	0	6	6	(6)	6	6	0
Children's Playgrounds	180	412	168	12	(12)	168	424
Replacement of Cremators	683	1,808	687	(4)	4	687	1,804
Cemetery Boundary Walls	60	65	54	6	(6)	54	71
Sam Redfern Green	17	0	12	5	(5)	12	5
Oxford Park Play Area	0	40	0	0	0	0	40
Copparas Fields	0	52	0	0	0	0	52
<b>Total</b>	<b>1,779</b>	<b>2,515</b>	<b>1,681</b>	<b>97</b>	<b>(97)</b>	<b>1,682</b>	<b>2,612</b>



# Appendix 4C - Education

Education Capital Programme						Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Outturn £000	2020/21 Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Unallocated Funding Streams	2,428	0	771	1,657	(2,056)	372	2,056
Alder Community High School	200	858	190	10	(10)	190	868
Audenshaw High School	250	1,022	255	(5)	5	255	1,017
Aldwyn Primary School	428	2,696	389	39	(39)	389	2,735
Denton Community College	60	275	47	13	(13)	47	288
Cromwell High School	150	505	155	(5)	5	155	500
Discovery Academy	199	0	69	130	(130)	69	130
Hawthorn Primary Academy	250	311	172	78	(78)	172	389
Hyde Community College	1,525	0	1,547	(22)	0	1,525	0
Livingstone Primary	414	0	414	0	0	414	0
St Anne's Denton Primary	9	141	9	0	0	9	141
St Johns Dukinfield C of E Primary	200	1,032	195	5	(5)	195	1,037
Stalyhill Infants	110	110	0	110	(110)	0	220
Russell Scott Primary	258	0	258	0	0	258	0
Fire Safety	149	10	151	(2)	2	151	8
All Saints Catholic School	0	1,990	0	0	0	0	1,990
Rayner Stephens Academy (Astley)	100	373	2	98	(98)	2	471
Minor Schemes (Under £150k)	900	242	660	240	(245)	655	487
<b>Total</b>	<b>7,630</b>	<b>9,565</b>	<b>5,281</b>	<b>2,349</b>	<b>(2,775)</b>	<b>4,855</b>	<b>12,340</b>

# Appendix 4C – Children’s Social Care

Children’s Capital Programme						Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Outturn £000	2020/21 Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Assessment Centre	84	316	3	81	(81)	3	397
St Lawrence Road Denton	93	0	45	48	(48)	45	48
Fairfield CC	70	0	69	1	0	70	0
<b>Total</b>	<b>247</b>	<b>316</b>	<b>117</b>	<b>130</b>	<b>(129)</b>	<b>118</b>	<b>445</b>

# Appendix 4D - Finance & IT

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

Digital Tameside Capital Programme						Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Outturn £000	2020/21 Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Digital by Design	10	20	10	0	0	10	20
Tameside Digital Infrastructure	43	25	7	36	(36)	7	61
Laptop Replacement & Windows 10 Deployment	3	0	3	0	0	3	0
Microsoft Licencing	1,049	312	1,017	32	(32)	1,017	344
DCMS Fibre- Wave 2	1,820	0	1,799	21	0	1,820	0
<b>Total</b>	<b>2,925</b>	<b>357</b>	<b>2,837</b>	<b>88</b>	<b>(68)</b>	<b>2,857</b>	<b>425</b>

# Appendix 4E – Population Health

Population Health Capital Programme						Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Outturn £000	2020/21 Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Extension to Hyde Leisure Pool	3,108	500	2,727	381	(381)	2,727	881
Denton Wellness Centre	230	0	266	(36)	0	230	0
Active Medlock	13	0	0	13	0	13	0
Floodlight Replacement Scheme	10	0	0	10	0	10	0
<b>Total</b>	<b>3,361</b>	<b>500</b>	<b>2,993</b>	<b>368</b>	<b>(381)</b>	<b>2,980</b>	<b>881</b>

# Appendix 4F - Adults

Adults Capital Programme						Re-profiled Budgets	
Capital Scheme	2020/21 Budget £000	Future Year Budgets £000	2020/21 Outturn £000	2020/21 Outturn Variation £000	Re-profiling to be approved £000	Re-profiled Budgets 2020/21 £000	Future Year Budgets £000
Disabled Facilities Grant	1,649	583	1,591	58	(58)	1,591	641
Housing Assistance	10	168	0	10	(10)	0	178
4C Capital Grants Adults	120	0	120	0	0	120	0
Moving with Dignity	163	176	149	14	(14)	149	190
Disability Assessment Centre	0	250	0	0	0	0	250
Mount Street Hyde	100	0	100	0	0	100	0
<b>Total</b>	<b>2,042</b>	<b>1,177</b>	<b>1,960</b>	<b>82</b>	<b>(82)</b>	<b>1,960</b>	<b>1,259</b>

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# Appendix 5 - Dedicated Schools Grant 2020/21

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

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

DSG Funding Blocks	Estimated DSG Settlement £000	Block Transfer 2020/21 £000	Revised DSG 2020/21 £000	Distribution / Spend 2020/21 £000	Forecast Surplus / (Deficit) £000
Schools Block	169,918	(850)	169,068	168,772	296
Central School Services Block	953	0	953	947	6
High Needs Block (Pre/Post 16)	24,425	850	25,274	27,096	(1,822)
Early Years Block Confirmed Funding	17,261	0	17,261	16,559	703
Early Years Block Estimated Funding Adjustment	(293)	0	(293)	0	(293)
<b>Total</b>	<b>212,264</b>	<b>0</b>	<b>212,264</b>	<b>213,375</b>	<b>(1,110)</b>

The outturn position against the 2020/21 DSG settlement is included in the table above which includes an estimated adjustment for Early Years funding. It should be noted that the DSG allocation is adjusted throughout the financial year by the DfE for High Needs allocations to academies and out of borough adjustments and Early Years Funding based on take-up of places. Tameside MBC starts the financial year with a carried forward deficit of £0.557m on the High Needs Block brought forward from 2019/20 which will need to be addressed.

## Schools Block

There is a surplus of £0.072m on the schools block relating to rates rebates in relation to schools that recently converted to Academy status and actual rates charges being lower than estimated. This partly offset by rates revaluations (relating to 7 schools) resulting in an increase in the costs of £0.021m. There is a surplus of £0.244m relating to unallocated growth funding. The growth allocation is based on pupil numbers at the October 2020 census point and the figures have now been updated in line with the census data. Any surplus is proposed to contribute to the DSG reserve deficit.

## High Needs

The High Needs position for 2020/21 is an in- year deficit of £2.67m and after the 0.50% schools block transfer of £0.85m this reduces to £1.82m. This is an improved position since period 10 of £0.797m.

The significant changes in forecast since period 10 have been;

- Receipt of additional income and grants (relating to Pupil Premium, SEN Inclusion, Covid and increased income from OOB placements) £0.213m.
- The forecast included a number of commitments outstanding from previous years where invoices had not been received from providers. A full review of these has been completed which has resulted this year in writing-off commitments totalling £0.201m.
- Service redesign and active management of service spend in SEN Support Services (a post now funded from Early Years and savings on agency costs) and an underspend of Hospital Education totalling £0.087m, and additional in year adjustment to the budget by the DfE F £0.002m.
- The remainder of the reduction in costs is related to the reduction of both the number of placements and the cost of placements in both the Independent and Post 16 sector.



## Early Years

The Early Years block is projected to underspend in 2020/21. This is due to a reduction in participation due to lockdown and Covid19. At present, we are anticipating a £0.410m surplus as a result of the estimated adjustment to funding the DfE will make in November 2021.

In Spring 2021 the vast majority of providers remained open through the lockdown period, with a number of providers having temporary closures as a result of Covid19 and the requirements for self-isolation. The 2<sup>nd</sup> period of lockdown has seen lower levels of participation than anticipated and as a result there is an estimated reduction on funding of £0.293m expected for 2020/21.

In 2021/22 the allocation of Early Years funding will be different as it will be based on data collections in the Summer 2021, Autumn 2021 and Spring 2022 terms, rather than the Spring term data as has been the case in previous years. This will have an impact on the 2021/22 Early Years Funding for the council and will need to be monitored closely throughout the year to assess the impact of this change in how the funding is allocated. There is a risk that participation will increase after the data collection point and funding allocated will not be sufficient to cover the actual cost. This will be closely monitored throughout 2021/22 and updates will be reported to Schools Forum and Members.

## Central Services Schools Block

There is a small surplus on the central school services block of £0.006m due to the cost of licences being slightly less than estimated and Schools Forum costs being lower than budget as a result of remote meetings due to the covid 19 situation.

# Dedicated Schools Grant 2020/21

## DEDICATED SCHOOLS GRANT RESERVE POSITION

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

	2019/20 Surplus / (Deficit) £000	2020/21 Surplus / (Deficit) £000
<b>DSG Reserve Brought Forward</b>	<b>3,228</b>	<b>(557)</b>
Schools Block	114	296
Central Service Block		6
In year deficit on High Needs Block	(4,568)	(1,822)
In year surplus on Early Years	251	703
Estimated Early Years 2019-20 Adjustment (TBC June 2020)	296	
Early Years Block 2018-19 Adjustment	122	(18)
Estimated Early Years 2020-21 Adjustment (TBC Nov 2021)	0	(293)
<b>DSG Reserve Closing balance</b>	<b>(557)</b>	<b>(1,686)</b>

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

The 2020/21 cumulative deficit on DSG is £1.686m, mainly as a result of a continued pressure on High Needs but partly offset by surpluses on the other funding blocks. Under DfE regulations the authority have produced a deficit recovery plan which has been submitted to the DfE outlining how we expect to recover this deficit and manage spending over the next 3 years.

# Agenda Item 5

<b>Report To:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	23 June 2021
<b>Reporting Officer:</b>	Councillor Brenda Warrington – Executive Leader Councillor Leanne Feeley - Executive Member - Lifelong Learning, Equalities, Culture and Heritage Dr Ashwin Ramachandra - Co-Chair NHS Tameside & Glossop Clinical Commissioning Group Dr Asad Ali - Co-Chair NHS Tameside & Glossop Clinical Commissioning Group Sarah Threlfall - Assistant Director (Policy, Performance and Communications)
<b>Subject:</b>	<b>ONE EQUALITY SCHEME ANNUAL REVIEW 2021 AND GENERAL EQUALITIES UPDATE</b>
<b>Report Summary:</b>	This report forms two parts: Part One - One Equality Scheme (2018-22) is the joint organisational scheme for Tameside & Glossop Strategic Commission. This report provides an update on the annual review for 2021 which has been informed by practical examples and related projects from the past 12 months ( <b>Appendix A</b> ). Part Two - This report also provides an update on some key equality and diversity related projects that the Strategic Commission has delivered or been part of during the last 12 months. These also support our commitment to delivering on our equality objectives and ensuring we adhere to the requirements set out in the Public Sector Equality Duty.
<b>Recommendations:</b>	It is recommended that Executive Cabinet: Part One • Note the content of the report. • Approve the attached draft of the One Equality Scheme Annual Review 2021 for publication (Appendix A) - – pending final approval at Executive Cabinet and Strategic Commissioning Board on 23 June. Part Two • Note the content of the equalities update
<b>Links to Corporate Plan:</b>	Equality and diversity work of the Strategic Commission is relevant to all priorities outlined in the Corporate Plan.
<b>Financial Implications:</b>	There are no direct financial implications arising from the contents of this report.
<b>Legal Implications:</b>	The Equality Act 2010 replaced previous anti-discrimination laws with a single Act intended to simplify the law and remove inconsistencies between the various pieces of equality related legislation. It also strengthened the law, to help tackle discrimination and inequality. In particular brought in The public sector Equality Duty (section 149 of the Act)

The Equality Duty applies to public bodies such as local authorities and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs.

The Equality Duty is supported by specific duties which require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives.

Publishing relevant equality information should form part of the Local Authorities transparency agenda by giving the public the information they need to hold public bodies to account for their performance on equality.

### **Risk Management**

This report fulfils the commitment for equality issues to be monitored on a regular basis. It also ensures awareness of the agenda across the Strategic Commission.

### **Access to Information:**

The background papers relating to this report can be inspected by contacting Jody Smith, Policy and Strategy Service Manager by:



Telephone: 0161 342 3170



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

## 1. PURPOSE OF REPORT

### 1.1 The report is in two parts:

**Part One** provides an update on developments of the One Equality Scheme, as part of the annual review for 2021. It remains important that the case study of projects and examples of best practice are able to provide evidence in line with the schemes agreed and measurable objectives.

**Part Two** provides an update on some key equality and diversity related projects that the Strategic Commission has delivered or been part of during the last 12 months. These also support our commitment to delivering on our equality objectives and ensuring we adhere to the requirements set out in the Public Sector Equality Duty.

## PART ONE

## 2. BACKGROUND TO ONE EQUALITY SCHEME

### 2.1 The public sector equality duty is laid out in section 149 of the Equality Act 2010. It states that a public authority must, in the exercise of its functions, have due regard to:

- Eliminate discrimination, harassment, victimisation and any other conduct prohibited by or under the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not share it;
- Foster good relations between people who share a protected characteristic and those who do not share it

### 2.2 One Equality Scheme (2018-22) was launched in 2018 as the first joint equality scheme for Tameside & Glossop Strategic Commission. A number of joint equality objectives were developed to ensure we fulfil our obligations under the Equality Act 2010 regulations, in that equality objectives must be published at intervals not greater than four years from the date of last publication.

### 2.3 The Equality Act also states that public bodies must publish annual information to demonstrate compliance with the general duty, including information about the protected characteristic status of employees, and other persons affected by policies and practices.

### 2.4 Annual updates to the One Equality Scheme will act as an ongoing position statement and our approach to equalities. The annual review builds upon work outlined in the One Equality Scheme (2018-22) and previous One Equality Scheme Annual Reviews (2019 and 2020); as well as providing new examples and evidence sources of achievements in respect of equality and diversity. Members of the following groups were invited to submit examples for inclusion: Tameside & Glossop Inequalities Reference Group, Tameside Independent Advisory Group, Tameside & Glossop Partnership Engagement Network and Engagement, Consultation & Equality Champions.

## 3. RECOMMENDATIONS FOR ONE EQUALITY SCHEME

### 3.1 It is recommended that Executive Board:

1. Note the content of the report.
2. Approve the attached draft of the One Equality Scheme Annual Review 2021 for publication (**Appendix A**) – pending final approval at Executive Cabinet and Strategic Commissioning Board on 23 June.

## **PART TWO**

### **4. GENERAL EQUALITIES UPDATE**

- 4.1 This report also provides an update on some key equality and diversity related projects that the Strategic Commission has delivered or been part of during the last 12 months. These also support our commitment to delivering on our equality objectives and ensuring we adhere to the requirements set out in the Public Sector Equality Duty.

These are most notably:

- Covid-19 Equality Impact Assessments
- Inequalities Reference Group (IRG)
- All Equals Charter
- Race Equality Change Agents Programme (RECAP) Cohort 2
- Independent Advisory Group
- North West Black, Asian and Minority Ethnic Strategic Advisory Committee
- Workforce Race Equality Standards (WRES)
- Supporting our workforce through Covid-19

### **5. EQUALITY IMPACT ASSESSMENTS RELATING TO COVID-19**

- 5.1 Tameside & Glossop Strategic Commission has produced a number of corporate Equality Impact Assessments (EIAs) related to the Covid-19 pandemic. These EIAs are 'living documents' that will continue to be updated due to the changing nature of the pandemic and Covid-19 related legislation. Individual services will also undoubtedly have produced their own EIAs to assess the impact of Covid-19; the following are examples of the corporate EIAs that have been produced to date.
- 5.2 Tameside Covid-19 Humanitarian Response EIA - the Tameside Covid-19 humanitarian hub was established to provide food, medication and welfare support to residents during the pandemic. Tameside & Glossop Strategic Commission administered the hub in partnership with Action Together, social landlords and other Voluntary, Community, Faith and Social Enterprise sector organisations. To date the humanitarian hub has answered over 11,000 calls, supported over 2,200 vulnerable people, delivered nearly 3,000 food parcels, 500 prescriptions and arranged nearly 600 shopping buddy partnerships. The EIA reviews our local humanitarian response to help ensure people from different protected characteristic groups have been able to access the support they need.
- 5.3 Communications, Engagement and Listening during the Covid-19 pandemic EIA - the purpose of the EIA has been to assess whether outgoing communications have reached people from across different protected characteristic groups, and to understand various sources of feedback and lived experience insight gathered from local residents during the pandemic.
- 5.4 Wider Impact of Covid-19 on Tameside and Glossop EIA - this EIA has a wide scope and will continue to develop as the long-term impacts of Covid-19 are realised. The physical, mental, economic and social impacts of Covid-19 on Tameside and Glossop are considered and how they relate to the services Tameside & Glossop Strategic Commission provide; including primary care, mental health services, adult social care, children's social care, education, welfare rights, debt advice, development and environmental services. This EIA was an initial assessment of the wider impact of Covid-19 on protected characteristic groups across Tameside and Glossop. It may serve as the foundation for further and specific research and assessment.
- 5.5 Tameside & Glossop Covid-19 Vaccination Programme – the purpose of this EIA is to assess the accessibility of the Covid-19 Vaccination Programme and its impact upon protected

characteristic groups in Tameside and Glossop. The EIA considers access to vaccination centre sites, communications and messaging promoting the uptake of the vaccine, and varying rates of vaccine uptake between areas and different groups. To date over 100,000 residents in Tameside & Glossop have received the Covid-19 vaccine.

## **6. INEQUALITIES REFERENCE GROUP (IRG)**

- 6.1 The Tameside & Glossop Inequalities Reference Group (IRG) was established in November 2020 in response to how the coronavirus pandemic, and the wider governmental and societal response to this, has brought equalities (and indeed inequalities) into sharp focus. We acknowledge that as we move from crisis management to recovery we need to ensure we are utilising evidence and research, alongside the experience of our own communities, to do all we can to reduce inequalities in Tameside & Glossop. The Inequalities Reference Group enables public sector organisations in Tameside & Glossop to work together to ensure this happens.
- 6.2 The purpose of IRG is to provide a forum to enable the sharing of ideas on carrying out our responsibilities under the Equality Act 2010 and the Public Sector Equality Duty – with the ultimate aim of reducing inequality across Tameside & Glossop. Whilst the group is not a decision making body, it makes recommendations for action via existing governance structures and steers action to address inequalities.
- 6.3 The group is chaired by Councillor Leanne Feeley, Executive Member for Lifelong Learning, Equalities, Culture and Heritage. Membership of the group is made up of representatives from a range of public sector and VCSE organisations across the area, including:
- Action Together
  - Children in Care Council
  - Diversity Matters North West
  - Infinity Initiatives
  - LGBT Foundation
  - Maternity Voices Partnership
  - People First Tameside
  - Tameside & Glossop Clinical Commissioning Group
  - Tameside & Glossop Integrated Care NHS Foundation Trust
  - Tameside Council (including elected members)
  - Tameside Independent Advisory Group
  - Tameside Youth Council
  - Tameside, Oldham and Glossop MIND
  - The Anthony Seddon Fund
  - The Bureau (Glossop)
- 6.4 The group meet on a quarterly basis to share progress on inequalities work, discuss emerging issues and discuss chosen areas of focus. Current areas of focus include:
- Community Cohesion
  - Digital Inclusion
  - Emotional wellbeing (isolation and loneliness)
  - Reducing barriers to accessing information
  - Voice of people with learning disabilities
  - Voice of people with physical disabilities
  - Young people
- 6.5 Our local approach aligns with the wider work in Greater Manchester regarding equalities and inequalities. In October 2020 an independent Greater Manchester Inequality Commission was launched to explore the causes of inequality through academic research and stakeholder engagement. The Commission is designed to act as a critical friend for

Greater Manchester, be challenging and radical. The Commission released its first report in March 2020, outlining a vision to enable good lives for all in Greater Manchester and a series of recommendations to be adopted. Key recommendations include:

- Put wellbeing and equality goals at the heart of the Greater Manchester Strategy
- Create a People's Taskforce to put power into people's hands at every level of Greater Manchester and a People's Assembly to contribute to priority setting
- Establish an independent Anti-Discrimination body to tackle breaches of the Equality Act.
- Develop a GMCA Race Equality Strategy
- Set an ambitious target for every employer in Greater Manchester to pay the living wage and offer living hours by 2030
- Create a Community Wealth Hub
- Move towards universal basic services in which education, health, childcare, adult social care, housing, transport and digital connectivity are provided to all

6.6 In addition, a Tackling Inequalities Board, made up of senior leaders and equality representatives of public services in Greater Manchester, has been established to provide leadership of activity to address inequality, support collaboration and challenge policy makers. This is chaired by Tameside Council's Executive Leader, Councillor Brenda Warrington.

6.7 A series of Greater Manchester Equality Panels have also been established to represent a number of different protected characteristic groups to champion community inclusion and social justice, advise the Mayor of Greater Manchester and the GM Lead for Ageing and Equalities (Councillor Brenda Warrington, Executive Leader) on the challenges faced by people linked to their identity. Their role is to proactively support and challenge the Combined Authority and its regional partners to develop effective solutions to tackle inequality and increase equity. There are currently six established panels with a further one proposed:

- Youth Combined Authority
- Disabled People's Panel
- Race Equality Panel
- LGBTQ+ Panel
- Women and Girls' Panel
- Faith Advisory Panel
- Older People's Panel (proposed)

## **7. ALL EQUALS CHARTER**

7.1 The All Equals Charter is designed to create a consistent standard to equality, diversity and inclusion for organisations and businesses across Greater Manchester. Launched by Manchester Pride, it comprises of a set of values and commitments that participating organisations must adhere to and be regularly assessed on. It focuses on policies and processes in place that support LGBT+ staff and anyone that comes into contact with the organisation.

7.2 As part of adopting the Charter, organisations undergo a self-assessment process supported by Manchester Pride. This evaluates the policies an organisation already has in place and where there are opportunities for development and improvement for LGBT+ residents, service users and colleagues. Manchester Pride works as a 'critical friend' throughout and provide feedback and ideas for action.

7.3 Participating organisations receive a 'grade'. There are a possible four grades – Entry Level, Foundation, Good Practice and Role Model. Participating organisations will be accredited for one year, after which point the process renews. In 2020 Tameside & Glossop



Strategic Commission participated in the beta-testing phase of the Charter alongside nine other organisations. The self-assessment process took place over three weeks during which time information was gathered regarding the Council and CCG's policies and processes in place across five 'categories': challenging prejudice and discrimination, workforce, services, policy and decision - making and working with partners.

- 7.4 Overall, Tameside & Glossop Strategic Commission were assessed as **Good Practice**. Feedback from Manchester Pride informed an action plan to help us fulfil the commitments of the Charter. Actions that have been delivered upon during the last year include:
- Development of a [new landing page](#) for Equality and Diversity on the Tameside Council website to make information targeted at people with protected characteristics more visible and accessible
  - A calendar of celebratory / significant days is currently in development to support the organisation as a whole to mark events recognised by people with protected characteristics
  - A customer satisfaction survey (for those who have interacted with customer services) now collects demographic data for the purpose of monitoring the experiences of people with protected characteristics when interacting with public services
- 7.5 Tameside & Glossop Strategic Commission are currently in the process of engaging with Manchester Pride on plans for re-assessment of our accreditation for 2021.

## **8. RACE EQUALITY CHANGE AGENTS PROGRAMME (RECAP)**

- 8.1 The Race Equality Change Agents Programme (RECAP) Cohort Two started on 28 January 2021.
- 8.2 The programme has been delivered as part of a wider commissioned race equality programme delivered by the Northern Care Alliance. Organisations involved include Greater Manchester Fire & Rescue Service, Greater Manchester Police, North West Ambulance Service, along with all NHS Organisations, Local Authorities and Transport for Manchester are amongst the many services in Greater Manchester's public and third sector to sign up to a collective agreement to tackle race inequality in the workplace in 2018.
- 8.3 Tameside & Glossop Strategic Commission had one colleague from People and Workforce Development participate in Cohort One of the programme in 2020. A colleague from Policy, Performance & Communications has now commenced on Cohort Two of the programme.
- 8.4 The programme is based on the foundation that research shows staff from black and minority ethnic backgrounds do not progress at the same rate to higher graded posts or leadership positions; they experience a greater level of bullying behaviour and are more likely to experience disciplinary action. Discrimination is not only harmful to the individual, but also to the wider public sector. Evidence shows that having a more representative workforce, and diversity at senior leadership levels, results in better outcomes for the public. It also creates a more inclusive and engaged workforce, who want to give of their best so that the public get a better service.
- 8.5 This work has been directed by the Northern Care Alliance in conjunction with the Workforce Race Equality Standard (WRES). The learning and measurement indicators of this programme will be used to measure improvements across all public sector organisations in Greater Manchester.
- 8.6 The objective of our local Cohort Two project is to improve and develop workforce reporting of staff ethnicity, with a view to improving the organisation's insight into its workforce. This will better enable us to monitor trends and identify barriers faced by colleagues of an ethnic minority background.

## **9 INDEPENDENT ADVISORY GROUP**

- 9.1 Independent Advisory Groups have been developed nationally by police forces and police authorities to provide independent advice in understanding the role and impact of the police in diverse communities. The aim of the IAG is to assist in: improving the services provided by partners to all communities; building public confidence in these services; and ensuring that services respond sensitively to the needs of communities when critical incidents occur.
- 9.2 In Tameside we are seeking to do this in a more co-operative way, and have established an IAG for the Community Safety Partnership as a whole. This recognises the way in which a range of partner organisations in the Borough work together, and with local people, to create safer communities and build good community relations.
- 9.3 The IAG aims to achieve this by enabling partners to receive constructive independent advice from a group of people who are broadly reflective of the diversity of the Borough.
- 9.4 The IAG meet on a weekly basis to discuss issues such as community cohesion in Tameside and act as independent advisors to the Community Safety Partnership. Membership of the IAG is voluntary and the group is chaired by Reverend Joanna Farnworth.
- 9.5 Tameside IAG has performed a crucial role during the Covid-19 pandemic – acting as a conduit for sharing important Covid-19 related messages with both community leaders and residents from minority ethnic backgrounds. Members of the IAG have visited local Mosques and other places of worship to share Covid-19 information and available support, ensuring that messages are communicated with local residents in the most effective way possible. IAG members have also arranged meetings with local undertakers from all backgrounds to share details in relation to Covid-19 burials.

## **10 BLACK ASIAN & MINORITY ETHNIC STRATEGIC ASSEMBLY – STATEMENT FOR TAMESIDE & GLOSSOP**

- 10.1 The North West Black, Asian and Minority Ethnic Strategic Advisory Committee is a region-wide assembly of nominees from across the NHS and partners who meet on a quarterly basis to act as an advisory group on the actions needed to effectively address the challenges faced by staff and wider communities.
- 10.2 It is their ambition that the NHS in the North West be anti-racist and at the forefront of tackling racism and the health inequalities experienced by people in communities, brought into stark relief by the pandemic. It seeks to influence decisions made in the NHS and develop action strategies to help dismantle racism within the North West NHS and partner organisations. This will be done through three main themes:
- Minimise the risks posed by Covid-19 to our Black, Asian and Minority Ethnic colleagues
  - Address underlying racism within our structures, which prevents our Black, Asian and Minority Ethnic colleagues from fulfilling their potential
  - Tackle the inequalities of access, which mean that our Black, Asian and Minority ethnic communities have poorer health and health outcomes
- 10.3 As part of the Strategic Assembly's approach, CCGs across the North West were required to complete a response to their mission statement, detailing the different ways in which their organisation are committed to the goals of the Strategic Assembly. The response submitted by Tameside & Glossop Strategic Commission to the Strategic Assembly is attached at **Appendix B**.

## **11 WORKFORCE RACE EQUALITY STANDARD (WRES)**

- 11.1 The aim of the WRES is to support NHS organisations to make sure employees from Black, Asian and Minority Ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
- 11.2 Tameside and Glossop Clinical Commissioning Group (T&GCCG) has two roles in relation to the WRES:
- As a commissioner the CCGs Improvement and Assessment Framework requires CCGs to give assurance to NHS England that providers are implementing and using WRES, and action plans should be part of the contract monitoring process.
  - As an employer each CCG must use and analyse the WRES data to improve workplace experience and representation at all levels for staff from ethnic minority backgrounds as well as other characteristics under the Equality Act 2010. The CCG should also produce and publish a report using the WRES reporting template, and produce a WRES action plan.
- 11.3 In August 2020 a WRES report for NHS Tameside & Glossop Clinical Commissioning Group was submitted to NHS England. An associated action plan has also been produced and is updated on a quarterly basis. Both the WRES report and a copy of the 2020 / 21 action plan for Tameside & Glossop can be found on the CCG website at <https://www.tamesideandglossopccg.org/corporate/equality-and-diversity/workforce-race-equality-standards>
- 11.4 In addition, Tameside & Glossop Strategic Commission also submits workforce race equality data on a quarterly basis which feeds into a Greater Manchester wide WRES for all public sector organisations in the region. This provides a benchmark to measure how Greater Manchester is tackling workplace race inequality across the wider public sector.

## **12 SUPPORTING OUR WORKFORCE THROUGH COVID-19**

- 12.1 Our workforce is our most important asset as an organisation, so supporting them through Covid-19 has been a major focus of the last 12 months. The significant changes to the way we work has been challenging for everyone in the organisation, resulting in a suite of support available for staff. Enabling staff to continue to be flexible with their working hours has also been key, particularly for those working at home with parental and caring responsibilities. Effective communication has also been crucial – whole workforce briefing sessions were held to ensure staff had the information they needed and the opportunity to ask questions.
- 12.2 To understand the needs and views of staff working through the pandemic, a workforce-wide survey was undertaken across Tameside & Glossop Strategic Commission. At the time, 51% of colleagues working from home said that it had been better for them, most thought they were able to work more flexibly, and nearly 80% felt that they had been well supported by their manager through the pandemic. Demographic information was also collected through the survey, enabling the views of staff from different protected characteristic groups to be compared and issues impacting specific groups to be identified. Key insights by demographic include:
- Male (94%) and female (96%) respondents both felt that they had worked more flexibly or with the same flexibility during the pandemic. Both male (85%) and female (87%) respondents also reported feeling supported or extremely supported by their managers.
  - Respondents from ethnic minority backgrounds (59%) were more likely than white respondents (51%) to say that working from home had been better for them than being in an office.

- Respondents under-20 were less likely to feel positively about working from home during the pandemic, with 40% disagreeing that working from home was better for them (compared to only 8% of respondents aged 60-65). Furthermore, 75% of respondents under-20 would not choose to work from home permanently, compared to only 18% of respondents aged 60-65.
- Respondents with disabilities were more likely than non-disabled respondents to feel there were barriers to accessing support from Mental Health First Aiders (18% compared to 7%). More disabled respondents felt that their physical (33%) and mental wellbeing (39%) was worse than prior to the pandemic (compared to 26% and 34% respectively for non-disabled respondents).
- Over half of respondents with caring responsibilities (51%) stated that working from home had been better for them.

12.3 Managing staff wellbeing has been important throughout the pandemic. To equip our workforce with the tools they need to manage their wellbeing, 'Wellbeing: It Starts with You' sessions were delivered to embed good wellbeing practices into the working day. Alongside Tameside & Glossop Healthy Minds, a number of emotional wellbeing workshops were also delivered to manage wellbeing through the winter months. These interactive and supportive sessions looked at why the coronavirus pandemic can have such a prominent effect on people's mental health and shared Cognitive Behavioural Therapy (CBT) based techniques to help attendees to manage any anxiety and low mood. A dedicated webpage for both Council and CCG colleagues with guidance on different ways to increase connections and support mental wellbeing was also created.

### 13. RECOMMENDATION

13.1 As set out at the front of the report.

# ONE EQUALITY SCHEME

Annual Review 2021

We are pleased to introduce the annual review of our One Equality Scheme for 2021. Tameside & Glossop Strategic Commission first launched the joint scheme in 2018 and we continue to work hard to ensure that all of our integrated and standalone services meet all equality obligations.

The annual update for 2021 aims to provide a summary of the activity taking place across Tameside & Glossop to improve service standards and outcomes for local people.

Equality and diversity goes far beyond the nine protected characteristics, and at a local level this is complemented by the priorities set within our Corporate Plan. These priorities are embedded within our One Equality Scheme through a set of objectives that we use to measure and monitor our progress.

We are proud to showcase the continued commitment, achievements and projects the Strategic Commission has delivered and supported over a challenging 12 months. Equality and equity have been at the heart of our response to the Covid-19 pandemic and remains a key focus as we work to recover and Build Back Better.



**Councillor Brenda Warrington**  
Executive Leader of Tameside Council



**Councillor Leanne Feeley**  
Executive Member - Lifelong Learning, Equalities, Culture and Heritage



**Dr Asad Ali**  
Co-Chair, NHS Tameside & Glossop Clinical Commissioning Group



**Dr Ashwin Ramachandra**  
Co-Chair, NHS Tameside & Glossop Clinical Commissioning Group

The One Equality Scheme has created a platform that enables us to successfully deliver a shared vision and approach to the equality and diversity of residents, patients and service users across Tameside and Glossop.

The scheme sets out the commitment of Tameside Council and NHS Tameside & Glossop Clinical Commissioning Group to reduce the impact of inequality and enhance the equity of access to a wide range of services and support. It remains important that all work in this area is embedded within policy review and development.

Our commitment to embedding equality and diversity into everything we do can only be achieved by listening to what our residents and patients tell us. A range of effective consultation and engagement methods are in place at a local level to gather the views and experiences of residents and patients – this insight is then used to improve outcomes for individuals and families. Promoting a greater level of openness and transparency allows us to review and strengthen all existing systems and partnerships.

The [Tameside & Glossop Engagement Strategy](#) provides a level of commitment required to ensure all stakeholders are central to shaping the way we design, commission and deliver the best possible services. The success of how we do this is assessed by the extent to which:

The success of how we do this is assessed by the extent to which:

- People have an opportunity to express their views, and feel confident their voices are heard.
- People feel their opinions and ideas influence the commissioning, design and delivery of local services.
- Our services are better as a consequence of engagement and consultation.
- High quality engagement is something that occurs routinely within our organisation and is ongoing.

The scheme will be reviewed on an annual basis to ensure we are making progress against the agreed objectives and statutory requirements. The scheme delivers on a number of areas, which together provides a picture of the Strategic Commission and its approach to improving equality and diversity across Tameside and Glossop.

One Equality Scheme 2018-22 can be accessed [here](#), where our legal obligations under the Equality Act and Public Sector Equality Duty are outlined in more detail.

Our previous One Equality Scheme Annual Reviews can be accessed [here](#) for 2020 and [here](#) for 2019.



# OUR EQUALITY OBJECTIVES (2018-2022)



The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, states that we must publish specific and measurable equality objectives, and subsequently at intervals of no more than four years. The equality objectives of Tameside & Glossop Strategic Commission cover five key themes.

#### **a. Reducing inequality and improving outcomes**

- This theme lies at the heart of not just the One Equality Scheme, but at the heart of all our strategies and initiatives.
- The projects and programmes under this objective focus on key areas of inequality. Through our work developing this scheme, these are topics that may have been highlighted as being in need of increased attention and focus.
- We know that in certain areas such as people's health, employment status and educational level, there are gaps that we need to address and attempt to narrow.

#### **b. Meeting our obligations under the Equality Act 2010**

- Our objectives for this theme are a combination of what the law requires us to do, and what we have decided needs to be done to meet the general Public Sector Equality Duty.
- The Equality Act 2010 is both very broad in its expectations of what public bodies must achieve, and also very specific regarding the information we must publish on equalities.
- Given how broad the requirements are, many actions in other area will nevertheless be connected to us fulfilling our obligations under this theme.

#### **c. Equality training, development and awareness**

- If we are to ensure that we meet our legal obligations, and deliver services that are fair and equitable, we need ensure that staff are aware of their responsibilities and that service users are aware of their rights.
- Fulfilling our objectives in this theme requires both internal measures such as staff training, and external ones, such as raising awareness of the support available for different groups and individuals to access services.

#### **d. Consultation and engagement**

- Without effective and meaningful consultation and engagement, we are unable to shape our services to meet customer need in the most efficient and service user friendly way.
- The objectives contained in this theme relate to how we maintain effective dialogue with our residents, patients, communities and businesses to make best use of our resources. There is a particular focus on ensuring that the needs of the most vulnerable and disadvantaged are heard.

#### **e. Understanding Service Use and Access**

- Once we know what our customers and service users need, and we are aware of any inequalities that exist, we need to make sure that those most in need and at a disadvantage can access services to improve their situations.
- Access to services is about, amongst other things, service availability, service location (both physical and virtual), and potential barriers. This theme requires us to think about how best to utilise our resources to ensure the maximum benefit for those most in need.

## Reduce Inequalities & Improve Outcomes

- 1** Address key priority quality of life issues such as health inequalities, educational attainment, access to skills, training and employment opportunities, income levels, and health and wellbeing, across equality groups and the vulnerable and disadvantaged with a view to narrowing the gap.
- 2** Help people to continue to live independent lives, and assist the most vulnerable in our communities to access support and services that exist around this aim, through targeted interventions and tailored service provision. Work closely with partner organisations to most effectively facilitate this.
- 3** Aim to increase the level at which people believe that Tameside and Glossop is a place where people get on well together, amongst the population as a whole and by protected characteristic group. A key focus of this aim is to raise awareness and support the prevention of hate crime across the locality.

## Meeting our obligations under the Equality Act 2010

- 4** Publish our equality objectives and ensure that they are published in a manner that is accessible
- 5** Publish our workforce monitoring information by equality group (where known)..
- 6** Undertake to produce and publish Equality Impact Assessments (EIAs) to support service delivery and commissioning decisions to be published with papers. These will help us to understand the impact of our policies and practices on persons sharing a relevant protected characteristic.

## Equality Training, Development and Awareness

- 7** Ensure that employees are appropriately trained on equality legislation and their responsibilities under it - this includes Equality Act 2010, Equality Delivery System 2 (EDS2), Accessible Information Standard, Workforce Race Equality Scheme, Workforce Disability Equality Scheme and the requirements of the EDHR contract schedule. Staff are offered support and guidance through a range of methods and approaches such as briefing notes, training sessions and workshops.
- 8** Raise awareness and understanding of equality and diversity by working with partners (such as voluntary organisations, community groups and service providers) to ensure that the views of those from protected characteristic groups are represented and supported.

## Consultation & Engagement

- 9 Engage (as early as possible to enable co-design and co-production processes) and consult with our communities through a broad range of methods and forums, such as surveys, events and customer feedback to ensure comprehensive and meaningful coverage. Ensure feedback is provided to participants following the engagement or consultation process.
- 10 Disaggregate the results of monitoring, surveys, feedback and consultation exercises by equality group (where appropriate and practical) to inform our understanding of the needs of different groups and individuals. When collecting demographic data as part of the engagement or consultation process ensure that respondents understand the importance of collecting this data and how it will be used.
- 11 Develop specifically tailored engagement and consultation activity where appropriate and when required for specific equality groups and disadvantaged / vulnerable people across Tameside and Glossop.

## Information, Intelligence & Need - Understanding Service Use & Access

- 12 Use a range of intelligence gathering, customer monitoring and insight tools, together with specific pieces of analysis, to inform both our understanding of residents, service users, service delivery and design, and to develop services that provide a varied, flexible and accessible offer. Where possible, work with partner organisations to maximise the data available to provide deeper insight into understanding our local communities (whilst remaining mindful of data protection standards).
- 13 To encourage and promote the use of customer monitoring and disaggregation of data by equality group (where practical)..
- 14 Use a variety of tailored communication methods to increase the accessibility and understanding of council and CCG services that allows our different customers, residents and service users to make informed choices.

# A PICTURE OF TAMESIDE & GLOSSOP

Our One Equality Scheme connects a wide range of population data for Tameside and Glossop, much of which relates directly to the protected characteristics such as age, sex, religion and disability.

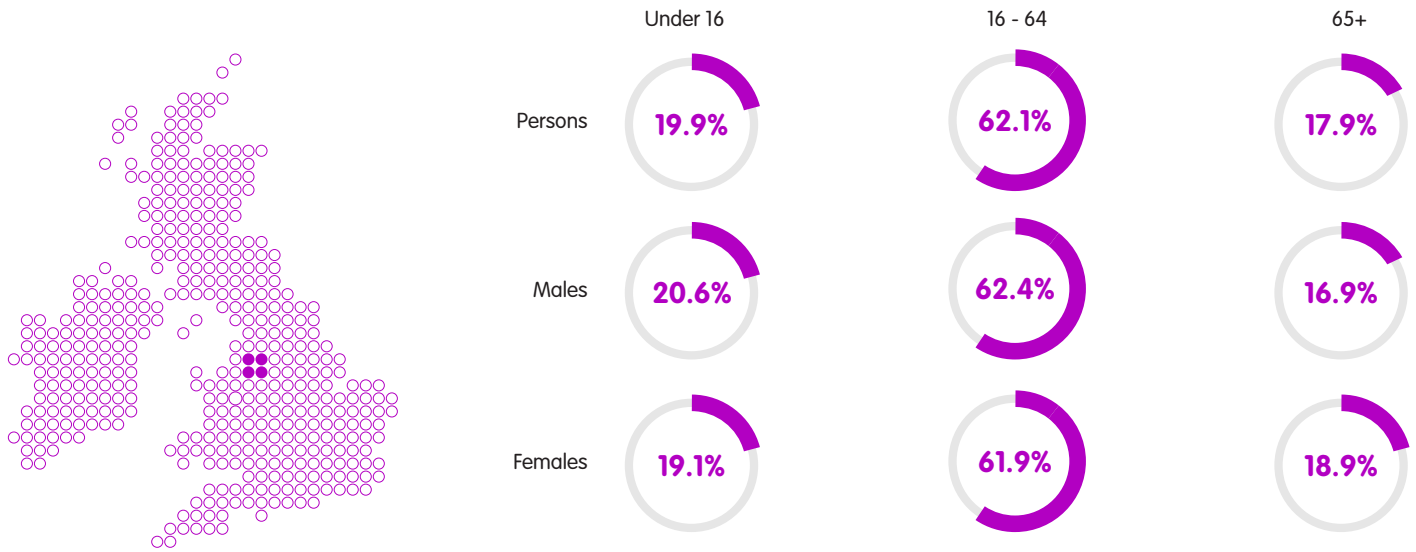
Although the breakdown of our population is in line with the national picture across many protected characteristic groups, there are some groups where our local population differs. For example, in Tameside and Glossop we have a higher proportion of residents who state that their day to day activities are limited - 20.5% compared to 17.6% nationally. We have slightly less people reporting to be in good health – 78.2% compared to 81.4% nationally. Unsurprisingly this is reflected in our healthy life expectancy figures and mortality rates (as outlined in the following infographics).

The implications of these differences are wide ranging – not just in terms of outcomes for our local population but also financially in helping to address these differences. Tameside Council and NHS Tameside & Glossop Clinical Commissioning Group are committed to ensuring all residents lead long, fulfilling and healthy lives – **'Our People, Our Place, Our Plan'** is key to achieving this

# Sex & Age

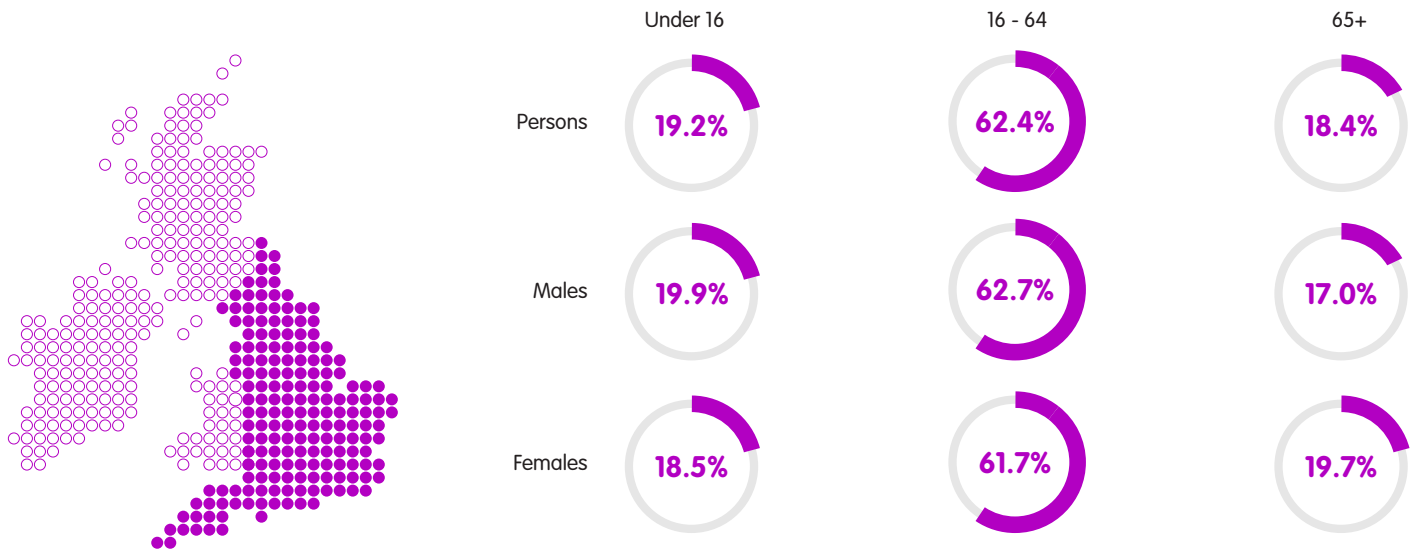
## Tameside and Glossop Population by Age Group

Source: 2019 Mid-Year Population Estimates (ONS)



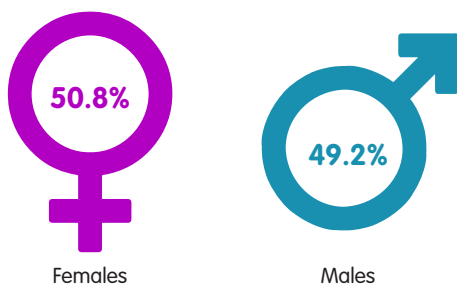
## England Population by Age Group

Source: 2019 Mid-Year Population Estimates (ONS)



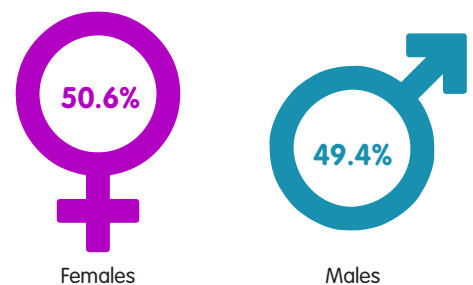
## Tameside and Glossop Population by Sex

Source: 2019 Mid-Year Population Estimates (ONS)



## England Population by Sex

Source: 2019 Mid-Year Population Estimates (ONS)

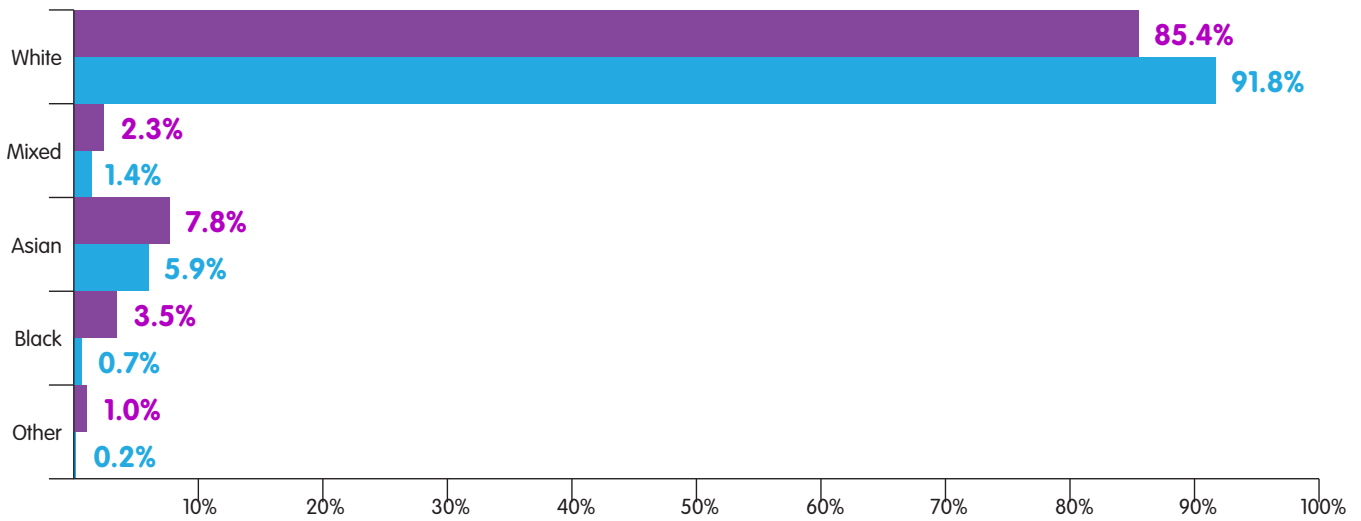


# Ethnic Groups

## Ethnic Population in Tameside and Glossop and England

England Tameside and Glossop

Source: Census 2011

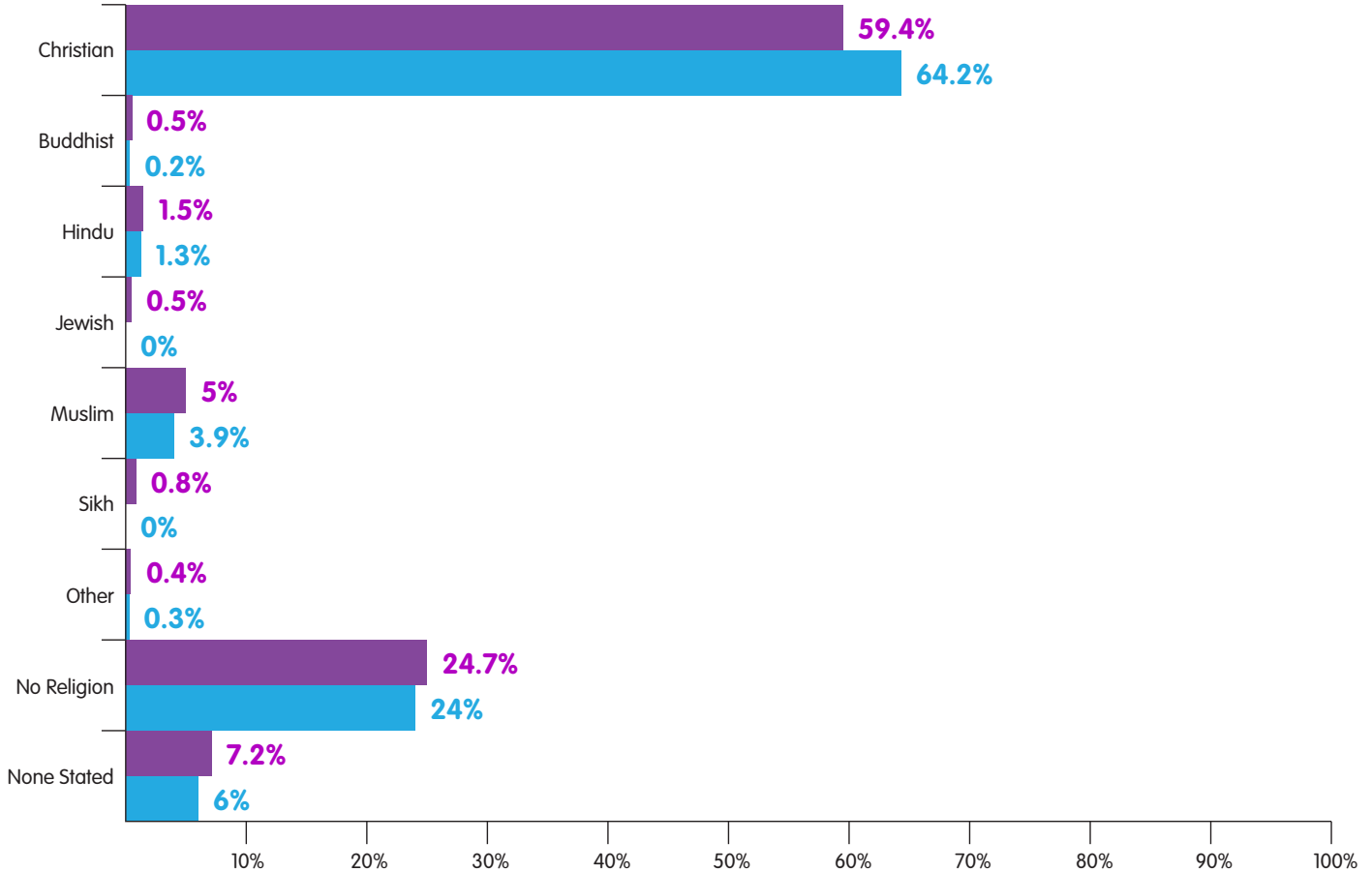


# Religion

## Religious Denominations in Tameside and Glossop and England

England Tameside and Glossop

Source: Census 2011



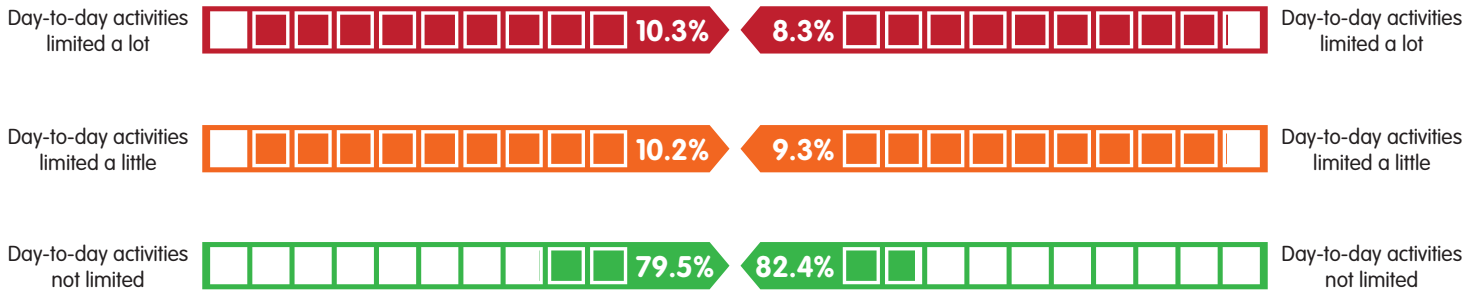
# Disability

## Tameside and Glossop

Source: Census 2011

## England

Source: Census 2011



# Carers

## Provision of Unpaid Care in Tameside and Glossop

Source: Census 2011

## Provision of Unpaid Care in England

Source: Census 2011





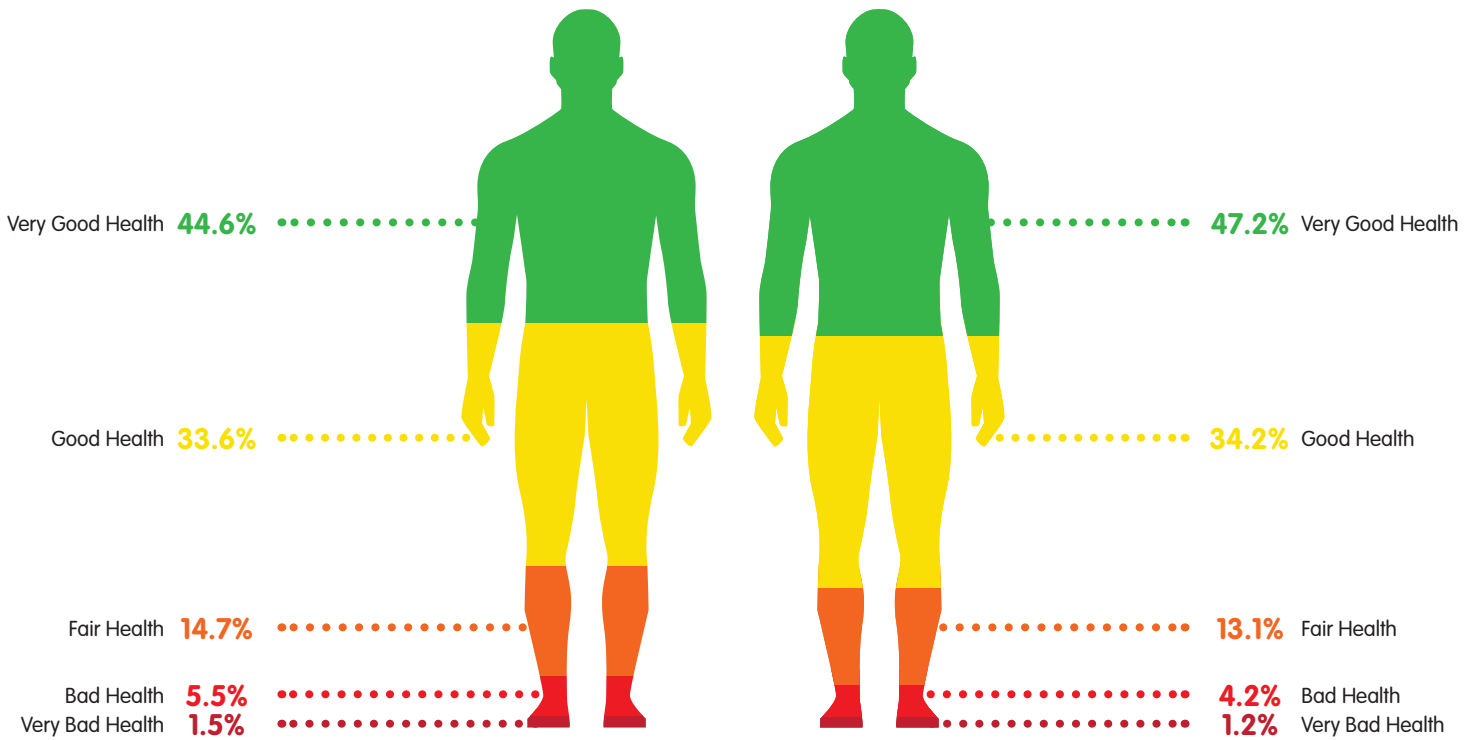
# General Health

## Tameside and Glossop

Source: Census 2011

## England

Source: Census 2011



## Tameside and Glossop Life Expectancy

(2017-2019)

## England Life Expectancy

(2017-2019)



## Tameside and Glossop Healthy Life Expectancy

(2017-2019)

## England Healthy Life Expectancy

(2017-2019)



## Tameside and Glossop Under 75 Mortality Rates

(2017-2019)



## England Under 75 Mortality Rates

(2017-2019)



# Marital Status

## Marital Status of Tameside and Glossop Residents

Source: Census 2011



Single  
34.8%



Married  
44.2%



Civil Partnership  
0.2%



Separated  
2.9%



Divorced  
10.3%



Widowed  
7.5%

## Marital Status of England Residents

Source: Census 2011



Single  
34.6%



Married  
46.6%



Civil Partnership  
0.2%



Separated  
2.7%



Divorced  
9%



Widowed  
6.9%

# OUR CORPORATE PRIORITIES

Tameside Council and NHS Tameside & Glossop Clinical Commissioning Group are committed to ensuring all residents lead long, fulfilling and healthy lives. The One Equality Scheme has been designed to link closely with the **Corporate Plan 'Our People, Our Place, Our Plan'**, which brings together a number of joint priorities and ambitions. They are covered by three themes set within the life course.

- Starting Well
- Living Well
- Ageing Well

The model is also underpinned by two visions:

- Great Place
- Inclusive Growth

### Corporate Plan

Our approach and commitment to equality and diversity is intrinsic to all priorities and outcomes set within our Corporate Plan.



## Transforming Tameside & Glossop

# Our People - Our Place - Our Plan

For everyone every day



Starting Well

Living Well

Ageing Well

## Priorities

1	2	3	4	5	6	7	8
<b>VERY BEST START</b> 	<b>ASPIRATIONS &amp; HOPE</b> 	<b>RESILIENT FAMILIES &amp; SUPPORTIVE NETWORKS</b> 	<b>WORK SKILLS &amp; ENTERPRISE</b> 	<b>INFRASTRUCTURE &amp; ENVIRONMENT</b> 	<b>NURTURING COMMUNITIES</b> 	<b>LONGER &amp; HEALTHIER LIVES</b> 	<b>INDEPENDENCE &amp; DIGNITY IN OLDER AGE</b> 
<b>Very best start in life</b> where children are ready to learn and encouraged to thrive and develop	<b>Aspiration and hope</b> through learning and moving with confidence from childhood to adulthood	<b>Resilient families and supportive networks</b> to protect and grow our young people	<b>Opportunities for people to fulfil their potential</b> through work, skills and enterprise	<b>Modern infrastructure and a sustainable environment</b> that works for all generations and future generations	<b>Nurturing our communities</b> and having pride in our people, our place and our shared heritage	<b>Longer and healthier lives with good mental health</b> through better choices and reducing inequalities	<b>Independence and activity in older age, and dignity and choice</b> at end of life
Reduce rate of smoking at time of delivery  Reduce the number of children born with low birth weight  Improve school readiness  Children attending 'Good' and 'Outstanding' Early Years settings  Take up nursery at 2yrs  Promote good parent infant mental health	Reading / writing / maths at Key Stage 2  Attainment 8 and Progress 8 at Key Stage 4  Young people going onto higher education  Children attending 'Good' and 'Outstanding' schools  Number of 16-19 year olds in employment or educated  Proportion of children with good reading skills  Promote and whole system approach and improving wellbeing and resilience	Early Help Intervention  Reduce the number of first time entrants into Youth Justice  Increased levels of fostering and adoption  Improve the quality of social care practice  Improve the placement stability for our looked after children  Reduce the impact of adverse childhood experiences	Increase median resident earnings  Increase the working age population in employment  Increase the number of people earning above the Living Wage  Increase number of enterprises / business start ups  Working age population with at least Level 3 skills  Increase the number of good quality apprenticeships delivered	Improve air quality  Increase the number of net additional dwellings  Increase the number of affordable homes  Digital inclusion - average download speeds  Reduce tonnes of waste sent to landfill and increase the proportion recycled  Increase journeys by sustainable transport / non-car  Increase access to public transport	Increase participation in cultural events  Reduce victims of domestic abuse  Reduce the number of rough sleepers / homelessness  Improve satisfaction with local community  Victims of crime / fear of crime  Reduce levels of anti social behaviour  Increase access, choice and control in emotional and mental self-care and wellbeing	Increase physical and mental healthy life expectancy  Improve the wellbeing for our population  Smoking prevalence  Increase levels of physical activity  'Good' and 'Outstanding' GPs practices  Reduce drug and alcohol related harm	Increase the number of people helped to live at home  Reduce hospital admissions due to falls  Increase levels of self-care / social prescribing  'Good' and 'Outstanding' social care settings  Prevention support outside the care system

### Great Place Vibrant Economy

# CHALLENGES OF COVID-19

## Challenges of COVID-19

The Covid-19 pandemic has made the last 12 months extremely challenging not only for everyone in Tameside & Glossop, but nationally and globally. Every service provided by the Strategic Commission has been impacted in some way, driving the organisation to adapt its normal approaches. This has included services moving online, improving and expanding channels of communication, or establishing completely new services such as in the case of the humanitarian hub.

The Covid-19 humanitarian hub was set up to provide help and support to residents in need during the pandemic – whether that be in terms of food, medication or welfare support, or another ongoing need that arose as a result of Covid-19 (e.g. financial assistance).

The hub is very much a partnership approach – Tameside Council and Tameside & Glossop Clinical Commissioning Group working together with the VCSE sector through our partnership with Action Together and with other partner organisations such as social landlords.



date the humanitarian hub has provided support to over



**2,200 people**  
Vulnerable People



**500**  
Prescriptions delivered



**3,000**  
Food Parcels



Answer approximately  
**11,000 calls**



**600**  
Arranged Shopping Buddies

Existing services have become even more vital through the pandemic, with more local people relying on support from the Strategic Commission in some form.

Over the last 12 months, the Welfare Rights service has assisted 2,162 residents with requests for food parcels and advice on benefits and debt, and Exchequer Services have supported the administration of Business Rates relief paid to 4,739 businesses and Business Grants to over 4,000 businesses. Our Children's Service has supported schools, sending 49 emails to head teachers with Covid-19 updates, holding 22 Scenario Planning Task and Finish Group meetings, delivering 964 laptops to disadvantaged children and issuing 3,996 vouchers for Free School Meals. From April 2020 to January 2021 Tameside & Glossop GP practices have delivered 879,718 appointments, including 449,429 (or 51.1%) face to face appointments and 15,706 home visits.



The strong relationship between the Strategic Commission and the local voluntary and



community enterprise sector allowed the impacts of Covid-19 to be tackled together and a broad range of expertise to be drawn on. This meant that the response to Covid-19 in Tameside & Glossop was far more effective than if organisations had worked in isolation. In some cases the approach enabled organisations to collaborate and offer more holistic support to residents who were experiencing multiple issues.

This partnership approach is also in place for tackling inequalities, with the recently established Tameside & Glossop Inequalities Reference Group (IRG). IRG was established in November 2020 in response to how the coronavirus pandemic, and the wider governmental and societal response to this, has brought equalities (and indeed inequalities) into sharp focus. As we move from crisis management to recovery we need to ensure we are utilising evidence and research, alongside the experience of our own communities, to do all we can to reduce inequalities in Tameside & Glossop. IRG enables public sector organisations in Tameside & Glossop to work together to ensure this happens.

Although the pandemic has affected everyone in society in some way, there are groups within society who have experienced a more significant impact as a result of the outbreak. This is particularly true for older people, people with disabilities, those with multiple comorbidities, those in certain occupational roles, people in the most deprived communities, and those within our ethnic minority communities.

Tackling inequalities and ensuring equitable access to services has therefore been at the heart of the Strategic Commission's response to Covid-19. In this annual update of the One Equality Scheme more details will be provided on how the Strategic Commission has responded to the challenges of Covid-19 and how we will look to build back better and fairer.



## ACHIEVEING OUR OBJECTIVES

The following are examples of projects delivered by Tameside and Glossop Strategic Commission which highlight some of the good work across a wide range of service areas and equality groups.

The Strategic Commission will continue to develop more integrated, inclusive and place based services, with the case studies providing practical examples of achievements against our agreed equality objectives for 2018-22

To address quality of life issues across equality groups, including the most vulnerable and disadvantaged residents. Develop effective partnerships to raise awareness of the support services available to residents.

### Case Studies

#### **Vaccinating our most vulnerable**

Our Covid-19 vaccination programme prioritises the most vulnerable in our society. To this end, we offered vaccinations to people who were supported into accommodation after previously being homeless. The Community Safety and Homeless team worked with the CCG and GPs to set up a vaccination centre at our community hub, the Town House. The service is doing a fantastic job with currently no rough sleepers in the borough and over 50 people supported into accommodation. All of these people were offered the vaccine in February, as well as the volunteers who work with them, with the team and volunteers driving people to the Town House.

Those who are at risk of rough sleeping or with no permanent address are some of society's most vulnerable and are a big risk in contracting and passing on Covid-19 and need our support.





## Covid-19 Vaccine centres

Ensuring that all of our Covid-19 vaccination sites are fully accessible has been vital to the rapid roll out of the vaccine. To date, over 100,000 Tameside & Glossop residents have received their first Covid-19 vaccine.

All of the vaccination sites/premises in Tameside and Glossop are fully accessible to the public by public transport, and by car. All of the sites/premises have access either via a ramp or are on a flat level, and all have circulation space wide enough for wheelchair users plus an accompanying person. All of the vaccination sites/premises have marshals and a standard operating procedure in place to cater for a variety of needs should there be particular bespoke requirements.

This includes marshals and staff on each site who can support a patient with transfer to a wheelchair and a wheelchair is kept on each site for use when required.

Patients who may fall into the morbidly obese category can also be catered for more easily by receiving their vaccination at the Hyde site which is a drive through model due to the risk and suitability of facilities to cater for this particular cohort of people.

Other key points to note in relation to physical accessibility at our Covid-19 vaccination sites include:

- All of our five primary care networks / neighbourhoods across Tameside and Glossop are vaccination sites/premises which is important to ensure there are fewer barriers for our harder to reach communities - reducing inequalities between different communities
- Patients can receive their vaccination at any of the sites/premises, regardless of which Primary Care Network their registered GP is in. This can reduce traveling times and allow people to make use of the drive-through facility at Hyde if required.
- Voluntary and Community sector organisations have been mobilised to support transporting patients from their homes to the vaccination sites to address potential transport issues.
- For patients in care homes and whom are housebound, vaccinators will travel to their homes to vaccinate them, ensuring the most vulnerable patients will receive their vaccination.



## GP Access during Covid-19

Ensuring that services have remained accessible throughout the pandemic has been a huge effort, often requiring normal approaches to be adapted. Throughout the pandemic, all GP practices in Tameside and Glossop have remained open to provide care for patients, in different ways. From April 2020 to January 2021

Tameside & Glossop GP practices have delivered 879,718 appointments, including 449,429 (or 51.1%) face to face appointments and 15,706 home visits. These numbers are even more impressive given that practices are also delivering the largest vaccine roll out programme in history. GP appointments are still being given face to face if clinically needed to ensure that all our patients have access to the health care they need.

### Digital Wellbeing Tameside & Glossop Project

The Covid-19 pandemic has highlighted the stark impact of digital exclusion in Tameside & Glossop. The Tameside and Glossop Digital Wellbeing Project – led by PCrefurb and Tameside & Glossop CCG – aims to help people who do not have access to technology. The project provides refurbished devices to people along with training to support them with using their devices to access day-to-day activities that improve health and wellbeing. The project has trained a network of Digital Champions, who help people to develop their skills and confidence in using devices to access online services. To date the project has refurbished and redistributed over 80 donated devices and trained up nine Digital Champions.



### Digital devices for disadvantaged children

Ensuring that children have access to digital devices and a reliable internet connection has been particularly vital during the Covid-19 pandemic. The Strategic Commission has coordinated making digital devices available for the most disadvantaged children in Tameside who don't have a computer at home. In partnership with schools and social workers, equipment has been delivered to eligible children and homes. So far the partnership have delivered nearly 1000 laptops and tablets for pupils who have a social worker and 144 laptops for disadvantaged Year 10 children, as well as 184 4G wireless routers.

### Free Town Centre Wi-Fi

SWIFT Wi-Fi is a free on-the-go Wi-Fi network that is available to anyone with a device in each of Tameside's nine towns. Users only need to sign up once to get online in any of Tameside's towns.

### CCG rated as outstanding

Tameside & Glossop Clinical Commissioning Group received a headline rating of 'Outstanding' in the CCG's annual assessment for 2019/20 for the second year running.

Key areas of strength and areas of good practice where the CCG's performance is in the best quartile in England are:

- Diabetes patients that have achieved all the NICE recommended treatment targets
- Provision of high quality care: primary medical services
- People with an urgent GP referral having first definitive treatment for cancer within 62 days of referral
- Improving Access to Psychological Therapies: recovery
- Estimated diagnosis rate for people with dementia
- Percentage of patients waiting 6 weeks or more for a diagnostic test
- Utilisation of the NHS e-referral service to enable choice at first routine elective referral



We were also rated 'Green' in our End of Year final finance and 'Green Star' – the highest rating – in our End of Year final Quality of Leadership rating. In addition, the CCG was awarded the Green Star rating for Patient & Community Engagement for the second year running, one of only 40 areas in the country to receive the highest possible score.

### Digital hospital appointments available

Tameside & Glossop Integrated Care Foundation Trust launched their [Attend Anywhere](#) service, which is a video consultation platform where patients can receive outpatient consultations with their care-giver remotely via a video conferencing platform.

Online appointments aren't always going to be appropriate for all patients, but where it is, they are an ideal alternative to a face to face appointment. This also helps the care journey by reducing the amount of time needed to attend an appointment and saving on expenses such as parking or having to use public transport.

### Tameside Council's Homelessness Team – Town Hub

Tameside Council's Homelessness Team have overseen a significant drop in rough sleeping in the borough. Between 2018 & 2019, Tameside recorded the highest percentage drop in rough sleeping in England from 42 down to just five – a reduction of 86%. A rough sleeper count on Thursday 9 July 2020 found no-one sleeping rough in Tameside. This is first time in almost 10 years that a rough sleeper count in the borough returned a zero result. A count in March 2021 also found no-one sleeping rough in the borough.

The team have achieved these outstanding reductions through an innovative approach. One example is the Town House in Ashton-under-Lyne – a centre that is not just an overnight hostel, but also a community hub providing wrap around care and support to people who are homeless and/or are vulnerable. The rough sleeping team based at the Town House will offer service users help with drug and alcohol addiction, mental and physical health problems, welfare rights, domestic abuse, vulnerability and even simple life skills such as cooking and personal hygiene.



### Poverty Truth Commission

The Strategic Commission are supporting the Tameside Poverty Truth Commission coordinated by Greater Manchester Poverty Action. The Poverty Truth Commission aims to involve people with experience of poverty in making decisions about tackling poverty. People in Tameside with lived experience of poverty will work alongside civic and business leaders to influence decision-making and share their stories. Working groups will be established to focus on a number of identified poverty related issues, steered by people with lived experience. By connecting civic and business leaders with ordinary people who have experience of poverty, decisions can be better informed and more effective.

### Independent Advisory Group

The Independent Advisory Group (IAG) meet on a weekly basis to discuss issues such as community cohesion in Tameside and act as independent advisors to the Community Safety Partnership. Membership of the IAG is voluntary and the group is chaired by the Strategic Commission's Community Cohesion Officer. The IAG aims to assist in improving services provided by the Community Safety Partnership to all communities, build public confidence in these services and ensure that these services respond sensitively to the needs to communities when incidents occur. The IAG does this by giving constructive, independent advice on strategy and policy to the Community Safety Partnership, assisting with communicating with communities, and providing support in managing critical incidents.

Our IAG has performed a crucial role during the pandemic – acting as a conduit for sharing important Covid-19 related messages with both community leaders and residents from minority ethnic backgrounds. Members of the IAG visited local Mosques and other places of worship to spread Covid-19 information and available support, and arranged meetings with local undertakers from all backgrounds to share details in relation to Covid-19 burials.

## Macmillan Welfare Rights team

The Welfare Rights team partnered with Macmillan Cancer Support to secure almost £2m of funding in the last year to support local people and families living with cancer. A dedicated Macmillan Welfare Rights Officer helps people who are diagnosed with cancer to make claims for benefits and follows through any changes of circumstances such as a patient or carer having to give up work. The officer also supports families with funeral and bereavement benefits. The flexibility and hard work by the Macmillan officer and the wider welfare rights team means they have continued to successfully reach out to people with cancer during the pandemic, securing additional benefits and grants for them in their time of greatest need.

**MACMILLAN  
CANCER SUPPORT**

## Alcohol Awareness Week

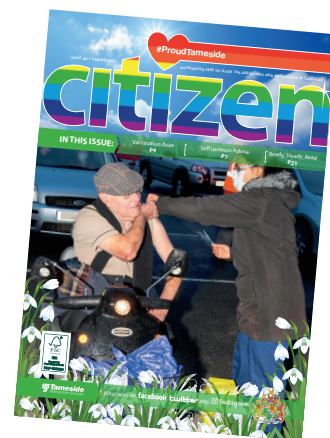
It is all too easy for our drinking to creep up, particularly during the pandemic. In support of [Alcohol Awareness Week](#), we encouraged people to speak up and think about the [link between alcohol and mental health](#). Staff shared their stories of drinking and of how they subsequently got the right support.

## The Tameside Citizen

Our free residents' magazine [The Citizen](#) is distributed to more than 100,000 households and businesses in Tameside three times a year.

We ran a survey to ensure that the magazine is reaching people and the information within it is relevant.

The Citizen is important for ensuring residents, especially those without online access, feel involved and informed in the council's work and support services as well as what is happening around the borough.



## Tameside Covid-19 Autism Support Pack

The Strategic Commission's Autism Team are aiming to reinforce the help and support available to those in Tameside with Autism, adapting the service to combat uncertainty posed by coronavirus and lockdown. This has included producing a Tameside Covid-19 [Autism Support Pack](#). The support pack includes information on the diagnosis and referral process, along with a range of resources that can help support people with autism and their carers.

## Active Tameside's "Everybody Can"

Active Tameside's innovative "Everybody Can" scheme for people with complex needs starts supporting people from the age of three and has a person-centred approach that promotes independence. It gives a voice to young people and young adults in social care by providing opportunities for community interaction. It teaches life skills and improves health and wellbeing through sport and yoga. Some sessions feature pets and there are visits to allotments.

The Everybody Can scheme was adapted to take place during Covid-19 restrictions, providing a safe place for people with complex needs to exercise and interact with other people throughout lockdowns. Both participants and their families said being able to attend Everybody Can was absolutely vital for their wellbeing, potentially avoiding crisis scenarios that may have occurred at home. The Active Tameside team have even been able to provide basic personal care services, such as haircuts and shaving. The scheme was even covered by ITV News - a clip from the programme can be viewed [here](#).



## Improving playgrounds

Playgrounds are one of the Strategic Commission's best assets. They are free to use, open every day, and provide the perfect opportunity for children to get out into the fresh air. That's why the Council has agreed to invest £600,000 in them over the next two years. Making sure our play areas are in top condition helps us to increase physical activity in the area, which is a key element of our corporate plan.



the overall health of the borough is to be improved, people need to be enabled to exercise. The work - which includes replacing some equipment and safety surfacing, painting railings, new bins and benches, and footpath repairs – also supports our efforts to create a more attractive borough that is a welcoming place to live and work.

## Library events go online

As the successful [Tameside Loves Reading](#) campaign shows, literacy is of central importance to our organisation. Through mentors, libraries and numerous events we are passionate about encouraging a love of reading.

The annual readers and writers' festival and the ever-popular [Story Makers](#) sessions went online last year due to the pandemic. The festival - entitled [Digital Words](#) - offered a chance to meet some of the UK's most popular authors as well as a family poetry show and writing workshops. Story Makers, which returned for a fourth time with a new theme of "Be Kind".



The success of these virtual events led to the establishment of Tameside's first children's book festival – Ready, Steady, Read. Using Zoom, almost 3000 children and 240 adults from 22 schools were able to engage with authors, illustrators and storytellers to enhance their experience of children's literature. The festival also went some way to replacing school visits to libraries, which have been prevented by lockdowns. Going online only made library events more accessible, with many people able to participate from home.

## Digital Museums and Galleries

The Museums and Galleries Service created online content for schools that linked with both Tameside's heritage and the national curriculum. The educational packages were freely available to all schools in Tameside and consisted of short films, curriculum linked resources, images of objects and items from Tameside's museums, galleries and local studies collections. Over 800 visits were made to the resources pages since it was launched to schools in June 2020. The Museums and Galleries Service also created online exhibitions relating to our natural history collection to ensure they were still accessible throughout lockdowns. Over 1500 visits were made to the webpages.

### Tameside Music Service at Home

Tameside Music Service (TMS) created content for online sessions available every weekday to help entertain and educate during lockdowns. TMS at Home is designed to be suitable for all ages, so that everyone can join in.

The new sessions include:

- Tutor Takeover
- Student Spotlight
- Songs for Little Ones
- Song writing Sessions
- Pots + Pans = Percussion
- Tameside Youth Choir, which is held via Zoom on a weekly basis.



### Team Around Approach video

The Team Around Approach involves several agencies coming together to ensure that problems and worries are dealt with at the earliest opportunity and that families have all the support they require. It's part of the organisation's Early Help strategy - ensuring that every child is given the care and attention they need to thrive and develop. The team produced a video to raise awareness of the initiative with families that may be in need of support. The video also showcases the importance of partnership working. It can be watched [here](#) or alongside details about the initiative on our [website](#).

### Support for the LGBT+ community

Face to face, online and over the phone support have been available for Lesbian, Gay, Bi-Sexual and Transgender+ (LGBT+) people, schools and youth services in Tameside throughout the pandemic.

Weekly LGBT+ support groups run by Tameside Council for young and older people take place twice a week. Residents can choose to take part over the phone or face to face adhering to strict Government socially distanced guidelines. One to one sessions have also been available.



### LGBT+ Adoption & Fostering Week

Two of our foster carers – Katie and Joanne – helped to highlight the annual LGBT+ Adoption and Fostering Week. You can listen to Katie and Joanne and other local authority foster carers share their incredible experiences [here](#). People who foster for their local authority give local children the chance to experience a stable and loving family life and to remain within their local area. This means that local authority foster carers are helping children to stay close to friends and family, and to remain in the same schools, at what can be a very unsettling time in their lives. We need foster carers from all backgrounds to look after children of all ages.

### Tameside Digital Pride 2020

Tameside Pride moved online in 2020 for the annual celebration of diversity, tolerance and equality. Over 150 attendees joined in with the virtual evening that was streamed through the Tameside Pride [website](#) and via Facebook. The event raised money for local charities and Tameside Hospital.

## National recognition / award shortlisting

During the past 12 months we have been shortlisted for awards in the following areas:

### 2021

#### 11 March 2021

iNetwork Innovation Awards		
Effective Information Sharing & Security Award Winner	NAFN Data and Intelligence Services (Tameside MBC)	Winner
iStandUK Award	NAFN Data and Intelligence Services (Tameside MBC)	Shortlisted
Covid-19 Response Recognition	NAFN Data and Intelligence Services (Tameside MBC)	Shortlisted

### 2020

#### 4 September 2020

HSJ Value Awards		
Specialist Service Redesign Initiative	Place Based Paediatrics	Winner
Acute Service Redesign Initiative	Integrated Urgent Care Team - Home First	Winner
Acute Service Redesign Initiative	The introduction of an interactive appointment reminder service to reduce Outpatients DNA's	Shortlisted
Acute Service Redesign Initiative	Improving System Flow - Tameside and Glossop System Approach to reducing Stranded and Super Stranded Patients	Shortlisted
Acute Service Redesign Initiative	Place Based Paediatrics	Shortlisted
Primary Care or Community Service Redesign Initiative	District Nursing Service Redesign – A service fit for the future	Shortlisted
System or Commissioner Led Service Redesign Initiative	Living Well at Home Redesign through collaborative care planning	Shortlisted
System or Commissioner Led Service Redesign Initiative	Tackling Social Demand in General Practice through a collaborative asset based approach	Shortlisted
Cancer Care Initiative of the Year	Creating a psychological therapy service for people living with cancer	Shortlisted
Cardiovascular Care Initiative of the Year	Stroke/Atrial Fibrillation Project	Shortlisted
Diabetes Care Initiative of the Year	A review of administration of insulin in the community setting – pilot scheme to for care home staff to deliver insulin injections, supported by District Nursing	Shortlisted
Respiratory Care Initiative of the Year	COPD Therapy Review Service	Shortlisted
Clinical Support Services Award	First Contact Practitioner	Shortlisted
Clinical Support Services Award	Establishment of a local gram negative blood stream infection group to improve knowledge of blood stream infection (GNBSi) and basic measures to reduce in risk in the community setting in care homes and the wider community	Shortlisted
Operations and Performance Initiative of the Year	New models of care using a data driven service transformational approach	Shortlisted
Finance Team of the Year	Generating Efficiencies through Engagement	Shortlisted
HSJ Value Award of the Year	CARE TOGETHER - an integrated approach to health and care in Tameside & Glossop to improve population health	Shortlisted

14 September 2020

### Patient Experience Network National Awards

Integration and Continuity of Care	Partnership Engagement Network	Shortlisted
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1 October 2020

### HPMA HR In Excellence Awards

The University of Bradford Award for Cross-Sector Working	GM Blended Roles Programme	Winner
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2 October 2020

### Municipal Journal (MJ) Awards

Rising Star	Katie Sheriff, Payments Manager	Winner
Innovation in Property and Asset Management	Tameside Council's Markets Team	Winner

28 October 2020

### Local Government Chronicle (LGC) Awards

Driving Efficiency Through Technology	Digital Health Centre	Winner
Public/Public Partnership	GM wide OD Directors collaboration	Winner
Children's Services	Children's Homes	Shortlisted
Digital Impact	TDIC, AOD, free WiFi, Hack, Coder DoJo, Duke of York etc.	Shortlisted
Business Transformation	GM Regulatory - GM local authorities with GMFRS	Shortlisted
Future Places	Vision Tameside incorporating Tameside One, Market Square, Transport Interchange, TDIC, Ashton Old Baths, free WiFi, Denton Wellness (plus others, e.g. Hyde Pool), Science Park etc.	Shortlisted
Public/Public Partnership	Veteran Friendly Approach to Primary Care	Shortlisted

28 October 2020

### Local Government Chronicle (LGC) Awards

Driving Efficiency Through Technology	Digital Health Centre	Winner
Public/Public Partnership	GM wide OD Directors collaboration	Winner
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Digital Impact	TDIC, AOD, free WiFi, Hack, Coder DoJo, Duke of York etc.	Shortlisted
Business Transformation	GM Regulatory - GM local authorities with GMFRS	Shortlisted
Future Places	Vision Tameside incorporating Tameside One, Market Square, Transport Interchange, TDIC, Ashton Old Baths, free WiFi, Denton Wellness (plus others, e.g. Hyde Pool), Science Park etc.	Shortlisted
Public/Public Partnership	Veteran Friendly Approach to Primary Care	Shortlisted



## 10 November 2020

### HSJ Patient Safety Awards

Urgent and Trauma Care Safety Initiative	Integrated Urgent Care Delivered at Home - Delivering Crisis Response with 2 hours and re-ablement within 2 days (Tameside and Glossop ICFT and Tameside MBC)	Winner
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## 26 November 2020

### Smarter Working Live Awards

Asset Management Innovation	Tameside One	Winner
Special Recognition	Tameside One	Shortlisted

### North West Regional Construction Awards

Sub-regional Project of the Year Award – Manchester	Tameside Wellness Centre	Shortlisted
Sub-regional Project of the Year Award – Manchester	Tameside One	Shortlisted
Sub-regional Project of the Year Award – Manchester	Ashton-under-Lyne Interchange	Shortlisted
Integration & Collaborative Project Award	Ashton-under-Lyne Interchange	Shortlisted

## 2 December 2020

### LAPF Investment Awards

Scheme Administration Award	Greater Manchester Pension Fund	Winner
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To ensure all legal and statutory requirements are met, to include the progress made against equality objectives, publish workforce monitoring data by equality group and the undertaking of Equality Impact Assessments to support service delivery and commissioning decisions. Our equality objectives are published through the One Equality Scheme and subsequent reviews.

## Case Studies

### **Inequalities Reference Group**

Tameside & Glossop Inequalities Reference Group was established in November 2020, in response to how the coronavirus pandemic, and the wider governmental and societal response to this, has brought equalities (and indeed inequalities) into sharp focus. As we move from crisis management to recovery we need to ensure we are utilising evidence and research, alongside the experience of our own communities, to do all we can to reduce inequalities in Tameside & Glossop. IRG enables public sector organisations in Tameside & Glossop to work together to ensure this happens.

The group is chaired by Councillor Leanne Feeley, Executive Member for Lifelong Learning, Equalities, Culture and Heritage. Membership of the group is made up of representatives from a range of public sector and VCSE organisations across the area, including:

- Action Together
- Children in Care Council
- Diversity Matters North West
- Infinity Initiatives
- LGBT Foundation
- Maternity Voices Partnership
- People First Tameside
- Tameside & Glossop Clinical Commissioning Group
- Tameside & Glossop Integrated Care NHS Foundation Trust
- Tameside Council (including elected members)
- Tameside Independent Advisory Group
- Tameside Youth Council
- Tameside, Oldham and Glossop MIND
- The Anthony Seddon Fund
- The Bureau (Glossop)

The group meet on a quarterly basis to share progress on inequalities work, discuss emerging issues and discuss chosen areas of focus. Current areas of focus include:

- Community Cohesion
- Digital Inclusion
- Emotional wellbeing (isolation and loneliness)
- Reducing barriers to accessing information
- Voice of people with learning disabilities
- Voice of people with physical disabilities
- Young people

Our local approach aligns with the wider work in Greater Manchester regarding equalities. In October 2020 an independent Inequality Commission was launched to explore the causes of inequality across the region through academic research and stakeholder engagement. The Commission is designed to act as a critical friend for Greater Manchester, be challenging and radical. The Commission released its first report in March 2020, outlining a vision to enable good lives for all in Greater Manchester and a series of recommendations to be adopted.

Key recommendations include:

- Put wellbeing and equality goals at the heart of the Greater Manchester Strategy
- Create a People's Taskforce to put power into people's hands at every level of Greater Manchester and a People's Assembly to contribute to priority setting
- Establish an independent Anti-Discrimination body to tackle breaches of the Equality Act.
- Develop a GMCA Race Equality Strategy
- Set an ambitious target for every employer in Greater Manchester to pay the living wage and offer living hours by 2030
- Create a Community Wealth Hub
- Move towards universal basic services in which education, health, childcare, adult social care, housing, transport and digital connectivity are provided to all

A Tackling Inequalities Board, made up of senior leaders and equality representatives of public services in Greater Manchester, has also been established to provide leadership of activity to address inequality, support collaboration and challenge policy makers. The Tackling Inequalities Board is chaired by Councillor Brenda Warrington, Executive Leader of Tameside Council.

A series of Greater Manchester Equality Panels have also been established to represent a number of different protected characteristic groups. These panels champion community inclusion and social justice and advise the Mayor of Greater Manchester and the Greater Manchester Lead for Ageing and Equalities (Councillor Brenda Warrington) on the challenges faced by people linked to their identity. Their role is to proactively support and challenge the Combined Authority and its regional partners to develop effective solutions to tackle inequality and increase equity. There are currently six established panels with a further one proposed:

- Youth Combined Authority
- Disabled People's Panel
- Race Equality Panel
- LGBTQ+ Panel
- Women and Girls' Panel
- Faith Equality Panel
- Older People's Panel (proposed)

### Workforce data

Public Sector Duty under the Equality Act 2010 requires organisations to have due regard to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations between different groups. As such we are required to publish information relating to race, disability, sex and age, as well as grievances, dismissals and more.

The Council's workforce data is published [here](#). The CCG's workforce data can be found [here](#)

### Gender pay gap

All public sector employers with over 250 employees are required to publish information about gender pay gaps annually by 31 March each year. A full analysis of the figures for the council's gender pay gap for the year 2020/21 can be found [here](#).

Tameside's mean gender pay gap is +1.52% meaning that on average females have lower pay than males. The positive mean percentage reflects that men on average earn more due to there being more men populating the senior jobs within the Local Authority. Whilst this demonstrates there is a gender pay gap of +1.52%, this does compare favourably with the national gender pay gap of +15.5%.

Overall there is a higher percentage of males in the highest paid jobs (26%), compared to 24% of females which results in a positive mean gender pay gap. However the median gender pay gap is -6.14% highlighting that females, on average earn more than males. This higher median percentage reflects that more females populate jobs that are in the middle pay range (pay grades F to H).

Tameside's low gender pay gap has been achieved through a variety of means, in particularly:

- Promotion of flexible working and family friendly procedures
- Application of a rigorous process for job evaluation and payment principles

We will continue to monitor our workforce, empower talent at all levels and support flexible working approaches to enable people to grow and develop within the organisation

## Equality Impact Assessments

Equality Impact Assessments (EIAs) help the Strategic Commission to meet its legislative requirements to assess the impact that our decisions have on various customer groups. Under the Public Sector Duty of the Equality Act 2010, public bodies are required to demonstrate that full consideration and due regard has been given to people's needs, and that those individuals charged with making decisions are aware of any impact and their duties.

EIAs are completed when a policy or service change is planned. They ensure that the responsible officer, commissioner or team fully consider the consequences that might particularly disadvantage particular groups of people. EIAs are undertaken regardless of how minor or major the impact may be, in a large or small group of people.

EIAs ensure relevant questions are asked to minimise risk to people under the protected characteristics listed under the Equality Act – age, disability, sex, religion or belief, sexual orientation, gender reassignment, pregnancy or maternity and marriage and civil partnership. It requires decision-makers to identify possible ways of reducing or mitigating the impact of a service or policy change.



Examples of Equality Impact Assessments in Strategic Commission decision-making can be found in [Executive Cabinet](#) meeting papers for Council decisions and [Strategic Commissioning Board](#) papers for CCG decisions.

To develop and deliver services that are fair and equitable we need ensure staff are aware of their responsibilities and that service users are aware of their rights. To work across partnerships to raise awareness and understanding of equality and diversity.

## Case Studies

### Oliver McGowan Learning Disability and Autism Training

Throughout January, February and March 2021, all Council and CCG staff were offered the opportunity to take part in the Oliver McGowan awareness training in both Learning Disabilities and Autism.

The training involves a series of e-learning modules and tests, followed by two tutorials. The tutorials are facilitated by Tameside Council and Pennine Care staff, with Greater Manchester residents who are autistic or have a learning disability leading the sessions.

The training raises awareness of how organisations should be serving autistic people and people with learning disabilities.

**Oliver McGowan Mandatory Training**

- Bild is delivering new mandatory training in learning disability and autism.
- The training is co-developed and co-delivered by people with lived experience. This training is for all staff within health and social care and is grant-funded.
- The training will give you a basic understanding of how to meet the needs of people with learning disabilities and autistic people.
- The courses use a blended learning approach with eLearning and online face-to-face tutorials where you will be able to engage with other learners.
- Each course has 40-60 mins of eLearning and a 90 min tutorial; so overall takes 2.5 hours per course.
- Visit [www.olivermcgowan.org](http://www.olivermcgowan.org) to find out more about Oliver's Campaign.

You can sign up here: <https://bit.ly/bildtrial>

For more information, email: [bildtrial@bild.org.uk](mailto:bildtrial@bild.org.uk)

**bild** **OLIVER'S CAMPAIGN**

### Workforce Race Equality Standard (WRES)

The aim of the WRES is to support NHS organisations to make sure employees from ethnic minority backgrounds have equal access to career opportunities and receive fair treatment in the workplace. NHS Tameside and Glossop Clinical Commissioning Group (T&GCCG) has two roles in relation to the WRES:

- As a commissioner the CCGs Improvement and Assessment framework requires CCGs to give assurance to NHS England that providers are implementing and using WRES, and action plans should be part of the contract monitoring process.
- As an employer each CCG must use and analyse the WRES data to improve workplace experience and representation at all levels for staff from all ethnic backgrounds as well as other characteristics under the Equality Act 2010. The CCG should also produce and publish a report using the WRES reporting template, and produce a WRES action plan.

In August 2020 a WRES report for NHS Tameside & Glossop Clinical Commissioning Group was submitted to NHS England. An associated action plan has also been produced and is updated on a quarterly basis. Both the WRES report and copy of the action plan for 2020 / 21 can be found [here](#).

### Greater Manchester Workforce Race Equality Standard (WRES)

Tameside & Glossop Strategic Commission also submits workforce race equality data on a quarterly basis that feeds into a Greater Manchester wide WRES for all public sector organisations in the region. This provides a benchmark to measure how Greater Manchester is tackling workplace race inequality. The Strategic Commission reports on metrics such as:

- Percentage of staff from an ethnic minority background at each pay level of the organisation mapped against overall staff in the organisation. (Including Executive Board Members)

- Likelihood of British Asian Minority Ethnic staff shortlisted and appointed after shortlisting compared with white staff
- Annual measurement of the ethnicity pay gap
- Likelihood of staff from an ethnic minority background being investigated through formal disciplinary process compared to White staff
- Likelihood of staff from an ethnic minority background being dismissed after entering formal disciplinary process compared to White staff

### Modern Day Slavery training

Vulnerable people can be at risk of modern day slavery, so it is important that our workforce are equipped with the skills to identify the issue and know how it can be tackled. Staff participated in a Modern Day Slavery training event, delivered by Programme Challenger, with Tameside Council staff inputting into its development. The training covered the basics of modern day slavery, before moving to focus on 'spotting the signs' and the link between slavery and other risk factors. Greater Manchester level data on trafficking – a form of modern day slavery – was shared and the power of data in tackling the issue was highlighted.

### Race Equality Change Agents

The **Greater Manchester Race Equality Change Agents Programme** (RECAP) was launched by Greater Manchester Combined Authority (GMCA) along with the NHS in Greater Manchester. The programme aims to create cohorts of 'Change Agents' – volunteers from the public sector who want to make a change in their organisation to contribute toward racial equality.

RECAP is a 6-month programme, with volunteers attending monthly seminar sessions and weekly drop in sessions that support a race-equality based project in their own organisation. A number of Tameside & Glossop Strategic Commission staff members have been encouraged to complete the programme, and in the process have helped to implement projects within the organisation, such as establishing the REACH Staff Network and increasing the number of people who state their ethnicity on their profiles

The second cohort of the programme is currently underway, with Strategic Commission staff again in the process of designing projects to promote race-equality in the organisation.

### REACH Network

A Tameside and Glossop REACH Network has recently been established. The Network is chaired by a member of staff nominated by the network themselves.

The network have developed a work plan for 2021, which includes providing a forum where staff members from an ethnic minority background can share experiences and discuss difficult situations in confidence, ensuring that induction and training processes meet staff needs and develop an equality and diversity training package for all staff. The work plan will



be implemented during the course of 2021.

### **Disability Confident accreditation**

The Strategic Commission have been reaccredited with Disability Confident, which recognises how we are thinking differently about disability and taking action to improve how we recruit, retain and develop disabled people. Being Disability Confident is a unique opportunity to lead the way in our community and discover people who bring valuable skills and experience to our organisation.

As a Disability Confident Employer we:

- have undertaken and successfully completed the Disability Confident self-assessment
- are taking all of the core actions to be a Disability Confident employer
- are offering at least one activity to get the right people for our business and at least one activity to keep and develop our people.

### **Mindful Employer Charter accreditation**

We have been reaccredited with Mindful Employer for Employers Positive about Mental Health'. This charter helps us as an organisation to be recognised as an employer that is working towards better mental health in the workplace. As an employer, we recognise that people experiencing mental ill health continue to report stigma and discrimination at work. Having signed the 'Charter for Employers Positive about Mental Health', we are committed to creating a supportive and open culture, where colleagues feel able to talk about mental health confidently, and aspire to appropriately support the mental wellbeing of all staff.



As an employer, we have made an on-going commitment to:

- Provide non-judgemental and proactive support to staff experiencing mental ill health.
- Not make assumptions about a person with a mental health condition and their ability to work.
- Be positive and enabling towards all employees and job applicants with a mental health condition.
- Support line managers in managing mental health in the workplace.
- Ensure we are fair in the recruitment of new staff in accordance with the Equality Act (2010).
- Make it clear that people who have experienced mental ill health will not be discriminated against, and that disclosure of a mental health problem will enable both the employee and employer to assess and provide the right level of support or adjustment.

### **New Mandatory Equalities, Diversity and Inclusion eLearning training**

As part of the Councils and CCG's commitment to combating discrimination and overcoming discriminatory barriers, we launched two new mandatory eLearning courses to emphasise the importance and value of Equality, Diversity and Inclusion to raise awareness of the impact of Unconscious Bias and how we can strive to combat this.

The first module – Equality and Diversity – focusses on inclusion and the benefits it brings to the workplace. The course discusses protected characteristics and explains the problems surrounding prejudice and discrimination. The second module – Unconscious Bias – gives a clear insight into the development and impact of unconscious bias, and provides an understanding of the benefits of awareness.



## Supporting Menopause at Work

Studies have shown that menopause symptoms can have a significant impact on attendance and performance in the workplace, which is why the Strategic Commission has developed a guide to Supporting the Menopause at Work. This guide will support those employees going through menopause, whilst offering practical guidance for line managers on how to hold open and honest discussions and improve workplace environments.

The guide has been complemented by menopause awareness sessions delivered to staff. The sessions received excellent feedback and future sessions will be held to further build up awareness.

## All Equals Charter

In February 2020, Tameside & Glossop Strategic Commission received accreditation from the Manchester Pride charity as a 'Good Practice' organisation following our implementation of the All Equals Charter. This is a reflection of our commitment as an organisation to providing accessible and good quality services to all residents and members of our workforce - including people of all sexualities and gender identities. We were the first local authority and CCG to adopt the charter, which sets out a series of principles, values and commitments to inclusion that we must enshrine to support the inclusion and equality of the LGBT+ community, both as employees and residents of the communities we serve. Representatives from Manchester Pride praised our comprehensive and up to date policies on preventing hate and discrimination; our LGBT+ focus in campaigns and; consideration of the LGBT+ community in change processes. The grade was assigned by the charity, who helped us to devise an action plan on how we can improve the inclusion of people of all sexualities and gender identities. Tameside & Glossop Strategic Commission were invited to speak on a panel at the Manchester Pride Conference to share learning as a 'good practice' organisation in our commitment to inclusion for LGBT+ staff and residents.

Accreditation is an annual process and we are already working with Manchester Pride to undertake the self-assessment process again to identify our progress and set further goals for 2021. We are in a unique position to lead the way for promoting LGBT+ equality across the region and support Pride's goal of making Greater Manchester a welcoming place for everyone.

## Greater Manchester Good Employment Charter

Tameside & Glossop Strategic Commission is a member of the Greater Manchester Good Employment Charter. This recognises our organisation's commitment to providing work that is secure, flexible and fairly paid, ensuring our employees are developed, well-managed and engaged, with their health and wellbeing a top priority. The charter is the first of its kind in the UK and aims to improve employment standards across Greater Manchester, and as a member we are among the local employers leading the #GoodEmployment movement.



## Safe & Sound Decision Making Training

Tameside & Glossop Strategic Commission continue to build on its approach to evidence-based decision making, ensuring that requirements are met in terms of equality and diversity, quality and consultation, and engagement (including ongoing patient participation).

When undertaking a change in service provision and/or a commissioned contract, targeted work is required to ensure any decision to change that service/contract is done so supported by an evidence base that has regard to the law and the impact on quality, equalities, and the public, patients and service users. The ongoing work referred to above is the starting point but additional information gathering, analysis and impact assessment is also required. The approach has three elements and is designed to ensure there is an appropriate understanding of impact before any change is made. In order to do this it is appropriate to:

- Prepare an Equality Impact Assessment (EIA),
- Complete a Quality Impact Assessment (QIA),
- Undertake a sufficient level of engagement and consultation commensurate with the decision being taken.

## Building Leadership for Inclusion Programme

The Building Leadership for Inclusion Programme aims to develop a cohort of leadership across Greater Manchester responsible for addressing race equality in their organisation. Tracy Brennand, Assistant Director for People and Workforce Development, represents the Strategic Commission on the programme. Monthly sessions and Action Learning Sets are held to support leaders to process their learning and put into action the ideas they develop.

## Tackling low mood and anxiety through winter

Managing wellbeing has been important throughout the pandemic, but even more so during winter lockdowns. To equip our workforce with the tools they need to manage their wellbeing, we ran 'Wellbeing: It Starts with you' sessions to embed good wellbeing practices into the working day. Alongside [Healthy Minds](#), we also delivered a number of emotional wellbeing workshops to manage wellbeing through the winter months.

These interactive and supportive sessions begin by looking at why the coronavirus pandemic can have such a prominent effect on people's mental health. Trained Health Practitioners shared how the darker days and longer nights can impact mental health and shared tips on how to manage through the winter months. Cognitive Behavioural Therapy (CBT) based techniques were also shared, which can help attendees to manage any anxiety and low mood through winter.



## Supporting our workforce through Covid-19

Our workforce is our most important asset as an organisation, so supporting them through Covid-19 has been a major focus of the last 12 months. The significant changes to the way we work has been challenging for everyone in the organisation, so we've made sure that there is a suite of support available for staff. Enabling staff to continue to be flexible with their working hours has also been key, particularly for those working at home with parental responsibilities. Communication has also been key – whole workforce briefing sessions were held to ensure staff had the information they needed and the opportunity to ask questions.

To understand the needs and views of staff working through the pandemic, we conducted a workforce-wide survey. At the time, 51% of those staff working from home said that it had been better for them, most staff thought they were able to work more flexibly, and nearly 80% felt that they had been well supported by their manager through the pandemic. Demographic information was also collected through the survey, enabling the views of staff from different protected characteristic groups to be compared and issues affecting specific groups to be identified. Key insights by demographic include:

- Male (94%) and female (96%) respondents both felt that they had worked more flexibly or with the same flexibility during the pandemic. Both male (85%) and female (87%) respondents also reported feeling supported or extremely supported by their managers.

- Respondents from an ethnic minority background (59%) were more likely than white respondents (51%) to say that working from home had been better for them than being in an office.
- Respondents under-20 were less likely to feel positively about working from home during the pandemic, with 40% disagreeing that working from home was better for them (compared to only 8% of respondents aged 60-65). Furthermore, 75% of respondents under-20 would not choose to work from home permanently, compared to only 18% of respondents aged 60-65.
- Respondents with disabilities were more likely than non-disabled respondents to feel there were barriers to accessing support from Mental Health First Aiders (18% compared to 7%). More disabled respondents felt that their physical (33%) and mental wellbeing (39%) was worse than prior to the pandemic (compared to 26% and 34% respectively for non-disabled respondents).
- Over half of respondents with caring responsibilities (51%) stated that working from home had been better for them.

### Workplace Wellbeing

The importance of talking about mental health, particularly as we all face current challenges cannot be overstated. The Organisational and Workforce Development Team have created a dedicated page for the Council and CCG with guidance on the different ways we can increase our connections. For people who are feeling vulnerable or distressed, having a strong sense of connection is an important part of suicide prevention. A guide was also produced to aid our workforce in supporting others and spotting the signs.

### Greater Manchester Wellbeing Toolkit

The Greater Manchester Wellbeing Toolkit was launched to help support staff to be at their best. The interactive online toolkit provides support on keeping well physically, practically and psychologically, as well as top tips on how others can be supported and the help that is available.



Engage and consult with communities using a variety of methods to shape our services to meet customer need in the most efficient and service user friendly way. Develop engagement and consultation activity where appropriate and when required for specific equality groups and disadvantaged / vulnerable people across Tameside and Glossop.

## Case Studies

### Engagement and Consultation in 2020/21

- Delivered the joint Budget Conversation exercise for Tameside and Glossop Strategic Commission.
- Tameside & Glossop CCG achieved a Green Star rating for the Patient & Community Engagement indicator in the CCG Annual Assessment for the second year running, one of only 40 organisations to receive the highest possible score.
- Facilitated over 60 thematic engagement projects
- Received over 4000 engagement contacts during 2020/21 (excluding attendance at virtual events).
- Delivered five bespoke virtual engagement sessions regarding the impact of Covid-19 during the Summer of 2020. One session was specifically for children and young people.
- Delivered two virtual PEN Conferences, with over 150 attendees.
- Supported 34 engagement projects at Greater Manchester level.
- Promoted 27 national consultations where the topic was of relevance or could have an impact on Tameside and Glossop.

When the decisions we make have the potential to affect people living in Tameside and Glossop, we may hold a public consultation. This can be a statutory requirement or a matter of best practice, according to proposed changes taking place. A consultation allows people to have their say on a matter that they are affected by or interested in, and we must have due regard to how the public feel about the services which affect them.



**Tameside & Glossop  
Partnership Engagement  
Network (PEN)**

Examples of local consultations undertaken by the Strategic Commission in 2020/21 include:

- Impact of Covid-19 and Building Back Better
- Walking and Cycling to Allow Safer Social Distancing
- Low Carbon and Environment Strategy
- Special Educational Needs and Disability Service Questionnaire
- Reopening the High Street Safely
- Budget Conversation 2021/22
- Active Tameside consultation
- Community Safety Strategy
- Inclusive Growth Strategy
- Droylsden Library

### **Impact of Covid-19 and Building Back Better**

The Strategic Commission conducted a survey to gather resident's experiences of the pandemic and their views on how we can Build Back Better as an area. The survey ran from 31 July to 1 September 2020 and received 455 responses in total.

The survey was complemented by five virtual engagement sessions, with over 55 participants attending across all sessions. Participants included members of the public, stakeholders, partners, and voluntary, community and faith sectors, alongside representatives from Tameside Council, NHS Tameside and Glossop Clinical Commissioning Group and Tameside and Glossop Integrated Care NHS Foundation Trust.

Each session was facilitated by a local leader and focussed on a specific Covid-19 related topic. Participants were invited to have their say on the topic of the session, drawing on their personal experiences of the pandemic in their capacity as a local resident, patients, service user or other stakeholder. The specific topics were

- How do we get services back open safely?
- What have been the impacts on the most vulnerable members of our community and what is the learning for the future in terms of inequalities?
- Living with Covid-19 and preventing future outbreaks
- How do we do things differently in the future based on our experiences of Covid-19?
- Bespoke Young Person's engagement session
- Key themes from the survey and the virtual engagement sessions included:
- Clear, effective and locally targeted communication is important
- Mental health and social isolation was a key concern

- Concerns around digital exclusion – participants spoke about the positives of digital services but warned about the risks of excluding people with no access.
- Ability for people to access services, particularly GP practices and other health services
- Vaccinations – both for flu and Covid-19 – were a key focus for many participants
- A report with more information about this engagement work during Covid-19 can be found [here](#).

### Tameside Covid-19 Community champions

Keeping residents fully informed throughout the pandemic has been vital to limiting the spread of Covid-19 in the area. The Covid-19 Community Champions Network was established to provide residents and workforces with the coronavirus information they need to lead the way in their community. Community champions play a key role in acting as message carriers and leading by good example. To enable this, the Council ensures that timely and accurate information is shared with community champions to support them to respond to and reassure residents within their community. The network runs two sessions each week (one during the working day and the other in the evening) over Zoom to share information and good practice.



These sessions are:

- **Community champions information sessions:** An update on the data and Tameside’s current position, as well as the opportunity for questions & answers.
- **Community champions catch-up sessions:** An informal conversation about what is/isn’t working, queries from participants and sharing of good practice and ideas.

To date, 242 people have signed up to be a community champion, with numerous organisations represented. The network has continued to grow since it was launched

You can sign up to become a Community Champion [here](#).



## The Budget Conversation 2021/22

Together the Council and CCG are responsible for a huge range of services, spending £974 million a year on supporting local people and businesses. For 2021/22 we had to agree a budget that would deliver on our priorities and produce savings. It was estimated that the organisation needed to save over £60million in 2021, largely due to the costs of Covid-19.

We wanted to find out the public's views on how the organisation should spend the money available. The Budget Conversation was held from 2 November 2020 to 6 January 2021, consisting of an online survey and virtual public engagement sessions. In addition, over 20 dedicated virtual engagement sessions were held with a variety



of community groups including Ashton Sixth Form College, Tameside College, People First Tameside, Tameside Carers Group and Tameside Youth Council.

The feedback gathered was used to advise the setting of the Council and CCG's budget for 2021/22.

Common themes and priorities for spending from responses included:

- Adult social care
- Children's social care
- Education
- GP / Health Services
- Infrastructure / street maintenance

Participants were also asked for suggestions of how to deliver services more efficiently, save money or raise revenue.

Top responses include:

- Improve estate efficiency
- Involve community
- Reduce staff costs
- Reduced cost of Councillors
- Better integration of services

A full breakdown of the Budget Conversation analysis can be found [here](#).

## Walking & Cycling Consultations

There has been a range of walking and cycling consultations over the last 12 months, with the UK Government providing multiple rounds of funding for active travel schemes throughout the pandemic.

### New walking & cycling measures to allow safe social distancing

- 21 May 2020 – 2 June 2020
- A survey asked people for their views on creating safer pavements and areas of walking and cycling. This often meant extended pavements for better social distancing – including the installation of cycle lanes on the pavement of Lord Sheldon Way.
- 462 responses were received, with generally supportive feedback. However, many comments related to how the scheme on Lord Sheldon Way could be improved.

More information about the consultation and responses can be found in the You Said, We Did document [here](#).



### Creating quieter and safer residential streets to support walking and cycling

- 6 October 2020 – 16 November 2020
- A survey asked people about our proposals for “quiet street/active neighbourhoods” schemes on two streets. These schemes restrict access to vehicles to reduce rat-running, so children can play in streets or use them for safer walking and cycling.
- 31 responses were received, with feedback being overwhelmingly positive. There were a number of requests for the schemes to be further rolled out across Tameside.

### Creating “Pop-Up” Cycle Lanes to Support Safe Walking and Cycling - A635

- 20 November 2020 – 21 January 2021
- A survey asked people for their views on the temporary “pop-up” cycle lane installed on the A635 Manchester Road.
- 197 responses were received in total. Key concerns from respondents focussed on loss of access to on street parking. Following this feedback, the decision was made to remove the temporary scheme.



### Reopening the High Street Safely

The Council were allocated a sum of money from the UK Government to assist with the re-opening of the high street in summer 2020. A survey was conducted to gather people's views about returning to local high streets and any suggestions that they may have for making town centres safer.

278 responses were received in total. Key concerns raised by respondents included non-adherence to guidance and a perceived lack of enforcement of social distancing regulations. Respondents also thought that more signs and messaging were needed in town centres. These responses were used to inform the business and communication plans. For example, social media messaging was used more often as respondents indicated that this was their preferred way to receive information about Covid-19. More information about the consultation can be viewed [here](#).



### Inclusive Growth Strategy

The Council consulted on a borough-wide [Inclusive Growth Strategy](#) for 12 weeks between November 2020 and January 2021. Following engagement with residents and partner organisations, the strategy was launched in March 2021. It lays out 13 key aims for how growth is delivered, which will ensure that Tameside can build back better from Covid-19, recovering in a way that brings a fairer economy for all. The strategy details the borough's existing strengths and how these can be built on, allowing Tameside to take advantage of the opportunities offered by its location and historic specialisms to improve the lives of residents, help grow local businesses and address economic challenges.

# INCLUSIVE GROWTH

# STRATEGY 2021-26



## Partnership Engagement Network (PEN)

The Partnership Engagement Network (PEN) exists to provide the public and partners with a structured method of engaging with and influencing the work of public services in Tameside and Glossop. The Network was created by the Council, CCG and Tameside Hospital (ICFT) with support from individuals from a variety of backgrounds including the voluntary sector and patient participation groups.

The traditional PEN approach to engagement has been adapted to adhere to national restrictions, with in-person events shifted to online. This appeared to have no impact on the number of participants, and in some cases enabled people to attend who would not normally be able to.

PEN conferences took place virtually in November 2020 and March 2021, with over 150 member of the public, patients and partners attending in total. Presentations at the conferences have covered Census 2021, Covid-19 Engagement, Equalities in Greater Manchester and various 'You said, we did' topics. Over 20 workshops were held across the three conferences, with topics ranging from Spiritual Care Strategy to Clean Air Plan. Feedback reports from all PEN events can be found [here](#).

Monthly update emails are sent to PEN members to keep them up to date with engagement opportunities at local, regional and national levels.



If you would like to sign-up to become a member of the PEN Family, and be kept informed about consultation and engagement opportunities across Tameside and Glossop, you can do so by clicking [here](#).

## Cooperative Tameside

Tameside Council is a member of the Co-operative Councils Innovation Network, demonstrating our continual ambition to transform our public services from a top-down system to an approach involving collective action, co-operation, empowerment and enterprise. Where possible we embrace this model of collaborative working to draw on the strengths of our local communities.



This is the case with our innovative Living Well at Home project. The integrated approach has prevented around 1,000 avoidable visits to A&E and saved 2,000 GP appointments over the last year thanks to the use of video calls and other digital technology. The service is used within 44 care homes across the area, and other patients use it to communicate with medical staff from their own homes. For example, if a patient has not taken their medication at home, then a nurse will be alerted by the system and make contact to check if the patient is well.

## LISTENing in Tameside

We know our children and young people are passionate about what is important to them and as a Co-operative Council we have developed a co-production framework. LISTEN is our commitment when commissioning local services and designing individual support with children and young people, complementary to the Tameside Voice of the Child Strategy.

Our children and young people have asked us to:

- Always use our imagination
- Include everybody
- Prioritise the environment
- Be open minded
- Make things look modern
- Help them to understand things better



Children and young people will be engaged and involved in changes to services and policy from the very start. We will let children and young people know about opportunities for them to be involved, for example - local events, groups, workshops, feedback, surveys and volunteering. A Co-production Advisory Group brings professionals and young people together.

## **Coproducing with Children and Young People**

Enabling people to influence services that affect them is key to ensuring that those services are effective and appropriate as possible. Children and young people were involved in the coproduction of the emotional health and wellbeing community offer. A project called Wellbeing Champions was established to engage with children and young people through a series of workshops. These workshops aimed to produce a new offer for emotional and mental wellbeing, with a focus on prevention and early intervention.

Nine workshops took place between September 2020 and January 2021, with over 50 participants in attendance at each.

Workshops focussed on exploring the challenges and opportunities of support for young people, developing a set of shared principles and developing a model for delivery. Participants ranged from children and young people with or without lived experience of mental health conditions, parents and carers, and a range of stakeholders and providers. The coproduction process aligned with the LISTENing Framework, ensuring that children and young people had the opportunity to influence the services that affect them.

Gathering information and intelligence enables us to have a greater understanding of local need. To use a variety of communication methods to increase the accessibility and understanding of council and CCG services.

## Case Studies

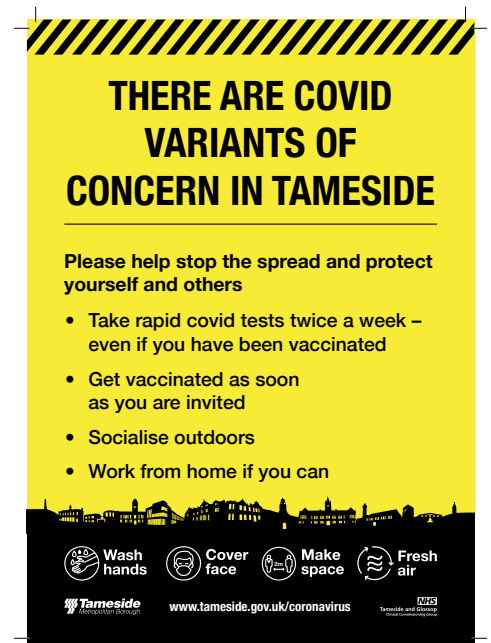
Gathering information and intelligence enables us to have a greater understanding of local need. An important component of understanding the use and demand on our services is the demographic intelligence which takes place at a ward level across the borough. One key part of this is the periodic production of wellbeing profiles, which are a useful for services to understand where they may need to allocate resources.

Tableau shows how different areas in Tameside and Glossop performed in the English Indices of Deprivation and an interactive scorecard to measure our performance against the Corporate Plan. The transition to a Tableau platform has provided an opportunity to increase the accessibility of intelligence by moving to a 'self-serve' process for services to access demographic and performance information.

## Covid-19 Intelligence

Information and intelligence has been central to the Strategic Commission's response to the Covid-19 pandemic. Using data has enabled the organisation to understand the situation and target action accordingly.

Various dashboards have been created that enable data to be regularly updated and reported on in a visual way. Dashboards are updated on a daily basis and include information on case rates, hospital admissions, deaths from Covid-19 and vaccinations administered. They can also provide a breakdown by geography and demography, allowing trends in certain areas or communities to be identified at the earliest opportunity. For example, daily Covid-19 case rate is broken down by ethnicity, ensuring any increases within specific communities can be spotted and action taken. Dashboards also enable comparison to data from other local authorities and national level statistics. This is useful to observe how Tameside & Glossop compares to the national picture.



## Targeted Covid-19 Outreach

To ensure that messages and information about Covid-19 were heard by all of our residents, communications were targeted at specific audiences who may not have engaged with other channels of communication. Targeted engagement to date includes:

- Door to door distribution of leaflets that have been translated into the different languages spoken in Tameside.
- Created multiple language versions of all physical media (e.g. posters/flyers/railing banners)
- We used community specific channels such as the online TV channel Probash Bangla to share information on key topics such as test and trace and access to business support. Probash Bangla has three Tameside Presenters and covers five different languages.

- Local mosque radio stations have been used to spread information within the local Islamic communities.
- Weekly virtual meetings were held with local mosques during the first lockdown. This allowed the organisation to share details relating to local mobile testing sites, funding opportunities and any changes to the Covid-19 restrictions. This information could then be disseminated into each mosque's community.
- Visits were made to local mosques to promote the uptake of Covid-19 vaccinations in ethnic minority groups in Tameside. Local GPs visited the Jamia Mosque and Islamic Centre in Hyde to deliver talks about the Covid-19 vaccine, whilst medical professionals produced Covid-19 information in Bangla. Videos of the talks can be viewed [here](#) and [here](#).
- Visits were also made to the Indian Temple and Holy Trinity Church and Community Centre (both in Ashton) to share key Covid-19 information.
- Used social media to target messaging at key demographics including young people and younger residents from an ethnic minority backgrounds.
- Diversity Champions Group: Following the communications focus group with people from ethnic minority backgrounds, a weekly group session was established. Representatives from places of worship, community groups and relevant third sector organisations are in regular attendance. Information is shared regularly regarding the vaccine with council Public Health and communications staff attending weekly to give updates and answer questions, including a focus on the vaccine programme and how uptake can be maximised.
- Vaccination GP translated videos: Videos made by various local GPs from different practices with key vaccine safety messaging, including translated videos in Gujarati, Bengali, Hindi and Urdu. Circulated to Diversity Champions group and shared widely within the community via WhatsApp groups etc.
- Partnership railing banners and correx boards to increase vaccine confidence, including featured logos of partnership organisations e.g. Diversity Matters North West, Caribbean and African Health Network, West African Development. These will be displayed in areas which have shown to have a concentration of lower vaccine uptake rates.
- All Covid-19 and vaccine communications have also been shared with the Tameside and Glossop Communications Network (includes Housing Associations, Tameside College, T&GICFT and more) who support people living in the most deprived areas
- Covid-19 symptoms, testing and vaccine included in The Citizen magazine delivered to every household in the borough
- Community Champions newsletters have been produced to spread information about Covid-19 and the range of support available to residents through the pandemic. 5000 hard copies were distributed via partners including Age UK, Libraries, Places of Worship, Community Centres, Active Tameside, Jigsaw, Neighbourhoods and District Nursing to then disseminate to older residents who may not have access to the internet. An example of these newsletters can be viewed [here](#)



## Evidence and Intelligence Based Services

When we are planning and commissioning services we require a strong evidence base. We use various dashboards and scorecards to display relevant data and to ensure any challenges or inequalities are addressed, and to create profiles for each ward within Tameside & Glossop.

Using these profiles allows us to better commission services by focussing on needs identified within a specific area, examples of which include:

- Domestic Abuse
- Early Help
- JSNA
- SEND
- Dementia
- Veterans
- Alcohol
- Pharmacy needs
- Autism needs

These examples can be viewed on the [Life in Tameside and Glossop website](#).

## Census 2021

Census 2021 is the first time people have been asked to complete the census digitally by default. Tameside & Glossop Strategic Commission have helped to provide support and assistance to residents that have found completing the census difficult. This support ranged from telephone bookings to in-person appointments and was complemented by an extensive media campaign. This campaign was a clear success, with the Office for National Statistics (ONS) ranking Tameside Council as the best Local Authority in England & Wales for media impact in engaging residents with the census.

The Census is important in providing a complete picture of the residents of Tameside & Glossop. Information from the census is used to plan the delivery of services and ensure that the different needs of various communities can be met. With a rapidly changing population demographic, this information is particularly important in Tameside & Glossop. Findings from Census 2021 should begin to be published in late 2021.

**It's less than three weeks to census day (21 March) and if we want the best services it's vital we all take part.**

Do you know anyone who needs help to fill in their form online? If so, get them to call Tameside Census Support on **0161 342 2031** for free, friendly advice.

**#census2021**

**it's about us  
census 2021**

**Tameside**  
Metropolitan Borough

**tameside.gov.uk/census2021**

**NHS**  
Tameside and Glossop  
Clinical Commissioning Group

## Communications channels

In order to communicate with residents of Tameside & Glossop, we use traditional methods of communication alongside more innovative methods, including:

- Tameside Citizen – a quarterly publication with all relevant news, events, information and advice delivered to every household in the borough.
- Local newspapers – the Strategic Commission uses local press such as the Tameside Reporter and Glossop Chronicle to make residents aware of appropriate news and updates relating to council and health services.
- Social media – the Strategic Commission operate on a number of social media platforms, with a combined 59,000 followers (March 2020). Social media is used to share information as well as acting as a single point where residents can get in touch with general enquiries and receive advice and support.
- Digital advertising – in order to reach a wider audience, we use digital advertising on campaigns such as recruitment of social workers or foster careers on external sites as well as our own.

## Lung Cancer

The CCG's Co-Chair, Dr Ashwin Ramachandra spoke to Tameside Radio encouraging local people to contact their GP practice if they had a cough for three weeks or more that wasn't Covid-19, as it could be a sign of lung cancer.

While a cough for three weeks or more is probably nothing serious, it could be a sign of something that needs treatment. If it is cancer, finding it early makes it more treatable and can save lives. Cancer services remain an absolute priority for the NHS. Thanks to the efforts of NHS staff, cancer services have been maintained throughout the pandemic so treatment can continue safely. Any decision to reschedule cancer treatment will be a last resort.

More information can be found on the [CCG website](#).

## Keeping well in winter

We joined a fantastic Greater Manchester-wide campaign to support older people to keep well through the winter. In order to reach older people who are not online, our public health team have worked together with 53 partners throughout the borough, and distributed nearly 8,000 booklets to our elderly residents. The booklets should ensure that the most vulnerable members of our communities are receiving the advice and information they need.

The booklets, along with other resources including a short film, can be viewed and downloaded [here](#).



## Supporting vulnerable children

The Strategic Commission have supported the Home Office's new '[Something's Not Right](#)' campaign to help secondary children in England who may have suffered a range of harms, such as sexual and physical abuse, during lockdown. The campaign, which we've also shared with schools in Tameside, aims to build awareness of the support services available to victims and encourage disclosure of abuse to a trusted adult.





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## North West Black, Asian and Minority Ethnic Strategic Advisory Committee

### Tameside and Glossop Strategic Commission (Tameside Council and NHS Tameside and Glossop CCG) response to the Assembly Statement

#### Question 1

***The Assembly has set out its vision, mission and objectives, to support the NHS in the North West to be anti-racist; please describe your own organisation's commitment to achieving this?***

NHS Tameside and Glossop Clinical Commissioning Group and Tameside Council together form Tameside and Glossop Strategic Commission. Integration of commissioning means the services we provide on behalf of local people are more effective, more impactful and deliver better value for public money.

Tameside & Glossop Strategic Commission are committed to reducing inequality and improving the lives of the most vulnerable members of our community – including those from different ethnic backgrounds.

The creation of the Strategic Commission has provided the opportunity to jointly set out our approach to equality and diversity for all our residents, patients and service users across Tameside and Glossop for the first time. Our [One Equality Scheme](#) sets out the equality objectives for both organisations – a key objective being our aim to reduce inequalities and improve outcomes for all. We want Tameside & Glossop to be an area where our ethos of equality is embedded into everything we do, ensuring that provision of services does not discriminate and that discrimination in all forms is challenged.

#### **Inequalities Reference Group**

Tameside & Glossop Inequalities Reference Group was established in November 2020, providing a forum to enable the sharing of ideas on carrying out our responsibilities under the Equality Act 2010 and the Public Sector Equality Duty – with the ultimate aim of reducing inequality across Tameside & Glossop. Whilst the group is not a decision making body, it makes recommendations for action via existing governance structures and steers action to address inequalities via a number of work streams.

Membership of the group is made up of representatives from a range of public sector and VCSE organisations across the area. The group has selected a number of areas of focus:

- Community Cohesion
- Digital Inclusion
- Emotional wellbeing (isolation and loneliness)
- Reducing barriers to accessing information
- Voice of people with learning disabilities
- Voice of people with physical disabilities
- Young people

Of these areas of focus, community cohesion and reducing barriers to accessing information are particularly relevant to our anti-racism position. Community cohesion will focus on connecting different communities across Tameside and Glossop, enabling them to grow in harmony rather than in conflict. To do so, current racial tensions between communities will

be addressed. Reducing barriers to accessing information will look at ensuring equitable access to information and services for all groups and communities in the area, which will involve proactively tackling racially discriminatory structures and processes that may exist.

### **Tameside Independent Advisory Group (IAG)**

The Independent Advisory Group meet on a weekly basis to discuss issues such as community cohesion in Tameside and act as a scrutiny panel for Police Stop and Search and other police related issues. The Strategic Commission's Community Cohesion Officer chairs the IAG group.

### **Involving Lived Experience**

The Tameside and Glossop humanitarian response to Covid-19 has been a main priority over the last 12 months, but we have also focused on understanding the lived experiences of our residents, patients, carers and service users, from across different protected characteristic groups. This is essential to enable us to understand the needs of people living in our communities. Over the course of 2021 we will be developing a flexible model and approach to engaging and involving people who are experts by experience which will provide us with more insight to deliver the most equitable services possible.

### **The People Plan**

From a workforce perspective, the Strategic Commission's People Plan plays a critical role in embedding an anti-racism approach and in addressing race-related issues within our workforce.

The People Plan is underpinned by our STRIVE values of Support, Trust, Respect, Integrity, Value difference and Engage. The plan outlines priorities such as having a workforce that is representative of the area and supporting a vibrant, innovative and inclusive culture.

Strategic objectives and measures related to race in the People Plan include:

- Increase the diversity of the workforce
- Have creative recruitment processes to ensure that we reach a diverse audience
- Increase the diversity profile of applicants
- Celebrate diversity and promote equality within our workforce
- Diversity profile of the workforce reflects the community we support
- Employee engagement is measured, evaluated and acted upon

### **Question 2**

***Please share the key points from feedback you have had from staff within your organisation, which has helped you to shape this commitment:***

The Strategic Commission wants to enable staff to actively share their feedback to inform change. Indeed, the People Plan detailed above stresses the importance of workforce engagement to promoting health, wellbeing and equality at work. Our employees represent the communities and patients we serve, therefore it is essential that disadvantaged and disconnected groups have access to forums through which they can give feedback on their own personal experiences.

Employee network groups are a useful mechanism for such experiences alongside a supportive structure and the appropriate governance.

### **BAME Staff Network**

A Tameside and Glossop BAME Staff Network has been established and is chaired by a member of staff nominated by the network themselves. The network have developed a work plan for 2021, with colleagues from Human Resources, Workforce Development and the Policy team attending network meetings when requested to support on various pieces of work. The work plan will be implemented during the course of 2021.

### **Covid-19 Whole Staff Survey**

A whole staff survey was conducted during the summer of 2020 to establish how staff were finding working during the pandemic and lockdown. Demographic data was collected as part of this survey, allowing results to be analysed by protected characteristic group. Some key results from the survey in relation to race include:

- 66% of BAME respondents had only worked from home during the pandemic, slightly higher than white respondents (62%)
- 20% of white respondents disagreed that working from home had been better for them, compared to 8% of BAME respondents
- Both white and BAME respondents felt that they were able to work more flexibly through Covid-19 than they were before (95% and 97% respectively)
- 54% of BAME respondents stated that there were no barriers to them working as flexibly as they liked, compared to 44% of white respondents
- 60% of BAME respondents felt that they wanted to take time out from work for personal commitments in the future, compared to 50% of white respondents
- Both groups felt that work life balance was better
- There was no difference between groups in accessing support (e.g. from Mental Health First Aiders or Line Manager)

The Strategic Commission are also currently looking to procure an employee engagement tool which will allow us to ask pulse questions to staff on varying topics.

### **All Staff Briefing Sessions**

A number of all-staff briefing sessions have been offered during the Covid-19 pandemic. These briefing sessions have been led by the Chief Executive, or other members of the Single Leadership Team, and have provided up to date information on Covid-19 data and developments to participants. They have also offered the opportunity for questions and queries from the workforce. The briefings are run virtually through Zoom and are available to all staff members.

### **Question 3**

***Please give an overview of what you are going to do differently as a senior leadership team, in order to put this commitment in to action***

Our Single Leadership Team is committed to delivering equitable services for all communities across Tameside & Glossop.

The Executive leader of Tameside Council, Councillor Brenda Warrington, is the Greater Manchester lead for Equalities and Age Friendly Manchester. Councillor Warrington chairs the Greater Manchester Tackling Inequalities Board. During the recent Race Equality Week Councillor Warrington stated:

“The Covid-19 pandemic and Black Lives Matter movement have shone a light on the long-standing inequalities and the discrimination that exist in our society. We have to do more to increase equity and to improve relationships across our communities and within public services.”

Detailed below are just some examples of the steps currently in place through to help us achieve this.

### **Workforce Race Equality Standard (WRES)**

Tameside & Glossop are committed to addressing any inequalities that exist for colleagues and residents and welcome the WRES as a tool to show where improvements may be needed so as to establish and maintain inclusive workplaces for all.

The Workforce Race Equality Standard (WRES) has been developed by NHS England as a tool to measure improvements in the workforce with respect to Black & Minority Ethnic (BME) staff. The WRES tool comprises a total of nine indicators split across Workforce Data, National NHS Staff Survey and Trust Board Representation.

Tameside & Glossop’s WRES data can be accessed [here](#).

### **NHS England Inclusive Leadership Programme**

The Strategic Commission’s Human Resources Director recently participated in the NHS Leadership Academy’s Building Leadership for Inclusion Programme. The three main aims of the programme are to:

- Identify what needs to be focused on, learned, noticed and spoken about by leaders in organisations to effectively address discrimination and most importantly, to prevent discrimination from happening in the first place.
- Describing and determining how leadership mind sets, knowledge, strategies and action can support, secure and sustain progress on inclusion.
- Identify ways leadership development can play a key role in building the necessary leadership capabilities for creating inclusive cultures through leadership development.

As a Strategic Commission we are committed to continue to work with colleagues from the Leadership Academy to embed the aims of the Leadership for Inclusion Programme within our organisation during 2021.

### **Greater Manchester Race Equality Change Agents Programme**

The [Greater Manchester Race Equality Change Agents Programme](#) (RECAP) is hosted by Northern Care Alliance and is attended by volunteers from the public sector who want to make a change in their organisation to contribute toward racial equality.

RECAP is a 6-month programme, with volunteers attending monthly seminar sessions and weekly drop in sessions that support a race-equality based project in their own organisation. A number of Tameside & Glossop Strategic Commission staff members have been encouraged to complete the programme, and in the process have helped to implement projects within the organisation such as the aforementioned BAME Staff Network.

The second cohort of the programme is currently underway, with Strategic Commission staff again in the process of designing projects to promote race-equality in the organisation.

## **Implementation of Workforce Inequalities Training**

During 2021 the delivery of mandatory Equality & Diversity, Unconscious Bias and Let's Talk Race workforce training will be rolled out across the Strategic Commission. All staff and managers will be expected to complete a refresh of the training annually. Face to face training is also being developed, which will be delivered digitally to enhance our mandatory e-learning offer.

There will also be professional development opportunities and support with progression backed by the launch of management and leadership development programmes, which will be discussed during Annual Development Reviews (ADRs). We will also be introducing a new competency framework ensuring all staff and managers are equipped with the necessary skills, knowledge and behaviours to support a more diverse and inclusive workforce.

## **Tameside and Glossop Strategic Commission Corporate Plan**

[‘Our People Our Place Our Plan’](#) outlines our aims and aspirations for the area, its people and how we commit to work for everyone, every day.

The plan is structured by life course – Starting Well, Living Well and Ageing Well, underpinned by the idea of ensuring that Tameside & Glossop is a Great Place, and has a Vibrant Economy. Within each life course we have identified a set of goals that set out what we want to achieve for people in the area throughout their life.

The plan is supported by a list of our public service reform principles that define the ways of working we will take on to achieve those goals. The principles are Greater Manchester-wide idea that we have adopted locally and will redefine our relationship with residents – doing with, not to.

### **Question 4**

***Given where we are with the second wave of the pandemic, please give an overview of how you are going to focus on some immediate challenges facing our BAME colleagues and communities e.g. the health and wellbeing of staff, in particular building on risk assessments for BAME staff:***

#### **Risk Assessments**

During the Covid-19 pandemic all staff working in Tameside and Glossop were asked to complete risk assessments supported by their relevant line manager. The risk assessment aims to highlight if staff have any direct contact with members of the public or if the member of staff is involved in care giving themselves.

Within the risk assessment there is a specific section that refers to BAME staff and male BAME staff over the age of 55, who have been shown to be at a higher risk of Covid-19. This helps to ensure that risks have been identified and that arrangements are put in place to reduce the risks posed to them by Covid-19 when undertaking their work activity.

#### **Take up of the flu and the Covid-19 vaccines by staff in particular BAME staff**

The Chief Executive / Accountable Officer of the Strategic Commission communicates an All Staff Weekly Brief, which includes progress on both the flu and the Covid-19 vaccination programme.

Weekly Briefs have highlighted those groups where uptake of the Covid-19 vaccine has been slow and signposted to vaccine safety videos for staff to share with colleagues and local residents. Weekly Briefs have also promoted the availability of free flu vaccinations for Strategic Commission staff.

The Community Champions Network (covered in more detail below) is also a driving force in supporting increased uptake of the vaccine – including amongst our BAME colleagues and communities. All colleagues across the Strategic Commission have been encouraged to sign up to the network, where up to date information about Covid-19 and vaccine progress is shared. A high proportion of our workforce live in Tameside & Glossop, so many of our targeted communications and messaging will also be relevant to them.

### **Primary Care – GP Practice**

As part of the Primary Care Quality Outcomes Framework practices are required to complete a population risk stratification and are asked to identify those patients most at risk of an adverse reaction to Covid-19 and to proactively review their care. This includes our BAME, communities which are in the 20% of our most deprived neighbourhoods and those who haven't had a review from their GP in the last 12 months.

### **Ensuring BAME communities are not disproportionately impacted by any temporary changes to services; and that as services are brought back on line, health inequalities are not made worse**

On an ongoing basis service leads, commissioners and contract managers from the Tameside and Glossop Strategic Commission are required to engage with local residents/patients when undertaking a change in service provision and/or a contract. Targeted work is then required to ensure any decision to change that service or contract is done so in a safe way and supported by an evidence base that has regard to the law and the impact on equalities, quality and the public, patients and service users.

Information is collated and analysed from service users to ensure they have sufficient evidence to understand the impact, quality and effectiveness of the service and/or contract.

### **Equality Impact Assessments (EIAs)**

Equality Impact Assessments (EIAs) are an important tool in monitoring and demonstrating how the Strategic Commission has paid and is paying due regard to the public sector equality duty, and the NHS Equality Act 2010.

The EIA process allows the Strategic Commission to consider the ways in which our services are delivered and how this might impact upon the various individuals and groups who use a particular service. In doing this, we are able to identify any potential barriers to access and offer mitigations to these. EIAs help us to better understand the needs of service users, and help raise awareness of the different considerations that need to be taken account of when making decisions.

A number of EIAs related to the Covid-19 pandemic have been produced. These EIAs cover; Impact of Covid-19; Communications, Listening and Engagement; Tameside Humanitarian Response to Covid-19; and Vaccination Centres. These have helped to address key challenges that Covid-19 has raised for people from protected characteristic groups, including ethnic minority backgrounds, in Tameside & Glossop.

### **Partnership Engagement Network**



The [Partnership Engagement Network \(PEN\)](#) was established jointly by the Tameside and Glossop Strategic Commission (Tameside Council/NHS Tameside and Glossop Clinical Commissioning Group) and Tameside & Glossop Integrated Care NHS Foundation Trust.

Set up in the autumn of 2017 the Partnership Engagement Network is part of a multi-agency approach to provide the public and our partners with an identified and structured method to influence the work of public services and to proactively feed in issues and ideas. Members of our PEN family are made up of the different demographics from within our local communities, ensuring that everyone has the opportunity to have their voices heard on a variety of programmes of work being undertaken at that time.

### **Support for your BAME staff networks and effective communications**

#### **Tameside and Glossop BAME Staff Network**

During 2020 a Tameside and Glossop BAME Staff Network was established, led by a chairperson nominated by the network members themselves. During the development of the BAME Staff Network members have been encouraged to self-manage, and to develop their own work plan for 2021. The Strategic Commission has offered support, when required, with the development of a TOR, time given to meet, and includes representatives from the Strategic Commission's Policy & Communications and HR teams who attend on an ad-hoc basis upon request from network members. The work plan for 2021 will be taken forward by the members themselves supported by colleagues from relevant departments.

#### **Question 5**

***What are you proud of; what initiatives or programmes have you put in place to tackle health inequalities and take positive action against racism:***

#### **Engagement & Communications**

Over the last 12 months the organisation has undertaken a number of insight pieces to inform our understanding of the challenges, issues and barriers which relate to inequality. Below are some examples of the work we have done to date in partnership with local people, and community/voluntary and faith sector organisations within our locality:

- In July/August 2020, members of the public, key stakeholders, partners, and voluntary, community and faith sectors, alongside representatives from the Strategic Commission and NHS Tameside and Glossop Integrated Care Foundation Trust met virtually for the first virtual [Partnership Engagement Network sessions of 2020](#). The sessions were intended to be predominantly listening exercises – building on attendees' experiences during the Covid19 pandemic, both as individuals/professionals and parts of organisations. A number of key messages emerged from this insight work – a key one being around the disproportionate impact that Covid-19 has had on BAME members of our community - with particular emphasis on our Muslim community and people for whom English is not their first language.
- In November 2020 representatives from Tameside and Glossop Strategic Commission and NHS Tameside and Glossop Integrated Care Foundation Trust along with public, patients, service users, stakeholders, partners, voluntary, community and faith sectors came together for the first virtual [Partnership Engagement Network Conference \(PEN\) Conference](#) where there were over 70 participants in total. Participants heard feedback on the virtual engagement

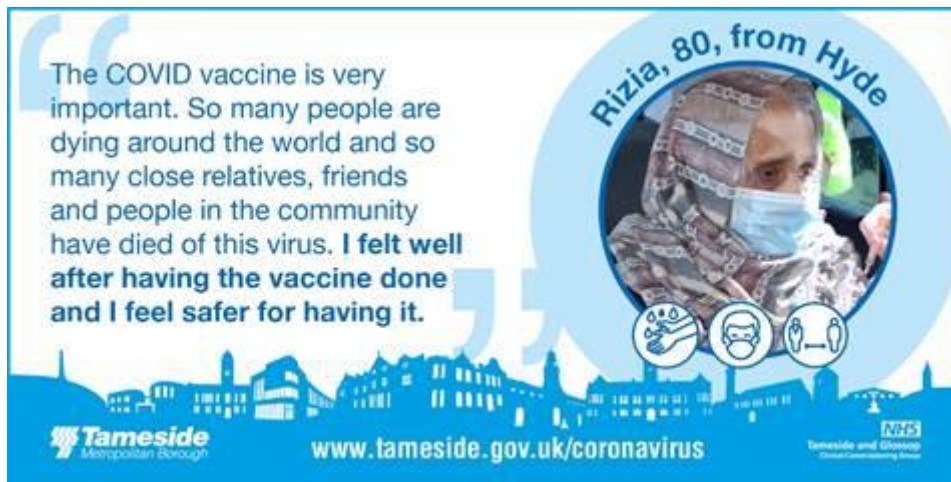
sessions that had taken place during the summer focussing on the impact of Covid-19, followed by a presentation on preventing transmission of the virus. Participants also listened to a presentation on upcoming major projects and consultations locally and across Greater Manchester, before taking part in two rounds of workshops on a range of local issues.

During the Covid-19 pandemic, the Strategic Commission has delivered various targeted communications aimed at specific cohorts of people within our communities. Outlined below are some examples:

- Our websites are regularly updated with FAQs and updates with regard to the roll out of the Covid-19 vaccination programme. The information includes support regarding vaccine hesitancy, and information on getting to appointments.
- Our websites include a toolbar to translate pages into various languages and colour formats, and have a read aloud option.
- A range of COVID-19 vaccination public health materials e.g. leaflets, posters, translated materials, and social media campaigns have been circulated via our key networks including our Community Champions Networks, and BAME Leaders group (information about these groups is detailed further below).
- Case studies from people in our communities including those from BAME backgrounds who have been vaccinated, have been shared to encourage others to get the vaccine.
- Targeted social media using Facebook advertising with key words to support vaccine case studies to BAME residents.
- Videos have been made by various local GPs across the borough communicating key vaccine safety messaging, the videos have also been translated in Gujarati, Bengali, Hindi and Urdu, and circulated via our BAME Leaders group.
- Virtual meetings have been held with local places of worship to discuss Covid-19 information and relevant guidance and support.
- Sessions on Covid-19 guidance and available support have been delivered in-person have been delivered at a number of local mosques.
- Key vaccination programme information can be seen in both static and video format including subtitles and voice-overs across the Strategic Commission's social media platforms
- Newsletters are produced which include a vaccine programme update alongside other public health and wellbeing information. The newsletters are distributed to our local partners and via community buildings e.g. Age UK, Libraries, Places of Worship, Community Centre's, Active Tameside, Jigsaw, Neighbourhoods and via our District Nursing teams who disseminate to older residents who may not have access to the internet [www.tameside.gov.uk/publichealth/olderpeople](http://www.tameside.gov.uk/publichealth/olderpeople)

The messaging ensures that nobody is left behind when it comes to receiving the vaccine and signposts to multi-lingual / British Sign Language GP vaccine videos. There is also specific messaging which targets uptake of those who are more hesitant to receive the vaccine.

Our data shows that proportionally we have a lower uptake of the vaccine amongst our BAME communities in Tameside and Glossop. A resident from our Hyde locality shared her positive experience of receiving the vaccine to help encourage others to do the same – see infographic below:



Tameside & Glossop Strategic Commission also regularly update FAQs on our websites [www.tameside.gov.uk/covidvaccine](http://www.tameside.gov.uk/covidvaccine)

A wealth of information has been shared including, but not exclusively, around vaccine safety. Videos have been produced that are presented by our local GPs in multiple languages. A video was also shared from the Co-Chair of Tameside & Glossop CCG, Dr Asad Ali, which was targeted and shared widely in the hope that it would help resonate with some of our BAME communities. The video can be viewed [here](#).

In February 2021, a local GP visited the Jamia Mosque and Islamic Centre as part of the ongoing work to support take up of the vaccine among our ethnic minority communities. A video of the visit can be viewed [here](#). A local Physician Associate working for the Hyde Primary Care Network also produced an information video in Bangla for the local community – this video can be viewed [here](#).

Information from the British Islamic Medical Association confirming that taking the vaccine will not break the fast during Ramadan, was also shared with social media materials on vaccine safety and rollout in English and other prominent languages, British Sign Language and easy read materials.

### **BAME Leaders Group**

Following on from a BAME Covid-19 focus group, a weekly group session has now been established. Representatives from places of worship, community groups and relevant third sector organisations regularly attend. Information is shared regarding the vaccine programme and how uptake can be maximised within our BAME communities. Officers from the Strategic Commission, and our Public Health team attend weekly to give updates and answer any questions.

### **Covid-19 Community Champions Network**

The [Tameside Covid-19 Community Champions](#) network has been established to provide residents and members of our workforce (many of whom are also residents of Tameside & Glossop) with information they need to target messaging within their own communities. Community Champions have played a vital role throughout the pandemic and act as advocates within their localities. The Strategic Commission work alongside the Community Champions Network to ensure timely and accurate information is shared with the network,

supporting members to communicate the right information and to reassure other residents within their communities.

Two hour-long sessions are held each week (one during the working day and the other in the evening) over Zoom. There are two types of sessions:

- Information sessions: updates on the data and Tameside’s current position, as well as the opportunity for a questions & answers.
- Catch-up sessions: informal conversations about what is/isn’t working, queries from participants and sharing of good practice and ideas.

Both types of session are supported by the Strategic Commission’s Head of Communications and Director of Population Health / Public Health Consultant. Both sessions have include weekly vaccination updates, and Q&A sessions with vaccination programme leads and the CCG Director of Commissioning and Head of Primary Care.

To date, 237 people have signed up to be community champions with various organisations and community groups represented from across our entire locality. Demographic information of community champions related to race/ethnicity is provided in the table below. Positively there is a higher representation of BAME residents on the Community Champions Network compared to Tameside & Glossop overall (White 91.8% / BAME 8.2%).

<b>Ethnicity</b>	<b>%</b>
White British	86
Asian/Asian British: Pakistani	4
Asian/Asian British: Indian	5
Asian/Asian British: Bangladeshi	2
Mixed/multiple ethnic groups: White & Black Caribbean	2
Black/African/Caribbean/Black British: African	1
White Irish	1

The Strategic Commission has recently secured over £350,000 in funding for the Community Champions programme from MHCLG, with plans to continue to grow the network and eventually branch out beyond Covid-19.

### **BAME Inequalities – Monitoring Long Term Conditions**

The Strategic Commission are currently embarking upon a programme of work to understand the long-term condition status, and the inequalities that exist, of our local BAME population. We are currently in the early stages of the project and will be using the initial information from the Covid-19 pandemic to establish a baseline. Once we have the data we will be able to investigate the levels of these inequalities and develop a programme of work specifically targeted around our local BAME communities to reduce them.

# Agenda Item 6

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 23 June 2021

**Executive Member** Councillor Brenda Warrington – Executive Leader

**Reporting Officer:** Tracy Brennand – Assistant Director People & Workforce Development

**Subject:** DETERMINING THE FUTURE OF THE COUNCIL AND CCG'S WORKFORCE CULTURE

**Report Summary:** It has been twelve months since the Country's national lockdown forced our workforce almost overnight to change what, where and how they work. We have begun to reflect on lessons learnt around these new ways of working over the last twelve months, as well as national, regional and organisational trends.

The Council and CCG now need to design their 'new normal' working model, and have a unique opportunity to create a new culture. One that finds the right balance between how we have been working during COVID and a more hybrid approach that maximises productivity and inclusivity, whilst meeting the needs of our workforce to achieve a better work life balance.

It is proposed to engage with external 'People Architects' to create a new working model quickly, preventing a shift back to pre COVID ways of working, based on understanding how people will behave and work in the 'new normal' and how this translates into people, digital and place requirements. This will help align the organisation's review of its estate, its digital strategy and people culture.

**Recommendations:** That the Strategic Commissioning Board approve the concept and introduction of Hybrid Working across both the Council and CCG approve:

1. the principal and introduction of Hybrid Working across both the Council and CCG
2. that there will not be an immediate return to full time office based working seen prior to the COVID pandemic following the relaxation of lockdown measures and that an appropriate plan will be developed which increases productivity, inclusivity and supports a reduction in our estate.
3. an initial investment of £50k to procure through STAR external specialists in workforce architecture to develop options for a new post COVID working model that increases productivity, inclusivity and supports a reduction in our estate.

**Corporate Plan:** This supports the five strategic objectives set out in the People Plan; the attraction, development, retention, wellbeing and leadership of our workforce. In particular, it focusses on the increased productivity and wellbeing of our people with an inclusive workforce that represents the community it serves.

The People Plan underpins all aspects of the Corporate plan, enabling transformational change, whilst driving continual improvement in delivering our priorities.

**Policy Implications:**

None at this time although a review of associated workforce policies, particularly homeworking and flexible working will be required longer term.

**Financial Implications:**

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

The pandemic has had an impact on how all staff work and that as the country recovers there will be new normals that are formed. The Council has already partly recognised this in its budget strategy, with significant savings already identified from estates as new opportunities are taken to build on the new ways of working that have been adopted as part of the Councils response to the pandemic.

There has been significant support to Councils from central government to support them during the pandemic and there remains some general grant funding that has been carried forward into the new financial year. It is proposed that this workstream is funded as a first call from the surplus carry forward, and that a budget of £50k is established within the Human Resources and Organisational Development team to fund this initial phase of work.

The Council, longer term, faces significant financial uncertainty, with the current funding settlement expiring in March 2022, coupled with pending reviews of the local government funding regime, business rates reform, the ongoing issue of how to fund adult social care and NHS reorganisation. It is therefore vital that any unallocated resources are spent wisely with a view to achieving the corporate plan and delivering the future operating model.

The work proposed in this report is likely to be the first stage of a more transformative process that is likely to require additional one off investment and will be subject to a further report.

**Legal Implications:**

**(Authorised by the Borough Solicitor)**

The Council has a statutory duty to achieve a balanced budget – this in effect means that its outgoings must be equal to or less than income without the need of reserves. Additionally it must deliver these services to meet its duty of best value- efficiently and effectively. Moreover, it must be able to demonstrate how it is meeting its public sector equality duty, which requires all public authorities to consider or think about how their policies or decisions affect people who are protected under the Equality Act. Reviewing our new normal provides the opportunity for the Council to put in place a new model of working for its most valuable and costly assets (staff) that increases productivity, inclusivity and supports a reduction in our estate.

**Risk Management:**

A planned approach to a new workforce model and culture will assist in mitigating risks around health and safety, cost and potential impact on service delivery, associated with an unmanaged return to the workplace post COVID.

It seeks to ensure a joined up approach between the estates review and the needs of the workforce to ensure objectives of productivity, inclusion and wellbeing are realised.

Use of external specialists will assist in an expedient options appraisal. This will ensure timeliness of the project, which is crucial

to minimise the risk of drifting back to old ways of working as lockdown rules are eased. Value for money will be ensured through a competitive procurement process.

**Access to Information:**

The background papers relating to this report can be inspected by contacting Emily Drake



Telephone: 0161 342 3158



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## **1. INTRODUCTION**

- 1.1 It has been twelve months since the Country's national lockdown forced our workforce almost overnight to change what, where and how they work. As an organisation we had already been working towards more agile and productive ways of working that also addressed inclusion, however the transition was slow. The pandemic has catalysed this process and forced a shift in work culture that would have taken years had the pandemic not struck. This is not restricted to Tameside and Glossop or even the UK, with estimates showing that over 50% of the global workforce working differently during COVID lockdown.
- 1.2 In order to 'build back better' post COVID, we must learn and reflect on what the last 12 months has taught us. How have we been working? What have staff experiences been and how does that translate to the services offered to our residents?
- 1.3 Using this intelligence we can create a working culture that finds the right balance between how we have been working during COVID and a more hybrid approach which maximises productivity whilst meeting the needs of our workforce to achieve a better balance between work and home life.
- 1.4 If there are to be any positives from the COVID pandemic, it is that we have been given a unique opportunity to reimagine how we work and deliver our services. As a Council and Clinical Commissioning Group (CCG) we should seize this opportunity. We have a small window of opportunity in which to reflect, learn and create a new working model to avoid a shift back to pre COVID ways of working. Only by quickly determined the way forward will we support the organisation to deliver savings through more productive ways of working and through a reduction in our estate.
- 1.5 This report outlines a proposed approach to explore and pilot what the Council's future workforce culture will look like, enabling us to plan for our 'new normal' post COVID.

## **2. NATIONAL OPINION OF HOME WORKING AND A SHIFT TO HYBRID WORKING**

- 2.1 The Council's way of working during the COVID pandemic has been one centred around homeworking with staff working at or from home in the majority of cases unless they have continued to work on the frontline.
- 2.2 In 2020, national surveys focussed solely on homeworking and revealed that employee opinion on this way of working was mixed, with large variation between different opinion polls. YouGov polling suggests that home working was positively received by employees who had been working from home during the pandemic with 72% of respondents saying that they found it easy to adapt to home working and 59% stated that they would want to work from home more than they did before COVID-19. However, 37% of respondents stated that they thought home working had been bad for their mental health.
- 2.3 More recent feedback from workplaces in March 2021, summarised in the Chartered Institute of Personnel Development (CIPD), reveals that while some employees want to work from home all the time after the pandemic, most would prefer a balance where they are in the office for some of the week and at home for the remainder. This has led to the use of a relatively new term: hybrid working. Many organisations are now considering what 'hybrid' means for them, how it might benefit their business and what will need to be in place in order for these new ways of working to be effective.
- 2.4 Contrary to homeworking, hybrid working is the ability to work in the place and at the time most appropriate for the task in hand. It is not just about hot desking, and nor is it just about working from home. These are just two of many constituent parts of what hybrid working can be. It recognises that work is no longer sitting at a desk all day; it is about activities – collaborating,



studying, conversing, sharing ideas, challenging and communicating and working with others, whether that be in large or small groups.

2.5 This trend is also clear within Greater Manchester authorities. A recently formed collaborative group created to share knowledge and experiences about new ways of working has identified that all Greater Manchester authorities are exploring future hybrid working to create a highly productive, flexible and diverse workforce of the future.

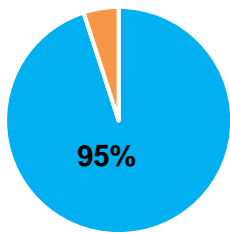
### 3 IMPACT OF COVID ON THE COUNCIL AND CCG WORKFORCE

3.1 Whilst national and regional trends are important, it is pivotal that any working model created is based on the experiences and feedback from our staff and managers, balancing pros and cons whilst ensuring the needs of our business and residents is prioritised.

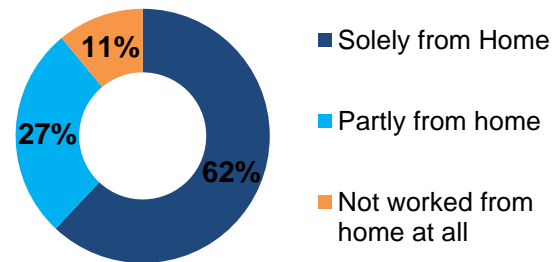
#### Workforce Feedback

3.2 In June 2020, staff were invited to share their experiences of work since COVID-19 in a whole workforce survey. The survey received the highest ever return rate ever with 1540 staff (over 55% of the workforce) taking the time to share their views. They key messages from staff and managers about homeworking were:

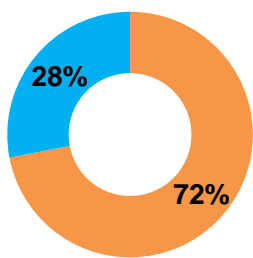
95% of employees said that the pandemic has changed the way they work



89% of employees have worked solely or partly from home during the pandemic



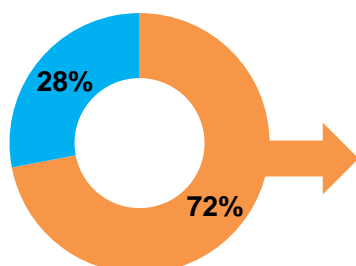
72% of people felt their normal job could be carried out from home



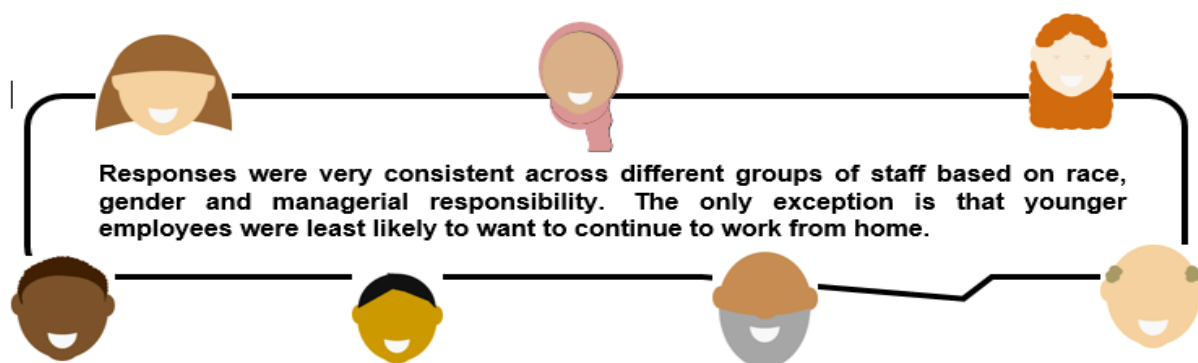
Over half of people would like to work from home permanently, a quarter are not sure, and a quarter would not choose to



72% of people have made changes to how their role is delivered in response to COVID-19 and the majority of staff reported that these changes meant either the same or better outcomes for the organisation, services and people.



**Staff showed mixed views when asked if working from home was better for them, colleagues, services and the business but more people were in agreement than not.**



### **Manager Feedback**

- 3.3 In addition to the workforce survey, People and Workforce Development attended management teams to gather manager views on the current working model and future aspirations post-COVID. Managers were clear that they did not envisage returning to pre-COVID ways of working. They recognised that working differently had significant benefits for individuals and the organisation.
- 3.4 Benefits cited included reduced CO<sub>2</sub> emissions, reduced estate costs, reduced commuting times, increased productivity, increased attendance at virtual meetings and a shift to service digitisation. However, they requested specific interventions and support around:
- Strengthening our digital offer to enable virtual meetings and training.
  - Creating new types of spaces to enable face to face collaboration and engagement with colleagues, partners and residents.
  - Providing tools for virtual onboarding and digital induction for new staff.
  - Becoming 'virtual managers' e.g. outcome based management, managing 'at the individual level'.
  - Wellbeing to provide advice and tools to support good mental and physical health.
  - Ensuring staff have the right tools and environment to work effectively in their home and work environment.

## **4. OUR FUTURE HYBRID WORKFORCE CULTURE**

- 4.1 Our workforce and managerial feedback tells us that a significant proportion of staff would like to continue to work at or from home with clear benefits in doing so for individuals, services and the organisation. However, as with national trends, feedback is mixed, demonstrating that the 'ideal' way of working varies significantly from individual to individual and service to service.
- 4.2 This mixed feedback on homeworking shows that there is no 'one size fits all' in determining the future working model for the Council and CCG. This supports the concept that the organisations are pointing towards a hybrid workforce model as the 'new normal', less prescriptive than the homeworking model that we have been all forced to adopt during COVID.
- 4.3 Evidence demonstrates significant benefits associated with hybrid working, where the best parts of both home working and office working can be realised simultaneously. Some of these benefits are outlined in more detail below.

### **Better Outcomes for Residents**

- 4.4 Hybrid working creates flexibility. Flexibility of location, time and approach. By creating a truly agile workforce we can offer place based service delivery and connection with the community

which results in better outcomes for residents. Services may be able to focus less on face to face delivery at fixed core hours and offer a broader option for access to services.

#### **Better Work-life Balance**

- 4.5 The most significant benefit hybrid working brings for individuals is their ability to manage a better work life balance. With reduced commuting and more flexible working patterns, individuals are better placed to juggle the demands of work and home life. Within our workforce, 54% of people have been working more flexibly during the COVID pandemic.
- 4.6 Importantly the flexibility associated with hybrid working is symbiotic. 40% of our workforce reported to be able to take time for personal commitments such as childcare and caring responsibilities, which, considering the high proportion of employees who are Tameside residents, may reduce demand on our Social Care teams.
- 4.7 In addition, flexibility in work is a valuable tool in improving workplace equality and creating an inclusive culture. It can help parents return to work, reduce the gender pay gap and help carers and people with fluctuating health conditions stay in work, all of which supports our organisational STRIVE values especially respecting diversity, trust and support.

#### **Increased Productivity**

- 4.8 Hybrid working is conducive to higher productivity rates with employees able to plan their work in a way to maximise output. For example, choosing to work at home for specific pieces of work with fewer interruptions than office based working, and meet with colleagues face to face to generate ideas and collaborate.
- 4.9 Certainly, the productivity benefits of homeworking appear to have increased during the pandemic, with the CIPD reporting employers are now more likely to say that the shift to homeworking has boosted productivity (33%) than they were in June 2020 (28%).

#### **Improved Service Delivery**

- 4.10 We have since a variety of changes to the way we deliver our key services since the Pandemic that have enabled our residents to continue to access services. Our Early Help service has developed a range of online resources and live sessions to ensure that parents and their children were able to access support and advice and remain connected during the lockdown, a lot of the approaches developed during this time will remain in place as part of the enhanced offer to our residents, alongside some face to face sessions.
- 4.11 Prior to the pandemic, the Councils postal system was delivered by the traditional method of a post service that received, sorted and distributed daily post for the whole organisation. At Lockdown, this was not possible and an electronic postal system was developed. This change to the former system enabled a full review of post and items received by the Council and determined that a significant percentage of this was 'junk' mail, that had not been cancelled or unsubscribed from. The current electronic system remains in place and it is planned that this would remain as the future operating model for the Council.

#### **Decreased Sickness Absence**

- 4.12 The organisation has already experienced a significant improvement in attendance levels since the COVID pandemic forced the widespread introduction of homeworking. From April to December 2020 the average number of days lost per employee was 4.59 days, compared to 5.69 days for the same period in the previous year. 100% attendance has also increased with 78% of staff maintaining 100% attendance compared to 64% in 19/20. The CCG has also seen a similar trend in their staff absence levels.

#### **Better Recruitment**

- 4.13 Pre COVID, 60% of jobs were advertised more than once to find a suitable candidate. Some jobs were never successfully filled. Offering hybrid working options for example flexible working hours and homeworking at advert stage could widen the labour pool and make

recruitment to hard to fill positions easier, quicker and consequently reduce the impact of vacancies on service delivery.

#### **Reduced Mileage Costs and CO<sub>2</sub> emissions**

- 4.14 Business mileage claims have reduced since the COVID pandemic by around 38% for the full year with around 320,000 fewer miles claimed. This is the equivalent of driving all the way around the earth 13 times. Not only is there an associated financial and time saving from reduced work-related mileage, the associated reduction in CO<sub>2</sub> emissions supports our commitment to the green agenda.

#### **Reduced Estates Costs**

- 4.15 Strategic Property have been tasked with a cross cutting budget action to review the operational estate to provide revenue savings and meet the priorities of the Strategic Asset Management Plan (SAMP).
- 4.16 A key enabler of property rationalisation is the adoption of hybrid working practices through the WorkSmart project as adoption of new ways of working will reduce the need for operation estate based desking /workstation facilities. As a first pass, strategic property have identified property savings and income over 5 years of £1 million with a programme of reviews to identify further rationalisation opportunities. This rationalisation will also result in increased capital receipts to support the capital programme.

#### **Mental and Physical Wellbeing**

- 4.17 100% homeworking is not for everyone and, depending on circumstances can, if not managed carefully, extend the working day, diffuse work-life boundaries and have a detrimental impact on mental wellbeing.
- 4.18 Hybrid working addresses this issue by encouraging a more blended approach of remote and collaborative face-to-face working. It allows individuals to work in a way that balances business need with their own personal needs and consequently brings the best of both office and home working worlds together.

#### **Connecting Virtually and Face to Face in Collaborative Spaces**

- 4.19 We have learned that as an organisation we can accomplish many office-based tasks remotely without a drop in productivity or quality. However, a particular issue raised by managers and employees is the loss of connection with colleagues. In particular, people report missing the incidental 'corridor conversations' and note the impact that this has on informal knowledge sharing across the organisation. Similarly, providing meaningful inductions and on the job training to new employees has proven challenging for some in the virtual environment.
- 4.20 Consequently, provision will be needed, post COVID, for people to come together or meet partners or residents. Hybrid working will enable this important connection between people. Hybrid working allows employees to determine when the value of face-to-face is needed whether that be to foster relationships, create ideas, network or maintain good mental health.

### **5 CONCLUSIONS - THE NEXT STEPS IN IDENTIFYING THE FUTURE WORKFORCE MODEL**

- 5.1 The Council and CCG have the opportunity to capture the momentum towards a productive and inclusive workforce generated by the COVID pandemic. We need to turn the feedback that we have gathered from our workforce and managers and translate this into a tangible workforce model that benefits our organisations and residents.
- 5.2 Bearing in mind there is no 'one size fits all' solution with hybrid working, this is a bespoke and unique piece of work. Our organisation understandably does not have the skill set to undertake this exercise alone, which falls outside of our 'business as usual'.

- 5.3 Designing a workplace offer also needs to happen quickly, preventing a shift back to pre COVID ways of working. Current in house capacity would also inhibit the speed of delivery of any workforce model outcomes.
- 5.4 Furthermore, expediency of this project is important to support the review of our estate. We have committed to reducing our estate over the coming years and this will only be possible if we have transformed how and when our staff work. Failure to deliver this project would prevent delivery of savings associated with a reduced estate.
- 5.5 It is therefore proposed, considering the importance and widespread implications of this work that external specialists in workforce architecture are procured to assist in developing a new post COVID workforce model of the future for the Council and CCG.
- 5.6 The overall objective of this externally procured project would be to understand how people will behave and work in the 'new normal' and what they would need from a space, digital and workforce perspective to enable them to do so. Consultation with all stakeholders would support the workforce survey findings and focus on understanding in more detail what ways of working would benefit the organisation and its people in the future.
- 5.7 These specialists would be needed to:
- Assist in transforming our way of working and how our work spaces are used.
  - Reflect our organisation's vision, strategy, processes, people and property in any recommended model.
  - Assist in creating solution options that maximise productivity and inclusivity and puts both our employees and our residents at its centre.
  - Consider the views of all stakeholders.
  - Create options for a proposed approach quickly to prevent a shift to old ways of working as national restrictions are lifted.
  - Assist in creating an informed evidence based model that facilitates a reduction of the estate and supports realisation of projected savings.
  - Meet a skills gap in the organisation for this unique piece of work.
  - Reflect the variation of need across services.
  - Assist in producing an outline business case to ensure that should any future financial investments be required these are projected accurately and value for money demonstrated.
- 5.8 To fund this work, a one off investment of £50K would be required to engage with external workforce architect experts. This investment would enable better, more informed planning of workspace, digital, and culture changes and the associated financial implications. The investment will not be to achieve the rationalisation of the estate, nor will it address all workspace redesign that may be required in the future. It will however, provide a sound, evidence based options model to how the organisation might work going forwards. In the absence of this investment, the future working model would be difficult to plan timely or accurately and as such risks around inaccurate financial projections could arise and a drift back to former working methods is likely to be experienced.

## **6 RECOMMENDATIONS**

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

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# Agenda Item 7

<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	23 June 2021
<b>Executive Member:</b>	Councillor Eleanor Wills – Executive Member Health, Social Care and Population Health
<b>Clinical Lead:</b>	Ashwin Ramachandra (Living Well, Finance and Governance)
<b>Reporting Officer:</b>	Stephanie Butterworth, Director of Adult Services
<b>Subject:</b>	<b>ADULT SERVICES COMMISSIONING INTENTIONS 2021 - 2022</b>
<b>Report Summary:</b>	<p>The report details Adult Services commissioning intentions for 2021 – 2022. The report sets out specific details on six service agreements namely:</p> <ul style="list-style-type: none"><li>• Extra Care Support for people with a physical and/or sensory disability</li><li>• Integrated Community Equipment Service</li><li>• Independent Advocacy Service</li><li>• Deprivation of Liberty Safeguards (DoLS) Assessors</li><li>• Daytime Activity Service Options</li></ul> <p>Intensive Support Service for Adults with a Learning Disability (extension from 1 April 2022 up to 2 years)</p> <p>The Council are working with STAR procurement on all areas.</p>
<b>Recommendations:</b>	<p>That the Strategic Commissioning Board be recommended to approve:</p> <ol style="list-style-type: none"><li>1) Tender the provision of extra care support for people with a physical and/or sensory disability aged 18–65 at Lomas Court for a new contract to commence 1 April 2022</li><li>2) Tender for the provision of the Integrated Community Equipment Service for a new contract to commence 1 April 2022</li><li>3) Tender for the provision of an Independent Advocacy Service for a new contract to commence 7 July 2022</li><li>4) Tender for a Framework for DoLS Assessors to commence no later than 1 April 2022</li><li>5) Consultation with current service users and providers regarding a proposed daytime offer. In addition, approval is also sought following the review to procure a new commissioning model for daytime offer/activity/service options for a five year period.</li><li>6) That permission is given for the Director of Adult Services to approve the contract awards following the tenders, subject to compliance with the Council's Procurement Standing Orders.</li><li>7) Extend the contract for the provision of an Intensive Support Service for Adults with a Learning Disability where there is provision to do so in the contract for up to 2 years from 1 April 2022</li><li>8) Authority for the Director of Adult Services to approve the contract awards following the tenders, subject to compliance with the Council's Procurement Standing Orders.</li></ol>

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

<b>Budget Allocation (if Investment Decision)</b>	Funding for these services is currently within Budget allocation
<b>CCG or TMBC Budget Allocation</b>	TMBC and CCG
<b>Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration</b>	Section 75
<b>Decision Body – SCB, Executive Cabinet, CCG Governing Body</b>	SCB
<b>Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons</b>	All of these services / contracts are due to expire in 2022 with the current extension in place. By reviewing the market and working with STAR through the procurement process should lead to improved value for money. Any potential future savings will only be realised during that process.

**Additional Comments**

This report is not requesting for any additional funding over and above the existing contracts / services that are already in place and funded within the 21/22 budgets. However, this does request that budgets are to be committed again from 2022 when most of these contracts expire.

As this is seeking approval to progress the tender process, it should ensure that future contracts reflect current market prices and ensures the Council continues to support vulnerable people in the borough who are eligible and supports their needs within the financial affordability.

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

This report is not seeking any decisions in relation to the commissioning exercises detailed in the report as they will be subject to their own decision-making, but to provide Members with an overview of the overall commissioning programme.

In light of the demands on the council’s budget robust commissioning and procurement is more critical than ever to ensure that appropriate services are delivered consistently and provide good value for money for the council. Therefore a robust commissioning and procurement process is critical to ensure that previous commissions are reflected on to drive improvement, needs are assessed, value for money is built into any procurement strategy and that there is robust contract management for the duration of the commission.

As with all procurement exercises the Council is required to comply with all relevant legislation particularly the Public Contract Regulations 2015 and the Treaty of Rome as well as the Council’s own Contract and Financial Procedure Rules. Advice should therefore be sought from STAR prior to the commencement of any procurement.

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

The proposals align with the Living Well and Working Well and Aging Well programmes for action



<b>How do proposals align with Locality Plan?</b>	The service links into the Council's priorities :- <ul style="list-style-type: none"> <li>• Help people to live independent lifestyles supported by responsible communities.</li> <li>• Improve Health and wellbeing of residents</li> <li>• Protect the most vulnerable</li> </ul>
<b>How do proposals align with the Commissioning Strategy?</b>	The proposals follow the Commissioning Strategy principles to: <ul style="list-style-type: none"> <li>• Empower citizens and communities</li> <li>• Commission for the 'whole person'</li> <li>• Take a 'place-based' commissioning approach to improving health, wealth and wellbeing</li> <li>• Target commissioning resources effectively</li> </ul>
<b>Recommendations / views of the Health and Care Advisory Group:</b>	This is a contracting decision so has not been discussed at HCAG
<b>Public and Patient Implications:</b>	Those accessing the service have been identified as having eligible needs under the Care Act 2014 or are assessed as requiring preventative services to delay eligibility and entrance to eligible services.
<b>Quality Implications:</b>	These services support quality outcomes for people to be able to continue living well in their own homes and local communities.
<b>How do the proposals help to reduce health inequalities?</b>	The service delivers whole life support to vulnerable people including ensuring individuals have access to healthy lifestyles.
<b>What are the Equality and Diversity implications?</b>	There are no negative equality and diversity implications associated with this report. Equality Impact Assessments have been produced and are available from the report author.
<b>What are the safeguarding implications?</b>	There are no safeguarding implications associated with this report. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.
<b>What are the Information Governance implications? Has a privacy impact assessment been conducted?</b>	Information Governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both commissioner and provider. Privacy Impact Assessments have not been carried out.
<b>Risk Management:</b>	Risks will be identified and managed by the appropriate officers.
<b>Access to Information:</b>	The background papers relating to this report can be inspected by contacting Trevor Tench – Head of Commissioning Adults Telephone: 0161 342 3649 e-mail: <a href="mailto:trevor.tench@tameside.gov.uk">trevor.tench@tameside.gov.uk</a> or Denise Buckley, Team Manager Commissioning and Performance Telephone: 0161 342 3145 e-mail: <a href="mailto:denise.buckley@tameside.gov.uk">denise.buckley@tameside.gov.uk</a>

## **1. INTRODUCTION**

1.1 The report details Adult Services commissioning intentions for 2020 – 2021. The report seeks authorisation to:

- Tender the provision of extra care support for people with a physical and/or sensory disability aged 18–65 at Lomas Court for a new contract to commence 1 April 2022.
- Tender for the provision of the Integrated Community Equipment Service for a new contract to commence 1 April 2022.
- Tender for the provision of an Independent Advocacy Service for a new contract to commence 7 July 2022
- Tender for a Framework for DoLS Assessors to commence no later than 1 April 2022
- Consult with current service users and providers regarding a proposed daytime offer. In addition, approval is also sought following the review to procure the new commissioning model for a five year period.
- Extend the contract for the provision of an Intensive Support Service for Adults with a Learning Disability where there is provision to do so in the contract for up to 2 years from 1 April 2022
- The Director of Adult Services to approve the contract awards following the tenders, subject to compliance with the Council's Procurement Standing Orders.

## **2. EXTRA CARE SUPPORT SERVICE FOR PEOPLE WITH A PHYSICAL AND/OR SENSORY DISABILITY**

2.1 The contract is for the provision of personalised extra care support for people with a physical and/or sensory disability aged 18–65.

2.2 The Service is delivered from Lomas Court, which offers 20 tenancies in individual flats. The building is provided and managed by a registered social landlord, Mosscafe St Vincent's and the support element by Liberty Support Services.

2.3 The contract commenced 1 April 2017 for a period of 3 years to 31 March 2020 with the option to extend for up to a further 2 years – this option was exercised and the contract is due to end on 31 March 2022.

2.4 The contract delivers support 24 hours a day, 365 days a year, to individuals with a physical and or sensory disability living in their own flat within the extra care scheme. The service is based on the principles of person-centred support, the promotion of independence, enablement and community engagement providing people with the opportunity to make a positive contribution to the communities they live in.

2.5 Service delivery is based on a block contract and spot purchase arrangement. The block contract covers the provision of a minimum of 224 core daytime hours per week and overnight support (sleep in or waking night as required to meet individual's needs). Where the assessed support for the 20 individuals accessing the service is over 224 hours per week, these are purchased at the tendered spot purchase rate. The current spend for the core element of the service 2021/22 is £228,367 – working with colleagues in Finance a tender value for 2022-23 will be agreed reflecting an inflationary uplift in line with the National Living Wage and any reasonable costs that are likely to impact during the first year of the contract.

2.6 Access to the support is highly valued by those who are tenants at the scheme and is essential in ensuring individuals are able to remain living in their own home. Not retaining this service will lead to the Council having to make alternative provision for the users of the

service and permission is therefore sought to tender the service with a view to awarding a new Contract for 5 years

- 2.7 Performance Information submitted through a validation pre visit questions indicates that the provider has identified and worked to improve areas around levels of staff training and person centred information for individuals supported.

### **3. INTEGRATED COMMUNITY EQUIPMENT SERVICE**

- 3.1 Oldham MBC are currently the lead commissioners in a contract held jointly with the Council, CCG and Derbyshire CC for the delivery of an integrated community equipment service.

- 3.2 The current contract is delivered by Ross Care and commenced 1 October 2017 for a period of 3 years with the option to extend to 30 September 2022, which has been authorised and invoked.

- 3.3 The Integrated Community Equipment Service (ICES) supplies equipment to Tameside and Glossop residents prescribed by Occupational Therapists, Physiotherapists and Community Nurses. The service operates the supply, installation and statutory inspection of standard stock items of equipment issued by the prescriber, and the procurement of any specialist items of equipment that may be required and authorised by Commissioners. The current annual contract value is £1.5 million.

- 3.4 The contract also includes an element of minor adaptations, which includes such items as handrails, key safes, loop systems, etc. The approximate value of this element is £200k.

- 3.5 Operationally and in order to respond to prescriber requests, Ross Care operates a store of equipment that is supplied directly to service user's homes and to peripheral stores for use by prescribers. The Service operates a high recycle rate reducing the rate equipment is sent to landfill improving our social value with a percentage of the price of that particular equipment credited back to the account of the commissioners

- 3.6 With current "Discharge to Assess (D2A)" and Moving with Dignity" initiatives, ICES is continuing to support cost avoidance in adult social care as much as possible by making equipment available in a timely manner to support reduction in care packages and minimise a higher annual cost of care provision. ICES is currently working on educating prescribers on the most cost effective way of using the service to minimise cost and improve efficiency as a longer term plan.

- 3.7 The contract is essential in supporting the Council and CCG to achieve its health and social care goals for the population both children and adults by supporting individuals to remain living at home, maximise the use of community and family assets and reducing the need for higher cost care. During COVID-19 peak period, the service supported rapid discharge from hospital and admission avoidance with rapid response of equipment delivery and this is something that will continue.

- 3.8 The provider has continued to meet most of its performance indicators despite the high demand/challenges brought on by COVID-19 ,and the impact of Brexit on supply chain. The service provider has continued to keep us updated and has sourced alternative products/suppliers to keep the service running effectively and efficient. The ICES budget is leaning towards an overspend (approximately £120k) primarily impacted by the demand from peak periods of COVID-19, although the Minor Adaptations element of the service is on track to deliver the service within the allocated budget.

- 3.9 Given the essential role this service plays across the health and social care system permission is sought to tender the service with a view to awarding a new contract for up to 7

years (either 4+3 years or 5+2 years depending on further discussion and confirmation with Oldham MBC).

#### **4. INDEPENDENT ADVOCACY SERVICE**

4.1 The Council has a statutory duty under the Mental Health Act 2007 and the Care Act 2014 to provide independent advocacy for adults (aged 18 plus) who are vulnerable including the following client groups:

- People with mental health needs including the provision of Independent Mental Health Advocacy (IMHA);
- People with learning disabilities;
- People with physical or sensory disabilities;
- People with an acquired brain injury;
- People with dementia;
- Older people;
- Carers.

4.2 The current contract, delivered by Cloverleaf, commenced on 7 July 2017 for a period of 5 years.

4.3 The service has two elements in terms of eligibility - statutory and generic non-statutory. These are defined as follows:

*Statutory Service:*

- Eligibility for Independent Mental Health Advocates will be determined in accordance with the Mental Health Act 1983 (amended 2007) and the Mental Health Act Code of Practice.
- Eligibility for Independent Advocacy under the Care Act will be determined in accordance with the Care Act 2014 and the Care and Support Statutory Guidance issued under the Care Act.

*Generic Service:*

- Vulnerable adults aged 18 and over who reside in the borough of Tameside
- Tameside and Glossop CCG patients who are IMHA qualifying patients on Tameside wards or in the community
- Adults open to social care services or a community mental health team;
- Adults who have a substantial difficulty in-line with the Care Act 2014;
- Adults who have no appropriate person to support them in line with the Care Act (see section 7 of the Care and Support Statutory Guidance issued under the Care Act 2014);

4.4 The overall aim of the service is to promote self-advocacy and other forms of advocacy to support service user independence and build on the skills and abilities of individuals to help them reach their maximum potential.

4.5 Performance information indicates that the terms and conditions and specification are clearly directing the service to meet the requirements of the Council. The service reported at the last performance review meeting that for the year April 2020 to March 2021, a total of 8354 case hours were delivered. This covered Care Act, IMHA and non-statutory advocacy support and awareness, drop in and self-advocacy sessions. Cloverleaf actively evaluates service users experience and demonstrates learning and development through detailed case studies.

- 4.6 As the Council has a statutory duty under the Mental Health Act 2007 and the Care Act 2014 to provide independent advocacy for adults permission is sought to tender the service with a view to awarding a new Contract for 5 years to commence on xxx

## **5. DEPRIVATION OF LIBERTY SAFEGUARDS ASSESSORS FRAMEWORK**

- 5.1 A DoLS Services is required to meet statutory guidelines by assessing whether a person's care or treatment amounts to a Deprivation of Liberty and is in that person's Best Interest. At present the DoLS Assessments are performed by a number of qualified assessors through a spot purchasing mechanism operated by Tameside Metropolitan Borough Council (TMBC). However, this is not a formal procurement route.
- 5.2 In order to meet with the assessment criteria for DOLs the Council currently recruits Best Interest Assessors (BIA) commissioned to undertake age, no refusals and best interest assessments and S12 Doctors (Mental Health Assessors) commissioned to undertake mental health, eligibility and capacity assessments.
- 5.3 The Council currently has 34 approved providers and for the period 01.04.19 – 31.03.20, 721 best interest assessments were carried out. The cost of service delivery for BIA assessments is £275 per assessment or £175 per review and a S12 MH assessor is £173 per case. This is in line with payments made by other authorities across Greater Manchester. The current spend is approximately £202,000 per annum.
- 5.4 In July 2018, the government published a Mental Capacity (Amendment) Bill which will see DoLS replaced by the Liberty Protection Safeguards (LPS). This passed into law in May 2019. Under LPS, there will be a streamlined process to authorise deprivations of liberty. This legislative change was due to implemented in October 2020. Further guidance has indicated that the introduction of the LPS is to be further delayed with a target date for implementation now moved to April 2022.
- 5.5 It is difficult to predict what this will mean for the Council however, and in order to ensure compliance, a competitive procedure must be undertaken to avoid non-compliance with the CPRs until the introduction of the LPS. In consideration the favoured option is to launch a competitive procedure for a framework of assessors who will deliver under the current arrangements prior to the changes in legislation with the option for a variation or further competitive procedure once legislation guidance is known.
- 5.6 In order to ascertain the capacity of the market, particularly with the uncertainty of future legislation, a soft market test was launched in March 2021. In total, 12 organisations responded to the soft market test and were a mix of current and new suppliers. The responses indicated that overall, organisations would bid for the framework, would have the capacity to do so and understood pending changes to legislation which may affect updates to any contract terms and conditions or the need for a further tender exercise. Work continues with STAR Procurement to establish the route to market following the soft market test.
- 5.7 Once the route to market has been established permission is sought to tender the service with a view to awarding a new contract for 5 years.

## **6. DAYTIME SERVICE OPTIONS**

- 6.1 The Council currently operates a Flexible Purchasing System for the delivery of daytime support that is delivered via a call off arrangement dependant on an individual accessing a service of their choice. There are currently ten providers on the framework who are paid on

a placement basis at £33.68 per day (based on 2021-22 prices). The providers are as follows:

- Active Tameside
- Greenscape
- HC-One
- Mencap
- Noahs Art
- People First Tameside
- Pure Innovations
- Tameside Arts
- Tameside Countryside Service
- The Shed

6.2 The service is for those people who are eligible for publically funded care and support as identified in the Care Act. The Framework is predominantly for those people with a learning disability, people with a mental health need or physical disabilities and older people with the key aim to ensure social inclusion, learning, retaining daily living skills, improving physical and mental wellbeing, improved quality of life and the opportunity to move onto other opportunities such as employment or volunteering.

6.3 The current daytime offer across Adult Services is under review and due for completion during 2021-22.

6.4 The review is looking at the following strategic aims:

- Individuals are supported to develop and improve their skills locally
- People are prepared for employment and more people with a Learning Disability and Mental Health Conditions supported into paid employment
- Young people are prepared for adulthood
- Quality services are available to support people to remain at home

Key amongst the principles for the daytime offer is 'co-production'; enabling people to choose when, where, how and who supports them, within the available resources. This should consider self-care; the role of friends, family and technology; and the use of all community resources and information available.

6.5 Daytime activities will look to raise aspirations for a fulfilling life for all. Daytime support options will be available to help people do as much as they possibly can for themselves taking an "employment first" approach with all to promote independence and to support people wherever possible into meaningful employment opportunities enabling them to live well at home.

6.6 Thereafter, for all adults, the vision is about opening up opportunities in education, and volunteering alongside access to a range of community-based activities. For the cohort of younger adults going through transition, implicit in this approach is preparation for adulthood and there is a recognition that access to daytime support is key to helping people remain living as independently as possible at home.

6.7 The four key strands for the offer will be

- Employment
- Education
- Community
- Commissioned day time offer

- 6.8 The commissioned daytime offer will still facilitate people's choice regarding which service or services they want to attend.
- 6.9 The original flexible purchasing system has expired and in the interim whilst we are developing the new commissioning model we will continue to advertise for providers to join the list of daytime activities - this list will be opened every three months until the new arrangements are confirmed and put in place.
- 6.10 Approval is sought to consult with current service users and providers regarding a proposed offer. In addition, approval is also sought following the review to procure the new commissioning model. Adult Services will be working closely with STAR to undertake an appraisal of the different procurement options available and is looking to work with the framework providers to develop a development contract which will meet our strategic intentions. Permission is therefore sought to tender the service with a view to awarding a new contract for 5 years.

## **7. INTENSIVE SUPPORT SERVICE FOR ADULTS WITH A LEARNING DISABILITY**

- 7.1 The contract commenced 1 April 2017 for a period of 5 years with the option to extend for a period of 2 years. The cost of the contract for 2021-22 is £1,014,540 – the cost for 2022-23 will reflect an inflationary uplift that in the most part will reflect any increase in the National Living Wage.
- 7.2 The service was developed in conjunction with, and is jointly funded by the Council and the CCG and delivers a community based specialist support service for individuals with a moderate to complex learning disability who may have offended/have the potential to offend. Individuals accessing the service are those who have previously accessed specialist out of borough placements and/or hospital placements and required closer supervision and/or support due to care and treatment orders and presenting a higher degree of risk to themselves or others.
- 7.3 At the onset of the contract, the service supported 11 people across two properties in Stalybridge. As part of a development element of the specification, the provider has worked towards the re-provision of one of these properties that was no longer fit for purpose due to its age, ongoing repairs and not meeting the behavioural needs of individuals. In January 2020, this was realised and a property in Hyde has been sourced to replace the property in Stalybridge. The replacement property offers an additional placement with individual tenancies for those supported in their own flats and takes the number of people supported from 11 to 12. The additional place was provided within the existing contract price though it is recognised that temporary additional funding may be required where assessment of needs indicate that the level of service available cannot provide safe support to the twelve people across the contract. contract price
- 7.4 The key aims and objectives of the service have been to empower service users to manage their lives in a manner that allows them to achieve fulfilling and meaningful outcomes with a positive sense of belonging in their communities. Given the complex needs of those supported, performance monitoring reports continue to demonstrate reductions in incidents and the need for restrictive practice that in turn allows for positive outcomes for individuals to be achieved.
- 7.5 Creative Support has provided this service over the past five years to a good quality at a very competitive price established via tender in 2016/17. Not retaining this service will lead to the Council having to make alternative provision for the users of the service which could lead to returns to expensive out of borough or hospital placements. Authorisation is therefore sought to extend the contract for up to 2 years as allowed for the contract terms.

## **8. CONCLUSION**

- 8.1 This report seeks approval to progress the tender exercises and contract extension as noted above.
- 8.2 In supporting progression of the tender exercises and contract extension, the Council is ensuring it continues to support vulnerable people in the borough who have eligible care and support needs in line with the Care Act 2014.

## **9. RECOMMENDATION**

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



# Agenda Item 8

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 23 June 2021

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

**Subject:** TARGETED NATIONAL LUNG HEALTH CHECKS

**Report Summary:** This report provides an update on development of the Targeted Lung Health Check (TLHC) Programme within NHS Tameside and Glossop CCG (T&G CCG).

Targeted Lung Health Checks (TLHCs) will commence within T&G CCG on 05 July 2021, with Invite letters starting to go out in June. Low Dose Computed Tomography (CT) scans commence in August 2021.

Reports were presented and approved at the Strategic Commissioning Board on 27 November 2019, and 25 November 2020, detailing the preferred model of delivery, proposed contractual arrangements for governance and assurance purposes.

**Recommendations:** Strategic Commissioning Board be recommended to note the additional funding requirements and progress on the development of a fully managed 'End to End' TLHC service from Manchester Foundation Trust (MFT), who are the only tertiary provider of thoracic surgery within Greater Manchester.

**Financial Implications:** **Budget Allocation (if Investment Decision)**

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

The funded Targeted Lung Health Checks programme covers all elements of screening and administration costs over the lifetime of the programme. However the associated subsequent costs of diagnostics and surgery are the responsibility of the CCG and NHSE/I Respectively.

The CCG's H1 plan includes £200k to cover diagnostics in the first half of the year. Wider CCG funding arrangements from October onwards remain uncertain, however the TLHC's form a key part of the GM Cancer strategy and will remain a priority area for funding in the future.

<b>CCG or TMBC Budget Allocation</b>	CCG
<b>Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration</b>	s75
<b>Decision Body – SCB Executive Cabinet, CCG Governing Body</b>	SCB

**Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark**

Following an update report detailing the revised start date from October 19 to January 20, this report provides further updates to the programme in the form of a revised start date of 05 July 2021, with Invite letters starting to go out in June. Low Dose

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Computed Tomography (CT) scans will commence in August 2021.

The significant national funding to implement a programme of lung health checks in Tameside and Glossop over a 4 year period will still be available, although the profiling of this may be revised to support the change in activity profiling. The national funding package cover the screening and administration elements of the programme, but excludes diagnostics, surgery and on-going care.

It is likely that the programme will identify patients who require treatment, who we would not otherwise have been aware of in the short term. This may create short to medium term financial pressures but should generate savings in the longer term due to the direct cost of treating patients being identified earlier will be lower than the cost of treating a patient identified at a later stage of the illness who requires more invasive treatment.

The CCG has included £200k to cover reasonable additional costs to fund diagnostics and other associated activity as part of the H1 Planning process. The programme is still in the preliminary stages of rollout, therefore the aim is to adopt an 'open book accounting approach' to allow payments to flex up and down in accordance with actual cost of service delivery and actual activity. This will allow MFT and T&G CCG to work together to enable delivery of the LHC outcomes in the most cost effective way, thus setting the groundwork for future contracting discussions once a baseline for the future has been agreed.

By identifying patients who require treatment early, the paper suggests significantly improved health outcomes for patients and a corresponding increase in Quality Adjusted Life Years.

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

It is critical that ongoing advice is taken from STAR in relation to the procurement of this service especially if modifications are required as set out in paragraph 1.10 of this report.

As with all contracts, it is critical that robust contract management is in place for the duration of the contract and that full benefit is made of the open book accounting approach to ensure that the service represents good value for money as well as delivering good outcomes for health.

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

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

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

The proposals are consistent with the Healthy Lives (early intervention and prevention), enabling self-care, Locality based services strands and planned care services of the Locality Plan.

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

The service follows the Commissioning Strategy principles to:

- Empower citizens and communities;
- Commission for the 'whole person';
- Create a proactive and holistic population health system
- Take a 'place-based' commissioning approach to improving health, wealth and wellbeing

- Target commissioning resources effectively

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

HCAG (Reports on 08 May 2019, 14 August 2019 and 04 December 2019) were supportive and endorsed the approach taken in developing a local delivery model. HCAG to provide clinical oversight and support the development of clinical pathways and protocols.

**Public and Patient Implications:**

Residents who are invited to a Lung Health Check will be provided with information about the service, to explain why the benefits outweigh any risks; this will help them make an informed decision about having a Lung Health Check.

Targeted Lung Health Checks may identify cancer at an early stage or identify other incidental findings in residents who may not have been aware they have an illness.

Many of the cancers identified are at an early stage, are treatable and curable. Residents who have an illness will be supported to manage their condition and have access to interventions to help improve their lifestyle to ensure the best possible outcomes.

The National Standard Protocol provides inclusion and exclusion criteria which may limit access for some of our residents. To ensure everyone has access to the support services they need a local campaigns and programmes of work will run alongside the LHCs to raise awareness of the signs and symptoms of cancer (and positive behaviour change programmes).

**Quality Implications:**

The service will adhere to the National Standard Protocol and Quality Assurance Standards. <https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf> [www.england.nhs.uk/.../2019/02/C0699-tlhc-pathway-addendum.pdf](http://www.england.nhs.uk/.../2019/02/C0699-tlhc-pathway-addendum.pdf)

<https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-screening-for-lung-cancer-quality-assurance-standard.pdf>

The national TLHCs phased extension is estimated to identify 3,400 cancers (615 within NHS T&G CCG) at an earlier stage, many of which are treatable with curative surgery, which is anticipated to prevent 1,500 deaths nationally. These cancers would normally be identified 2 or 3 years later at a much later stage, with a poorer prognosis and may require palliative care.

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

Lung cancer is a major contributor to the inequality gap in life expectancy between affluent and deprived areas of the borough. This program aims to reduce early death from lung cancer and thereby contribute to a reduction in the inequality gap.

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

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

The service will be available to all residents regardless of ethnicity, gender, sexual orientation, religious belief, gender re

assignment, pregnancy/maternity, marriage/ civil and partnership.

**What are the safeguarding implications?**

There are no anticipated safeguarding issues.

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

Information Governance protocols will be developed to ensure the safe transfer and keeping of all confidential information between the data controller and data processor. A privacy Impact has assessment has not been carried out.

**Risk Management:**

Risks will be discussed through the agreed governance process to ensure action plans are in place to minimise or mitigate any risks identified.

**Access to Information :**

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

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e-mail: [louise.roberts@nhs.net](mailto:louise.roberts@nhs.net)

Or Jeevan Singh, Commissioning Project Officer

Telephone: 07971 951487

e-mail: [jeevan.singh2@nhs.net](mailto:jeevan.singh2@nhs.net)

## INTRODUCTION

- 1.1 NHS Tameside and Glossop CCG (T&G CCG) was one of the ten areas initially selected by NHSE to deliver the Targeted Lung Health Check (TLHC) Programme over a four year period from 2019 to 2023 to a national standard protocol. Being nominated by Greater Manchester (GM) Cancer Alliance based on the following selection criteria, using Public Health Fingertips data:
  - Age Standardised Cancer Mortality rates per 100,000 (Tameside 88.68, GM 63.20 and NHSE 57.68 in 2014-16)
  - Directly standardised rates of Lung Cancer per 100,000 and (Tameside 120.6, NW 96.3 and NHSE 78.6)
  - Directly Standardised Lung Cancer Death rates per 100,000 (Tameside 85.4, NW 69.7 and NHSE 56.3)
- 1.2 Tameside has a high smoking prevalence at 17% (adults age 18 and over, 2019 Annual Population Survey) and this is one of the main risk factors for lung cancer includes smoking and age. Lung Cancer remains the biggest cause of premature death in GM with around 80 to 90% of lung cancers caused by smoking. The T&G TLHC programme will play a key role in the ambition to Improve Healthy Life Expectancy and increasing early intervention and reducing the risk of individuals requiring more invasive high cost intensive treatment for Cancer and other lung health related issues.
- 1.3 The role of TLHCs is to:
  - Increase identification of lung cancer and support early diagnosis (at an earlier stage, NHS Long Term Plan ambition).
  - Improve outcomes: increased one year survival and reduce the number of preventable deaths by diagnosing cancer at an earlier stage. Survival is better the earlier it's diagnosed, so places a strong focus on prevention and early diagnosis.
  - Reduce smoking prevalence and help people quit, this links to Curing Tobacco Addiction in Greater Manchester programme (CURE).
  - To promote pathways into positive behaviour change programmes, accessible locally.
- 1.4 TLHCs run alongside local campaigns and programmes of work to raise awareness of the signs and symptoms of cancer and other health issues to ensure everyone has access to the support services they need including social prescribing. They provide a community based service and deliver follow up care, closer to home (using existing pathways) unless more specialist services are required.
- 1.5 Following extensive engagement and consultation with key stakeholders and members of the public the preferred model of delivery for T&G CCG was to provide Lung Health Checks, Smoking Cessation and CT scans all in one place (One Stop) on a Mobile Unit based within the community, closer to where people lived (for example within their neighbourhoods). This preferred model is similar to the 'One Stop' model Commissioned by North Manchester CCG from Manchester Foundation Trust (MFT).
- 1.6 A GM LHC steering group was established on 18 June 2019, to include representatives from Providers, Commissioners, Health and Social Care Partnership, Specialised Commissioning and GM Cancer Alliance to ensure services align across GM, taking into account the complex interdependencies across GM relating to diagnostic and tertiary surgical capacity.
- 1.7 The complex issues relating to tertiary surgical provision and CT capacity needed to be resolved prior to commencing TLHCs within T&G CCG. The GM LHC Steering Group endeavoured to work through these complex interdependencies within the system and provide a GM governance structure for LHCs.
- 1.8 The original intention for T&G was to work in partnership with T&G ICFT and MFT (the tertiary surgical provider across GM), to develop pathways and protocols for delivery of the preferred model. The investment would then be transacted to T&G ICFT and providers would work

together to deliver a fully managed service and to align active pathways to ensure people receive follow up care closer to home, unless they need to travel for specialist services.

- 1.9 On 27 November 2019 and 25 November 2020, a report was presented and approved at the Strategic Commissioning Board, detailing the preferred model of delivery and proposed contractual arrangements for governance and assurance purposes. This report provides an update on development of the 'End to End' fully managed T&G CCG TLHC service from MFT. MFT are the only GM provider who can deliver this 'end to end' service (to include tertiary surgical activity) as the single GM tertiary provider for Lung and will provide continuity of provision across the two CCGs.
- 1.10 T&G CCG intended to vary the service specification into the existing MFT contract held by NHS Manchester CCG to which T&G CCG is an associate to sit alongside MHCC service specification; this contractual framework should have enabled NHS T&G CCG to work within NHSE phase 3 timeframes, to commence service delivery within 2020/21.

## **1. BACKGROUND INFORMATION**

- 2.1 NHSE published Quality Assurance Standards in January 2020, setting out minimum quality requirements for service delivery, this included minimum training requirements for clinical staff, communications standards and clear guidance on the management of the key Incidental findings. The active pathways in place aligned with these standards.
- 2.2 TLHC programmes were paused from March 2020 due to COVID-19 and implementation of the fully managed 'End to End' T&G CCG TLHC service from Manchester Foundation Trust (MFT) was limited.
- 2.3 In June 2020, NHSE published the addendum to the National standard protocol in response to COVID-19; to recommend virtual initial TLHC assessments and removed the requirement to undertake spirometry or blood pressure assessment.
- 2.4 In June 2020 two other areas within GM were invited to be part of the TLHC national programme (taking the total to 23 national programmes) and funding provision (previously self-funded):
  - North Manchester CCG commenced service delivery in April 2019 providing a 'One stop' model to people aged 55 to 80 years of age and had ever smoked.
  - Salford CCG commenced service delivery in September 2019 providing LHCs in the community, on mobile Unit and CT scans in Salford Royal to people aged 55 to 74 years of age who were recorded as ever smoked or smoking status not recorded on the clinical systems.
- 2.5 TLHC programmes recommenced in August, following the publication of the Phase 3 planning guidance, which stated: 'All existing projects within the Targeted Lung Health Check programme to be live by the end of 20/21'.
- 2.6 In September 2020, NHSE released revised Clinical and evaluation data sets and MFT confirmed their intention to work in partnership with T&G CCG to deliver a fully managed TLHC service with capacity to accommodate additional tertiary surgical capacity and CT capacity (following lengthy discussions over an extensive period of time).
- 2.7 MFT continued to process their internal business case to support the approval process through governance, which was required prior to commencing TLHCs on behalf of T&G CCG.
- 2.8 In October NHSE, formally notified TLHC programmes that they would extend the length of the programme to March 2024 to accommodate the pause due to COVID-19. A revised two-year trajectory was submitted to NHSE on 9th October 2020 to indicate the first T&G TLHC

would commence on 1st February 2021 and the full roll out across the Locality would be completed by March 2022. This enables all Low Dose Computed Tomography (CT) scans required by the protocol to be completed by March 2024.

- 2.9 At SCB on 25 November 2020, approved the recommendation to commission the 'End to End' fully managed Targeted Lung Health Check service from MFT on a phased approach to delivery. Phase 1, mobile unit operating in the existing COVID-19 safe site at the Etihad with people from Denton, Hyde and Ashton invited (duration approximately 38.5 weeks). Phase 2 will extend to Stalybridge and Glossop and the sites location will be confirmed (duration approximately 24.5 weeks). Should the constraints of COVID-19 change the locations will be reviewed and if possible, a location within Tameside and Glossop will be used.
- 2.10 To deliver the TLHC programme within National timeframe (2 year phased planned roll out of the TLHC programme, with all follow up Low Dose CT scans complete by March 2024) MFT continued to work in partnership to enable Contract sign off and mobilisation of the TLHC programme, and to agree a revised start date in discussion with NHSE.

## **2. MODEL OF DELIVERY**

- 3.1 The screening element of the Lung Health Checks, Smoking Cessation and CT scans will all be delivered in one place (One Stop) on a mobile unit close to where people live (when COVID-19 restrictions are lifted as detailed within the addendum, which is in place till March 2022).
- 3.2 MFT will work with providers across GM to ensure that people who require any follow up care, have the choice to receive this care closer to where they live except when support can only be delivered by specialist centres e.g. an incidental finding of an Mediastinal Mass or Aortic Aneurysm would require support from Wythenshawe Hospital.
- 3.3 There will be a phased approach to delivery with the Phase 1 site location for the mobile unit operating in the existing COVID-19 safe site at the Etihad with people from Denton. Phase 1 will also include Ashton and Hyde, sites to be confirmed. Phase 2 will extend to Stalybridge and Glossop and the site location will be confirmed. Should the constraints of COVID-19 change the location will be reviewed and if possible a location within Tameside and Glossop will be used.
- 3.4 To promote equity of access T&G CCG will include a provision to cover patient transport costs where transport is a barrier to accessing the service.
- 3.5 The process that will be followed is in line with the National Protocol (refer to Appendix 1).
- 3.6 Practices will provide a list of eligible participants following a data extract from their systems using a data quality search template (in accordance with the Data Protection Impact Assessments).
- 3.7 Participants will be invited for a LHC via the MFT service on GP endorsed letter heads, where provided.
- 3.8 MFT staff will contact eligible people and assess their risk of having cancer using a nationally developed tool; as this will take place virtually due to COVID-19 restrictions, spirometry will not be undertaken.
- 3.9 LHC participants who smoke will receive optional smoking cessation advice and support from a specialist nurse, again this could be virtual. The LHC service will establish strong links with

local services to ensure that participants continue to receive support from local services within the community.

- 3.10 People who require a CT scan will be invited to attend the mobile unit, situated in an adjacent room.
- 3.11 MFT will proactively manage the service on behalf of T&G CCG. Service operational procedures will be in place concerning the process and data collection in line with National timelines and requirements.
- 3.12 T&G CCG, GM Cancer Alliance and NHSE Cancer will have monitoring processes in place to ensure the service is running in line with the service specification incorporating all elements of the Standard Protocol. Clinical pathways will be in place between primary, secondary and tertiary services to manage incidental findings and ensure people have access to the services they need in the most appropriate setting.

### **3. DEVELOPMENTS AND UPDATES**

T&G CCG continue to work with GM Cancer and GM colleagues from MHCC, MFT, Salford CCG, Salford FT, Specialised Commissioning, and Christie to ensure coordinated approach to delivery of TLHCs.

- 4.2 T&G CCG continues to work with partner organisations to develop pathways that incorporate TLHCs working to the revised National Standard Protocol (issued due to COVID-19 and in place to March 22).
- 4.3 MFT revised their internal Business Case in December 2020, following publication of the NHSE combined risk tool; to reflect the increase in the number of people who a Low Dose Computed Tomography (CT) scan. This delayed the approval process through governance, which was required prior to commencing TLHCs on behalf of T&G CCG, which in turn delayed the planned start date of February 2021.
- 4.4 The detailed Business Case included trajectories and approach required to ensure sufficient capacity across GM to deliver TLHCs within GM. Revised modelling detailed wider funding implications of delivering the TLHC programme, out with the national funding provided for community screening element of the TLHC programme, which does not include onward referrals, diagnostics and thoracic surgery. CCGs and Specialised Commissioning.
- 4.5 Additional costs associated with this programme (onward referrals, diagnostics and thoracic surgery) were factored into the Commissioning Intentions to manage activity relating to Lung Cancer and incidental findings; this will involve partner organisations and specialised commissioning which is out of scope for the programme. In 2020/21 T&G CCG commissioning intentions included a provision within the reserves for additional contracted activity at MFT to accommodate TLHCs (this fell short of the funding requested by MFT).
- 4.6 Funding issues relating to tertiary surgical provision and CT capacity needed to be resolved prior to commencing TLHCs within T&G CCG. The GM LHC Steering Group endeavoured to work through these complex interdependencies relating to onward referral, diagnostics and thoracic surgery within the system and provide a GM governance structure for LHCs.
- 4.7 On 24 February, GM LHC steering group members presented an update to NHSE to outline the key reason for the delays experienced in GM over the past 2 years, which resulted in the ongoing delays in T&G CCG, preventing the service commencing. The key reason for the delay within GM related to the extra activity generated through the TLHC service (onward referrals, diagnostics, 'incidental findings' and thoracic surgery), compounded in GM with three TLHC programmes in GM to consider.



- 4.8 Specialised commissioning colleagues are working with their NHSE/ I colleagues at a NW and national level to raise and address the concerns and financial implications arising from TLHC activity. To date this has not been resolved but specialised commissioning colleagues have given their support to progress with the low-level start in T&G.
- 4.9 In March 2021, MFT confirmed their commitment to joint working with T&G CCG to ensure screening commences no earlier than 01 June 2021.
- 4.10 MFT revised the financial modelling to develop a cost based profile for the service, showing comparative costs based on the National Payment by Results (PbR) tariff.
- 4.11 On the 23 April 2021, the CCG agreed to fund reasonable additional costs for diagnostics and other associated activity, relating to the Targeted Lung Health Check Programme and onward referral.
- 4.12 On 28 April 2021 MFT confirmed acceptance of their internal business case and ability to provide the managed service to T&G CCG (phase approach to delivery). MFT confirmed their intention to commence Targeted Lung Health Checks (TLHCs) within T&G CCG on 05 July 2021 (to commence in the Denton neighbourhood, see Appendix 2) with invitation letters starting to go out in June 2021. Low Dose CT scans will commence in August 2021.
- 4.13 As this programme is still in the preliminary stages of rollout, T&G CCG will adopt an open book accounting approach, which will allow payments to flex up and down in accordance with actual activity and the actual cost of service delivery. This will allow T&G CCG and MFT to work together to enable delivery of the LHC outcomes in the most cost effective way possible, while operational and financial models are developed.
- 4.14 Revised population modelling (based on data extracted from the practice register to provide the eligible population) has also taken place to reflect the combined risk tool developed by NHSE and evidence from the outcomes following MFT existing programmes. The differences are shown below. MFT revised the trajectories and have confirmed sufficient capacity in across GM in terms of diagnostics, onward referrals and treatment (refer to Appendix 3).

	Local revised modelling (provided by MFT)	National
Ever Smoked	64 % (Figures extracted from Practice systems)	54% ONS Published data
Ever Smoked, that take up the offer of a lung health check		54%
DNA	7.6%	8%
Attend a TLHC and are at risk (positive screen) and offered a low dose CT	74.9%	56%

## 5 NEXT STEPS

- 5.1 The following steps are required to prior to Contract sign off:
- Service Specification and DPIA and T&G CCG formal approval. Approved DPIA to be shared with practices.
- 5.2 Preparation for Go Live:
- Practices within the first phase to run data quality search, and provide data extract in accordance with the DPIA.
  - Practices to transfer data to Provider.
  - MFT to recruit the booking team.
  - MFT extended current CT provision to September 21 and varied specification to accommodate T&G ICFT. MFT to re-procure CT service (NHSSC advice 4 weeks) beyond that date.
  - MFT to agree and sign contracts to secure outsourcing for CT reporting.

- Briefing commenced to Primary Care to ensure they are fully aware of the service delivery model and any consequences and benefits for the practice.
- Communications materials development.
- National and Local Public Campaign to raise awareness of the signs and symptoms of Lung Cancer commenced.
- The initial site location for the service will be the existing COVID-19 safe site, the Etihad. NHS T&G CCG will make local adjustments to mitigate any barriers to access (for example transport). Phased approach is as follows; Phase 1 - Denton, Ashton and Hyde. Phase 2 - Stalybridge and Glossop.
- Mobilisation meetings between MFT and T&G CCG are continuing, to progress development of the programme.

5.3 National, GM and local stakeholders involved in the delivery of TLHCs, working in partnership to ensure a coordinated approach to delivery of TLHCs to support delivery of the NHS Long Term Plan and Phase 3 planning priority in response to COVID-19.

## 6 FUNDING AND ACTIVITY

6.1 The initial funding envelope available of £6.3m included a fixed element for staffing and a variable amount based on agreed trajectories. Since the initial plan was submitted, the extraction criteria has changed and therefore there is likely to be a higher variable cost element than previously anticipated. It is expected that this higher variable activity will be fully funded by the national programme.

6.2 Local modelling was previously based on the national modelling and assumptions; this may differ in T&G CCG and uptake may vary. Each programme receives £264 per CT scan to cover variable service line costs to include: CT scanning-including the cost of providing mobile capacity, Teleradiology, Consumable costs associated with the lung health check, travel and other costs including legal.

6.3 The CCG has included £200k to cover reasonable additional costs to fund diagnostics and other associated activity as part of the H1 Planning process. The programme is still in the preliminary stages of rollout, therefore the aim is to adopt an 'open book accounting approach' to allow payments to flex up and down in accordance with actual cost of service delivery and actual activity. This will allow MFT and T&G CCG to work together to enable delivery of the LHC outcomes in the most cost effective way, thus setting the groundwork for future contracting discussions once a baseline for the future has been agreed.

6.4 Indicative modelling in November 2020 indicated total costs of £6,589,304 based on (18,124 scheduled LHC appointments and 11,630 planned CT activity). NHSE recoup any unspent allocated monies, spend in 2019/20 this was £58,000 and £4,000 in 2020/21. For more in depth analysis, please see both **Appendix 3 and 4**.

## **7. CONCLUSION**

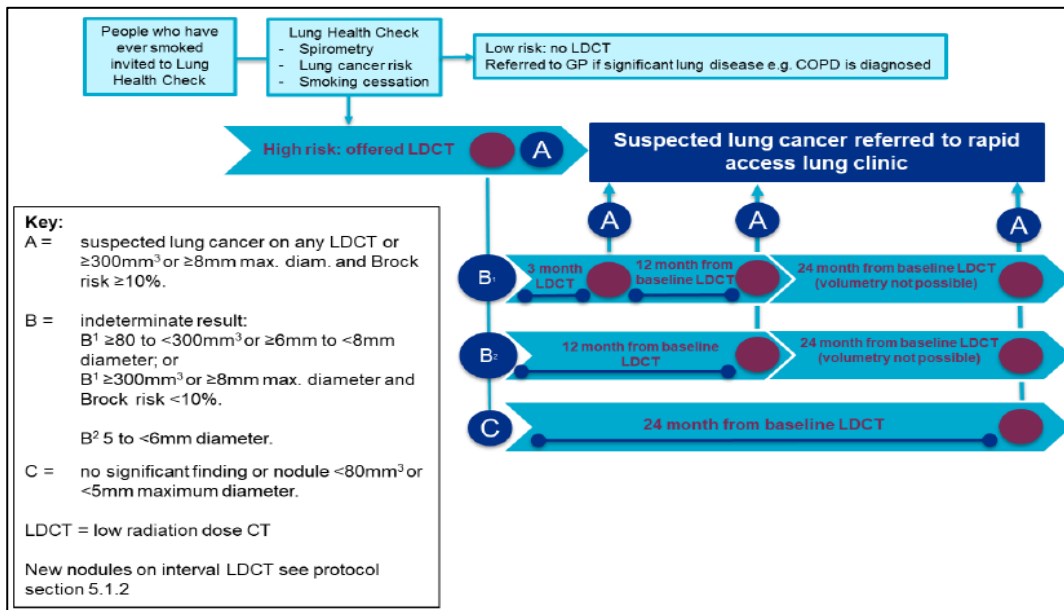
- 7.1 The change in model due to COVID-19 will enable T&G CCG to deliver the TLHC programme as required and increase the opportunities for early identification and treatment of health issues that left undetected would adversely impact on an individual's Healthy life Expectancy. Progressing this programme is a key priority for the Strategic Commission and a Long Term Plan commitment.

## **8. RECOMMENDATIONS**

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

# APPENDIX 1

## Lung Health Checks National Programme, Pathway Model



## APPENDIX 2

### Indicative Modelling

Neighbourhood	Eligible Population	Ever Smokers	TLHCs	Indicative Roll Out of TLHCs
<b>Phase One</b>				
Denton	5324	59%	1448	07/07 – 01/12/21 (21.5 Weeks)
Ashton	12280	62%	3529	01/12/21 – 29/04/22 (20.5 weeks)
Hyde	15899	67%	4902	29/04/22 – 25/11/22 (30 weeks)
<b>Phase Two</b>				
Glossop	8396	55%	2117	25/11/22 – 24/02/23 (13 weeks)
Stalybridge	9800	65%	2910	24/02/23 – 30/06/23 (18 weeks)

\*Soft launch to take place in Denton, estimated 10 LHC appointments per day for the first month. Commences on the 5 July, with invitation letters starting to go out in June 2021.

\*The programme is still in the preliminary stages of rollout and therefore this local modelling remains indicative, to flex according to local uptake.

## APPENDIX 3

the revised planned trajectory based on MFTs modelling and assumptions for T&G CCG

	2021/22				2022/23				2023/24				Total
	Jun-21	Jul-Sept 21	Oct-Dec 21	Jan-Mar 22	Apr-Jun 22	Jul-Sept 22	Oct-Dec 22	Jan-Mar 23	Apr-Jun 23	Jul-Sept 23	Oct-Dec 23	Jan-Mar 24	
LHC		2,133	2,133	2,133	2,158	2,207	2,207	2,207	1,471	-	-	-	16,650
LDCT		1,549	1,549	1,549	1,820	1,820	1,820	1,820	1,778	1,778	1,778	1,778	19,038
3m FU (from baseline)		208	208	208	232	232	232	232	121	121	121	121	2,032
Scan Days (inc 20% contingency)		39	39	39	42	47	47	47	44	37	37	37	453
CURE new (21% of active smokers see CURE team)		369	369	369	396	451	451	451	428	381	381	381	4,428
CURE FU (25% complete 3 FU visits)		277	277	277	297	339	339	339	321	286	286	286	3,321
Referrals		83	83	83	89	101	101	101	78	32	32	32	812
Surgey		32	32	32	36	42	42	42	31	9	9	9	318
<b>Lung Cancers</b>				<b>231</b>				<b>265</b>				<b>119</b>	<b>615</b>

	2021/22	2022/23	2023/24	TOTAL
<b>COST BASED PROFILE</b>	<b>£2,161</b>	<b>£3,041</b>	<b>£2,909</b>	<b>£8,111</b>
Screening	£1,474	£2,124	£1,979	£5,578
Diagnostics	£459	£596	£614	£1,670

## APPENDIX 4

### 2021/22 NHSE funding allocation based on the national tool

Cancer Alliance 2021/22 Funding Allocations - TLHC						
Region	Cancer Alliance	Host CCG	TLHC Project	Variable (£000)	Fixed (£000)	Total (£000)
		NHS Tameside and Glossop CCG	Tameside and Glossop	1,641	386	2,027

The national tool is the basis upon which the overall funding envelope was originally calculated, based on assumptions of total eligible population and ever smoking rates, with assurances that CCGs will receive all necessary funds to cover actual agreed activity this year for the TLHC screening element of the programme. Funds will be rebalanced mid-year, when revised trajectories re submitted, along with confirmation of the start date.

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**Report to:** EXECUTIVE CABINET

**Date:** 23 June 2021

**Executive Member:** Cllr Bill Fairfoull Deputy Executive Leader (Children and Families)

**Reporting Officer:** Richard Hancock – Director of Childrens Services

**Subject:** **OFSTED FOCUSED VISIT TO TAMESIDE CHILDREN'S SERVICES**

**Report Summary:** This report sets out a brief update on the improvement journey of Tameside's Childrens Social Care services, with particular reference to the progress on delivery of the 7 Sustainability Projects, the impact of Covid on the children's systems and the findings of the recent our Ofsted Focused Visit and our proposed response to this and plans to drive further improvement for the children of Tameside.

The report set out our approach to improvement and specifically details the planned refocusing of existing capacity and the additional focussed capacity/investment required to address the issues identified through the Ofsted Focused Visit.

Her Majesty's Chief Inspector of Education, Children's Services and Skills is leading Ofsted's work into how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 (coronavirus) pandemic. This report is in part to respond to a letter, which is embargoed until the 25 June 2021 when it will be published on the Ofsted website at: [Ofsted | Tameside Metropolitan Borough Council](#) and therefore is exempt from publication with this report. The letter summarises the findings of a focused visit to Tameside children's services on 12 and 13 May 2021. The methodology for this visit was in line with the inspection of local authority children's services (ILACS) framework. However, the delivery model was adapted to reflect the COVID-19 context. This visit was carried out fully by remote means. Inspectors used video calls for discussions with local authority staff, carers, key stakeholders and children. They also looked at local authority performance management and quality assurance information and children's case records.

**Recommendations:** That Strategic Commissioning Board support and recommend to Cabinet and Council where appropriate:

1. Acknowledge the Ofsted letter published at **Appendix 1** (which is embargoed until the 25 June 2021) and summarises the findings of a focused visit to Tameside children's services on 12 and 13 May 2021 and approve the delivery of the proposals outlined in the report including the Rapid Improvement Plan proposal and fruition of 7 Sustainability projects by way of response to this and to drive further improvement for the children of Tameside; and
2. Recommend to Council the provision of additional budget of £461,410 in year 1 (2021/22) and £504,538 in year 2 (2022/23) and virement of the existing budget of £1,537,224 over two years (2021/23) to deliver the plans set out in the report and more specifically the budget requirements as detailed in **Appendix 2**.

**Corporate Plan:** This supports the Corporate Plan across a number of strands, Starting and Living Well and specifically Very Best Start and Resilient Families and Support Networks.

**Policy Implications:** There are no direct policy implications

**Financial Implications:** The financial implications of this report is a 2 year realignment of existing staffing establishment resources and request for additional investment to cover the additional capacity needed to deliver service improvements £965,947.  
**(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**

	<b>Total Cost</b>	<b>Repurposed Staffing Budget</b>	<b>Additional Investment</b>
Year 1	1,251,586	790,176	461,410
Year 2	1,251,586	747,048	504,538
<b>Total</b>	<b>2,503,171</b>	<b>1,537,224</b>	<b>965,947</b>

This non-recurrent funding will need to be approved from the Council’s Medium Term Financial Strategy Reserve.

A full breakdown of staffing costs can be found at **Appendix 2**.


The financial implications of 4.5 of this report, Proposition 1 Delivery of a Rapid Improvement Plan, Item number 9 have not been included in this report as the options paper and cost benefits appraisal will need to be carried out to assess if there are any financial implications of any recommendations.

**Legal Implications:** The Council is required to deliver efficient and effective services otherwise known as best value within its statutory duty to deliver a balanced budget. Demand and Covid have had an adverse impact on the budget and we must ensure that we are able to demonstrate that in meeting our statutory duty of safeguarding we are doing so on a best value basis. The proposals outlined in this report are intended to ensure that we have the basics in place to do this and there needs to be careful monitoring to ensure we are delivering both on those plans and our vfm test. Importantly we need to consider any benchmarking data and where necessary making appropriate  
**(Authorised by the Borough Solicitor)**

**Risk Management:** The implementation of this plan will be overseen by the Children’s Leadership Team with regular to Executive Board.

<b>Background Information:</b>	<b>Appendix 1</b> An Ofsted letter has been received under embargo and will be published by 25 June 2021 so is exempt from publication at the date of the meeting
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The background papers relating to this report can be inspected by contacting Richard Hancock

 Telephone: 0161 342 3554

 e-mail: [Richard.hancock@tameside.gov.uk](mailto:Richard.hancock@tameside.gov.uk)

## 1. INTRODUCTION

- 1.1 The Improvement Programme in Children's services continues to make progress. A policy of investing in Early Help and strengthening basic procedures and practices continues to support stability. However the impact of Covid our own self- assessment and recent feedback from Ofsted have confirmed where further improvements are required which presents the organisation with an opportunity to accelerate this work and to further stabilise and improve the service as it continues to support children and families, including dealing with the impact of the pandemic.
- 1.2 The Ofsted Covid Monitoring/Focused Visit in May 2021 has highlighted a number of issues in children's services, which are impacting negatively on improving outcomes for children and whilst these were largely recognised and reported in our self-assessment, the pace of progress needs to increase. The visit also highlighted positive progress and good work with children, but also presents the organisation with a number of challenges which it must address. The key overarching issues are detailed in the report.
- 1.3 **Capacity** issues within the service at every level were reported by the inspectors, creating a challenge for social workers and others in having time to do the work they need to do at the quality that we would wish. High caseloads impact on our ability to recruit and especially retain Social Workers. Without reducing caseloads for Social Workers in Tameside we shall continue to experience high staff turnover which makes it a greater challenge to improve quality and ensure better outcomes for Tameside children. Capacity also needs to be increased/released at management level to drive service improvement. Management capacity at the current time is too focused on managing the business day to day.
- 1.4 There are particularly issues in our Multi Agency Safeguarding Hub and Care Leaver services which Ofsted noted, but they also reported high caseloads more widely across the locality teams. An increase in capacity is needed to create manageable caseloads across all parts of the system. This will enable us to mitigate the impact of Covid and support ongoing improvement in quality. The workloads of social workers and of personal assistants in all teams needs to be at a level which enables meaningful relationships to be built with children and young people and deliver effective support to them, including those young people leaving care and whom we support post 18.
- 1.5 The organisation needs to agree an acceptable caseload for individual social workers and resource the service to meet this threshold.
- 1.6 Access to sufficient and suitable **placements** to ensure children are able to live in places that best meet their needs is key to ensuring that we support our cared for children to achieve positive outcomes and this an integral part of our 7 point Improvement Plan detailed later in this report.
- 1.7 The service has had a strong focus on compliance. Ofsted emphasised the need for a real shift in terms of focussing on what children are experiencing (the child's lived experience) as well as compliance. There needs to be a greater emphasis on what that means for the children. This links in to the **quality assurance** work we do and a need to look at performance data and use this to examine what sits behind the data and understand what that means for children. In short, a shift in balance from compliance to quality of practice is required. This is also linked to capacity. The building blocks are in place but greater capacity is needed to drive improvement, align performance and QA work and to take these messages to staff.
- 1.8 Another significant area impacting is **management oversight** and line of sight to practice. They highlighted that the challenge they did see from managers was often about completion of work not what was actually happening for children or the quality or impact for the child. Specific examples were raised in MASH and Pre-Proceedings work. Our monitoring

framework for children's requires review to ensure that it takes a quality first approach focusing on audit and quality assurance activity, voice of the child work, compliments and complaints and feedback/ input from partners and that the learning and improvement loop is more effective and better closed.

- 1.9 A cultural shift is needed to move forward from a compliance culture. The basics (compliance) are there but this needs shifting to a departmental focus on quality.
- 1.10 **Work with partners** - Lots of positive feedback was reported between CSC and Schools and this has been enhanced and improved by the Covid period. Health partnerships though was identified to requiring some development in certain areas.
- 1.11 A letter at **Appendix 1** has been received under embargo and will be published by 25 June 2021. An Inspection of Local Authority Childrens Services or further focused visit is expected to take place relatively soon. This will test progress against the points raised in this inspection as well as progress more generally.

## 2. IMPROVEMENT PLANNING

- 2.1 Progress has been made in delivering the improvement programme for Children. Below is a brief update on Phase One of the Seven Sustainability Projects and a proposal for Phase Two, including in this is our response to Ofsted's findings.
- 2.2 The delivery of the 7 Sustainability projects are key to not only improvements in term of the quality of practice but they are fundamental to improving the outcomes for children. The delivery of the 7 Sustainability projects have been identified as a corporate priority and will support the safe reduction in the number of children who are cared for by the Local Authority. Below is a brief update on these projects.

<b>1. EARLY HELP &amp; PREVENTION AT A NEIGHBOURHOOD LEVEL</b>	Partially delivered
Create multi-disciplinary neighbourhood teams providing wrap around support for children and families	
<b>2. FAMILY INTERVENTION SERVICE</b>	Delivered
Establish a Family Support Service to provide practical support and diversionary work to prevent admissions – de-escalating risk, across the continuum of need	
<b>3. TEAM AROUND THE SETTING</b>	Almost fully delivered
Speed up and enhance the role out the current Team Around the School model to all schools, colleges and nurseries (including PVI's)	
<b>4. DUTY / LOCALITY RESTRUCTURE</b>	
Stage 1. Restructure the duty and locality teams to remove a step in the process and establish a locality footprint.	Delivered
Stage 2. Move to true locality working with teams based in each of the four neighbourhoods holding a neighbourhood based cohort / caseload	Stage 2 dependent on project 1
<b>5. POSITIVE FUTURES (RESPITE / ASSESSMENT)</b>	Partially delivered
Deliver a respite / short break facility, an assessment unit and emergency/short break fostering, supported by an outreach team/key workers. Objective to prevent placement breakdown, and to allow children to remain at home and avoid admission into care. Works alongside Edge of Care and Family Support Service – target 11years plus.	
<b>6. FOSTERING SERVICE IMPROVEMENT</b>	Partially delivered
Increase the number of foster carers through a new model tailored to current need, cohort demographics and an enhanced payment and support model. Increase number of children with more complex needs fostered in Tameside	

<b>7. PLACEMENTS REVIEW &amp; SUFFICIENCY</b>	<b>Partially delivered</b>
Review all placements to ensure children are in the right placement.	
Reviewing our current in house residential provision to ensure it is being used effectively to support our most vulnerable cared for children.	

### 3. AN OVERVIEW IN BRIEF

#### 3.1 Demand and Capacity

- Pre-pandemic we had seen demand on children's services reducing consistently over 18/24 months – contacts, referrals, children in need, child protection open cases.
- The impact of our Early Help activity can be tracked against this.
- We predicted though that the impact of the pandemic would be felt later in children's
- Demand (particularly at the front door and in our child protection numbers) has now risen and particular challenges are evident in the complexity of work coming through.
- Our work on the 7 projects has mitigated against a more significant rise in statutory demand.
- We have not so far, organisationally invested in responding to this Covid impact.
- The Ofsted visit was at the point this was becoming acute, further compounded by a sustained period of staff recruitment difficulties/high agency use over the preceding 12 months.
- There are examples of many local areas who have felt the impact of the pandemic more acutely including rising CfC numbers, (a national trend) alongside the front door and CP.
- Our Ofsted inspection had highlighted the need to increase capacity to address this and to drive further improvement

#### 3.2 Improvement

- The seven improvement priorities have been partly delivered and have supported stabilisation and the mitigation of the impact of the pandemic.
- Some additional focus is needed to complete delivery including estates elements.
- The next phase of improvement activity will require a move away from focusing on performance and recruitment to an increased focus on quality and retention, which will also involve a response to pandemic related pressure as the two cannot be separated.

#### 3.3 What we are proposing?

- A 2 year realignment of existing staffing establishment resources alongside an additional annual investment to deliver additional capacity, to drive our improvement journey to the next phase, to address Covid related pressures and the issues highlighted by Ofsted.

#### 3.4 What we are investing in?

- Responding to the additional pressure created by the pandemic to ensure that children get the support they need
- Embedding improvement work to date and driving further gains
- Moving to next phase of improvement activity- focusing on the quality of delivery and staff retention.
- Targeted Social Work and Leaving Care capacity, plus service wide improved QA, oversight and support to newly qualified staff, improved consistency in our evidence based model of delivery and enhanced first points of contact with services.

#### 3.5 What will this give us?

- Stabilising and reducing numbers of Cared for Children ( including supporting the resolution of historical legacy issues which bring significant cost as children age – transition and post 18)
- Less expensive placements/more appropriate and balanced placement mix.
- Improved outcomes for children and families
- Better relationships between social workers and children/ families

- Further improved prevention and early intervention
- Constant focus on delivery and managing numbers to ensure investment pays back and delivers improvement
- A review at two years

#### **4. PHASE TWO CHILDREN'S SUSTAINABILITY AND IMPROVEMENT**

4.1 We now need a concerted and LA wide focus on delivering the remaining elements of the seven sustainability projects (including associated and linked activity) together with a robust response to Ofsted's findings, which are closely linked, in order to build on the work to date and provide a clear direction of travel in terms of ongoing improvement for our children and the associated cost reduction.

##### **Capacity**

4.2 As detailed earlier in the report an increase in capacity is needed to create manageable caseloads across all parts of the system.

4.3 Much of this is already factored into structures and budgets, but recruitment into these roles needs to be expedited. Where additional resource is requested it is proposed that this is for a period of two years and then reviewed.

4.4 In addition to increasing capacity in children's services legal services are also seeking an increase in capacity. Legal services is currently considerably overstretched in providing support to children's services especially due to the challenges children's services have in relation to the volume of work and consistency in quality of the social working practice. As a result a significant proportion of the legal officers' time is spent in providing additional support to the front line social workers and their managers. Further to help to drive and embed improvement, legal services has been providing a comprehensive suite of training for children's services, which it proposed to continue and further develop through the improvement period.

4.5 The average case load for a child care lawyer is 10-12 based on the complexity of the matters but given the ongoing support required in order to improve consistency in the quality of practice and drive improvement it is proposed that the case load for a child care lawyer be no more than 8. This increase in capacity should also help to support children's services discharges work stream.

4.6 The legal services team is structured so that the lawyers are supported by legal officers and administrative officers. Again the reduction in case load and the increase support which will be required to help drive the improvement plan will therefore not only require additional support from a lawyer but also from an additional legal officer and administrative officer.

4.7 This increase in capacity should help support the service in delivering the improvements set out in the capacity section of this report. It is also hoped that this will improve the recruitment and retention of child care legal officers. Currently there is a shortage of quality child care lawyers and legal officers which makes both recruitment and retention a challenge. It is hoped that by having a more manageable case load candidates will be attracted to apply to Tameside and be part of the improvement drive

##### **Proposition 1 Delivery of a Rapid Improvement Plan**

4.8 To contain the impact of Covid, deliver the next phase of improvement activity and address the issues highlighted by Ofsted, which will improve outcomes for children and families while keeping Cared for Children's numbers manageable and affordable a series of improvement activities are required which will require short term investment as set out below.

Action	Detail	Timescale	Lead
1. Undertake a review of all children CIN or CP for over 9 months.	This will be completed via regular challenge panels and audits focused to the impact on the child	3 months	TM / HOS QA and Safeguarding and HOS CP/CIN
2. Undertake a review of all children being considered for pre- proceedings	Audit/ monthly case review meeting attendance at Legal Gateway	To start within 4 weeks to be imbedded in to day to day practice – commence June	TM
3. Undertake a review of Audit Processes- to focus on the experience of the child. Including Audit Moderation Embed Signs of Safety with an increased focus on the lived experience, impact on and outcomes for children. Close the learning loop	To start within 4 weeks and developed via a QA/audit workshop.	To be developed over next 2 months	TM HOS and SUMs
	Consultation and the views of children and young people to be part of this process Rapid review of wider staffing and capacity requirements to deliver the move from compliance to quality of practice.	completed	
4. A systematic review of how quality is reflected in reporting and strategic oversight framework			GG/ DH
5. A rapid review of the Care Leaving Service-	Review of caseloads and capacity within the service plus work to understand future demand	Completed	TM / HOS Cared for Children
6. Improve access to sufficient and suitable placements to ensure children are able to live in places that meet their needs.	Develop Brokerage Service to support improved delivery	By November 2021	TM AR
	Identify capacity required to drive this forward	completed	
7. Children's Accommodation Options in place and operational 16-17 and 18 plus	Further suitable accommodation is sourced for the cohort of care leavers 18 + who are tenancy ready Further transitional properties are identified for a further cohort of care leavers.	Implementati on plan to be developed covering the next 12- 24 months	Growth/Housin g/CSC
8. Delivery of sustainability project number 5	Identified property lead to be allocated to support children's services to identify and purchase a property for the Respite Unit	Within next 4 weeks	TM

9. A rapid review and programme of improvements to LCS implementing a number of the functions e.g. the financial / placement / fostering part of the system	A review has previously been completed to review and improve the current systems through which placement payments are made. To review the current functionality of the LCS system and develop an options paper on how this can be achieved	Timescales to be agreed	ED/DG/TM
10. Rapid review of wider staffing establishment's and capacity required to achieve desired caseloads and enable SWs to build meaningful relationships with children and young people and deliver effective support to them.	Undertake review	June 2021 Completed	TM /HoS / Finance/ HR
<b>Workforce</b>			
11. Management oversight and line of sight to practice to be reviewed and improvement plan put in place.		By end of July	TM / HoS
12. Develop First Line manager focused professional development option		By end of August	TM/HoS/BK
13. Fully implement the Professional Practice Toolbox and associated work force Training and Development program		By end of August	TM/HoS/BK
14. Embed SoS with an increased focus on the lived experience, impact on and outcomes for children		May through to October 2021	TM HoS CD
15. An enhanced recruitment, retention and conversion strategy with rolling recruitment	Review the current Tameside offer and consider how this can be developed to attract high quality candidates and improve retention	July	TB TM
<b>Partners</b>			
16. A rapid review of health input into services for vulnerable children	Mental health Initial health assessments, dental checks. Attendance at key meetings.	To start within 4 weeks	GG TM DW



**Proposition 2 Social work and Personal Advisor capacity.**

- 4.9 One of the key themes OFSTED raised was the rate of improvement and our ability to do quality work with children and families the main barriers to which was identified as being capacity across the system as a whole.
- 4.10 Over the past 8-10 months there has been a significant rise of circa 18% of contacts into the system year on year. Alongside increased child protection activity and open cases in the statutory system. This has meant that both social workers and personal advisors, (where care leavers have increased significantly as young people age and move through the system increasing PA caseloads to currently circa 50), have struggled to retain and improve performance.
- 4.11 Whilst particularly evident in our MASH and leaving care services this was noted across the statutory system.
- 4.12 Based on a target case load for out front line social workers of circa 18 and for personal advisors of circa 30, an immediate investment is therefore required in 10.5 social work posts across key areas and 5 PAs supported by two social work practice managers as detailed at section 5, to increase capacity to enable the increased demand in contacts to be dealt with in a timely manner, ensure that decisions are timely, risk appropriately identified and responded to, and that a focus can be given to the quality of delivery that enables meaningful relationships to be built with children and young people, including those young people leaving care and whom we support post 18.
- 4.13 There is also a need to increase management oversight and grip on cases that are dealt with in the MASH the current management capacity is not sufficient to ensure all cases have the right level of management oversight again this was noted by Ofsted, a further 0.5 Team manager is required to ensure that this takes place as detailed in section 5, along with a practice manager at the linked Early Help Assess Point
- 4.14 This investment should be reviewed after 12 months and should deliver savings to the system by reducing the number of cases escalating into more expensive interventions.

**Proposition 3 Enhanced Commissioning and Brokerage and Monitoring function.**

- 4.15 For context, Tameside has a number of legacy challenges in Children's Services relating to the use of commissioned services to meet the needs of its children; a larger than average population of cared for children per 10,000. The rapid growth in Cared for Children after 2016s inspection and limited historic investment in and development of Early Help, our in house fostering services, residential services and placement sufficiency more widely has led to the authority having a greater than typical use of residential services to care for children. This is costly and often far from Tameside, and does not meet the objective to support children in families. In addition Tameside is more than typically reliant on purchased fostering and care leaving providers.
- 4.16 Whilst this is a central plank of our 7 point improvement plan and good progress has been made, there remains significant work to do to ensure we have access to sufficient and suitable placements to ensure that children are able to live in places that best meet their needs
- 4.17 Despite the significant improvement and new processes it remains the case that existing brokerage and monitoring capacity in social care is overwhelming focused predominantly on the task of placement finding and has limited resource to effectively hold provision to account or to strategically develop placement capacity with senior leaders often being required to manage down into the service to cover capacity shortfall.

- 4.18 The opportunity now stands to build on the solid foundations of improved practice and processes to deliver a high quality service which will ensure our children are getting the right placement, at the right time in the right place and at the best cost.
- 4.19 Our Proposal to move this forward is for Tameside to have brokerage and monitoring function which will in summary allow it to:
- Proactively engage with all placements which are at risk of disrupting / breaking down to help avoid breakdown.
  - Work in much more detail on placement / contractual agreements. This will create the bedrock of accountability and ensure we are delivering for our young people and achieving value for money.
  - Work with a new provider in advance of a placement to explore in detail and establish a base line of delivery from which future monitoring can be built on.
  - Hold providers effectively to account through robust and regular monitoring of the services we have commissioned.
  - Provide continuity of accountability with officers having provider caseloads and working knowledge of the services delivered and children placed.
  - Robust and regular monitoring of high risk provision.
  - Increase the pace of improvement work including much more proactive and effective work with social workers and internal services.
  - Work towards brokering and monitor the delivery of services for Independent and Non-Maintained Special Schools in the same manner it does for its children in care.
  - To fully engage in GM and NW regional development and improvement activity relating to placement sufficiency
- 4.20 The additional commissioning resource required to allow Children's Services to be more proactive in developing placement sufficiency, range and quality is by resourcing 3 further Commissioning Officer and Placements/Monitoring Officers as set out in **Appendix 2**.
- 4.21 The service infrastructure will be reviewed on a yearly basis to ensure that the staffing team remains appropriate as the improvement work helps manage service demand and processes, and the reductions in Care for Children numbers begins to lower demand.
- Proposition 4 Enhanced Quality and Performance**
- 4.22 In order to support the shift in balance required from quantity/compliance to quality of practice with a focus on what children are experiencing (the child's lived experience) in addition to compliance, there is a need as detailed earlier for a revised approach to audit, review, learning and quality assurance including a redoubling of our focus on a consistent, quality and evidence based methodology of intervention (Signs of Safety). Whilst the building blocks are in place, greater capacity is needed to drive improvement, align performance and QA work, close the learning loop and to take these messages to staff.
- 4.23 Linked to this a clear need to support social worker retention and stability and to this end we plan to enhance the support and guidance for our newly qualified social workers in their first and second years of practice to make Tameside a more attractive place to work and stay.
- 4.24 Whilst not front line social work roles, the activity described above is key to establishing, supporting, enabling and untimely driving improved performance.
- 4.25 Details of the posts are included at **Appendix 2**.
- 4.26 In order to effectively deliver the Rapid Improvement Plan as detailed at 4.5 and to address the issues arising from the Ofsted visit, the required capacity will primarily be secured from within existing staffing establishment as detailed in **Appendix 2**, but a total additional investment will be required over two years of £461,410 in year 1 rising to £504,538 in year 2. This will then act to mitigate increased demand, throughput and complexity of cases as a

result of the impact of the pandemic on children and families, will also significantly improve outcomes for children and enable us to reduce the number of children requiring intensive, more costly interventions (including coming into the care of the local authority).

- 4.27 In order to deliver across propositions 1-4, it will be essential that children's services are supported by and work closely with the corporate team and a Budget Turnaround Team to be set up and the "enabling" services/capacity this will provide in areas such as finance, HR, housing, property and project/transformation management.

## **5. CONCLUSION**

- 5.1 There is a clear understanding of the issues which face children's services, the improvements that are needed and plans in place to address these. In order though to deliver these at the pace which our children deserve and require, the pace that our Inspectorate will expect and the Local Authority needs, the realignment of existing resources and investment of additional capacity as detailed above will be required along with the support of the Budget Turnaround Team.

## **6. RECOMMENDATIONS**

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

## APPENDIX 2 STAFFING AND FINANCES

The table below provides a detailed list of the staffing requirements for the two year period.

Areas	Additional Posts	Year 1 Costs	Year 2 Costs
Commissioning	3 X Commissioning Officers	129,384	129,384
MASH/Hub	0.5 X Team Manager	28,943	28,943
MASH/Hub	2 X Social Worker	86,256	86,256
Locality North	1 X Social Worker	43,128	43,128
Locality East	1 X Social Worker	43,128	43,128
Locality South	1 X Social Worker	43,128	43,128
Locality West	1 X Social Worker	43,128	43,128
ISCAN	0.5 X Social Worker	21,564	21,564
Cared For Children	2 X Social Worker	86,256	86,256
Leaving Care Team	2 X Social Worker	86,256	86,256
Leaving Care Team	5 X Personal Assistants	158,895	158,895
Leaving Care Team	1 X Practice Manager	51,189	51,189
Signs of Safety	0.5 X Business Support	12,399	12,399
Signs of Safety	0.5 X Team Manager	28,943	28,943
ASYE	1 X Practice Manager	51,189	51,189
Quality Assurance	1 X Data quality officer	31,779	31,779
Safeguarding & QA unit	1 X IRO /Conference chair	57,885	57,885
Safeguarding & QA unit	1 X Conference Clerk	25,849	25,849
Safeguarding & QA unit	1 X Business Support Manager	57,885	57,885
EHAP	1 X Practice Manager	51,189	51,189
Legal Services	1 X Childcare Lawyer	51,189	51,189
Legal Services	1X Legal Officer	36,175	36,175
Legal Services	1 X Legal Administrator	25,849	25,849
<b>Total</b>		<b>1,251,586</b>	<b>1,251,586</b>
Repurposed Children's Existing Budgets		790,176	747,048
<b>Additional Funding Required to support Ofsted turnaround</b>		<b>461,410</b>	<b>504,538</b>

*The difference in budgets to be repurposed is the savings of 1 social worker in fostering can only be afforded in year 1.*

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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