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## STRATEGIC COMMISSIONING BOARD

**Day:** Wednesday  
**Date:** 28 July 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 23 June 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: 9 June and 7 July 2021.	9 - 30
4.	<b>CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 31 MAY 2021</b> To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	31 - 46
5.	<b>PROPOSALS FOR THE USE OF THE RING-FENCED GRANT TO HELP THOSE WITH OBESITY TO LOSE WEIGHT</b> To consider the attached report of the Executive Member (Adult Social Care and Health) / Clinical Lead – Long Term Conditions / Assistant Director (Population Health).	47 - 54
6.	<b>SUBSTANCE MISUSE SERVICE CONTRACT NOVATION TO CGL SERVICES LTD</b> To consider the attached report of the Executive Member (Adult Social Care and Health) / Clinical Lead / Director of Population Health.	55 - 62
7.	<b>DEVELOPMENT OF AN INTEGRATED CARE SYSTEM IN T&amp;G</b> To consider the attached report of the Executive Member (Adult Social Care and Health) / CCG Co-Chair / Director of Commissioning.	63 - 76
8.	<b>PREVENTION AND PROMOTION FUND FOR BETTER MENTAL HEALTH -</b>	77 - 90

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

Item No.	AGENDA	Page No
	<b>GRANT FUNDING</b>	
	To consider the attached report of the Executive Member (Adult Social Care and Health) / Director of Population Health.	
9.	<b>TAMESIDE AND GLOSSOP CHILDREN AND YOUNG PEOPLE'S EMOTIONAL AND MENTAL WELLBEING COMMUNITY OFFER – CONTRACT AWARD</b>	91 - 102
	To consider the attached report of the Executive Member (Adult Social Care and Health) / Director of Commissioning.	
10.	<b>ENGAGEMENT UPDATE</b>	103 - 120
	To consider the attached report of the Executive Leader / CCG Co-Chairs / Assistant Director (Policy, Performance and Communications).	
11.	<b>PERFORMANCE SCORECARD</b>	121 - 126
	To consider the attached report of the Executive Leader / CCG Co-Chairs / Director of Governance and Pensions / Assistant Director, Policy Performance and Communications.	
12.	<b>URGENT ITEMS</b>	
	To consider any items the Chair considers to be urgent.	

## STRATEGIC COMMISSIONING BOARD

23 June 2021

Comm: 1.00pm

Term: 2.15pm

**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
Jess Williams	Director of Commissioning
Jeanelle De Gruchy	Director of Population Health
Caroline Barlow	Assistant Director of Finance
Sarah Threlfall	Assistant Director, Policy Performance & Communication
Simon Brunet	Head of Policy, Performance and Intelligence

***Further to the decision of Tameside Metropolitan Borough Council (Meeting of 25 May 2021), 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 being delegated to the chair of the SCB taking into the account the prevailing view of the virtual meeting.***

### **1. CHAIR’S INTRODUCTORY REMARKS**

The Chair welcomed everyone to the meeting and explained that this was the first meeting of the Strategic Commissioning Board since the end of the temporary Coronavirus legislation, which allowed meetings to be held virtually.

He further explained that, to enable the Clinical Commissioning General Practitioner to take part in decisions of the Strategic Commissioning Board, whilst they continued to support the NHS in dealing with the pandemic, the meeting would be a hybrid of remote and physical presence.

As a physical presence is required to formally take decisions, any formal decisions arising from the published agenda have been delegated to the Chair, taking into the account the prevailing view of

the virtual meeting.

As the first hybrid meeting, and with the need to comply with Coronavirus restrictions, the only people in the room were the Executive Members, the Chief Executive and Accountable Officer, Monitoring Officer, Democratic Services Officer and the Chair.

## 2. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

## 3. MINUTES OF THE PREVIOUS MEETING

### RESOLVED

**That the minutes of the meeting of the Strategic Commissioning Board held on 28 April 2021 be approved as a correct record.**

## 4. MINUTES OF THE EXECUTIVE BOARD

### RESOLVED

**That the Minutes of the meetings of the Executive Board held on: 14 April, 19 May, 2 June 2021, be noted.**

## 5. CONSOLIDATED 2020/21 FINANCE OUTTURN REPORT

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Lead Clinical GP / Director of Finance. The report was the final report for the 2020/21 financial year which detailed actual expenditure to 31 March 2021.

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

It was explained that COVID continued to place a significant operational strain on the system, while the longer term financial outlook was a cause for concern as the Council contended with the aftermath of the pandemic at the same time as addressing an underlying financial deficit. The financial impacts of COVID had been addressed with significant one-off funding during 2020/21 and, whilst some further additional funding was available to the Council in 2021/22 for ongoing COVID pressures, this was 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.

Members were advised that **Appendix 1** summarised the integrated financial position on revenue budgets as at 31 March 2021. The final outturn position on 2020/21 budgets presented a broadly balanced position, with a small underspend of £102k on Council Budgets. CCG budgets had achieved a balanced position with nil variance against budget. The final outturn position was 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 was included in **Appendix 2**.

There was 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 was less than previously

forecast due to significantly improved collection rates in the final quarter of the year. The deficits would need to be funded in over the three financial years 2021/22, 2022/23 and 2023/24 and this was reflected in the 2021/22 budget and MTFP approved by Full Council on 23 February 2021. **Appendix 3** provided an update on Council Tax and Business Rates collection performance and the year end position on the Collection Fund.

With regard to the Capital Programme, the approved budget for 2020/21 was £47.448m (after re-profiling approved at P10 monitoring) and outturn for the financial year was £43.593m. There had been delays on a number of schemes throughout the year due to COVID, and scheme budgets had been re-profiled into the 2021/22 financial year. The final capital monitoring report for 2020/21 was appended to the report.

An update was provided on the Dedicated Schools Grant (DSG). It was explained that the Council was facing significant pressures on High Needs funding and started the 2020/21 financial year with an overall deficit on the DSG reserve of £0.557m. The 2020/21 deficit on DSG was £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 had produced a deficit recovery plan which had been submitted to the DfE outlining how the Council expected to recover this deficit and manage spending over the next 3 years.

#### **RESOLVED**

- (i) That the outturn position as set out in Appendix 1 to the report, be noted;**
- (ii) That the significant variations and pressures facing Budgets as set out in Appendix 2 to the report be noted;**
- (iii) That the budget virements and reserve transfers set out on pages 36 and 37 of Appendix 2 to the report, be approved;**
- (iv) That the Collection Fund position for 2020/21 as set out in Appendix 3 to the report be noted;**
- (v) That the Capital Programme 2020/21 outturn be noted and the re-profiling of capital budgets as set out in Appendix 4 to the report be approved;**
- (vi) That the outturn position in respect of Dedicated Schools Grant as set out in Appendix 5 to the report, be noted.**
- (vii) 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.**

## **6. ONE EQUALITY SCHEME ANNUAL UPDATE**

Consideration was given to a report of the Executive Member, Lifelong Learning, Equalities, Culture and Heritage / CCG Co-Chairs / Assistant Director, Policy, Performance and Communications, providing an update on the annual review for 2021 which had been informed by practical examples and related projects from the past 12 months. The report also provided an update on some key equality and diversity related projects that the Strategic Commission had delivered or been part of during the last 12 months.

Members were advised that the report outlined an update on developments of the One Equality Scheme, as part of the annual review for 2021. It remained important that the case study of projects and examples of best practice were able to provide evidence in line with the schemes agreed and measurable objectives. Annual updates to the One Equality Scheme acted as an ongoing position statement and the approach to equalities. The annual review built 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 were advised of key equality and diversity related projects that the Strategic Commission had delivered or been part of during the last 12 months. These were 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); and
- Supporting our workforce through Covid-19.

## **RESOLVED**

- (i) That the content of the report be noted;**
- (ii) That the One Equality Scheme Annual Review 2021, as appended to the report, be approved for publication; and**
- (iii) That the content of the equalities update be noted.**

## **7. 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, detailing 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.

It was explained that in order to 'build back better' post COVID, experiences over the last 12 months must be learned 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 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 choose not 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 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, 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.

## **RESOLVED**

- (i) the principal and introduction of Hybrid Working across both the Council and CCG be approved;**
- (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; and**
- (iii) an initial investment of £50k be approved, 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.**

## **8. ADULT SERVICES COMMISSIONING INTENTIONS 2021-2022**

Consideration was given to a report of the Executive Member for Health, Social Care and Population Health / Clinical Lead for Living Well, Finance and Governance / Director of Adult Services, detailing the Adult Services Commissioning intentions for 2021/2022.

It was reported that the contract for the provision of extra care support service for people with a physical and/or sensory disability commenced on the 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 was due to end on 31 March 2022. The current spend for the core element of the service 2021/22 was £228,367 – working with colleagues in Finance a tender value for 2022-23 would be agreed reflecting an inflationary uplift in line with the National Living Wage and any reasonable costs that were likely to impact during the first year of the contract.

With regard to the Integrated Community Equipment Service, it was explained that the current contract had been 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 had been authorised and invoked. The contract was 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. Given the essential role the service played across the health and social care system permission was 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).

It was stated that the contract for the provision of independent advocacy for adults commenced on 7 July 2017 for a period of 5 years. As the Council had a statutory duty under the Mental Health Act 2007 and the Care Act 2014 to provide independent advocacy for adults, permission was sought to tender the service with a view to awarding a new Contract for 5 years.

Members were advised that in July 2018, the government published a Mental Capacity (Amendment) Bill which would see DoLS replaced by the Liberty Protection Safeguards (LPS). It was explained that it was difficult to predict what this would mean for the Council, in order to ensure compliance, a competitive procedure would need to be undertaken to avoid non-compliance with the CPRs until the introduction of the LPS. 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. Once the route to market had been established permission was sought to tender the service with a view to awarding a new contract for 5 years.

It was stated that the Council operated a Flexible Purchasing System for the delivery of daytime support that was delivered via a call of arrangement dependant on an individual accessing a service of their choice. The original flexible purchasing system had expired and in the interim whilst a new commissioning model was in the process of being developed there would be advertisements for providers to join the list of da time activities. Approval was sought to consult with current service users and providers regarding a proposed offer. Further, approval was sought following the review to procure the new commissioning model. Permission was sought to tender the service with a view

to awarding a new contract for 5 years.

The Director of Adult Services reported that the Intensive Support Service for Adults with a Learning Disability contract commenced on the 1 April 2017 for a period of 5 years with the option to extend for a period of 2 years. Not retaining this service would 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 was therefore sought to extend the contract for up to 2 years as allowed for the contract terms.

## **RESOLVED**

**That the following be approved:**

- (i) 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;**
- (ii) Tender for the provision of the Integrated Community Equipment Service for a new contract to commence 1 April 2022;**
- (iii) Tender for the provision of an Independent Advocacy Service for a new contract to commence 7 July 2022;**
- (iv) Tender for a Framework for DoLS Assessors to commence no later than 1 April 2022;**
- (v) Consultation with current service users and providers regarding a proposed daytime offer. In addition, approval is given following the review, to procure a new commissioning model for daytime offer/activity/service options for a five year period;**
- (vi) That permission be 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;**
- (vii) To 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; and**
- (viii) 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.**

## **9. 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.

## **RESOLVED**

**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.**

## 10. OFSTED FOCUSED VISIT TO TAMESIDE CHILDREN'S SERVICES AND RESPONSE

The Deputy Executive Leader (Children and Families) / Director of Children's Services submitted a report setting out a brief update on the improvement journey of Tameside's Children's 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 detailed the approach to improvement and specifically outlined 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 was leading Ofsted's work into how England's social care system had delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 (coronavirus) pandemic. The report was in part to respond to a letter, which was embargoed until the 25 June 2021 when it would be published on the Ofsted website at: [Ofsted | Tameside Metropolitan Borough Council](#) and therefore was exempt from publication with the report. The letter summarised 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.

The report concluded that there was a clear understanding of the issues which faced children's services, the improvements that were needed and plans in place to address these. In order though to deliver these at the pace which children deserve and require, the pace that the Inspectorate will expect and the Local Authority needs, the realignment of existing resources and investment of additional capacity as detailed in the report would be required along with the support of the Budget Turnaround Team.

### RESOLVED

- (i) That 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 be acknowledged and the delivery of the proposals outlined in the report be approved 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
- (ii) That Council be RECOMMENDED to approve 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 to the report.

## 11. URGENT ITEMS

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

CHAIR

## BOARD

9 June 2021

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

**Also in Attendance:**    **Caroline Barlow, Tim Bowman, Stephanie Butterworth, Simon Brunet, Ian Duncan Richard Hancock, Sarah Jamieson, Dr Ashwin Ramachandra, Mike Reed, Gregg Stott, Paul Smith, Jayne Traverse, Emma Varnam and Debbie Watson**

### 22      **DECLARATIONS OF INTEREST**

There were no declarations of interest.

### 23      **MINUTES OF PREVIOUS MEETING**

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

### 24      **LEVELLING UP FUND BIDS**

Consideration was given to a presentation of the Executive Member for Finance and Economic Growth / Director of Growth / Head of Major Programmes. Which detailed the Levelling Up Fund to invest in local infrastructure.

Members were advised that the fund was expected to be highly competitive nationally with demand far outstripping available funding. Local authorities could submit one bid for every MP whose constituency lies wholly within their boundary. Types of eligible expenditure included capital grant investment in public transport, active travel, accessibility improvements, redevelopment of brownfield sites, regeneration of cultural and heritage assets.

It was explained that the items identified within the Ashton LUF aimed to address key priorities identified in this engagement and build on the investment delivered in the Town Centre to date focused on:

- Land remediation and enabling infrastructure works on the former interchange site
- Walking/cycling and public realm improvements
- Support the restoration of Ashton Town Hall

This would be set within the context of the wider Town Centre master planning work and providing enabling works that would act as a catalyst for significantly accelerating delivery of the comprehensive transformation of the Town Centre as outlined in the Visioning documents completed by the owners of Ladysmith and Arcades Shopping Centres in 2020 that sought to unlock the full potential of the Town Centre.

It was stated that an inception meeting on 30 April identified and reviewed all work undertaken to date and started to consider all options for an LUF bid of up to £20m. This included a detailed review of the visioning work undertaken by the owners of the Ladysmith and Arcades Shopping Centres and MCF walk/cycling proposals. To ensure a robust and deliverable submission the LUF ask was focused on sites/land within the Council's control or where negotiations on land acquisition were relatively advanced.

It was explained that the proposals at the former interchange site comprised a mixed use development as envisaged in the Visioning document that included residential, retail and commercial uses with replacement car parking serving the wider comprehensive redevelopment of the Shopping Centre sites. The walking/cycling and public realm proposals aligned with the current MCF schemes and would improve connectivity, enhance spatial links, enable modal shift towards active travel, and reduce the severance impact of road traffic. Further the LUF contribution towards the restoration of Ashton Town Hall would help support the final phase of Vision Tameside. Members were advised of the importance of a good Benefits Cost Ratio (BCR) as the LUF was highly competitive.

In regards to the Stalybridge LUF bid, it had been developed in the context of the Stalybridge Town Centre Challenge Action Plan supporting the achievement of the following key objectives:

- A Vibrant and Visited Town –by maximising its local environment, heritage and culture
- A Liveable Town –by providing access to quality, affordable homes
- A Safe and Clean Town –by removing derelict land and providing a safer town centre

The funding sought would complement the £2.5m investment that was already being made in the town via the High Streets Heritage Action Zone (HAZ). The proposed LUF bid built on stakeholder engagement for Stalybridge Town Centre. The top priorities identified in consultation to date included:

- Reinvention of the Civic Hall to bring it back into everyday use;
- Improve car parking facilities in the town;
- Develop a river walkway;
- Provide new cultural and arts activities; and
- Build more affordable homes to support community in the Town Centre.

It was explained that the Stalybridge LUF bid was based on works within the Council's control that would score well against the required place characteristics, strategic fit, deliverability and value for money assessment and provide a robust submission of £14.5m.

It was further explained that the bid was below the permitted LUF criteria of £20m, however, increasing the grant funding ask would provide a lower BCR score and require either ineligible categories of expenditure, works on third party land that had a poorer deliverability case or schemes that were insufficiently developed to submit in the time available.

Draft applications forms for both Ashton and Stalybridge had been completed and reviewed with the LUF Working Group. Final drafts were scheduled for completion by the 14 June 2021 and final submission of the LUF bids was on the 18 June 2021.

## **AGREED**

**Members of the Board agreed that the Levelling up Fund bids applications proceed for submission for the submission deadline on the 18 June 2021.**

## **25 2020/21 FINANCE OUTTURN REPORT**

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Lead Clinical GP / Director of Finance. The report was the final report for the 2020/21 financial year which detailed actual expenditure to 31 March 2021.

The Director of Finance reported that at the end of an unusual and challenging financial year for the Strategic Commission and ICFT, the final outturn position on 2020/21 budgets presented a broadly balanced position, with a small underspend on Council Budgets. CCG budgets had achieved a balanced position with nil variance. The ICFT were reporting a small deficit. Given the significant pressures and challenges that had been faced over the last 12 months, this position was a significant achievement.

It was stated COVID continued to place a significant operational strain on the system, while the longer term financial outlook was a cause for concern as the Council contended with the aftermath of the pandemic at the same time as addressing an underlying financial deficit.

There was 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 was less than previously forecast due to significantly improved collection rates in the final quarter of the year. The deficits would need to be funded in over the three financial years 2021/22, 2022/23 and 2023/24 and this was reflected in the 2021/22 budget and MTFP approved by Full Council on 23 February 2021. **Appendix 3** provided an update on Council Tax and Business Rates collection performance and the year end position on the Collection Fund.

In regards to the Capital Programme the approved budget for 2020/21 was £47.448m and outturn for the financial year is £43.593m. There had been delays on a number of schemes throughout the year due to COVID, and scheme budgets had been re-profiled into the 2021/22 financial year.

An update was provided on the Dedicated Schools Grant (DSG). It was explained that the Council was facing significant pressures on High Needs funding and started the 2020/21 financial year with an overall deficit on the DSG reserve of £0.557m. The 2020/21 deficit on DSG was £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 had produced a deficit recovery plan which had been submitted to the DfE outlining how the Council expected to recover this deficit and manage spending over the next 3 years.

#### **AGREED**

**That Executive Cabinet be 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.**

## **26 COMMUNITY ASSET TRANSFER POLICY**

Consideration was given to a report of the Executive Member for Finance and Growth / Director of Growth / Assistant Director of Strategic Property. The report detailed the proposed policy for the implementation of a community Asset Transfer Policy and sought approval to formally implement this Policy.

It was explained the Community Asset Transfer presented local communities with the opportunity to breathe new life into public buildings, to preserve valuable community resources or develop exciting new services for local communities. It provided options for the future use of these assets to enable the continuation of services, which had been challenged because of cuts to funding.

It was stated that the Council currently provided property used for direct community use along with office accommodation for partner VCS organisations. In addition to occupied properties, the Council had a number of land holdings used for community purposes throughout the Borough. A number of these existing leases had or were reaching lease expiry and required a formal lease renewal with tenants in some cases requesting leases of over 25 years to enable them to secure external capital funding.

It was further explained that the lack of a formal policy presents a risk to the Council as it lacked governance, transparency and brought uncertainty to officers and community groups when

negotiation lease terms and rentals. In adopting a formal approach, approval to transactions could be obtained and concluded without unnecessary delay.

Members were advised that the proposal to transfer a property to the VCS sector would in most cases be prompted by the Council identifying a property asset that it deemed surplus to its operational requirements, which it could then be offered for CAT. The Council would review its portfolio to identify assets suitable for transfer under the CAT policy.

## **AGREED**

**That Executive Cabinet be recommended to:**

- (i) Approve the Policy for the Community Asset Transfer of Council owned Land and Property Assets (as attached in Appendix 1).**
- (ii) Note that any Community Asset Transfer that does not strictly adhere to the Policy attached to be referred for further consideration via an Executive Decision.**
- (iii) To note that all proposed Community Asset Transfers have been subject to a Ward Member Consultation process in conjunction with the Executive Member for Finance and Growth.**

## **27 EDUCATION SPECIALIST AND BASIC NEED CAPITAL PROJECTS**

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Director of Children's Services. The report provided an update on the Education specialist and Basic Need Capital projects and sought approval to move a number of schemes forward to ensure work can take place over the summer holidays.

It was reported that plans were in place to add an additional 30 school places per year at Rayner Stephens High School from September 2021. The cost of the work was estimated to be £1.3m and a budget of £473,000 had previously been agreed through Strategic Planning and Capital Monitoring Panel. It was recommended that an additional £835,000 be allocated to the project from Basic Need Funding. This was to cover the cost of the work and estimated project management costs.

Further, it was explained that the works would be commissioned by the Stamford Park Trust with oversight within the Council from the Capital Projects Team and a grant agreement would be put in place to fund the project. It was recommended that a grant agreement of £1.3m be agreed with the Stamford Park Trust to support this work. Ongoing monitoring of the project would be through the grant agreement and reported to the Strategic Planning and Capital Monitoring Panel.

In regards to the year 12 to 14 provision at Cromwell High School and establishing a sixth form provision. Phase one of the plan involved classrooms that the Schools Library Service had rented from Rayner Stephens being identified as suitable for sixth form accommodation as they were next to existing Cromwell School classrooms. A lease agreement was agreed with Rayner Stephens High School for these rooms and they had been remodelled to allow a pilot sixth form scheme to operate since September 2019. Phase one of the plan had now been completed.

It was anticipated that Phase Two would be completed by September 2021. The High Level Programme of Works and the High Level Cost Plan Summary had been devised by the LEP for Phase Two could be found at Appendix 2 and Appendix 3. It was recommended that a budget of £396,000 should be agreed for this work and that it should be commissioned through the LEP. A budget of £655,000 has previously been recommended by the Strategic Planning and Capital Monitoring Panel, £154,658 would be used for Phase One of the work, the remaining budget would be £99,342 after the spend incurred for phase one and costs estimated at phase two. Ongoing monitoring of the project would be through the grant agreement and reported to the Strategic Planning and Capital Monitoring Panel.

Members were advised that Oakfield Primary school had been identified as a site where the current resource base provision could be expanded for September 2021. Outline budget costs for the

expansion were shown at Appendix 4. It was recommended that budget of £153,000 be agreed for the scheme and a grant agreement be agreed with the Enquire Learning Trust for £150,000. Ongoing monitoring of the project would be through the grant agreement and reported to the Strategic Planning and Capital Monitoring Panel.

It was reported that Greenfield Primary School already operated an unofficial resource base which had space for 10 children. The school had expressed an interest in expanding the current base which would mean they could increase up to 20 children. The school had obtained a quote for £22,080 plus VAT to carry out some remodelling work to expand the resource base. The works would be commissioned by the Victorious Academies Trust with oversight within the Council from the Capital Projects Team. It was recommended that budget of £28,000 be agreed for the scheme and a grant agreement be agreed with Victorious Academies Trust for £26,500.

#### **AGREED**

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

- (i) An additional £835,000 of Basic Need Funding is allocated to the Rayner Stephens High School scheme.**
- (ii) A grant agreement for £1.3m is agreed with Stamford Park Trust to enable Rayner Stephens High School to relocate the science classrooms and laboratories back into the main school building, create a fit for purpose drama space and reconfigure the dining hall and kitchen space to enable 30 additional pupil places per year for at least three years from September 2021.**
- (iii) The Council instruct the LEP to commence works at Cromwell High School as outlined in the high level cost plan dated 5 May 2021 to remodel accommodation for use by the sixth form students and the garage is converted to a workshop to a value of £395,850.**
- (iv) An allocation of £153,000 of Basic Need Funding is allocated to the Oakfield Primary School scheme.**
- (v) A grant agreement for £150,000 is agreed with The Enquire Learning Trust to add a modular extension onto the current building at Oakfield Primary School to provide 8 additional resourced pupil places for at least 10 years from September 2021**
- (vi) An allocation of £28,000 of Basic Need Funding is allocated to the Greenside Primary School scheme.**
- (vii) A grant agreement for £26,500 is agreed with Victorious Academies Trust to remodel existing internal space to provide 10 resourced pupil places at Greenside Primary School for at least 10 years from September 2021.**

## **28 ONE EQUALITY SCHEME ANNUAL UPDATE 2021**

Consideration was given to a report of the Executive Member, Lifelong Learning, Equalities, Culture and Heritage / CCG Co-Chairs / Assistant Director, Policy, Performance and Communications. The report provided an update on the annual review for 2021 which had been informed by practical examples and related projects from the past 12 months. The report also provided an update on some key equality and diversity related projects that the Strategic Commission had delivered or been part of during the last 12 months.

Members were advised that the report outlined an update on developments of the One Equality Scheme, as part of the annual review for 2021. It remained important that the case study of projects and examples of best practice were able to provide evidence in line with the schemes agreed and measurable objectives. Annual updates to the One Equality Scheme acted as an ongoing position statement and the approach to equalities. The annual review built 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.

The Head of Policy, Performance and Intelligence explained that the report detailed key equality and diversity related projects that the Strategic Commission had delivered or been part of during the last 12 months. These were 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

#### **AGREED**

**That Executive Cabinet be recommended to:**

- (i) Note the content of the report.**
- (ii) 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.**
- (iii) Note the content of the equalities update**

### **29 ADULT COMMUNITY EDUCATION GRANT FUNDING - FUTURE PROVISION**

Consideration was given to a report of the Executive Member, Lifelong Learning, Equalities, Culture and Heritage / Director of Growth. The report set out a proposed consultation to transfer the Adult Education Service to Tameside College.

Members were advised that Tameside Adult Community Education (ACE) provides skills provision for adults aged 19+. The Provision was based primarily from Stamford Chambers in Ashton Town Centre. The Service was funded with Adult Education Budget (AEB) by Greater Manchester Combined Authority (GMCA). ACE normally enrolled 600 individual learners on an annual basis. The impact of COVID19 had meant that learner numbers have fallen as social distancing measures had been introduced in line with health and safety risk assessments. ACE was an Ofsted 'Grade 2 Good provider' and was Matrix accredited. ACE operated on an academic funding year of 1 August -31 July.

ACE had a contract with GMCA until 31 July 2022 and had recently successfully applied to the GMCA Education, Work and Skills Flexible Procurement System enabling the service to bid for future contracts. ACE was well placed to continue to deliver good quality services to Tameside residents.

The proposal for the service would be to begin a consultation process on integrating ACE into Tameside College to enable the service to bid for future contracts from a strengthened position. Tameside College currently deliver over £2m of AEB services and an Ofsted 'good, grade 2' provider. The timeframe for the process was set out further below in next steps with an expectation that any change be completed by January 2022.

#### **AGREED**

**It is recommended that the proposal for Tameside Council to begin consultation on the transfer of the Adult Community Education Service to Tameside College is approved by Executive Cabinet.**

### **30 HATTERSLEY DEVELOPMENT AGREEMENT DEED OF VARIATION 2021**

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Growth. The report sought approval for a supplemental agreement to the Deed of



Variation July 2015 to allow for deferral of the final Public Realm payment of £1m until 31 December 2021 and to extend the longstop date for Site 28 until 31 December 2022.

It was stated that BASE Hattersley LLP (Barratt Homes) had requested to defer the final Public Realm payment of £1m from 31 December 2020 until 31 December 2021 and to extend the drawdown longstop date for Site 28 from 31 December 2021 until 31 December 2022. It was explained the reasons for the request to defer the payment were twofold. There was approximately £2.7m in the Public Realm fund, which was sufficient for the schemes needs. Secondly, it would assist BASE (Hattersley) LLP in managing the impacts of the COVID-19 pandemic on delivery and cash flow.

In respect of the request to extend the longstop date for Site 28 this was due to an issue with the planning application / decision for this site. It was in the process of being resolved but this would take additional time, so a request to extend the drawdown longstop date had been made. Barratts submitted a planning application (Ref. 19/01090/REM) on 17 December 2019, issues arose with this application which would require a revised application to be submitted. This would go through the planning process. These issues had required Barratts to request an extension to the longstop date to allow them time to be able to request the drawdown of the land.

#### **AGREED**

**That Executive Cabinet be recommended to:**

- 1) Authorise a Supplemental Agreement to the Deed of Variation July 2015 to allow for an extension of the draw down longstop date for Site 28 to 31 December 2022**
- 2) Authorise a Supplemental Agreement to the Deed of variation July 2015 to allow for the final Public Realm payment to be deferred until 31 December 2021.**

#### **31 LOCK KEEPERS SITE, DROYLSDEN**

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Growth / Assistant Director for Investment Development and Housing. This report provides recommendations as to the future direction of travel to unlock the development potential of the Lock Keepers Site (The Site) in Droylsden town centre.

Members were advised that the site occupied land of approximately 2 acres in a highly accessible prominent location fronting Manchester Road in close proximity to the Town centre and presented an attractive development opportunity for a high quality/density residential development scheme. The site was immediately adjacent to the existing library, which was shown edged brown on the plan included in Appendix 1. Following the proposed relocation of the library, the two sites could be combined which would present an enhanced development opportunity, which was likely to be of interest to a wide range of potential development partners.

It was reported the site was planned for commercial development under the Development Agreement, however despite extensive marketing no suitable commercial use had been identified for the site. Negotiations had taken place with Watkins Jones regarding the potential for residential development on the site. Watkins Jones had offered to pay some 2½ times far less than the independent Red Book valuation for the site based on a residential layout.

The Director of Growth explained that road access to the site was owned freehold by Watkins Jones and was subject to a S278 Agreement. The Road was constructed several years ago and although it had not yet been formerly adopted by the Council, rights of access were reserved at the time of the transfer. Watkins Jones owned two small parcels of land adjoining the Marina which would be desirable, but not essential, to be joined to the main development site. Despite obligations in the Development Agreement, Watkins Jones had not landscaped these areas and it was recommended that following the removal of the Lock Keepers site from the Development Agreement that negotiations were undertaken with Watkins Jones to ensure they fulfilled their obligations to landscape or transfer the land at nil cost to the Council.

## **AGREED**

- (i) That the site be withdrawn from the Watkin Jones Development Agreement.**
- (ii) Negotiations are undertaken with Watkin Jones regarding the two parcels of land referred to at appendix 1 to this report.**
- (iii) To formally declare the subject site surplus so that a future sale, including the library, which is shortly due to be demolished, can be considered in accordance with the Council's disposal policy.**

## **32 NEW BUILDING FOR HAWTHORNS SCHOOL**

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, culture and Heritage / Director for Children's Services. The report detailed the need to increase places at Hawthorns School, an outstanding school providing specialist education for primary aged children with an Education, Health and Care Plan (EHCP).

It was reported that Hawthorns School was an outstanding primary special school located within the Audenshaw area of Tameside and catered for pupils with a range of complex special educational needs aged between 4-11 years old. The school was an academy and part of New Bridge Multi Academy Trust. As a result of growing pupil numbers and to meet expected need for additional places, there was a need to provide additional accommodation to accommodate both the current number of pupils enrolled at the school and the increases in admissions forecast over the coming years.

The Inclusion Service had commissioned a space utilisation company, Space Solutions, to analyse the existing space in the specialist schools and to advise if the existing provision was fit for purpose. This work highlighted in particular the difficulties currently faced by Hawthorns School. The space utilisation company determined that it was very unlikely that there was scope to increase pupil numbers without significantly extending the building.

Members were advised that a RIBA stage 1 site options appraisal had been undertaken by the LEP and only one Council owned site that was not already committed to disposal or another operational use had been found that could accommodate an outline business case. This was Longdendale playing field, adjacent to the Active Longdendale facility.

The site appraisal looked at three options for the future of school places:-

- Option 1 150 Places (Keep 70 places at Existing Hawthorns School)
- Option 2 220 Places (Move all Hawthorns School to new build)
- Option 3 460 Places through School (Move all Hawthorns School to new build)

The report recommended that the Council should pursue option 2 as outlined in the options appraisal. Option 2 would provide Hawthorns School with sufficient space to accommodate current and future demand for places on one site. The school would be purpose built using the area guidelines for SEND and alternative provision as outlined in the Department for Education's Building Bulletin 104. Further, building on a new site would mean that the build would be completed without interruption for children at the school and the adjacent Aldwyn Primary School where building work is also currently underway.

It was stated option 2 presented opportunities for the school and Trust to work with the Active Longdendale provision. A consultation was underway on the future of a number of Active Tameside sites including Longdendale, the results of the consultation were being analysed and would be presented to Executive Cabinet in July. The development of a new school on the Longdendale playing fields site could present opportunities for the New Bridge Multi Academy Trust to potentially work with the provision and support the development of inclusive learning opportunities in a community environment.

Members were advised that the DfE supported the build of new special schools via the Free Special School applications proposal process. This process was open only to Multi Academy Trusts and other non-Council organisations. This route not only provided capital funding for the build but also unlocked additional revenue funding into the High Needs Dedicated Schools Grant.

Further, conversations had started with DfE to see if the revenue funding could be accessed as the Council's intention was to work with New Bridge Trust and for this school not to become a maintained special school. If these representations were unsuccessful consideration could be given for New Bridge to approach the DfE to see if it could be considered for the Special Free School proposal process, this would put a time delay into the process, which could result in students being placed out of borough whilst the process is progressed.

It was highlighted that without sufficient local provision that the only option for specialist provision would be for pupils to be placed out of borough or access independent settings which would be more costly than an in borough offer. The average cost of an out of borough placement was broadly comparable with Tameside cost, however the average independent placement would cost approximately £34,119, the average out of borough place costing £26,484.

#### **AGREED**

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

- (i) A budget of £13m of Basic Need funding is allocated to the expansion and relocation of Hawthorns School to 220 places on the Longdendale Playing Field site.**
- (ii) The LEP is instructed to develop the design of the expanded / relocated Hawthorns School to RIBA Stage 3 and carry out site investigations as required to inform the development. With a target of opening in September 2023.**
- (iii) The issue of revenue funding be pursued with DfE as a matter of urgency.**

### **33 GODLEY GREEN - RESOLUTION IN PRINCIPLE TO USE COMPULSORY PURCHASE ORDER POWERS**

Consideration was given to a report of the Executive Member for Housing Planning and Employment / Director of Growth / Assistant Director of Investment, Development and Housing. The report detailed the work necessary for the preparation of a Compulsory Purchase Order (CPO).

It was stated that whilst it was hoped that the Council would be able to acquire land by option agreements, the Council must consider using compulsory powers to provide certainty of delivery and to overcome any rights, encumbrances or ownerships that could not be dealt with via private treaty negotiations. The project milestones required that the Council develop a site wide CPO strategy to provide confirmation that all development land could be secured. Should the authority be unable to secure an interest in land by way of private treaty through options agreements, it would need to ensure that the ability to acquire all of the land within the development redline could be achieved through CPO.

It was explained if the Council did not carry out any preparatory work on the CPO until after planning consent had been granted) this could cause delays to the project milestones and requirements. The Project Team had sought advice from our appointed CPO experts on the options available. Their recommendation were that the Council progress work on the CPO at this point to run in parallel with the planning application, giving the Council the best chance to secure the Order and meet the project milestones.

It was further explained, in order facilitate the implementation of the masterplan, achieve the project milestones and aid site assembly the Council were seeking a resolution to enable them to carry out all the work necessary to make a CPO. The CPO process now needed to progress to run in parallel with the planning application. This would provide the best chance to secure the successful making and confirmation of the order.

## **AGREED**

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

- (i) To obtain express resolution to authorise the progress of any preparatory work required prior to the making of a CPO as necessary to progress the Godley Green project.**
- (ii) Agree that all necessary preparatory be undertaken work so as to make a CPO to deliver the project, subject to the final decision to make a CPO being agreed at a later date by Executive Cabinet.**
- (iii) Enter into such legal agreements as deemed appropriate, in preparing for a CPO, and prior to the actual making of a CPO.**
- (iv) To note that a resolution is required for the actual making of CPO at the relevant stage if it is considered necessary.**

## **34 ADULT SERVICES COMMISSIONING INTENTIONS 2021-2022**

Consideration was given to a report of the Executive Member for Health, Social Care and Population Health / Clinical Lead for Living Well, Finance and Governance / Director of Adult Services. The report detailed the Adult Services Commissioning intentions for 2021/2022.

It was reported that the contract for the provision of extra care support service for people with a physical and/or sensory disability commenced on the 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 was due to end on 31 March 2022. The current spend for the core element of the service 2021/22 was £228,367, working with colleagues in Finance a tender value for 2022-23 would 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.

In regards to the Integrated Community Equipment Service, the current contract had been 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 had been authorised and invoked. Given the essential role this service played across the health and social care system permission was sought to tender the service with a view to awarding a new contract for up to 7 years.

It was stated that the contract for the provision of independent advocacy for adults commenced on 7 July 2017 for a period of 5 years. 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.

Members were advised that in July 2018, the government published a Mental Capacity (Amendment) Bill which would see DoLS replaced by the Liberty Protection Safeguards (LPS). It was explained that it was difficult to predict what this would mean for the Council, in order to ensure compliance, a competitive procedure would need to be undertaken to avoid non-compliance with the CPRs until the introduction of the LPS. 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. Once the route to market had been established permission was sought to tender the service with a view to awarding a new contract for 5 years.

It was stated that the Council operated a Flexible Purchasing System for the delivery of daytime support that was delivered via a call of arrangement dependant on an individual accessing a service of their choice. The original flexible purchasing system had expired and in the interim whilst a new commissioning model was in the process of being developed there would be advertisements for providers to join the list of da time activities. Approval was sought to consult with current service users and providers regarding a proposed offer. Further, approval was sought following the review to procure the new commissioning model. Permission was sought to tender the service with a view to awarding a new contract for 5 years.

The Director of Adult Services reported that the Intensive Support Service for Adults with a Learning Disability contract commenced on the 1 April 2017 for a period of 5 years with the option to extend for a period of 2 years. Not retaining this service would 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 was therefore sought to extend the contract for up to 2 years as allowed for the contract terms.

#### **AGREED**

**That the Strategic Commissioning Board be recommended to approve:**

- (i) 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**
- (ii) Tender for the provision of the Integrated Community Equipment Service for a new contract to commence 1 April 2022**
- (iii) Tender for the provision of an Independent Advocacy Service for a new contract to commence 7 July 2022**
- (iv) Tender for a Framework for DoLS Assessors to commence no later than 1 April 2022**
- (v) 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.**
- (vi) 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.**
- (vii) 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**
- (viii) 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.**

### **35 EDUCATION CAPITAL PROGRAMME**

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

Members were advised that on the 27 April 2021 Devolved Formula Capital for Tameside Schools was announced and was £264,244 for Maintained Local Authority Schools and £174,553 for Voluntary Aided Schools. A query had been submitted to the DfE due to DFC funding not being received for 5 schools who currently have academy orders in place but have not yet converted.

It was reported the School Condition Grant Funding available in 2020/21 was £2,941,924. On 27 April 2021, the Government announced an allocation for Tameside of £1,328,013 for 2021/22 School Condition Funding. Full detailed of existing and proposed schemes were set out in Appendix 2.

The High Needs Provision Capital Allocation was provided to local authorities as a un-ringfenced grant and was intended to address the need for high need places for the academic year 2022/23. On the 9 April the Government announced an allocation for Tameside of £1,223,336 for 2021/22 work was underway to establish how the funding could be utilised.

It was reported that the current focus of the Council's Basic Need programme was to complete the two remaining scheme at primary schools and create additional places in secondary and special schools where forecasts had indicated a need. Members were provided with an update on schemes that had already been approved by Executive Cabinet. The Council had £12,010,447 of Basic Need available to spend in 2020/21. This was a balance of unspent grant from previous years the council did not receive any allocation in 2020/21. Notification had been received of an additional allocation of £12,231,816 for 2021/22 and £6,348,338 for 2022/23.

In regards to the School Condition Grant the Council had £2,941,924 of School Condition funding available to be spent during the 2020/21 financial year, to improve and maintain the school estate. Notification had been received for an allocation of £1,328,013 for 2021/22. It was stated that the budget available was insufficient to meet the demands placed upon it and the surveyors were asked to identify priorities of works required within each school and across the portfolio of schools. In addition to the works identified in the condition survey there were other calls on the School Condition Allocation budget. This was the only central source of grant money to spend on schools other than Basic Need which was purely to create new school places.

The Assistant Director for Education explained that the report sought approval for the budget slippage and proposed changes to the Basic Need Funding, School Condition Funding, Special Provision Funding and Healthy Pupil's Funding. The Assistant Director of Strategic Property explained that the slippage and proposed changes were due to projects that had not been completed in 2021/22 that had been moved to be completed in 2022/23.

## **AGREED**

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

- (i) Approval for £264,244 of Devolved Formula Capital grant to be added to the Capital Programme for 2021/22**
- (ii) Approval of £1,328,013 of School Condition grant to be added to the Capital Programme for 2021/22.**
- (iii) Approval of £1,223,336 of High Need Provision grant to be added to the Capital Programme for 2021/22.**
- (iv) Approval of £12,231,816 of Basic Need grant to be added to the Capital Programme for 2021/22.**
- (v) Approval of £6,348,338 of Basic Need grant to be added to the Capital Programme for 2022/23.**
- (vi) That the 2020/21 Capital Expenditure Outturn position is noted in Appendix 1, 2 and 3.**
- (vii) Budget slippage of (£220,405) and proposed changes of £14,843,100 to the Basic Need Funding as detail in Appendix 1.**
- (viii) Budget slippage of £657,755 and proposed changes of £1,516,150 to the School Condition Funding as detail in Appendix 2.**
- (ix) Budget slippage of £176,342 to the Special Provision Funding as detail in Appendix 3.**
- (x) Budget slippage of £134,000 to the Healthy Pupil's Funding as detail in Appendix 4.**

## **36 CAPITAL PROGRAMME - OPERATIONS AND NEIGHBOURHOODS (MAY 2021)**

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Assistant Director of Operations and Neighbourhoods. The report provided information with regards to the 2020/21 and 2021/22 Operations and Neighbourhoods Capital Programme.

The Assistant Director of Operations and Neighbourhood explained to allow all MCF schemes to be developed the Council has secured Development Cost Funding to the value of £1,937,125. This funding had been included in the Capital Programme. In addition, approval for the full construction costs had also been received for the Hill Street and Chadwick Dam schemes. The total MCF grant approved for both schemes was £686,951, which included £80,000 activation funding that would be used to increase awareness and use of the new routes by residents and businesses. These works were progressing well and are on track to be complete by summer 2021.

Members were advised that Appendix 1 provided a summary of the Mayor's Challenge Fund schemes which were prioritised at this time along with the estimated costs and approved development costs. Good progress had been made in developing the remaining schemes with a key focus on high quality provision for active travel, to meet new and emerging standards, including the recent GM Interim Active Travel Design Guide. In April 2021, TfGM asked the Council to review the latest scheme costs and agree a phasing strategy, in line with the programme budget of £10.3m. The MCF schemes would continue to be developed, in line with the agreed development budget,

but the delivery costs for some schemes would be removed from the current allocation, awaiting further funding opportunities.

It was explained that a sum of £3.576m for Tameside's 2021-22 Transport Grant and Pothole and Challenge funding was subject to approval by the GMCA at a future meeting. If approved, it was proposed that £1.289m be ring fenced for Pothole and Challenge funding in the Highways 2021-22 Revenue budget and £2.287m be added to the Highways 2021-22 Capital budget. Members should note that the proposed 2021-22 grant allocation was £0.417m less than the 2020-21 grant allocation. If approved, a programme of Highway capital works would be presented to Members for approval.

It was stated that the work on the replacement of cremators and mercury abatement, filtration plant and heat recovery facilities was progressing well. A four week extension to the project timeline was anticipated due to unforeseen circumstances with an unknown floor void. The void required filling before steel structures could be erected as part of the construction works. Following a structural survey on the steeple, it had become apparent that urgent work was needed to ensure that the fabric and integrity of the steeple is safe. Work had been undertaken with the LEP as to how best to deliver the works to the Steeple which would cost in the region of £400K to be met from the project contingency.

#### **AGREED**

**That the Strategic Planning and Capital Monitoring Panel be recommended to note the following:**

- (i) **The progress with regards to the Tameside Asset Management Plan (TAMP) and the Highways Maintenance Programme completed in 2020/2021. The commencement of the works programme was revised due to Covid 19.**
- (ii) **The progress with regards to Flooding: Flood Prevention and Consequential Repairs.**
- (iii) **The progress with regard to the Slope Stability Programme and potential additional works required.**
- (iv) **The progress with regards to the Cemetery Boundary Walls Programme.**
- (v) **The progress with regards to the replacement of Cremators and Mercury Abatement, Filtration Plant and Heat Recovery Facilities.**
- (vi) **The progress of capital schemes in section 2.14-2.23, and external grant schemes in section 3 and 4.**
- (vii) **The progress being made to secure external grant funding in order to deliver a number of walking and cycling infrastructure schemes as set out in section 3 and the requirement to undertake consultation on a number of schemes being developed.**

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

- (viii) **The addition of £686,951 to the Council's 2021/22 Capital Programme for the Full Delivery and Activation costs for the Mayor's Challenge Fund schemes at Chadwick Dam, Ashton / Stalybridge and Hill Street, Ashton as set out in section 3.7.**
- (ix) **The re-phasing of the Mayor's Challenge Fund Walking and Cycling schemes as set out in Appendix 1.**
- (x) **Subject to GMCA approval at a future meeting, £2.287m Highways grant funding be added to the Council's 2021-22 capital programme.**
- (xi) **To approve the expenditure of up to £400K from the approved project contingency budget to undertake urgent repair works to the steeple at Dukinfield Crematorium to be procured through the LEP with the necessary governance being achieved through an executive decision.**

#### **37 GROWTH CAPITAL PROGRAMME**

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

It was reported that the Denton Baths Site Clearance capital project was now complete. The report requested an additional £0.025m to stabilise the sidewalls of the deep excavation where it adjoins the highway. However Members were advised that a technical solution had been found so the recommendation would be removed prior to consideration at Strategic Planning and Capital Monitoring Panel.

The report detailed additional work required at the former Two Trees School due to previously undiscovered asbestos. Additional contingent budget was required to remove previously undiscovered Asbestos. The area in question was contaminated by asbestos dust after a break in. The area could not be properly surveyed until after an environmental clean. The Council had been alerted to this via an Early Warning Notice issued from the LEP. The cost of the additional asbestos removal was £0.060m. It was proposed that a budget of £0.060m be allocated to the scheme. The asbestos must be removed in order to complete the demolition scheme and achieve the full amount of GMCA grant funding allocated to this scheme.

Members were reminded that part of the High Street Heritage Action Zone (HSHAZ) funding for Stalybridge was for a replacement roof on Stalybridge Civic / Market for which a budget of £567,100 was allowed. However, as survey work to inform the contract had identified additional works that needed to be carried out, this included replacement of the extensive roof lights which were in too poor a condition to re-use and the replacement of an essential health and safety access system which is also unable to be reused. The estimate for the contract was £1.7m and this report requested an additional £1,132,900. Members of the Board agreed that a separate report would be drafted to consider the additional budget for the Stalybridge roof replacement project.

#### **AGREED**

**That Strategic Planning and Capital Monitoring Panel be recommended to note the report and recommend to Executive Cabinet that the following be added to the approved Council Capital Programme:**

- (i) The Corporate Landlord Statutory Compliance capital expenditure for the period identified in Appendix 4 of £28,956.16.**
- (ii) That additional budget of £0.060m be allocated to the former Two Trees school site clearance scheme to remove previously undiscovered asbestos. The contingent budget to be financed by the approved capital programme.**

### **38 CHILDREN'S SOCIAL CARE CAPITAL SCHEMES UPDATE REPORT**

Consideration was given to a report of the Deputy Executive Leader / Assistant Director for Children's Social Care, which provided an update on the Children's Social Care Property Scheme and set out details of the major approved capital schemes in this Directorate.

The Director of Children's Services delivered a progress update on the capital projects and advised Members that the original plan was to purchase a property to deliver an assessment unit. However, the report proposed St Lawrence Road, which was originally identified to be a respite unit, be repurposed to deliver an assessment unit. Work would continue to pursue a property to deliver a respite unit. It was explained that in consultation with colleagues in Growth St Lawrence Road was considered to be a more appropriate building to deliver an assessment unit from given the size of the building and its location with easy access to public transport and local amenities.

It was further explained that purchasing a property to deliver a respite unit is a matter of urgency to fulfil this requirement. A suitable property search was underway and would be fully completed in 2021. It was anticipated that the cost of this would be less than that of purchasing a property for an assessment unit. At this stage, the cost was unknown until an appropriate property had been identified, therefore it was proposed that the remaining budget of £397,297 originally approved for the assessment unit be utilised to purchase a property for the respite unit.

#### **AGREED**

**That Executive Cabinet be recommended to:**



- (i) **Note the 2020/21 Capital Expenditure Outturn position in Appendix 1 and approve the budget slippage.**
- (ii) **Approve the repurpose of St Lawrence Road to become the Assessment Unit rather than the Respite Unit as originally planned.**
- (iii) **Approve the additional drawdown of £3,800 to allow completion of the St Lawrence Road scheme.**
- (iv) **Note the delays in relation to the purchase of the new residential property, which approval is now sought to purchase a property for the respite unit.**
- (v) **Approve the utilisation of the approved budget available of £397,327, which was originally to purchase a property for an assessment unit to purchase a property to become a respite unit.**

### **39 GREATER MANCHESTER MUSIC HUB PARTNERSHIP AGREEMENT 2020 - 2022**

Consideration was given to a report of the Executive Member for Lifelong Learning / Assistant Director of Education. The report provided background and context on the Greater Manchester Music Education Hub including Tameside Music Service's role within the Hub. It also detailed the work that was being undertaken by Tameside Music Service to fulfil the remit/terms of both the Arts Council England grant and the National Plan for Music Education by the Music Service.

The Head of Access Services explained that Tameside Music Service work in partnership with Bolton Music Service who were the Greater Manchester Hub Lead Organisation, six other Greater Manchester local authority Music Services, Stockport, Oldham, Salford, Rochdale, Trafford and Wigan and one independent Music Service to form the Greater Manchester Music Hub. Each of the members of the Greater Manchester Music Education hub were responsible for the delivery of music services in their local area, and had a responsibility to fulfil the Arts Council's grant conditions which were renewed annually.

In 2020/21, Tameside Music Service's grant allocation was £365,447 and in 2021/22, the allocation was £366,145. The core and extension roles of Music Services were reflected in the Greater Manchester Music Hub Partnership Agreement at Appendix 1.

The report sought approval for the partnership agreement for the Greater Manchester Music Education Hub to allow for Tameside Music Service to receive the grant funding required to fulfil the Core and Extension roles

#### **AGREED**

**That the Executive Member for Lifelong Learning be recommended to approve a Partnership Agreement for the Greater Manchester Music Education Hub be entered into between Tameside Council and the other 8 members of the Greater Manchester Music Education Hub for 2020-21 and 2021-22 to enable access to grant funding of £365,447 for 2020/21 and £366,145 for 2021/22.**

### **40 AWARD OF GRANT TO THE UNIVERSITY OF MANCHESTER TO HOST THE GREATER MANCHESTER SEXUAL HEALTH NETWORK**

Consideration was given to a report of the Executive Member of Adult Social Care and Population Health. The report proposed a direct award grant of £69,458 to the University of Manchester to host and deliver the Greater Manchester Sexual Health Network from 1 April 2021 until 31 March 2022.

The Assistant Director of Population Health explained that the Greater Manchester Sexual Health Network (GMSHN) provided leadership and coordination for sexual health commissioning and provision across Greater Manchester. It provided the forum for discussions and agreements between providers, including from the voluntary sector, and commissioners.

It was further explained that Sexual health commissioning was led by Public Health across Greater Manchester. The review of the grant had been included in the work plan for the current year, but the senior time, particularly the time of Greater Manchester Directors of Public Health and Consultants in Public Health, had been fully occupied with managing the COVID response and there had been no capacity to review the sexual health network. Core sexual health contracts had also been extended with providers by one year because of the same capacity issues. This extension was consistent with that for the service provision.

It was stated that it was urgent that the work continued to be commissioned as public health teams had a considerable amount of work to pick up in 2021/22, not least that many areas would be recommissioning services in this year. The GM local authorities relied on the support of the network to manage the complex interdependencies arising from the commissioning of open access services, funded by 10 areas, and straddling primary and secondary care, as well as community and acute based setting.

**AGREED**

**That the Executive Member for Adult Social Care and Population Health be recommended to approve that the current grant arrangement continues and a grant of £69,458 is awarded to the University of Manchester to host and deliver the Greater Manchester Sexual Health Network until 31March 2022**

**41 FORWARD PLAN**

The forward plan of items for Board was considered.

**CHAIR**

## BOARD

7 July 2021

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

**Also in Attendance:**   **Caroline Barlow, Stephanie Butterworth, Jeanelle de Gruchy, Ian Duncan, Richard Hancock, James Mallion, Catherine Moseley, Dr Ashwin Ramachandra, Ian Saxon, Jayne Traverse, and Debbie Watson**

### 42       **DECLARATIONS OF INTEREST**

There were no declarations of interest.

### 43       **MINUTES OF PREVIOUS MEETING**

The minutes of the Board meeting on the 9 June 2021 were approved as a correct record.

### 44       **PLACES FOR EVERYONE**

Consideration was given to a report of the Executive Member for Housing, Planning and Employment / Director of Growth / Interim Assistant Director of Planning. The report sought approval to publish the Places for Everyone (PfE) Publication Plan 2021 and recommended that Full Council approve the submission of PfE to the Secretary of State following the period of public consultation. The report also sought delegation to make minor or non-material amendments to the plan and background documents prior to publication for consultation and recommended the publication of an updated Local Development Scheme (LDS).

Members were reminded that in 2014 the Council resolved to work collaboratively with those in Greater Manchester to prepare jointly a strategic planning document for the city region, the GMSF. It was stated that while recent decisions meant this was now a joint plan of nine boroughs, Places for Everyone 2021 was considered to have substantially the same effect as GMSF 2020, as previously presented to Members for consideration. It was proposed, therefore, to proceed to publish the plan at the next consultation stage, which represented a move towards the culmination of the plan making process, prior to submission to the Secretary of State for independent examination.

The plan, alongside thematic policy content, identified three strategic sites in Tameside for growth and twelve sites for further protection as additions to the designated Green Belt. Alongside this, it also sought to provide the borough with an up to date housing target, the strategic context for the borough's Local Plan and updated development management policies to be used in the determination of planning applications.

#### **AGREED**

**That Council be recommended to:**

- (i) Approve Submission of the Places for Everyone Publication Plan 2021 to the Secretary of State for independent examination following the period for representations.**

**That Executive Cabinet be recommended to:**

- (ii) Approve Publication of the Places for Everyone Publication Plan 2021, including strategic site allocations and green belt boundary amendments, and reference to the potential use of compulsory purchase powers to assist with site assembly, and the supporting**

background documents, pursuant to Regulation 19 of the Town and Country Planning (Local Planning) (England) Regulations 2012 for a period for representations of 8 weeks, commencing no earlier than 9 August 2021.

- (iii) Authorise the Director of Growth, in consultation with the Executive Member (Housing, Planning and Employment), to approve relevant Statement of Common Ground(s) required on this and other planning matters, pursuant to the National Planning Policy Framework 2019; and
- (iv) Approve the updated timetable for the production of the Places for Everyone Publication Plan 2021, as presented to and agreed by the Joint committee, and Tameside Local Plan by publishing and bringing into effect in accordance with the date of this decision the updated Local Development Scheme (LDS) as at Appendix 1.

#### **45 WELCOME BACK FUNDING ALLOCATION**

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 sought approval to sign the Grand Funding Agreement, manage the programme of work and procure in line with criteria and procurement rules, state aid and the council's standing orders items up to but not exceeding the allocation of £200,741.

The Director of Growth advised Members that the Welcome Back Fund (WBF) allocation was designed to follow on and back up the work already carried out under RHSF and help Build Back Better from the pandemic. The funding built on the Reopening High Street Safely Fund (RHSSF) allocated to councils on 1 June 2020. It formed part of wider support government was providing to communities and businesses with the aim of protecting jobs, supporting the most vulnerable businesses and people in the community.

The WBF would enable the Council to put in place additional measures to create and promote a safe environment for local trade and tourism, particularly in high streets as their economies reopened and began to welcome back visitors. The impact of Covid-19 on the local economy had been significant and the fund could therefore be used for the Council to develop action plans for responding to these impacts.

A Grant Activity Plan (GAP) would be required which would enable the CLGU to sense check the work for eligibility and gave CLGU an idea of the type of activities, from the draft action plans, that would be undertaken. The main aim was to ensure eligibility of the expenditure submitted in subsequent grant claims. The GAP would be used to form the amended Grant Funding Agreement.

#### **AGREED**

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

- (i) **The Draft Grant Action Plan at Appendix 1.**
- (ii) **Any necessary funding variances on the activity detailed in the Draft Grant Action Plan (Appendix 1), within the funding envelope of £0.201m (together with any remaining balance of the £0.210m Reopening the High Street Safely Funding), to ensure all the funding is spent by 31 March 2022.**
- (iii) **In principle entering into the grant funding agreement subject to the necessary due diligence being undertaken in advance.**
- (iv) **Entering into the necessary contracts to deliver the works detailed in the Draft Grant Action Plan (Appendix 1).**
- (v) **That it is agreed expenditure on some projects will initially be funded from 2021/22 Operations & Neighbourhoods revenue budget and retrospectively claimed via the grant once the Grant Funding Agreement is signed.**
- (vi) **That delivery against the grant funding obligations/milestones is reflected in the monthly financial reporting arrangements.**

#### **46 FORMER HATTERSLEY DISTRICT CENTRE**

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Growth. The report proposed the disposal of Council owned land in Hattersley to Onwards Homes Ltd to facilitate a wider development scheme.

The Director of Growth explained that the report proposed the disposal of Council owned land in Hattersley to Onward Homes Ltd for the purpose of a wider development scheme. Onward Homes owned adjoining land which would be included in the development. The disposal would enable Onward to develop the site via £28m of external funding.

It was stated that the overall scheme would be unviable without the inclusion of the Council land. Supporting the proposals would generate much needed inward investment to this area of the community.

It was further explained that the purchase price would be £1 (one pound); with a separate overage provision of £350,000 benefitting the Council, in the event of future disposals of properties identified within the overall development.

#### **AGREED**

**That Executive Cabinet be recommended to dispose of its freehold interest in the land areas shaded green and blue on the attached drawing 18-012/02 (Appendix 1) for £1, subject to an Overage provision in favour of the Council of £350,000.**

#### **47 PROPOSALS FOR THE USE OF THE RING-FENCED GRANT TO HELP THOSE WITH OBESITY TO LOSE WEIGHT**

Consideration was given to report of the Executive Member for Adult Social Care and Population Health / Clinical Lead for Long Term Conditions / Assistant Director of Population Health. The report outlined the proposals to spend the £209,741 provided to Tameside council as part of the Government's Adult Weight Management Tier 2 services grant fund 2021/22. The report also provided information on a recent bid to expand weight management services for children and families.

It was reported that the investment was one-off funding in the financial year 2021/22. Following advice received from STAR procurement, it was proposed that the Be Well tier 2 service expansion be delivered via a contract variation with Pennine Care NHS Trust. Further, it was proposed that Active Tameside should be awarded a grant to expand the tier 2 Live Active provision, this was allowed within the terms of the grant.

It was explained that Be Well Tameside provided the current self-referral tier 2 weight management service. The grant funding would be used to increase the 1:1 support they provided for people in the community.

The Assistant Director of Population Health reported that based on the grant criteria, Tameside Council had submitted an application of £153,468 to support healthy weight in children and families via extended brief intervention and Tier 2 weight management services.

#### **AGREED**

**That Executive Cabinet and Strategic Commissioning Board be recommended to approve the proposals outlined in the report.**

#### **48 SUBSTANCE MISUSE SERVICE CONTRACT NOVATION TO CGL SERVICES LTD**

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Clinical Lead / Consultant in Public Health / Director of Population Health. The report provided

background information on the borough's substance misuse service, provided by Change Grow Live (CGL), and the proposal to novate the existing contract from CGL to CGL Service Ltd, part of the same organisation.

It was stated that the proposal was to novate the contract held with Change Grow Live (CGL) to its wholly owned, non-charitable, trading subsidiary, Change Grow Live Services Ltd (CGL Services). This would mean that CGL Services was then able to charge VAT on all supplies and charges. This would include the contract they held with the council, resulting in approx. £613k annual VAT charged, but this would be fully recoverable by the council, and therefore cost neutral to Tameside MBC. CGL Services would need to pay HMRC VAT they charged but would also be able to reclaim VAT charged by their suppliers, resulting in a financial benefit of approx. £50k pa. This would allow CGL to divert all the reclaimed funds into the service contract and focus spend on areas that improved service delivery and met demands, rather than paying unnecessary VAT.

It was explained that this process would ensure the best use of the public funds allocated to CGL for frontline service delivery. In considering this approach to meet the financial challenges facing CGL, and ensuring the most effective use of public funds, we had sought advice from VAT experts (LAVAT), finance team and Legal team throughout this process.

It was further explained that the amount of VAT to be reclaimed would be variable, however based upon the service invoice amount and ongoing use of supplies, the financial benefit was estimated at around £50,000 per annum. These savings would only be realisable within the duration of the existing contract.

#### **AGREED**

**That the Strategic Commissioning Board be recommended to approve that the contract for Drug and Alcohol treatment 'My Recovery Tameside' from CGL to CGL services Limited be novated.**

#### **49 HOUSING DELIVERY TEST ACTION PLAN**

Consideration was given to a report of the Executive Member for Housing, Planning and Employment / Director of Growth / Interim Assistant Director of Planning. The report sought approval for the publication of the 2021 Housing Delivery Test Action Plan.

The purpose of this Housing Delivery Test (HDT) Action Plan was to build upon the previous iteration, identify proactive mechanisms and ways to support the boosting of housing delivery in the borough to help meet the identified requirement. As housing delivery had fallen short of the 95% threshold the need to prepare the action plan had arisen.

It was reported that the requirement of the Housing Delivery Test measurement over the period (2017/18 - 2019/20) was 1,801 net additional homes, as published by government. Over the same period, 1,607 net additional homes were delivered, or 89% of the HDT requirement. This was a continual positive increase in delivery from previous HDT measurement results where delivery met 66% and 75% of the identified requirement.

It was stated that for the purposes of decision taking, an 89% test outcome no longer required the application of a 20% buffer when calculating the Borough's five year land supply position. And although housing delivery was not substantially below the requirement over the previous three years the presumption in favour of sustainable development would continue to apply, as a five year supply of deliverable housing sites could not currently be demonstrated.

The HDT Action Plan continued to support a number of other Council priorities, this included the preparation of an updated Housing Strategy and Inclusive Growth Strategy. Furthermore, the HDT Action Plan provided evidence, alongside the Brownfield Land Register, to support bids to bring

forward such sites and progress their delivery. A full set of potential actions to support housing delivery were detailed in part 3 of the HDT Action Plan over the short, medium and long term.

#### **AGREED**

**That the Executive Member for Housing, Planning and Employment / Director of Growth be recommended to approve the publication of the 2021 Housing Delivery Test Action Plan.**

### **50 ALDER HIGH SCHOOL: REAR STEPS AND COVERED WALKWAY**

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Executive Member for Finance and Economic Growth / Assistant Director of Strategic Property. The report sought approval for Contract Variation Notices for the works at Alder High Schools

Members were advised that the works at Alder High School formed part of the Council's Basic Need Funding programme. The aim of the programme was to ensure that the Council was able to meet its statutory duty to provide sufficient school places and provide schools with sufficient facilities to increase pupil intake and meet the education needs of the Authority. Phase 1 of the works were carried out in 2018-19. Phase 2 of the scheme involved the addition of a four-classroom teaching block of modular construction which was carried out in 2019-20. Further, a new external dining pod along with some external canopies to create more space for pupils to eat outside were provided during 2020-21.

It was reported that at the start of 2020-21 financial year £1,058,000 of the approved budget remained. £189,535 was spent during 2020-21 on the pod and canopies leaving a revised available budget of £868,465 for the remaining works. It was explained that there remained three associated items with these previous schemes yet to be completed. These were

- (a) The addition of a covered walkway,
- (b) The upgrading of the external steps at the rear of the school; and
- (c) The creation of a new secure entrance at the front of the school.

The Head of Access Services reported that the creation of a new secure entrance would be considered as a separate report as the tenders had not been received in time to be included in the report.

The alterations proposed would generate additional revenue costs for soft facilities management costs and some lifecycle costs. These costs would be funded by revenue through the PFI affordability model which schools made annual contributions to.

#### **AGREED**

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

- (i) **the Assistant Director Strategic Property, to sign off Contract Variation Notices in the sum of £253,926 referred to in Table 1, paragraph 4.1 of the report in order to deliver a covered walkway and works to the rear steps and entrance at Alder High School under the variation procedure set out in the PFI Project Agreement on the basis set out in the report.**
- (ii) **the Assistant Director Strategic Property to sign off Contract Variation Notices in the sum of £2,124 referred to in Table 2, paragraph 4.2 in respect of annual lifecycle and facility management charges. The facility management and lifecycle costs will be funded by revenue through the PFI affordability model.**
- (iii) **Any spend against the remaining budget would be monitored through the Strategic Planning and Capital Monitoring Panel.**

## 51 COVID LOCAL SUPPORT GRANT

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Assistant Director for Policy, Performance and Communications. The report detailed the approach for the Covid Local Support Grant Allocated to Tameside Council of £841,990.21.

It was reported that the extended COVID Local Support Grant (CLSG) scheme would see funding to County Councils and Unitary Authorities (including Metropolitan Council's and London Boroughs), to support those most in need across England with the cost of food, energy and water bills and other associated costs. As such the additional funding from government would enable the council to provide support to families with children, other vulnerable households and individuals up to the period ending 30 September 2021.

It was explained that it was for each individual local authority to determine eligibility in their area and target support within the scope of the following overarching conditions laid out by the Department for Work and Pensions.

The report proposed that the funding be allocated on the same basis as the previous scheme. To allocate funding to the provision of vouchers for major supermarkets to pay for food for key cohorts this included all children attending schools in Tameside who were eligible for Free School Meals (FSM), all sixth form and college students eligible for Free School Meals (FSM) or bursaries, all children aged 2, 3 and 4 years of age and entitled to free child care, and all care leavers.

Members were advised that the extended funding from the government was not sufficient to replicate the £15 per week of the previous scheme. As such this scheme would receive top up funding from Covid money provided to the Authority to support those impacted by Covid (Contain Outbreak Management Fund (COMF) and Clinically Extremely Vulnerable Funding (CEV)) to provide vouchers to the value of £90 for the summer period to 30 September 2021 for all children in the eligible cohorts.

### **AGREED**

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

- (i) The COVID Local Support Grant (CLSG) be spent on supporting vulnerable families and individuals primarily through the use of 'Free School Meal vouchers' for supermarkets for the summer holiday period.**
- (ii) A voucher scheme for children eligible for Free School Meals (FSM) is established. This scheme will enable children eligible for free school meals to receive a one off £90 food voucher for the summer period. To enable this the Council will use Contain Outbreak Management and Clinically Extremely Vulnerable Funding to 'top up' the scheme with an additional £30 per head.**
- (iii) That this voucher scheme is extended out to care leavers (to a value of £90).**
- (iv) That this voucher scheme is extended to under 5s in low income families and entitled to free child care (to a value of £90).**
- (v) That this scheme is further extended to low income sixth form and college students (to a value to £90). 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 and in line with the previous scheme.**
- (vi) Any families who are not eligible for Free School Meals (FSM) but are in need of support to contact the Early Help Access Point (EHAP) for help, support and advice.**
- (vii) To work with the following supermarkets to distribute vouchers: Tesco, Sainsbury's, Morrison's and Asda.**

## 52 FORWARD PLAN

The forward plan of items for Board was considered.

**CHAIR**



# Agenda Item 4

**Report To:** STRATEGIC COMMISSIONING BOARD

**Date:** 28 July 2021

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

**Subject:** STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE REPORT  
CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 31 MAY 2021

**Report Summary:** This report covers the Month 2 2021/22 financial position, reflecting actual expenditure to 31 May 2021. In the context of the on-going Covid-19 pandemic and the national restructuring exercise in the NHS, the forecasts have been prepared using the best information available, but is based on a number of assumptions which will inevitably evolve over the remainder of the financial year. However, indicative CCG budgets have been prepared for 2021-22 which combined with the 2021-22 Council budgets inform the 2021-22 Integrated Commissioning Fund. The existing Section 75 Agreement and Financial Framework underpinning the Integrated Commissioning Fund have been rolled forward but updated by legal colleagues to reflect 2021-22 being a transition year for the CCG as it is planned to become an Integrated Care System with effect from 1<sup>st</sup> April 2022.

Forecasts for the Council cover the period to 31 March 2022, while CCG forecasts only cover the first 6 months of the year in line with confirmed allocations as part of some ongoing NHS national “command and control” procedures.

At Period 2, the Council is forecasting an overspend against budget of £5.8m. £5.3m of the total pressure does not relate to COVID, but reflects underlying financial issues that the Council would be facing regardless of the ongoing pandemic. Children's Services are still the biggest area of financial concern.

The CCG is reporting an overspend of £194k which relates to reimbursable COVID expenses for which a future allocation increase will be received.

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

- (i) Note the forecast outturn position and associated risks for 2021/22 as set out in **Appendix 1**.
- (ii) **Approve** the indicative 2021-22 Integrated Commissioning Fund and agree the roll forward of the existing Section 75 Agreement and Financial Framework which has been to reflect the transition year of the CCG.
- (iii) To note the recent notifications of Education Capital Grants and **approve** the inclusion of the amounts set out in

paragraph 4.1 on the Capital Programme for the financial years 2021/22 and 2022/23.

**Policy Implications:** Budget is allocated in accordance with Council/CCG Policy

**Financial Implications:** This report provides the 2021/22 consolidated financial position statement at 31 May 2021 for the Strategic Commission and ICFT partner organisations. The Council set a balanced budget for 2021/22 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 to balance.

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

Despite this, a significant pressure is currently forecast, which will need to be addressed within this financial year. A new financial turnaround process is being implemented across all budget areas to address financial pressures on a recurrent basis.

With the outbreak of COVID-19 last year, emergency planning procedures were instigated by NHSE and a national 'command and control' financial framework was introduced. While some national controls have been relaxed over time, normal NHS financial operating procedures have still not yet been fully reintroduced.

A financial envelope for the first 6 months of the year has been agreed at a Greater Manchester level, from which the CCG has an allocation. Nationally calculated contract values remain in place, while the CCG are still able to claim top up payments for vaccination related costs and for the Hospital Discharge Programme. While an overspend is currently being reported, this relates to reimbursable COVID expenses for which we should receive a future allocation increase.

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 :

Caroline Barlow, Assistant Director of Finance, Tameside Metropolitan Borough Council



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e-mail: [caroline.barlow@tameside.gov.uk](mailto:caroline.barlow@tameside.gov.uk)

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## **1. BACKGROUND**

- 1.1 Monthly integrated finance reports are usually prepared to provide an overview on the financial position of the Tameside and Glossop economy.
- 1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The gross revenue budget value of the ICF for 2020/21 is reported at £767 million. This includes a full 12 month of expenditure for the Council, but only 6 months for the CCG.
- 1.3 The value of the ICF will increase once more certainty is available on the NHS financial regime for the second half of the year and a full year allocation is in place. The full year indicative value of the ICF, assuming that expenditure in the second half of the year is the same as the first, would be £988 million
- 1.4 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:
  - Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT)
  - NHS Tameside and Glossop CCG (CCG)
  - Tameside Metropolitan Borough Council (TMBC)

## **2. FINANCIAL SUMMARY (REVENUE BUDGETS)**

- 2.1 At Period 2, the Council is forecasting an overspend against budget of £5.8m. Children's Services are still the biggest area of financial concern, with expenditure forecast to exceed budget by £4.717m. The overspend is predominantly due to the number and cost of external placements.
- 2.2 There is also a pressure of £198k in the Growth Directorate, resulting from a shortfall in customer and client receipts. A pressure of £891k has been reported for Operations and Neighbourhoods due to a combination of additional costs and non-recovery of income, including an income shortfall on car parks.
- 2.3 The CCG is reporting an overspend of £194k, this relates to reimbursable COVID expenses for which we should receive a future allocation increase.
- 2.4 Further detail on the financial position can be found in **Appendix 1**.

## **3. INTEGRATED COMMISSIONING FUND**

- 3.1 With the outbreak of COVID-19 last year, emergency planning procedures were instigated by NHSE and a national 'command and control' financial framework was introduced. While some national controls have been relaxed over time, normal NHS financial operating procedures have still not yet been fully reintroduced.
- 3.2 A financial envelope for the first 6 months of the year has been agreed at a Greater Manchester level, from which the CCG has been allocated £221.3m of resource. Nationally calculated contract values remain in place, while the CCG are still able to claim top up payments for vaccination related costs and for the Hospital Discharge Programme.
- 3.3 It is not yet clear what the financial regime will look like in the second half of the year. As such it is difficult to estimate what our full year allocation will ultimately become.
- 3.4 In view of this uncertainty and on the basis that submitted plans and national reporting of CCG spend focus on a six month period only, the ICF position included in this report includes

only 6 months of NHS data.

3.5 This ensures consistency with CCG data reported nationally through the Integrated Single Financial Environment. By combining 12 months of council data with only 6 months of CCG spend, we must be aware of the planning differences and exercise caution in drawing conclusions from face value data. It also means the ICF total in this report is not directly comparable to ICF spend reported in previous years.

3.6 In the absence of full year allocations for the CCG at this stage, if we were to assume that allocations and spend in the second half of the year were equal to the first six months, the annual indicative ICF would be:

Theoretical 12 Month ICF	Expenditure Budget	Income Budget	Net Budget	Section 75	Aligned	In Collab	Total
CCG Expenditure	442,610	0	442,610	290,156	114,631	37,823	442,610
TMBC Expenditure	545,697	(351,203)	194,494	54,565	110,315	29,614	194,494
<b>Integrated Commissioning Fund</b>	<b>988,307</b>	<b>(351,203)</b>	<b>637,104</b>	<b>344,721</b>	<b>224,946</b>	<b>67,437</b>	<b>637,104</b>

3.7 The annual indicative net resource for the 2021-22 combined ICF with effect from the 1st April 2021 is £637.1m comprising £442.6m from the CCG [£221.3m x 2 to annualise] and £194.5m from the Council.

3.8 The existing Section 75 Agreement and the Financial Framework underpinning the joint ICF across the Council and CCG has been rolled forward to include the updated 2021-22 budgets as noted above and to reflect the fact that 2021-22 is a transitional year for the CCG whilst we await further guidance on the emergence of a GM Integrated Care System. As a consequence the rolled forward Section 75 Agreement and Financial Framework will terminate on the 31st March 2022.

3.9 The Council legal team have supported the finance team in reviewing formal documentation to ensure the existing Section 75 Agreement and Financial Framework appropriately reflect 2021-22 as a transition year for the CCG and ensure any risk share arrangement enacted in 2021-22 by either party would be repayable to the fund by 31 March 2022.

#### 4. EDUCATION CAPITAL GRANT FUNDING

4.1 The Council has recently received notification of the following grant allocations for Capital Investment in Schools. Members are asked to note the following Education Capital Grants and approve the inclusion of these amounts on the Capital Programme for the financial years 2021/22 and 2022/23. Decisions regarding the allocation and application of these grants will be the subject of separate reports to Strategic Planning and Capital Monitoring Panel and Executive Cabinet.

- £264,244 of Devolved Formula Capital grant for 2021/22
- £1,328,013 of School Condition grant for 2021/22
- £1,223,336 of High Needs Provision Capital grant for 2021/22.
- £12,231,816 of Basic Need grant for 2021/22
- £6,348,338 of Basic Need grant for 2022/23.

#### 5. RECOMMENDATIONS

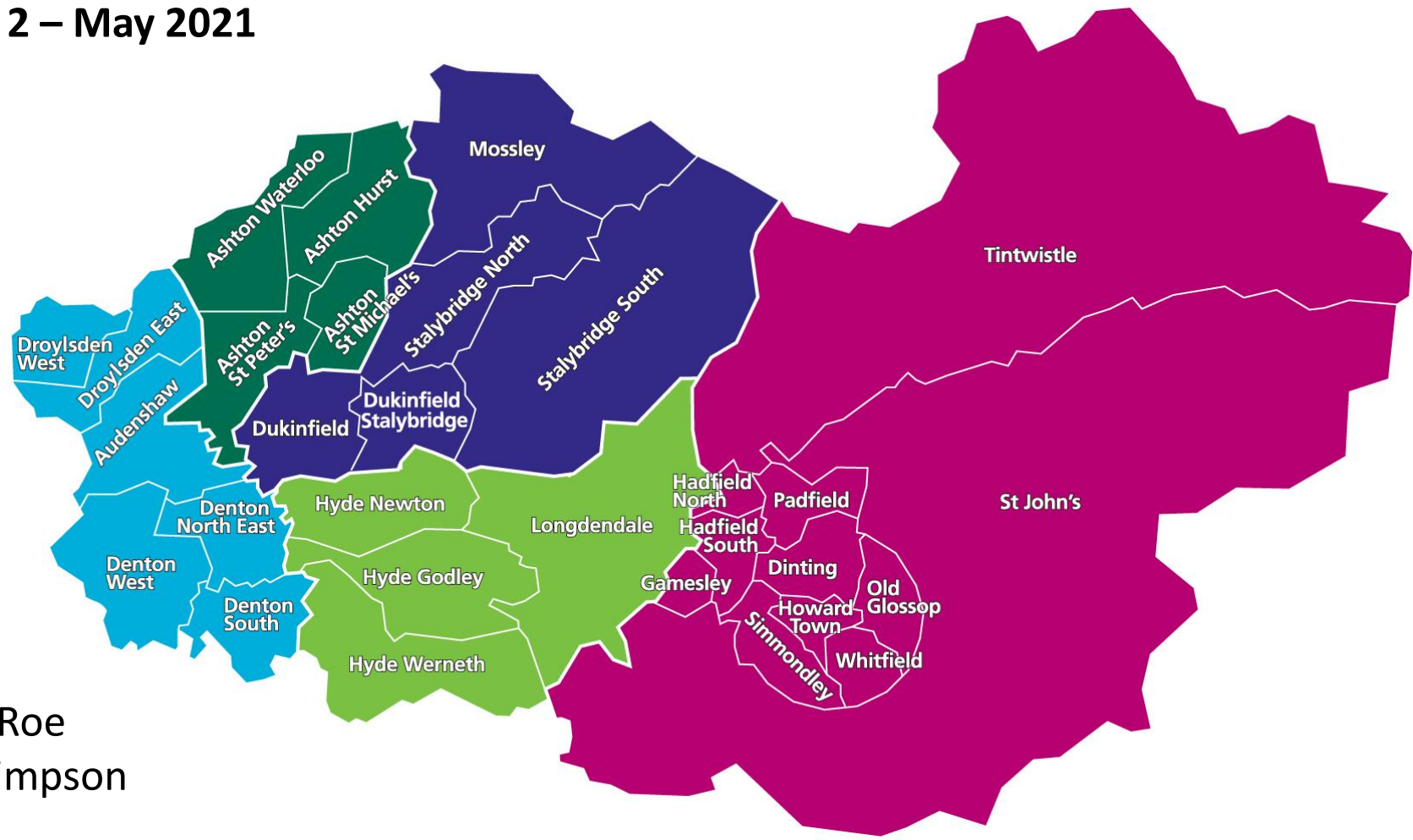
5.1 As stated on the front cover of the report.

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# Tameside and Glossop Strategic Commission

Finance Update Report  
Period Ending 31st March 2022  
Month 2 – May 2021

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Kathy Roe  
Sam Simpson

## Period 2 Finance Report

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

*Forecasts reflect a full 12 months for TMBC, but only 6 months for the CCG*



# Finance Update Report – Executive Summary

This is the first financial monitoring report for the 2021/22 financial year, reflecting actual expenditure to 31 May 2021.

Budgets continue to face significant pressures across many service areas. COVID pressures remain as a meaningful factor in this, with pressures arising from additional costs or demand (including the elective recovery programme), and shortfalls of council income.

The NHS financial regime has still not fully normalised following the command and control response to the pandemic last year and NHS funding has only been confirmed for April to September 2021; as such we are only able to report 6 months of CCG budgets. The ICFT has a financial plan for the first 6 months of 2021/22, although there is uncertainty in forecasting expenditure due to the operational challenges of restoring elective services, whilst facing the ongoing uncertainty of the impact of responding to the pandemic. A full 12 month forecast is in place for the council. Forecasts are inevitably subject to change over the course of the year as more information becomes available, and there is greater certainty around NHS funding from October and other assumptions.

As at Period 2, the Council is forecasting an overspend against budget of £5.8m, with monitoring focused on the highest risk areas of the budget. £5.3m of the total pressure does not relate to COVID, but reflects underlying financial issues that the Council would be facing regardless of the ongoing pandemic. Children's Services are still the biggest area of financial concern.

A support plan has been put in place to address issues in children's services. While a new financial turnaround process is being implemented across all budget areas to address financial pressures on a recurrent basis.

While the CCG is reporting an overspend of £194k, this relates to reimbursable COVID expenses for which we should receive a future allocation increase. The ICFT are operating within the agreed financial envelope.

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	221,305	0	221,305	221,499	(194)	(194)	0	0	(194)
TMBC Expenditure	545,697	(351,203)	194,494	200,300	(5,806)	(490)	(5,316)	0	(5,806)
<b>Integrated Commissioning Fund</b>	<b>767,002</b>	<b>(351,203)</b>	<b>415,799</b>	<b>421,798</b>	<b>(5,999)</b>	<b>(684)</b>	<b>(5,315)</b>	<b>0</b>	<b>(5,999)</b>

# Integrated Commissioning Fund Budgets

Forecast Position £000's	YTD Position			Forecast Position			Variance	
	Budget	Actual	Variance	Budget	Forecast	Variance	COVID Variance	Non-COVID Variance
Acute	37,420	37,399	21	114,637	112,259	2,378	0	2,378
Mental Health	7,170	7,128	42	22,473	22,473	0	0	0
Primary Care	15,434	15,271	163	47,032	47,569	(537)	0	(537)
Continuing Care	2,652	2,548	105	7,538	7,781	(243)	0	(243)
Community	5,704	5,891	(187)	17,276	17,289	(13)	0	(13)
Other CCG	3,508	3,882	(375)	10,071	11,849	(1,778)	(194)	(1,584)
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0
CCG Running Costs	736	699	38	2,278	2,278	(0)	(0)	0
Adults	6,702	7,816	(1,114)	40,214	40,214	0	0	0
Children's Services - Social Care	8,680	8,361	319	53,510	58,227	(4,717)	0	(4,717)
Education	868	4,733	(3,865)	7,239	7,239	0	0	0
Individual Schools Budgets	795	(7,345)	8,140	0	0	0	0	0
Population Health	2,566	1,031	1,535	15,397	15,397	0	0	0
Operations and Neighbourhoods	6,318	31,757	(25,438)	51,234	52,125	(891)	(346)	(545)
Growth	1,570	1,481	89	9,420	9,618	(198)	(144)	(54)
Governance	1,326	1,165	161	9,067	9,067	0	0	0
Finance & IT	1,334	1,947	(614)	8,318	8,318	0	0	0
Quality and Safeguarding	32	(66)	98	142	142	0	0	0
Capital and Financing	(166)	(92)	(74)	4,775	4,775	0	0	0
Contingency	(1,646)	143	(1,788)	(9,873)	(9,873)	0	0	0
Contingency - COVID Costs	0	2,088	(2,088)	0	630	(630)	(630)	0
Corporate Costs	840	682	159	5,051	5,051	0	0	0
LA COVID-19 Grant Funding	0	(20,278)	20,278	0	(630)	630	630	0
Other COVID contributions	0	(220)	220	0	0	0	0	0
<b>Integrated Commissioning Fund</b>	<b>101,844</b>	<b>106,019</b>	<b>(4,176)</b>	<b>415,799</b>	<b>421,798</b>	<b>(5,999)</b>	<b>(684)</b>	<b>(5,315)</b>
CCG Expenditure	72,624	72,818	(194)	221,305	221,499	(194)	(194)	0
TMBC Expenditure	29,220	33,202	(3,982)	194,494	200,300	(5,806)	(490)	(5,316)
<b>Integrated Commissioning Fund</b>	<b>101,844</b>	<b>106,019</b>	<b>(4,176)</b>	<b>415,799</b>	<b>421,798</b>	<b>(5,999)</b>	<b>(684)</b>	<b>(5,315)</b>

# Integrated Commissioning Fund Budgets

Forecast Position £000's	Forecast 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	114,637	0	114,637	112,259	2,378	0	2,378	0	2,378
Mental Health	22,473	0	22,473	22,473	0	0	0	0	0
Primary Care	47,032	0	47,032	47,569	(537)	0	(537)	0	(537)
Continuing Care	7,538	0	7,538	7,781	(243)	0	(243)	0	(243)
Community	17,276	0	17,276	17,289	(13)	0	(13)	0	(13)
Other CCG	10,071	0	10,071	11,849	(1,778)	(194)	(1,584)	0	(1,778)
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0	0
CCG Running Costs	2,278	0	2,278	2,278	(0)	(0)	0	0	(0)
Adults	90,811	(50,597)	40,214	40,214	0	0	0	0	0
Children's Services - Social Care	64,110	(10,600)	53,510	58,227	(4,717)	0	(4,717)	0	(4,717)
Education	33,020	(25,781)	7,239	7,239	0	0	0	0	0
Individual Schools Budgets	123,192	(123,192)	0	0	0	0	0	0	0
Population Health	15,647	(250)	15,397	15,397	0	0	0	0	0
Operations and Neighbourhoods	78,839	(27,605)	51,234	52,125	(891)	(346)	(545)	0	(891)
Growth	44,283	(34,863)	9,420	9,618	(198)	(144)	(54)	0	(198)
Governance	71,454	(62,387)	9,067	9,067	0	0	0	0	0
Finance & IT	10,141	(1,823)	8,318	8,318	0	0	0	0	0
Quality and Safeguarding	383	(241)	142	142	0	0	0	0	0
Capital and Financing	8,964	(4,189)	4,775	4,775	0	0	0	0	0
Contingency	(500)	(9,373)	(9,873)	(9,873)	0	0	0	0	0
Contingency - COVID Costs	0	0	0	630	(630)	(630)	0	0	(630)
Corporate Costs	5,352	(301)	5,051	5,051	0	0	0	0	0
LA COVID-19 Grant Funding	0	0	0	(630)	630	630	0	0	630
Other COVID contributions	0	0	0	0	0	0	0	0	0
<b>Integrated Commissioning Fund</b>	<b>767,002</b>	<b>(351,203)</b>	<b>415,799</b>	<b>421,798</b>	<b>(5,999)</b>	<b>(684)</b>	<b>(5,315)</b>	<b>0</b>	<b>(5,999)</b>

# CCG Budgets and the Integrated Commissioning Fund

With the outbreak of COVID-19 last year, emergency planning procedures were instigated by NHSE and a national 'command and control' financial framework was introduced. While national controls have been relaxed over time, normal NHS financial operating procedures have still not yet been fully reintroduced.

A financial envelope for the first 6 months of the year has been agreed at a Greater Manchester level, from which the CCG has been allocated £221.3m of resource. Nationally calculated contract values remain in place, while the CCG are still able to claim top up payments for vaccination related costs and for the Hospital Discharge Programme.

It is not yet clear what the financial regime will look like in the second half of the year. As such it is impossible to accurately estimate what our full year allocation will ultimately become.

Because of this uncertainty and on the basis that submitted plans and national reporting of CCG spend focus on a six month period only, the ICF position included in this report includes only 6 months of NHS data.

This ensures consistency with CCG data reported nationally through the Integrated Single Financial Environment. But by combining 12 months of council data with only 6 months of CCG spend, we must be aware of the planning differences and be careful about drawing firm conclusions from face value data. It also means the Integrated Commissioning Fund totals in this report are not directly comparable to ICF spend reported in previous years. Potential factors which will need to be built into H2 allocations include:

- Effective recovery plan
- Non recurrent spend/allocation adjustments (including impact of any cross year benefit)
- Winter and other seasonal expenditure
- Requirement to deliver increased efficiency in H2

But in the absence of any better information, if we were to assume that allocations and spend in the second half of the year were equal to H1, the total ICF would be:

Theoretical 12 Month ICF	Expenditure Budget	Income Budget	Net Budget	Section 75	Aligned	In Collab	Total
CCG Expenditure	442,610	0	442,610	290,156	114,631	37,823	442,610
TMBC Expenditure	545,697	(351,203)	194,494	54,565	110,315	29,614	194,494
<b>Integrated Commissioning Fund</b>	<b>988,307</b>	<b>(351,203)</b>	<b>637,104</b>	<b>344,721</b>	<b>224,946</b>	<b>67,437</b>	<b>637,104</b>

The annual indicative net resource for the 2021-22 combined Integrated Commissioning Fund with effect from the 1st April 2021 is £637.1m comprising £442.6m from the CCG [£221.3m x 2 to annualise] and £194.5m from the Council.

The existing Section 75 Agreement and the Financial Framework underpinning the joint Integrated Commissioning Fund across the Council and CCG has been rolled forward to include the updated 2021-22 budgets as noted above and to reflect the fact that 2021-22 is a transitional year for the CCG whilst we await further guidance on the emergence of a GM Integrated Care System. As a consequence the rolled forward Section 75 Agreement and Financial Framework will terminate on the 31st March 2022.

The Council legal team have supported the finance team in reviewing formal documentation to ensure the existing Section 75 Agreement and Financial Framework appropriately reflect 2021-22 as a transition year for the CCG and ensure any risk share arrangement enacted in 2021-22 by either party would be repayable to the fund by 31 March 2022.

# Integrated Commissioning Fund Highlights

## Children's Services (Social Care) (£4,717k)

The Directorate forecast position is an **overspend of £4,717K**. The overspend is predominantly due to the number and cost of external placements. At the end of May the number of Cared for Children was 682.

**Cared for Children (External Placements): (£3,035K):** As at 1st June 2021 there were 46 young people aged 18 and over in external residential placements paid for by Children Services. The combined weekly cost of these placements was £44.4K (equivalent to £2.3m per annum). There have also been a number of young people aged 18 and over who are "former relevant children" that have presented as homeless and have been accommodated into placements paid for by Children's Social Care. Further work is underway to establish the impact of the housing benefit claims, it is expected this will reduce costs in this area.

It is worth noting that the interagency adoption fees are forecasted to budget and will be reviewed in period 3. For 2021/22 there was an underspend of £270K on interagency adoption fees which partly offset the full pressure from residential placements.

**Cared for Children (Internal Placements): (£1,566K):** The forecast overspend is in relation to the payments that are made using the Softbox Payments Software and include in-house fostering allowances, adoption allowances, SGO allowances, care arrangement orders, staying-put allowances and Supported Lodging allowances.

**Child Protection & Children In Need: (£116K):** The over spend is in relation to internal transport recharges for children. Work is required to review these payments including the reason for the journeys and any cost reductions.

## Growth (£198k)

Pressure is created by (£590k) shortfall in customer and client receipts (£144k of which is COVID related), including:

- **£300k:** Income from leasing space in Tameside One
- **£204k:** Events income from room hire
- **£85k:** Land Charges, Pre-Planning, and Building Control Fees

These pressures are offset by favourable variances including staffing vacancies (£350k) and a forecast underspend on utilities (£124k)

# Integrated Commissioning Fund Highlights

## Operations & Neighbourhoods (£891k)

Pressures are forecast due to a combination of additional costs and non-recovery of income, including:

### Income shortfall on car parks - (£693k)

There has been an issue in this area for a number of years (made worse by COVID) corporate support has been provided on a tapered basis. Actual income for the first 2 months of the financial year is £132k less than the income target, this is due to a combination of COVID and the historic issue mentioned. This trend has been extrapolated forward through to the end of the current calendar year with an assumption that income levels will start to recover from that point as a result of restrictions being lifted, public confidence returning for town centre shopping and successful implementation of the car parks review.

## CCG Variances (£0 net)

On the face of things there are a number of significant CCG variances reported at M2. This is a presentational variance which has resulted from a difference between a high level, top down planning exercise to inform financial envelopes and a more detailed budget setting exercise to manage spend within this envelope.

In the top down exercise we were forced to reclassify non acute activity with acute NHS providers into the acute directorate. Reported forecasts reflect the true nature of our spend and do not vary materially from the internal H1 budget setting process completed in May.

However validation rules on the national NHS ledger at M2, have forced us to upload budgets which reconcile to the high level plan.

This validation rule has created the reported variances, which will disappear next month when we are allowed to correct our budgets in the Integrated Single Financial Environment.

## CCG COVID Spend (£194k)

In 2020/21 the CCG was able to reclaim £13,274k of COVID related additional costs. Changes to the financial regime mean that top up payments will be significantly reduced in 2021/22. But we are still allowed to claim for Hospital Discharge Programme and vaccine related costs in the first half of 2021/22.

For HDP we are allowed to claim for pre assessment placement costs of up to 6 weeks in Q1, reducing to 4 week for patients discharged in Q2. 2021/22 HDP costs to the end of May are £194k. Average length of stay was 27 days in May and we had 28 open packages at the end of the month.

These costs have been claimed in M2 and are the reason for our YTD overspend of £194k. We anticipate receipt of an allocation to match this spend.

## CCG QIPP

The CCG has a savings target of £1,768k in the first half of the year.

We are reporting that the QIPP target will be met in full, but are currently forecasting achievement of £1,635k after the application of optimism bias. Meaning we need to find additional savings of £133k to fully deliver against the target. However it should be noted that if we are able to convert amber (medium risk) rated schemes to green (low risk) and blue (achieved), we would comfortably balance the H1 position.

# ICFT Position

	Month 2			YTD		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
<b>Total Income</b>	<b>(£22,605)</b>	<b>(£23,475)</b>	<b>(£870)</b>	<b>(£45,200)</b>	<b>(£46,916)</b>	<b>(£1,716)</b>
Employee Expenses	£15,078	£16,123	£1,045	£30,019	£31,865	£1,846
Non Pay Expenditure	£6,305	£6,266	(£39)	£12,566	£12,599	£33
<b>Total Operating Expenditure (excl. COVID-19)</b>	<b>£21,383</b>	<b>£22,389</b>	<b>£1,006</b>	<b>£42,585</b>	<b>£44,464</b>	<b>£1,879</b>
Employee Expenses - COVID-19	£707	£468	(£239)	£1,414	£1,293	(£121)
Non Pay Expenditure - COVID-19	£231	£206	(£26)	£473	£295	(£177)
<b>Total Operating Expenditure - COVID-19</b>	<b>£938</b>	<b>£674</b>	<b>(£264)</b>	<b>£1,886</b>	<b>£1,588</b>	<b>(£299)</b>
<b>Total Operating Expenditure</b>	<b>£22,321</b>	<b>£23,063</b>	<b>£742</b>	<b>£44,471</b>	<b>£46,052</b>	<b>£1,581</b>
<b>Net Surplus/ (Deficit) before exceptional items</b>	<b>(£284)</b>	<b>(£412)</b>	<b>(£128)</b>	<b>(£729)</b>	<b>(£864)</b>	<b>(£136)</b>

## Trust Financial Summary

The Trust reported a net deficit in month of c.£412k which represents a small adverse movement from month 1 of c.£39k. Variance against plan is £128k favourable. This favourable position is largely due to reduced COVID-19 related activity.

Total COVID expenditure incurred in month equates to c.£674k against planned spend of c.£940k and a YTD position of c.£1.588m against a plan of c.£1.89m.

The Trust has delivered non-recurrent efficiencies in the year to date equating to c.£152k, which are largely through productivity improvements and income generation schemes.

## Activity and Performance:

Restoration plans are now deployed within the Trust and activity is projected to deliver as a minimum, against the nationally prescribed targets as indicated below:

- April – 70%
- May – 75%
- June – 80%
- July – Sept - 85%

The above targets are benchmarked against 2019/20 activity levels. These activity levels need to be achieved within the financial envelope allocated to the Trust. If there are any constraining factors in the delivery of restoration, this is likely to be through either workforce and/or estates availability rather than financial resource.

## Efficiency target:

The Trust has built into its H1 plan (months 1-6) an efficiency target of c.£3m for the first half of the financial year 2021/22. Cost saving schemes are being developed but the Trust is expected to fully achieve this target for H1.



# Agenda Item 5

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 28 July 2021

**Executive Member:** Cllr Eleanor Wills - Executive Member (Adult Social Care and Population Health)

**Clinical Lead:** Dr Asad Ali, Chair Tameside & Glossop CCG, Long Term Conditions Lead

**Reporting Officer:** Debbie Watson, Assistant Director of Population Health

**Subject:** **GRANT NO 31/5440: ADULT WEIGHT MANAGEMENT TIER 2 SERVICES GRANT TO LOCAL AUTHORITIES 2021/ 2022**

**Report Summary:** The report outlines the proposals to spend the £209,741 provided to Tameside Council as part of the government's Adult Weight Management Tier 2 services grant fund 2021/22 (No.31/5440).

The proposals are one off schemes due to the non-recurrent nature of the grant from government and are looking to scale up existing commissioned schemes, with a focus on new models of delivery and a more targeted approach.

The report also provides information on a recent bid to expand weight management services for children and families. The outcome of this bid is not yet known.

**Recommendations:** To agree the proposals outlined in the report go forward for formal agreement by the Strategic Commissioning Board and Executive Cabinet.

**Links to Corporate Plan** A key aim in the Corporate Plan is to promote longer and healthier lives with good mental health through better choices and reducing inequalities. Tier 2 weight management is a contributing part of a whole systems approach to obesity. The promotion of healthy weight in the population is essential to help increase healthy life expectancy and reduce health inequalities.

**Policy Implications** The report proposes the scale up and redevelopment of existing tier 2 weight management services. In the first instances to enable the distribution of some of the monies from the government's Adult Weight Management Tier 2 services grant fund (2021/22) and for that to be evaluated in the longer term as part of a wider approach to enable residents to maintain a healthy weight, and to contribute to the delivery of the Sustainable Food Strategy.

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

<b>Budget Allocation (if Investment Decision)</b>	
<b>CCG or TMBC Budget Allocation</b>	
<b>Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration</b>	
<b>Decision Body – SCB Executive Cabinet, CCG Governing Body</b>	
<b>Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark</b>	

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## **Additional Comments**

The grant represents additional funding to the Council of £209,741, and potentially of a further £153,468 depending on the outcome of an ongoing application. As all expenditure under the grant must be 'newly incurred', additional income will be matched to additional expenditure and there will be no overall budget impact to the Council.

The core funding will be spent externally with the exception of a small allowance for the in-house management of the programme. As noted at 5.2-3, a variation will be made to the contract with Pennine Care NHS Trust, and a sub-grant will be made to Active Tameside. The variation is permissible given that the proposed amount is well below 50% of the Trust's original contract value. Nothing in the grant conditions prevents a sub-grant being made, although terms should be set to ensure Active Tameside remains compliant with the conditions of the original grant set out by the Department of Health and Social Care.

Both elements of the grant must be spent within FY21/22, and the department and their finance support should make arrangements to ensure that expenditure is properly monitored and accounted for. The additional application for Children and Families Weight Management involves the recruitment to one fixed-term post; for budgetary control purposes, either their contract should be aligned to the duration of the grant, or alternative funding must be identified to cover any extension beyond the grant period. This may present a difficulty if award of the grant is further delayed, although the department has sought clarification from the DHSC on this point.

The project as a whole may reasonably be expected to produce indirect cost reductions elsewhere in the Strategic Commission, particularly for health and social care.

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

In managing this grant the project officers need to ensure that they comply with the terms of the grant as set out in the main body of the report.

As the proposal is to expand upon existing service delivery it is important that advice is sought from STAR as set out in section 5.2 to ensure that any modification of current contracts is undertaken in accordance with the procurement regulations and the council's standing orders.

### **Risk Management:**

The approach and activity outlined in the report ensures that Tameside Council meets its obligations with regards to spending of the grant.

### **Access to Information:**

The background papers relating to this report can be inspected by contacting the report writer, Debbie Watson, Assistant Director of Population Health



Telephone: 0161 342 3358



e-mail: [debbie.watson@tameside.gov.uk](mailto:debbie.watson@tameside.gov.uk)

## **1 INTRODUCTION**

- 1.1 On 22nd March the Department of Health and Social Care announced the Adult Weight Management Services Grant (No.31/5440) which will distribute £30.5m amongst local authorities in England, accounting for population size, obesity prevalence, and deprivation levels, to support the commissioning of behavioural (tier 2) weight management services for adults.
- 1.2 This funding underlines the government's commitment to tackling obesity and delivers on a key element of the National Obesity Strategy; expanding weight management services, so that more people get the support they need to lose weight.
- 1.3 Tameside Council has been granted £209,741 of this fund, which must be spent by the Council within the current financial year 21/22.
- 1.4 An additional £4.4 million has been made available, where local Councils have been invited to submit an application to provide children and families with healthy weight support via extended brief intervention and weight management services. Tameside MBC has submitted an application (closing date was Friday 23 April 2021), with details outlined at section 8. Similar the grant funding if successful, is a one off investment and is to be spent within the current financial year.

## **2. BACKGROUND**

- 2.1 The current additional grant funding is in line with the Government's Obesity Strategy: [Tackling obesity: government strategy - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/strategies/tackling-obesity-governments-obesity-strategy), which was unveiled in July 2020. This puts in place a range of system-wide measures to tackle obesity, including strengthened services to support weight loss in children and adults who are overweight or obese.
- 2.2 Obesity has long been known to have a significant impact on people's health and longevity of life. This has become increasingly and urgently evident throughout the covid-19 pandemic, and there is now strong evidence linking obesity to severe covid-19.
- 2.3 There is clear evidence in the UK and internationally, indicating that being overweight or living with obesity is associated with an increased risk of hospitalisation, severe symptoms, advanced levels of treatment such as mechanical ventilation or admission to Intensive Care Units and death from COVID-19. These risks increase progressively as an individual's body mass index (BMI) increases... Excess weight is one of the few modifiable factors for COVID-19 and so supporting people to achieve a healthier weight will be crucial to keeping people fit and well as we move forward

## **3. OBESITY IN TAMESIDE**

- 3.1 Maintaining a healthy weight is fundamental to good health and wellbeing. Being an unhealthy weight can lead to a range of poor health outcomes such as premature mortality, cardiovascular issues, reduced physical mobility, diabetes mellitus, and many more. The prevalence of obesity has increased dramatically in recent decades across the country. In Tameside, 71% of adults are now classed as overweight or obese, compared to 62% in England as a whole. This includes an estimated 22,000 patients registered with GPs in Tameside who are recorded as obese. In reception (age 4-5 years), 27% of children in Tameside are overweight or obese compared to an England average of 23%. By year 6 (10-11 years), this has increased to 36%; slightly higher than the England average of 35%.

- 3.2 Maternal obesity can increase health risks for both mother and baby both during pregnancy and after birth. For mothers, maternal obesity can increase risk of high blood pressure, gestational diabetes, and mental health conditions such as depression. Maternal obesity has also been related to low health outcomes for babies and children postpartum such as low breastfeeding rates and childhood obesity. Nationally, around half of women at childbearing age are classed as overweight or obese. In Tameside and Glossop, 25.7 women are classified as obese in early pregnancy, compared to a national average of 22.1%.
- 3.3 There are great inequalities in the distribution of obesity and overweight in society. For example, children in the most deprived 10% of households are approximately twice as likely to be obese or overweight compared to children in the wealthiest 10% of households. It is also known that people from some LGBT groups, and from certain Black and Minority Ethnic Groups are at higher risk of developing overweight and obesity.
- 3.4 In Tameside, the prevalence of overweight and obesity in children differs across the Borough, with some communities affected more than others: for example, many of the wards in the West generally having higher levels of overweight and obesity than those in the East. It is also known that the family environment has a huge influence on diet, exercise, and on the weight of parents and children. This all points towards the importance of a strong focus on both families and communities for any population-level intervention for healthy weight.
- 3.5 Obesity costs the nation a substantial amount of money, both directly and indirectly. The cost to the NHS of ill-health related to overweight and obesity was estimated to be £6.1 billion in 2014/15. The costs to wider society were even greater, at £27 billion. By 2050, these costs are expected to be magnified, at £9.7 billion to the NHS and £49.9 billion to wider society.

#### **4. REQUIREMENTS OF THE ADULT WEIGHT MANAGEMENT SERVICES GRANT**

- 4.1 The grant is for the commissioning of additional behavioural (tier 2) weight management services for adults during the 2021-22 financial year. The current providers of Tier 2 weight management services in Tameside are Be Well Tameside (Pennine Care NHS Trust) and Live Active (Active Tameside).
- 4.2 The grant must be used to commission new, or expand existing, behavioural (tier 2) adult weight management services to increase the number of Tameside residents accessing these services.
- 4.3 Behavioural (tier 2) adult weight management services are defined as multi-component programmes addressing dietary intake, physical activity, and behaviour change for adults who are overweight or living with obesity with the primary aim of promoting health behaviour change, which reduces body weight. Building peer support within the design of such services is something that PHE would encourage.
- 4.4 The grant funding can be used to increase the current offer or to deliver a tailored or bespoke adult behavioural (tier 2) weight management offer to under-serviced groups/communities.
- 4.5 There is an ambition that services will prioritise helping those who need the most support to achieve a healthier lifestyle, including men, people living with obesity from deprived areas, people living with obesity from Black, Asian and Minority Ethnic groups, and people living with obesity who are also living with physical and/or learning disabilities.
- 4.6 The funding is for expenditure that is newly incurred expenditure by the authority. It does not include expenditure that has already been incurred before 1 April 2021 or that has already been earmarked or allocated by the local authority from existing budgets.

## 5 PROPOSAL FOR ALLOCATION OF THE GRANT

5.1 The table below summarises the spending proposal for the grant with details of project outcomes.

Tier 2 Project	Funding allocation	Timescale
Be Well, Pennine Care NHS Trust	£100,000	Planning and Set up begins May/June 2021
Live Active, Active Tameside	£101,500*	Delivery begins end July 2021 Delivery ends 31 March 2022 Evaluation - ongoing
Management, coordination and data collation	£8,241	
Total Grant	£209,741	

\* Matched with £10,345 'in kind' funding from Active Tameside.

5.2 All investment is one-off in the financial year 2021/22. Following advice received from STAR procurement, it is proposed that for Be Well tier 2 service expansion is delivered via a contract variation with Pennine Care NHS Trust. This can be utilised under Regulation 72 of the Procurement Regulations where services or supplies by the original contractor that have become necessary and were not included in the initial procurement, where a change of contractor -

- (i) cannot be made for economic or technical reasons such as requirements of interchangeability or interoperability with existing equipment, services or installations procured under the initial procurement, or
  - (ii) would cause significant inconvenience or substantial duplication of costs for the contracting authority,
- provided that any increase in price does not exceed 50% of the value of the original contract.

5.3 It is proposed that Active Tameside are awarded a grant to expand the tier 2 Live Active provision. This is allowed within the terms of the grant.

### Expanding the Be Well Service

5.4 Be Well Tameside provide the current self-referral tier 2 weight management service. The grant funding will be used to increase the 1:1 support they provide for people in the community. Be well will target this additional service at the following underrepresented groups:

- Those with mental health needs
- Residents with long term conditions
- Men.

5.5 The service will use a combination of face to face and digital support to deliver the NHS 12 week weight loss programme and would collaborate with Active Tameside for the physical activity element of the tier 2 weight management programme.

5.6 Be Well will:

- Deliver services in partnership with Active Tameside
- Offer additional hours to the current part time workforce including additional training capacity (additional benefit of already knowing current systems, policies and procedures)
- Recruit additional support where required from bank staffing pool inc admin support
- Add additional reporting and fields to the current database to ensure all metrics are covered (reporting direct to NHS digital if required)
- Design work & the printing of resources for those digitally excluded or with other identified other needs based on NHS 12 week plan

- Purchase additional dedicated resources, i.e. scales with 6 monthly calibration required, weight suits, fat blobs and other visual resources to be used alongside motivational interviewing techniques by staff
- Create specific marketing for the programme
- Reinstate several training programmes ie Open Awards Training Level 3 – reinstate quality endorsed unit which requires funding for specialist reviewers, verified centre status, validation and additional costs per learner on the programme together with external verifier costs.
- RSPH Level 2 Encouraging a healthy weight and healthy eating to be reinstated, updating of materials and costs per learner on programme
- Use funding for room hire costs for delivery of new weigh ins and training
- Be Well will also create a new weight management pathway for clients wanting specific support for weight management, and in addition to providing support via existing workshop and physical activity offers will provide individualised client assessments with a dedicated weight management/loss focus and tailored behavioural support.

### **Expanding Active Tameside's Live Active Scheme**

- 5.7 Active Tameside also provide support for people in Tameside who wish to lose weight via the Live Active Programme. This service will include initial 1-2-1 sessions to understand the needs of each person and ensure the right behavioural change support is offered for them. Various coaching and goal oriented techniques will be used to support each person. The service would also include a buddy programme for physical activity and weekly catch ups with a lifestyle coach and specifically target groups that are traditionally underserved with such services including
- Young people 16-18 year olds (in partnership with Tameside College)
  - Residents with disabilities or additional needs.
  - Pre and post-natal weight management in collaboration with Maternity services (T&GICFT).
- 5.8 Active Tameside will:
- Deliver services in partnership with Be Well
  - Develop a 12-week initial pathway to run alongside Live Active scheme with appropriate branding for clients with BMI of between 30-36
  - Evaluate delivery uplift with particular regard to targeted cohorts.
  - Audit training requirements and implement training plan
  - Create a social media platform for the program.( Similar to Fuel4Fun) giving information on exercise , meal plans , food preparation etc.
  - Develop a buddy system approach to physical activity
  - Build capacity to sustain new approaches, potentially to triple referrals once all Live Active Officer are qualified and becomes part of the core referral process.

## **6 EVALUATION AND DATA COLLECTION**

- 6.1 As part of the grant conditions, local authorities are required to ensure that providers supply PHE, or any successor body, with data on their services in the form of a minimum dataset. This will be the first time that data has been collected, in such a systematic way, on local authority adult tier 2 behavioural weight management services at a national level.
- 6.2 Quantitative and qualitative data will be collected on how many people use the service, who is using the service, weight loss achieved, and feedback on the service user experience.
- 6.3 The outcomes of the evaluation will inform local knowledge and future commissioning intentions to strengthen and improve existing services. The concurrent recommissioning of health improvement services provides a unique opportunity to flex local services alongside the generation of local knowledge and insight.

## **7 APPLICATION OUTLINE FOR THE CHILD AND FAMILY WEIGHT MANAGEMENT SERVICES GRANT**

- 7.1 Based on the [grant criteria](#), Tameside Council has submitted an application of £153,468 to support healthy weight in children and families via extended brief intervention and Tier 2 weight management services. The application has been produced in partnership with:
- Tameside MBC, Children's Services;
  - Tameside MBC, Population Health;
  - Tameside and Glossop Clinical Commissioning Group;
  - Tameside and Glossop Integrated Care NHS Foundation Trust – Paediatricians, dietetics, School Nursing and the Children's Nutrition Team; and
  - Active Tameside.
- 7.2 The deadline for submission was Friday 23 April 2021. The guidance indicated that local authorities will be notified of the outcome of their application by early May 2021, however there has been no communication from DHSC as yet.
- 7.3 The application submitted by the partnership includes how Tameside will build on existing assets by integrating the pathways and services between local partners, with a core principle of relational and asset based approaches when working with children and families.
- 7.4 If successful, the funding of the project proposed will ensure the delivery of key outcomes through the fixed term employment of multi-disciplinary team containing: a Family Intervention Worker, with Tameside Council, a Nutrition Advisor and a Support Worker with Tameside and Glossop ICFT, and 2x Family Live Active Coaches, with Active Tameside. The key role of the Family Live Active Coaches is to provide extended brief intervention to families where children have been identified as overweight or obese via the National Child Measurement Programme (NCMP), and to support families who are dis-engaging from the current weight management service. The key role of the Family Intervention Worker is to support families in need of Early Help support, but who also have child(ren) identified overweight or obese, to either provide extended brief interventions or support engagement with the weight management service. The Nutrition Advisor and Support Worker, will build capacity in the existing Tier 2 Weight Management Service, and will focus on developing a provision for children aged 13+. The grant will also permit providing a discretionary budget to support families on the pathway with equipment tailored to their needs. Aligning to the current data from the NCMP, this project if successful in the grant application has the potential reach of 900 families.
- 7.5 The project proposed will be evaluated and monitored from a range of perspectives, including data submissions to Public Health England on a quarterly basis, and importantly the inclusion and action upon the voice of the child and family.

## **8 RECOMMENDATIONS**

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

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# Agenda Item 6

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 28 July 2021

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

**Clinical Lead:** Dr Vinny Khunger – Clinical Lead

**Reporting Officer:** Dr Jeanelle de Gruchy, Director of Population Health  
James Mallion, Consultant in Public Health

**Subject:** **SUBSTANCE MISUSE SERVICE CONTRACT NOVATION TO CGL SERVICES LTD**

**Report Summary:** This report provides background information on the borough's substance misuse service, provided by Change Grow Live (CGL), and the proposal to novate the existing contract from CGL to CGL Service Ltd, part of the same organisation. This will enable to service to charge and reclaim VAT and will bring direct financial benefit to the front line service in Tameside, with no cost impact to the Council. This will support the service to meet challenging financial savings already built into the contract during 2021/22, on top of rising demands and unexpected costs.

**Recommendations:** That the Strategic Commissioning Board be recommended to agree: that approval is given to novate the contract for Drug and Alcohol treatment 'My Recovery Tameside' from CGL to CGL services Limited.

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

<b>Budget Allocation (if Investment Decision)</b>	Annual Budget £3.3m
<b>CCG or TMBC Budget Allocation</b>	TMBC
<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>	
The financial implications outlined in this paper will increase the existing contract by approx. £613k in relation to VAT charges. The impact to the Council will be zero as this would be fully recoverable via HMRC.	
There are no direct savings to the Council on this, but will result in approx. £50k net saving to CGL Services Ltd that will be reinvested directly back into the service contract to focus on demand and improve service delivery.	
<b>Additional Comments</b>	
Advice on this contract novation was sought from LAVAT back in 2019 that supports the Councils ability to reclaim VAT on this contract, following its novation. This advice has been reconfirmed again in June 2021 to ensure no changes in legislation impedes on that advice, for which it has not.	

<b>Legal Implications: (Authorised by the Borough Solicitor)</b>	<p>As set out in the report, there is no change to the service delivery rather the novation of the current contract to a different part of the same organisation currently delivering the service.</p> <p>From a legal perspective there will be no change to the actual terms of the contract and the delivery expectations. As ever the contract should be robustly managed to ensure that all performance indicators are being met and that the service continues to represent good value for money.</p>
<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	<p>The proposals link with several of the strategic priorities of the health and Wellbeing Board:</p> <ul style="list-style-type: none"> <li>• Improve the health and wellbeing of local residents throughout life</li> <li>• Give targeted support to those with poor health to enable their health to improve faster</li> <li>• Develop cost effective solutions and innovative services, through improved efficiency</li> <li>• Deliver more joined up services that meet local need</li> <li>• Enable and ensure public involvement in improving health and wellbeing</li> </ul> <p>The proposal also aligns with the Living Well programme of the Health and Wellbeing Strategy - Creating a safe environment to build strong healthy communities and strengthening prevention.</p>
<b>How do proposals align with Locality Plan?</b>	<p>The proposals will support the locality plan objectives to –</p> <ol style="list-style-type: none"> <li>1.1 Improve health and wellbeing for all residents</li> <li>1.2 Address health inequalities</li> <li>1.3 Protect the most vulnerable and those suffering multiple disadvantage</li> <li>1.4 Develop a Place based/ Neighbourhood model of delivery</li> <li>1.5 Develop an integrated personalised approach</li> </ol>
<b>How do proposals align with the Commissioning Strategy?</b>	<p>This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving population health particularly:</p> <ol style="list-style-type: none"> <li>1.1 Addressing the wider determinants of health</li> <li>1.2 Creating the right Care Model</li> <li>1.3 Encourage healthy lifestyles</li> <li>1.4 Supporting positive mental health</li> </ol>
<b>Recommendations / views of the Health and Care Advisory Group:</b>	n/a
<b>Public and Patient Implications:</b>	The recommendations will ensure continued access to services to improve health and wellbeing.
<b>Quality Implications:</b>	The Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness. The same quality assurance and terms over the existing contract with CGL will apply to the contract with CGL Services Limited.
<b>How do the proposals help to reduce health inequalities?</b>	The contract addresses a wide range of inequalities and will continue to seek to support the social determinants suffered by those who are misuse substances. There is a strong focus on identifying and

reaching those suffering multiple disadvantage and identifying their wide-ranging needs. Pathways and protocols that have been developed will ensure more support and an equitable access to service for clients, resulting in a reduction in health inequalities and improvement in health and wellbeing

The proposal links with the Tameside Our People Our Place-Our Plan priority 'Longer healthy lives with good mental health through better choices and reducing health inequalities' by aspiring to reduce drug and alcohol related harm

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

The Substance Misuse services provided are available regardless of age, race, sex, disability, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership.

**What are the safeguarding implications?**

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

**What are the Information Governance implications?**

Information Governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by the provider. A Data Protection Impact Assessment (DPIA) has been carried out with the provider under the existing contract.

**Has a privacy impact assessment been conducted?**

A privacy impact assessment has not been carried out, however the privacy statement for this purpose has been updated specifically by Head of Risk Management and Audit Services.

**Risk Management:**

Risks will be identified and managed by the Public Health team.

**Access to Information:**

The background papers relating to this report can be inspected by contacting the report writer James Mallion, Consultant Public Health.

Telephone: 07970946485

 e-mail: [james.mallion@tameside.gov.uk](mailto:james.mallion@tameside.gov.uk)

## **1 INTRODUCTION**

- 1.1 Substance misuse places a significant burden on health outcomes in Tameside with high rates of drug and alcohol consumption and dependence. This impacts adults and children across the borough and we continue to see substantial amounts of unmet need.
- 1.2 Change Grow Live provide the established My Recovery Tameside service to provide specialist drug and alcohol support to residents of all ages. Planned savings throughout the current contract are able to be achieved via ongoing transformation, however these place significant pressure on the front line service with increasing demand on the service and additional costs due to Covid-19. In order to help meeting the financial challenges, we are proposing to novate the current contract from CGL to CGL Services Ltd, which will enable substantial savings of up to £50k per year for the service via VAT charges and refunds. The service would also be charging the council VAT under the main contract, which they would have to pay to HMRC and the council can reclaim. This is cost neutral to the council. This paper details the rationale for this, the benefits it will bring to the front line service and the risk mitigations, which will be put in place.

## **2 BACKGROUND**

- 2.1 High rates of drug and alcohol consumption and dependence in Tameside has an impact on the health of our population. Tameside has the highest rate of alcohol-specific mortality and dependent drinkers of all our statistical peers. There are also almost 1,400 opiate users living in the borough and a high proportion of adults with drug dependency in Tameside living with children.
- 2.2 In terms of unmet need, we currently estimate that there are 3,214 dependent alcohol users and 1,509 Opiate/Crack users who are not accessing treatment services or support. There are a wide range of reasons for this.
- 2.3 We have an established, all-age integrated substance misuse service, which was commissioned from August 2015 and is delivered by Change Grow Live, My Recovery Tameside (CGL MRT). As part of this contract, there are a series of planned budget reductions throughout the life of the service, with a further saving of £200k to be made in 2021/22 (from August 2021). While these savings have been planned and are being met by ongoing transformation of the service, they are challenging, and do not account for additional demands and costs facing the service such as up to 400 additional service users accessing the service in the last 3 years, rising medication costs and the impact of the Covid-19 pandemic. Alternative approaches to reduce the impact of financial savings on front line services have been explored. These are detailed further in section 5 of this report.

## **3 THE GM AND TAMESIDE CONTEXT**

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

The strategy identifies six priorities for making things better:

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

- 3.2 The high level outcomes of the GM strategy include: reducing levels of drug and alcohol related harm; reducing drug and alcohol related offending; and increasing the number of people in recovery
- 3.3 Tameside is adopting the GM Strategy locally as we know that substance misuse harm in Tameside is extensive and is an important factor that adversely affects the overall quality of life and perpetuates inequalities. We have a local Strategic Substance Misuse Partnership with senior leaders from the local authority, CCG, ICFT, police and voluntary sector, which 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.
- 3.4 The Tameside Community Safety Partnership (CSP) also plays pivotal role in the substance misuse agenda. The draft Tameside Community Safety Strategy has 5 key priorities all of which align with key aspects of the Substance Misuse Programme and outcomes of the locally commissioned service.
- Building stronger communities
  - Preventing and reducing violent crime, knife crime & domestic abuse
  - Preventing and reducing crime & anti-social behaviour
  - Preventing and reducing the harm caused by drugs & alcohol
  - Protecting vulnerable people and those at risk of exploitation

## **4 CONTRACT VALUE**

- 4.1 The Contract Value is £12,893,248 with 4 years and 3 months remaining. The Contract runs from August to August and comes to term on 31 July 2025. For the current year, the annual budget is £3,269,000. From 01 August 2021 this will reduce to £3,069,000 per year, followed by a further reduction of £100k to £2,969,000 from 01 August 2023, until the end of the contract.
- 4.2 The Contract was novated from Lifeline Project Limited, to CGL in 2017. Changes to the contract overall since 2015 include: updates to GDPR terms; reduced funding for the core contract; addition of the development of the Drug, Alcohol & Tobacco Schools Curriculum; rough sleepers initiative Work (in partnership with MHCLG); Communities in Charge of Alcohol programme and events (in partnership with GMCA)

## **5 PROPOSAL**

- 5.1 Change Grow Live (CGL) is a registered charity delivering health and welfare services in relation to drug and alcohol need for Tameside residents. As a registered charity they are unable to recover VAT on supplies or charges, which increases the cost of delivering the same services compared to non-charitable organisations who are able to claim this back.
- 5.2 The proposal is to novate the contract we currently hold with Change Grow Live (CGL) to its wholly owned, non-charitable, trading subsidiary, Change Grow Live Services Ltd (CGL Services). This would mean that CGL Services is then able to charge VAT on all supplies and charges. This would include the contract they hold with the council, resulting in approx. £613k annual VAT charged, but this would be fully recoverable by the council, and therefore cost neutral to Tameside MBC. CGL Services will need to pay HMRC VAT they charge but would also be able to reclaim VAT charged by their suppliers, resulting in a financial benefit of approx. £50k pa. This will allow CGL to divert all the reclaimed funds into the service contract and focus

spend on areas that improve service delivery and meet demands, rather than paying unnecessary VAT.

- 5.3 This process will ensure the best use of the public funds allocated to CGL for frontline service delivery. In considering this approach to meet the financial challenges facing CGL, and ensuring the most effective use of public funds, we have sought advice from our VAT experts (LAVAT), finance team and Legal team throughout this process.
- 5.4 The delivery of all services under the Contract would continue to be undertaken by the charity CGL (on a subcontract basis) and CGL will be required to maintain the appropriate regulatory status (CQC Registered). As such, CGL Services do not need to be CQC registered. CGL Services must sub-contract to CGL only.
- 5.5 CGL would also provide a parent company guarantee, and a Service Level Agreement for the delivery of the services under the contract as CGL Services does not have a trading history. This means that, commercially, there will be little change for the Commissioner. Staff would continue to be employed by CGL and would not transfer to CGL Services. A detailed Data Protection Impact Assessment (DPIA) has also been completed to ensure there are no adverse impacts on data protection from taking this forward.
- 5.6 In terms of benefits, the amount of VAT to be reclaimed will be variable, however based upon the service invoice amount and ongoing use of supplies, the financial benefit is currently estimated at around £50,000 per annum. These savings will only be realisable within the duration of the existing contract.
- 5.7 In order to monitor this situation, regular meetings will be held between commissioners and the service to review the VAT amount recovered and review how this is repurposed within the Tameside Contract to support front line service delivery.

## 6 RATIONALE

- 6.1 CGL is a registered charity delivering a wide range of services to all ages within the contract for integrated substance misuse services in Tameside. Their status as a registered charity places them at a financial disadvantage as they are unable to reclaim VAT charges. The novation of this contract to CGL Services Ltd, and appropriate sub-contracting and parent company guarantee in place, would enable the same service to benefit from reclaimed VAT charges going forward.
- 6.2 There is provision within the current contract to novate the Contract. Clause F1 of the Contract provides for transfer and sub-contracting. F1.1 providing the right on the Provider to assign (or any other way dispose) of the Contract or any part of it with the prior Approval of the Purchaser.
- 6.3 There are no concerns with the performance provided within the current contract and the current elements provided represent value for money each quarter, evidenced by quarterly finance returns within budget.
- 6.4 The council's Finance department have been engaged in this process throughout discussions and have sought specialist advice from Local Authority VAT advisors (LAVAT) with updated advice in June 2021 confirming that, if this novation goes ahead, the council will be entitled to recover any VAT charged for the taxable services received from CGL Services Ltd. This will be an entirely cost neutral exercise for the council.
- 6.5 **Service pressures:** CGL continue to strive to deliver the most cost efficient service while still meeting the needs of service users and leading a system-wide approach to addressing drug and alcohol harm. A Striving For Excellence programme is in place, involving close working

between the council and CGL to ensure that their service is exemplary and continues to improve population health outcomes. While the planned budget reductions in the contract are embedded in longer-term plans for the service, they pose challenges in terms of meeting increasing costs and demands. The service has seen a large increase in service users accessing the service over the last 3 years with almost 400 additional people. Recent years have also seen unprecedented increases to the costs of some of the key medications that the service utilise and new interventions, which benefit population health but were not in the initial contract (eg. Naloxone kits). The Covid-19 pandemic has also seen increased costs for the service, particularly for take-home naloxone kits, safe storage boxes and additional IT equipment. While the service are managing these pressures, this novation will give them the opportunity to increase revenue and ensure pressures do not adversely impact service users.

- 6.6 **Risk of not proceeding:** The risk of not novating the contract would mean that CGL will not be able to charge or reclaim VAT. By charging VAT, the playing field is more equal between charitable and non-charitable providers. This would support CGL in meeting budget reductions. There has already been a collapse of a provider in this area, in Tameside, due to an unstable market. CGL have also expressed that, due to increasing costs and demands, without this additional funding available for the service, they may have to increase staff caseloads and make 1-2 staff redundant. The increase in caseloads would require more 'light-touch' management of some service users including more supervised consumption, which results in more charges from pharmacies, which in-turn will result in less resource for preventative measures such as take-home-naloxone, needle & syringe programmes and direct support.
- 6.7 **Precedent:** CGL are a national provider and have other substance misuse services in other areas where this novation has already taken place including Dudley, West Midlands. In Dudley this novation was signed off internally by their legal team. Manchester City Council are taking the same novation forward. There have been other providers in the care sector (Care Homes) requesting contract novations for VAT purposes, which we are aware the Association of Directors of Adults Services (ADAS) have not granted. In these instances, the financial benefits have not been guaranteed to be re-directed into front line services, to benefit residents, in the way that we have guaranteed for CGL with the proposal in this report. Therefore, we feel there is much clearer justification for this proposed novation of CGL's contract in Tameside.
- 6.8 The Charity Commission guidance says that charities can consider different structures to minimise paying unnecessary tax. Many charities have trading subsidiaries to minimise tax cost and ensure they maximise funds for delivery of their charitable purposes. CGL has liaised with the Charities Commission who have confirmed that this proposed structure and novation follows their guidance to avoid paying unnecessary tax. While there is no formal requirement for CGL to notify HMRC of this process, they have liaised with them and notified them that they are exploring this with some of their services with local authorities. HMRC accept that this structure follows the rules and they have not challenged other examples of it.
- 6.9 **Star Comment:** The novation to contract is provided for in the Councils standard T&Cs at clause F1.1 There is a general provision to novate the contract, subject to the Council's approval. There are advantages to the contract novating in this manner, and the novation clause and novation letters make clear that the same terms apply and there are no other changes to the terms other than the providing party. There is no reason to believe that the quality of service will be affected by this novation.

## 7 NEXT STEPS

- 7.1 In addition to the standard Novation decision notice, the Council would require supplementary documents be put in place.
- i) a Parent Company Guarantee as form of security to protect in the event of default.
  - ii) a Service Level Agreement, which would include requirements stipulated in point 6.2

- 7.2 The Council would require the Contract to be novated as standard with all existing Terms and Conditions, flexibly to allow subcontract elements of the programme where appropriate within the existing agreement. The recovery of any VAT element would be solely for the recuperation and benefit of the Tameside provision. Any risks in HMRC reversing their position would be at the risk of the Provider.
- 7.3 Working jointly, the Council and CGL would monitor the return of any VAT element and its utilisation within the service.

## **8 CONCLUSION**



- 8.1 This request is made to make the best use of the financial resources allocated to this contract and to avoid CGL, as a charitable organisation, paying unnecessary tax. This will be cost neutral to the council, with any risks mitigated as detailed in this report. This will result in approx. £50k financial benefit to the front line service, which will help them to meet the joint challenges of planned budget reductions alongside increasing costs and demands. This will enable them to better support Tameside residents who access the service and continue to focus on the most preventative interventions to reduce drug and alcohol harms across Tameside. There is precedent for this with other CGL services nationally going ahead with this novation.

## **9 RECOMMENDATION**

- 9.1 As stated at the front of this report.



<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	28 July 2021
<b>Executive Member:</b>	Cllr Eleanor Wills, Executive Member for Adult Social Care & Population Health
<b>Clinical Lead:</b>	Dr Ashwin Ramachandra, Co-chair Tameside CCG
<b>Reporting Officer:</b>	Jessica Williams, Director of Commissioning
<b>Subject:</b>	<b>DEVELOPMENT OF AN INTEGRATED CARE SYSTEM IN T&amp;G</b>
<b>Report Summary:</b>	This report articulates the work programme which is underway to deliver the required changes in T&G in response the development of local NHS Integrated Care Systems.
<b>Recommendations:</b>	To note the content of the report and approve the Draft Terms of Reference in the <b>Appendix</b> for the T&G Integrated Care Transition Board. Recognise that this work programme is progressing at pace despite the lack of final legislation and this creates associated risk.  <b>Additional Comments</b> The ICS is still very early in its development and the formation of a T&G Integrated Care Transition Board will support the emergence of the ICS as a statutory body as more detail and clarity is received. Therefore, at this stage there are no financial implications to report. However, throughout the development of the ICS, the creation of a sustainable financial model will be paramount whilst also ensuring stringent due diligence in the close down of the CCG and the transfer of resources to the new commissioning architecture.
<b>Legal Implications: (Authorised by the Borough Solicitor)</b>	This sets out early thinking and a shadow approach to provide an overview and structure to the programme to deliver the NHS Integrated Care System on the basis of the successful integrated Strategic Commissioning Board.  Whilst it is noted that in the draft terms the Chair of the T&G Partnership Board is the accountable person to GMICS in T&G for Health and Care it is not clear what exactly it is the Chair accountable for and what are the ramifications of that accountability.  It will be necessary to understand both the legislation and the funding and delegations to be provided by GMICS.  It should be noted that this joint committee falls away when the Tameside and Glossop CCG ceases to exist in law.
<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	In line with the policy objective of the corporate plan for longer and healthier lives.
<b>How do proposals align with Locality Plan?</b>	Meets the ambition of the Locality Plan for improved healthy life expectancy.

<b>How do proposals align with the Commissioning Strategy?</b>	Changes to the model of commissioning will be a part of the GMICS development.
<b>Recommendations / views of the Health and Care Advisory Group:</b>	N/A
<b>Public and Patient Implications:</b>	Commitment to reduce service duplication. Increase clarity of service provision and maximise outcomes for the population.
<b>Quality Implications:</b>	Changes to the model of Quality assurance will be a part of the GMICS development.
<b>How do the proposals help to reduce health inequalities?</b>	Clear focus on addressing health inequalities.
<b>What are the Equality and Diversity implications?</b>	None identified
<b>What are the safeguarding implications?</b>	There will be changes to the statutory responsibility for safeguarding as this moves from T&G CCG to GMICS.
<b>What are the Information Governance implications? Has a privacy impact assessment been conducted?</b>	None identified
<b>Risk Management:</b>	A separate risk register has been developed to manage this work programme, this is review at the T&G ICS Working Group.
<b>Access to Information:</b>	The background papers relating to this report can be inspected by contacting the report writer, Martin Ashton, Associate Director of Commissioning
	 Telephone: 07387 056042
	 e-mail: <a href="mailto:martinashton@nhs.net">martinashton@nhs.net</a>

## **1. INTRODUCTION**

- 1.1 Pioneering work has been underway for many years in Tameside & Glossop (T&G) to integrate the local health and social care system. The next stage of this transformation needs to respond to the recent White Paper: *Integration and Innovation - working together to improve H&SC for all* which sets out legislative proposals for changes to the health & care system including a duty to collaborate across the NHS, social care and public health systems.
- 1.2 The White Paper builds on the ambition of the NHS Long Term Plan and intends to remove the barriers that stop the system from being truly integrated. It seeks to drive increased NHS Provider collaboration alongside increased partnership between wider systems including NHS, local authority, social care, public health and the voluntary sector.
- 1.3 The white paper identifies four overarching aims:
  1. Improving population health and healthcare
  2. Tackling unequal outcomes and access
  3. Enhancing productivity and value for money
  4. Support broader social and economic development.

## **2. TRANSITION TO AN ICS AND THE CLOSE-DOWN OF TAMESIDE AND GLOSSOP CCG**

- 2.1 The ambition of the White Paper aligns clearly to the founding principles of the GM Health and Social Care Partnership (GMHSCP) which established and progressed unique health devolution agreements. The plans in GM are therefore not expected to move notably from the original objectives of the GMHSCP. GM partners must however transition to a statutory Integrated Care System (ICS) comprising an NHS ICS body and Health and Care Partnership.
- 2.2 The ICS NHS body will be responsible for the day to day running of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health, and social care needs.
- 2.3 CCG functions will move to newly created ICS from April 2022 (subject to legislation), although shadow arrangements may be in place as early as Q3 2021/22. In GM this means that all 10 CCGs will be merged with the functions transferred into a receiving organisation within the GMICS. The GMICS NHS Body will take on the commissioning functions of the GM CCGs and some of those of NHS England within its boundaries.
- 2.4 The white paper requires the continuation of Health and Wellbeing Boards but is permissive regarding place-based arrangements between local authorities, NHS Providers and wider partners.
- 2.5 The White Paper outlines the requirement for an ICS to be co-terminous with Local Authority boundaries. This would place Glossop within a Derbyshire ICS, rather than the current GM arrangements. The ICS design framework published in June 2021 states that “*systems should establish and support place-based partnerships with configuration and catchment areas reflecting meaningful communities and geographies that local people recognise*”. Decisions on ICS boundaries are expectedly imminently.

## **3. EMERGING GMICS OPERATING MODEL**

- 3.1 T&G colleagues are working closely with GM Health & Social Care Partnership and the constituent organisations to develop a GMICS operating model. The proposed model builds

on the existing system but places much greater emphasis on six major programmes of activity and focus:

1. Maintaining physical, social and mental wellbeing.
2. Creating more consistent evidence based preventive and proactive primary care.
3. Greater integration of the community based reablement, residential, rehabilitative, palliative and social care services (working to eliminate the traditional divide between hospital and out of hospital services).
4. Coordinating and improving the urgent and emergency care service response by mandating health and care providers to develop more coherent pathways of care and enabling patients to access the right level of care sooner.
5. Delivering more consistent planned care and delivering the planned care recovery programme.
6. Further developing GMs access to and delivery of world class specialised care and building a hugely capable innovation capability in Health Innovation Manchester.

3.2 This includes the following GMICS expectation of locality architecture:

- Neighbourhoods need some form of management structure or group which aligns and builds on the Primary Care Network (PCN) function.
- Locality structures would feature a consistent locality operating model.
- Locality Provider collaborative in place.
- Provider collaboratives that operate across GM with formal governance to plan and deliver diagnostic and acute care.
- Capability at GM level to discharge the functions, governance and legal requirements of an ICS.
- A system of joint planning convened at GM level but with constituent localities and collaboratives fully engaged to identify the synergies and connections between allocated resources.

3.3 To deliver the ambition within the White Paper the GM Health and Social Care Partnership have identified four priority areas to improve health and wellbeing:

1. Tackling inequalities and transforming population health
2. Guaranteeing Constitutional Standards and eliminating unwarranted variation in care
3. Connect health, social care, academia and industry to discover, develop and deploy innovation at pace and scale
4. Achieve comprehensive system sustainability across health and social care for the long term.

#### **4. TAMESIDE AND GLOSSOP INTEGRATED CARE SYSTEM**

4.1 Across Tameside and Glossop (T&G) we continue to work across the system to design and implement changes needed locally in response to the formation of the GMICS. The systems we have in place, following several years of integrated working are strong and we are committed to retaining these where they continue to add value. We will continue to uphold the concept of primacy of place and remain committed to the eight priorities of the Corporate Plan.

4.2 Our ambition is that T&G is a happy, healthy and ambitious place to live, where people choose to live and work. We want to co-develop person-centred, resilient asset-rich communities that support residents to live great lives. Our principal objective is to integrate services around people and their needs. This will involve furthering the pioneering work undertaken in T&G to integrate health and care services and creating a system of co-located professionals from all public services working together as one integrated public service across our locality and within our neighbourhoods.

4.3 The primary purpose of the health and care system has been to provide periodic treatment for acute illness; our health services are high-quality and manage ill health to an extremely

high standard. However, to be successful we need to further develop a population health system which reduces the demand on health services.

4.4 We will work to the following place-based principles to support integration and collaboration at all levels.

<b>Principles</b>	<b>We will...</b>
<b>Partnership</b>	<ul style="list-style-type: none"> <li>✓ We will be accountable to the local population and to each other.</li> <li>✓ We will co-design and co-produce services with residents and community partners.</li> </ul>
<b>Powered by people</b>	<ul style="list-style-type: none"> <li>✓ We will empower our population and support them to take responsibility for their own health and wellbeing.</li> <li>✓ We will recognise and develop resident, voluntary, clinical, political and managerial leadership.</li> <li>✓ We will empower our workforce to work in collaboration across organisational, professional and service boundaries.</li> </ul>
<b>Person-centred</b>	<ul style="list-style-type: none"> <li>✓ We will take a proactive and preventative approach, intervene early and respond to the person in the context of their community.</li> <li>✓ We will develop place-based approaches to tackling the social determinants of health that build on the assets within our communities.</li> </ul>
<b>Productive</b>	<ul style="list-style-type: none"> <li>✓ We will implement ways of working that support collaboration not competition.</li> <li>✓ We will work together to make best use of financial, workforce, estate and other resources.</li> <li>✓ We will maximise social value and jointly manage the system budget sharing risks, deficits and surpluses.</li> </ul>
<b>Progressive</b>	<ul style="list-style-type: none"> <li>✓ We will create a 'can do' culture with a focus on innovation and continuous improvement.</li> <li>✓ We will develop a strong learning culture where new ways of working are reviewed and evaluated.</li> </ul>

4.5 There will be three principle components to our proposed local integrated care system; design, delivery and assurance. This will be supported by integrated governance built around a T&G Partnership Board, a T&G Provider Partnership and 5 x neighbourhood partnerships.

## AN INTEGRATED SYSTEM AT EVERY LEVEL IN T&G

ORGANISATIONAL FORM	OVERVIEW
<b>DELIVERY:</b> <b>5 x T&amp;G Neighbourhood Partnerships</b>  <i>*Integrated neighbourhood delivery model</i>	*Clinical, political, managerial and VCFSE leadership provided by multi-agency partners. *Central role for PCNs. *Development of cross-system neighbourhood priorities. *Multi-agency neighbourhood collaboration recognising wider determinants of health. *Proactive and preventative approach, intervening early and responding to the person in the context of their community.
<b>DELIVERY:</b> <b>T&amp;G Provider Partnership</b>  <i>*Includes health and care delivery partners</i>  <i>*Mutually accountable to T&amp;G Partnership Board for the delivery of services and outcomes.</i>	*Collaborative of T&G services, principally based in communities. *Identifies and agrees priorities for neighbourhood partnerships and holds them to account. *Provides infrastructure for neighbourhood partnerships including workforce, estate and digital infrastructure. *Drives proactive and preventative approaches to the wider determinants of health & Public Sector Reform. *Provides, sub-contracts and commissions services with partners *Collaboration not competition; build not buy. *Vehicle for receiving funding, transforming and delivering services.
<b>DESIGN:</b> <b>T&amp;G Partnership Board</b>  <i>*System design board to address all determinants of health</i>  <i>*Integrated governance holds system to account</i>	*Strategic partnership board to include political, clinical, managerial and VCFSE leadership. *Oversight of financial allocations to further strategic priorities and ensure system financial sustainability. *Population health management. *Understands and responds to the role of the wider determinants of health including education, employment, crime, housing, leisure, transport etc. *Incorporates integrated strategic commissioning function including Quality, assurance, policy and transformation.
<b>DESIGN:</b> <b>Greater Manchester Integrated Care System (ICS)</b>	<b>GMICS: Statutory NHS Body and Board:</b> Responsible for the day to day running, planning and resource allocation, accountable for NHS spend, performance and quality. Board to include as a minimum ICS Chair & Chief Executive, NHS trusts, General Practice, Local Authorities.  <b>GMICS Health and Care Partnership:</b> *Wider system integration (may additionally include VCFSE, Housing, Social Care etc.).

ASSURANCE

### 5. DELIVERY: T&G NEIGHBOURHOOD PARTNERSHIPS

- 5.1 Neighbourhoods remain the principal building block for the delivery model; our primary objective is to integrate services around local people, creating a system of multi-agency professionals from all public services working together as one integrated public service neighbourhood team. Delivery will be person-centred and take a proactive and preventative approach, intervening early and responding to the person in the context of their community.
- 5.2 Neighbourhood partnerships will include clinical, political, managerial and voluntary leadership with a key role for Primary Care Networks. Representatives from each neighbourhood partnership will sit on the T&G Provider Partnership Board. The T&G Provider collaborative will be accountable for integrated neighbourhood delivery which will drive public service reform. The neighbourhood partnership will support the interface with wider public sector and VCFSE partners.
- 5.3 Neighbourhood partnerships will share overarching principles and key partners such as Housing, Children's Services and Leisure services, but will also have specific local differences relevant to the needs and assets of the residents and communities in each neighbourhood.

## 6. DELIVERY: T&G PROVIDER PARTNERSHIP

- 6.1 The Tameside and Glossop Provider Partnership will be co-designed as a formal Provider Partnership Alliance for Tameside and Glossop. It will incorporate NHS and non-NHS organisations working together and holding each other to account using place-based budgets to design, transform, deliver, assure, sub-contract and commission pathways, services and cross-system initiatives.
- 6.2 Led by T&G Integrated Care NHS Foundation Trust (ICFT), the Provider Partnership will be accountable to the T&G Partnership Board, but will operate independently with distinct leadership and supporting governance making key decisions which drive delivery at pace and scale.
- 6.3 The Provider Partnership model is being developed by a multi-agency steering group via a series of scheduled workshops from June to September. It will, through strong place-based partnerships, work with local government, and wider stakeholders such as housing and care providers to support communities to tackle the wider social and economic determinants of health.
- 6.4 The Provider Partnership will play a leading role in workforce strategy, embedding clinical leadership and ensuring a diverse workforce and leadership representative of our local population. All of these models of care and developments will continue to be underpinned by active engagement with our population to support person-centred self-care and the building of strong relationships with the voluntary and community sector.
- 6.5 Through the ICFT, the locality Provider Partnership will link through to the GM Provider Collaboratives to support both horizontal and vertical collaboration across providers to support standardisation of services, improvements in care pathways and driving down health inequalities that exist for our population.

## 7. DESIGN: T&G PARTNERSHIP BOARD

- 7.1 **DESIGN:** The T&G Partnership Board will be built on the principles and working processes of our T&G Strategic Commissioning Board (SCB) which is a well-established effective legal construct that brings together the commissioning of a wide range of health and social care functions. The governance framework for the T&G SCB is framed under the Local Government Act 1972. As a statutory Joint Committee formed by the two statutory organisations all members must comply with the requirements set by the Local Government Acts 1972 and 2000 and the Council's Constitution. The current governance works well and we are committed to maintaining this where legislation allows following the merger of GM CCGs. The SCB will finish and the T&G Partnership Board will be formed as a new Joint Committee based on the principles of the SCB in collaboration with GMICS.
- 7.2 The T&G Partnership Board will be chaired by the place-based lead as the accountable person to GMICS in T&G for Health and Care. The place-based lead will (subject to legislation and guidance):
- Be the accountable person to GMICS in T&G for Health and Care; overseeing the responsibilities delegated to T&G by GMICS.
  - Have oversight of the combined system resources and assets and use this as a basis for joint action.
  - Have system oversight of quality, safety and safeguarding across T&G.
  - Chair the T&G Partnership Board and convene system partners around a common purpose and commitment to place.
  - Sit on the GMICS Board as the T&G representative and advocate for the local system and population.
  - Nurture collective and distributed leadership across the local system.

- Embed a culture of openness and transparency within the local system to drive improvements in population health.
- 7.3 The board will include a wide range of partners with a responsibility for population health, this will include political, clinical, professional, managerial, VCFSE and resident representation. Where appropriate members will be 'selected and elected' and role profiles for Board members will be agreed. Derbyshire ICS representation will be required to ensure the best interests for Glossop residents.
- 7.4 T&G has extensive experience in overseeing integrated funding and we intend to retain these local processes. We recognise that the financial model is likely to require a blended approach and remain committed to making decisions about investment for our local population in T&G. This will be undertaken at the T&G Partnership Board.
- 7.5 The T&G Partnership Board will:
- Have overall accountability for the integrated system and the triple aim of:
    - ✓ Better health & wellbeing for everyone
    - ✓ Better quality of health services for all
    - ✓ Sustainable use of NHS resources.
  - Establish shared commissioning intentions for the system and provide a mechanism for locality priorities to be agreed.
  - Provide system-oversight of a joint place-based budget which will be used to drive shared population health outcomes.
  - Provide a forum for strategic clinical, professional, managerial and resident oversight.
  - Manage shared risk.
  - Provide a key interface with the Health & Wellbeing Board(s).
- 7.6 It is recognised that many T&G CCG functions will sit at a GM level within the GMICS. It has not yet been agreed what form is required to discharge the CCG legacy functions in T&G. It is expected that some of these functions will transfer into a Strategic Commissioning function aligned to TMBC and some will transfer into the Provider Partnership.

## **8. ASSURANCE AT EVERY LEVEL**

- 8.1 Each NHS organisation has individual responsibilities to ensure the delivery of high quality care. ICS NHS bodies will also have statutory duties to act with a view to securing continuous improvement in quality. We expect them to have arrangements for ensuring the fundamental standards of quality are delivered including to manage quality and safety risks and to address inequalities and variation; and to promote continual improvement in the quality of services, in a way that makes a real difference to the people using them. ICSs are expected to build on existing quality oversight arrangements, with collaborative working across system partners, to maintain and improve the quality of care.
- 8.2 A system oversight and quality improvement function will sit within GMICS providing assurance that local systems are successfully monitoring and assuring themselves against the NHS's Triple Aim with clear roles and accountabilities for quality oversight and well-defined processes for managing quality performance and quality risks.
- 8.3 Whilst much of the accountability for Quality and safeguarding functions will sit with GMICS it is likely that a hub and spoke model will be implemented. There is a need to continue working collaboratively within T&G around this agenda. Operational and strategic leadership of this agenda will be required at all levels.



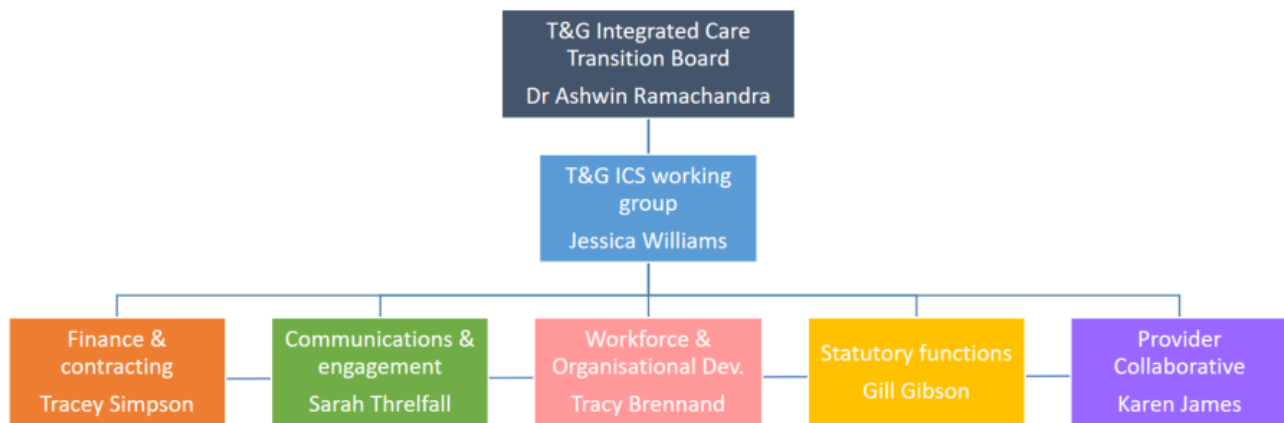
## **9. FINANCIAL PRINCIPLES**

- 9.1 T&G has extensive experience in overseeing integrated funding and we intend to retain the learning from these local processes. We recognise that the financial model is likely to require a blended approach to funding flows of NHS money. This will include direct allocation to NHS Trusts, allocation to Provider Collaboratives and to agreed NHS / Local Authority arrangements in localities; however we are committed to making decisions about investment for our local population in T&G. This will be undertaken at the T&G Partnership Board where 'risk and gain share' agreements will be approved.
- 9.2 Shared financial principles locally recognise the need for:
- Ensuring best value locally from all investments, and maximising social value.
  - Targeting inequalities with financial commitments informed by data and intelligence.
  - Alignment of health and care funding with wider public sector funding.
  - Shared stewardship of the money spent at each level overseen by the T&G Partnership Board.
  - Local oversight allowing savings realisation to be held locally.
  - Commitment of all Providers to full transparency and acceptance of the need to audit investment.
- 9.3 The formation of an ICS as a statutory body is anticipated to address the current limitations of Section 75 pooled budget legislation. However, the principles and learning from the T&G Integrated Commissioning Fund still stand and it is important that these are effectively reflected in the construct of the new funding flows and legal architecture.
- 9.4 Different scenarios for receipt of direct funding will be stress-tested to guard against potential concerns of mistrust, conflict of interest and other unintended consequences and in so doing, provide effective safeguards to address the issues, influence wider system working and mitigate risks.
- 9.5 T&G will work collaboratively to build a financially sustainable model and ensure value for money by working as a GM collective in securing external professional support where needed, for example, legal advice to support the new financial architecture.

## **10. PROGRAMME GOVERNANCE**

- 10.1 To manage the safe close-down of the CCG and associated system transformation the following system governance has been developed:
- Integrated Care Transition Board (ICTB)
  - ICS working group: to provide the overall grip on the work programme (meeting fortnightly).
  - 5 x thematic inter-connected subgroups as shown below.
- 10.2 The Integrated Care Transition Board (ICTB) is the system-wide accountable group to oversee the transition into the GMICS. This involves building on the current locality arrangements to establish a new locality operating model as part of the establishment of a statutory GMICS. Draft terms of Reference can be found in the appendix.
- 10.3 The ICTB will take place prior to the T&G Strategic Commissioning Board and will be chaired by the Co-chair of T&G CCG. All existing SCB members will be invited with additional representation to be determined but to include as a minimum the Chief Executive T&GICFT NHS Trust, Chief Executive Pennine Care FT NHS Trust, Chief Executive Action Together and a Primary Care Network representative.

- 10.4 The role of the ICTB is to:
- Take overall responsibility for setting the direction and scope of the ICS Transition Programme.
  - Oversee the close down of the CCG utilising appropriate due diligence.
  - Consider, advise and approve the future T&G health & care system form that will deliver the defined functions of a Locality within the GMICS.
  - Have oversight of all ICS transition activity in T&G by connecting workstreams together.
  - Provide guidance and advice as work progresses in relation to options, governance, proposals, risks, communication and decision making.
  - Be grounded in the vision and principles of the local Corporate Plan and Locality Plan.
  - Oversee the development of and transition to a new T&G Partnership Board.
- 10.5 The responsibilities of the ICTB will cover the same geographical area as of NHS Tameside and Glossop CCG (that is fully coterminous with Tameside Metropolitan Borough Council and the Glossop locality of Derbyshire County Council). Noting that the White Paper affirms that ICS's should be coterminous with local authority boundaries.



## 11. KEY RISKS

- 11.1 Staff below board level have an employment commitment to the ICS. Along with senior staffing changes there is a risk colleagues will leave due to uncertainty, engagement and the length of time it will take before people know if they have a role or what the role may be. This could lead to loss of corporate memory and capacity and capability to deliver.
- 11.2 The ability to implement a large and complex work programme with short timescales and a stretched workforce.
- 11.3 A lack of engagement by system stakeholders caused by the lack of dedicated time, understanding and commitment to new organisational forms and functions.
- 11.4 Receipt of relevant legal advice as part of the CCG close-down transaction and ICS development.
- 11.5 Fragmentation of local delivery, leadership and financial control following GMICS formation.
- 11.6 Delays to national and regional guidance which will delay local decision making.
- 11.7 The change required to shift from a reactive to a proactive system will require cross-system commitment to Organisational Development.

## **12. KEY NEXT STEPS**

- Mapping of CCG functions to future form, this will be informed by spatial level analysis across key functions with GM partners.
- Analysis of potential financial flows from GMICS to localities.
- Define CCG statutory functions affected by the transition & mitigate any associated risks.
- Development of a stakeholder engagement workplan, including affected staff.
- Begin workforce due diligence.
- Delivery of the Provider Partnership steering group workshops, scheduled June – September 2021.
- Ongoing input into GMICS design and associated governance models.
- Work with Derbyshire County Council, High Peak Council, Derby and Derbyshire CCG and GMHSCP to protect the best interests of Glossop residents in any boundary changes.

## **13. RECOMMENDATIONS**

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

# APPENDIX

## Tameside & Glossop Integrated Care Transition Board (ICTB) **DRAFT** Terms of Reference

### 1. ROLE OF THE INTEGRATED CARE TRANSITION BOARD

1.1 This is the system-wide accountable group to oversee the transition into the GMICS. This involves building on the current locality arrangements to establish a new locality operating model as part of the establishment of a statutory GMICS.

1.2 The role of the ICTB is to:

- Take overall responsibility for setting the direction and scope of the ICS Transition Programme.
- Oversee the close down of the CCG utilising appropriate due diligence.
- Consider, advise and approve the future T&G health & care system form that will deliver the defined functions of a Locality within the GMICS.
- Have oversight of all ICS transition activity in T&G by connecting workstreams together.
- Provide guidance and advice as work progresses in relation to options, governance, proposals, risks, communication and decision making.
- Be grounded in the vision and principles of the local Corporate Plan and Locality Plan.
- Oversee the development of and transition to a new T&G Partnership Board.

### 2. GEOGRAPHICAL COVERAGE

2.1 The responsibilities of the ICTB will cover the same geographical area as of NHS Tameside and Glossop CCG (that is fully coterminous with Tameside Metropolitan Borough Council and the Glossop locality of Derbyshire County Council). Noting that the White Paper affirms that ICS's should be coterminous with local authority boundaries.

### 3. MEMBERSHIP

3.1 This board has a specific, time-limited purpose to oversee the transition to the GMICS and its membership does not determine future membership of the T&G Partnership Board.

3.2 The ICTB will take place prior to the T&G Strategic Commissioning Board and shall consist of the following members:

The Strategic Commissioning Board core members:

- The Chair of the CCG (Chair);
- The five CCG Governing Body GPs;
- The CCG Governing Body Lay Member with responsibility for Commissioning;
- The Single Accountable Officer of the local authority and of the CCG;
- The Council's Executive Leader;
- The Council's Deputy Executive Leader (Children and Families);
- The Council's Executive Member for Finance and Economic Growth;
- The Council's Executive Member for Health, Social Care and Population Health;
- The Council's Executive Member for Housing, Planning and Employment;
- The Council's Executive Member for Lifelong Learning, Equalities, Culture and Heritage;
- The Council's Executive Member for Neighbourhoods, Community Safety and Environment;
- The Council's Executive Member for Transport and Connectivity.

- In addition the following non-SCB members will be invited:
  - Chief Executive T&GICFT NHS Trust
  - Chief Executive Pennine Care FT NHS Trust
  - Chief Executive Action Together
  - Primary Care Network representative.

The following will have a standing invitation to attend the meetings of the ICTB:

- CCG and TMBC Single Leadership Team
- A representative of Derbyshire County Council
- A representative of High Peak Borough Council
- A representative of Derbyshire CCG.

#### **4. STATUTORY FRAMEWORK**

4.1 The ICTB is not a statutory body, it is established as a time-limited group and is not intended to replace any of the existing statutory bodies in the locality.

#### **5. MEETINGS AND VOTING**

5.1 The ICTB will give no less than five clear working days notice of its meetings. This will be accompanied by an agenda and supporting papers and sent to each member no later than five days before the date of the meeting.

5.2 It is not anticipated that there will be a need for voting. The aim of the Board will be to achieve consensus decision-making wherever possible. However, should a vote be required it will be by a simple majority of members present but, if necessary, the Chair has a second or casting vote.

5.3 Members of the board have a collective responsibility for its operation, recognising that the success of the board will depend upon relationships and an environment of integrity, trust, collaboration and innovation. Members will participate in discussion, review information and provide objective input to the best of their knowledge and ability, and endeavor to reach a collective view.

#### **6. CONFLICT OF INTEREST**

6.1 Individual members of the group are accountable to their respective organisations/boards. Members of the Board will be asked at each meeting to declare any conflicts of interest for any items of business for that meeting.

#### **7. QUORUM**

7.1 The quorum will be three members to include both a member from the CCG and a member from the Council who is not the Single Accountable Officer.

#### **8. SUB-GROUPS AND PROGRAMME GOVERNANCE**

8.1 The Board will receive reports from the T&G ICS Working Group and programme-specific sub-groups, which will include as minimum:

- Finance and contracting
- Communications and engagement

- Workforce and organisational development
- Statutory functions
- Provider Collaborative.

## **9. FREQUENCY OF MEETINGS**

9.1 The ICTB will meet monthly until March 2022 at the beginning of each T&G Strategic Commissioning Board.

9.2 The meetings of the ICTB will be held in private.

# Agenda Item 8

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 28 July 2021

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

**Clinical Lead:** Dr Jeanelle De Gruchy, Director of Population Health

**Reporting Officer:** Debbie Watson, Assistant Director of Population Health

**Subject:** PREVENTION AND PROMOTION FUND FOR BETTER MENTAL HEALTH 2021/22 – GRANT FUNDING

**Report Summary:** The report outlines a proposal to spend the £317,623.00 provided to Tameside Council as part of the government's 'Prevention and Promotion Fund for Better Mental Health 2021/22' grant. The proposals are one off schemes due to the non-recurrent nature of the grant from government.

**Recommendations:** To agree the spending proposals outlined in the report.

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

**Budget Allocation (if  
Investment Decision)**

CCG or Allocation	TMBC Budget	TMBC Allocation
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The proposal is to spend £295,000 on five mental health initiatives, plus £20,000 in evaluation costs. The total cost is fully funded by an external grant of £317,623 from the Department of Health and Social Care (DHSC), and there will be no overall budget impact to the Council. £75,000 of the costs will be internal to the Council, with the remainder disbursed to third-sector partners co-ordinated by the CCG.

Care should be given to comply with the grant conditions, especially as multiple partners are now involved. Arrangements should be put in place to ensure that expenditure is properly monitored and accounted for, and in particular, the grant requires:

1. that expenditure falls within the definition of 'eligible expenditure' set by the DHSC, and is 'over and above' activities already planned and funded by the Council
2. that the Council complies with the regular monitoring and reporting requirements set by the DHSC, including signature by the relevant Directors
3. That expenditure takes place only within the specified grant period, for most purposes within the financial year 21/22.

Advice and guidance has been taken from STAR Procurement, although some quotes are still to be obtained.

The £75,000 spend within the Welfare Rights team (see Appendix 1) implies recruitment to additional fixed-term posts. To avoid a budget pressure once the grant ends, either their contract should be aligned to the grant term or alternative funding must be identified to cover any extension. The project may be expected to produce indirect cost reductions against

mental health activities elsewhere in the Strategic Commission.

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

The Council and health are moving swiftly to utilise this one off funding. Compliant procurement routes still need to be followed hence support being provided by STAR, which should be followed by the project officers to ensure that not only the procurement regulations but also that internal contract procedure rules are complied with.

Despite potentially being a one off funding opportunity robust contract management is still required to ensure that best value is achieved for council and health together with the delivery of a valuable service for the residents of Tameside.

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

The proposal supports all elements of the life course, and seeks to reduce inequalities.

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

The proposal aligns with the locality plan as it seeks to increase support for residents regarding mental health.

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

The paper has not been presented to Health and Care Advisory Group.

**Quality Implications:**

All projects proposed will be monitored and performance managed to ensure quality.

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

The proposal supports people who are most at risk and exposure to further inequalities due to the COVID-19 pandemic.

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

The proposal supports people who are most at risk and therefore promote equality and diversity.

**What are the safeguarding  
implications?**

All providers who will deliver the projects will follow safeguarding procedures.

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

N/A

**Risk Management:**

The approach and activity outlined in the report ensures that Tameside Council meets its obligations with regards to spending of the 'Prevention and Promotion Fund for Better Mental Health 2021/22' grant.

**Access to Information:**

The background papers relating to this report can be inspected by contacting the report writer, Debbie Watson, Assistant Director of Population Health



Telephone: 07970 456 338



e-mail: [debbie.watson@tameside.gov.uk](mailto:debbie.watson@tameside.gov.uk)



## 1. BACKGROUND

- 1.1. The impact of coronavirus (COVID-19) and the social and economic consequences of the pandemic have meant that tackling mental health at a population level has never been more important. COVID-19 has been recognised as a public mental health emergency that exacerbates existing mental health inequalities.
- 1.2. Existing need: key facts about mental health
  - 1 in 6 adults experience a common mental health disorder such as anxiety or depression. This increases to 1 in 4 for those living in deprived areas and 1 in 5 women.
  - 1 in 8 children (5-19 years) have a mental health disorder.
  - Those facing social disadvantage and poverty are most at risk as are young women<sup>7</sup> and those experiencing multiple disadvantage and discrimination.
  - Most mental health disorders are more common in people who are living alone, in poor physical health, and/or not employed.
  - Around half of all mental health problems start before the age of 14, with the early years being particularly important in setting the foundations for good mental health.
  - Risk factors for children include vulnerable family background involving parental domestic violence, substance misuse or severe mental health problems.
  - Children living in poverty are over three times more likely to suffer from mental health problems.

## 2. PREVENTION AND PROMOTION FUND FOR BETTER MENTAL HEALTH 2021/22 GRANT

- 2.1. On 27 March 2021 the Department of Health and Social Care announced the COVID-19 Mental Health and Wellbeing Recovery Action Plan for 2021 to 2022 to mitigate and respond to the impact of the COVID-19 pandemic on mental health. At this time, the government announced a *Prevention and Promotion Fund for Better Mental Health* of £15 million to be distributed to the most deprived (IMD) upper tier local authorities in England to preventing mental ill health and promoting good mental health. The *Prevention and Promotion Fund for Better Mental Health Grant* is a one-off contribution for the 2021/22 financial year and is made under Section 31 of the Local Government Act 2003.
- 2.2. The grant guidance is relatively short and provides some flexibility for local discretion. The key points from the grant guidance are summarised below:
  - Be used to support people with risk factors heightened by the pandemic, such as grief, financial insecurity etc.
  - Be used to support people at risk and vulnerable groups e.g. isolated men.
  - Be used to expand, continue or develop new interventions.

2.3. The allocation for Tameside Metropolitan Borough Council is £317,623.00

## 3. PROPOSAL FOR ALLOCATION OF THE GRANT

- 3.1. The table at **Appendix 1** summarises the spending proposal for the grant and has been developed with colleagues in the Clinical Commissioning Group, and Policy Directorate. Each investment seeks to achieve one or more of the following key principles of the grant guidance – use a whole system prevention approach; Be people and community centred; Build on good communication, collaboration and partnership; Tackle inequalities; Use a lifecourse and whole household approach; Build on existing arrangement and apply learning from the COVID-19 pandemic. More detail of the proposals can be found in the copy of the grant application in **Appendix 2**.
- 3.2. All investment is one-off in the financial year 2021/22 (albeit the provision and final spend could

run over into 2022/23 where funding is as a grant to a third party).

- 3.3 The spending proposals are summarised in the table below and in more detail at **Appendix 1**. The procurement management of these projects will be led by the CCG where existing arrangements are known but all managed in collaboration with Public Health.

<b>PROVISION</b>	<b>£</b>
Project A: Engagement and Support for Underserved Groups	£60,000
Project B: Financial Wellbeing	£75,000
Project C: Bereavement and Loss	£40,000
Project D: Men's physical and emotional health	£70,000
Project E: Peer Support Network Development	£50,000
Evaluation and Communication	£20,000
<b>TOTAL</b>	<b>£315,000</b>

- 3.4 All the above elements have been supported by STAR Procurement in terms of advice and guidance.

#### **4. RECOMMENDATIONS**

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

## APPENDIX 1

Overview	PHE Grant Element	Budget allotment	Proposed Organisation	Preferred funding award	LA or CCG Lead
<b><u>PROJECT A: ENGAGEMENT AND SUPPORT FOR UNDERSERVED GROUPS</u></b> Engagement, prevention and early intervention for under-served groups focussing on communities hardest hit by the pandemic (e.g. BAME, LGBTQ+, Older people)	<b>Engagement - LGBT</b>	£20,000	LGBT Foundation	Grant extension /Direct award	CCG
	<b>Engagement - BAME</b>	£20,000	Diversity Matters North West	Grant/Direct award	CCG
	<b>Engagement - Older</b>	£20,000	TBC	3 quotes to be obtained	CCG
<b><u>PROJECT B: FINANCIAL WELLBEING</u></b> Enhanced Financial wellbeing support addressing debts, benefits, housing and employment & training to stabilise insecure financial and housing situations and support more people back into employment and economic activity.	<b>Financial Wellbeing</b>	£75,000	Welfare Rights Team	Internal to Tameside MBC	LA
<b><u>PROJECT C: BEREAVEMENT AND LOSS</u></b> Enhanced Bereavement and Loss support to meet the needs of those who have lost a loved one, significant connection or role during the pandemic.	<b>Bereavement &amp; Loss</b>	£40,000	Infinity Initiatives	Grant extension	CCG
<b><u>PROJECT D: MEN'S PHYSICAL AND EMOTIONAL HEALTH</u></b> Men's Physical activity and emotional support aimed at men (30-55) living alone or in shared accommodation and/or unemployed/furloughed, who have been struggling with their mental health.	<b>Facilities and premises</b>	£10,000	Action Together	Grant extension	CCG
	<b>Groups - Fitness element</b>	£20,000	Active Tameside	Grant Award	CCG
	<b>Groups – Mental Health element</b>	£20,000	Mind	Grant extension	CCG
	<b>Engagement</b>	£20,000	Anthony Seddon	Grant extension	CCG
<b><u>PROJECT E: PEER SUPPORT NETWORK DEVELOPMENT</u></b> Peer support network development providing dedicated resource to train peer facilitators, nurturing new peer support groups drawn from the areas of work with under-served groups. This will also help to reduce loneliness among some of the most at risk groups and secure the legacy of this programme.	<b>Peer Support Development</b>	£25,000	Anthony Seddon	Grant extension	CCG
	<b>Peer Support Development</b>	£25,000	Mind	Grant extension	CCG

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Please Note: Applications should be submitted to PHE in Word format only (Excel for budget workings) to [publicmentalhealth@phe.gov.uk](mailto:publicmentalhealth@phe.gov.uk) no later than 11.59pm, 28 May 2021.

**Section 1 – Contact details**

Local authority contact details	
Name of local authority submitting the bid	Tameside Council
Name of project lead	Debbie Watson
Job title / position in local authority	Assistant Director of Population Health
Telephone number	07970 456 338
Address and postcode	Tameside One   Market Place   Ashton-under-Lyne   Tameside   OL6 6BH
E-mail address	<a href="mailto:debbie.watson@tameside.gov.uk">debbie.watson@tameside.gov.uk</a>
Are you submitting the EoI on behalf of a consortium?  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

**Section 2 – The project (s)**

2.1 Project details – Please see guidance on ‘Interventions & approaches’
<p><b>2.1.1 Summary of each mental health prevention and promotion project (s) (250 words maximum).</b></p> <p>Our programme, <i>Living Life Well - Unlocking Wellbeing</i>, will be formed of 5 strands that expand existing provision to target inequalities highlighted by Covid-19 and the direct impacts on people's lives that jeopardise their mental wellbeing:</p> <ul style="list-style-type: none"> <li>A. Engagement, Prevention and early intervention for under-served groups focussing on communities hardest hit by the pandemic (e.g. BAME, LGBTQ+, Older people)</li> <li>B. Enhanced Financial wellbeing support addressing debts, benefits, housing and employment &amp; training to stabilise insecure financial and housing situations and support more people back into employment and economic activity</li> <li>C. Enhancing the Bereavement and Loss support to meet the needs of those who have lost a loved one during the pandemic.</li> <li>D. Men's Physical activity and emotional support aimed at men (30-55) living alone or in shared accommodation and/or unemployed/furloughed, who have been struggling with their mental health.</li> <li>E. Peer support network development providing dedicated resource to train peer facilitators, nurturing new peer support groups drawn from the areas of work with under-served groups. This will also help to reduce loneliness among some of the most at risk groups and secure the legacy of this programme.</li> </ul>
<p><b>2.1.2 Please state how each project will meet the mental health needs of your local population and the rationale for intervention selection (500 words)</b></p> <p><b>We have established a number of key needs in Tameside highlighted by the pandemic:</b></p>

### Suicide Risk

We have established through our regional mental wellbeing survey and suicide prevention strategy that men aged between 30 and 55 are at highest risk of suicide, consistent with national research by Samaritans<sup>1</sup>. Rates of Suicide and self-harm in Tameside have consistently been above the national average<sup>2</sup>. We have also established that the charities supporting men need more resources to provide support to this group, especially in physical activity for which there is good engagement (which has dropped during the pandemic)<sup>3</sup>.

### Employment, financial and housing instability

Over the past year Tameside has had a higher claimant rate of unemployment benefits than both the regional and national average and there is a higher rate of families out of work in our area.



The local view of  
Health and Wellbeing

In addition, Tameside's most common employment types are those more likely to have been more affected by the lockdown. Unemployment has a negative impact on Mental Health<sup>4</sup> as does the financial instability which accompanies unemployment<sup>5</sup>. It is expected that when the national moratorium on evictions is lifted on the 31<sup>st</sup> of May, there will be a significant number of eviction procedures started and with the reduction in the statutory notice period from 6 months to 4, the number of households at risk of imminent homelessness/housing instability will increase significantly. This will impact Tameside significantly as the pre-covid numbers on the housing waiting list increased steadily (3423 in 2019).

### Bereavement and Loss

Tameside's communities have lost 726 people through Covid related deaths (the 12<sup>th</sup> highest rate in the country). Consistent with this, our VCSE partners and providers have indicated a significant increase in the need for bereavement support among those accessing their services. During lockdown our VCSE partners have indicated that other forms of loss have increased in number and/or impact including loss of pets, loss of jobs, roles or status.

### Under-served groups

Demographics information from our services and the demographics of the recent Greater Manchester survey response indicate that, as a proportion of the population, certain groups are underrepresented in the mental health system (replicated nationally to varying degrees). Those from Black and minority ethnic backgrounds, those who identify as LGBTQ+ and older people appear to be under-served by mental health services. BAME groups have been disproportionately affected by Covid-19 in terms of both health and wider determinants and LGBTQ+ individuals are more at risk of isolation through the pandemic due to a higher rate of living alone or in shared accommodation, this is in addition to an already elevated risk of suicide (<https://www.stonewall.org.uk/lgbt-britain-health>, <https://nspa.org.uk/wp-content/uploads/2021/04/Suicidal-Distress-and-Survival-full.pdf>). Isolation has increased during the pandemic among older adults due to lockdown and shielding which has a negative impact on mental health.

### Loneliness

15.1% of Tameside residents indicated they felt lonely often/always, more than twice the national rate with a further 20% feeling lonely some of the time<sup>6</sup>. Loneliness and isolation can significantly and negatively affect mental health.

<sup>1</sup> Out of sight, out of mind: Why less well-off middle-aged men don't get the support they need (April 2020)

<sup>2</sup> <https://fingertips.phe.org.uk/suicide>

<sup>3</sup> [https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2020-10/Active%20Lives%20Adult%20May%2019-20%20Coronavirus%20Report.pdf?VersionId=2L6TBVV5UvCGXb\\_VxZcWHcfFX0\\_wRaI7](https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2020-10/Active%20Lives%20Adult%20May%2019-20%20Coronavirus%20Report.pdf?VersionId=2L6TBVV5UvCGXb_VxZcWHcfFX0_wRaI7)

<sup>4</sup> <http://www.instituteofhealthequity.org/resources-reports/local-action-on-health-inequalities-promoting-good-quality-jobs-to-reduce-health-inequalities>

<sup>5</sup> WORK GOOD FOR YOUR HEALTH AND WELL-BEING? Gordon Waddell, A Kim Burton 2006

<sup>6</sup> ONS - <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing>

## 2.1 Project details – Please see guidance on ‘Interventions & approaches’

### Support in and of the community

Our VCSE Lived Experience partner, Anthony Seddon, has been meeting with those with lived experience of a range of mental health challenges throughout the Covid-19 pandemic and has reported that key messages from the committee include the request to have more peer support groups available so people can come together and share their experience in a safe and supportive environment.

### Our 5 strand approach will tackle these needs with evidence-based approaches:

**A)** Dedicated assertive and innovative engagement of BAME and LGBTQ+ will raise the profile of mental health provision within the groups established above as having increased need, upskill the local mental health system and ensure the other strands of support are targeted to under-served groups. This will also tackle isolation by providing signposting to services and positive social activities<sup>7 8</sup>.

**B)** Qualitative data from the work of our Neighbourhood Mental Health Team and our VCSE partners indicates that providing advice, support and guidance to support financial and housing stability allows people to secure their mental health and wellbeing. Across our VCSE partners this work will include debt, benefits and housing advice as well as connecting with food banks to provide food security. This is consistent with research which confirms the impact of financial and housing support.<sup>9, 10, 11</sup>

**C)** Physical exercise lowers stress hormones such as cortisol and raises endorphins, improving mood.<sup>12</sup> It is also anticipated that group physical activity will tackle loneliness and isolation by bringing people together, as per the guidance.

**D)** The Supporting All In Loss and Separation (SAILS) programme will be expanded to provide capacity to meet the increased need. The expanded element of the programme will be targeted to those groups most affected by Covid-19 and those affected by suicide, in line with the evidence<sup>13, 14</sup> which suggests a targeted approach is most successful.

**E)** As the guidance indicates, community-centred approaches such as peer support groups have a proven impact on securing wellbeing<sup>15</sup>. They can also improve social connection and provide lasting support beyond the scope of commissioned services, securing resilience and recovery. Bringing people together to support each other will also impact loneliness and social connection.

### 2.1.3 Please state the value of each project and the overall value of the programme

**For the entire Unlocking Wellbeing programme, 315,000 funding is being applied for.**

- A. £60,000 for engagement, prevention and early intervention for under-served groups
- B. £75,000 for financial wellbeing
- C. £40,000 for Bereavement and Loss
- D. £75,000 for Men’s physical and emotional wellbeing
- E. £50,000 for Peer Support Network Development

<sup>7</sup> McDaid, D., Bauer, A. and Park, A.L., 2017. Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review. London: London School of Economics and Political Science.

<sup>8</sup> Cattan M, White M, Bond J, Learmouth A. Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing & society*. 2005 Jan;25(1):41-67.

<sup>9</sup> McGrath M, Duncan F, Dotsikas K, Baskin C., Crosby, Dykxhoorn J, Gnani S., Hunter, Kaner, Kirkbride J.B, Lafortune Lee C., Oliver E.J., Walters K., Osborn D., 2021, Community interventions for the mental health of working-age adults experiencing financial uncertainty: a state-of-the-art review. In press, *Journal of Epidemiology and Community Medicine*

<sup>10</sup> Dotsikas, K, 2020 A roof is not enough: early interventions for homelessness prevention (unpublished systematic review of the evidence). Draft available by emailing: [publicmentalhealth@phe.gov.uk](mailto:publicmentalhealth@phe.gov.uk)

<sup>11</sup> Caroline Lee, Michael McGrath, Olivia Remes, Fiona Duncan, Cleo Baskin, David Osborn, Jennifer Dykxhoorn, Eileen Kaner, Kate Walters, James Kirkbride, Shamini Gnani, Louise Lafortune., 2021, A systematic scoping review of community-based interventions for the prevention of mental ill-health and the promotion of mental health in older adults in the UK, in press. *Health and Social Care in the Community*

<sup>12</sup> <https://fingertips.phe.org.uk/profile/physical-activity>

<sup>13</sup> Bereavement services: do they work and are they cost-effective? An umbrella review of effectiveness and systematic review of cost-effectiveness, Gingell M, Pearce C, Penny A, Grant C, Kuhn I, Barclay S, Mavrodaris A. 2021. (currently being prepared for peer review publication and submission to the BMJ Supportive and Palliative Care- for more information please email [Megan.Gingell@phe.gov.uk](mailto:Megan.Gingell@phe.gov.uk))

<sup>14</sup> Pitman AL, Rantell K, Moran P, et al. Support received after bereavement by suicide and other sudden deaths: a cross-sectional UK study of 3,432 young bereaved adults. *BMJ Open* 2017;7 e014487. doi:10.1136/bmjopen-2016-014487

<sup>15</sup> Public Health England, Health and Wellbeing: a guide to community-centred approaches (2015)

<https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>

**2.1 Project details – Please see guidance on ‘Interventions & approaches’**  
Evaluation budget: £20,000

**2.2 Supporting criteria – Please see programme guidance**

**2.2.1 Please describe how you will work with wider system partners including local communities and people with lived experience to design and deliver this project/programme**

Each role will be based within and managed by a VCSE partner with an organisation working within their local community. Tameside’s mental health system is a highly connected system with NHS provision sitting alongside commissioned and non-commissioned VCSE sector provision.

A great deal of work has been done during our Living Life Well Transformation work to bring providers together to share key outcomes and increase partnership working. The programme will utilise established relationships across Local Authority, VCSE and NHS services.

Key to the long-term impact of our programme is the mutually beneficial relationship between different strands of the programme and between the programme and established provision. The sharing of best practice and embedding within the system will be closely managed by our PHMH Lead.

Over the past months we have been working to deepen and broaden the involvement and impact of Lived Experience on the mental health system. As part of this we have commissioned Anthony Seddon, a local VCSE organisation offering peer support in Ashton, to facilitate a Lived Experience Committee. The committee has representation from a range of different groups with mental health experience and is connected in with local and regional groups. The LE Committee will form a central part in the implementation and continued development. The programme will be discussed at the regular committee meetings and the committee and those employed in the programme will be asked to work together to ensure the strongest voice for Lived Experience throughout the programme. The Lived Experience committee will also be involved in the development and dissemination of the final report on the work of the programme.

**2.2.2 Please describe how you will target activities to at risk and socioeconomically deprived groups, including minority ethnic communities**

Each strand of the programme will have a primary base in one of Tameside’s most deprived wards. Our Engagement workers’ primary focus will be on targeting engagement with the most at risk groups and priority for the activities of each strand (in terms of location and referral) will be given to the most deprived wards. Engagement will work closely with established organisations already working with specific groups (Infinity Initiatives working with asylum seekers, Diversity Matters NW working with BAME communities, LGBT Foundation working with those who identify as LGBTQ+). Engagement work will be innovative and assertive, and will focus on raising the profile of available support, giving advice and signposting to increase the capacity within groups to seek the appropriate support for them. Locations for community work will be appropriate to those facing multiple deprivation (including job centres, food banks, VCSE organisations and community locations).

The Peer Support Network coordinator and engagement roles will work closely to ensure representation of under-served groups in all Lived Experience work.

**2.2.3 Please outline the project/programme’s measures of success**  
Within the project plan.

**2.2.4 Please outline relevant leadership and governance structures that will provide local accountability (250 words maximum)**

Posts will sit within third sector organisations already providing support to the target groups. They will submit reports every two months on how the programme is going. The reports will include the number of activities organised, number of organisations that have been engaged, number of people in the target groups attending the activities, evidence of impact. This will also be an opportunity to track spending against the project plan and programme budget.

Roles and activity for each strand of the programme will sit with the host VCSE organisation. Overall leadership will be held by the lead for public mental health in the local authority who will oversee



<b>2.2 Supporting criteria – Please see programme guidance</b>
progress and outcomes, but the activity of the project will be supported by the local authority, the CCG and the VCSE sector.
<b>2.2.5 Please describe how the project will be evaluated locally and confirm your commitment to working with PHE to disseminate findings more widely (500 words maximum).</b>
The progress of all projects will be managed by our Public Mental Health Lead (PMHL) (currently in recruitment). The PHMH Lead role has been funded by the CCG to ensure that the mental health and wellbeing of Tameside and Glossop is fully understood. The PMHL will draw together the reporting of each strand of the programme and draw together a report on the progress and impact of Unlocking Wellbeing. An Unlocking Wellbeing report will be written with PHE and local resident target audiences to clearly lay out what the challenges were, what actions have been taken to mitigate the impact of Covid-19 and ensure the mental wellbeing of Tameside residents, and what the impact of those actions has been.
<b>2.2.6 Please describe and provide evidence of how the project will be sustained (500 words maximum).</b>
Over and above the positive, long lasting impact these activities will have on the mental health system, the community support, the best practice, the privileged access to under-served communities and the knowledge of the mental health system across Tameside, we plan for this work to be continued into Tameside's ambitious transformation programme.  The CCG has had a business case agreed for substantial transformation funding within the mental health provision for Tameside. This GM Metal Health transformation funding is released in cumulative waves and we would anticipate that the activity of Living Life Well: Unlocking Wellbeing will inform and form part of the transformation work in years 2 and 3.  For information on the planned funding, please see the papers found at: <a href="https://www.tamesideandglossopccg.org/getmedia/bc9c4d47-58cb-4b2a-b853-84a7e74cae9e/SCB-Agenda-pack">https://www.tamesideandglossopccg.org/getmedia/bc9c4d47-58cb-4b2a-b853-84a7e74cae9e/SCB-Agenda-pack</a>
<b>2.2.7 Are you currently a signatory of the Prevention Concordat for Better Mental Health?</b>
Yes <input type="checkbox"/> Yes (as part of a wider system or partnership) <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>2.2.8 Does your local authority intend to become a Prevention Concordat for Better Mental Health signatory?</b>
You can find out more about the Concordat <a href="#">here</a> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>2.2.9 Please describe how the project will provide value for money (250 words maximum).</b>
Each element of our programme fits within the existing system of support. Management of roles, implementation of the programme strands and monitoring of data and performance will all sit within existing teams. While this is new dedicated resource, the roles are an expansion of pre-existing ways of working. The key differences are in where the work is focussed and which groups are targeted for support. Due to this, a much higher proportion of the funding will be spent on direct client work/activity than would be possible if we were creating a standalone service.  Each strand has an impact on its own, for example, our physical activity and mental wellbeing programme men: for every £1 invested in physical activity in England (financial and non-financial), £3.28 worth of social impact was created for individuals and society in 2017/18. The largest impact (58.32%) was in mental wellbeing. Considerable social value was also created by social and

<b>2.2 Supporting criteria – Please see programme guidance</b>
community development outcomes, in particular enhanced social capital, which was valued at £19.97bn. Approximately £9.59bn was generated through improved physical and mental health. <sup>16</sup>
Each of the strands of Unlocking Wellbeing has been developed to both provide an acceleration out of lockdown into resilient mental health and wellbeing, but also the improvement of the system in reducing mental health inequalities by increasing the knowledge and resilience among groups within the community (through assertive engagement, advice and signposting), improving support from and for the community (peer support groups) and upskilling existing teams in representing and working with those of under-served populations. Each pound spent on this programme should not only have a financial benefit in the short-term mitigation of harm, but in lasting improvement of the system.
<b>2.2.10 Please confirm that this funding will be used for activities over and above those already planned and funded as part of existing funding streams such as the public health grant.</b>
<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p>

<b>2.3 Risks and monitoring</b>
<b>2.3.1 Please outline the key milestones and deliverables</b>
Within the project plan.
<b>2.3.2 Please provide details of any possible risks to delivery (overall and specifically in relation to milestones identified) and actions to mitigate these risks</b>
<ol style="list-style-type: none"> <li>1. Recruitment might pose a challenge given the timescales for this project. We will work to ensure that the roles match the salary and will utilise the full network of providers and community organisations to highlight available roles. Where appropriate we will also highlight roles to volunteers with training and experience in current services.</li> <li>2. Further lockdowns or restrictions due to developments in the pandemic. We will apply the learning from the lockdowns to date and continue the focus on mitigating inequalities digital access. We will support our staff to work flexibly and will continue our digital equalities and inclusivity programme connecting those who don't have access to digital resources with devices and internet connectivity along with training to ensure people are able to access elements of this programme digitally.</li> <li>3. The simultaneous implementation of 5 streams may put pressure upon the implementing manager. As a system we have implemented many significant transformations and implementations. While the programme will be managed by the PMH Lead, they will be supported by the population health team and the CCGs Mental Health commissioning team. The strong existing relationships between commissioners and the involved organisations will help to ensure a smooth process of implementation.</li> </ol>
<b>2.3.3 Please confirm that you are able to comply with PHE's monitoring requirements and briefly outline how you will collect this data</b>
<p>Required quarterly monitoring data:</p> <ul style="list-style-type: none"> <li>• Prevention and promotion projects funded</li> <li>• Number of staff employed</li> <li>• Number of referrals</li> <li>• Number of people who are direct beneficiaries (including by target group, protected characteristic and number living in the most deprived local areas*)</li> <li>• Number and range of partners engaged</li> <li>• A short summary of key learning, innovation and wider system change</li> <li>• Measures of mental wellbeing of participants (eg: one of the following: <a href="#">Personal well-being ONS4 measures</a> or <a href="#">WEMWBS scale</a> or <a href="#">PHQ9</a> or <a href="#">GAD7</a> etc) are required at baseline and on project completion.</li> </ul>

<sup>16</sup> <https://www.sportengland.org/news/why-investing-physical-activity-great-our-health-and-our-nation>

Staff will be recruited into and managed within existing provision in VCSE providers' teams. Each of these teams is used to providing data sets to the CCG or LA and will be supported by our data and performance teams with the benefit of experience working with third sector organisations to ensure the delivery of high quality demographics and outcome data.

The collection and reporting of data will be regularly reviewed and constantly monitored by the PHMH Lead. As with other considerable funding and transformation projects, we commit to regular, high quality reporting covering the full required data-set.

Recording practices will be developed from the data-set – i.e. ensuring geographic data for each participant is recorded to ensure we can report on the number accessing the programme from the most deprived areas.

*\*The minimum dataset is number of beneficiaries by age, gender, ethnicity, disability, pregnancy/maternity and beneficiaries living in the most deprived areas eg: Lower Super Output Areas as measured by the Indices of Multiple Deprivation.*

### **Section 3 – Additional information**

#### **Additional information (200 words maximum)**

Please contact us with any questions you may have about the programme of activities we have outlined as part of Living Life Well: Unlocking Wellbeing. We believe the activities outlined could have a significant positive impact on the lives and wellbeing of the communities of Tameside and look forward to beginning work on this ambitious scheme.

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# Agenda Item 9

<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	28 July 2021
<b>Executive Member:</b>	Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)
<b>Reporting Officer:</b>	Jessica Williams, Director of Commissioning
<b>Subject:</b>	<b>TAMESIDE AND GLOSSOP CHILDREN AND YOUNG PEOPLE’S EMOTIONAL AND MENTAL WELLBEING COMMUNITY OFFER – CONTRACT AWARD</b>
<b>Report Summary:</b>	Following extensive co-production with children young people, families and stakeholders, and a robust competitive dialogue procurement process, the contract has been awarded. The report summarises the process to date and the outcomes of the process including a report from STAR.
<b>Recommendations:</b>	<p>That the Strategic Commissioning Board be recommended to:</p> <ul style="list-style-type: none"><li>(i) acknowledge the robust procurement process undertaken and extensive co-production to develop the Offer</li><li>(ii) approve to the contract award report at <b>appendix 1</b>.</li><li>(iii) acknowledge the delay in awarding the contract and approves extension of the existing community contracts/grants by 3 months to enable appropriate mobilisation.</li></ul>
<b>Corporate Plan:</b>	The tender of a Tameside and Glossop Children and Young People’s Emotional and Mental Wellbeing Community Offer aligns with the Locality Plan by supporting the Voluntary Community, Faith and Social Enterprise Sector and by ensuring the very best start in life for children and young people through personalised approaches to wellbeing.
<b>Policy Implications:</b>	<p>The Community Offer has been co-produced from the very start with young people, parents, carers and local stakeholders. Young people were also involved in evaluating the tenders.</p> <p>The Community Offer will increase access for children young people and their families by being a clear offer and working as an integral part of the system. The support will be accessible to all, at the right time and in the right place, without the need to meet thresholds.</p> <p>An Equality Impact Assessment has been completed.</p> <p>An outcomes based report forms part of the specification, which will have qualitative and quantitative outcomes, monitored by the CCG.</p>
<b>Financial Implications: (Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	The £250k investment outlined in this contract award is congruent with both national and local MH Strategy and recurrent budgets are incorporated in to the CCGs and local authority financial plans. Details of the funding streams are as below and form part of the S75 agreements. Notice has been given in respect of termination of existing contracts/grants in order for a smooth transition to the new Provider on 1 December 2021 (noting that this

is a 3 month extension to the previously assumed commencement date of 1 September 2021).

Source of investment	CCG Budget	TMBC Budget	Total Funding
TMBC CYP Counselling service, Off The Record		£91,800	£91,800
CCG MHS	£16,200		£16,200
CCG Existing Baseline Budgets (42nd St/Off The Record/Mind/A.S.)	£142,000		£142,000
<b>Total Pooled Budget</b>	<b>£158,200</b>	<b>£91,800</b>	<b>£250,000</b>

Whilst the CCG awaits confirmation of details regarding to new ICS it must be noted that the creation of a sustainable financial model will be paramount. Therefore until clarity is sought consideration needs to be given to the post March 2022 landscape.

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

The project officers have been supported by STAR throughout this process in order to ensure that all procurement regulations and the council's own standing orders are complied with. It is expected that the officers will continue to be supported by STAR through the award and mobilisation phases.

The intention is that the comprehensive procurement exercise and the collaborative engagement especially with the service users will result in a quality community offer which also represents good value for the Council.

**Risk Management:**

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

**Background Information:**

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

Telephone: 0161 342 4136

[charlotte.lee@tameside.gov.uk](mailto:charlotte.lee@tameside.gov.uk)

[philippa.robinson5@nhs.net](mailto:philippa.robinson5@nhs.net)

## 1. INTRODUCTION

1.1. The refreshed Tameside and Glossop Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan was approved at the Strategic Commissioning Board in April 2020, with one of the priority being to develop a new co-produced Children and Young People's Emotional and Mental Wellbeing Community Offer, that aligns to the Thriving, Getting Advice and Getting Help elements of the THRIVE Framework, as well as the priorities of the Transformation Plan:

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

1.2. The commissioning and procurement approach for the Children and Young People's Emotional and Mental Wellbeing Community Offer was taken through Strategic Commissioning Board (SCB) in September 2020 and an update in January 2021 to outline progress, including the co-designed model, principles and specification. The recommendation from each of the paper are as follows:

Date	Purpose of Paper	Recommendations
30 Sept 2020	SCB Tendering	<p>1. That approval is given to tender for the Tameside and Glossop Children and Young People's Emotional and Mental Wellbeing Community Offer, with a 3+2 year contract, with an annual value of £250,000, totalling £1,250,000 over 5 years.</p> <p>2. That SCB agree to receive a report with recommendations on the agreed design of the contract to be procured and how Children's voice has been heard together with the clear deliverables to be achieved, how it meets priorities together with how it will be monitored and consequences for non-achievement and any TUPE issues.</p>
27 Jan 2021	SCB Update Report	<p>That Strategic Commissioning Board be recommended to:</p> <p>(i) Note the progress described in the report and the coproduction undertaken with children and young people, parents and carers and key stakeholders which has informed the final specification.</p> <p>(ii) Give permission to tender the redesigned service offer with Tameside &amp; Glossop CCG as lead commissioner and Tameside Council as associate commissioner to the new contract.</p>

## 2. PROCUREMENT AND COMMISSIONING PROCESS

2.1. Tameside and Glossop Single Commission has co-produced the new Emotional Wellbeing and Mental Health Community Offer with children, young people, families and stakeholders since Summer 2020.

2.2. Tameside and Glossop Clinical Commissioning Group (CCG) is the led commissioner with Tameside Council being associate commissioner, as the budget for the Offer are pooled

together. The contract awarded will be a 3 +2 year contract at £250,000 per annum. The Offer will be live from 1 December 2021.

- 2.3. Following a series of co-production workshops with young people, parents, carers and providers, an outcomes based specification was developed from the design principles and the tender was made live in January 2021 with a clear message to encourage collaborative bids from local providers.
- 2.4. In total 4 submissions were made and submitted for the deadline in March, these were:
- TOG Mind with 42<sup>nd</sup> Street (with TOG Mind as lead provider)
  - The Children’s Society, Off the Record and Anthony Seddon Fund (with Children’s Society as lead provider)
  - We Are With You
  - Solutions 4 Health
- 2.5. All four submissions were evaluated by a Panel including representation from:
- Population Health
  - CCG Commissioning
  - Finance
  - Healthy Young Minds
  - NHS Contracting
  - Safeguarding
  - Procurement (STAR)
  - Young People
- 2.6. Following the initial evaluation, three submissions passed to take part in a competitive dialogue, between 20 and 23 April 2021, which was an opportunity to explore what providers had put in their tender submissions and aid improvements without redesigning their proposed model.
- 2.7. Following competitive dialogue bidders submitted the final iteration of their bids. Re-evaluation by the panel highlighted and all three bidders showed an improvement in their proposed models, with final scores as follows:

<b>Bidder Name</b>	<b>Final Tender Score (100%)</b>	<b>Final Ranking</b>
TOG MIND	80.16%	1
Children’s Society	70.65%	2
We Are With You	68.48%	3

- 2.8. **Appendix 1** details the STAR Procurement Post Tender Award, for TOG Mind with 42<sup>nd</sup> Street as the successful bidder, with TOG Mind as the lead provider.

### **3. MOBILISATION**

- 3.1. Following contract award (now scheduled for the 29<sup>th</sup> July 2021) there will be a period of mobilisation in which the providers and commissioners will work collaboratively to implement the mobilisation and communication plan and to ensure the Offer will commence on from 1<sup>st</sup> December 2021. We will also ensure that any young people in existing provision will be safely managed into the new provider where necessary, and that providers who weren’t successful are supported by Action Together to maintain relationships.
- 3.2. The start date of the contract is slightly delayed from the original plan (1<sup>st</sup> September 2021), however this 3 month extension allows for a thorough mobilisation period, ensuring that families can be involved throughout the process.



- 3.3. Existing contracts and grants with TOG Mind, 42<sup>nd</sup> Street and Off the Record will need to be extended by 3 months from 1<sup>st</sup> Sept 2021 to 30<sup>th</sup> November 2021 to maintain continuity for the young people currently accessing services. The finances associated with the extensions can be found in the table below:

<b>Provider</b>	<b>3 month finance extension</b>
TOG Mind	CCG – £12,500
42 <sup>nd</sup> Street	CCG - £8,407
Anthony Seddon Fund (The Talkshop)	CCG - £1,536
Off the Record (The Talkshop)	CCG - £4,029
Off the Record (Counselling Service)	TMBC – £22,875

#### **4. RECOMMENDATIONS**

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

## Post Tender Award Report

<b>Council:</b>	<b>Tameside Clinical Commissioning Group</b>
<b>Report For:</b>	Approval to proceed to award
<b>Dated:</b>	<b>21/06/2021</b>
<b>Project Group:</b>	Charlotte Lee Pat McKelvey Philippa Robinson Sarah Leah Julia Whittaker Helen Davies
<b>STAR Officers</b>	James Hunter

### Report Title

**Tameside and Glossop Emotional and Mental Wellbeing Community Offer**

### Contents:

#### **This report details:-**

- [\*\*Background\*\*](#)
- [\*\*Procurement Process\*\*](#)
- [\*\*Final Outcome\*\*](#)
- [\*\*Risks / Issues\*\*](#)
- [\*\*Regulation 84 Report\*\*](#)
- [\*\*Final Signatories\*\*](#)

### BACKGROUND AND SCOPE

This report provides details of the Competitive Dialogue Procedure for the Service Programme, the bids received and the subsequent evaluation. The service will be delivered across Tameside and Glossop as set out in the **Official Journal of the European Union (OJEU)** Contract Notice

The Tameside and Glossop Strategic Commission (Tameside Council and Tameside and Glossop Clinical Commissioning Group (CCG)) is seeking to contract for the implementation and delivery of a collaborative and innovative Tameside and Glossop Children and Young People's Emotional

and Mental Wellbeing Community Offer. In doing this, the Strategic Commission will enable 'thriving' outcomes for children and young people with respect to their emotional and mental wellbeing, as the Community Offer will focus heavily on prevention and early intervention.

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

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

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

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

## **PROCUREMENT PROCESS**

Following numerous discussions within the Project team it was decided that a Competitive Dialogue was the preferred route to Procurement due the needs of the contracting authority not being met without adaptation of readily available solutions and the need of innovative solutions from the market place (Regulation 26.4a of the Public Contract Regulations 2015), This Procurement was Published as a Light Touch Procurement over the EU Threshold.

In order to maximise the awareness of this Procurement process and generate competition in the provider market place, The Project team numerous events with potential supply chain organisations to shape the service specification and also providing an opportunity to embed collaboration and market shaping with Providers interested in this opportunity

### ***1) Supplier Selection Questionnaire Stage:***

Evaluations were undertaken in accordance with the Procurement Documentation, including and assessment on both Fundamental Criteria and Technical Capability. This evaluation consisted of both a desk top assessment and an evaluation panel scoring the Outline Solutions.

The Invitation to Submit Outline Solutions comprised of 2 parts, covering both Quality (Written Solution) and Price. 90% Quality and 10% Price

Bidders had to receive a minimum score of 3 (Satisfactory) for responses for each of the Technical Questions. Failure to achieve this score would have resulted in the rejection of their respective Solution.

There was also an un-weighted Quality Threshold as part of the Procurement Process. Any Bidder's Solution that did not reach the Quality Threshold Score of 50% out of the available 90% Quality Weighting would not be considered.

Evaluations of the Solutions were again undertaken in accordance with Procurement Documentation using the methodology below:

Assessment	Description	Score
Unacceptable	Response to the question is unacceptable or no response received.	0
Poor	Inadequate detail provided or some of the answer is not directly relevant to the question.	1
Below Expectations	Limited information provided, and/or a response that is inadequate or only partially addresses the question.	2
Satisfactory	An acceptable response submitted in terms of the level of detail, accuracy and relevance.	3
Good	A comprehensive response submitted in terms of detail and relevance to the question.	4
Excellent	As Good, but to a significantly better degree and a response, which goes above and beyond to answer the question with precision and relevance	5

In accordance with Procurement Documentation, the evaluation panel agreed upon a shortlist of the following 3 Organisations to invite them to Participate in Competitive Dialogue. These were as follows:

- 1) Tameside and Glossop Mind
- 2) Children's Society
- 3) We are With you

***2) Invitation to Pursue Further Dialogue and Submit Final Tender:***

The Stages of Competitive Dialogue were completed from 20<sup>th</sup> – 23<sup>rd</sup> April before Final Tenders were called with a submission date of Tuesday 25<sup>th</sup> May.

Bids were again evaluated by the Project Team in accordance with Tender Documentation. Tendered Prices were evaluated by the Finance Officers

***3) Tender Evaluation Summary:***

The evaluation summary (**Appendix 1**) summarises the scoring from this Competitive Dialogue Process and evidences the development of solutions to Final Tender. This summary includes the Quality Questions and the Pricing Scores and ranks Organisations in accordance with the agreed weightings.

The overall results of the Final Tender evaluation can be found below:

Overall Results:

<b>Bidder Name</b>	<b>Final Tender Score (Max 100%)</b>	<b>Final Ranking</b>
TOG MIND	<b>80.16%</b>	1
Children's Society	<b>70.65%</b>	2
We are with You	<b>68.48%</b>	3

Further details of the evaluation and scoring can be found in **Appendix 1**

***1) Recommendation***

The recommendation is to award this Contract to TOG MIND. The rationale is based on this Tenderer scoring the highest on a Quality/Cost basis and the most economically advantageous submission.

***2) Further Discussions:***

Throughout the Competitive Dialogue Process the CCG has been assisted and advised by STAR Shared Procurement Service and GM Shared Business Services respectively. Through dialogue, members of the Project team have had sufficient input into the design and delivery of this proposed service and following initial submissions. The CCG will meet with the Winning Tenderer to confirm financial commitments or other terms contained in the Final Tender by finalising the terms of the contract providing this does not have the effect of materially modifying essential aspects of the tender or does not risk distorting competition or causing discrimination.

**RISK / ISSUES**

- Timescales are a risk identified with the service. Mobilisation must be complete by 1<sup>st</sup> September and the CCG and Provider need to mitigate this risk by sticking to mobilization plans and ensuring deadlines are achieved to ensure young people are aware of the service

Is this Award Report in respect of an Award exceeding the current OJEU Threshold?	Yes
If "Yes", please confirm that a Regulation 84 Report will be completed and uploaded to The Chest	<input checked="" type="checkbox"/>

**FINAL SIGNATORIES**

**Procurement Approval**

**Print Name:** James Hunter

<b>Position:</b>	Head of Strategic Procurement
<b>Date:</b>	21/06/2021
<b>Signature:</b>	J.HUNTER
<b>Commissioning Approval</b>	
<b>Print Name:</b>	
<b>Position:</b>	
<b>Date:</b>	
<b>Signature:</b>	

**Only once this form has been signed by all parties, contract award letters and debriefs may be sent.**

## Appendix 1

### Final Scores

Quality Weighting	100%	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Social Value	Finance	Total
Weighting		20%	15%	10%	10%	10%	5%	5%	15%	10%	100%
Bidder Number	Bidder name	Score %	Score %	Score %	Score %	Score %	Score %	Score %	Score %	Score %	Score %
1	TOG MIND	16.00%	12.00%	8.00%	8.00%	8.00%	4.00%	4.00%	10.21%	9.95%	<b>80.16%</b>
2	Children's Society	16.00%	12.00%	8.00%	8.00%	6.00%	3.00%	3.00%	4.65%	10.00%	<b>70.65%</b>
3	We are with You	12.00%	9.00%	6.00%	6.00%	6.00%	3.00%	3.00%	13.50%	9.95%	<b>68.45%</b>

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<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	28 July 2021
<b>Executive Member:</b>	Councillor Brenda Warrington – Executive Leader (Tameside Council)
<b>Clinical Lead:</b>	Dr Ashwin Ramachandra / Dr Asad Ali – Co-chairs (Tameside and Glossop Clinical Commissioning Group)
<b>Reporting Officer:</b>	Sarah Threlfall – Assistant Director Policy, Performance and Communications (Governance and Pensions)
<b>Subject:</b>	<b>ENGAGEMENT UPDATE</b>
<b>Report Summary:</b>	<p>The report provides the Strategic Commissioning Board and Executive Cabinet with an update on the delivery of engagement and consultation activity in 2020/21 (to date). Much of the work is undertaken jointly – coordinated through the Tameside and Glossop Partnership Engagement Network (PEN) – by NHS Tameside and Glossop Clinical Commissioning Group, Tameside Council and Tameside and Glossop Integrated Care NHS Foundation Trust. However, it should be noted that each of the three agencies undertake work individually where necessary and appropriate for the purposes of specific projects. Engagement is relevant to all aspects of service delivery, all the communities of Tameside and Glossop, and wider multi-agency partnership working. The approach is founded on a multi-agency conversation about ‘place shaping’ for the future prosperity of our area and its communities.</p> <p>The onset of the Covid-19 pandemic has also meant that we have had to identify different ways to engage our local communities. This report sets out some examples of the ways in which we have done this including the establishment of both the Community Champions programme and Tameside &amp; Glossop Inequalities Reference Group.</p>
<b>Recommendations:</b>	Strategic Commissioning Board and Executive Cabinet are asked to note the contents of the report and support future engagement and consultation activity with the communities of Tameside and Glossop.
<b>Financial Implications:</b> <b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	No direct financial implications – activity is funded from existing revenue budgets
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	<p>Engagement and consultation are a critical components to the successful delivery of services by the Council.</p> <p>In addition consultation is often a statutory requirement and case law also how consultation should be undertaken.</p> <p>As such any formal consultation will be subject to its own decision making as part of the relevant project.</p>

This report is simply providing a helpful overview of the engagement and consultations currently being undertaken.

**Risk Management:**

The approach and activity outlined in the report ensures that both Tameside Council and Tameside and Glossop Clinical Commissioning Group meet their obligations with regards to engagement and consultation with local communities.

**Access to Information:**

The background papers relating to this report can be inspected by contacting Simon Brunet, Head of Policy, Performance and Intelligence (Tameside and Glossop Strategic Commission)



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## 1. PURPOSE OF THE REPORT

- 1.1 The report provides the Strategic Commissioning Board and Executive Cabinet with an update on the delivery of engagement and consultation activity from June 2020 to date. Much of the work is undertaken jointly – coordinated through the Tameside and Glossop Partnership Engagement Network (PEN) – by NHS Tameside and Glossop Clinical Commissioning Group, Tameside Council and Tameside and Glossop Integrated Care NHS Foundation Trust. However, it should be noted that each of the three agencies undertake work individually where necessary and appropriate for the purposes of specific projects.
- 1.2 Engagement is relevant to all aspects of service delivery, all the communities of Tameside and Glossop, and wider partnership working. The approach is founded on a multi-agency conversation about 'place shaping' for the future prosperity of our area and its communities.
- 1.3 The onset of the Covid-19 pandemic has also meant that we have had to identify different ways to engage our local communities. This report sets out some examples of the ways in which we have done this including the establishment of both the Community Champions programme and Tameside & Glossop Inequalities Reference Group.

## 2. KEY HEADLINES

- 2.1 The key headlines from June 2020 to date are summarised in the box below.

- Facilitated 32 thematic Tameside and/or Glossop engagement projects
- Received 4,186 engagement contacts<sup>1</sup> (excluding attendance at virtual events)
- Supported 27 engagement projects at the regional and Greater Manchester level
- Promoted 33 national consultations where the topic was of relevance to and/or could have an impact on Tameside and/or Glossop
- Established the Community Champions Network to provide residents and workforces with the coronavirus information they need to lead the way in their community, with over 250 members now registered
- Established the Tameside & Glossop Inequalities Reference Group 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
- Delivered two virtual Partnership Engagement Network (PEN) conferences attended by over 150 delegates in total
- Delivered four virtual Partnership Engagement Network sessions focusing on the impact of COVID-19 and how we can build back better. These were attended by over 50 participants.
- Held a virtual engagement session with young people to understand the impact of the pandemic on them and how they feel things can be done differently in the future.
- Undertook the third joint budget conversation exercise for Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group.

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<sup>1</sup> Engagement contacts refer to the number of responses made to Tameside & Glossop Strategic Commission led engagement and consultation activity outlined in table 1 of Appendix 1.

- Achieved 'Green Star' top rating for public and patient engagement as part of the CCG Improvement and Assessment Framework (IAF). Tameside and Glossop CCG attained the highest score possible, one of only 40 out of 195 areas in the country to do so \*

2.2 A table listing all engagement activity facilitated, supported or promoted in the last two years is attached at Appendix 1 for information.

2.3 The outcomes of our COVID-19 specific engagement to date are detailed at section 5.

### 3. COMMUNITY CHAMPIONS NETWORK

3.1 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 Strategic Commission 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 a 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.

3.2 Additional workshops on specific topics have been arranged with the Community Champions Network, including:

- Mental Health and Wellbeing
- Hate Crime
- Making Every Contact Count
- Budget Conversation 2021/22
- Having Difficult Conversations

In addition, members of the network receive a copy of all relevant press releases, a weekly email with key messages and relevant information, and WhatsApp broadcasts for Covid-19 news, pictures and videos.

3.3 To date, over 250 people have signed up to be a community champion. Membership of the network is diverse, with numerous organisations and local communities represented. Members of the Community Champions Network have helped to translate materials and information on Covid-19, and assisted in distributing messages and communications back to their communities.

3.4 A number of sub-groups of Champions have since been established. This includes the Diversity Champions group, which provides a regular forum for Community and Faith Leaders to come together to discuss and take action on COVID and Health and Wellbeing issues and concerns affecting local communities. As an example of their work, a group of Community Champions from the Diversity group visited Hyde Jamia Mosque, a major centre of worship

in the borough, to increase the visibility of messaging and vaccine take-up among ethnic minority communities.

#### **4. TAMESIDE & GLOSSOP INEQUALITIES REFERENCE GROUP**

- 4.1 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.
- 4.2 IRG enables public sector organisations in Tameside & Glossop to work together to ensure this happens. It provides 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.
- 4.3 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)
- 4.4 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
  - Reducing barriers to accessing information
  - Voice of people with learning disabilities
  - Young people
  
  - Voice of people with physical disabilities
  - Emotional wellbeing (isolation and loneliness)
- 4.5 Gathering the voices and views of people with lived experience of the inequalities issues above is a central part of the work of the IRG. The gathering of lived experience is taking place in a number of forms, such as virtual engagement sessions, workshops at Partnership Engagement Network conferences, engagement with local community groups, and online surveys. In the case of the voices of people with learning disabilities area of focus,

engagement work is currently being designed, developed and led by members of People First Tameside themselves.

- 4.6 The IRG is also working closely with the Tameside Poverty Truth Commission – led by Greater Manchester Poverty Action – and Domestic Abuse Strategy – led by Tameside Council’s Population Health team. Both projects tackle issues related to inequalities and therefore align closely to the aims of the IRG
- 4.7 Our local approach in Tameside and Glossop 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.

## 5. ENGAGEMENT ON COVID-19

- 5.1 To start discussion and take away learning from Covid-19, five virtual engagement sessions took place in July and August 2020. In total, 64 people attended the sessions. The themes for each of the sessions were:
- How do we get services back open safely?
  - What has been the impact of Covid-19 on the most vulnerable?
  - Living with Covid-19 and preventing outbreaks/spikes
  - How do we do things differently in the future based on experiences of Covid-19?
  - Specific engagement session with young people and their representatives
- 5.2 Each of the virtual engagement sessions invited participants to share their experiences, both as individuals or speaking on behalf of their organisation where appropriate. Despite there being a distinct topic for each of the workshops, there were clear themes that arose from each of the sessions. These key themes were:
- Communication – participants felt that clear and consistent public communications was important.
  - Mental health / isolation – participants were concerned about mental health impacts of the pandemic
  - Digital services – participants were concerned about services remaining accessible to those who are digitally excluded
  - Vaccination – importance of vaccination programme that built trust was stressed
  - Role of VCSFE – participants identified that the VCFSE sector had been vital during the pandemic and should be harnessed as a resource in future.
  - Impact of Covid-19 on people from ethnic minority backgrounds – participants recognised the disproportionate impact the pandemic has had on these groups.

Key themes arising from the Young Person’s session were as follows:

- Concerns about school work
  - Exam concerns
  - Mental health
  - Isolation
  - Digital poverty
  - Missing out on major life stages
  - Excluded from decision making processes
- 5.3 Alongside the engagement sessions, a survey on the Impact of COVID-19 / Building Back Better was hosted through July and August by the Strategic Commission via the Big Conversation pages on the Council and CCG websites. The survey aimed to understand

how the pandemic has impacted the lives of people who live, work or spend time in Tameside & Glossop. We also wanted to gather views on how we can better live with, and recover from, COVID-19. The survey asked the following questions:

- What do you think the impacts of coronavirus have been on the most vulnerable members of our community? How can we best learn from this in the future?
- How do you think we can best prevent future outbreaks of COVID-19 in Tameside & Glossop? What does our local community need to be able to do to support this?
- What are your thoughts on how we can re-open services safely in Tameside & Glossop?
- Based on your experiences during COVID-19, how do you think we can do things differently in the future?

5.4 In total 455 responses to the survey were submitted. Key themes across all questions are provided below:

- Concerns around mental health, loneliness and isolation
- Importance of following and enforcing social distancing guidelines
- Ensure effective and clear communication
- Better / more services for vulnerable people are needed
- Access to technology/digital services needs to be reviewed

5.5 Additional engagement work around the impacts of Covid-19 was also undertaken with the Children in Care Council. This consisted of two questionnaires circulated via children's social workers, one to children aged 8-16 involved with the duty, safeguarding and Looked After Children teams, and the other to young people aged 16-25 involved with the leaving care team.

5.6 Engagement with residents and communities was also reported via Elected Members on the council's Scrutiny Panels. Scrutiny Panel members are well placed to report on feedback from residents in their wards, and so it was requested that they take time to note experiences, impacts and the response to Covid-19 in Tameside.

5.7 Further engagement work was carried out through a number of communications focus group sessions with schools, businesses, those with learning disabilities, and those from ethnic minority backgrounds. The focus groups aimed to improve our understanding of people's views on Covid-19 guidance, how they access information, and the knowledge gaps that exist. Participants were asked to discuss their views on various examples of communications and messaging from local, regional and national public sector organisations.

5.8 Covid-19 engagement work has continued during 2021. A survey regarding self-isolation support was launched on 27 May 2021 that aimed to better understand the barriers and challenges that residents may face when asked to self-isolate. To date this survey has 111 responses. In addition, the organisation are commissioning a longitudinal, 12 month research project to explore the impact of the Covid-19 pandemic on local communities, with the purpose of informing recovery plans to build back in a fairer and better way.

## **6. PARTNERSHIP ENGAGEMENT NETWORK (PEN) UPDATE**

6.1 Tameside & Glossop Partnership Engagement Network (PEN) continues to be one of the key ways in which we engage local people. PEN was established jointly in 2017 by Tameside Council, Tameside & Glossop CCG, and NHS Tameside & Glossop Integrated Foundation Trust as part of a multi-agency approach to provide the public and our partners with a clear method to influence the work of public services and to proactively feed in issues and ideas.

6.2 The approach ensures that structures exist to facilitate an ongoing conversation with both the public and stakeholders. PEN creates forums for people and organisations to get their

voices heard and the opportunity to hear about and contribute to the development of public sector programmes and work. The key principles of PEN are to:

- Engage in an ongoing conversation with the public, patients, and other stakeholders
- Reach across the whole of the public and community sectors so that engagement doesn't happen in organisational silos
- Begin discussions early; enabling the public, patients and other stakeholders to be part of designing solutions.

PEN operates across two tiers:

- Strategic – engagement on approach, principles, cross-cutting issues, and direction of travel. A space to identify and join up key themes emerging from operational engagement activity.
- Operational – engagement on service plans, new and developing models, emerging ideas, and commissioning approach. Operational engagement takes place at both the thematic (service based) and neighbourhood (place based) level.

6.3 PEN has been an important mechanism for engaging with local communities throughout the Covid-19 pandemic. Traditional ways of engaging with residents and service users had to be adapted to adhere to national guidance – for example, the normally in-person PEN Conferences were held virtually for the first time. This had no impact on the number of participants, and in some cases made the events accessible for those that usually could not attend.

6.4 In the period June 2020 to May 2021, there have been two large-scale PEN conferences and five specific Covid-19 engagement sessions – details of which are summarised in the table below. The traditional PEN approach to engagement was adapted to adhere to national restrictions, with in-person events shifting to online. Each of the conferences consisted of key presentations and a number of facilitated workshops to gain input on the development of options, emerging ideas, and specific issues and challenges currently facing Tameside & Glossop. Covid-19 engagement sessions focussed on a specific theme related to the pandemic and enabled participants to engage in open discussions around that theme.

6.5 The table below summarises the topics discussed at the conferences that have taken place since June 2020 to date.

Event	Date	Presentations	Workshops	Delegates
Covid-19 Virtual Engagement Sessions (x5)	July / August 2020	Individual sessions focussing on Covid-19 related themes: <ul style="list-style-type: none"> <li>• How do we get services back open safely</li> <li>• What have been the impacts on the most vulnerable</li> <li>• Living with Covid-19 and preventing future outbreaks</li> <li>• How do we do things differently in the future</li> <li>• Bespoke children and young person's session</li> </ul>	N/A	50
Virtual PEN Conference	19 November 2020	• Feedback on Covid-19 virtual engagement sessions	• Clean Air Plan	70+



Event	Date	Presentations	Workshops	Delegates
		<ul style="list-style-type: none"> <li>• Covid-19 and community transmission</li> <li>• Upcoming major projects and consultations</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum Licensing Standards</li> <li>• Trans Pennine Upgrade</li> <li>• Improving Access to Primary Care</li> <li>• Inclusive Growth Strategy</li> <li>• Environment Strategy</li> <li>• Community Safety Strategy</li> <li>• Budget Conversation 2021/22</li> </ul>	
Virtual PEN Conference	9 March 2021	<ul style="list-style-type: none"> <li>• Census 2021</li> <li>• Equalities work in Greater Manchester</li> <li>• Covid-19 Vaccination programme</li> </ul>	<ul style="list-style-type: none"> <li>• Active Tameside</li> <li>• Health Improvement Service</li> <li>• Spiritual Care Strategy</li> <li>• Community Cohesion</li> <li>• Digital Inclusion</li> <li>• Census 2021</li> <li>• Future of Local Fundraising at T&amp;G Integrated Care Foundation Trust</li> </ul>	80+

6.6 Full feedback reports for the conferences are posted on the Partnership Engagement Network (PEN) pages of both the [Council](#) and [CCG](#) website. Similarly, for all thematic engagement and consultation activity a short feedback report is posted on the Big Conversation pages of the Tameside Council website (with links also included on the CCG website).

6.7 Residents, service users, patients, stakeholders, VCSE sector and partner organisations are regularly encouraged to sign up to the PEN Family which they can do via a link on the website. Over 400 members are currently signed up to receive monthly updates alerting them to relevant consultation and engagement opportunities at a local, regional, and national level. Details of these updates are also posted on the websites.

## 7. BUDGET CONVERSATION 2021/22

7.1 In 2020/21 Tameside Council and NHS Tameside & Glossop Clinical Commissioning Group undertook the Tameside & Glossop Strategic Commission Budget Conversation 2021/22 exercise for a third time as a joint organisation. Both Tameside Council and NHS T&G CCG have to set a balanced budget for 2021/22, with a number of considerations having to be taken into account to do so. These include legal and statutory requirements placed on us by Government, an understanding of the need for different services based on an analysis of existing service use, identifying new ideas and opportunities for innovation including

exploring what other areas are doing, as well as the need to make savings whilst continuing to deliver for our community. In addition, the views of local people are important in helping us understand your priorities and informing the budget setting.

- 7.2 Between 2 November 2020 and 6 January 2021 a conversation was undertaken with public, patients, partners, stakeholders, and voluntary & community groups across Tameside & Glossop to understand what they think the spending priorities should be for the Strategic Commission, in addition to any ideas or suggestions for how we might deliver services more efficiently or save money.
- 7.3 The Budget Conversation was conducted virtually for the first time due to the Covid-19 pandemic, resulting in us adapting our normal engagement approach. Engagement sessions that would normally have been held in person were held virtually and specific sessions were arranged for different protected characteristic groups.

Key headlines include:

- A total of 524 engagements. This is based on:
  - 250 contacts at dedicated virtual engagement, drop-in sessions, and other meetings
  - 188 survey responses
  - 85 social media responses
  - 1 e-mail
- Multiple channels used to communicate to the public and stakeholders, including:
  - Websites and social media.
  - Newspapers.
  - Public sector partners.
- In addition to promotion through written communications the Budget Conversation was also promoted in a number of other ways. These include via:
  - Partnership Engagement Network – over 400 members.
  - Big Conversation website – 143 members.
  - Purple Wi-Fi mailing list – over 29,000 members
  - 129 Budget Conversation social media posts (Facebook, Twitter, and Instagram) reached our followers 91,129 times.
  - All Patient Neighbourhood Groups were contacted and engaged in regards to the Budget Conversation
  - Information directly shared to over 100 groups/networks
- Endeavoured to engage with people of all backgrounds. 25 dedicated engagement sessions with specific groups in Tameside & Glossop and 3 public drop-in sessions undertaken. Sessions with dedicated groups included:
  - Autism Reference Group
  - Diversity Matters North West
  - Local Colleges
  - People First Tameside
  - Poverty Action Group
  - Youth Council
- 85.6% of respondents to the Budget Conversation were residents in the area. 3.7% did not live in the area but work here. Whilst the remaining 10.7% are either employees of public sector organisations located in the area, a member of a local charity or voluntary group, or other.
- Suggested spending priorities for the Tameside & Glossop Strategic Commission in 2021/22 and future years:

- Adult's social care
  - Children's social care
  - Education
  - GP / Health Services
  - Infrastructure/street maintenance (including potholes)
  - General health and wellbeing
- Ideas or suggestions for how we might deliver services more efficiently, save money or raise revenue:
    - Improve estate efficiency
    - Involve community
    - Reduce staff costs
    - Reduce cost of Councillors
    - Better integration of services
    - More digital services

7.5 A copy of the Budget Conversation report can be found [here](#). You can read a more detailed breakdown and follow links to the full report of the Budget Conversation process [here](#).

## 8. OTHER ENGAGEMENT WORK

8.1 This section provides an update on other key pieces of engagement work that have taken place recently. It also details some upcoming key pieces of strategic consultation and engagement activity for the Strategic Commission.

- **What Matters to You** - 'What Matters to You' is a national campaign led by NHS England each year that encourages and supports more conversations between those who commission health and social care and those who receive it. From 9 June 2021, Tameside and Glossop Strategic Commission jointly promoted and facilitated the 'What Matters to You' campaign. The findings will be shared with senior leaders for their use to inform future service improvement.
- **NHS Oversight Framework: Patient and Community Engagement Indicator** - Each year NHSE undertake an Oversight Framework (formerly the Improvement and Assessment Framework (IAF)) with a focus on public and patient engagement for every clinical commissioning group. For the last three years – 2017/18, 2018/19 and 2019/20 – NHS Tameside and Glossop Clinical Commissioning Group (CCG) achieved the top score of Green Star. For the 2019/20 assessment Tameside and Glossop CCG was awarded the top rating – Green Star for patient and community engagement, with the highest possible score of 15 out of 15. Only 40 of the 191 CCG areas in the country achieved this highest possible score.
- **Local Government Boundary Commission consultation** – The Local Government Boundary Commission for England (LGBCE) carried out an electoral review of the ward boundaries of Tameside Council. The Council supported this process by facilitating engagement and consultation with elected members, feedback from which helped LGBCE to form their proposals for new electoral boundaries in the borough. Members of the public and local organisations were then consulted on the proposals – Tameside Council supported the engagement activity by promoting the consultation through its networks and social media channels. In the first round of engagement, LGBCE received 50 submissions from members of the public and local groups. The second round of engagement was launched on 1 June and will run until 9 August. Final recommendations from LGBCE will be released in November 2021

- **Godley Green Garden Village consultation** – As part of plans to create a new community in the borough – Godley Green Garden Village – Tameside Council commissioned an independent company to carry out extensive consultation and engagement work. This included a number of engagement sessions with landowners, local residents and members of the public that ran alongside a broader survey that gave local people an opportunity to have their say on the early proposals.
- **Self-isolation survey** – Tameside Council are currently conducting a survey to better understand the barriers and challenges that people may face when asked to self-isolate due to Covid-19. Evidence and insight from this survey will help us to better support local people to self-isolate, and reduce transmission of the virus. The survey has been promoted through the Council’s networks – including the Covid-19 Community Champions Network – and through its social media channels.
- **Covid-19 Insight Research** – Tameside and Glossop Strategic Commission are commissioning a longitudinal, 12 month research project to explore the impact of the Covid-19 pandemic on local communities, with the purpose of informing recovery plans to build back in a fairer and better way. The research will involve both quantitative and qualitative methodology to gather statistically robust data representative of Tameside and Glossop’s demographics, with a specific focus on engaging some of the communities worst impacted by the Covid-19 pandemic: people with disabilities, people from minority ethnic backgrounds, and people who are digitally excluded.
- **Scrutiny Panels** – Tameside Council Scrutiny Panels have actively engaged with a diverse range of consultations and surveys over the last 12 months. This has included:
  - Safe Streets – July 2020
  - Healthwatch Tameside Covid-19 survey – July 2020
  - Inclusive Growth Strategy – December 2020
  - Community Safety Strategy – January 2021
  - Health Improvement Service review – April 2021
  - GP Patient survey – September 2020
  - GMP Inspection report – March 2021
- **GM Consultations** - Two significant and aligned consultations took place within GM in autumn 2020. These were:
  - Greater Manchester Clean Air Plan (GMCAP)
  - GM Minimum Licensing Standards for taxis and private hire vehicles (MLS)

GM Leaders agreed to bring these consultations together under one narrative as they will have a significant impact on the future of GM and its recovery. The joint narrative reflects Greater Manchester’s commitment to build back better and support economic growth. Tameside Council devoted resource and time to ensuring that local people were engaged and had the opportunity to input into these key strategic consultation pieces. This included promoting the consultations through the organisations’ networks and social media channels, and facilitating engagement workshops and presentations on the topics at Partnership Engagement Network conferences.

## 9. RECOMMENDATIONS

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

# APPENDIX 1

Table 1: summarises engagement and consultation activity in the last 6 months.

Ref	Topic	Lead
1	Clinical Review of Standards Consultation	NHS England
2	Health Improvement Consultation	TMBC
3	How can we tackle inequality in Greater Manchester?	GMCA
4	LGBT Community: share your views on the covid-18 vaccine	LGBT Advisor to Mayor / LGBT Foundation
5	Active Tameside	TMBC
6	Droylsden Library	TMBC
7	UK Statistics Authority Inclusive Data Consultation	ONS
8	Young People Crime Surveys	GM Violence Reduction
9	How has Covid 19 affected your life with Cancer?	Cancer Research
10	Police funding 2021/22	GMCA
11	Right to Regenerate: reform of the right to contest	MHCLG
12	Shared decision-making between patients and staff	NICE
13	Violence Against Women and Girls (VAWG) Call for Evidence	Home Office
14	Healthwatch Tameside Covid vaccination survey	Healthwatch Tameside
15	Dementia call for evidence - Black African & Caribbean People in GM	ACCG
16	Changes to the Adoption and Children (Coronavirus) (Amendment) (No. 2) Regulations 2020	DfE
17	Keeping children safe in education - schools and colleges - proposed revisions 2021	DfE
18	Local Nature Recovery Plan	GMCA
19	North West Macmillan survey	North West Macmillan
20	Mental Health Act Reform consultation	DHSC
21	Godley Green Garden Village	TMBC
22	Healthwatch Tameside Test and Trace Survey	Healthwatch Tameside
23	SEND Outcomes Survey	TMBC
24	Greater Manchester's Fire plan	GMCA / GMFRS
25	UK Disability Survey	Cabinet Office
26	Urgent Care Survey 2021	Healthwatch Tameside
27	Greater Manchester Strategy for Tackling Violence Against Women and Girls	GMCA
28	Attitudes towards the Covid-19 vaccine	Healthwatch Derbyshire
29	Developing a spiritual care strategy	TG ICFT
30	Transforming the public health system for the challenges of our times	DHSC
31	Getting to medical appointments	Healthwatch Tameside
32	Let's talk about wildfires	GMFRS
33	The Big Ask	Children's Commissioner
34	Portage Service Consultation	TMBC
35	Fostering Offer Consultation	TMBC
36	Homelessness Contract Consultation	TMBC
37	Homelessness Prevention Strategy	GMCA
38	Tameside Electoral Review	LGBCE
39	Self-Isolation Survey	TMBC

Ref	Topic	Lead
40	Infant Feeding Survey	TMBC

Table 2: summarises engagement and consultation activity in the last two years (including those over the last 6 months).

Ref	Topic	Lead
1	Wheelchair Survey	GMHSCP
2	Adding folic acid to flour	Department for Health and Social Care
3	What Matters to You? (2019)	CCG
4	Tameside Museums and Galleries: Planning for the Future	TMBC
5	Consultation on Proposed PSPO for Moorland	TMBC
6	Local Studies and Archives Forward Plan	TMBC
7	Shining a Light on Suicide	GMHSCP
8	Higher technical education consultation	Department for Education
9	Changing Places Toilets	MHCLG
10	Support for victims of domestic abuse in safe accommodation	MHCLG
11	Greater Manchester High Rise Residents Survey	GMCA
12	Redress for purchasers of new build homes and the new homes Ombudsman	MHCLG
13	Restraint in mainstream settings and alternative provision	Department for Education
14	Tenancy deposit reform: a call for evidence	MHCLG
15	Digital-first Primary Care: Policy consultation on patient registration, funding and contracting rules	NHSE
16	Supporting victims and witnesses every step of the way: experiences of police, court and support services	GMP
17	How should we engage and involve patients and the public in our work	Medicines and Healthcare Products Agency
18	VCSE in Greater Manchester - the next 10 years	GM VCSE Devolution Reference Group
19	A new deal for renting: resetting the balance of rights and responsibilities between landlords and tenants	MHCLG
20	Rogue Landlord Database Forum	MHCLG
21	Advancing our health: prevention in the 2020s	Department for Health and Social Care
22	Co-operative Councils' Innovation Network Proposals	TMBC
23	Improving Specialist Care: GM Cardiology	GMHSCP
24	Transport and the Night Time Economy	GMCA
25	Measures to reduce personal water use	DEFRA
26	Electric vehicle chargepoints in residential and non-residential buildings	Department for Transport
27	Home to school travel and transport: statutory guidance	Department for Education

Ref	Topic	Lead
28	Sprinklers and other fire safety measures in new high-rise blocks of flats	Ministry for Housing, Community, and Local Government
29	LGBT Foundation Trans and NB People affected by cancer	LGBT Foundation
30	Doing Buses Differently	TfGM
31	Tameside Health Improvement	TMBC
32	Greater Manchester Hate Crime Plan	GMCA
33	The Ignition Project	GMCA
34	Health Improvement Stakeholder Engagement	TMBC
35	EDS2 Event Dec 2019 Feedback	TMBC
36	Budget Conversation 2020/21	TMBC/CCG
37	Healthwatch - Home Care Survey	Healthwatch Tameside
38	Healthwatch - Residential Care Survey	Healthwatch Tameside
39	Healthwatch - Carers Survey	Healthwatch Tameside
40	Ofsted inspection: removal of outstanding exemption	Department for Education
41	Greater Manchester review of paediatric medicine hospital services	GMHSCP
42	Appointee and Deputyship Consultation	TMBC
43	Future of PEN Survey	TMBC
44	Tameside Sexual Health Services Survey	TMBC
45	Chadwick Dam Bee Network Scheme	TMBC
46	Hill St to Trafalgar Sq, Bee Network Scheme	TMBC
47	Stamford Drive Bee Network Scheme	TMBC
48	Clarendon Rd Bee Network Scheme	TMBC
49	Rayner Lane Bee Network Scheme	TMBC
50	Ross Lave Lane Bee Network Scheme	TMBC
51	A57 Crown Point Bee Network Scheme	TMBC
52	Ashton Streetscape Bee Network Scheme	TMBC
53	Ashton Town Centre South Bee Network Scheme	TMBC
54	Manchester Road Link Bridge Bee Network Scheme	TMBC
55	A57 Denton to Hyde Bee Network Scheme	TMBC
56	Council Off-Street Parking Review	TMBC
57	Future Health and Care Services in Hattersley	TMBC
58	First Homes	MHCLG
59	Reforms to unregulated provision for children in care and care leavers	Department for Education
60	Review of the ban on the use of combustible materials in and on the external walls of buildings	MHCLG
61	Manchester's Gay Village - What it means to those who use it	GMCA
62	Tameside Council's Statutory Budget Consultation 2020/21	TMBC
63	Hyde Town Centre Consultation	TMBC
64	Integrating Care for Trans Adults	Open University, LGBT Foundation, and Yorkshire MESMAC

Ref	Topic	Lead
65	Changes to Ofsted's post-inspection processes and complaints handling: proposed improvements	Ofsted
66	NHS Net Zero - Call for evidence	NHS
67	Healthwatch Tameside Young people's health & care Survey 2020	Healthwatch Tameside
68	Healthwatch Tameside General survey 2020	Healthwatch Tameside
69	Understanding the impact of the Coronavirus on voluntary, community and social enterprise organisations (VCSE)	GMCA
70	Understanding the impact of Coronavirus on food banks, clubs, pantries and other food providers	GMCA
71	Protecting places of worship consultation	Home Office
72	Low Pay Commission consultation	Low Pay Commission
73	NHS: Your current experience of coronavirus	NHS
74	LGBT People: Share How Coronavirus Has Affected You	LGBT Foundation
75	Physical Activity in Covid-19	Greater Sport
76	Greater Manchester Big Disability Survey - Covid 19 Special / Greater Manchester Big Disability Survey about Covid 19 - Easy Version	GMCA
77	Covid-19 Survey	Healthwatch Tameside
78	COVID-19 in the Caribbean and African Community	GMCA
79	Manchester Pride Online Consultation	Manchester Pride
80	New walking & cycling measures to allow safe social distancing	TMBC
81	Future Travel Survey	TfGM
82	Greater Manchester, Ethnic Minority Experiences of Caring: Your Voice Matters	Wraparound Partnership/Greater Manchester Health and Social Care Partnership
83	Survey for Foster Carers in Tameside	TMBC
84	LGBTQI+ sport and physical activity	Pride Sports
85	Greater Moments COVID -19	Greater Moments
86	National Health Data Consent Survey	The CLIMB Project
87	Children's Food Campaign and Food Active Survey	Children's Food Campaign
88	LGBT Homes Survey	LGBT Foundation
89	Consultation on proposed changes to the assessment of GCSEs, AS and A levels in 2021	Ofqual
90	Save the Children	Tameside Youth Council/Save the Children
91	Developing a Race Equality Panel	GMCA
92	Impact of COVID-19 and Building Back Better	TMBC / CCG
93	Reopening the high street safely	TMBC
94	Tameside & Glossop Young People Wellbeing Survey	Worth-it
95	Greater Manchester State of the VCSE Sector Evaluation 2020	10GM/University of Salford
96	Local Offer Survey	TMBC



Ref	Topic	Lead
97	Statement of community involvement update	TMBC
98	Greater Manchester's Big Mental Wellbeing Conversation	GM HSCP
99	The IGNITION Project: how do you use your parks?	Ignition Project
100	Managing pavement parking	DfT
101	Distributing vaccines and treatments for Covid-19 and flu	DHSC
102	Healthy Start Vouchers	NHS Business Services Authority
103	Carers' experiences of the coronavirus (COVID-19) pandemic - September 2020	Carers UK
104	City Centre Transport Strategy Consultation	Manchester City Council
105	Creating quieter and safer residential streets to support walking and cycling	TMBC
106	GM Clean Air Plan	GMCA / TfGM
107	GM Minimum Licensing Standards	GMCA / TfGM
108	Improving Access to Primary Care	TMBC / CCG
109	Employment during the Coronavirus Pandemic for people with lived experience of disability and long term conditions	North West Disabled Peoples Stakeholder Group
110	Improving health and wellbeing support for armed forces	NHS England
111	Budget Consultation 2021/22	TMBC / CCG
112	Ethnic disparities and inequality in the UK: call for evidence	Commission on Race and Ethnic Disparities
113	Inclusive Growth Strategy	TMBC
114	Foster Care Training Feedback	TMBC
115	Foster Care Branding	TMBC
116	A57 Link Roads Consultation	Highways England
117	Metrolink ticketing survey	TfGM
118	Independent Faith Engagement Review: call for evidence	MHCLG
119	Contraception Services in Greater Manchester Survey	GMCA / GM HSCP
120	Young Person's Contraceptive Survey	GMCA / GM HSCP
121	Creating "Pop-Up" Cycle Lanes to Support Safe Walking and Cycling - A635	TMBC
122	Tameside Citizen Feedback Survey	TMBC
123	Living with Covid GM resident survey #1	GMCA
124	Doing Buses Differently: The impact of Covid-19 on our proposals for the future of your buses	GMCA
125	How do you use local data?	GMCA
126	Tameside Low Carbon & Environment Strategy Survey	TMBC
127	Clinical Review of Standards Consultation	NHS England
128	Health Improvement Consultation	TMBC
129	How can we tackle inequality in Greater Manchester?	GMCA
130	LGBT Community: share your views on the covid-18 vaccine	LGBT Advisor to Mayor / LGBT Foundation
131	Active Tameside	TMBC
132	Droylsden Library	TMBC
133	UK Statistics Authority Inclusive Data Consultation	ONS

Ref	Topic	Lead
134	Young People Crime Surveys	GM Violence Reduction
135	How has Covid 19 affected your life with Cancer?	Cancer Research
136	Police funding 2021/22	GMCA
137	Right to Regenerate: reform of the right to contest	MHCLG
138	Shared decision-making between patients and staff	NICE
139	Violence Against Women and Girls (VAWG) Call for Evidence	Home Office
140	Healthwatch Tameside Covid vaccination survey	Healthwatch Tameside
141	Dementia call for evidence - Black African & Caribbean People in GM	ACCG
142	Changes to the Adoption and Children (Coronavirus) (Amendment) (No. 2) Regulations 2020	DfE
143	Keeping children safe in education - schools and colleges - proposed revisions 2021	DfE
144	Local Nature Recovery Plan	GMCA
145	North West Macmillan survey	North West Macmillan
146	Mental Health Act Reform consultation	DHSC
147	Godley Green Garden Village	TMBC
148	Healthwatch Tameside Test and Trace Survey	Healthwatch Tameside
149	SEND Outcomes Survey	TMBC
150	Greater Manchester's Fire plan	GMCA / GMFRS
151	UK Disability Survey	Cabinet Office
152	Urgent Care Survey 2021	Healthwatch Tameside
153	Greater Manchester Strategy for Tackling Violence Against Women and Girls	GMCA
154	Attitudes towards the Covid-19 vaccine	Healthwatch Derbyshire
155	Developing a spiritual care strategy	TG ICFT
156	Transforming the public health system for the challenges of our times	DHSC
157	Getting to medical appointments	Healthwatch Tameside
158	Let's talk about wildfires	GMFRS
159	The Big Ask	Children's Commissioner
160	Portage Service Consultation	TMBC
161	Fostering Offer Consultation	TMBC
162	Homelessness Contract Consultation	TMBC
163	Homelessness Prevention Strategy	GMCA
164	Tameside Electoral Review	LGBCE
165	Self-Isolation Survey	TMBC
166	Infant Feeding Survey	TMBC

(T&G – 67; GM/NW – 50; National – 49)

<b>Report to :</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date :</b>	28 July 2021
<b>Reporting Officers:</b>	Councillor Brenda Warrington – Executive Leader (Tameside Council) Dr Ashwin Ramachandra / Dr Asad Ali – Co-chairs (Tameside and Glossop Clinical Commissioning Group) Sandra Stewart – Director Governance and Pensions Sarah Threlfall – Assistant Director Policy, Performance and Communications (Governance and Pensions)
<b>Subject :</b>	<b>PERFORMANCE SCORECARD</b>
<b>Report Summary :</b>	<p>The Corporate Plan scorecard attached at <b>Appendix 1</b> provides evidence to demonstrate progress towards achievement of the Corporate Plan and improving the services provided to residents, businesses and key stakeholders within the locality.</p> <p>Supporting the corporate scorecards are thematic scorecards which are monitored by services to inform their ongoing delivery and improvement work. The thematic scorecards are:</p> <ul style="list-style-type: none"><li>• Corporate</li><li>• Health and care (incl. adult care)</li><li>• Children and family</li><li>• Inclusive economic growth (incl. planning and transport)</li><li>• Community and culture</li><li>• Environment and place</li></ul> <p>The Strategic Commissioning Board / Executive Cabinet are asked to agree that the Corporate Plan scorecard is reported on a regular basis to the Overview Panel and the Strategic Commissioning Board / Executive Cabinet, and then subsequently to the two Scrutiny Panels. The first opportunity to do so being 26 July 2021 to the Overview Panel and 28 July 2021 to the Strategic Commissioning Board / Executive Cabinet. Reporting to the two Scrutiny Panels would then follow.</p>
<b>Recommendations :</b>	The Strategic Commissioning Board / Executive Cabinet Board are recommended to agree that the Corporate Plan scorecard attached (at <b>Appendix 1</b> ) is reported on a regular basis to the Overview Panel, the two Scrutiny Panels and the Strategic Commissioning Board / Executive Cabinet as outlined above.
<b>Links to Corporate Plan:</b>	The report is relevant to all elements of the Corporate Plan as the scorecards provide data to help track progress towards achieving its aims and objectives.
<b>Policy Implications :</b>	The Corporate Plan scorecard provides evidence for demonstrating the progress being made towards achievement of the Corporate Plan and improving the services provided to residents, businesses and key stakeholders within the locality. The thematic scorecards – which support the corporate

scorecards - will enable services to monitor their own performance and their contribution to delivery of the Corporate Plan.

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

Whilst there are no direct financial implications arising from the recommendations in this report, the scorecard should assist Members in making decisions regarding the prioritisation of the Council's limited resources.

The CIPFA Financial Management Code sets an expectation that to remain financially sustainable an authority must have timely information on both its financial and operational performance. Performance information should aid Members understanding as to whether spending decisions are achieving objectives, and enable informed decisions regarding the prioritisation of scarce resources in the face of significant financial challenges.

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

Members have a statutory duty to ensure that the Council achieves a balanced budget whilst delivering efficient and effective services addressing priority needs of the Borough.

Clearly in circumstances the council is now in where demands exceed the council's resources it is critically important that the focus is concentrated on where the council can have most impact and reduce inequality, especially in light of the pandemic whilst continuing the delivery of universal services.

This report enables members to consider whether their strategy having desired impact and whether need to focus or redirect resources appropriately.

**Risk Management :**

Effective use of data, including performance management through scorecards, helps to identify areas where improvement activity is required thus avoiding the risk of service failure. Alongside this services have management information that is used to assess risk and drive improvement.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Simon Brunet, Head of Policy of Policy, Performance and Intelligence.



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Theme	Priority	Outcome	Metric	Previous Position	Current Position	National Average	Period	Progress	Targets		
									Apr 2025	Apr 2030	
Starting Well	Very Best Start	Reduce rate of smoking at time of delivery	% Smoking at time of delivery	13.30%	12.90%	9.90%	Q2 2020/2021	↓	10.50%	All expectant mothers to be supported to be smoke free at the time of delivery	
		Reduce number of children born with low birth weight	Low weight births as a % of all full term live births	3.29%	3.71%	2.86%	2018	↑	2%	All mothers and babies are supported to achieve a healthy start in life	
		Improve school readiness	% achieving a 'good' level of development	65.7%	66.90%	71.80%	Q2 2019/2020	↑	75%	All children start school ready to learn	
		Children attending 'good' and 'outstanding' early years settings	% 3 & 4 YO's at 'good' or 'outstanding' EY settings	91%	93%	92%	2020	↑	98%	All children to attend good or outstanding early years settings	
		Take up nursery at 2 Years	% 2 YO's in funded early education	77%	75%	69%	2020	↓	95%	All eligible 2 year olds benefit from funded early years education	
		Childhood Obesity	% of children in year 6 who are overweight or obese	36.2%	35.9%	35.2%	2020	↓	34%	All children to be a healthy weight at the end of Year 6	
	Aspirations & Hope (Educational Attainment Measures Suspended)	Young people going into higher education	% KS4 going into/remaining in further education	84%	85%	87%	2019	↑	90%	All young people going into/remaining in further education after KS4	
		Children attending 'good' and 'outstanding' schools	% Primary schools 'good' & 'outstanding'	88.60%	89.50%	87.80%	2020	↑	95%	All children attending a good or outstanding primary school	
			% Secondary schools 'good' & 'outstanding'	72.80%	66.70%	76.50%	2020	↓	80%	All children attending a good or outstanding secondary school	
		Number of 16-19 year olds in employment or education	% 16 & 17 YO's in education or training	93.14%	94.68%	92.59%	2019	↑	95%	All 16 & 17 year olds in education or training	
		Proportion of children with good reading skills	% KS2 achieving expected reading standard	73%	72%	73%	Q2 2019/2020	↓	80%	All children to be provided with the opportunity to achieve their full educational potential	
		Promote a whole system approach and Improving wellbeing and resilience	Secondary Fixed Term Exclusions		17.14%	16.80%	10.75%	2018/2019	↓	tbc	tbc
			Percentage of pupils looked after achieving 9-4 passes in English and Maths		18.8% (2017)	19.6% (2019)	17.8% (2019)	2019	↑	tbc	tbc
	Mean worthwhile ratings (adults 16 and over)			7.97	7.92	7.86	2019/2020	↔	8.5	All residents 16+ feel that the things they do in life are worthwhile	
	Families & Supportive Networks	Early Help Intervention	CAFs (Early Help Assessments) currently open	658	629	N/A	Q3 2020/2021	↓	To be developed	All vulnerable families receive the help they need	
		Reduce the number of first time entrants into Youth Justice	First Time Entrants into Youth Justice aged 10-17	212.9	332.7	223.7	Q2 2019/2020	↑	212.9	No young people entering the youth justice system	
		Increased levels of fostering and adoption	% LAC adopted in year	12%	10%	12%	Q2 2019/2020	↓	18.60%	All looked after children provided with the opportunity to be adopted, where its of benefit to the young person within	
		Improve the quality of social care practice	CS Audits Rated 'Good' & 'Outstanding'	22%	18%	N/A	Q2 2020/2021	↓	50%	All Children Social Care audits rated good or outstanding	
Improve the placement stability for our looked after children		% of LAC with 3+ placements	11%	10%	11%	2020	↓	2.50%	All our looked after children are in safe and stable placements		
Reduce the impact of adverse childhood experiences		LAC rate per 10,000		142	139	67	2020	↓	99.1	Children are supported to stay in the family environment where it is safe and possible to do so	
	CSC Referrals related to domestic abuse		2757	1850	N/A	2019/2020	↓	2000	No CSC referrals related to domestic abuse		

Theme	Priority	Outcome	Metric	Previous Position	Current Position	National Average	Period	Progress	Targets			
									Apr 2025	Apr 2030		
an Saxon / Vibrant Economy	Resilient	Covid-19 Impact and Recovery	CSC Assessments Completed	279 (WC April 2020)	262 (WC April 2021)	N/A	Apr-21	↓	tbc	tbc		
			CSC Assessments Completed within 45 Days	71.3% (WC April 2020)	58.4% (WC April 2021)	N/A	Apr-21	↓	tbc	tbc		
			Children in Need	2154 (Last Week April 2020)	2333 (Last Week April 2021)	N/A	Apr-21	↑	tbc	tbc		
	Living Well	Work Skills & Enterprise	Increase median resident earnings	Median Annual Income	£25,769	£25,643	£31,766	2020	↓	£27,492	The median annual income to be in line with the England average	
			Increase the working age population in employment	Percentage in Employment	74.4%	73.6%	76.0%	Q2 2020/2021	↓	78%	All people who can work are in work	
				Universal Credit Recipients	26816 (Feb 2021)	27144 (Mar 2021)	N/A	Mar-21	↑	tbc	tbc	
			Increase the number of people earning above the Living Wage	Universal Credit Recipients in Employment	37% (Jan 2021)	36.4% (Feb 2021)	37.3% (Feb 2021)	Feb-21	↓	tbc	tbc	
				% earning below living wage foundation rates	25.70%	27%	22.9%	2018	↑	22.90%	All employees earning at least the Living Wage	
			Increase number of enterprise / business start-ups	New enterprises (percentage of total businesses)	12.48%	12.66%	13.47%	2019	↑	18.97%	Tameside is recognised as a vibrant economy where entrepreneurs are supported to start new businesses	
				Business Rate Taxbase: Total Rateable Value	£148,835,114 (Feb 2021)	£148,903,439 (Mar 2021)	N/A	Mar-21		tbc	tbc	
			Working age population with at least Level 3 skills	Percentage of population with at least level 3 skills	47.50%	48.20%	58.5%	2019	↑	54.90%	Higher proportion of Tameside's population have Level 3 skills than the national average	
			Increase the number of good quality apprenticeships delivered	Number of apprenticeships started	2050 (146.2 per 10k)	1380 (98.5 per 10K)	196,300 (56.1 per 10K)	Q3 2019/2020	↓	2310	Apprenticeships are available to all that seek them	
			Sustainable	Covid-19 Impact and Recovery	Universal Credit Recipients	24497 (May 2020)	26882 (May 2021)	N/A	May-21	↑	tbc	tbc
					UC Recipients in Employment	36.2% (April 2020)	37.0% (April 2021)	N/A	Apr-21	↑	tbc	tbc
					Businesses Reporting Decreased Sales	64.0% (May 2020)	26.0% (May 2021)	N/A	May-21	↓	tbc	tbc
					Businesses Furloughing Staff	53.9% (May 2020)	60.0% (May 2021)	N/A	May-21	↑	tbc	tbc
					Businesses Sustainable for up to 6 Months	47.5% (May 2020)	19.2% (March 2021, latest available)	N/A	Mar-21	↓	tbc	tbc
					Households Receiving Council Tax Support	17806 (May 2020)	18219 (May 2021)	N/A	May-21	↑	tbc	tbc
Sustainable	Improve air quality	PM2.5 (ug/m^3)	8.37	9.70	9.57	2019	↑	6	Air quality to be good and at least be in line with the UK average			
		Carbon Dioxide Emissions Per Capita (tonnes)	3.8 (2017)	3.7 (2018)	5.2 (2018)	2018	↓	tbc	tbc			

Theme	Priority	Outcome	Metric	Previous Position	Current Position	National Average	Period	Progress	Targets			
									Apr 2025	Apr 2030		
Great Place - Living Well	Infrastructure and Environment	Increase the number of net additional dwellings	Net Additional Dwellings per 10,000	28.69	20.93	43.3	2019/2020	↓	tbc	tbc		
		Increase the number of affordable homes	New Affordable Homes per 10,000	7.82	10.29	23.4	Q2 2019/2020	↑	tbc	tbc		
		Digital inclusion	Maximum Mean Download Speed	42.8	45.8	53.9	Q4 2020/2021	↑	41.5	All households to have access to high quality internet services		
		Reduce tonnes of waste sent to landfill and increase the proportion recycled	Percentage of all waste recycled	50.90%	45.9%	43.0%	2019/2020	↓	57.78%	All household waste recycled where possible		
		Increase journeys by sustainable transport/no car	% population walking / cycling 3+ times a week	40.50%	36.10%	47.2%	Q2 2019/2020	↓	47%	Tameside is a walking/cycling friendly borough		
		Increase access to public transport	% of residents with Level 4 access to public transport network at peak times		82.7% (GM)	N/A	2018		Targets to be agreed	All residents with Level 4 access to public transport network at peak times		
	Nurturing Communities	Reduce victims of domestic abuse	Rate of PPIs per 1000	33.8	25.4	N/A	2019/2020	↑	25.1	Tameside has low rates of domestic abuse		
		Reduce the number of rough sleepers/homelessness	Street counts & estimates of rough sleepers	2 (0.19 per 10k HHolds)	5 (0.22 per 10K)	0.76 per 10K	2019	↓	2	Nobody sleeping rough on the streets of Tameside		
			Households reporting as at risk of homelessness- Jigsaw	211 (2019)	90 (2020)	N/A	2020	↓	tbc	tbc		
		Improve satisfaction with local community	Mean life satisfaction ratings	7.73	7.74	7.66	2019/2020	↔	8.5	Maintain mean life satisfaction at 8.5		
		Increase access, choice, and control in emotional and mental self-care and wellbeing	Deaths due to suicide- rate per 100,000	11.6 (2016-2018)	9.4 (2017-2019)	10.1	2017-2019	↓	tbc	tbc		
			Emergency hospital admissions for self harm	237.8 (2018/19)	223.6 (2019/20)	192.6	2017-2019	↓	tbc	tbc		
		IAPT Referrals	IAPT Referrals	9,435	8,630	N/A	2020	↓	12383.4	Everyone has access to good quality mental health services		
		Covid-19 Impact and Recovery	Food Bank Enquiries	Food Bank Enquiries	118 (WC May 2020)	79 (WC May 2021)	N/A	May-21	↓	tbc	tbc	
			Placements in Emergency Temporary Accommodation	Placements in Emergency Temporary Accommodation	51 (Jan 2020)	50 (Jan 2021)	N/A	Jan-21	↓	tbc	tbc	
			IAPT Referrals	IAPT Referrals	740 (Dec 2019)	625 (Dec 2020)	N/A	Dec-20	↓	tbc	tbc	
			Domestic Abuse Incidents reported to Children's Services	Domestic Abuse Incidents reported to Children's Services	68 (WC April 2020)	155 (WC April 2021)	N/A	Apr-21	↑	tbc	tbc	
			Residents Agreeing that People Look Out for One Another	Residents Agreeing that People Look Out for One Another	73% (Jul-Sep 2019)	83% (Apr-Jun 2020)	N/A	Apr-Jun 2020	↑	tbc	tbc	
			Residents Feeling Safe in their Local Area	Residents Feeling Safe in their Local Area	89% (Jul-Sep 2019)	92% (Apr-Jun 2020)	N/A	Apr-Jun 2020	↑	tbc	tbc	
			Self Isolation Payments	Self Isolation Payments	959 (WC Nov 2020)	4665 (WC May 2021)	N/A	May-21	↑	tbc	tbc	
		Ageing Well	Increase physical and mental healthy life expectancy	Healthy Life Expectancy at birth	Healthy Life Expectancy at birth	Male - 58.1 years, Female - 57.6 years	Male - 60.4 years, Female - 58.3 years	Male - 63.4 years, Female - 63.6 years	2016-2018	↑	Male - 61.2 years, Female - 62.3 years	Healthy life expectancy to be in line with the England average
				Two Week Waits for Cancer Referrals	Two Week Waits for Cancer Referrals	96.5% (2019)	95.6% (2020)		2020	↓	tbc	tbc

Theme	Priority	Outcome	Metric	Previous Position	Current Position	National Average	Period	Progress	Targets		
									Apr 2025	Apr 2030	
Longer & Healthier Lives		Improve the wellbeing of our population	Happiness ratings (average)	7.61	7.39	7.48	2019/2020	↓	7.52	Maintain mean happiness ratings above 8	
		Smoking prevalence	Prevalence of smoking, 18+. Survey Data	17.0%	18.2%	13.9%	2019	↑	11%	Tameside and Glossop are smoke free areas	
		Increase levels of physical activity	% of population 'inactive' (<30m exercise a week)	27.3%	29.6%	25.5%	May 19-May 20	↑	25.20%	All residents are physical active where possible	
		Good' and 'Outstanding' GPs practices	CQC Audit Results: % good or outstanding	97.30%	96.90%	95.30%	Jun-20	↓	100%	All GP practices to be rated good or outstanding by CQC	
		Reduce drug and alcohol related harm	Admission rate for alcohol related harm per 100k	2783	2780	2370	2018/2019	↔	2250	Alcohol harm rates are low and support is available	
			Deaths from drug misuse per 100k	4.6	5.6	4.7	2017-2019	↑	4	Drug misuse rates and low and support is available	
		Covid-19 Impact and Recovery	Two Week Waits for Cancer Referrals	97.0% (March 2020)	96.7% (March 2021)		Mar-21	↓	tbc	tbc	
			Type 1 A&E Attendances	95473 (2019)	79275 (2020)		2020	↓	tbc	tbc	
			Type 3 A&E Attendances	42847 (2019)	16778 (2020)		2020	↓	tbc	tbc	
	Independence & Dignity in Older Age		Increase the number of people helped to live at home	Funded 65+ in residential/nursing homes per 100k	677.4	644.6	584	2019/2020	↓	585.6	Only those in most in need access residential/nursing care at the right point for them
			Reduce hospital admissions due to falls	Emergency admissions for falls 65+ per 100k	1961	2073	2222	2019/2020	↑	1875.57	Emergency falls in the 65+ age group are low
			Increase levels of self-care / social prescribing	% service users who find it easy to find information	70.2%	70.6%	68.4%	2019/2020	↔	78.6%	Tameside and Glossop is a place where people are supported to self care
			Good' and 'Outstanding' social care settings	CQC Audit Results: % good or outstanding	80%	81%	Awaiting Data		↑	80%	All residential/nursing settings are rated good or outstanding
			Prevention support outside the care system	Number of people supported outside the social care system with prevention based services	7792	6740	N/A		↓	7500	All people are supported to remain in the community
		Covid-19 Impact and Recovery	Contacts Made to ASC	549 (March 2020)	764 (March 2021)		Mar-21	↑	tbc	tbc	
			ASC Contacts Not Progressing	58.3% (March 2020)	57.2% (March 2021)		Mar-21	↓	tbc	tbc	
	Open ASC Provisions		4187 (March 2020)	4904 (March 2021)		Mar-21	↑	tbc	tbc		

\* Where available data will be provided at the Tameside & Glossop level for health related indicators.