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Tameside Metropolitan Borough

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STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 29 September 2021
Time: 1.00 pm
Place: Zoom

Item No.	AGENDA	Page No
1.	**WELCOME AND APOLOGIES FOR ABSENCE**	
2.	**DECLARATIONS OF INTEREST** To receive any declarations of interest from Members of the Board.	
3.	**MINUTES**	
a)	**MINUTES OF THE PREVIOUS MEETING** The Minutes of the meeting of the Strategic Commissioning Board held on 25 August 2021 to be signed by the Chair as a correct record.	1 - 8
b)	**MINUTES OF EXECUTIVE BOARD** To receive the Minutes of the Executive Board held on 11 August 2021.	9 - 22
4.	**CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 31 JULY 2021** To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	23 - 38
5.	**DEMENTIA SUPPORT WORKER CONTRACT TENDER** To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Lead / Director of Commissioning.	39 - 44
6.	**GM CONTRACTING PRINCIPLES AND EXTENSION OF TAMESIDE AND GLOSSOP CONTRACTS** To consider the attached report of the Executive Member, Adult Social Care and Health / CCG Co-Chair / Director of Commissioning.	45 - 64
7.	**TENDER FOR THE PROVISION OF A CHLAMYDIA AND GONORRHOEA SCREENING SERVICE** To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Lead / Director of Population Health.	65 - 80
8.	**URGENT ITEMS** To consider any items the Chair considers to be urgent.	

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

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STRATEGIC COMMISSIONING BOARD

25 August 2021

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

Present:	**Dr Ashwin Ramachandra – NHS Tameside & Glossop CCG (Chair)** **Councillor Brenda Warrington – Tameside MBC** **Councillor Gerald P Cooney – Tameside MBC** **Councillor Bill Fairfoull – Tameside MBC** **Councillor Ryan – Tameside MBC** **Councillor Eleanor Wills – Tameside MBC** **Steven Pleasant – Tameside MBC Chief Executive & Accountable Officer** **Dr Vinny Khunger – NHS Tameside & Glossop CCG** **Carol Prowse – NHS Tameside & Glossop CCG**	
In Attendance:	**Sandra Stewart**	**Director of Governance & Pensions**
	Kathy Roe	**Director of Finance**
	Richard Hancock	**Director of Children's Services**
	Ian SaxonJeanelle De Gruchy	**Director of Operations and Neighbourhoods** **Director of Population Health**
	Jayne Traverse	**Director of Growth**
	Caroline Barlow	**Assistant Director of Finance**
	Debbie Watson	**Assistant Director of Population Health**
	Jordanna Rawlinson	**Head of Communications**
	Elaine Richardson	**Strategic Lead – Ageing Well and Assurance**
	Samantha Jury-Dada	**Strategic Domestic Abuse Manager**
	Anne Whittington	**Acting Consultant in Public Health**
Apologies for absence:	**Councillors Feeley and Gwynne – Tameside MBC** **Dr Christine Ahmed – NHS Tameside & Glossop CCG** **Dr Kate Hebden – NHS Tameside & Glossop CCG**	

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 and these minutes reflect those decisions.

23. CHAIR'S INTRODUCTORY REMARKS

The Chair welcomed everyone to the meeting and 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 was 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.

The only people in the room were the Executive Members, the Chief Executive and Accountable Officer, Monitoring Officer, Democratic Services Officer and the Chair.

24. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

25. MINUTES OF THE PREVIOUS MEETING

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

26. MINUTES OF THE EXECUTIVE BOARD

RESOLVED
That the Minutes of the meetings of the Executive Board held on: 14 July 2021 and 4 August 2021, be noted.

27. CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 30 JUNE 2021

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Lead Clinical GP / Director of Finance. The report was the second financial monitoring report for the 2021/22 financial year, reflecting actual expenditure to the 30 June 2021 and current forecasts to the 31 March 2022.

Members were advised that at period 3, Council Budgets were facing significant pressures which were not directly related to the Covid pandemic, with significant forecast overspends in Adults and Children's Social Care being the main contributors to a net forecast overspend of £6.850m. This position was, after taking account of forecast underspends in some areas, and additional Covid related income, in excess of forecast Covid costs. There was an underlying forecast 'Non-COVID' deficit of £8.238m.

It was reported that Children's Social Care and Adults were the greatest areas of concern with forecast overspends of £5.678m (Children's) and £2.234m (Adults). Furthermore, the CCG was reporting an overspend of £519k, which related to reimbursable Covid expenses for which a future allocated increase should be received.

Details were also provided of irrecoverable debts for the period 1 April 2021 to 30 June 2021, in an appendix to the report and an additional recommendation was sought for approval to write-off the irrecoverable debts as detailed.

RESOLVED
(i) That the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1 and detail for Council budgets as set out in Appendix 2 of the report be noted;
(ii) That the reserve transfers as set out on pages 27-28 of Appendix 2, be approved; and
(iii) That the write off of irrecoverable debts for the period 1 April to 30 June 2021 as set out in Appendix 3 to the report, be approved.

28. DOMESTIC ABUSE ACT FUNDING PROPOSAL

The Executive Member, Adult Social Care and Health / Director of Population Health / Assistant Director of Operations and Neighbourhoods submitted a report setting out the commissioning intentions around domestic abuse services in Tameside in light of new funding available this year.

It was explained that TMBC had been awarded a further £547,627 in grant funding to meet new duties under the Domestic Abuse Act 2021. This funding must be spent during 2021/22 on 'support within safe accommodation' for victims of domestic abuse and their children and expenditure related with complying with the new duties.

There was no advance notification of the amount the council was due to receive before this financial year and the funding was released under the stipulation that the money would be spent following the statutory domestic abuse needs assessment. Therefore, the funding was not included in the 21/22 budget. The funding was recurrent and the grant determination for future years would follow the annual Spending Review.

As a result, TMBC had £1,274,445 available to spend on domestic abuse in this financial year (2021/22). Of this, £656,818 was already committed to providing the core commissioned offer, support in safe accommodation and outreach services.

It was proposed that the remaining £617,627 was spent meeting gaps highlighted in the statutory needs assessment. Primarily:

- Better availability of support within Safe Accommodation
- Workforce development, training and practice improvement
- Developing a local perpetrator response
- Piloting innovative approaches with Children and Young People that use violence
- Outreach services in the community and health settings for victim-survivors of Domestic Abuse
- System wide data improvement project to ensure we can discharge our duties under the Domestic Abuse Act 2021

There would be a further spending proposal once the grant amount for 2022/23 was determined pending the Spending Review in Autumn 2021.

RESOLVED
That domestic abuse spending in 2021/22 be approved as follows:

Jointly commissioned Bridges contract	**£**	**506,818**
Domestic Abuse Act grant funding (safe accommodation only)	**£**	**547,627**
GMCA funding for Domestic Abuse roles	**£**	**70,000**
Covid-19 funds	**£**	**30,000**
Population Health and Children's Services CHIDVA funds	**£**	**120,000**
Total 2021/22 funding for Domestic Abuse	**£**	**1,274,445**
Funding committed 2021/22 to date		
Bridges contract - outreach	**£**	**335,090**
Bridges contract - safe accommodation duty	**£**	**291,728**
Covid-19 additional IDVA	**£**	**30,000**
Total 2021/22 committed for Domestic Abuse	**£**	**656,818**
Total 2021/22 funds still available	**£**	**617,627**
Proposed further spend 2021/22		
Support in safe accommodation	**£**	**255,899**
Domestic Abuse transformation activity	**£**	**291,728**
GMCA funded IDVA posts	**£**	**70,000**
Total 2021/22 proposed further spend for Domestic Abuse	**£**	**617,627**
Total spend on Domestic Abuse 2021/22	**£**	**1,274,445**

29. NHS SYSTEM OVERSIGHT FRAMEWORK

A report was submitted by the Executive Member, Adult Social Care and Health / CCG Co-Chair / Director of Commissioning setting out NHS England and NHS Improvement's approach to oversight for 2021/22.

It was explained that the approach to 2021/22 oversight was characterised by the following key principles:

(a) working with and through ICSs, wherever possible, to tackle problems
(b) a greater emphasis on system performance and quality of care outcomes, alongside the contributions of individual healthcare providers and commissioners to system goals
(c) matching accountability for results with improvement support, as appropriate
(d) greater autonomy for ICSs and NHS organisations with evidence of collective working and a track record of successful delivery of NHS priorities, including tackling inequality, health outcomes and access
(e) compassionate leadership behaviours that underpin all oversight interactions.

The framework had five national themes that reflected the ambitions of the NHS Long Term Plan with a single set of 80 metrics plus a sixth theme based on local strategic priorities that complemented the national NHS priorities set out in the 2021/22 Operational Planning Guidance and aligned to the four fundamental purposes of an ICS. Oversight conversations would reflect a balanced approach across the six oversight themes, including leadership and culture at organisation and system level.

NHS England and NHS Improvement would monitor and gather insights about performance across each of the themes of the framework. Regional teams would work with ICSs to ensure that oversight arrangements at ICS, place (including PCNs) and organisation level and the level of involvement of the ICS depended on their relative level of development and governance arrangements. Given the maturity of GM it was hoped that the ICS would lead the oversight of place based systems and individual organisations and co-ordinate any support and intervention carried out by NHS England and NHS Improvement, other than in exceptional circumstances and there would be the least number of formal assurance meetings possible.

It was further explained that the CCG annual assessment would include a mid-year self-assessment with an end-of-year meeting between the CCG leaders and the NHS England and NHS Improvement regional team. It focused on the six key lines of enquiry, as detailed in the report, five of which were the themes in the oversight with the sixth a focus on engagement, performance against the oversight metrics and an assessment of how the CCG worked with others (including the local health and wellbeing board(s)) to improve quality and outcomes for patients.

The final narrative assessment would identify areas of good and/or outstanding performance, areas of improvement, as well as areas of particular challenge across: quality (including reducing health inequalities), leadership, and finance and use of resources.

The 81 metrics in the five oversight themes reflected the NHS Long Term Plan/People Plan and 2021/22 Planning guidance (as at Appendix 3 to the report). They were system wide with 63 being specifically associated with the CCG. They covered a range of areas including access, service delivery, safety, vaccination and workforce. The metrics against each theme and the area they covered were detailed in the report.

It was concluded that Tameside and Glossop Locality should see minimal difference in the methodology used in the Oversight Framework and were in a strong position for many themes. Whilst some of the metrics may continue to be a challenge, if progress continues there may be a move from the default of Segment 2 into Segment 1.

Discussion ensued with regard to the content of the report and Members commended everyone involved on the progress to date. Members further acknowledged Elaine Richardson, – Tameside

& Glossop CCG, who was retiring at the end of August. They thanked Elaine for her dedicated work and support over many years and wished her well for the future.

RESOLVED
That the NHS England and NHS Improvement's approach to oversight of the CCG for 2021/22, be noted.

30. POPULATION HEALTH EARLY YEARS – PEER SUPPORT PROGRAMMES COMMISSIONING

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Starting Well Clinical Lead / Assistant Director of Population Health, which gave details of two Peer Support Programmes: The Family Peer Support Service and the Breastfeeding Peer Support Service and sought authorisation to:

- Retender the Breastfeeding Peer Support Service jointly with Oldham MBC with Tameside MBC as the lead commissioner; and
- Award a direct contract to HomeStart HOST for to the provision of the Family Peer Support Service.

In respect of the Breastfeeding Peer Support Service, it was explained that in 2017, Tameside Council (as lead commissioner) and Oldham Council jointly commissioned the Breastfeeding Support Service with the current contract due to end on the 31 March 2022. It was proposed to recommission this service for a further 5 years (3+2 contract) ensuring break clauses were built into the contract.

The current Breastfeeding Peer Support Service consistently met service targets and had received positive feedback from local parents. The service regularly provided case studies, an example of which was appended to the report.

The current performance of the provider against the current contract specification was in line with the commissioners' expectations. The full years 2018/19 to 202/21 performance data was detailed in the report.

Options for consideration were outlined with the preferred option being to end the contract and re-tender with current contract value: £203,392 per annum (£114,713 – Tameside Council, £88,679 – Oldham Council) with a 3+2 year contract (1 April 2022 – 31 March 2025, with option to extra to 31 March 2027). (Option E at 6.1 of the report).

With regard to the Family Peer Support Service, it was reported that since 2017, the Early Help Offer in Tameside had grown significantly, with the development of an Early Help Access Point, better Early Help Assessments tools, building 'Team Around' Approaches, Early Help Panels with joint decision-making and shared workforce development, such as Signs of Safety. Pivotal to the successes had been integral and collaborative working with partners, including but not exclusive to: Tameside and Glossop Integrated Care NHS Foundation Trust, Pennine Care NHS Foundation Trust, Action Together, Greater Manchester Police, Tameside Safeguarding Children Partnership and Tameside and Glossop Clinical Commissioning Group.

HomeStart Oldham, Stockport and Tameside (HOST) was a long-standing partner of the Council with a unique, tried and trusted peer support model, with a successful track record of grass-roots community volunteering, valued by volunteers and professionals alike. HomeStart had been a significant partner in the development of the Early Help Offer, regularly attending panel meetings and providing a crucial pathway and intervening early to prevent family breakdown. They had adapted their service delivery and aligned to new ways of working, including asset based and relational approaches using Signs of Safety methodology. HomeStart were champions and delivered interventions supporting early attachment, infant feeding, child development and school readiness, which all have strong evidence of effectiveness and return on investment.

Options for consideration were outlined with the preferred option being to end the grant and award a direct contract. The contract would start from the 1 April 2022 for 3 years (1 April 2022 – 31 March 2025) with a value of: £75,000 per annum (£225,000 in total). (Option E at 11.1 of the report).

RESOLVED

(i) That approval be given to recommission and tender the Breastfeeding Peer Support Service with a 3+2 contract jointly with Oldham Council (Option E at section 6.1 of the report), and

(ii) That approval be given to award HomeStart HOST with direct contract award for the Family Peer Support Programme (Option E at 11.1 of the report).

31. COMMISSIONING INTENTIONS – HEALTH IMPROVEMENT SERVICE

A report was submitted by the Executive Member, Adult Social Care and Health / Clinical Lead Long Term Conditions / Director of Population Health summarising the outcome of a recent public consultation and outlined commissioning intentions for the Health Improvement Service from April 2022.

Members were advised that Tameside experienced wide health inequalities, with life expectancy lower than the national average. Higher rates of cardiovascular disease (including stroke), cancer and respiratory disease all contribute to this and place additional burden on local health and social care services. Lifestyle and behaviours all contributed to these health outcomes and the importance of public health interventions for smoking, weight management and wellbeing had been highlighted in the recent Marmot cite region report. The Health Improvement service commissioned by public health provided support to the community on these and other lifestyle choices and behaviours.

In November 2020, the council's spending review identified Health Improvement Services for a 20% saving against the budget allocated for Smoking Cessation and Healthy Weight support. The budget reduction required changes to the service plans to be made. In order to carry out a full re-design of the service and a comprehensive public consultation exercise on the revised plans, an extension to the contract was agreed until 31 March 2022.

Details were given of the public consultation, which ran for a period of 12 weeks from 18 February, 2021 to 13 May 2021. There were 131 respondents to the online survey component of the consultation. Feedback was also gathered from a series of 6 focus groups/workshops held with 4 different community organisations and also collected through a group session with staff from the Be Well service themselves. Concerted effort was made to gather feedback from under-represented and protected characteristic groups. The use of a mixed approach aimed to maximise opportunity for the public to take part in the consultation process.

A summary of the responses to the consultation was provided in an appendix to the report. The results of the public consultation supported the previously proposed changes to the service, the main features of which were:

- A mixed digital/telephone and face-to-face model.
- Group sessions alongside one-to-one support where required.
- Maintaining an integrated, broader wellness offer as well as smoking cessation and weight management services.
- Continuing to work with communities and other organisations to provide support and prevention of ill health.
- Targeting those that need the service most whilst ensuring access for all

An expression of interest (EOI) exercise was conducted with the support of STAR procurement as a form of soft market testing. The previous tender exercise for this service was unsuccessful, so the aim was to understand the optimum way of packaging the services to encourage providers, including charities, social enterprises and Small and Medium Enterprises (SMEs) and new entrants to the market, to bid.

It was explained that with the results of the consultation and the EOI exercise, the opportunity had been taken to review the options for service delivery. In addition to this, the ongoing and likely future impact of the COVID-19 pandemic had been taken into account and all original assumptions revisited. As a result, it was concluded that an element of flexibility would be required going forwards, in order to adapt and respond to the needs of the population and the Council's financial position. Maintaining a holistic service and keeping the smoking cessation and community wellness elements of the service together were also highlighted as important and more cost effective, and this had been taken into account when considering the options, which were outlined as follows:

1. Re-tender the service for a contract period of up to 5 years commencing 1 April 2022 with an annual contract price of £885,910; or
2. Terminate the contract and transfer the service in-house with the Council retaining all income and expenditure and control over the service.

The advantages and disadvantages for both options were detailed and discussed.

In conclusion, it was felt that on balance, the option to transfer the service in-house (Option 2) was preferable. This was because it provided additional financial savings and allowed a greater flexibility around continued provision of the service to meet priorities and service demand. Whilst there were risks associated with both options, the risks associated with bringing the service in-house were considered more acceptable and manageable.

Information was also given in respect of the Oral Health Service and it was proposed that the core oral health offer would continue unchanged with the service within the Council to enable closer integration and alignment with public health and children's services/early years when the contract was terminated on 31 March 2022. This would support a sustainable population approach to oral health, as capacity to deliver could be incorporated and increased within these services. Oral health would continue to be funded from the budget identified within the report with an annual budget of £80,000.

RESOLVED

(i) That the outcome and recommendations of the 12 week public consultation held from 18 February, 2021 to 13 May 2021, be noted;

(ii) That the proposal to transfer the Oral Health Service into the Council's Population Health team when the contract terminates on 31 March 2022, be agreed; and

(iii) That the options appraisal set out in section 5 of the report be considered, and Option 2 – to transfer the service in-house within the Council, be agreed.

32. GRANT NO. 31/5110: LOCAL AUTHORITY EMERGENCY ASSISTANCE GRANT FOR FOOD AND ESSENTIAL SUPPLIES

Consideration was given to a report of the Director of Children's Services requesting a variation to the allocations agreed in September 2020 by the Strategic Commissioning Board of the *'Local Authority Emergency Assistance Grant for Food and Essential Supplies'* fund provided by Defra (Grant No. 31/5110).

Members were advised that the requested variation was for the £5,000 allocation to Caring & Sharing to be changed to Active Tameside. Despite support from the Council, Caring & Sharing had been unable to provide sufficient banking arrangements as per regulations for funding allocations. Active Tameside would use the £5,000 for the essential supplies as follows to provide food within term time where families were in COVID hardship – gas and electric; sportswear / uniforms to support emotional well-being through physical activity. Through casework within the Early Help offer baby safety equipment, baby essentials (nappies, toys, milk, clothing etc.) and school uniform and where approved, household equipment.

RESOLVED

That the change of provider from Caring & Sharing to Active Tameside to the value of £5,000,

be agreed.

33. URGENT ITEMS

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

CHAIR

BOARD

11 August 2021

Present:	**Elected Members**	**Councillors Warrington (In the Chair), Bray, Fairfoull, Feeley, Gwynne, Ryan and Wills**
	Chief Executive	**Steven Pleasant**
	Borough Solicitor	**Sandra Stewart**
	Assistant Director of Finance Deputy Section 151 Officer	**Tracy Simpson**
Also in Attendance:	**Jeanelle de Gruchy, Richard Hancock, Catherine Moseley, Ian Saxon, Jayne Traverse, Sandra Whitehead, Anne Whittingham and Jessica Williams.**	
Apologies for Absence:	**Councillors Cooney and Kitchen**	

82. DECLARATIONS OF INTEREST

There were no declarations of interest.

83. MINUTES OF PREVIOUS MEETING

The minutes of the Board meeting on the 4 August 2021 were approved as a correct record.

84. THE COUNCIL'S SPORT AND LEISURE FACILITIES – FINANCIAL SUSTAINABILITY PROPOSALS

Consideration was given to a report of the Executive Member (Neighbourhoods, Community Safety and Environment) / Assistant Director of Population Health which updated Members on progress of the first phase of a review of the Council's Sport and Leisure assets and the financial sustainability of the provider Active Tameside.

It was explained that the COVID-19 pandemic had a significant detrimental impact on Active Tameside. Throughout 2020/21 enforced closure due to the pandemic meant that centres were open for business for only 40 out of a possible 52 weeks of the year. This led to operational losses of £1million per month.

Prior to COVID-19, several centres operated at a loss that was subsidised by profit making sites. This was a means of tackling health inequalities amongst the most disadvantaged and under-represented communities. Offering equitable access across the borough ensured that local, affordable provision was in place, irrespective of commerciality of the site, or the means of local people to participate.

In a report presented to Executive Cabinet on 10 Feb 2021, approval was given to implement a public consultation from 12 Feb 2021 to 26 March 2021, to seek views on the initial proposals outlined in the report, in particular regarding the future use of Active Oxford Park, Adventure Longdendale and Active Etherow, to inform the Council's future commissioning approach. Supporting information and demographic and facility information regarding the sites which accompanied the consultation was appended to the report at **Appendix 1**. Executive Cabinet also recommended that a further review was carried out of all Sport and Leisure facilities in Tameside, including conditions surveys, aligned to the review of the Operational Estate and Portfolio of Council land and property holdings.

The report set out the findings and analysis of the consultation, recommendations for operation of the buildings for the remaining financial year, and an update on the progress of the Sport and Leisure Asset Review included in the Councils Operational Estate and Portfolio review of Council land and property holdings, which is due to report to Executive Cabinet in Autumn 2021.

The results of the public consultation and engagement supported community activity being delivered from the facilities in a sustainable way, with some suggestions on how that may be achieved, targeting those that needed the service most, whilst ensuring access for all.

It was further explained that a review of the operational estate commenced in late 2020 and would conclude with the "Worksmart" transformation strategy, which was anticipated in autumn 2021 with implementation soon after. This project incorporated three key principles of people, place and technology to create organisational transformation and inform a rationalisation of the property portfolio. The asset review, conditions surveys and results of the consultation would be considered as part of the process.

Currently, the commissioning and administration of the management agreement with Active Tameside and the delivery of the leisure assets investment programme rested with the Director of Population Health. Work to establish proposals for the future management and operation of the Council's leisure assets, to come in to effect from April 2024, had begun and would be managed from this point forward by the Director of Growth. This shift in responsibility was required to ensure that all property decisions were aligned to corporate priorities and would ensure the cost effective delivery of services by the Council and its partners.

The longer term future of the sites would be included in the review of the operational estate which commenced in late 2020 and would conclude with the "Work smart" transformation strategy, which was anticipated in autumn 2021 with implementation soon after. The Population Health Directorate would work with Growth Directorate to ensure that delivery from these sites continued to support the health needs of local people.

AGREED
That Executive Cabinet be recommended to:

(i) That the results and recommendations of the public consultation from 12 Feb 2021 to 26 March 2021, be considered;

(ii) That the proposal outlined in section 6 of the report describing sustainable utilisation of facilities at Active Oxford Park, Adventure Longdendale and Active Etherow for the current financial year, be agreed; and

(iii) That the progress made against the Sport and Leisure asset review be noted and it be agreed to receive further recommendations following the Council's review of the operational estate commenced in late 2020 and will conclude with the "Worksmart" transformation strategy, which is anticipated in autumn 2021.

85. GM MINIMUM LICENSING STANDARDS - STAGE 1 (DRIVERS, OPERATORS AND LOCAL AUTHORITY)

Consideration was given to a report of the Executive Member, Neighbourhoods, Community Safety and Environment / Director of Operations and Neighbourhoods giving information in respect of the proposed Greater Manchester Minimum Licensing Standards (MLS) which would help deliver improved safety, customer focus, higher environmental standards and accessibility.

Members were advised that, in 2018, Greater Manchester's ten local authorities agreed to collectively develop, approve and implement a common set of minimum licensing standards (MLS) for taxi and private hire services. At that time, the primary driver for this work was to ensure public safety and protection, but vehicle age and emission standards in the context of the Clean Air and the decarbonisation agendas were now also major considerations. In addition, by establishing standards around common livery and colour, MLS was an important mechanism that permitted the

systematic improvements to taxi and private hire service across Greater Manchester and their visibility.

Ultimately, the collaborative approach that the MLS represented would help achieve the vision of a strong, professional and healthy taxi and private hire sector providing safe and high quality services to residents and visitors across the whole of Greater Manchester. This vision saw Taxis and Private Hire as a crucial part of the overall transport offer that could consistently deliver safe and high-quality services for the public. The proposed MLS, together with funding from the GM Clean Air Plan, would help deliver improved safety, customer focus, higher environmental standards and accessibility. The collaborative approach sought to establish a basic and common minimum in key areas, whilst allowing Districts to exceed these minimums where they considered this to be appropriate. As licensing was a local authority regulatory function, the Standards had been devised by the GM Licensing Managers Network who worked in partnership across Greater Manchester to drive innovation, partnership and change agendas.

The MLS were divided into four distinct sections as follows:

- Licensed Drivers; including criminal records checks, medical examinations, local knowledge test, English language requirements, driver training including driving proficiency and common licence conditions.
- Licensed vehicles; including vehicle emissions**,** vehicle ages**,** common vehicle colour and livery**,** vehicle testing**,** CCTV, Executive Hire and vehicle design common licence conditions
- Licensed private hire operators; including common licence conditions, DBS checks for operators and staff every year, fit and proper criteria for operator applications and common licence conditions.
- Local Authority Standards: including application deadlines and targets, GM Enforcement Policy, Licensing Fee Framework, annual councillor training requirements and Officer delegations.

Due to the breadth of proposals to be considered by Members, and the complexity of the vehicle standards (and their link to the Clean Air Plan), the report provided Members with detailed consultation feedback and officer recommendations on the Drivers, Operator and Local Authority Standard elements at Stage 1. A Stage 2 report outlining the proposed Vehicle Standard recommendations would be provided in the autumn.

It was noted that, as this and similar reports were going through District governance contemporaneously, the recommendations were also being outlined to Combined Authority for endorsement.at their September meeting. It was proposed that all the standards that were recommended to be implemented, were done so by 30 November 2021 for a go live date of 1 December 2021.

AGREED
That the Greater Manchester MLS consultation feedback, as detailed in the report, be noted and it be RECOMMENDED to Council to approve the implementation of the Minimum Licensing Standards as outlined in paragraph 4 of the report, and in the appendices.

86. NHS SYSTEM OVERSIGHT FRAMEWORK

Consideration was given to a report of the Executive Member, Adult Social Care and Health / CCG Co-Chair / Director of Commissioning setting out NHS England and NHS Improvement's approach to oversight for 2021/22.

It was explained that the approach to 2021/22 oversight was characterised by the following key principles:
(a) working with and through ICSs, wherever possible, to tackle problems

(b) a greater emphasis on system performance and quality of care outcomes, alongside the contributions of individual healthcare providers and commissioners to system goals
(c) matching accountability for results with improvement support, as appropriate
(d) greater autonomy for ICSs and NHS organisations with evidence of collective working and a track record of successful delivery of NHS priorities, including tackling inequality, health outcomes and access
(e) compassionate leadership behaviours that underpin all oversight interactions.

The framework had five national themes that reflected the ambitions of the NHS Long Term Plan with a single set of 80 metrics plus a sixth theme based on local strategic priorities that complemented the national NHS priorities set out in the 2021/22 Operational Planning Guidance and aligned to the four fundamental purposes of an ICS. Oversight conversations would reflect a balanced approach across the six oversight themes, including leadership and culture at organisation and system level.

NHS England and NHS Improvement would monitor and gather insights about performance across each of the themes of the framework. Regional teams would work with ICSs to ensure that oversight arrangements at ICS, place (including PCNs) and organisation level and the level of involvement of the ICS depended on their relative level of development and governance arrangements. Given the maturity of GM it was hoped that the ICS would lead the oversight of place based systems and individual organisations and co-ordinate any support and intervention carried out by NHS England and NHS Improvement, other than in exceptional circumstances and there would be the least number of formal assurance meetings possible.

It was further explained that the CCG annual assessment would include a mid-year self-assessment with an end-of-year meeting between the CCG leaders and the NHS England and NHS Improvement regional team. It focused on the six key lines of enquiry, as detailed in the report, five of which were the themes in the oversight with the sixth a focus on engagement, performance against the oversight metrics and an assessment of how the CCG worked with others (including the local health and wellbeing board(s)) to improve quality and outcomes for patients.

The final narrative assessment would identify areas of good and/or outstanding performance, areas of improvement, as well as areas of particular challenge across: quality (including reducing health inequalities), leadership, and finance and use of resources.

The 81 metrics in the five oversight themes reflected the NHS Long Term Plan/People Plan and 2021/22 Planning guidance (as at **Appendix 3** to the report). They were system wide with 63 being specifically associated with the CCG. They covered a range of areas including access, service delivery, safety, vaccination and workforce. The metrics against each theme and the area they covered were detailed in the report.

It was concluded that Tameside and Glossop Locality should see minimal difference in the methodology used in the Oversight Framework and were in a strong position for many themes. Whilst some of the metrics may continue to be a challenge, if progress continues there may be a move from the default of Segment 2 into Segment 1.

Discussion ensued with regard to the content of the report and Members commended everyone involved on the progress to date. Members further acknowledged Elaine Richardson, – Tameside & Glossop CCG, who was retiring at the end of August. They thanked Elaine for her dedicated work and support over many years and wished her well for the future.

AGREED
That the NHS England and NHS Improvement's approach to oversight of the CCG for 2021/22, be noted.

87. COMMISSIONING INTENTIONS - HEALTH IMPROVEMENT SERVICE

Consideration was given to a report by the Executive Member, Adult Social Care and Health / Clinical Lead Long Term Conditions / Director of Population Health summarising the outcome of a recent public consultation and outlined commissioning intentions for the Health Improvement Service from April 2022.

Members were advised that Tameside experienced wide health inequalities, with life expectancy lower than the national average. Higher rates of cardiovascular disease (including stroke), cancer and respiratory disease all contribute to this and place additional burden on local health and social care services. Lifestyle and behaviours all contributed to these health outcomes and the importance of public health interventions for smoking, weight management and wellbeing had been highlighted in the recent Marmot cite region report. The Health Improvement service commissioned by public health provided support to the community on these and other lifestyle choices and behaviours.

In November 2020, the council's spending review identified Health Improvement Services for a 20% saving against the budget allocated for Smoking Cessation and Healthy Weight support. The budget reduction required changes to the service plans to be made. In order to carry out a full re-design of the service and a comprehensive public consultation exercise on the revised plans, an extension to the contract was agreed until 31 March 2022.

Details were given of the public consultation, which ran for a period of 12 weeks from 18 February, 2021 to 13 May 2021. There were 131 respondents to the online survey component of the consultation. Feedback was also gathered from a series of 6 focus groups/workshops held with 4 different community organisations and also collected through a group session with staff from the Be Well service themselves. Concerted effort was made to gather feedback from under-represented and protected characteristic groups. The use of a mixed approach aimed to maximise opportunity for the public to take part in the consultation process.

A summary of the responses to the consultation was provided in an appendix to the report. The results of the public consultation supported the previously proposed changes to the service, the main features of which were:

- A mixed digital/telephone and face-to-face model.
- Group sessions alongside one-to-one support where required.
- Maintaining an integrated, broader wellness offer as well as smoking cessation and weight management services.
- Continuing to work with communities and other organisations to provide support and prevention of ill health.
- Targeting those that need the service most whilst ensuring access for all

An expression of interest (EOI) exercise was conducted with the support of STAR procurement as a form of soft market testing. The previous tender exercise for this service was unsuccessful, so the aim was to understand the optimum way of packaging the services to encourage providers, including charities, social enterprises and Small and Medium Enterprises (SMEs) and new entrants to the market, to bid.

It was explained that with the results of the consultation and the EOI exercise, the opportunity had been taken to review the options for service delivery. In addition to this, the ongoing and likely future impact of the COVID-19 pandemic had been taken into account and all original assumptions revisited. As a result, it was concluded that an element of flexibility would be required going forwards, in order to adapt and respond to the needs of the population and the Council's financial position. Maintaining a holistic service and keeping the smoking cessation and community wellness elements of the service together were also highlighted as important and more cost effective, and this had been taken into account when considering the options, which were outlined as follows:

1. Re-tender the service for a contract period of up to 5 years commencing 1 April 2022 with an annual contract price of £885,910; or

2. Terminate the contract and transfer the service in-house with the Council retaining all income and expenditure and control over the service.

The advantages and disadvantages for both options were detailed and discussed.

In conclusion, it was felt that on balance, the option to transfer the service in-house (Option 2) was preferable. This was because it provided additional financial savings and allowed a greater flexibility around continued provision of the service to meet priorities and service demand. Whilst there were risks associated with both options, the risks associated with bringing the service in-house were considered more acceptable and manageable.

Information was also given in respect of the Oral Health Service and it was proposed that the core oral health offer would continue unchanged with the service within the Council to enable closer integration and alignment with public health and children's services/early years when the contract was terminated on 31 March 2022. This would support a sustainable population approach to oral health, as capacity to deliver could be incorporated and increased within these services. Oral health would continue to be funded from the budget identified within the report with an annual budget of £80,000.

AGREED:
That Strategic Commissioning Board be recommended to agree:

(i) That the outcome and recommendations of the 12 week public consultation held from 18 February, 2021 to 13 May 2021, be noted;
(ii) That the proposal to transfer the Oral Health Service into the Council's Population Health team when the contract terminates on 31 March 2022, be agreed; and
(iii) That the options appraisal set out in section 5 of the report be considered, and Option 2 – to transfer the service in-house within the Council, be agreed.

88.. POPULATION HEALTH EARLY YEARS - PEER SUPPORT PROGRAMMES COMMISSIONING

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Starting Well Clinical Lead / Assistant Director of Population Health, which gave details of two Peer Support Programmes: The Family Peer Support Service and the Breastfeeding Peer Support Service and sought authorisation to:

- Retender the Breastfeeding Peer Support Service jointly with Oldham MBC with Tameside MBC as the lead commissioner; and
- Award a direct contract to HomeStart HOST for to the provision of the Family Peer Support Service.

In respect of the Breastfeeding Peer Support Service, it was explained that in 2017, Tameside Council (as lead commissioner) and Oldham Council jointly commissioned the Breastfeeding Support Service with the current contract due to end on the 31 March 2022. It was proposed to recommission this service for a further 5 years (3+2 contract) ensuring break clauses were built into the contract.

The current Breastfeeding Peer Support Service consistently met service targets and had received positive feedback from local parents. The service regularly provided case studies, an example of which was appended to the report.

The current performance of the provider against the current contract specification was in line with the commissioners' expectations. The full years 2018/19 to 202/21 performance data was detailed in the report.

Options for consideration were outlined with the preferred option being to end the contract and re-tender with current contract value: £203,392 per annum (£114,713 – Tameside Council, £88,679 – Oldham Council) with a 3+2 year contract (1 April 2022 – 31 March 2025, with option to extra to 31 March 2027). (Option E at 6.1 of the report).

With regard to the Family Peer Support Service, it was reported that since 2017, the Early Help Offer in Tameside had grown significantly, with the development of an Early Help Access Point, better Early Help Assessments tools, building 'Team Around' Approaches, Early Help Panels with joint decision-making and shared workforce development, such as Signs of Safety. Pivotal to the successes had been integral and collaborative working with partners, including but not exclusive to: Tameside and Glossop Integrated Care NHS Foundation Trust, Pennine Care NHS Foundation Trust, Action Together, Greater Manchester Police, Tameside Safeguarding Children Partnership and Tameside and Glossop Clinical Commissioning Group.

HomeStart Oldham, Stockport and Tameside (HOST) was a long-standing partner of the Council with a unique, tried and trusted peer support model, with a successful track record of grass-roots community volunteering, valued by volunteers and professionals alike. HomeStart had been a significant partner in the development of the Early Help Offer, regularly attending panel meetings and providing a crucial pathway and intervening early to prevent family breakdown. They had adapted their service delivery and aligned to new ways of working, including asset based and relational approaches using Signs of Safety methodology. HomeStart were champions and delivered interventions supporting early attachment, infant feeding, child development and school readiness, which all have strong evidence of effectiveness and return on investment.

Options for consideration were outlined with the preferred option being to end the grant and award a direct contract. The contract would start from the 1 April 2022 for 3 years (1 April 2022 – 31 March 2025) with a value of: £75,000 per annum (£225,000 in total). (Option E at 11.1 of the report).

AGREED:
That Strategic Commissioning Board be recommended to agree that:

- **(i) That approval be given to recommission and tender the Breastfeeding Peer Support Service with a 3+2 contract jointly with Oldham Council (Option E at section 6.1 of the report), and**
- **(ii) That approval be given to award HomeStart HOST with direct contract award for the Family Peer Support Programme (Option E at 11.1 of the report).**

89. DOMESTIC ABUSE ACT FUNDING PROPOSAL

Consideration was given to a report of the Executive Member, Adult Social Care and Health / Director of Population Health / Assistant Director of Operations and Neighbourhoods which set out the commissioning intentions around domestic abuse services in Tameside in light of new funding available this year.

It was explained that TMBC had been awarded a further £547,627 in grant funding to meet new duties under the Domestic Abuse Act 2021. This funding must be spent during 2021/22 on 'support within safe accommodation' for victims of domestic abuse and their children and expenditure related with complying with the new duties.

There was no advance notification of the amount the council was due to receive before this financial year and the funding was released under the stipulation that the money would be spent following the statutory domestic abuse needs assessment. Therefore, the funding was not included in the 21/22 budget. The funding was recurrent and the grant determination for future years would follow the annual Spending Review.

As a result, TMBC had £1,274,445 available to spend on domestic abuse in this financial year (2021/22). Of this, £656,818 was already committed to providing the core commissioned offer,

support in safe accommodation and outreach services.

It was proposed that the remaining £617,627 was spent meeting gaps highlighted in the statutory needs assessment. Primarily:

- Better availability of support within Safe Accommodation
- Workforce development, training and practice improvement
- Developing a local perpetrator response
- Piloting innovative approaches with Children and Young People that use violence
- Outreach services in the community and health settings for victim-survivors of Domestic Abuse
- System wide data improvement project to ensure we can discharge our duties under the Domestic Abuse Act 2021

There would be a further spending proposal once the grant amount for 2022/23 was determined pending the Spending Review in Autumn 2021.

AGREED
That Strategic Commissioning Board be recommended to agree that domestic abuse spending in 2021/22 be approved as follows:

Jointly commissioned Bridges contract	**£**	**506,818**
Domestic Abuse Act grant funding (safe accommodation only)	**£**	**547,627**
GMCA funding for Domestic Abuse roles	**£**	**70,000**
Covid-19 funds	**£**	**30,000**
Population Health and Children's Services CHIDVA funds	**£**	**120,000**
Total 2021/22 funding for Domestic Abuse	**£**	**1,274,445**
Funding committed 2021/22 to date		
Bridges contract - outreach	**£**	**335,090**
Bridges contract - safe accommodation duty	**£**	**291,728**
Covid-19 additional IDVA	**£**	**30,000**
Total 2021/22 committed for Domestic Abuse	**£**	**656,818**
Total 2021/22 funds still available	**£**	**617,627**
Proposed further spend 2021/22		
Support in safe accommodation	**£**	**255,899**
Domestic Abuse transformation activity	**£**	**291,728**
GMCA funded IDVA posts	**£**	**70,000**
Total 2021/22 proposed further spend for Domestic Abuse	**£**	**617,627**
Total spend on Domestic Abuse 2021/22	**£**	**1,274,445**

90. GRANT NO. 31/5110: LOCAL AUTHORITY EMERGENCY ASSISTANCE GRANT FOR FOOD AND ESSENTIAL SUPPLIES

Consideration was given to a report of the Director of Children's Services requesting a variation to the allocations agreed in September 2020 by the Strategic Commissioning Board of the *'Local Authority Emergency Assistance Grant for Food and Essential Supplies'* fund provided by Defra (Grant No. 31/5110).

Members were advised that the requested variation was for the £5,000 allocation to Caring & Sharing to be changed to Active Tameside. Despite support from the Council, Caring & Sharing had been unable to provide sufficient banking arrangements as per regulations for funding allocations. Active Tameside would use the £5,000 for the essential supplies as follows to provide food within term time

where families were in COVID hardship – gas and electric; sportswear / uniforms to support emotional well-being through physical activity. Through casework within the Early Help offer baby safety equipment, baby essentials (nappies, toys, milk, clothing etc.) and school uniform and where approved, household equipment.

AGREED:
That Strategic Commissioning Board be recommend to agree the change of provider from Caring & Sharing to Active Tameside to the value of £5,000, be agreed.

91. CAPITAL PROGRAMME – OPERATIONS AND NEIGHBOURHOODS

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

The Assistant Director of Operations and Neighbourhood updated members in respect of approved schemes as follows:

Highways: Transport Asset Management Plan (TAMP) and 2021/22 - Highway Maintenance Programme - Confirmation of the 2021/22 Highway Capital Allocation from the Greater Manchester Combined Authority (GMCA) was received at the end of June. A total of £3.915m had been allocated to Highway works and officers were currently working on drawing up a detailed programme of works which would be reported in a subsequent update.

Flooding: Flood Prevention and Consequential Repairs - Works to improve critical infrastructure on the following inlet structures were anticipated to start on site in August/ September 2021:

- Stalybridge Country Park,
- Mottram Old Road, Stalybridge,
- Broadacre, Stalybridge,
- Ney Street, Ashton-under-Lyne,
- Store Street, Ashton-under-Lyne.

All works should be completed before March 2022, and it was envisaged the costs would be within budget.

Slope Stability Works and Potential Additional Works Required - The engineering works at Fairlea, Denton were complete. The works were completed within the budget of £0.350m.

The Greenside Lane, Droylsden, retaining wall works were anticipated to be completed in December 2020. However, post-construction monitoring highlighted an ongoing issue with the wall structure, which required additional works to be carried out. The Council's consultants and contractor had been working through various options to find the optimum solution. The design of this solution was close to completion and it was expected the works to carry out remedial measures would commence on site in August 2021. A revised program for completion would soon be available including information on any additional costs.

Repair and Restoration of Cemetery Boundary Walls - The remainder of the original budget (£0.260m) to be spent this financial year was £0.060m. Further works were now planned for Hyde cemetery with minor additional works on medium risk walls at other cemeteries. All works were envisaged to be completed this financial year and would be within budget.

Replacement of Cremators and Mercury Abatement, Filtration Plant and Heat Recovery Facilities - £2.500m was earmarked in the capital programme to fund this project. The scheme was marked as business critical and was approved by Executive Cabinet on the 24 October 2018. Work on the scheme was progressing.

Children's Playgrounds - Children's playgrounds across Tameside were being improved to help youngsters stay active and healthy. The Capital investment of £0.600m would improve play areas across the borough and ensure they were good quality and safe facilities for children to enjoy. Wetpour surfacing improvements had been completed on several sites. Work to improve the appearance of the play area at Haughton Green was due to start in August. Phase 2 of the wetpour project will commence in September 21. A package of infrastructure works to improve things like gates and benches will commence in October 21 and further improvements such as the installation of new play equipment will take place across the rest of this financial year.

Ashton Town Centre Public Realm Project - As a result of the pandemic the Ashton Town Centre Public Realm project had been temporarily paused in line with Government guidance. Procurement documentation for the paving materials was currently being finalised with STAR and it was anticipated to go out to tender shortly. Uncertainty remained nationally regarding availability and delivery of construction materials. A detailed review of the project was still required, once the procurement exercise was complete. Tenderers would be required to provide delivery timescales as part of their submissions.

Main Road LED Street Lighting Lanterns - The Main Road LED design works were substantially complete. As reported previously the only designs remaining would be the ones requiring bespoke design parameters (ie. Metrolink, high mast columns and heritage lighting). The completion of the project was still scheduled for March 2022.

Walking and Cycling Infrastructure Schemes - Mayor's Challenge Fund - On 29 March 2018, the Greater Manchester Combined Authority allocated £160 million of Greater Manchester's £243 million Transforming Cities Fund to develop a Mayor's Cycling and Walking Challenge Fund. Previous reports highlighted that the Council had successfully secured Programme Entry Status for schemes at Tranches 1, 4, 5 and 6 of the programme. Previously, it was reported that the Hill Street and Chadwick Dam schemes were due to be completed by summer 2021, however due to Covid related issues outside of the Council's control this programme was being re-evaluated. It was anticipated that this would result in a two month delay to the original programme. TfGM, the project sponsors, had been informed.

Dukinfield Active Neighbourhood Pilot - On the 3 March 2021 the Council approved, via Executive Decision, the selection of an area in Dukinfield for Tameside's Active Neighbourhood pilot scheme. Work has since started on this resident-led initiative.

Active Travel Fund (ATF) – Tranche 2 - The previous Capital update report provided confirmation that the Council had been awarded £0.985m, from TfGM on the 29 January 2021, to create an environment that was safe for both walking and cycling in order to replace journeys previously made by car or by public transport. A requirement of the grant funding was the Council's ability to demonstrate progress and commitment to implementing the schemes in Tranche 2 by March 2022. In addition, there was a requirement to undertake consultation on all schemes and obtain design approval from TfGM prior to implementation and to implement appropriate monitoring and evaluation.

Following a procurement exercise, Mott MacDonald's – Highway Designers, had been commissioned to work on the feasibility and design of each of the ATF schemes had started. Once outline designs had been approved by TfGM then consultation with relevant residents and stakeholders will commence. A summary of the schemes approved alongside the available budget was provided.

Capability Fund - The previous report provided an overview of the Capability Fund bids, submitted by the Council, earlier in the year. A summary of the bids was provided, which were designed to support behaviour change activities and the development of local cycling and walking infrastructure proposals. The Council was currently awaiting a decision on whether any of the bids had been successful. Confirmation of the outcome would be provided at a future meeting.

Places to Ride – Tame Valley Loop (TVL) - The Council had now received the formal offer of funding from British Cycling which was currently awaiting sign-off. Works were currently being programmed so that the formalised route could start to be promoted later in the year.

Pedestrian Crossing Facilities at Side Roads - TfGM were researching the use of road markings at side roads in urban areas, working with the Transport Research Laboratory (TRL). The aim was to provide direct and safe crossing points for pedestrians. The Council were supporting the research by implementing two trial sites at locations in Denton and Audenshaw. The on-road trials were now complete, with monitoring completed in early July 2021. This work was being funded by TfGM, under the Mayor's Challenge Fund, with design and delivery being carried out by the Council estimated at £0.022m. The costs were to be met by TfGM, including Council staff time. Costs were being compiled for submission to TfGM.

A further update was given in respect of grant funding schemes reported previously, as follows:

- Transport Infrastructure Investment Fund - Highways Maintenance Challenge Fund 2020/21;
- Department for Transport (DFT) – Safer Roads Fund; and
- Growth Deal 3 Funding – Bus Stop Passenger Access Enhancement.

AGREED:
That EXECUTIVE CABINET be RECOMMENDED to note:

(i) The progress with regards to Flooding: Flood Prevention and Consequential Repairs.

(ii) The progress with regard to the Slope Stability Programme and potential additional works required.

(iii) The progress with regards to the replacement of Cremators and Mercury Abatement, Filtration Plant and Heat Recovery Facilities.

(iv) The progress of the Walking and Cycling infrastructure schemes set out in section 3 of the report.

(v) The progress of Capital schemes in section 2.13-2.20, and external grant schemes in section 3 and 4.

(vi) Following the GMCA approval on 25 June 2021, to note that £2.415m Highways grant funding was added to the Council's 2021-22 capital programme and £1.500m Pothole and Challenge funding of the same grant was added to the 2021-22 Operations and Neighbourhood's directorate Highways revenue budget.

That EXECUTIVE CABINET be RECOMMENDED to APPROVE:

(vii) To add £0.022m to the Capital Programme for Pedestrian Crossings at side roads (section 3.18 of the report). This scheme will be wholly financed via TfGM Mayors Challenge grant funding.

92. GROWTH CAPITAL PROGRAMME UPDATE REPORT

Consideration was given to a report of the Executive Member of Finance and Economic Growth / Director of Growth, which provided an update on the 2021/22 Growth Capital Programme and set out details of the major approved capital schemes.

It was reported that the proposed Garden Village at Godley Green was the key strategic site for residential development in Tameside. The Council had secured an additional £0.030m capacity funding from Homes England to support the ongoing project management function which was yet to be received. A similar bid for capacity funding would be made in 2021/22.

In respect of Stalybridge Heritage Action Zone, Members were advised that Stalybridge town centre was selected as Tameside's focus for the GM Mayor's Town Centre Challenge in 2018. Initial work to plan and progress the delivery of Stalybridge's Town Centre Challenge was co-ordinated by the Stalybridge Town Centre Challenge (STCC) Board and a Stalybridge Town Centre Challenge Action Plan now set out the aspirations for the town centre.

A bid for external funding to deliver on the ambitions for Stalybridge secured £1.275m High Street Heritage Action Zone (HSHAZ) funding through Historic England with £1.275m match funding by the Council. The Grant Funding Agreement was completed on 16 February 2021. The Project Officer had been appointed and, with Heritage England, a detailed capital programme plan was under review, which would outline the projects and spend of the funding up to 31 March 2024.

Part of the proposed HSHAZ funded scheme was a replacement roof on Stalybridge Civic / Market in 2021/22 for which a budget of £0.559m was allowed. However, as survey work to inform the contract had identified additional works that should 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 was also unable to be reused. The estimate for the contract was £1.7m and the July meeting of Executive Cabinet approved an additional £1.139m of Capital funding.

Information was also provided relating to statutory compliance works. These costs were scheduled in Appendix 3 to the report.

A summary of the financial position as at 30 April 2021 with regard to receipts for Section 106 (s106) Agreements and Developer Contributions, was provided.

Progress updates were also provided in respect of land disposals and decarbonisation of the public estate.

AGREED:
That EXECUTIVE CABINET be RECOMMENDED to note the report and:
That £0.126m of Corporate Landlord - Capital Expenditure is approved from the earmarked budget, for works detailed in Appendix 3 to the report.

94. EDUCATION CAPITAL PROGRAMME UPDATE

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, providing an overview of the Council's Education Capital Programme.

The funding and financial position was explained and details of existing and proposed schemes for the Basic Needs funding were given. In order to utilise funding in the most effective way, it was proposed that the Special Provision and High Needs Provision grants be used to support the Special Provision projects for Hawthorns, Oakfield Primary and Greenside Primary, as detailed in Appendix 1 to the report.

In terms of School Condition Grant funding, it was explained that Schools Forum agreed a contribution protocol for schools condition works that was implemented from 1 October 2020. The protocol asked for a contribution towards all school condition schemes. The contributions were £10,000 for primary schools and £25,000 for secondary schools. This would ensure that the limited School Condition Funding received from central government could be maximised.

Schools would contribute towards all school condition schemes. Discussions would be held with schools to confirm their contributions and how they planned to finance it. This would then replace the school condition funding requested for those schools. This related to the following schools:

- Audenshaw Primary School
- Broadbent Fold
- Fairfield Primary School
- Gee Cross Holy Trinity
- Gorse Hall Primary School
- Hurst Knoll
- Stalyhill Infants School

In respect of Devolved Formula Capital funding, it was reported that the DFE had now provided the actual allocations. The funding for Tameside schools in 2021/22 was £337,001 and £174,553 for Voluntary Aided schools. The maintained allocation was £72,757 more than originally announced as there were five schools that currently had academy orders in place but had not yet converted.

Details of Special Provision Allocation funding were set out and, in order to utilise funding in the most effective way, it was proposed that the Special Provision grant be used to support the Special Provision projects for Hawthorns, Oakfield Primary and Greenside Primary, as set out in Appendix 3 to the report.

With regard to High Needs Provision Capital Allocation, Members were advised that in April 2021 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 and an update would be included in future reports. It was further proposed that the High Needs Provision grant be used to support the RIBA Stage 3 costs for the new Hawthorns scheme, as detailed in Appendix 5 to the report.

In respect of Section 106 monies, it was reported that there was currently £99,931 Section 106 monies remaining from the £491,007 that was approved by panel and subsequently endorsed by Executive Cabinet at the meetings in March 2020. There had been Section 106 monies received from a developer of £59,370 (planning application number 11/00669/OUT). Discussions were being held as to how this could be best used to support schools within the development area.

AGREED:
That EXECUTIVE CABINET be RECOMMENDED to approve:

- **(i) The proposed changes of (£728,800) to and re-profiling of (£11,500,000) the Basic Need Funding as detailed in Appendix 1 to the report;**
- **(ii) The proposed changes of (£8,160) to and re-profiling of (£150,000) the School Condition Funding as detailed in Appendix 2 to the report;**
- **(iii) The proposed changes of £316,000 to the Special Provision Funding as detailed in Appendix 3 to the report;**
- **(iv) The proposed changes of £264,800 to the High Needs Provision Funding as detailed in Appendix 5 to the report;**
- **(v) The additional £72,757 Devolved Formula Capital is added to the Capital Programme as discussed in paragraph 2.11 of the report; and**
- **(vi) A revised approach to presenting the information to assist the Panel in monitoring the Education Capital Programme to understand progress and variations as set out in draft format at Appendix 6 to the report, which will replace all other appendices going forward.**

95.. FRAMEWORK OF CONTRACTORS TO PROVIDE ADAPTATIONS FOR DISABLED PEOPLE

Consideration was given to a report of the Executive Member Adult Social Care and Health / Director of Growth / Director of Adult Services which explained that legislation in the form of the Housing Grants, Construction and Regeneration Act 1996 (plus subsequent amendments) placed a statutory duty on local housing authorities to deliver adaptations within its boundary. The authority had a duty to receive and approve eligible applications where the Council considers the adaption to be necessary and appropriate to meet the assessed needs of the disabled person, and reasonable and practicable in relation to the age and condition of the property to be adapted.

Funding for Disabled Facilities Grant (DFG) had been included within the Better Care Fund (BCF) since 2015-16. It operated under Section 75 of the National Health Service Act 2006 (pooled budget arrangements between Clinical Commissioning Groups and the local council). Capital funding was provided annually through Ministry of Housing Communities and Local Government (MHCLG) and Department of Health (DoH). However the provision of DFG for those who qualified for the service remains a statutory duty on the local housing authority.

The current rates for works within the contract required to be varied to take into effect changes in the cost of materials and equipment. These changes are due to a number of rises in the cost of materials in the construction industry due to the effects of the Covid-19 pandemic, global supply issues and Brexit, as well as the need for contractors to make a reasonable profit to be able to retain operatives.

AGREED:
That the Executive Member (Adult Social Care and Health) be recommended to agree that approval is given under Procurement Standing Orders 9.3.1 to agree a 10% increase on the rates contained within the framework contract.

96. **FORWARD PLAN**

The forward plan of items for Board was considered.

CHAIR

Report To:	**STRATEGIC COMMISSIONING BOARD**
Date:	29 September 2021
Executive Member / Reporting Officer:	Councillor Oliver Ryan – Executive Member (Finance and Economic Growth) Dr Ash Ramachandra – Lead Clinical GP Kathy Roe – Director of Finance
Subject:	**STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST FINANCE REPORT** **CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 31 JULY 2021**
Report Summary:	This is the financial monitoring report for the 2021/22 financial year reflecting actual expenditure to 31 July 2021 (Month 4) and forecasts to 31 March 2022 for the Council and 30 September 2021 for the CCG. Overall the Strategic Commission is facing a total forecast overspend of £7.153m for the year ending 31 March 2022. A substantial proportion of this forecast relates to demand pressures in Children's and Adults Social Care. 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. Targeted COVID funding continues into 2021/22 to address COVID related pressures. Council Budgets are facing significant pressures which are not directly related to the COVID-19 pandemic, with significant forecast overspends in Adults and Children's Social Care being the main contributors to a net forecast overspend of (£6,214k). This is an improvement of £636k due to positive movements in Operations and Neighbourhoods and Children's Services. A full 12 month forecast is in place for the council. 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 CCG is reporting a forecast overspend of (£939k) but this is purely presentational to align to the way the CCG must report and reconcile with the formal monthly return submitted to NHS England. Fundamentally the position is breakeven. The variance relates to the Hospital Discharge Programme which is due to be reimbursed under the COVID protocols by October 2021.
Recommendations:	That Strategic Commissioning Board and Executive Cabinet be recommended to note the forecast outturn position and associated risks for 2021/22 as set out in **Appendix 1**.
Policy Implications:	Budget is allocated in accordance with Council/CCG Policy

Financial Implications: **(Authorised by the Section 151 Officer & Chief Finance Officer)**	This report provides the 2021/22 consolidated financial position statement at 31 July 2021 for the Strategic Commission and ICFT partner organisations. The Council set a balanced budget for 2021/22 which included savings targets of £8.930m whilst also being reliant on a number of corporate financing initiatives to balance. 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

Telephone:0161 342 5609

e-mail: caroline.barlow@tameside.gov.uk

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

Telephone:0161 342 5626

e-mail: tracey.simpson@nhs.net

1. BACKGROUND

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

1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The gross revenue budget value of the ICF for 2021/22 is reported at £771 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 £993 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 Overall the Strategic Commission is facing a total forecast overspend of £7.153m for the year ending 31 March 2022. A substantial proportion of this forecast relates to demand pressures in Children's and Adults Social Care.

2.2 At Period 4, the Council is forecasting an overspend against budget of £6.2m. Children's Services are still the biggest area of financial concern, with expenditure forecast to exceed budget by £5.460m. The overspend is predominantly due to the number and cost of external placements.

2.3 There is also significant pressure in Adults services of £2.2m, and ongoing pressures in Operations and Neighbourhoods and Governance due to income shortfalls resulting from the impact of the Covid pandemic.

2.4 The CCG is reporting a forecast overspend of (£939k) but this is purely presentational to align to the way the CCG must report and reconcile with the formal monthly return submitted to NHS England. Fundamentally the position is breakeven. The variance relates to the Hospital Discharge Programme which is due to be reimbursed under the COVID protocols by October 2021.

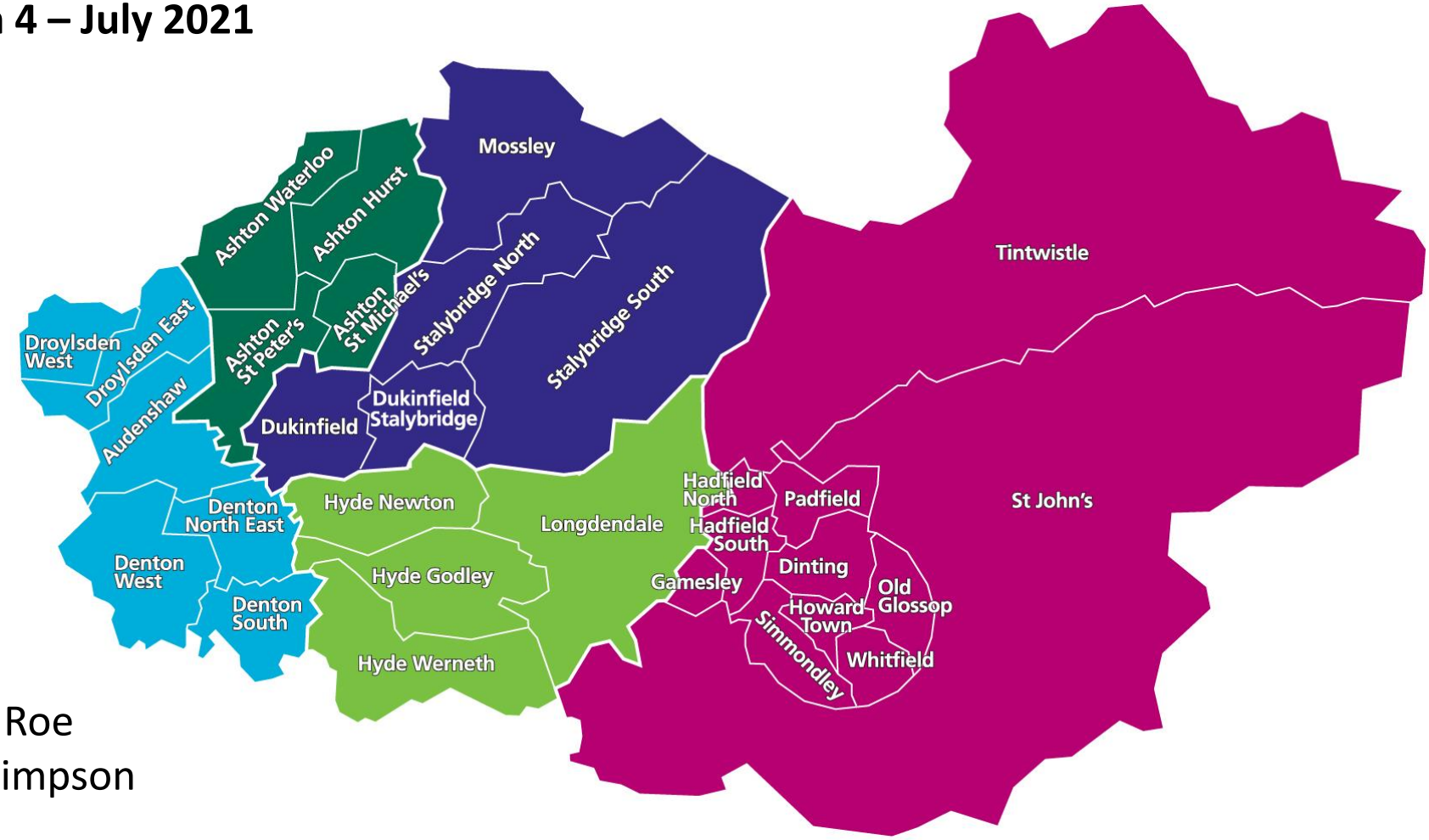
2.5 Further detail on the financial position can be found in **Appendix 1.**

3. RECOMMENDATIONS

3.1 As stated on the front cover of the report.

Tameside and Glossop Strategic Commission

Finance Update Report
Financial Year 2021-22
Month 4 – July 2021



Kathy Roe
Sam Simpson

Period 4 Finance Report

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 financial monitoring report for the 2021/22 financial year reflecting actual expenditure to 31 July 2021 (Month 4) and forecasts to 31 March 2022 for the Council and 30th September 2021 for the CCG. Overall the Strategic Commission is facing a total forecast overspend of £7.153m for the year ending 31 March 2022. A substantial proportion of this forecast relates to demand pressures in Children's and Adults Social Care.

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. Targeted COVID funding continues into 2021/22 to address COVID related pressures.

Council Budgets are facing significant pressures which are not directly related to the COVID-19 pandemic, with significant forecast overspends in Adults and Children's Social Care being the main contributors to a net forecast overspend of (£6,214k). This is an improvement of £636k due to positive movements in Operations and Neighbourhoods and Children's Services. A full 12 month forecast is in place for the council.

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.

Although the table below shows the CCG as reporting a forecast overspend of (£939k) this is purely presentational to align to the way the CCG must report and reconcile with the formal monthly return submitted to NHS England. Fundamentally the position is breakeven. The variance relates to the Hospital Discharge Programme which is due to be reimbursed under the COVID protocols by October 2021.

The MFT 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. 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.

We are expecting that details around the H2 financial regime (October 2021 to March 2022) and financial envelopes, will be published by NHSE/I before the next report is published.

	Forecast Position					Net Variance		Net Variance	
Forecast Position	Expenditure Budget	Income Budget	Net Budget	Net Outturn	Net Variance	COVID Variance	Non-COVID Variance	Previous Month	Movement in Month
CCG Expenditure	222,480	0	222,480	223,419	(939)	(939)	0	(519)	(420)
TMBC Expenditure	548,135	(353,641)	194,494	200,708	(6,214)	328	(6,542)	(6,850)	636
Integrated Commissioning Fund	**770,615**	**(353,641)**	**416,974**	**424,127**	**(7,153)**	**(611)**	**(6,542)**	**(7,369)**	**216**

Note. Data presented for CCG covers April to September (H1) only, data for TMBC covers a full year

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	74,827	74,621	206	112,252	112,262	(9)	0	(9)
Mental Health	14,904	14,853	52	22,346	22,200	146	0	146
Primary Care	30,061	30,152	(92)	46,504	46,779	(276)	0	(276)
Continuing Care	5,215	5,084	131	7,867	7,777	90	0	90
Community	12,394	12,787	(393)	18,435	19,327	(892)	(939)	47
Other CCG	6,930	7,326	(396)	12,798	12,795	3	0	3
CCG TEP Shortfall (QIPP)	0	0	0	0	0	0	0	0
CCG Running Costs	1,443	1,386	56	2,278	2,278	0	0	0
Adults	13,405	16,164	(2,759)	40,214	42,448	(2,234)	402	(2,636)
Children's Services - Social Care	17,160	17,892	(731)	53,510	58,970	(5,460)	0	(5,460)
Education	2,457	7,999	(5,542)	7,239	7,078	161	(113)	274
Individual Schools Budgets	90	(8,581)	8,672	0	0	0	0	0
Population Health	5,132	4,447	685	15,397	14,782	615	472	143
Operations and Neighbourhoods	15,238	36,604	(21,367)	51,234	51,750	(516)	(350)	(166)
Growth	560	277	283	9,420	9,401	19	132	(113)
Governance	3,230	6,980	(3,751)	9,083	9,709	(626)	(2,063)	1,437
Finance & IT	2,833	3,618	(786)	8,326	8,409	(83)	0	(83)
Quality and Safeguarding	54	(58)	112	142	135	7	0	7
Capital and Financing	(332)	(600)	268	4,775	4,358	417	0	417
Contingency	1,309	(1,411)	2,721	3,959	4,365	(406)	0	(406)
Contingency - COVID Costs	0	6,707	(6,707)	0	16,741	(16,741)	(16,741)	0
Corporate Costs	1,678	1,992	(314)	5,051	5,006	45	0	45
LA COVID-19 Grant Funding	(4,619)	(21,783)	17,164	(13,856)	(31,955)	18,099	18,099	0
Other COVID contributions	0	(445)	445	0	(489)	489	489	0
Integrated Commissioning Fund	**203,969**	**216,013**	**(12,044)**	**416,974**	**424,127**	**(7,153)**	**(611)**	**(6,542)**

Integrated Commissioning Fund Key Messages

Children's Services (Social Care) (£5,460k)

The Directorate forecast position is an overspend of (£5,460k), an overall favourable reduction of £219k since month 3. The overspend is predominately due to the number and cost of external and internal placements. At the end of July the number of cared for children was 700, an increase of 3 from the previous month.

The reduction in the reported overspend since month 3, is predominantly due to a favourable reduction in the gross cost of external placements - £208K. A number of children have returned home and a few children have transitioned from Residential Homes to Semi-independent provision. The key variances are:

Cared for Children (External Placements): (£3,243k): At 1st August there were 50 young people aged 18 and over in external placements paid for by Children Services due in large to the lack of more appropriate alternatives. This is an increase of 2 from the previous month. This area is the initial focus of the Corporate Turnaround Team work, as it is anticipated that through the provision of a wider and more appropriate pool of accommodation options in the Borough this spend can be significantly reduced Adoption interagency fees are forecast to underspend by £185k which is offsetting some of the forecast overspend on residential placements.

Cared for Children (Internal Placements): (£2,059k): Employee costs are forecast to overspend by (£435k) in respect of Children's Homes due to additional staffing costs and sickness. Internal placements are forecast to overspend by (£1,642k). 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: (£197k): The overspend 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.

Governance (£626k)

The current forecast for the Directorate is (£626k) over budget. There are pressures of (£1,003k) included within the forecasts that relate to the impact of COVID on Housing Benefit overpayments debt recovery and reduced income from court costs recovery. If the impact of COVID pressures is excluded from the position there is an underlying underspend of £377k.

Integrated Commissioning Fund Key Messages

Adults (£2,234k)

The forecast position is net of a number of significant under and overspends across the Directorate and is unchanged from month 3. The Directorate is continuing to review options to manage demands within its current level of resourcing. Key variances include:

- £1,678k additional income forecast in respect of client fees for Residential Care, Nursing Care and Homecare. This corresponds to a general increase in demand for these services, reflected in forecast overspends in other areas.
- (£1,857k) increase in the forecast cost of residential and nursing care as vacancies in care homes begin to be re-filled in the aftermath of the pandemic. Most of the increased cost arises from a general increase in volumes (offset by additional client fee income) with further increases related to several new high cost Mental Health placements.
- (£528k) Substantial increases in cost are required to meet pressures on staffing and accommodation costs in the 24 Hour Supported Accommodation service. Additional costs are included here to cover transitional staffing for the Resettlement programme, with a further increase for property costs at two new facilities.
- (£734k) Off-contract Supported Accommodation costs have increased significantly, with several planned moves into more appropriate in-house provision currently on hold without alternatives identified, and a number of new high-cost placements now required outside of the original budget. Housing Benefit income is also reduced, albeit partially offset by an increase in client fee income.
- (£175k) Demand for Support at Home provision remains very high and has not significantly declined since the peak of the COVID pandemic, currently with around 10,900 hours delivered weekly against a initial forecast of 10,200. This is partially offset by the end of three high-cost off-contract packages, and by the increase in client fees and NHS income.
- (£286k) Staffing budgets in the Mental Health function are forecast to be overspent, with high overtime requirements in the Community Response Service and Out of Hours Team.

Contingency (£406k)

The forecast overspend reflects savings not allocated to Directorates in respect of staffing costs. These savings continue to be monitored and are expected to be realised against service area budgets. A contingency buffer is being held to mitigate against any further emerging pressures, and this will be released in future period if not required.

Capital Financing £417k

The forecast underspend is primarily due to interest costs being less than budget on the assumption that no external borrowing is required before 31 March 2022.

Integrated Commissioning Fund Key Messages

Operations and Neighbourhoods (£516k)

The overall net forecast is an improved position to that reported in month 3, due to the identification of a number of mitigating savings which can be delivered to offset continuing pressures resulting from shortfalls on income and delays to the delivery of savings. The key pressures and mitigating savings include:

Car Parking Income (£701k) There has been an issue with the realisation of car parking income for a number of years that has deteriorated further during COVID . The reduction in forecast levels has been assumed to the end of the calendar year with an assumption that income levels 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. There is an underlying pressure of £701k of which £350k of this pressure is attributed to the impact of COVID. Mitigating savings have been identified to address the remaining pressure.

Delays to savings delivery (£236k): Delays to the delivery of savings relating to 3 weekly wheeled bin collections and wheeled bin cost recovery due to time taken for consultation. There is a gross pressure of £236k, with the use of £70k from the levy smoothing reserves having been identified to partially mitigate the delays to savings delivery.

Mitigating savings or one-off income sources of **£419k** identified as follows:

- Street Cleansing £292k: Street cleansing waste is now disposed of through the Waste Levy at a cost saving of approximately £115 per tonne. This budget has been reduced by £200k already as part of the Directorate savings plan. Based on the actual monthly costs to date this financial year, and allowing for an increase in the monthly average for additional leaf fall throughout the autumn months it is envisaged that costs can reduce further than the current forecast.
- Levy Smoothing Reserve £70k: The Council receives rebates on the Waste Levy which are held corporately. Discussions have taken place between the Executive Director and the Chief Finance Officer with regards to utilising some of the rebate to mitigate the shortfall in the expected refuse collection savings initiatives in the current financial year.
- Transport Levy £124k: Due to a timing issue when setting the budgets for the Transport and Waste Levies, it has become apparent that there will be a net underspend between the two this financial year. This hasn't previously been reported as part of M3 forecasts.

Council COVID Costs and Income

The Council continues to face significant additional costs and income losses attributed to the impact of COVID. Additional COVID funding has been received in 2021/22 which when combined with grants carried forward from 2020/21 is expected to cover total forecast costs this year. Some pressures are expected to continue beyond this financial year, and in the absence of any further funding allocations, these pressures will increase the financial pressures facing budgets in future years.

Integrated Commissioning Fund Key Messages

CCG COVID Spend (within Community)

Hospital Discharge Programme
For HDP, the CCG are now claiming for pre-assessment placement costs of up to 4 weeks in Q2, as opposed to 6 weeks we were allowed in Q1.

The CCG have been reimbursed for Q1 costs of £320k for HDP. There are currently 26 open packages in Broadcare of HDP packages.

Due to revised recent guidance, the CCG are now claiming for further TMBC costs that relate to Staffing £125k, Block beds £95k and Reablement £408k associated with HDP. CCGs have also been advised to include an additional 28 days of anticipated spend in H1 £68k that relate to the costs after 30th Sept where it has not been determined if future funding is available past this date. Some other costs relating to Medication Optimisation in Care Homes £61k has also been added to this month's claim as these are also costs that aid the early discharge of patients from hospital. This has meant an increase in forecast from £519k to £939k for H1.

The CCG are continuing to fund 3 patients that are not reimbursable under the HDP scheme who have not yet had their assessment classed as 'Funding without Prejudice'.

COVID Vaccination
The CCG is still submitting monthly COVID Vaccination claims for reimbursement from NHSE/I. We have had reimbursement of £258k for April to June, with £71k for July outstanding. Following an email circulated from NHSE/I, we are anticipating that we can continue to submit these claims until the end of December 21 as it is inferred that this scheme will continue beyond September.

Acute

Acute commissioning is showing a forecast half year pressure of (£9k) but this is primarily driving by key over and underspends in the independent sector (IS). It is also important to acknowledge that some expenditure incurred at the five main IS providers (BMI Alexander, BMI Highfield, Spire, Oaklands and Spa Medica) will be reimbursed under the Elective Recovery Fund which is being managed by GM and is therefore not showing as a variance in this report.
However, there are overspends at the smaller independent providers outside the scope of Elective Recovery Fund totalling (£237k) and predominantly comprise services relating to fertility (IVF, termination of pregnancy and vasectomies), Ophthalmology and diagnostics. These overspends are off-set by underspends of £219k in Clinical Assessment and Treatment services where activity volumes continue to be slow to return to pre-pandemic levels. Other CCGs are being consulted to understand if these low activity levels are a local issue or are replicated across other GM CCGs.
The other areas of expenditure contributing to the £9k forecast overspend in Acute comprise underspends in high cost drugs (£6k) and NCA in Scotland and Wales (£5k) and an overspend in winter resilience (£5k).

Integrated Commissioning Fund Key Messages

Primary Care – Delegated (£267k)

Delegated Primary Care is reporting a (£267k) forecast overspend at month 4. This is predominantly due to the fact that NHS England has instructed us to change how we report the Additional Roles Reimbursement (ARRs) position.

The allocation received for the period April-September only includes 55.6% of the total ARRs funding available, as allocated by NHS England, but T&G PCNs have been proactive in successfully recruiting ahead of schedule and we are therefore showing an overspend above the six month allocation. The residual allocation will be received based on our final outturn for 2021-22 and NHS England have requested all CCGs report their true performance against this Additional Roles Reimbursement allocation with effect from month 4.

However, it is important to acknowledge that the expansion of the Additional role specifications and the increase in volume creates some associated financial risks, for example the estates and GPIT implication of increased workforce.

The reported overspend on ARRs is partially offset by underspends in other areas.

Prescribing

At month 4, there has only been two months of data received year to date and spend is 1.5% higher than last year. However, the number of items issued has reduced by 2%. This indicates the increased spend is being mainly driven by increased prices.

Spend YTD has been in line with plan and £40k TEP has been achieved. Category M prices have reduced from July so the expectation is that the full TEP target of £250k will be achieved in H1.

QIPP

At month 4 we are projecting that QIPP will be fully realised, with no residual risk reported.

In line with our H1 planning submission, the CCG needs to find savings of £1,768k in the first half of this year in order to remain within the financial envelope.

This represents an improvement of £132k since last month.

Finance Summary Position – T&G ICFT

	Month 4			YTD		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
Total Income	**£23,777**	**£22,224**	**(£1,553)**	**£91,561**	**£90,894**	**(£667)**
Employee Expenses	(£16,060)	(£15,370)	£690	(£61,362)	(£61,065)	£297
Non Pay Expenditure	(£6,966)	(£6,103)	£863	(£25,962)	(£25,911)	£51
Total Operating Expenditure (excl. COVID-19)	**(£23,026)**	**(£21,473)**	**£1,554**	**(£87,324)**	**(£86,976)**	**£348**
Employee Expenses - COVID-19	(£680)	(£765)	(£85)	(£2,721)	(£2,621)	£100
Non Pay Expenditure - COVID-19	(£231)	(£167)	£63	(£935)	(£689)	£246
Total Operating Expenditure - COVID-19	**(£911)**	**(£932)**	**(£21)**	**(£3,656)**	**(£3,309)**	**£347**
Total Operating Expenditure	**(£23,938)**	**(£22,405)**	**£1,533**	**(£90,980)**	**(£90,285)**	**£695**
Net Surplus/ (Deficit) before exceptional Items	**(£161)**	**(£181)**	**(£20)**	**£581**	**£608**	**£27**
Capital Expenditure	£437	£268	(£169)	£1,919	£1,208	(£711)
Cash and Equivalents		£24,871				

Finance Summary Position – T&G ICFT

Trust Financial Summary

The Trust reported a variance in month against plan of £20k adverse and YTD, £27k favourable. The month 4 in month position is a net deficit in month of c.£181k which represents an adverse movement from month 3 of c.£141k. The increase of spend from the previous month is predominantly due to increases of activity in line with restoration plans, additional pressures due to RSV within Paediatrics, continuing pressures within Urgent Care and increased occupancy within Critical Care.

Total COVID expenditure incurred in month equates to c.£932k against planned spend of c.£911k and a YTD position of c£3.309m against a plan of c.£3.656m which represents a YTD underspend of £347k.

The Trust has delivered non recurrent efficiencies year to date equating to c.£671k which are largely through income generation schemes and productivity improvements.

Activity and Performance:

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Restoration plans are now deployed within the Trust and activity is projected to deliver as a minimum, against the nationally prescribed targets which for July was 95% of 2019/20 activity levels. The Trust continues to report good levels of performance against restoration targets. Although challenging given the pressure within Urgent Care and in-patient capacity, the Trust is still aspiring to deliver target levels of activity within the remainder of H1.

Efficiency target:

The Trusts 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. The Trust has achieved c£671k of efficiency savings YTD via productivity improvements.

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Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 29 September 2021

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

Clinical Lead: Dr Vinny Khunger – Clinical Lead

Reporting Officer: Jessica Williams – Director of Commissioning

Subject: **DEMENTIA SUPPORT WORKERS**

Report Summary: The report sets out the requirements for a Dementia Support Worker Service within each Neighbourhood in Tameside. It is a role currently delivered by the Alzheimer's Society and interfaces directly with Primary Care Networks (PCNs). The service was initially commissioned as a 3 year pilot through Care Together (under a TMBC contract), with agreement for ongoing funding from the CCG following review of impact. A one year extension was sought and granted by SCB in 2020/21 due to the impact of Covid and the challenges of taking a service out to full tender during those uncertain times. This business case now seeks permission to undertake a formal tender exercise

Recommendations: The Strategic Commissioning Board be recommended to support the CCG in proceeding to direct contract award (under the revised GM contracting principles) for a Dementia Support Worker Service for a three year contract. Total contract value £330,000.

Financial Implications:

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

Proposal	**2022/23**	**2023/24**	**2024/25**
Dementia Support Workers	£110,000	£110,000	£110,000

Budget Allocation (if Investment Decision)	
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	
Mental Health is a national priority across Health and Social Care. Treating and supporting Mental health and related illnesses such as Dementia early can prevent health needs escalating quickly, and improve economically within communities and the sociology within the population. As detailed in 2.5 there is clear evidence that the proposal demonstrates value for money when comparing to emergency admissions/ potential institutionalisation.	

Additional Comments:

TMBC currently hold the contract and recharge the CCG who have the recurrent 110k budget within their financial position.

The current contract is due to terminate on 31/03/22 and therefore requires a formal tender process with full procurement.

This tender is an essential process to ensure continued value for money and that the intended outcomes are delivered or

	exceeded. This will therefore generate efficiencies and will benefit the system economy. Please note that given the NHS reforms it is caveated that this plan may alter over the course of time. Additional guidance has since been provided by STAR procurement that this contract meets the requirements set out in the revised GM Contracting principles and therefore is able to be awarded under the direct award recommendations.
Legal Implications: **(Authorised by the Borough Solicitor)**	The reasons for the procurement of the dementia support worker service are set out in the main body of the report. The project officers should ensure that advice is sought from STAR in relation to the expiry of the current contract and the procurement exercise to ensure that it is compliant with relevant legislation and internal procedures.
What is the evidence base for this recommendation?	National Five Year Forward View for Mental Health and the NHS 10 Year Plan
Is this recommendation aligned to NICE guidance or other clinical best practice?	The business case directly addresses the requirements set out in Dementia: assessment, management and support for people living with dementia and their carers (2018)
How will this impact upon the quality of care received by the patient?	If additional funding for mental health support is committed aces to and quality of care for patients will be improved.
Access to Information :	The background papers relating to this report can be inspected by contacting Chris Pimlott Telephone: 07500 572320 Email: chrispimlott@nhs.net

1. INTRODUCTION

1.1 In September 2017 the Strategic Commissioning Board agreed to:

(a) Commission a pilot for Dementia Support Workers (DSW) in each Neighbourhood in Tameside
(b) Establish Dementia Practitioners (DPs) in each neighbourhood team by investing in three new roles to add to existing PCFT CMHT nurses, Willow Wood Dementia Nurse and ICFT Admiral Nurse capacity

This business case will explore the development and output of the pilot and propose recommendations for next steps.

1.2 The Dementia Practitioners are an integral part of the multi-agency dementia pathway, acting most often as the initial point of contact, following referrals from the Memory Assessment Service or from Primary Care, are a key role within the holistic post-diagnostic support pathway. The Dementia Support Workers

- Provide post diagnostic support to people and their carers/ families and work with dementia practitioners (DPs) to support an allocated caseload, providing emotional support and promoting access to emotional support/mental health pathways;
- Offer a consistent relationship across primary/acute/secondary care and collaborate with local resources and, with Dementia Practitioners, build capacity/capability in primary care, community services and the voluntary and community sector;
- Work as members of the Integrated Neighbourhood Services, notably with the specialist Dementia Practitioners, support access to advocacy services;
- Link with Palliative Care Team;
- Facilitate and support peer to peer support through a rich community offer
- Work closely with the social prescribers within the neighbourhood teams.

1.3 It is a role currently delivered by the Alzheimer's Society and interfaces directly with Primary Care Networks (PCNs), The service was initially commissioned as a 3 year pilot through Care Together (under a TMBC contract), with agreement for ongoing funding from the CCG following review of impact. A one year extension was sought and granted by SCB in 2020/21 due to the impact of Covid and the challenges of taking a service out to full tender during those uncertain times. This business case now seeks permission to undertake a formal tender exercise.

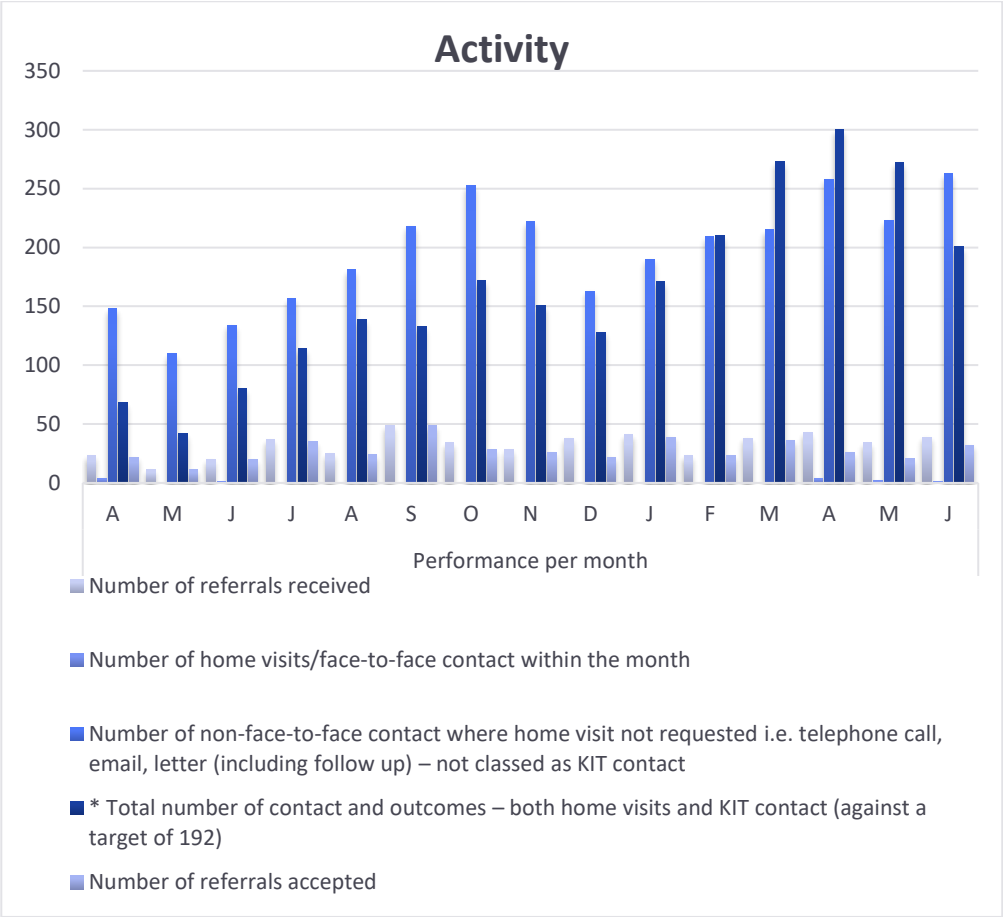
2. LOCAL CHALLENGES AND OPPORTUNITIES

2.1 Due to the hard work of the Memory Assessment Service and GP Practices in increasing the detection and diagnosis rate of dementia, this in turn has meant a subsequent increase in the numbers of people seeking support post diagnosis, often at an earlier stage in the illness to previously.

2.2 There are existing services to support people with dementia post diagnosis, however due to the increasing numbers of those being diagnosed, these services are likely to be stretched to meet the needs of people with dementia and their carers.

Impact of Pilot

2.3 A community of practice for dementia has been established within the locality, of which the dementia support workers have been a key part. Gathering and reporting of this data has been interrupted due to the Covid-19 pandemic, however, the support of the community dementia support workers remains an integral plan for the integrated dementia pathway in the longer term.



2.4 Following the introduction of the integrated dementia pathway, and increased community support for people living with dementia people continue to see the following benefits

A reduction of the number of people on the dementia register prescribed anti-psychotics (in July 2019 this was 9.5%, in Jan 2021 this has reduced to 8.5%)

- Early diagnosis and a rich post diagnostic support offer provides a chance for both practitioners and people with dementia and their carers to work together and set goals for care and support, and make important decisions about post-diagnostic support needs and care.
- People living with dementia (and their families) previously found it difficult to get information, advice and support about their diagnosis, and access to available services throughout their life with dementia. The dementia support workers have addressed this gap in provision
- Education and psychosocial interventions, including information, advice and support for newly diagnosed people is a priority and has helped people with dementia and their carers cope with the psychological distress caused by the impact of a diagnosis and the implications including potential losses.
- Provision of post-diagnostic support services for dementia has helped people to continue living well in the community, provide information and support; help people to manage issues as a result of getting a diagnosis; and delay admission to long-term residential car

2.5 **Service User feedback**

- I feel really well supported by the dementia support workers
- I would like to say a massive thank you, your support for my parents has been priceless, my Mum always comments that you always get back to her when you say you will, she feels the Alzheimer's Society have been the only constant supporting service involved – the relationship you have formed with my Mum has

made it much easier for her to speak to you about delicate matters and she has told us as a family how professional and non-judgmental you have been.

- The dementia support worker has lots of experience and knowledge, she took a lot of time and effort in explaining to myself and then my daughter – we are very grateful.
- As a family not all living close to our parents knowing your continued support for Mum has taken the guilt of us not being able to be there in person, you have spoken with GP, Social Worker, sent relevant information for us all – we are very grateful for this compassionate support for our parents.
- I think I would have cracked if she had not got me support from the dementia support worker
- The Dementia Support service has been wonderful in the amount of support, understanding, compassion, empathy, and determination to get the best outcome for my parents has been second to none.
- I was not sure what to expect, …the dementia support worker was very understanding and took a great deal of time and effort in completing my assessment over a few calls as I felt a little overwhelmed and just getting used to the idea of the diagnosis.
- Knowing there is someone who has a good knowledge and understanding of dementia and what is going on in Tameside and even getting us support with LPA and benefits – all those things seemed overwhelming when they were first brought up in conversation but the dementia support worker has been able to guide us through and referring us to an amazing service to help us complete the forms – can't thank her enough.

Cost benefits

2.6 There have been a number of research studies that have been published that review the costs benefit of having a collaborative post diagnostic dementia pathway. All studies agree that this both reduces direct costs to health system (through reduced hospitalisation and delaying institutionalisation), and an increased in quality of life in later years. (Michelowsky et al 2019, Clarkson et al 2016, NICE 2016) with the latter reporting for every £1 invested £4 is subsequently saved.

2.7 The service will provide contact for people with a diagnosis of dementia through direct follow up contacts (keeping in touch) and also through referrals from the Memory Assessment Service and from Primary Care. Through monitoring of early warning features of relapse and the connection into the wider dementia care support pathway, this will enable early identification of relapse while also promoting optimal self-care. The service is commissioned to provide 198 contacts per month, both through initial assessments and further follow up. They will be a key gateway into accessing additional support from within the post diagnostic pathway, and enable more specialised practitioners to focus on those with higher levels of need. The service will also work closely with other parts of the system to ensure seamless stepping up and down based on individuals needs

3. PROPOSAL REGARDING COMMUNITY DEMENTIA SUPPORT WORKERS

3.1 Following reviewed advice from STAR Procurement, the CCG has been advised that this meets the requirements of the revised GM contracting principles and therefore is able to go to direct award until 31/03/2025

Investment Proposal

3.2 It is proposed to go out to tender for a three year, plus two, contract with a total value of £330,000, uplifted by MH Contract requirements per annum.

	2022/23	2023/24	2024/25
Dementia support workers	£110,000	£110,000*	£110,000*

** will include annual uplift subject to NHSE guidance*

Next Steps

3.3 A procurement team will be established to refresh the service specification, with people with dementia and their families, and prepare relevant contracting documentation. The time line is as follows:

29/09/21	Present to SCB
4/10/21	Convene procurement team and refresh service spec
11/10/21	Completion of award and sign off of contract

4. RECOMMENDATIONS

4.1 As set out at the front of the report.

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	29 September 2021
Executive Member:	Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)
Clinical Lead:	Dr Ashwin Ramachandra – CCG Co-Chair
Reporting Officer:	Jessica Williams – Director of Commissioning
Subject:	**GM CONTRACTING PRINCIPLES AND EXTENSION OF TAMESIDE AND GLOSSOP CONTRACTS**

Report Summary:

The Health and Care Bill 21-22 progressing through parliament introduces new measures to promote and enable collaboration in health and care. This includes the formal abolition of Clinical Commissioning Groups (CCG) and the transfer of responsibilities to the Integrated Care Board. For Tameside and Glossop CCG the aim for co-terminosity means Glossop will move from Greater Manchester (GM) Integrated Care System (ICS) into Derbyshire ICS.

As we prepare for the formation of the GM ICS, GM CCG Chief Finance Officers and Directors of Commissioning approved several principles to ensure consistency in approach in our contracting that included the extension of contracts to provide stability during the transition, in particular:

- Extension of VCSE contracts for maximum extension period of up to three years (to 31/03/25).
- Extension of IS contracts including Primary Care contracts other than GMS, PMS and APMS, to a maximum extension of two years (to 31/03/24).

Advice from Head of Market Management at GMSS, NHS E/I NW Director of Finance and Star Procurement is that extending contracts was the pragmatic approach providing we were not committing one-off resource funding that we won't have available to us in the future. The risk of challenge to the extensions is deemed as low and procuring contracts at this stage would not be efficient way of working, as it would provide some risk to the ongoing conversations regarding Integrated Care Systems and their functionality. The CCG has considered forty two contracts that are due to end before March 2024 and identified the commissioning intention for each to provide the stability whilst enabling planned service redesign to continue and also ensuring that no non-recurrent funding commitment extends beyond the period that funding is available.

Recommendations:

That the Strategic Commission Board be recommended to approve the Commissioning Intentions in line with the Greater Manchester Contracting Principles as follows:

1. The extension of the following contracts directly held by Tameside and Glossop:

Provider name	Commissioning Intention
Connect Health	Extend for two years to end on 31 March 2024.
Diagnostic Healthcare Ltd	
Manor House Surgery	
Pioneer Healthcare Ltd	
Practice Plus Group	
Primary Eyecare Services Limited	
Ross Care	
Stamford House Medical Centre	
Action Together (Commissioning Infrastructure Programme)	Extend for three years to end on 31 March 2025.
Action Together (Miles of Smiles)	
Big Life Neighbourhood Mental Health Team	
Francis House Family Trust	
High Peak CVS	
Home-Start HOST	
Hyde Physiotherapy Centre	
Marie Curie	
Richmond Fellowship	
Stroke Association	
The Bureau (Volunteer Car Scheme)	
Willow Wood	
Age UK Serious Mental Illness Step Down	Extend by one year to 31/3/23

2. To request Lead CCGs to extended contracts where Tameside and Glossop are an associate in line with the Greater Manchester Contracting Principles.

3. To request GM CCGs confirm the commissioning agreements for Silver Cloud.

4. Ending the following contracts in line with existing end dates/extension periods:

Provider name	Commissioning Intention
42nd Street (Young people's therapeutic support)	superseded by a tender for an integrated service

Anthony Seddon Fund (CYP Drop in)	
Off The Record (CYP Drop in)	
TOG MIND - The Hive	
42nd Street (Mental Health Provision in Schools)	Non recurrent funding
Off The Record	
PC Refurb	
The Worry Wizard	
TOG MIND (Mental Health Provision in Schools)	
Infinity Initiatives CIC (LLW)	Services are currently being reviewed
The Anthony Seddon Fund (LLW)	
The Bureau (LLW)	
The Anthony Seddon Fund (MH Crisis Drop-in)	
Connex Community	Plan to integrate offer into Early Help

5. Provision of the offer currently delivered by Connex Community through expanding the Early Help service to include integrated family peer support and activities for children and young people with ADHD and Autism.
6. The review of the following Unlocking Wellbeing Funding grants later in the year having considered the outcomes achieved.

    - Anthony Seddon
    - Diversity Matters NW
    - Infinity Initiatives
    - LGBT Foundation
    - Provider TBC
    - TOG MIND

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

Budget Allocation (if Investment Decision)	
CCG or TMBC Budget Allocation	CCG budget allocation: £11.3m
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	S75 & Aligned

Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB – S75 £10.8m CCG GB - £0.5m

Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark

Additional Comments

The proposals outlined in this report are aligned to the principles agreed by GM Chief Finance Officers and GM Directors of Commissioning. It is recognised that the objective of the proposals is to facilitate stability and continuity of provision of essential health care services following the dissolve of CCGs at 31 March 2022; furthermore, this will allow a period for the GM ICS to embed and mature. However, it is important to note that the contracts/grants outlined in the report are based on current levels of activity and costs. The CCG must reserve the right to change course should there be any material change in activity/cost prior to finalising contract variations (eg. Ophthalmology services assigned to Practice Plus) to ensure minimal financial risk.

Legal Implications: (Authorised by the Borough Solicitor)

The report sets out that the principles behind these proposals have already been agreed by the Chief finance and commissioning officers and so it is expected that these recommendations will not have any adverse impact either on service delivery and value for money especially when considered in the context of the transfer to the Integrated Care Board.

As set out in the report extending contracts be it by way of modification of existing contracts or a direct award where the current contract is due to expire carries with it a risk of challenge. That challenge should be mitigated as far as possible and also be managed closely. Therefore the project officers need to ensure that they continue to work closely with STAR throughout this process and alert STAR to any potential issues at the earliest opportunity.

How do proposals align with Health & Wellbeing Strategy?

The commissioning intentions will ensure that the local population continue to receive appropriate care during the NHS reconfiguration.

How do proposals align with Locality Plan?

All services are providing care in line with the Locality Plan and the commissioning intentions will allow time for the Locality Plan to be refreshed as part of the planning for the ICS.

How do proposals align with the Commissioning Strategy?

The Commissioning Strategies for the GM and Derbyshire ICSs is not yet in place and the commissioning intentions ensure that the integrity of services from the Tameside & Glossop Commissioning remains in place until the ICS strategies are produced.

Recommendations / views of the Health and Care Advisory Group:

The report has been to the NHS Tameside and Glossop CCG Audit Committee who considered the content and supported the recommendations set out in the report with the proviso that

	all quality and financial monitoring remains in place to ensure rigor in the ongoing contract management
Public and Patient Implications:	The commissioning intentions ensure no break in provision for the population of Tameside and Glossop during and immediately after the formation of the Greater Manchester and Derbyshire Integrated Care System (ICS).
Quality Implications:	All contracts will continue to be managed in line with their quality expectations.
How do the proposals help to reduce health inequalities?	The commissioning intentions ensure no break in provision for the population of Tameside and Glossop and provides time for further service redesign focussed on reducing inequalities and 'Building Back Fairer'.
What are the Equality and Diversity implications?	The commissioning intentions provide time for further service redesign focussed on ensuring equitable services.
What are the safeguarding implications?	All contracts will continue with the monitoring of safeguarding as per the contract.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There is no change to Information Governance so no Privacy Impact Assessment has been conducted.
Risk Management:	The risk of procurement challenge has been considered at a GM level when developing the GM Contracting Principles and at a Tameside and Glossop level. Advice has been sought from The Head of Market Management at GMSS, the NHS E/I NW Director of Finance and STAR Procurement. All concluded that the extension would be a sensible approach and the risk of procurement challenge was minimal. Overall, it was felt that procuring contracts at this stage would not be efficient way of working and would provide some risk to the ongoing conversations regarding Integrated Care Systems and their functionality.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writers Elaine Richardson and Ian Bromilow Telephone: 07855469931 and 07500571608 e-mail: Elaine.richardson@nhs.net Ian.Bromilow1@nhs.net

1. INTRODUCTION

1.1 The Health and Care Bill 21-22 https://bills.parliament.uk/bills/3022 progressing through parliament introduces new measures to promote and enable collaboration in health and care. Including the establishment of Integrated Care Boards which repurpose existing Clinical Commissioning Group (CCGs) leading to their formal abolition (section 14Z27) and the transfer of responsibilities to the ICB.

1.2 The White Paper, 'Working together to improve health and social care for all' that set out legislative proposals for the Health and Care Bill https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all included the expectation that the NHS and local authorities will be given a duty to collaborate with each other thorough a statutory Integrated Care Systems (ICSs) comprising of an ICS Health and Care Partnership - bringing together the NHS, local government and partners, and an ICS NHS Body. 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.

1.3 The principle that coterminous boundaries deliver clear benefits in integration between local authorities and NHS organisations underpinned the proposals. Around 70% of ICSs were already coterminous with upper-tier local authority boundaries however, Greater Manchester was one of those that was not as Tameside and Glossop CCG includes people under Derbyshire County Council. The Integrated care systems boundaries review: decision summary published on 22nd July https://www.gov.uk/government/publications/integrated-care-systems-boundaries-review-decision-summary confirmed the intention to move the area of Glossop from Greater Manchester ICS into Derbyshire ICS.

1.4 NHS Tameside and Glossop CCG (T&G CCG) have a number of contracts that ensure that the local population have access to NHS services with 31 expiring in 21/22, 10 in 22/23, and 14 after March 2024. Maintaining access to services for our population as the Health and Care bill is enacted is essential.

1.5 This paper sets out the plans for NHS Tameside and Glossop contracts in the context of the formation of the Greater Manchester and Derbyshire ICS.

2. LOCAL CONTEXT

2.1 Greater Manchester CCG Chief Finance Officers and Directors of Commissioning have approved the following principles (**Appendix 1**) to ensure consistency in approach across Greater Manchester (GM) CCGs as we prepare for the formation of the GM Integrated Care System:

- Consolidation of contracting and finance payment for each NHS and acute Independent Sector (IS) provider for 22/23.
- Locality level decisions remain or Continuing Healthcare and Primary Care providers with contracts such as GMS, PMS and APMS.
- Extension of VCSE contracts for maximum extension period of up to three years (to 31/03/25).
- Extension of other IS contracts including Primary Care contracts other than those in 2.1.2, to a maximum extension of two years (to 31/03/24). In addition, where a contract has associates or there are numerous contracts with the same provider, a Lead commissioner will take control of all payments on behalf of GM commissioners and contracting issues. The GM Contracting Review group will recommend to CCG Chief Finance Officers which contracts can be consolidated from 22/23.

2.2 The Head of Market Management at GMSS reviewed the proposals and advised that despite there being a green paper regarding Transforming Public Procurement, which is looking to simplify processes and requirements for the NHS, it still remains under the rules and framework of public contract regulations. Therefore any proposals have to be agreed through appropriate governance, appropriate due diligence should have taken place and an audit trail of decisions documented which can justify the decision would be in the interest of the population.

2.3 The proposals have been discussed with NHS E/I NW Director of Finance who endorsed the pragmatic approach extending contracts where appropriate but in doing so, not committing one-off resources funding that we won't have available to us in the future. In addition, the need to be confident we wouldn't come under a considerable challenge from other providers by doing this was highlighted.

2.4 GMSS / SBS have supported many GM CCGs to directly award and also to extend contracts with incumbent providers, with no challenges being received so the proposal for these providers is deemed as low risk of challenge. Also the latest procurement policy (PPN-1120) permits lawful excluding of bidders to those within a locality for below threshold procurements; which will typically touch other IS contracts.

2.5 Star Procurement have provided the following advice:

2.5.1 Tameside and Glossop CCG has taken into consideration both the future of Integrated Health Systems and the most recent NHS White Paper to support integration and innovation for Health Services from April 2022 and beyond. The nature of Clinical Commissioning Groups beyond April 2022 therefore procuring contracts at this stage would not be efficient way of working and would provide some risk to the ongoing conversations regarding Integrated Care Systems and their functionality.

2.5.2 As part of the Health and Care Bill, a new provider selection regime has been introduced. One of those provider selection approaches is to continuation of existing arrangements. Taking into account these two factors, there is low risk of challenge and the continuation of these contracts reduces the risk to both the CCG and Contracts.

2.6 The arrangements for contracting services for the population of Glossop will become clearer once discussions have taken place with Derbyshire ICS. At this stage, contracts will continue to be managed in the same way but this may change after April 2022.

3. CURRENT CONTRACTS

3.1 The following contracts are subject to GM principles - 2.1.3 (VSCE) and 2.1.4 (IS) above.

3.2 Table 1 includes the contracts that NHS Tameside and Glossop CCG hold independently that are due to end before 2024/25. They are relatively equally split with eight being with IS and six with VCSE providers. The majority were extended in 20/21 and are due to end 31st March 22 so do not have an option to extend however; one IS and two of the VSCE contracts have a extension options.

Table 1 Contracts held Independently					
Provider name	**Service**	**Funding Type and Annual indicative value**	**End date**	**Option to Extend**	**Category VSCE or IS**
Diagnostic Healthcare Ltd	DEXA Scanning	Cost per Case National Tariff	31/03/2022	No	IS
Docobo Ltd	Supply of doc@HOME telehealth infrastructure	Block £92,389.12 plus VAT	28/02/2024	Yes	IS
Manor House Surgery	BCC - Skin Cancer & Dermatology	Cost per Case Local Tariff	31/03/2022	No	IS
Pioneer Healthcare Ltd	Nerve conduction studies	Cost per Case Local Tariff	31/03/2022	No	IS
Practice Plus Group	Ophthalmology Services	Cost per Case mix of local and National Tariff	31/03/2022	No	IS
Primary Eyecare Services Limited	Community Optometry	Cost per Case GM Tariff	31/03/2022	No	IS
Ross Care	Wheel Chair services	Block £533,798	31/03/2022	No	IS
Stamford House Medical Centre	Vasectomy	Cost per Case Local Tariff	31/03/2022	No	IS
Big Life	Neighbourhood Mental Health Team	Block £453,689	31/09/2022	Yes (2 years)	VCSE
Richmond Fellowship	Provision of twenty four (24) hour supported accommodation to adults	Block £695,637	31/03/2022	Yes (2 years)	VCSE
Stroke Association	A Stroke Recovery Information, advice and support service	Block £119,472	31/03/2022	No	VCSE
Hyde Physiotherapy Centre	Physiotherapy	Cost per Case Local Tariff	31/03/2022	No	VSCE

Marie Curie	Specialist palliative nursing care for patients in the end of life stage	Cost per Case Local Tariff £45,675	31/03/2022	No	VSCE
Willow Wood	Hospice services	Block £693,490	31/03/2022	No	VSCE

3.3 Table 2 shows the grants that NHS Tameside and Glossop CCG have awarded directly that are due to end before 2024/25.

Table 2 Grant Awards

Provider name	Service	Annual value	End date
42nd Street	Young people's therapeutic support	£33,630	30/11/2021
42nd Street	Mental Health Provision in Schools	£28,000	31/08/2022
Action Together (Miles of Smiles)	Volunteer Car Scheme	£46,000	31/03/2023
Age UK	Serious Mental Illness step down	£108,040	31/03/2022
Anthony Seddon Fund	CYP Drop in	£6,114	30/11/2021
Connex Community	Carers respite service	£96,350	31/03/2022
Francis House Family Trust	Contribution cost to a children's hospice	£16,360	31/03/2023
High Peak CVS	Support of Community groups	£10,721	31/03/2022
Home-Start HOST	Parent Infant Mental Health Service and Dads Matter	£64,269	31/03/2022
Infinity Initiatives CIC	LLW Informal Support	£21,000	31/03/2022
Off The Record	CYP Drop in	£16,116	30/11/2021
Off The Record	Mental Health Provision in Schools	£56,000	31/08/2022
PC Refurb	IT equipment to enable therapy	£20,000	31/03/2022
The Anthony Seddon Fund	LLW Informal Support	£83,000	31/03/2022
The Bureau	Volunteer Car Scheme	£16,032	31/03/2022
The Bureau	LLW Informal Support	£20,000	31/03/2022
The Worry Wizard	Mental Health Provision in Schools	£10,000	31/08/2022
TOG MIND	Mental Health Provision in Schools	£56,000	31/08/2022

TOG MIND – The Hive	CYP Drop in	£26,608	30/11/2021
The Anthony Seddon Fund	MH Crisis Drop-In	£9,224	31/08/2021
Action Together	Commissioning Infrastructure Programme	£35,000	31/03/2022

3.4 Table 3 shows the grants that NHS Tameside and Glossop CCG are in the process of awarding that are due to end before 2024/25.

Table 3 Grant Awards in process			
Provider name	**Service**	**Annual value**	**End date**
LGBT Foundation	Unlocking Wellbeing Funding	£20,000	09/05/2022
Diversity Matters NW	Unlocking Wellbeing Funding	£20,000	09/05/2022
Provider TBC	Unlocking Wellbeing Funding	£20,000	09/05/2022
Infinity Initiatives	Unlocking Wellbeing Funding	£40,000	09/05/2022
TOG MIND	Unlocking Wellbeing Funding	£55,000	09/05/2022
Anthony Seddon	Unlocking Wellbeing Funding	£45,000	09/05/2022

3.5 Table 4 includes the contracts that NHS Tameside and Glossop CCG hold on behalf of ourselves and other CCGs or commissioners. This excludes Direct Access Head and Neck MRI contracts that were re-procured and the new providers start 1 October 2021.

Table 4 Contracts held on behalf of Ourselves and Other CCGs or Commissioners					
Provider name	**Service**	**Funding Type and Annual indicative value**	**End date**	**Option to Extend**	**Category VSCE or IS**
Connect Health	MSK, ENT and direct access full body scans	Cost per Case mix of local and National Tariff	31/03/2022	No	IS
Silver Cloud (for Greater Manchester)	Digital Mental Health Platform providing Online Cognitive Behavioural Therapy (iCBT) for Greater Manchester	Block £532,096	31/03/2022	Yes	IS

3.6 Table 5 includes contracts where NHS Tameside and Glossop CCG are an associate. This excludes Direct Access NOUS and Adult Hearing contracts that were re-procured and the new providers start 1 October 2021.

Table 5 Contracts where NHS Tameside and Glossop CCG are an associate					
Provider name	**Service**	**Funding Type and Annual indicative value**	**End date**	**Option to Extend**	**Category VSCE or IS**
Transport for Sick Children	Transport	£9,250	31/03/2022	No	VSCE
British Pregnancy Advice Service	TOPS	Cost Per Case	31/03/2022	No	IS
Care Fertility Manchester	Fertility services	Cost Per Case	31/01/2023	Yes	IS
Create	Assisted Conception	Cost Per Case	31/01/2023	Yes	IS
NUPAS	TOPS and Vasectomy	Cost Per Case	31/03/2022	No	IS
Marie Stopes International	TOPS and Vasectomy	Cost Per Case	31/03/2022	No	IS
Morelife UK Limited	Adult Specialist Weight Management Service	Block £240,767	31/09/2022	Yes	IS
LANCuk (Learning, Assessment and Neurocare Centre Limited)	ADHD Waiting List	Block £180,000	31/03/2022	No	IS

3.7 Table 6 includes contracts, which are due to expire after March 24 and so will remain in place and be reviewed by the ICS.

Table 6 Contracts due to expire after March 2024					
Provider name	**Service**	**Funding Type and Annual indicative value**	**End date**	**Option to Extend**	**Category VSCE or IS**
Broomwell Healthwatch Limited	ECG monitoring 12 Lead and 24hr	Cost per Case Local Tariff	30/09/2024	Yes	IS
Baywater Healthcare UK Limited	Provision of Oxygen	Cost Per Case	03/10/2027	Yes	IS
Physiological Measurements Ltd Yorkshire Health Solutions	Direct Access Non- Obstetric Ultrasound	Cost per Case Local Tariff	01/10/21 to 30/09/24	Yes (2 years)	IS

Beacon Medical Services Group Complete Price Eyewear Ltd (The Outside Clinic) Manchester University NHS Foundation Trust Mediscan Diagnostics Services Ltd Salford Royal Foundation Trust Scrivens Ltd Specsavers Hearcare Group Ltd Tameside and Glossop Integrated Care NHS Foundation Trust	AQP Adult Hearing	Cost per Case Local Tariff	01/10/21 to 30/09/24	Yes (2 years)	IS and NHS
Beacon Medical Services Group Diagnostics Healthcare Ltd	Direct Access Head and Neck MRI	Cost per Case Local Tariff	01/10/21 to 30/09/24	Yes (2 years)	IS

4. PROPOSED COMMISSIONING INTENTIONS

4.1 The following commissioning intentions ensure we align with the GM principles and maximise the opportunities for ICS level and Place based planning and service redesign.

4.2 Extend all contracts with IS providers in Table 1 and Connect Health in Table 4 for two years to end on 31st March 2024.

4.3 Discuss with GM CCGs the requirement to extend Sliver Cloud (in Table 4) on behalf of GM.

4.4 Extend all contracts with VCSE providers in Table 1 for three years to end on 31st March 2025.

4.5 Extend the following grants from Table 2 for three years to end on 31st March 2025.

Provider name	Service	Annual value	End date
The Bureau	Volunteer Car Scheme	£16,000	31/03/2022
Action Together (Miles of Smiles)	Volunteer Car Scheme	£46,000	31/03/2023
Francis House Family Trust	Contribution cost to a children's hospice	£16,360	31/03/2023
High Peak CVS	Support of Community groups	£10,721	31/03/2022
Action Together	Commissioning Infrastructure Programme	£35,000	31/03/2022
Home-Start HOST	Parent Infant Mental Health Service and Dads Matter	£64,296	31/03/2022

4.6 Extend Age UK Serious Mental Illness Step Down by one year to 31/3/23 as this will enable time for the coproduction of provision to meet the needs of older people with mental health needs within Living Life Well developments in line with the Community Mental Health Framework.

4.7 The contract terms for all those contracts being extended will remain the same although it is recognised there may be a requirement to make changes in the future once ICS arrangements are clearer.

4.8 End the following grants from Table 2 at the end of contract as they have been superseded by a tender for an integrated service

Provider name	Service	Annual value	End date
42nd Street	Young people's therapeutic support	£47,670	30/11/2021
Anthony Seddon Fund	CYP Drop in	£6,114	30/11/2021
Off The Record	CYP Drop in	£16,116	30/11/2021
TOG MIND - The Hive	CYP Drop in	£25,608	30/11/2021

4.9 End the following grants from Table 2 at the end of contract as funding is non-recurrent or funded by Greater Manchester as indicated by *.

Provider name	Service	Annual value	End date
42nd Street	Mental Health Provision in Schools*	£28,000	31/08/2022
Off The Record	Mental Health Provision in Schools*	£56,000	31/08/2022
The Worry Wizard	Mental Health Provision in Schools*	£10,000	31/08/2022
TOG MIND	Mental Health Provision in Schools*	£56,000	31/08/2022
PC Refurb	IT equipment to support therapy	£20,000	31/08/2022

4.10 Redirect funding from the following grant to establish an integrated Early Help family peer support and activity offer for children and young people with autism and ADHD. Families have benefitted from the service and the need for early support to families where children have additional needs and require support to enable the family to access mainstream provision remains. However, the provider has struggled to deliver the core offer due the complexities of providing appropriate staffing at the times families need it and the challenges of providing a small service from a distance.

Provider name	Service	Annual value	End date
Connex Community	Carers respite service (winding down from Sept 2021)	£96,350	30/09/21

4.11 End the following grants from Table 2 at the end of contract as services are currently being reviewed and it is anticipated they will be replaced by a different service.

Provider name	Service	Annual value	End date
Infinity Initiatives CIC	LLW Informal Support	£21,000	31/03/2022
The Anthony Seddon Fund	LLW Informal Support	£83,000	31/03/2022
The Bureau	LLW Informal Support	£20,000	31/03/2022
The Anthony Seddon Fund	MH Crisis Drop-In	£9,224	31/08/2021

4.12 Consider the grants in Table 3, which are in the process of being awarded later in the year once outcomes have been considered.

5. CONCLUSION

5.1 The contract extensions and existing planned procurements will ensure that people registered with a GP in NHS Tameside and Glossop CCG will continue to be able to access services whilst Greater Manchester and Derbyshire ICSs agree the way forward and plan the longer-term arrangements for the commissioning of services.

5.2 During the lifetime of the extension variation may be required to accommodate changes required due to the transfer of responsibility for the Glossop registered population or new arrangements in the way contracts are held in Greater Manchester ICS.

6. RECOMMENDATIONS

6.1 As set out at the front of the report.

Greater Manchester - CCG Chief Finance Officers

Date: June 2021

Subject: GM Contracting Principles

Report of: GM Contracting Group

PURPOSE OF REPORT:

In anticipation of the changes to the commissioning landscape with the closedown of Clinical Commissioning Groups (CCG's) and formation of Integrated Care Systems (ICS), planning around contracting and principles are required to ensure an orderly transition to arrangements from April 2022. This paper presents GM Chief Finance Officers with proposed principles to ensure consistency in approach across GM for agreement.

KEY ISSUES TO BE DISCUSSED:

The following keys issues are considered in this paper:

- Background and implications for Contracts
- Classification of Contracts and Contracting Principles
- Next steps and recommendations

RECOMMENDATIONS:

GM CFO's is asked to:-

- Support the principles outlines in section 3
- Agree to the next steps

CONTACT OFFICER:

Phillip Kemp, Head of Finance and Contracting – Salford CCG – phillip.kemp@nhs.net

David Warhurst, Chief Finance Officer – Salford CCG – david.warhurst1@nhs.net

GM Contracting Principles

June 2021

1. Background

1.1 In February 2021, the Department of Health and Social Care published the White Paper Integration and innovation: working together to improve health and social care for all, which sets out legislative proposals for a health and care Bill.

1.2 Whilst there are numerous proposals within the Bill one of the main changes will be the change in the commissioning landscape where Integrated Care System's (ICS) will become statutory organisations and will replace Clinical Commissioning Group's (CCG's) taking over much of the constitutional roles from 1st April 2022.

1.3 This change in commissioning landscape has meant that GM needs to respond and prepare accordingly with various programmes and working groups being created to allow for this change including finance. From a finance perspective there is numerous individual work streams within which are being completed on either a national, NW region or GM footprint. Whilst much of this work is in its infancy, it was agreed by GM CFO's and DOC's that in preparation there should be a work stream around contracting and consistent principles.

2. Contracting Implications

2.1 Currently GM CCG's commission a wide spectrum of health and care services with numerous providers; as a result, there are a significant number of contracts held with these providers.

2.2 With the changes expected these contracts will need to be novated to either the new statutory GM ICS or another locality organisation to be determined. In preparation for this, GM commissioning contract leads are working on re-establishing a granular contract database so that GM have the most up to date information to understand the volume, financial arrangements and end dates of contracts.

2.3 As this is the last year of CCG's there is a proposed requirement for consistent principles across GM to ensure that each locality works within the same guidelines when taking decision around contracts. These principles are also expected to help with providing assurance to parts of health and care system who are worried about the commissioning landscape changes such as the VCSE sector. It should also help with not burdening the new statutory GM ICS organisation with a significant amount of decisions around contracts and extensions when it will be finding its feet and working to new governance arrangements.

3. GM Contracting Principles

3.1 Table 1 below details the proposed principles from 22/23 and beyond by provider type for contracts held by CCG's in GM.

GM Contracting Principles			
Provider Type	**Current Principles**	**Contract Length and End Dates**	**Proposed Principles Approach & Considerations For 22/23 and Beyond**
NHS	As per national guidance	As per national guidance	In preparation for GM ICS and anticipated return to local contracting, consolidated contracting and finance payments for GM.
Acute Independent Sector including Increasing Capacity Framework	Local commissioning and contracting but GM oversight via IS Oversight Group and Elective Reform Board	1 Year as per GM agreement to end of CCG's 31/03/22	Consolidate contracting and finance payments for GM.
GM (Adult Hearing AQP) & Direct Access Diagnostics (DAD)	With outcome of the GM Procurement, agreement that new contracts will be constructed and monitored by GMSS contracting team on behalf of GM.	As per procurement 3 year initial award to 30/09/24 with 2 year extension option. Contracts will novate to GM ICS	No change. Consideration for Bolton and Wigan tender.
Continuing Healthcare	Local commissioning and contracting linked to locality and links to ASC residential care including rates.	Annual contracts as zero based and spot placements	No change initially.
Primary Care Local Commissioned Services	Local commissioning and contracting linked to locality plan.	As per local arrangements	No change initially.
VCSE including Grants	Local commissioning and contracting linked to locality plan.	As per local arrangements	For stability agree that arrangements are extended or direct award for a maximum period of 3 years (to 31/03/25) to ensure certainty for this sector.
Independent Sector Locally Commissioned (a) Multiple Commissioners and Contracts	Identify number of contracts and prepare to consolidate contracting across GM	As per local arrangements	Consolidate contracting and finance payments for GM where appropriate. Review the number of contracts in this category including end dates and take a decision on each individual contract around extension for a maximum of 2 years (to 31/03/24) or direct award to ensure certainty to the sector.
Independent Sector Locally Commissioned (b) Bilateral Commission and Contract	Local commissioning and contracting linked to locality plan.	As per local arrangements	Review the number of contracts in this category including end dates and take a decision on each individual contract around extension or direct award for a maximum of 2 years (to 31/03/24) to ensure certainty to the sector.

3.2 The proposal for NHS and acute Independent sector providers is that we move to consolidate contracting and finance payment for each provider for GM. Initially for 22/23 it would make sense that the current staff working on behalf of the current lead commissioner for each provider continue to provide financial and contracting support to ensure continuity.

3.3 For Continuing Healthcare and Primary Care providers with contracts such as GMS, PMS and APMS there is no change being proposed at this stage and decisions will still be taken by locality as these providers are more aligned to either Adult Social Care or Primary Care Networks. For Contracts where the provider just happens to be a Primary Care provider these should be considered in the same way as the Independent Sector in 3.5

3.4 For VCSE we recognise the concerns that this sector has voiced with the commissioner landscape and therefore we are proposing a maximum extension period of up to 3 years (to 31/03/25). This will need to be agreed by localities and subject to procurement rules; however there also cannot be an indefinite commitment especially as we go through the development of GM ICS.

3.5 For all other Independent sector providers and subsequent contracts these are split into two categories. The first is where there are contracts with either associate commissioners or indeed numerous contracts with the same provider; an example being Broomwell where each CCG contracts on a bilateral arrangement for the same service. We would expect a lead commissioner would be nominated and to pick up control of all payments on behalf of GM commissioners and contracting issues with that provider. The 2nd is where there is just a bilateral commission. For both we are suggesting a maximum extension period for the same reasons as VCSE, however the number of years is 2 (to 31/03/24).

3.6 A discussion has been had with Head of Market Management at GMSS to review the proposals. Initial comments are that despite there being a green paper regarding Transforming Public Procurement which is looking to simplify processes and requirements for the NHS, it still remains under the rules and framework of public contract regulations. Therefore any proposals has to be agreed through appropriate governance, appropriate due diligence should have taken place and an audit trail of decisions documented which can justify the decision would be in the interest of the population etc.

GMSS / SBS have supported many GM CCGs to directly award and also to extend contracts with incumbent VCSE providers, with no challenges being received so the proposal for these providers is deemed as low risk of challenge. Also the latest procurement policy (PPN-1120) permits lawful excluding of bidders to those within a locality for below threshold procurements; which will typically touch other IS contracts.

For reassurance it has been recommended to obtain legal advice to be sure on all risks. GMSS has stated they will continue to support this work stream and how this is implemented in localities. This will include consideration of each service / contract and advise on potential risks as well as how they can be mitigated / managed in a proportionate way.

4. Next Steps

4.1 A GM Contracting Review group was established in January 2021 to plan for 2021/22 and make achievable steps. As the 3rd wave of COVID-19 hit the national financial regime was extended for H1 of 2021/22 and it was agreed for this work to be paused to focus resource on responding to the pandemic and the vaccination programme.

4.2 We propose to re-establish this group to start working through the detail of contracts and try to safeguard that these principles are being adhered to and to respond to issues. Once the refreshed database of GM contracts has been created, this group will make recommendations on which IS locally commissioned contracts can be consolidated from 22/23 which will then be ratified by CFO's and DoC's.

4.3 We propose that initially; rather than take legal advice at a GM level, a discussion will be held with NHSE at Northwest level to raise the issues identified as these will be applicable to other ICS's. This is to ensure that we have understood the level of risk and challenge to this proposal. Following these discussions consideration will be taken whether to take legal advice.

4.4 For primary care there are a number of contracts held at GM level such as GMS, PMS and APMS; however the budget is delegated to CCG's. There will need to be consideration for these types of contracts and further discussion with leads for these contracts at GM, but it is expected it will be as per national arrangements.

4.5 We also need to link in with our NHSE Specialist commissioner colleagues to ensure that they are aware of the contracting work and principles being created by GM CCG's and to reflect on what is required from their perspective and whether this will change the approach further.

5. Recommendations

5.1 GM CFO's and DoC's are asked to:

- To discuss and agree on the principles outlined in table 1 in section 3 for CCG contracts from 2022/23.
- Agree to the re-establishment of the GM Contracting Review group and for that group to make recommendations on contracts that are appropriate to be consolidated across GM for GM CFO's and DoC's to ratify.
- Agree to initially raise the issues in the paper with colleagues at NW region NHSE to understand their position given this will be an issue for other ICS's before considering whether to commission some legal advice at a GM level to ensure all risks are identified for this proposal.
- Consider other next steps including how this will be taken back for localities to adopt these principles.

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Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 29 September 2021

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

Clinical Lead: Dr Jane Harvey – GP and Tameside Sexual Health Clinical Lead

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

James Mallion, Consultant in Public Health

Subject: **TENDER FOR THE PROVISION OF A CHLAMYDIA AND GONORRHOEA SCREENING SERVICE**

Report Summary: This report outlines the proposed approach to the re-commissioning of a Chlamydia and Gonorrhoea Screening Service with an annual budget of £34,539-£44,802. The paper seeks authorisation to tender the Service for a new contract to start on 1 April 2022 for a period of three years. The total contract value over the three year period is £103,617-£134,406.

The Council will co-commission this service with Trafford MBC and Stockport MBC. Other Greater Manchester Local Authorities may also join this tender process, with Trafford MBC acting as the lead commissioner via a legally binding Inter-authority Agreement we will put in place. We are working with STAR procurement to re-tender the Service.

Recommendations: That Strategic Commissioning Board be recommended to:

(i) Give approval to tender the Chlamydia and Gonorrhoea Screening Service in Tameside to commence 1 April 2022 for a three year period, plus the option of a two year extension, dependent on a review of the Service during year 2 (2023/24) to ensure adequate performance and outcomes achieved. The contract term will include a termination period of six months.

(ii) Give approval to award the contract following the completion of a compliant tender exercise , subject to compliance with the Council's Procurement Standing Orders

(iii) Give approval to enter into an Inter-authority Agreement, as advised by STAR procurement, with Trafford MBC.

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

Budget Allocation (if Investment Decision)	Within Baseline Budgets
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons
The financial implications outlined in this paper will be to continue to invest in the delivery of a chlamydia and gonorrhoea screening service with annual costs of £35k-£45k. The current provision in place was done last year via a short-term contract that was awarded directly under COVID regulations due to the pandemic circumstances. The tender process will allow TMBC to procure a new longer term contract with more favourable terms and conditions. Recurrent budgets are already in place for this service and the results from the tender may release future savings.
Additional Comments Recurrent financial savings have already been identified from the NCSP budget: £15,000 per year from 2020/21. Tendering for this Service will ensure these savings are maintained as value for money will receive a high weighting within the tender process.

Legal Implications:

(Authorised by the Borough Solicitor)

The reasons for the procurement of service are set out in the main body of the report.

The project officers should ensure that advice is sought from STAR in relation to the expiry of the current contract and the procurement exercise to ensure that it is compliant with relevant legislation and internal procedures.

As it is proposed that the new contract term will be for 5 years advice should be sought from STAR to ensure that there are provisions within the contract terms to ensure continued delivery of good value for money for the whole of the contract term.

The contract will also require active contract management to ensure consistent service delivery and also continued value for money. Advice should be sought from STAR to ensure that there are clear and measurable KPIs in the contract to ensure this.

Whilst it is expected that there will be a collaborative working relationship with the other local authorities it is still advisable, as set out in the main body of the report, for there to be an inter authority agreement to ensure that all the authorities share any risk of liabilities equally should the need arise.

How do proposals align with Health & Wellbeing Strategy?

The proposals link with a several priorities in the Health and Wellbeing Strategy, in particular the Starting Well and Developing Well programmes.

How do proposals align with Locality Plan?

The proposals will support the locality plan objectives to:

1.1.1 Improve health and wellbeing for all residents

1.1.2 Address health inequalities

1.1.3 Protect the most vulnerable

1.1.4 Provide locality based services

How do proposals align with

This supports the 'Care Together Commissioning for Reform Strategy 2016-2020' commissioning priorities for improving

the Commissioning Strategy?	population health particularly: **1.1.5** Early intervention and prevention **1.1.6** Encourage healthy lifestyles
Recommendations / views of the Health and Care Advisory Group:	n/a
Public and Patient Implications:	The recommendations will ensure continued access to a national programme for chlamydia screening which aims to improve health and wellbeing and reduce inequalities.
Quality Implications:	The Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness. Any procurement exercise will be awarded on the basis of the most economically advantageous tender that balances the cost and quality advantages of tender submissions.
How do the proposals help to reduce health inequalities?	The provision of a Chlamydia and Gonorrhoea Screening Service has a positive effect on health inequalities. The Service is delivered in part via groups and agencies that work with our more vulnerable young people, thereby helping to reduce health inequalities. Recently announced changes to the National Chlamydia Screening Programme will place a greater focus on testing for women as they are at greater risk of harm from infection.
What are the Equality and Diversity implications?	An Equality Impact Assessment has been undertaken. The Service will target sexually active young people aged under 25 years, with a primary focus on women. However, the Service is available regardless of sex, gender, race, disability, sexual orientation, religion or belief, pregnancy and maternity, and marriage and civil partnership. The Service in particular targets vulnerable young people to address health inequalities.
What are the safeguarding implications?	Any provision of sexual health related services have an important role in identification and response to abuse. The Service will be linked into the Child Sex Exploitation and Domestic Abuse services and will have pathways to safeguard children and vulnerable adults. Where safeguarding concerns arise the Safeguarding Policy will be followed.
What are the Information Governance implications?	As a large amount of personal identifiable data and special category data will be collected by the provider, a Data Protection Impact Assessment (DPIA) will be completed and appropriate data processing agreements/schedules will included in the contractual documents to ensure compliance with UK GDPR and the DPA 2018.
Has a privacy impact assessment been conducted?	A privacy impact assessment has not been carried out.
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

1. INTRODUCTION

1.1 This report is seeking authorisation to tender the provision of a Chlamydia and Gonorrhoea Screening Service to start on 1 April 2022.

2. IMPACT OF CHLAMYDIA AND GONORRHOEA IN TAMESIDE

2.1 Chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in England and prevalence is highest in young sexually active women (15 to 24 year olds). The chlamydia detection rate per 100,000 young people aged 15-24 years in Tameside was 1,878 in 2019, similar to the rate of 2,043 for England.

2.2 Chlamydia infection is often asymptomatic: around 70% to 80% of people with chlamydia will be unaware that they have the infection, but if left untreated, it can have serious health complications in women including pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility (TFI). Complications in men are much rarer and an infection will often resolve without treatment in those who are asymptomatic. Of those women with untreated chlamydia, 10 to 17% will develop PID and 35% of PID in women aged 16 to 24 is attributable to chlamydia.

2.3 Gonorrhoea is the second most common bacterial STI. The rate for gonorrhoea diagnoses in Tameside per 100,000 was 114, similar to the rate of 124 in England. However, the rate is increasing locally and nationally.

2.4 Gonorrhoea can also often be asymptomatic, with around 1 in 10 infected men and almost half of infected women not experiencing any symptoms. Gonorrhoea can lead to serious long-term health problems including pelvic inflammatory disease (PID) in women (infection of the womb) that may result in infertility and infection in the testicles in men. There are also newly emerging cases of drug resistant gonorrhoea, which makes gonorrhoea much harder to treat.

2.5 Chlamydia and gonorrhoea can be detected and treated easily and screening can reduce the risk of complications for an individual. Women who have a chlamydia screen have a 36% lower risk of developing pelvic inflammatory disease compared to those who have not.

3. NATIONAL CHLAMYDIA SCREENING PROGRAMME (NCSP)

3.1 The National Chlamydia Screening Programme (NCSP) was implemented on a phased roll-out basis in 2003, with national implementation by 2008. The aim was to prevent onward transmission and the harms of chlamydia though early detection and treatment.

3.2 Updated NCSP guidance was published in June 2021. The aim of the NCSP has changed from screening wider groups of younger people in order to reduce the prevalence of infection, to focus on reducing the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women so the opportunistic offer of asymptomatic chlamydia screening outside of sexual health services (i.e, the purpose of the NCSP) will focus on women, combined with reducing time to test results and treatment, strengthening partner notification and retesting. These changes will mean the programme will be better able to maximise the health benefits.

3.3 This change will bring the NCSP in line with the assessment by the English NCSP Evidence Review of the best available evidence.

3.4 The NCSP, which offers opportunistic screening for chlamydia, is one part of a wide range of sexual health interventions. Work on a new Sexual and Reproductive Health Strategy for England is underway, led by Department of Health and Social Care (DHSC).

4. COMMISSIONING OF CHLAMYDIA AND GONORRHOEA SCREENING IN TAMESIDE

4.1 Tameside MBC has a responsibility to commission open access sexual and reproductive health services, which is a mandated function (Health & Social Care Act 2012), as well as the NCSP, which has mandatory requirements.

4.2 The Chlamydia and Gonorrhoea (C&G) Screening Service helps Tameside deliver the NCSP.

4.3 Gonorrhoea is tested for in addition to chlamydia, due to the harms caused by untreated infection and the rising rates of gonorrhoea in Tameside.

4.4 The RUClear Programme from Manchester NHS Foundation Trust was previously commissioned across Greater Manchester (GM) to provide chlamydia and gonorrhoea (C&G) screening and meet the NCSP requirements. This contract was due to end in June 2020, however the Service ceased with immediate effect in March 2020 due to the impact of the Covid-19 pandemic on laboratory and staff capacity.

4.5 Permission was sought and given by the Strategic Commissioning Board (SCB) in January 2021 to directly award a Covid-19 Emergency Contract Award for C&G screening to Brook to commence immediately for a period of 11 months. This included a 20% recurrent saving (£15,000) for this Service going forward. This arrangement was entered into alongside Trafford and Stockport local authorities with Trafford acting as the lead commissioner.

4.6 In November 2020 the contract with Brook was further extended to end 31 March 2022. This was approved via STAR and Trafford Council's legal department only, as the value of the contract was below threshold for needing SCB approval.

4.7 The rationale for this extension was:

- Good performance of the Service provided by Brook
- To await new national guidance on changes to the NCSP to be incorporated into the specification for the new Service. Initial information on these changes has only just been released during the summer of 2021.
- To align the C&G Screening Service contract term to other GM local authorities to give the opportunity for collaborative commissioning, service delivery and monitoring, which would benefit all parties in terms of better of value for money and effective use of resources. There is interest from Oldham, Bury and Rochdale to enter into a joint arrangement.
- To align with timescales for the main Integrated Sexual Health Service tender for Oldham, Rochdale, Bury, Stockport and Tameside, as providers bidding for that tender may be interested in incorporating C&G screening into their offer.
- To ensure Service continuity while a robust tender process is worked through.

4.8 Within the January 2021 SCB paper was set out the longer-term intention to go out to tender for C&G screening once market conditions stabilised after the initial impact of COVID, allowing for a full tender exercise.

5. CURRENT CHLAMYDIA AND GONORRHOEA SCREENING SERVICE IN TAMESIDE

5.1 The Service contributes to the prevention and control of STIs among young people under the age of 25 by ensuring that asymptomatic young people can obtain an opportunistic screen for C&G.

5.2 The Service arranges for:

- distribution and return of test kits
- laboratory processing of samples

- results notification
- treatment for patients diagnosed with an infection
- partner notification
- follow up with all patients diagnosed with an infection to confirm that the patient has received treatment.

5.3 Home self-sampling test kits are mainly available to order from the Brook website, but can also be accessed via key local young people agencies such as YOUthink, school nursing, CGL Branching out etc.

5.4 The Service also has responsibility to produce, publish and distribute promotional materials and patient information materials to advertise the Service and to encourage young people to obtain an opportunistic screen.

5.5 The Service is required to upload specified datasets to the HIV/STI portal in line with national reporting requirements.

5.6 The Service under the current providers has been running since January 2021. Between January and June 2021 (inclusive) Brook have issued 608 kits to Tameside residents, with a return rate of 26% and a positivity rate (of kits returned) of 12.6% for chlamydia and 2.5% of gonorrhoea. This compares to a national/regional positivity rate of 10%/11%, demonstrating that current provider is targeting the Service appropriately.

5.7 However, activity is low due to the previous provider abruptly ending the Service due to COVID resulting in a gap in Service delivery between March 2020 and December 2020, and low levels of publicity.

5.8 The current provider has delivered the Service with increased value for money compared to the previous Service, meaning that we were able to take £15k of recurrent savings from this budget line.

6. PROPOSED SERVICE MODEL

6.1 The new C&G Screening Service will continue to prevent and control the spread of sexually transmitted infections in young people by providing asymptomatic C&G screening for young people (under 25) mainly via an online ordering system and local agencies.

6.2 The Service specification for the new tender will remain largely unaltered, other than the focus of the NCSP delivery changing from all young people under the age of 25, to women under the age of 25 in order to prioritise harm reduction, as per the updated NCSP guidance outlined in section 3. Men will continue to be tested as part of contact tracing pathways, and when appropriate as budget allows. The current provider has male:female:unknown ratio (of returned kits) of 74%:23%:3%.

6.3 The Service will ensure that any residents diagnosed with infection will receive the appropriate treatment either via local pharmacies or the local specialist sexual health service.

6.4 The Service will take responsibility for the full diagnosis and management pathway including all laboratory services, results management, treatment, partner notification and data reporting.

6.5 The Service will have a website to access this screening, which the Service will be responsible for promoting.

7. PROCUREMENT PROPOSAL

7.1 This report provides a value for money option for the delivery of a C&G Screening Service that supports the NCSP and returns longer-term savings due to reduced health complications for young people, and young women in particular.

7.2 This paper seeks permission to retender the C&G Screening Service in Tameside, which encompasses the NCSP offer, in a joint contract with Stockport and Trafford MBCs as a minimum, with Trafford MBC being the lead commissioner.

7.3 It is proposed that this will be for a contract period of three years (1 April 2022-31 March 2025), with the option to extend for a further two years, dependent on a review of the performance and outcomes achieved by the Service in year 2 (2023/24). The contract term will include a termination period of six months. This term is based on advice from STAR procurement and the start date of this contract aligns with the commencement of the main Integrated Sexual and Reproductive Health Service which has already gone out to tender for services starting on 1 April 2022, with a contract length of 5 years, plus the option to extend for a further 5 years.

7.4 STAR procurement is providing support and advice during this tender process.

7.5 In terms of cost, this is a needs-led, tariff based service, with an annual value of £34,539-£44,802. This already reflects a recurrent 20% (£15,000) saving from the overall amount allocated for this Service in the Population Health budget going forward.

7.6 Funding for the C&G Screening Service will continue to form part of the Public Health Grant allocation.

8. VALUE FOR MONEY

8.1 Recurrent financial savings have already been identified from the NCSP budget: £15,000 per year from 2020/21.

8.2 Tendering for this Service will ensure these savings are maintained as value for money will receive a high weighting within the tender process.

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

9. ALTERNATIVES CONSIDERED AND DISCOUNTED

9.1 Various options for the procurement process have been considered and discussed and Commissioners have followed the advice given by STAR procurement. It is felt that the procurement proposal described above will give the best combination of flexibility, innovation, value for money and delivery, and therefore this is the recommended approach.

9.2 **Cease Delivery** - As the provision of the NCMP programme is a responsibility of Local Authorities, to cease the provision of this Service at the end of the current contract period would mean Tameside MBC would not be fulfilling our mandated responsibilities around

sexual & reproductive health. This approach would also be highly detrimental to health outcomes in our population in Tameside.

9.3 **Reduce Contract Value** - The option to reduce the financial investment in this Service has been considered. However, as there has already been a 20% saving identified from this budget in the current financial year, further reductions are likely to have a detrimental impact on the scope and quality of the Service able to be delivered. This needs to be considered in addition to the relatively low amount of spend per head on sexual health services in Tameside compared to other areas as described in section 8.

10. EQUALITIES

10.1 It is not anticipated that there are any negative impacts on equality and diversity as a result of this proposal. The changes to the NCSP guidance has already been considered by PHE and is reflected within the Tameside Equality Impact Assessment, which is in progress. This is a live document, which will continue to be updated on an ongoing basis. See **Appendix 1.**

11. CONCLUSION

11.1 The current contract for delivery of the NCSP in Tameside comes to an end on 31 March 2022. The above report outlines the proposals for the tender for a new Service commencing from 1 April 2022, supported by our aims to continue promoting good sexual health and reducing health inequalities amongst our young people.

12. RECOMMENDATIONS

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

APPENDIX 1

Subject / Title	Sexual & Reproductive Health Offer

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

Start Date	**Completion Date**
August 2021	Ongoing

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

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

PART 1 – INITIAL SCREENING

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

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

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

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

1a.	**What is the project, proposal or service / contract change?**	The current Chlamydia and Gonorrhoea (C&G) Screening Service offers C&G testing to asymptomatic young people under the age of 25 years. The service also delivers the National Chlamydia Screening Programme (NCSP) which screens the general population of young people young people (aged under 25 years) for chlamydia. The NCSP guidance was updated in June 2021 to target women only. The C&G Screening Service is being retendered. The service specification for the new tender will largely remain the same, other than being updated to reflect the new NCSP guidance.
1b.	**What are the main aims of the project, proposal or service / contract change?**	The C&G Screening Service contributes to the prevention and control of STIs among young people under the age of 25 by ensuring that sexually active asymptomatic young people can obtain an opportunistic screen for C&G. The aim of the updated NCSP is to reduce the harms from untreated chlamydia infection. The harmful effects of chlamydia occur predominantly in women so the opportunistic offer of asymptomatic chlamydia screening outside of sexual health services (i.e, the purpose of the NCSP) will focus on women, combined with reducing time to test results and treatment, strengthening partner notification and retesting. These changes will mean the programme will be better able to maximise the health benefits.

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

Protected Characteristic	Direct Impact / Relevance	Indirect Impact / Relevance	Little / No Impact / Relevance	Explanation
Age			✓	There is no change to the age group the service is targeting.
Disability			✓	There is no change to how people with a disability will access the service.
Ethnicity			✓	There is no change in how people from different ethnic groups access the service.
Sex	✓			There is major changes to how people of different sex will can access the service. Men, including transgender women and non-binary people (assigned male at birth), will no longer be targeted via the NCSP.

Religion or Belief			✓	There is no change in how people with different religions or beliefs access the service.
Sexual Orientation		✓		There is no direct change on how people access the service based on sexual orientation, but there will be indirect impact for men who have sex with men (MSM) due to their sex.
Gender Reassignment	✓			Transgender women will no longer be targeted via the NCSP.
Pregnancy & Maternity			✓	There is no change in service for this group of people.
Marriage & Civil Partnership			✓	There is no change in service for people with different marriage or civil partnership status change.

Other protected groups determined locally by Tameside and Glossop Strategic Commission?

Group (*please state)*	**Direct Impact/Relevance**	**Indirect Impact/Relevance**	**Little / No Impact/Relevance**	**Explanation**
Mental Health			✓	There is no change for people with mental health issues.
Carers			✓	There is no change for people based on their carer status.
Military Veterans			✓	There is no change in service for people based on their military service.
Breast Feeding			✓	There is no change for people that are breastfeeding.

Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to?
(*e.g. vulnerable residents, isolated residents, low income households, those who are homeless)*

Group (*please state)*	**Direct Impact/Relevance**	**Indirect Impact/Relevance**	**Little / No Impact/Relevance**	**Explanation**
Non-binary	✓			Non-binary people (assigned male at birth), will no longer be targeted via the NCSP.

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

1d.	**Does the project, proposal or service / contract change require a full EIA?**	**Yes**	**No**
		✓	
1e.	**What are your reasons for the decision made at 1d?**	The focus of the NCSP aspect of the new C&G Screening Service is being changed from all young people, to just women. As this means there will be a direct impact/relevance to several groups with protected characteristics, a full EIA is required.	

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

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary

The current Chlamydia and Gonorrhea Screening Service, provided by Brook, contributes to the prevention and control of Sexually Transmitted Infections among young people under the age of 25 by ensuring that sexually active asymptomatic young people can obtain an opportunistic screen for C&G. The Service arranges for distribution and return of self-sampling test kits, laboratory processing of samples, results notification, treatment for patients diagnosed with an infection, partner notification, follow up with all patients diagnosed with an infection to confirm that the patient has received treatment.
The service also encompasses the delivery of the National Chlamydia Screening Programme (NCSP) which previously focussed on screening the general population of young people (aged under 25 years) for chlamydia in order to reduce the prevalence of infection.

Chlamydia infection is often asymptomatic: around 70% to 80% of people with chlamydia will be unaware that they have the infection, but if left untreated, it can have serious health complications in women including pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility (TFI). Complications in men are much rarer and an infection will often resolve without treatment in those who are asymptomatic. Of those women with untreated chlamydia, 10 to 17% will develop PID and 35% of PID in women aged 16 to 24 is attributable to chlamydia.

Chlamydia can be detected and treated easily and screening can reduce the risk of complications for an individual. Women who have a chlamydia screen have a 36% lower risk of developing pelvic inflammatory disease compared to those who have not.
An Expert Peer Review Group (EPRG) considered the evidence regarding chlamydia infection and control and recommended changes to the NCSP. The result is a change in focus from aiming to reduce the prevalence of chlamydia infection to preventing adverse consequences of untreated chlamydia infection and harm reduction.
Harmful effects of chlamydia occur predominately in women, so this means focusing on identifying and treating infections in young women as early as possible in order to maximise health gain and discontinuing the offer of opportunistic screening to young men outside sexual health services.
The updated NCSP guidance was published in June 2021.
The C&G Screening service is now being retendered with a contract start date of 1st April 2022. The contract length will be 3 years, will the option to extend for a further 2 years. The service specification for the new tender will largely remain the same, other than being updated to reflect the new NCSP guidance.
Services commissioned by Tameside Council need to be consistent with the law and our obligations under the public sector equality duty across all nine protected characteristic groups. The nine protected characteristic groups are – race / ethnicity, sex, disability, age, sexual orientation, religion & belief, sex reassignment, pregnancy & maternity, and marriage & civil partnership.
The tender process will set out this expectation and potential providers and compliance with the obligation under the equalities act is monitored throughout the duration of the contract.
A number of protected groups will be affected by the change in focus. The issues to be considered for each group of people are described in section 2b. Section 2c goes on to explain the impact, and section 2d how this can be mitigated.
The key method of mitigation is to ensure clear and consistent communication and marketing amongst this service, the wider sexual and reproductive health services and professionals to ensure men are clear where to access good quality sexual health services and understand their responsibilities in regard to sexual health, and to ensure the people from trans and non-binary communities still access quality sexual health services and do not feel excluded.
References to women in this EIA include cisgender women, transgender men and non-binary (assigned female at birth) people who have not had hysterectomy or bilateral oophorectomy.

2b. Issues to Consider

Sex
It is against the law for a service to discriminate against someone on the grounds of any 'protected characteristic' including sex. However, there are some exceptions under the Equality Act 2010. The Act states it is lawful to provide separate services for men and women if:

- a joint service for persons of both sexes would be less effective
- the extent to which the service is required by persons of each sex makes it not reasonably practicable to provide separate services

There is no consistent evidence that screening of both men and women at the levels that can be feasibly achieved has measurably reduced the prevalence of chlamydia infection in the population.

Chlamydia infections are concentrated in men with more partners, but infection will often resolve without treatment in those without symptoms, so men who have chlamydia are at much lower risk of harm. In comparison, infections are more evenly distributed across levels of risk amongst women and harmful effects of chlamydia occur predominately in women. Therefore the health benefit of offering opportunistic screening only to young women outside of specialist sexual health services is a lawful, evidence based and proportionate means to achieve the aim of reducing the harm from untreated chlamydia.

Young men who are partners of women testing positive for chlamydia through the screening programme will be tested and treated through the partner notification process.

Sexual orientation.

Excluding men from NCSP would disadvantage young MSM more than heterosexual young men as rates of STIs are higher amongst MSM than heterosexuals.

Gender reassignment

Data relating to gender identities is not well understood. The Equality Act 2010 provides a legal framework to protect the rights of individuals with ‘protected characteristics’ and advance equality of opportunity for all. To be protected, there is no need to have undergone treatment or surgery and the person can be at any stage in the transition process – proposing to, or undergoing a process to reassign your gender, or have completed it.

Transgender men and non-binary (assigned female at birth) people may be at the same risk of reproductive health harm as cisgender women however, professionals may misinterpret or misunderstand 'women only'.

The new NCSP programme does not include transgender women and non-binary people (assigned male at birth) as they do not experience the same level of harm from untreated chlamydia as cisgender women.

2c. Impact/Relevance

Sex
References to women includes cisgender women, transgender men and non-binary (assigned female at birth) people who have not had hysterectomy or bilateral oophorectomy.
An opportunistic offer of chlamydia screening outside sexual health services could be considered an unnecessary burden for young men when the majority of harm from untreated chlamydia exists in women. Removing this aspect from the programme could have a positive impact on young men, reducing their potential anxiety about chlamydia infection. In addition, high risk males will be

targeted through partner notification, which would find more infection than a non-selective population screening approach. This process should be improved as part of the proposed changes.
However, excluding men also reduces the reduced likelihood to be diagnosed with, and/ or treated for, chlamydia and will result in fewer opportunities to engage in their sexual health and provide them with information about wider range of services available, undermining young men's role and responsibility in achieving good sexual health. This may have negative impacts on their health seeking behaviour and lead to reduced access to specialist sexual health services.
The re-prioritisation of resources away from opportunistically screening young men to screening women, improving partner notification and re-testing of those found to be positive, is expected to reduce the rate of progression to reproductive health harms, thereby maximise the health gain from the programme for women.
The improved cost effectiveness of the programme will reduce likelihood of disinvestment in the programme which would adversely affect women.
On the other hand, the changes to the NCSP could place the burden of responsibility for young people's sexual health on young women and in turn increase stigma for young women.

Sexual orientation

MSM are less likely to be screened for chlamydia as a result of the changes. However, having a chlamydia only screen may miss other STI infections. Opportunities to engage with MSM may also be reduced, leading to less referrals to specialist sexual health services where a full STI screen can be offered
Conversely, removing the option of a chlamydia-only screen may encourage MSM to seek a full STI screen as recommended, thereby advancing their equality of opportunity.

Gender reassignment

Transgender men and non-binary (assigned female at birth) people might not be offered screening opportunistically or face barriers if they ask for a test. They may also feel that a service that they are eligible for is inappropriately worded as being for 'women'.

The proposed policy focuses on reproductive harms of untreated chlamydia and therefore does not include transgender women and non-binary people (assigned male at birth) as they do not experience the same level of harm from untreated chlamydia as cisgender women. However, it is noted that in practice they may be offered a chlamydia screen.

2d. Mitigations (Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)	
Sex	The new provider, and the wider sexual health system that includes the specialist sexual and reproductive health provider, will continue to raise awareness that good sexual health is the responsibility of all young people, including by engaging with young men through a variety of different mechanisms such as Relationships and Sex Education and condom distribution schemes. Chlamydia testing will still be available to young men through sexual health services and specialist sexual health services, and this needs to be communicated clearly to all stakeholders, including users. Young men will continue to be contacted and tested through partner notification procedures. PHE will support work to raise awareness that good sexual health is the responsibility of all young people. Within the new C&G Screening Service specification, it is highlighted that men will continue to be tested within the C&G programme as part of contact tracing pathways, and when appropriate as budget allows.
Sexual orientation	MSM will be encouraged to seek a full STI screen through provision of guidance and promotional material and through other relevant interactions with MSM. Professionals will also be reminded to encourage young MSM to seek a full STI screen Communications should include MSM who don't identify as gay or bisexual.
Gender reassignment	It should be made clear in any guidance and public facing communications, as well as to professionals, that the programme's aim is to reduce reproductive

	health harm, communicating that transgender men and non-binary people (assigned female at birth) are eligible for this service. Anyone of any gender who is concerned they might be at risk of chlamydia or other STIs will be encouraged to contact their local sexual health service or GP for professional health advice about whether to get tested. Learning should be sought from experience in other areas of healthcare such as cervical screening.
Ensuring equitable access to services	The Equality Impact Assessment is an ongoing process that will be reviewed regularly at Contract Performance meetings. Services need to be designed with accessibility in mind, so that they are delivered in a way that is consistent with the law and our obligations under the public sector equality duty across all nine protected characteristic groups. The nine protected characteristic groups are – race / ethnicity, sex, disability, age, sexual orientation, religion & belief, sex reassignment, pregnancy & maternity, and marriage & civil partnership. There is an expectation that services commissioned by the council comply with its obligations under the equalities act. The terms and conditions issued to contracted services clearly outline this expectation. Compliance with the obligation under the equalities act is monitored throughout the duration of the contract.
Ensuring positive outcomes are maintained	Any positive impacts that are identified will be recorded, and monitored.
Any negative equalities impacts are continuously identified throughout the procurement and contract period	Any negative impacts that are identified will be recorded, and appropriate action is taken to address these

2e. Evidence Sources

PHE (2021) Summary profile of local authority sexual health (SPLASH), Tameside
https://fingertips.phe.org.uk/profile/sexualhealth/data#page/13/gid/8000057/pat/6/par/E12000002/ati/202/are/E08000008/iid/90742/age/1/sex/4/cid/4/tbm/1

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

Public Health England (2021). NCSP: programme overview.
https://www.gov.uk/government/publications/ncsp-programme-overview/ncsp-programme-overview

Public Health England (2021) Changes to the National Chlamydia Screening Programme: Information on the changes.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/992294/NCSP_Information_on_the_changes_June_2021.pdf

Public Health England (2021) Changes to the National Chlamydia Screening Programme. Public Sector Equality Duty Assessment. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/995179/NCSP_Public_Sector_Equality_Duty_Assessment_June_2021.pdf

2f. Monitoring progress		
Issue / Action	**Lead officer**	**Timescale**
Ensuring equitable access to services Ensuring positive outcomes are maintained	James Mallion, Pamela Watt, Linsey Bell	Quarterly
Any negative equalities impacts of the proposal are continuously identified throughout the procurement and contract period – any negative impacts are identified and appropriate action is taken to address these	James Mallion, Pamela Watt, Linsey Bell	Ongoing

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