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Tameside Metropolitan Borough

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STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 15 December 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 24 November 2021 to be signed by the Chair as a correct record.	1 - 4
b)	**MINUTES OF EXECUTIVE BOARD** To receive the Minutes of the Executive Board held on 10 November and 1 December 2021.	5 - 16
4.	**MONTH 7 INTEGRATED FINANCE REPORT** To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	17 - 28
5.	**FAMILY HUBS: LOCAL TRANSFORMATION FUND** To consider the attached report of the Deputy Executive Leader, Children and Families / Executive Member, Adult Social Care and Population Health / Clinical Lead, Starting Well / Interim Director of Population Health / Interim Director of Children's Services.	29 - 38
6.	**MACMILLAN SOLUTIONS** To consider the attached report of the Executive Member, Adult Social Care and Population Health / Co-Chair, CCG Governing Body / Director of Commissioning.	39 - 48
7.	**GREATER MANCHESTER LEARNING DISABILITY AND AUTISM COMPLEX NEEDS PROJECT** To consider the attached report of the Executive Member, Adult Social Care and Health / Clinical Lead, Living Well, Finance and Governance / Director of Adults Services.	49 - 82

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

8. 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, to whom any apologies for absence should be notified.

STRATEGIC COMMISSIONING BOARD

24 November 2021

Comm: 1.00pm **Term: pm**

Present:	**Ashwin Ramachandra – Tameside & Glossop CCG (Chair)** **Councillor Brenda Warrington – Tameside MBC** **Councillor Warren Bray – Tameside MBC** **Councillor Gerald P Cooney – Tameside MBC** **Councillor Leanne Feeley – Tameside MBC** **Councillor Allison Gwynne – Tameside MBC** **Councillor Joe Kitchen – Tameside MBC** **Councillor Oliver Ryan – Tameside MBC** **Councillor Eleanor Wills – Tameside MBC** **Steven Pleasant – Tameside MBC Chief Executive & Accountable Officer** **Dr Asad Ali – NHS Tameside & Glossop CCG** **Dr Christine Ahmed – NHS Tameside & Glossop CCG** **Dr Vinny Khunger – NHS Tameside & Glossop CCG** **Carol Prowse – Tameside & Glossop CCG**	
In Attendance:	**Sandra Stewart**	**Director of Governance & Pensions**
	Kathy Roe	**Director of Finance**
	Ian Saxon	**Director of Place**
	Steph Butterworth	**Director of Adults Services**
	Debbie Watson	**Interim Director of Population Health**
	Tim Bowman	**Director of Education (Tameside and Stockport)**
	Sarah Threlfall	**Assistant Director, Policy, Performance and Communication**
	Tracy Brennand	**Assistant Director, People and Workforce Development**
	Jordanna Rawlinson	**Head of Communications**
Apologies for absence:	**Dr Kate Hebden – Tameside & Glossop CCG** **Councillor Bill Fairfoull – Tameside MBC**	

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.

51. 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.

52. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

53. MINUTES OF THE PREVIOUS MEETING

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

54. MINUTES OF THE EXECUTIVE BOARD

RESOLVED
That the Minutes of the meetings of the Executive Board held on: 13 October 2021 and 3 November 2021, be noted.

55. CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 30 SEPTEMBER 2021

Consideration was given to a report of the Executive Member, Finance and Economic Growth / Lead Clinical GP / Director of Finance. The report detailed actual expenditure to 30 September 2021 (Month 6) and forecasts to 31 March 2022 for the Council and 30 September 2021 for the CCG.

Members were advised that at the halfway point in the financial year, the forecast outturn position for the council was beginning to look more positive for 2021/22. This was largely due to non-recurrent, pandemic related funding streams which would not be available next year.

It was reported that while the council position had improved, due to the allocation of one-off funding streams there continued to be significant financial pressures, particularly in Children's Social Care services. These needed to be addressed in order to balance the in-year financial position and address the longer term financial challenge.

It was stated that the NHS financial regime had still not fully normalised following the command and control response to the pandemic last year. Funding had been allocated in order to cover the current costs in the system and was being monitored at a system level (i.e. Greater Manchester). Both the ICFT and the CCG have managed within the required financial envelopes in the first half of this year. Financial and operational guidance for the second half of the year was recently published. This included a system level allocation and confirmation that HDP & ERF funding would continue into H2. But detailed budgets or financial envelopes were not yet agreed at a locality/organisation level. As such this report only included NHS financial information for the first 6 months of the financial year.

The Assistant Director for Finance explained that in 2020/21 the deficit on Dedicated Schools Grant (DSG) increased from £0.557m to £1.686m mainly due to funding the overspend on the High Needs Block. If the 2021/22 projections materialised, there would be a deficit of £3.124m on the DSG reserve by 31 March 2022. Under DfE regulations a deficit recovery plan would be required, which would be submitted to the DfE outlining how the deficit would be recovered and spending would be managed. This would require discussions and agreement of the Schools Forum.

RESOLVED
(i) That the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1 to the report, be noted;

(ii) That the detailed analysis of budget forecasts and variances set out in Appendix 2 to the report, be noted;

(iii) That the forecast position on the Collection Fund in respect of Council Tax and Business Rates as set out in Appendix 3 to the report, be noted;

(iv) That the forecast position in respect of Dedicated Schools Grant as set out in Appendix 4 to the report, be noted; and

(v) That the write-off of irrecoverable debts for the period 1 July to 30 September 2021 as set out in Appendix 5 to the report, be approved.

56. TAMESIDE & GLOSSOP INEQUALITIES REFERENCE GROUP ANNUAL REPORT 2020/2021

Consideration was given to a report of the Executive Member, Lifelong Learning, Equalities, Culture and Heritage / Director of Transformation, which explained that Tameside & Glossop Inequalities Reference Group (IRG) was established in November 2020 and aimed to reduce inequality in Tameside & Glossop by providing advisory recommendations on tackling key issues within the community. When established, the group's terms of reference committed to the publication of an annual update. The report discharged that obligation and provided an overview of the group's activities in the last 12 months.

RESOLVED

That the content of the report be noted, ensuring the council and CCG work with partners to address the recommendations made in the two reports published to date and support future activity of the Inequalities Reference Group.

57. URGENT ITEMS

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

CHAIR

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BOARD

10 November 2021

Present:	**Elected Members**	**Councillors Warrington (In the Chair), Bray, Cooney, Fairfoull, Feeley, Gwynne, Kitchen, Ryan and Wills**
	Borough Solicitor	**Sandra Stewart**
	Deputy Section 151 Officer	**Caroline Barlow**
Also in Attendance:	**Dr Ashwin Ramachandra, Tracy Morris, Catherine Moseley, Jordanna Rawlinson, Ian Saxon, Emma Varnam and Debbie Watson**	

137 DECLARATIONS OF INTEREST

Councillor Cooney and Ryan declared a prejudicial interest on Item 4e Changes to the provision of a statutory Housing Options Service as Trustee/Director and Housing North Board Member for Jigsaw Homes respectively.

138 MINUTES OF PREVIOUS MEETING

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

139 MONTH 6 INTEGRATED FINANCE REPORT

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Lead Clinical GP / Director of Finance. The report detailed actual expenditure to 30 September 2021 (Month 6) and forecasts to 31 March 2022 for the Council and 30 September 2021 for the CCG.

Members were advised that at the halfway point in the financial year, the forecast outturn position for the council was beginning to look more positive for 2021/22. This was largely due to non-recurrent, pandemic related funding streams which would not be available next year.

It was reported that while the council position had improved, due to the allocation of one-off funding streams there continued to be significant financial pressures, particularly in Children's Social Care services. These needed to be addressed in order to balance the in year financial position and address the longer term financial challenge.

It was stated that the NHS financial regime had still not fully normalised following the command and control response to the pandemic last year. Funding had been allocated in order to cover the current costs in the system and was being monitored at a system level (i.e. Greater Manchester). Both the ICFT and the CCG have managed within the required financial envelopes in the first half of this year. Financial and operational guidance for the second half of the year was recently published. This included a system level allocation and confirmation that HDP & ERF funding would continue into H2. But detailed budgets or financial envelopes were not yet agreed at a locality/organisation level. As such this report only included NHS financial information for the first 6 months of the financial year.

The Assistant Director for Finance explained that in 2020/21 the deficit on Dedicated Schools Grant (DSG) increased from £0.557m to £1.686m mainly due to funding the overspend on the High Needs Block. If the 2021/22 projections materialised, there would be a deficit of £3.124m on the DSG reserve by 31 March 2022. Under DfE regulations a deficit recovery plan would be required, which would be submitted to the DfE outlining how the deficit would be recovered and spending would be

managed. This would require discussions and agreement of the Schools Forum.

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

(i) Note the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1.
(ii) Note the detailed analysis of budget forecasts and variances set out in Appendix 2.
(iii) Note the forecast position on the Collection Fund in respect of Council Tax and Business Rates as set out in Appendix 3.
(iv) Note the forecast position in respect of Dedicated Schools Grant as set out in Appendix 4.
(v) Approve the write-off of irrecoverable debts for the period 1 July to 30 September 2021 as set out in Appendix 5.

140 MONTH 6 CAPITAL MONITORING REPORT

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Finance, which summarised the budget and forecast expenditure for fully approved projects in 2021/22 financial year.

Members were advised that the approved budget for 2021/22 was £74.352m and current forecast for the financial year was £42.521m. There were additional schemes that had been identified as a priority for the Council, and, where available, capital resource had been earmarked against these schemes, which would be added to the Capital Programme and future detailed monitoring reports once satisfactory business cases have been approved by Executive Cabinet.

It was reported that the current forecast was for service areas to have spent £42.521m on capital investment in 2021/22, which was £31.831m less than the current capital budget for the year. This variation was spread across a number of areas, and was made up of a number of over/underspends on a number of specific schemes (£2.842m) less the re-profiling of expenditure in some other areas (£28.989m).

AGREED
That the Strategic Planning and Capital Monitoring Panel be recommended to ask Executive Cabinet to:

(i) Note the forecast outturn position for 2021/22 as set out in Appendix 1.
(ii) Approve the re-profiling of budgets into 2022/23 as set out on page 4 of Appendix 1.
(iii) Note the funding position of the approved Capital Programme as set on page 9 of Appendix 1.
(iv) Note the changes to the Capital Programme as set out on page 10 in Appendix 1
(v) Note the updated Prudential Indicator position set out on pages 11-12 of Appendix 1, which was approved by Council in February 2021

141 ASHTON TOWN CENTRE LEVELLING UP FUND

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Place / Assistant Director for Investment, Development & Housing. The report provided an update on the successful bid by the Council to the Levelling Up Fund for Ashton Town Centre and sought approval to progress the Ashton Town Centre Regeneration Programme.

Members were advised that the Council had been successful in its £19.87m bid to the Levelling Up Fund. The bid and the specific interventions proposed within it had been prepared in the context of an emerging wider strategic vision for Ashton Town Centre. The interventions proposed were critical to unlocking the comprehensive redevelopment of the Town Centre and integrating with other as part of a coherent vision, completing of the final phase of Vision Tameside. This in turn would help deliver a catalytic economic and social impact to the local community.

It was explained that the items identified within the bid to the Fund aimed to address the key priorities identified in the engagement and building on the investment delivered in the Town Centre to date focused on:

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

In response to questions, the Director of Place described the work that would take place around the Ashton Market and Town Hall over the upcoming weeks. It was explained that the scaffolding would start to be removed from the town hall, the tired hording would be replaced with new Harris fencing and some minor works to tidy the area would be undertaken.

AGREED
That Executive Cabinet be recommended to:

(i) Note the successful £19.87m Levelling Up Fund bid for Ashton Town Centre (Appendix A refers);

(ii) Delegate to the Executive Member for Finance and Economic Growth the approval for entering into the formal agreements for the receipt of Levelling Up Fund monies once further documentation is received from the Department for Levelling Up, Housing and Communities (DLUHC) and reviewed by Legal and Finance, in consultation with the Executive Member for Finance and Economic Growth;

(iii) Enable the Director of Place to manage the programme of works associated with the Levelling Up Fund, the Town Centre Regeneration Programme and to drawdown and incur all Levelling Up Fund expenditure related to delivery. On-going performance and reporting will be provided to Strategic Planning and Capital Monitoring;

(iv) Approve the use of £4.8m from the GM Mayors Challenge Fund (MCF) associated with the Ashton Streetscape and Ashton South projects as match funding to the Levelling Up Fund.

142 REQUEST FOR PERMISSION TO CONSULT IN RELATION TO DRAFT LICENSING POLICIES

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Director of Place / Assistant Director for Operations and Neighbourhoods. The report sought approval to consult on the existing Council policies relating to licensing and gambling.

The Director of Place explained that Licensing Authorities were obliged to review and revise their licensing policies on a regular basis. Regular reviews ensured that polices were kept up-to-date with any changes to legislation and that policies accurately reflected the aims, ambitions and working practices currently employed by the Authority.

It was further explained that the Licensing Act 2003 required Licensing Authorities to publish a revised “Statement of Licensing Policy” at least every five years. The Gambling Act 2005 required Licensing Authorities to publish a revised “Statement of Gambling Policy” at least every three years.

It was stated that a period of 12 weeks to consult was considered appropriate in line with Government guidance. However, a shorter period was allowed where the authority could rationalise this. As there were no significant amendments to either the Statement of Licensing Policy or Statement of Gambling Policy, it was proposed that these policies would be subject to an 8 week consultation period prior to their adoption by the Council.

AGREED
That the Executive Cabinet be recommended to approve the request for permission to consult on both policies.

143 CHANGES TO THE PROVISION OF A STATUTORY HOUSING OPTIONS SERVICE

At this juncture, Councillor Cooney and Ryan took no further part in the consideration of the following item of business, having declared a prejudicial interest as Trustee/Director and Housing North Board Member for Jigsaw Homes respectively.

Consideration was given to a report of the Executive Member for Housing, Planning and Employment / Director of Place / Assistant Director of Operations and Neighbourhoods. The report outlined the current provision of a Housing Options Service in Tameside, outlined the need for a change to the way in which the service was provided and the three options available to the Council for the future of the House Options Service.

The Assistant Director for Operations and Neighbourhoods advised that in light of increasing financial pressure, increasing demand on services and the desire to introduce new and innovative working practices, the Authority should consider the three above options in respect of the Council's Housing Options Service. It was for the consideration of Members to decide which option would provide the best service to the residents of Tameside in the most cost-effective way.

It was explained that the current position, contracting the service out to an external provider, did not fit with the changes required to the service or with the increasing demand.

It was further explained that keeping the service contracted-out, either with the existing provider or with a new provider, significantly reduced the opportunities to redevelop the service into a more flexible and responsive service. It did not offer the level of control that the Council should have over how that service was managed or the financial aspect of that provision. In addition, it would limit opportunities to reduce costs and make significant changes to how temporary accommodation is managed in Tameside.

The three options available to the authority in respect of the Housing Options Service were detailed in the report:

1. Implement no changes to the service currently contracted out to Jigsaw Homes.
2. Serve six months' notice of termination on Jigsaw Homes, in respect of the current contract and re-tender for provision of a service, which is closer aligned with the ambitions and changing demands of the service.
3. Serve six months' notice of termination on Jigsaw Homes in respect of the current contract and move the service "in house", to be operated and managed by Tameside Council within the existing Community Safety and Homelessness Service.

The report proposed that option 3 be recommended to Executive Cabinet. It was explained that should Option 3 be chosen, the working group established to oversee the process had drafted a timetable for change:

- November 2021: Service of 6 months' notice on Jigsaw Homes for early termination of the contract
- December 2021: Consultation with existing THAS staff over TUPE process, terms & conditions
- March 2022: Report to ECG for TUPE process
- May 2022: Service & staff transfer to TMBC
- September 2022: Service redesign process undertaken

AGREED

That Members of the Board note the report and the Executive Cabinet be recommended to grant permission to serve 6 months' notice of termination on Jigsaw Homes in respect of the current contract and move the service "in house", to be operated and managed as a Tameside Council service within the existing Community Safety & Homelessness Service.

144 EDUCATION SPECIALIST AND BASIC NEED PROJECTS UPDATE

Consideration was given to a report of the Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Director of Education for Tameside and Stockport. The report provided an update on the Education specialist and Basic Need Capital projects. The report sought approval to move a number of schemes forward. The report outlined the projected costs of the schemes and sought approval for grant agreements with the academies.

Members were advised that All Saints Catholic College had a chronic shortage of suitable accommodation to meet the increased need for the specialist physical education curriculum that additional pupils would need.

It was explained that All Saints and their consultants Atkins had undertaken a tender exercise and wished to appoint contractors to undertake the work described and were requesting a drawdown of £258,887 against the previously agreed £2 million budget. The total cost of all phases of the work (Appendix 1) was estimated to be £2m and which had previously been agreed through Strategic Planning and Capital Monitoring Panel and Executive Cabinet on 29 July 2020. This had been allocated to the project from Basic Need Funding. If the recommendation to enter into a grant agreement for this work was agreed, All Saints Catholic College would have £1,741,110 for further phases of work.

It was reported that the works would be commissioned by the Shrewsbury Diocese with oversight within the Council's Capital Projects Team and a grant agreement would be put in place to fund the project. It was recommended that a grant agreement of £258,890 be agreed with the St Anselm's Catholic Multi Academy Trust to support this work. Ongoing monitoring of the project would be through the grant agreement and reported to the Strategic Planning and Capital Monitoring Panel.

The report also proposed a grant agreement be agreed with The Epworth Education Trust for £23,000. It was explained that the school had been identified as a site where the current resource base provision could be expanded for September 2021.

AGREED
That Executive Cabinet be recommended to:

(i) Approve a grant agreement for an initial £258,890 with St Anselm's Catholic Multi Academy Trust to enable All Saints Catholic College to accommodate additional school places from September 2021. The capital scheme focusses on remodelling two classrooms into a fitness studio and dance studio to support the additional places.

(ii) Approve a grant agreement for £23,000 with The Epworth Education Trust to refurbish an external play area at Rosehill Primary Academy, allowing children in the resourced provision to have dedicated access to a suitable play area. This will provide 10 additional resourced pupil places for at least 10 years from September 2021.

(iii) Receive a further report on the projects for Hawthorns Primary School and Cromwell School to ensure sufficient funding and on track to deliver.

145 SIGNS OF SAFETY PRACTICE IMPROVEMENT PROPOSAL

Consideration was given to a report of the Deputy Executive Leader / Executive Member for Adult Social Care and Population Health / Executive Member for Finance and Economic Growth. The report was to seek approval for investment to further develop and improve the implementation of the Signs of Safety Practice Model in Tameside.

The Interim Director for Population Health highlighted Tameside was now in its third year of implementing Signs of Safety and during this time, via a Signs of Safety Steering Group and a dedicated Signs of Safety Programme Manager, Tameside Council and local partners had been driving forward a strategic Implementation Plan involving four main work streams:

- Organisational Alignment;
- Training;

- Leadership;
- Meaningful Measures.

It was explained that significant progress had been made under these areas, however, the implementation of Signs of Safety had been challenging to embed as the approach taken initially was to put all staff in post at that time through the training programme and create a single programme lead to implement the approach for new starters. Given the ongoing issues relating to high levels of agency workers and staff turnover (at both a leadership and social work level), high levels of casework and capacity, along with the increase of complexity of our children and families, fully embedding the model had not been achieved as expected. These challenges had led to some areas of practice being underdeveloped and inconsistent for example old approaches, such as working agreements and service or expert led approaches, were 'shoehorned' into new forms with little discernible change or improvement to individual practice or evidence of meaningful change for children and families.

The Interim Assistant Director for Population Health further explained that Signs of Safety was a complex whole system change. Therefore, a new enhanced team structure was proposed to expedite progress under each work stream within the Tameside Implementation Plan. The new structure would be an increase in staffing to the current team of one person.

It was proposed that this new team structure would feed into the broader Children's Improvement Plan 2021, both in terms of financial investment and outcomes for children. When the model was fully embedded effectively into practice, expected outcomes would include more risks being managed by the family and their network with children remaining at home safely with their families and fewer children requiring higher end intervention under child protection plans or requiring removal and entering into our care system.

The Interim Director of Children's Services stated that the design and development of this new team structure had been informed by lessons from research and the learning from other Local Authorities who had successfully implemented Signs of Safety within their organisation. Members were advised that significant learning had been taken from the work in Sunderland who progressed from an 'Inadequate' Ofsted judgement to 'Outstanding' in three years, the full Ofsted report was attached at Appendix A.

It was reported that the proposed team structure outlined below, would fall under the leadership and management of the Head of Quality and Safeguarding. This structure included the current programme lead for the programme and would also encompass the role and responsibilities previously undertaken by the Workforce Development Manager whose funding had been transferred to the service following the retirement of the previous post holder. This would ensure that all programmes of work relating to the delivery and embedding of Signs of Safety, support to newly qualified social workers and ASYE, relationships with training providers and universities and specialist professional development and career pathways were delivered holistically by the team. Further details of the specific roles were outlined at the attached Appendix B.

AGREED
That the Deputy Executive Leader / Executive Member for Adult Social Care and Population Health / Executive Member for Finance and Economic Growth be recommended to agree, the investment of £455,000 over 2 years from Public Health Investment Fund reserve to support the continued and successful implementation of the Signs of Safety Practice Model in Tameside on the basis set out in the report with regular quarterly updates being provided to the Children's Performance meetings.

146 FORWARD PLAN

The forward plan of items for Board was considered.

CHAIR

BOARD

1 December 2021

Present:	**Elected Members**	**Councillors Warrington (In the Chair), Bray, Cooney, Fairfoull, Feeley, Gwynne, Ryan and Wills**
	Chief Executive	**Steven Pleasant**
	Borough Solicitor	**Sandra Stewart**
	Section 151 Officer	**Kathy Roe**
Also in Attendance:	**Dr Asad Ali, Caroline Barlow, Tracy Brennand, Simon Brunet, Ian Saxon, Emma Varnam and Debbie Watson**	
Apologies for Absence	**Councillor Kitchen**	

147 DECLARATIONS OF INTEREST

There were no declarations of interest.

148 MINUTES OF PREVIOUS MEETING

The minutes of the Board meeting on the 10 November 2021 were approved a correct record.

149 CLIMATE CHANGE AND ENVIRONMENT STRATEGY

Consideration was given to a report of the Executive Member for Neighbourhoods, community Safety and Environment / Director of Place / Assistant Director of Strategic Property. The report detailed the Climate Change and Environment Strategy 2021-2026 and provided a framework to determine actions in response to climate emergency.

Members were advised that the strategy was the product of cooperation between departments within Tameside Council. Through public engagement and other forums, guidance from local people had been sought and work had taken place regionally with colleagues in partner organisations to develop a workable document and a framework for an effective action plan.

It was explained that the five focal points of the Strategy were, Greenspace & Biodiversity, Homes Workspaces & Council Buildings, Influencing Others, Reducing Consumption & Producing Sustainably and Travel & Transport.

The Strategy determined issues and groups solutions into the thematic areas described above shown as dynamic, draft action plans in the appendix.

The Environment & Climate Emergency Working Group was positioned to maintain and oversee the resultant action plans, with assistance from affiliated task-groups to oversee each of the five thematic areas.

Members requested that the report highlight work that had already taken place across Tameside and that the report detail the position across Greater Manchester.

AGREED
That Executive Cabinet be recommended to:
(i) Approve and adopt the draft Climate Change and Environment Strategy 2021-2026 as attached at appendix 1 of this report.
(ii) Approve the draft Action Plans at appendices 2 - 6 of this report, noting that new

initiatives which have budget implications will be the subject of separate reports to Executive Cabinet at the appropriate time.

(iii) As with Health & Safety, the issue of climate change must be understood and owned by everybody, resulting in a complete and collective approach to solving the problem.

150 HOUSEHOLD SUPPORT FUND - FREE SCHOOL MEALS

Consideration was given to a report of the Executive Leader / Executive Member for Lifelong Learning, Equalities, culture and Heritage / Director of Transformation. The report detailed the one time fund released by the Department of Work and Pensions (DWP) for local authorities to support residents with their costs of living through from October 2021 to 31 March 2022.

Members of the Board were advised that Tameside MBC was awarded approximately £2.2m in this funding package. After funding the provision of free school meal vouchers to cover school holidays, it was expected that approximately £800 thousand would remain to support residents through the winter. It was proposed that the DWP-provided funding be allocated across four distinct streams.

- Free School Meal provision to cover school breaks in the funding period, including an increase in voucher value over Christmas to £20 and expanding to cover provision of vouchers over Easter.
- A support programme open to all residents managed through an application process tied into a wide-scope welfare support scheme for emergency one-off payments/vouchers for food, energy, or other essentials.
- Targeted support for those who we're already working with. This would be primarily to provide support with food and energy costs, with a small amount potentially reserved for housing costs in exceptional circumstances where no other mechanisms exist.
- Support to third sector organisations in the form of vouchers or direct payments.

AGREED

That an executive decision be made to:

(i) Approve the proposal to increase the individual voucher allocation from £15 to £20 per eligible person per week over the Christmas period and that the scheme is extended to cover the Easter Holiday Period at the normal weekly value of £15 per eligible person.

(ii) Agree that £1.4 million be allocated from the Household Support Fund to cover the costs of this Free School Meals programme.

151 APPROVAL & IMPLEMENTATION OF REVISED WASTE STRATEGY AND ENFORCEMENT POLICY

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Director of Place. The report provided details on the operational outcomes of the 3 weekly waste collections of the blue and black bins in the trail areas of Ridge Hill, Stalybridge, Central Hyde and Haughton Green, Denton. The report also provided a summary of the responses received from the survey that had taken place around the 3 weekly trial and the Waste Strategy and Enforcement Policy.

It was reported that it was clear from the trial of the 3 weekly collections, that operationally the collection system could work and had not had any negative impacts to the collection system.

It was explained that a full consultation process had taken place and whilst 70% of the comments made in the policy consultation were wholly negative; in the pilot area consultation, only one third of the comments made were wholly negative. So there was less negative feedback from households in the pilot area, who have lived experience of the changes, than from those who had fed back on the proposals but who had not been involved in the trial.

The report detailed the approach of changing the collection frequency of the bin to provide the

efficient use of resources was being used across other GM authorities. Collection frequencies had been changed in other GM authorities and this has shown to work in those areas.

Members were advised that alternative options for further savings and efficiencies had been considered and disregarding in favour of the model that was trialled during August 2021 and October 2021 as they featured more disadvantages and operational challenges than advantages. Mitigation remain in place for exceptional circumstances and large families. Exemptions for charging for the wheeled bins had been considered and included in the Waste Strategy and Enforcement Policy; this included the concerns around stolen bins.

It was stated that a detailed approach to communications covering both a strategic and operational approach has been considered and will accompany any future potential changes.

The Assistant Director for Operations and Neighbourhoods explained that the changes were being proposed to help protect limited funds for vital services. Continuing pressures caused by the coronavirus pandemic, increased demand for services and government cuts of almost £200 million over the last 10 years, meant the council was faced with having to make savings of another £23 million this financial year to balance the budget for 2021-22. Doing nothing to make efficiencies was not an option.

Members of the Board discussed the level of engagement as detailed at 2.13 in the report. The Assistant Director for Operations and Neighbourhoods explained that many calls were received at the call centre officers assisted members of the public in completing the surveys and within the libraries. Officers were also sent out in the areas trialled. Through the community issues raised within the survey mitigations had been proposed as set out in report at 10.5.

Discussion ensued on the potential savings from proposals set out in the report. The Assistant Director for Operations and Neighbourhoods explained it was found that a reduction of 4 crews would not be operationally viable and work was ongoing following the pilot period to establish the maximum saving possible. The total savings for the 2021/2022 year would be adjusted based on the agreed start date of the proposals.

AGREED
That Executive Cabinet be recommended to approve the updated Waste Strategy and Enforcement Policy (attached at Appendix 5) including;

(i) Changes in frequency of Blue and Black bin collection from 2 weekly to 3 weekly
(ii) The extension of charging for new and replacement brown, blue and black wheeled bins.
(iii) Exceptional circumstances (bin capacity) and exemptions (charging) policies to assist those in specific need or circumstances.

152 IMPLEMENTATION OF A 2021 MODEL PAY POLICY FOR BOTH SCHOOL BASED AND CENTRALLY BASED TEACHING STAFF

Consideration was given to a report of the Executive Leader / Executive Member for Lifelong Learning, Equalities, Culture and Heritage / Assistant Director for People and Workforce Development.

The Assistant Director for People and Workforce Development summarised the statutory changes to the School Teachers Pay and Conditions Documents (STPCD) 2021. It was stated that there was a consolidated award of £250 to all teachers whose full-time equivalent basic earnings (excluding allowances) were less than £24,000. Further, there was an advisory 6-point pay range reintroduced on the Unqualified Teacher (UNQ) Pay Range 2021.

It was explained that the changes to the STPCD included a reduction of 1 day, 195 days to 194 days and a reduction in hours from 1265 hours to 1258.5 hours that teachers (FTE) must be available to work as a result of the additional Bank Holiday on Friday 3 June 2022. In addition, the

updated STPCD 2021 incorporated stator induction changes for Early Career Teachers (ECT). It was further explained that ECTs were not negatively affected by the extension of the induction period from one to two years and outlining that this change did not prevent a school from awarding pay progression to ECTs at the end of the first year.

It was reported that the changes also introduced flexibilities around TLR3 payments for tutoring which was part of the education catch up programme to address learning disruption as a result of the pandemic.

AGREED
That Executive Cabinet be recommended to agree that:

(i) The Council implements the Model Pay Policy 2021 as detailed in Appendix 1 for all centrally based teaching staff employed within the Education Service.

(ii) The Council recommends the Model Pay Policy 2021 as detailed in Appendix 1 for adoption by all Governing Bodies of community, voluntary controlled and voluntary aided schools within the Borough, and that it applies to all teaching staff employed within these schools.

(iii) The Council implements the national recommended changes with effect from 1 September 2021, which are:

- **A consolidated award of £250 is awarded to all teachers whose full-time equivalent basic earnings (excluding allowances) are less than £24,000**
- **Advisory pay points are reintroduced on the Unqualified Teacher (UNQ) Pay Range 2021, which include the £250 consolidated award on the bottom three pay points, UNQ1-UNQ3 pay points**
- **A reduction of 1 day from 195 to 194 that teachers (FTE) must be available to work as a result of the additional Bank Holiday on Friday 3 June 2022 to mark the Queen's Platinum Jubilee**
- **Incorporate the statutory induction changes for Early Career Teachers (ECTs)**
- **Introduce flexibilities around TLR3 payments for tutoring which is part of the education catch up programme to address learning disruption as a result of the pandemic**

153 GRAZING SITES – FUTURE MARKETING PROPOSALS

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Director of Place / Assistant Director for Strategic Property. The report detailed the future marketing proposals for grazing sites and outlined a proposal to close the existing waiting list and to explore the opportunity to advertise any new opportunities to the open market.

The Director of Place stated that the Council owns 22 grazing/agricultural sites across the Borough with the majority let via Farm Business Tenancies. Most sites had long-standing tenants with sites infrequently becoming available for re-letting. These sites realised an annual lease income of £0.007m per year. Following a review of the Councils grazing land portfolio, 3 vacant sites had been identified and are available to market.

It was proposed that the Council close the grazing waiting list and advertise future opportunities via the Council's website. At the point in which a site becomes vacant, the Council would also consider the potential to dispose of its interest in the land, seeking a capital receipt to maximise income to the Council. Any disposal of land would be in accordance with the Councils adopted Disposal of Council Owned Land and Property Policy.

It is further proposed that all parties currently on the waiting list be contacted and advised of the closure of the waiting list and informed of the proposed new process for the letting or disposal of vacant sites.

In the event that a site becomes available or a new site identified for letting or disposal, the Estates

Team would consult local Elected Members prior to advertising the opportunity.

AGREED
That Executive Cabinet be recommended to approve the closure of the current grazing waiting list and agree to the marketing of gazing sites when they become available.

154 FORWARD PLAN

The forward plan of items for Board was considered.

CHAIR

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Report To:	**STRATEGIC COMMISSIONING BOARD**
Date:	15 December 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 OCTOBER 2021**
Report Summary:	This is the financial monitoring report for the 2021/22 financial year reflecting actual expenditure to 31 October 2021 (Month 7) and forecasts to 31 March 2022. The forecast outturn on Council Budgets has improved by 348k since Month 6, mainly due a reduction in external placement costs in Children's Social Care. There are some other smaller movements relating to the release of contingency budget and reduced income compensation grant for sales, fees and charges losses. The CCG does not currently have H2 budgets in place. Detailed planning for H2 has been underway at both a CCG and Greater Manchester level since publication of the guidance. But formal approval of plans is not due until after publication of the M7 budget monitoring report. Allocations for H2 are expected by the end of November.
Recommendations:	That Executive Cabinet be are 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 October 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. The CCG does not currently have H2 budgets in place. Detailed planning for H2 has been underway at both a CCG and Greater Manchester level since publication of the guidance. But formal approval of plans is not due until after publication of the M7 budget monitoring report. Allocations for H2 are expected by the end of November.

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)

The council has a statutory duty to ensure the proper administration of its financial affairs and Members have a critical role in discharging this duty As such the financial position needs to be at the heart of the decision making process at all times but even more so in times of financial challenge.

Members and decision makers need to be content that there is a balanced budget and that there is robust financial management in place and that there are sufficient reserves in place.

This management is underpinned by the Medium Term Financial Strategy, together with the outturn projection reports which are forward looking to assist both financial management and decision making generally.

As set out in the report and appendix, the current outturn report acknowledges that the allocations for H2 are not expected until November 2021.

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. Budgets reflect a full 12 month of expenditure for the Council, but only 6 months for the CCG as budgets are not yet in place for October to March 2022.

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

1.3 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:

- Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT)
- NHS Tameside and Glossop CCG (CCG)
- Tameside Metropolitan Borough Council (TMBC)

2. FINANCIAL SUMMARY (REVENUE BUDGETS)

2.1 Overall the Council is facing a total forecast overspend of £1.579m for the year ending 31 March 2022. A substantial majority of this forecast relates to ongoing demand pressures in Children's Social Care.

2.2 The forecast outturn on Council Budgets has improved by 348k since Month 6, mainly due a reduction in external placement costs in Children's Social Care. There are some other smaller movements relating to the release of contingency budget and reduced income compensation grant for sales, fees and charges losses.

2.3 The CCG does not currently have H2 (October 2021 to March 2022) budgets in place. Detailed planning for H2 has been underway at both a CCG and Greater Manchester level since publication of the guidance. But formal approval of plans is not due until after publication of the M7 budget monitoring report. Allocations for H2 are expected by the end of November.

2.4 The Trust has submitted a breakeven financial plan for H2 (October 2021 to March 2022) which is in line with national guidance, and is forecasting break even for the year in line with the plan.

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.

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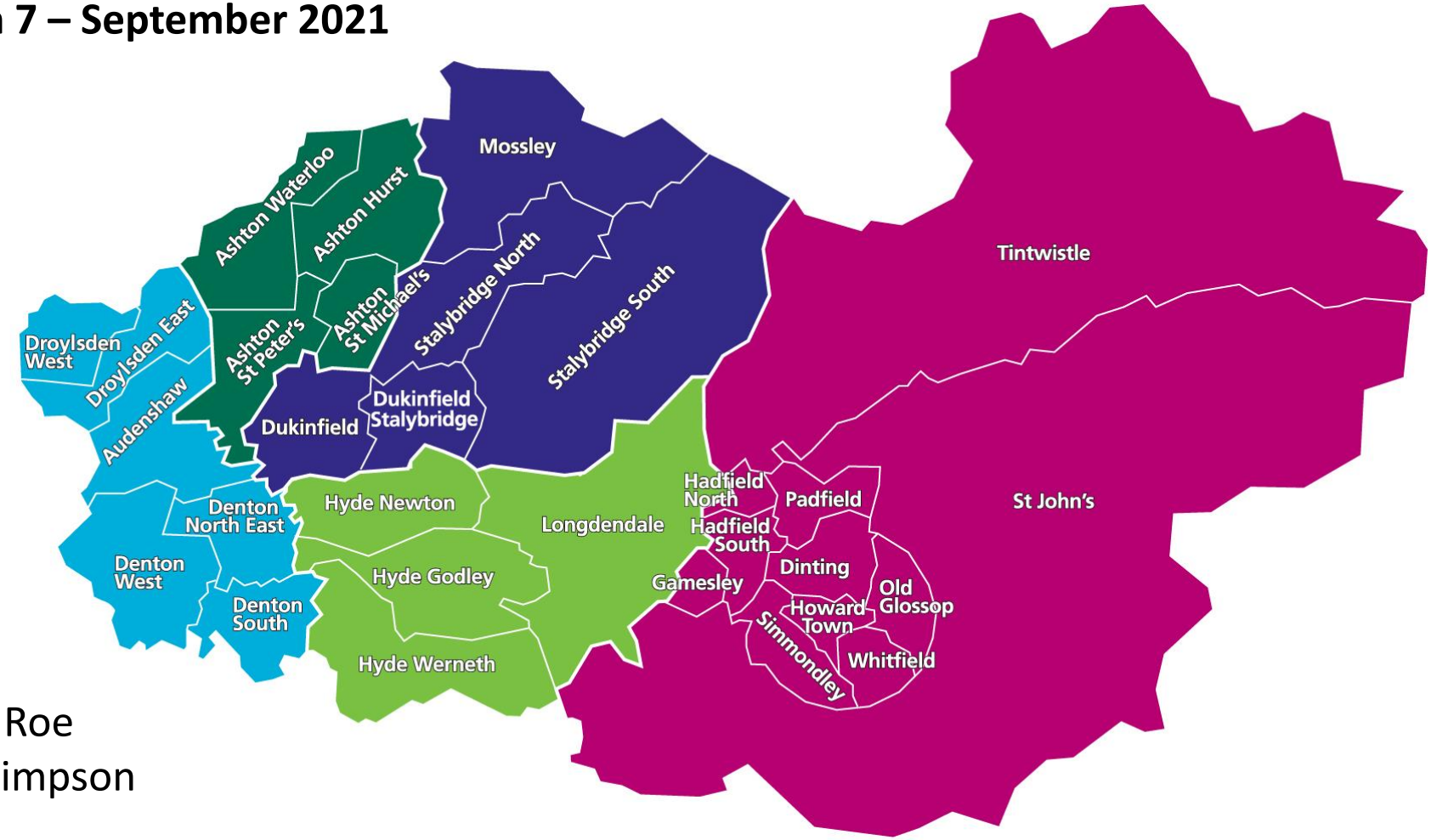
Tameside and Glossop Strategic Commission

Finance Update Report
Financial Year 2021-22
Month 7 – September 2021



Kathy Roe
Sam Simpson

Period 7 Finance Report

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

Finance Update Report – Executive Summary

As we enter the second half of the financial year, the Month 7 finance update report reflects a broadly steady state on Council Budgets with work ongoing to finalise H2 budgets for the CCG.

The forecast outturn on Council Budgets has improved by 348k since Month 6, mainly due a reduction in external placement costs in Children's Social Care. There are some other smaller movements relating to the release of contingency budget and reduced income compensation grant for sales, fees and charges losses.

Following the Spending Review on 27 October, the focus for Council financial planning is the 2022/23 budget and identification of savings to close the budget gap, pending confirmation of funding allocations in the Local Government Finance Settlement which is expected in mid December. Whilst the spending review did offer some additional funding for Local Government, current estimates are that cost and demographic pressures will continue to significantly exceed available funding.

The CCG does not currently have H2 budgets in place. Detailed planning for H2 has been underway at both a CCG and Greater Manchester level since publication of the guidance. But formal approval of plans is not due until after publication of the M7 budget monitoring report. Allocations for H2 are expected by the end of November.

The Trust has submitted a breakeven financial plan for H2 (October 2021 to March 2022) which is in line with national guidance, and is forecasting break even for the year in line with the plan.

TMBC Financial Position

£348k

Improvement in financial position since M6 due to reduced forecast in Children's Social Care

Children's Social Care

(£4,826k)

Forecast overspend against full year budget. Though note this represents an improvement on the M6 position

CCG

CCG Budgets are not yet in place for October to March

ICFT

£69k

Favourable variance in Month 7 and forecasting break even for the full financial year

Forecast Position	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Outturn	Net Variance	Previous Month	Movement in Month
CCG Expenditure	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TMBC Expenditure	548,979	(354,485)	194,494	196,073	(1,579)	(1,927)	348
Integrated Commissioning Fund	**548,979**	**(354,485)**	**194,494**	**196,073**	**(1,579)**	**(1,927)**	**348**

 # CCG Budgets are not yet formally in place for October 2021 to March 2022 – the CCG position is separately analysed on pages 5 to 6.

Integrated Commissioning Fund Budgets

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Outturn	Net Variance	Previous Month	Movement in Month
CCG Budgets #	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Adults	£90,822	(£50,608)	£40,214	£39,335	£879	£879	£0
Children's Services - Social Care	£65,395	(£11,885)	£53,510	£58,336	(£4,826)	(£5,185)	£358
Education	£32,730	(£25,491)	£7,239	£6,928	£311	£311	£0
Individual Schools Budgets	£124,147	(£124,147)	£0	£0	£0	£0	£0
Population Health	£15,873	(£1,403)	£14,470	£13,610	£860	£860	£0
Place	£124,215	(£62,634)	£61,581	£61,900	(£319)	(£318)	(£1)
Governance	£71,470	(£62,387)	£9,083	£9,607	(£524)	(£524)	£0
Finance & IT	£10,153	(£1,827)	£8,326	£7,637	£689	£689	£0
Quality and Safeguarding	£383	(£241)	£142	£142	(£0)	(£0)	£0
Capital and Financing	£8,964	(£4,189)	£4,775	£4,327	£448	£448	£0
Contingency	£4,715	(£756)	£3,959	£4,170	(£211)	(£346)	£135
Contingency - COVID Costs	£0	£0	£0	£16,229	(£16,229)	(£16,229)	£0
Corporate Costs	£5,352	(£301)	£5,051	£4,973	£78	£78	£0
LA COVID-19 Grant Funding	(£5,239)	(£8,617)	(£13,856)	(£29,447)	£15,591	£15,735	(£144)
Other COVID contributions	£0	£0	£0	(£1,676)	£1,676	£1,676	£0
Integrated Commissioning Fund	**548,979**	**(354,485)**	**194,494**	**196,073**	**(1,579)**	**(1,927)**	**348**

 # CCG Budgets are not yet formally in place for October 2021 to March 2022 – the CCG position is separately analysed on pages 5 to 6.

Children's Social Care (£4,826k) Overspend

The Directorate forecast position is an over spend of (£4,826k), a favourable decrease of £358k since period 6. The over spend is predominately due to the number and cost of external and internal placements. At the end of October the number of cared for children was 698 a decrease of 3 from the previous month. The reduction in forecasts since period 6 is due to a favourable decrease in external placements (£358K).

Integrated Commissioning Fund Key Messages

Forecast Position £000's	YTD Position			Forecast Position			Net Variance	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
Acute	112,158	132,613	(20,454)	112,158	228,476	(116,318)	361	(116,679)
Mental Health	22,091	26,331	(4,240)	22,091	45,636	(23,545)	(191)	(23,354)
Primary Care	46,873	54,618	(7,745)	46,873	96,120	(49,247)	56	(49,302)
Continuing Care	7,885	8,937	(1,052)	7,885	15,956	(8,071)	246	(8,316)
Community	18,460	22,799	(4,339)	18,460	38,818	(20,358)	(1,164)	(19,194)
Other CCG	12,549	12,583	(34)	12,549	19,751	(7,202)	(539)	(6,663)
CCG Running Costs	2,278	2,616	(338)	2,278	4,556	(2,278)	0	(2,278)
Integrated Commissioning Fund	**222,294**	**260,496**	**(38,202)**	**222,294**	**449,313**	**(227,018)**	**(1,231)**	**(225,787)**

 # The budget position above reconciles to H1 budgets but note this is different to the consolidated position as we have no H2 budget in place due to the national financial regime.

CCG Budgets

At the start of the COVID-19 pandemic, a national 'Command & Control' financial regime was implemented across the NHS. This introduced centrally calculated contractual payments for all NHS organisations in England and a series of top up payments to fund the Hospital Discharge Programme (HDP), Elective Recovery (ERF), Vaccines and other COVID related expenditure.

While there has been some relaxation of this since March 2020, the NHS financial regime has still not fully normalised. The 2021/22 financial year has been split into two halves and as such we have only been in a position to report upon the first six months of the year until now.

Financial and operational guidance for the second half of the year was issued in October. This included a system level financial envelope and confirmation that HDP & ERF funding would continue into H2.

Detailed planning for H2 has been underway at both a CCG and Greater Manchester level since publication of the guidance. But formal approval of plans is not due until after publication of the M7 budget monitoring report. Allocations for H2 are expected by the end of November.

Because of this, the CCG does not currently have H2 budgets in place. National financial monitoring at M7 concentrated on YTD actuals rather than looking at forecast positions or at variance analysis.

Integrated Commissioning Fund Key Messages

CCG Budgets (Continued)

On the basis that we have not yet received H2 allocations, the budgets on our ledger are the same as reported in M6. This results in some large variances which may look alarming, but which are easily reconcilable. For example the reported YTD variance of £38,202k is made up of £36,971k of in month expenditure for October, plus £1,231k of outstanding HDP funding from M6. This is consistent with the position reported to NHS England at M7.

The reported full year forecast is made up H1 actual expenditure, plus our H2 proposed plan. This proposed plan forms part of a balanced Greater Manchester position and we anticipate receiving an allocation to fund this in full by the end of November.

Built into in the H2 plan is a QIPP target of £3,396k. Which is something we will need to deliver alongside the national requirement to restore services, meet new care demands and reduce the care back logs that are a direct consequence of the pandemic.

The variances reported this month will not be an issue at M8, once expected allocations for H2 have been transacted (note that our HDP claim for H1 has also been approved in full). Normal variance analysis will be restored from next month.

Finance Summary Position – T&G ICFT

	Month 7			YTD		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
Total Income	**£22,106**	**£22,097**	**(£9)**	**£159,617**	**£161,789**	**£2,172**
Employee Expenses	(£15,958)	(£15,723)	£236	(£108,945)	(£110,078)	(£1,132)
Non Pay Expenditure	(£6,397)	(£6,590)	(£193)	(£45,517)	(£47,120)	(£1,603)
Total Operating Expenditure (excl. COVID-19)	**(£22,355)**	**(£22,312)**	**£43**	**(£154,462)**	**(£157,197)**	**(£2,735)**
Income - COVID-19	£30	£28	(£1)	£30	£163	£133
Employee Expenses - COVID-19	(£739)	(£696)	£44	(£4,820)	(£4,729)	£91
Non Pay Expenditure - COVID-19	(£80)	(£86)	(£7)	(£1,403)	(£938)	£465
Total Operating Expenditure - COVID-19	**(£789)**	**(£754)**	**£36**	**(£6,192)**	**(£5,504)**	**£689**
Total Operating Expenditure	**(£23,144)**	**(£23,066)**	**£79**	**(£160,655)**	**(£162,701)**	**(£2,047)**
Net Surplus/ (Deficit) before exceptional Items	**(£1,038)**	**(£969)**	**£69**	**(£1,038)**	**(£912)**	**£125**
Trust Efficiency Programme	£247	£422	£175	£3,338	£2,929	(£409)
Capital Expenditure	£409	£266	(£143)	£2,436	£1,745	(£691)
Cash and Equivalents		£26,968				

Finance Summary Position – T&G ICFT

H2 Financial Plan

The Trust has submitted a breakeven financial plan for H2 (October 2021 to March 2022) which is in line with national guidance.

Trust Financial Summary – Month 7

The Trust reported a variance in month against plan of c.£69k favourable against plan. The in month position is a net deficit in month of c.£969k which represents an adverse movement from month 6 of c.£655k. The 3% pay award arrears for H1 was transacted in month 6, and in line with national guidance, the impact of the pay award was assumed to be fully funded. Any shortfall in funding will be reported in H2.

Total COVID expenditure incurred in month equated to c.£754k against planned spend of c.£789k and a total YTD spend of c£5.504m against a plan of c.£6.192m which represents an underspend of £689k.

The Trust is forecasting a breakeven financial position for 2021/22 in line with plan.

Activity and Performance:

Restoration plans have been established within the Trust and the Trust continues to aspire to deliver nationally prescribed activity targets, which for H2 is to deliver 89% of RTT clock stops compared to 2019/20 activity levels. The Trust continues to report good levels of performance against restoration targets. However, the Trust continues to experience significant pressures within Urgent Care and Non-elective admissions.

Efficiency target:

The Trust has set an efficiency target for H2 of 3% of operating expenditure which is line with national guidance. This equates to c£4.381m for H2 and c£7.472m for the financial year 2021/22.

The Trust has delivered efficiencies equating to c. £422k in month 7 and c.£2.929m YTD which are predominantly through productivity improvements and income generation schemes.

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 15 December 2021

Executive Member: Councillor Bill Fairfoull - Deputy Executive Leader (Children and Families)

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

Clinical Lead: Dr Christine Ahmed – Clinical Lead (Starting Well)

Reporting Officer: Debbie Watson – Interim Director of Population Health

Tracy Morris – Interim Director of Children's Services

Subject: **FAMILY HUBS: LOCAL TRANSFORMATION FUND**

Report Summary: The report provides an update on the recently announced national Family Hubs: Local Transformation Fund and outlined Tameside approach and intention to make a bid application.

Recommendations: That the Strategic Commissioning Board be recommended to:

(i) Support a bid application into the Family Hubs: Local Transformation Fund; and
(ii) Give approval to the approach intended by the Local Authority if the bid application into the Family Hubs: Local Transformation Fund is successful.

Financial Implications:

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

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

Additional Comments

This report follows a previous request to the Health and Wellbeing Board, which agreed delegated authority to the Strategic Commissioning Board to approve the final content of the application to the Family Hubs Local Transformation Fund. The proposal is essentially unchanged between the two versions, but additional detail is provided on the financial elements.

The full funding proposal is as set out at 8.3, with a request to the Department for Education for £830k in revenue funding and £167k in capital funding. The proposal requires the creation of a transformation team, whose composition is yet to be defined.

The assumption is that two K-grade posts, or equivalent, will be engaged from a combination of recruitment and external partnering, at a cost of £270k over two years. New funding would have to be identified if any part of the team was to be retained after March 2024.

The remainder of the funding (£560k) is to be spent on non-staffing programme costs, primarily communications, workforce development, and IT improvements. Of the capital funding, £134k is to be spent on IT implementations and integrations with NHS systems, with £33k allocated for building adaptations. The DfE guidance prevents the capital element being spent on the purchase of buildings.

The proposal would be revenue-neutral, with any new income matched by new expenditure. There is no requirement for the Council to provide matched funding. Whilst there is no ongoing funding beyond March 2024, the programme is intended to join up existing functions and provision from across the Strategic Commission, and allow the resulting savings and efficiencies to make any new developments self-sustaining and self-funding. Any residual or increased costs after this point would have to be found from other budgets, and would require separate governance.

The programme would supplement the current budget allocations for Early Years and Early Help scheme in Population Health and Childrens' Services, and allow the Council and its partners to accelerate their present ambitions to improve Early Help facilities, advance IT strategy, and develop the workforce. The programme in general should improve outcomes and reduce dependency for children and young families within the social care system. Evidence from other local authorities cited at 3.2 supports the case for longer-term indirect financial benefits from such schemes.

The risks to the proposal are as per previous finance comments, and relate mainly to the obligations set out at 5.1-2. A successful bid would commit the Council to form a transformation team, and deliver the proposal within the agreed funding envelope; to complete the new Family Hubs and publish a Start for Life offer by March 2024; and to comply with the reporting and sign-off requirements set by the DfE.

Progress against delivery and budget should be actively managed throughout the programme to ensure the Council complies with these obligations, whilst limiting financial and contractual risks.

Legal Implications:

(Authorised by the Borough Solicitor)

The family hubs have been identified as a valuable part of the Council's strategic aim to place services within the communities they aim to support to improve delivery and outcomes.

The funding from Family Hubs Local Transformation Fund should provide the council with a significant amount of investment to progress this project. However, the funding must be spent in accordance with the terms of the funding agreement as set out in the financial implications to avoid any claw back provisions being triggered.

Therefore prudent financial and project management will be

	critical to the successful delivery of the hubs and the related outcome for residents. Legal advice will be required for the terms of the grant and support from STaR will also be required in relation to the utilisation of the funding to ensure that it is used compliantly with the funding terms and delivers best value for the Council.
How do proposals align with Health & Wellbeing Strategy?	Key aims of the Health and Wellbeing Strategy, the application supports: • The very best start in life where children are ready to learn and encouraged to thrive and develop; • Aspiration and hope through learning and moving with confidence from childhood to adulthood; and • Resilient families and supportive networks to protect and grow our young people. A report regarding the Family Hubs: Local Transformation Fund was presented to the Health and Wellbeing Board on 17 November 2021 and was supported by Board members, with delegated authority to the Strategic Commissioning Board for the full approval of the approach intended.
How do proposals align with Locality Plan?	The bid application into the Family Hubs: Local Transformation Fund aligns to with the Locality Plan as the approach intended supports: the neighbourhood model, the integration of health and social care and the development of new relationship between public services, citizens and communities.
How do proposals align with the Commissioning Strategy?	The bid application into the Family Hubs: Local Transformation Fund aligns to with the Commissioning Strategy's Strategic Aims of: • Empowering citizens and communities • Commission for the 'whole person' • Create a proactive and holistic population health system • Take a 'place-based' commissioning approach to improving health, wealth and wellbeing • Target commissioning resources effectively • Create a system that is financially sustainable
Recommendations / views of the Health and Care Advisory Group:	The report has not been presented at the Health and Care Advisory Group.
Public and Patient Implications:	If successful in the bid application, a co-production and communication plan will be developed.
Quality Implications:	If successful and in any commissioning activities associated with the funding, Tameside 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 quality, economy, efficiency and effectiveness.
How do the proposals help to reduce health inequalities?	Tameside's bid application to The Family Hubs: Local Transformation Fund will have a vital role in reducing health inequalities supported by the Marmot Review. Early childhood

	is a critical time for development of later life outcomes, including health. Evidence shows that positive experiences early in life are closely associated with better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy.
What are the Equality and Diversity implications?	The Family Hubs: Local Transformation Fund has a central role in reducing health inequalities, as its principles are rooted in supporting families at the right time and in the right place. There are no direct implications associated with submitting a bid application and if successful, a full Equality Impact Assessment will be completed. However, if unsuccessful in the bid application, work at a local level would commence to soften the impact of enduring inequalities for children, young people and families, exacerbated by the Covid-19 pandemic.
What are the safeguarding implications?	N/A
What are the Information Governance implications? Has a privacy impact assessment been conducted?	N/A
Risk Management:	If successful in the bid application, a Family Hubs Delivery Group will be established to identify, manage and mitigate risk.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer, Charlotte Lee, Population Health Programme Manager Telephone: 0161 342 4136 e-mail: charlotte.lee@tameside.gov.uk

1. INTRODUCTION

1.1 Following on from the initial manifesto commitment in August 2021, in the October 2021 Spending Review the Government have announced £82 million to create this new network of Family Hubs in 75 Local Authorities across England through a Family Hubs: Local Transformation Fund ('The Fund'). The Fund is a venture from the Department of Education (DfE) and is open to Local Authorities (Local Authorities) to apply for help in opening Family Hubs in local areas by March 2024.

2. THE FAMILY HUBS: LOCAL TRANSFORMATION FUND

2.1 The Government has committed to championing family hubs. Family hubs are a way of joining up locally and bringing existing family help services together to improve access to services, connections between families, professionals, services, and providers, and putting relationships at the heart of family help. Family hubs bring together services for families with children of all ages (0-19) or up to 25 with special educational needs and disabilities (SEND), with a great Start for Life offer at their core. They can include hub buildings and virtual offers. How services are delivered varies from place to place, but the following principles are key to the family hub model:

- **More accessible** – through clearly branded and communicated hub buildings, virtual offers and outreach.
- **Better connected** – family hubs drive progress on joining up professionals, services and providers (state, private, voluntary) – through co-location, data sharing, shared outcomes and governance. Moving from services organised for under-fives, to families with children of all ages, reduces fragmentation (even though an emphasis on early years and the 'Start for Life' offer will remain).
- **Relationship-centred** – practice in a family hub builds on family strengths and looks to improve family relationships to address underlying issues.

2.2 The Family Hubs Local Transformation Fund is a key part of this commitment and is funded through HM Treasury's Shared Outcomes Fund, which aims to test innovative ways of working across the public sector to address complex policy challenges.

2.3 To support the development and implementation of family hubs, the Government will provide funding to at least 12 Local Authorities that do not currently have family hubs and currently provide the six core services for the conception to age 2 period that make up the Start for Life 'Universal Offer. The fund will pay for the change process only, supporting Local Authorities to move to a family hub model through programme and capital funding.

2.4 Local Authorities can apply for up to £1 million transformation funding (expect grant range between £650k-£1million), with up to £833k available for programme expenditure and up to £167k available in capital expenditure per local area. The programme element could be used, for instance, to pay for a local transformation team, local consultation, workforce development, development of a digital/data strategy, and communications to families. The capital element can be used to enable minor adaptations to existing buildings, improving accessibility and to enable multi-agency working. This could include, for example, IT upgrades or furniture/equipment such as sinks or specialist flooring for clinical use. This funding will not cover the costs of family hub services themselves and Local Authorities should continue to fund these from existing funding streams.

2.5 Successful Local Authorities will have approximately two years (over the financial years 2022-2023 and 2023- 2024) to transition to a family hub model and open family hubs by March 2024. Applications will need to outline how projects will be delivered and costed. DfE reserves the right to fund more or less than 12 Local Authorities, as well as to discuss applications and negotiate delivery costs directly with applicants before determining successful projects.

3. FAMILY HUB MODEL FRAMEWORK

3.1 The Family Hub Model Framework, published alongside the grant fund guidance, is a new tool developed by the Department for Education (DfE) with input from the Department for Levelling Up, Housing and Communities (DLUHC) and the Department for Health and Social Care (DHSC), and tested with Local Authorities. It provides a standard definition of a family hub for Local Authorities bidding for transformation funding to assess themselves against a common set of criteria, and to understand what they are expected to achieve with the funding. The Government expect Local Authorities, as part of their applications, to set objectives which fit within the framework – and which will then be used by DfE to monitor and evaluate transformation fund projects. The framework is not intended to be used in isolation. The Government expects Local Authorities to use it alongside the guidance and tools that they are already using to help transform their services, e.g. The best start for Life: A vision for the 1001 critical days, DLUHC's Supporting Families Early Help System Guide and the Reducing Parental Conflict Planning Tool.

3.2 Doncaster, Cornwall and Isle of Wight have implemented the Family Hub model and this approach has evidenced of impact on reduced demand on high end, high cost services. Through collecting data on outcomes of interest, Local Authorities who have adopted this model have had a measurable impact on health, education and social care outcomes. This includes children's speech and language, childhood obesity, breastfeeding rates, mental health, school attendance and parenting confidences.

4. OUTCOMES

4.1 The Family Hubs Local Transformation Fund seeks to open family hubs and importantly drive improvement across a range of outcomes. In the short and medium-term, family hubs can lead to:

- **For professionals** – improved ways of working and inter-professional collaboration; improved working relationships with families i.e., 'team around the family approach'), including handover between professionals between and across services; improved data-sharing.
- **For families and children** – better access to early help services and professionals; better relationship with professionals; and improved user experience i.e., around service navigation and communication.
- **At a local commissioning and delivery level** – improved partnership working between services; improved governance and decision-making at authority level across services; clearer and/or shared funding arrangements across services; improved needs assessment, planning and commissioning/de-commissioning across services.

4.2 In the long-term, family hubs can improve outcomes around family relationships and stability; physical and mental health and wellbeing; education and training; employment, finance and debt, housing and parent-child relationship.

5. ROLE OF THE LOCAL AUTHORITY

5.1 The role of Local Authorities will involve:

- Committing to open family hubs by March 2024.
- Leading and implementing the transformation process locally.
- Publish your Start for Life offer and set out what will be available through your family hub network by March 2024.
- Working with DfE to understand local costs and expenditure required to deliver family hubs, and the services and specific service offers (such as Start for Life) through family hubs.
- Sharing information (where reasonable) with DfE on the LA's funding operations.

- Providing DfE with regular reporting around delivery, expenditure and risks.
- Engaging with the National Centre for Family Hubs to inform the LA's transformation approach.
- Engaging with DfE, other government departments (where relevant) and the National Centre for Family Hubs to share information about service provision in your local area, and support the development of guidance and resources on good practice around embedding specific service offers (like Start for Life and other thematic areas) through family hubs.
- Engaging with DfE's in-house analytical teams and external evaluation partner for monitoring and evaluation of the transformation process.

5.2 If successful in the bid application, the Local Authority will be expected to comply with the grant funding terms and conditions of the DfE.

6. APPLICATION TIMETABLE AND ASSESSMENT CRITERIA

6.1 The application period will open from 2 November 2021 and will close at 23:59pm on 17 December 2021. Key dates and deadlines for the application process are set out in the table below.

Milestones	Dates subject to change
Bid round opens	2 November 2021
Bid round closes	17 December 2021
Assessment of applications	January – February 2022
Decision announced	March 2022

6.2 The bid application is broken down to several areas with word limitation to each section. A cross-government assessment panel will examine eligible applications with consideration to the assessment criteria set out in the below table:

Criteria	Weighting
Strategic vision: Provide a summary of the proposal and strategic vision.	25%
Delivery plan: Outline how the LA plans to deliver their proposal and open family hubs by March 2024.	20%
Start for Life: Describe how the LA would integrate a) the six elements of a Universal Offer for the conception to age 2 period into your family hub model by March 2024. b) Elements of a Universal+ offer for the conception to age 2 period into your family hub model (as set out in the Best Start for Life: A Vision for the 1,001 Critical Days) by March 2024.	20%
Risk management: Outline the proposal's risk management strategy	10%
Project Cost and Value for Money: Outline the costs for the proposal: • A clear statement of the total value of grant funding requested, taking into account any proposed risk of price increases and local economic conditions. • A full clear breakdown of the costs that will be incurred to deliver the proposal in the table provided (e.g. breakdown of staffing costs including roles and FTE, local consultation costs, workforce development costs, communications/marketing costs, capital costs, other costs). • A clear rationale for how the LA has devised the costing and an explanation of the assumptions underpinning the costing and why they think these are realistic. • The assurance processes that will be in place to ensure that funds are	15%

spent in a correct, transparent and effective way. • How the proposal offers value for money.	
Sustainability: Outline how the proposal will be sustained beyond the funding period.	10%

6.3 Each criterion will be scored between 0-4 using the scoring methodology outlined as:

0 - Absence of evidence / criterion not met
1 - Meets some of the requirements of the criterion
2 - Meets most of the requirements of the criterion
3 - Meets all the requirements of the criterion
4 – Strongly meets all the requirements of the criterion.

6.4 Applications must gain an acceptable score on each criterion to be eligible for funding, and those scoring less than 2 on any requirement will be judged as unacceptable and will not be eligible for funding.

7. TAMESIDE'S APPROACH AND INTENTIONS

7.1 Tameside Council and its partners are passionate and committed to improving the outcomes for children, young people and their families living in Tameside. The Early Help Strategy[1] updated in 2020, sets the vision for our support with families:

'We know that Tameside is a great place to grow up. We have strong communities, excellent schools and early education, good opportunities for work and much more.

But we can do better.

Most of our children and families grow up in a supportive environment that enables them to have the best start in life without the input of specialist services. When this is not the case children and families may need some extra support at different times in their lives.

We want every child, young person and family to get the help and support they need to succeed as early as possible.

Our vision is that every child and young person in Tameside has the best start in life, to grow, thrive, and be prepared for a successful adult life; and when the need or emerging problems occurs, communities and organisations work together with children, young people and families to co-ordinate support thereby improving the overall wellbeing and quality of life of all Tameside's children and young people.'

7.2 Since 2017, the Early Help Offer in Tameside has 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. Moreover, Tameside has a strong foundation in supporting the very best starting in life, including the development of the Grow 'Early Years' Offer, including support for child development, a range of evidence based parenting programmes and support for parent infant mental health. Pivotal to the successes has been the 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.

[1] https://www.tameside.gov.uk/TamesideMBC/media/earlyyears/Early-Help-Strategy-2020.pdf

7.3 The need for Early Help for families has never been greater[2] as highlighted by the recent Greater Manchester Health Inequalities review led by the Marmot team. Tameside has significantly worse outcomes for children and families compared to national average, which have been exacerbated by the COVID-19 pandemic[3]. Following on from an Early Help Peer Review late 2020, and the focus Ofsted Visit in May 2021, the emphasis to ensure children, young people and families are supported at the right time and in the right place has given greater evidence to support a system wide integration programmes for 0-19 services.

8. NEXT STEPS

8.1 Tameside has started a journey to build on the neighbourhood model where four neighbourhood areas have now been defined with partners, and provides a strong foundation to develop and deliver the Family Hubs model. The next step is to submit an application in to Family Hubs: Local Transformation Fund. A successful application into the Fund will see the local programme of work regarding families and the neighbourhood model accelerate at scale and pace. As such, areas of focus within the application are linked to the Fund's principles and have been identified through a gap analysis, alongside the Family Hubs Model Framework conducted in partnership with key stakeholders including NHS and 3rd Sector representatives. Linking to the Fund's principles, the Tameside's application seeks to deliver the following objectives and activities:

- **More accessible** – to develop and deliver a robust coproduction, communication and outreach programme, including adaptations to buildings (Family Hubs) to be more accessible and open to all families in Tameside. This will include the identification of estates e.g. a hub and spoke model, and enabling the appropriate delivery of services and support in the digital space.

- **Better connected** – to develop and deliver on an IT Strategy that brings organisational partners in the modern era, including the voice of families to ensure partners can support families through new technologies. This includes the development/ integration of software(s) and purchasing of IT equipment. Furthermore, this includes building an infrastructure to enable data sharing and/or shared systems.

- **Relationship-centred** – Investment in workforce development, to scale up, add capacity and delivery new embedded cultures, by using evidence based interventions that promotes the 'model of practice' across Tameside including Signs of Safety, Trauma Responsive Approaches, Child Development and Parenting Programmes, such as the Solihull Approach.

8.2 In order to deliver on the above, the bid application includes an ask for funding to build a Transformation Team, linking together the transformation programmes of the Local Authority and the Tameside and Glossop Integrated Care Foundation Trust who's objective will be to facilitate the development and launch of the Family Hubs. The accountability will be held with a Family Hubs Partnership Delivery Group, reporting to the Starting Well Partnership and the Health and Wellbeing Board.

8.3 The budget requested in the bid application and associated with the objectives and activities above are table below:

[2] https://www.instituteofhealthequity.org/resources-reports/greater-manchester-evaluation-2020/greater-manchester-evaluation-2020.pdf
[3] https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people

Item	Expenditure Type	Budget Request (£) – to be spent over 2 years (2022/23 – 2023/24)
Family Hubs Transformation Manager x 2 (People lead and Place lead)	Programme	£ 270,000.00
Coproduction, Communication and Outreach Plan (Parents/ Carers, Young People, Stakeholders and Staff)	Programme	£ 80,000.00
Workforce Consultation and Development Programme	Programme	£ 400,000.00
Development of IT Strategy – data sharing agreements	Programme	£ 80,000.00
IT Strategy - upgrades, equipment, software	Capital	£ 134,000.00
Physical Family Hubs - Signage, and building adaptions and equipment e.g. furniture	Capital	£ 33,000.00

8.4 The bid application for Tameside totals to **£997,000**, of which £830,000 is programme expenditure and £167,000 is capital expenditure, adhering to the application guidance.

8.5 Any commissioning activity associated with the funding will be supported by STAR Procurement in relation to the utilisation of the funding to ensure that it is used compliantly with the funding terms and delivers best value for the Council.

8.6 During the time between submission and announcement, the Local Authority will run a series of workshops with relevant stakeholders on each objective to ensure that if successful, the locality is fully ready to deliver and if unsuccessful, to understand areas that can be progressed.

9. RECOMMENDATIONS

9.1 As set out at the front of the report.

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	15 December 2021
Executive Member:	Councillor Eleanor Wills – Executive Member (Adult Social Care and Population Health)
Clinical Lead:	Dr Ashwin Ramachandra – Co-Chair - Strategic Commissioning Board \ CCG Governing Body
Reporting Officer:	Jessica Williams – Director of Commissioning
Subject:	**MACMILLAN SOLUTIONS**
Report Summary:	This report provides a brief update on Macmillan's solutions, in relation to funding from April 2022 and beyond.

Macmillan Solutions provides practical and emotional support to people affected by cancer (PABC) from diagnosis to post bereavement, dependant on need. Macmillan Solutions aligns to the wider offers already available within the Locality, ensuring there are no gaps in the provision specialist support for people with cancer.

Macmillan Cancer Support have funded this community based service for people with Cancer for the past ten years, which focuses on similar principles to social prescribing, considering the wider determinants of health and the wider issues affecting their wellbeing.

Covid-19 had a catastrophic impact on the finances available to Macmillan Cancer Support, with a considerable reduction in number of charitable donations received. The resulting impact was that Macmillan Cancer Support could no longer fund Macmillan Solutions beyond the end of March 2022 and are seeking stable funding from CCG's.

Beyond the initial funding period for all Macmillan funded schemes, there is an expectation from Macmillan that CCGs provide a commitment to sustain the outcomes from the programme, pending a full evaluation (Macmillan presented this in the form of a Business Case Proposal to Greater Manchester Cancer Alliance (GMCA)).

The Business case includes are a number of options (options 2 to 4 are included within the Business case) to ensure the continued provision of the charitable function:

Option 1: Do Nothing – lose the charitable function and volunteers.

Option 2: Resource the charitable function concentrating on the Localities making most use of the current Charitable Function (variable uptake across Greater Manchester), namely Manchester, Salford, Tameside, and Bolton. Preferred Option by Macmillan Solutions.

Option 3: Offer an expanded charitable function to include Clinical Commissioning Groups (CCGs) areas who want to further develop Macmillan Solutions.

Option 4: Fund an expanded model across Greater Manchester (GM) ensuring PABC across GM will be able to access high

quality Macmillan Solution charitable function. This would duplicate resources in areas who are accessing comparable services

Recommendations:

That Strategic Commissioning Board be recommended to consider the information in the report and make a decision as to whether the Macmillan's Solutions charitable function will be funded from April 2022.

The preferred option is **Option 2: Resource the charitable function, Macmillan Solution for the Tameside Locality.**

Therefore, if supported, the charitable function will have to be funded as new investment, awarded on a grant agreement (with robust governance and reporting processes in place for assurances purposes), following compliant procedures. Funding to support the sustainability of the charitable function was included within the budget for NHS Tameside and Glossop Clinical Commissioning Group (T&G CCG)/future Integrated Care System (ICS) and will assist the work of Macmillan Solutions to support PABC.

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

Budget Allocation (if Investment Decision)	£39k (preferred investment option)
CCG or TMBC Budget Allocation	
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	S75
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB / Future ICS Board
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	New investment

Additional Comments

While this is a long-standing charitable function, which supports cancer patients across Greater Manchester, it has historically operated without a contribution from the NHS. MacMillan are not in a financial position to continue to fund in the future, therefore this will cease in March 2022 unless the CCG/future ICS are able to step in with grant funding.

This paper presents 4 options ranging from a complete withdrawal to a significant expansion. The preferred option would see a continuation at current levels. There is high usage of this charitable function in Tameside and Glossop relative to other areas in Greater Manchester, therefore our contribution to maintain funding at current levels would be £39 k p.a.

As this work has previously been funded from charitable sources, there is nothing in baseline CCG budgets or plans for this work. Therefore if supported, this will have to be funded as

new investment and would represent a pressure to the economy wide financial position.

While we know the costs of maintaining the work, the financial or operational consequences of withdrawing are unknown and unquantified.

Funding is not requested until April 2022, at which point the CCG will no longer exist as a statutory body. Therefore this business case is seeking funding from the future Integrated Care System where governance arrangements for approving new work spanning multiple localities are not yet fully established. Though agreed contracting principles for VCSE, allowing ongoing investment to maintain charitable function would be applicable here.

Finally, the paper states that 65 patients per year access this service from T&G. These are almost exclusively for patients resident in Tameside, rather than Glossop. Therefore this business case in not expected to impact materially on the transition of Glossop into the Derbyshire ICS.

Legal Implications: (Authorised by the Borough Solicitor)

It is understood that the CCG is not in a position to deliver this service itself and that it is considered a critical community based service for cancer patients.

The project officers have indicated that they have taken advise from STaR procurement which has advised that a grant agreement would be the most appropriate mechanism under which to provide the funding.

Under a grant agreement the CCG cannot specify the exact service to be provided but can specify the general purpose for which the funding is to be used. The agreement should also contact clawback provisions in relation to any incorrectly spend or unspent funding to provide the comfort that the funding will be managed appropriately.

The decision makers need to consider this proposal in light of the financial implications.

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the Living Well and Working Well and Aging Well programmes for action.

How do proposals align with Locality Plan?

The proposals are consistent with the Healthy Lives (early intervention and prevention), enabling self-care, Locality based services strands and planned care services of the Locality Plan.

How do proposals align with the Commissioning Strategy?

The charitable function contributes to the Commissioning Strategy by:

- Empowering citizens and communities;
- Commission for the ‘whole person’;
- Create a proactive and holistic population health system
- Take a ‘place-based’ commissioning approach to improving health, wealth and wellbeing

Target commissioning resources effectively

Recommendations / views of the Health and Care Advisory Group:	Health and Care Advisory Group (HCAG) have not met due to COVID-19. Clinical Leads are supportive of this approach.
Public and Patient Implications:	There may be implications for some patients who cannot access the support, or needs that cannot be met without this work.
Quality Implications:	Macmillan Solutions will provide holistic support to people living with cancer, focusing on similar principles to social prescribing, considering the wider determinants of health and the wider issues affecting their wellbeing. Macmillan Solutions delivers most of its work in areas of deprivation (based on indices of deprivation scores) and low levels of health literacy which Panagioti (2017) concluded can have a negative impact on quality-of-life measures for people living with long term conditions, such as cancer. Tameside Metropolitan Borough 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.
How do the proposals help to reduce health inequalities?	Provides a specialist support for people with Cancer. Cancer is a major contributor to the inequality gap in life expectancy between affluent and deprived areas of the borough. The service aims to have a positive impact on the quality of life measures for people living with long-term conditions, such as cancer and thereby contributes to a reduction in the inequality gap. Macmillan Solutions currently have a team of 88 volunteers, recruited from a wide range of backgrounds (39% of volunteers from Black, Asian and Minority Ethnic groups (BAME)) to ensure equitable access and support. The service take into account the wider determinants of health or areas where uptake is historically low (for example deprivation, BAME, Physical health or people with a Learning Disability, live in rural areas and Lesbian, Gay, Bisexual and Transgender (LGBT) communities).
What are the Equality and Diversity implications?	The proposal will not affect protected characteristic group(s) within the Equality Act. The charitable function will be available to PABC regardless of ethnicity, gender, sexual orientation, religious belief, gender re assignment, pregnancy/maternity, marriage/ civil and partnership.
What are the safeguarding implications?	There are no anticipated safeguarding issues. Where safeguarding concerns do arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.
What are the Information Governance implications? Has a privacy impact	Information Governance protocols will be in place to ensure the safe transfer and keeping of all confidential information between

assessment been conducted?	the data controller and data processor. A privacy Impact has assessment has not been carried out.
Risk Management:	Risks will be discussed through the agreed governance process to ensure action plans are in place to minimise or mitigate any risks identified.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Louise Roberts, Business Commissioning Manager  Telephone: 07342056005  e-mail: louise.roberts@nhs.net

1. INTRODUCTION

1.1 The purpose of the report is to present an opportunity to look at the possibility of funding Macmillan Solutions to assist the charitable function to continue to provide volunteer led support, to people affected by cancer, from April 2022 and beyond.

2. BACKGROUND

2.1 Macmillan Cancer Support fund a wide range of services for people affected by Cancer (PABC), this includes Macmillan Solutions. All Macmillan branded services and staff have access to educational events, training materials, and additional resources, this includes beyond the funding period (providing they retain the name Macmillan). MacMillan fund these services with funding raised through charitable donations.

2.2 Macmillan Cancer Support funded Macmillan Solutions to provide a Greater Manchester wide service on grant funding type arrangement; the charitable function comprises of three partner organisations Audacious Foundation, Northmoor Community Association and Win Yin Chinese Association.

2.3 Macmillan Solutions provide practical and emotional support to people affected by cancer (PABC) from diagnosis to post bereavement, dependant on need (similar principles to social prescribing, considering the wider determinants of health and the wider issues affecting their wellbeing).

2.4 People experience a range of physical, practical, and emotional needs as a result of having cancer, these vary over time. Macmillan Solutions offer a simple solution where volunteers "walk alongside" to support, signpost and offer practical, hands-on solutions.

2.5 Macmillan Solutions currently have a team of 88 volunteers, recruited from a wide range of backgrounds (39% of volunteers from Black, Asian and Minority Ethnic groups) to ensure that they can meet the needs of patients in the Tameside Locality and ensure equitable access and support. A small team, consisting of a Project Development Manager, two Volunteer Support Workers and a part time Administrative Assistant provide leadership, management and support to the volunteers.

2.6 Typically support to patients may include, befriending, phone support, transport, shopping, gardening, decorating, small household jobs, accompanying people to appointments, decluttering, recording memories and liaison with and referral to other local services for ongoing support. Macmillan Solutions work in partnership with these local services to ensure there are no gaps in the provision of specialised support for PABC, for example:

- Action Together and The Bureau (linking to social prescribing teams and services available to them)
- Local voluntary services including Miles for Smiles (provide patient transport), Being There (provide emotional support and practical assistance to PABC and other life-limiting illnesses) and Housing Associations
- Be Well and Active Tameside.

2.7 Macmillan Solutions carried out a scoping exercise across all localities within GM in May, June and November 2021 involving all (Commissioners/Localities across GM fed into this process to understand if/what similar services were available); this identified variation across the GM localities, in term of the numbers of referrals into Macmillan Solutions. Localities with lower referrals reported to have other local services, which they felt met the needs of people affected by cancer. Four of the localities frequently refer into their local Macmillan Solutions volunteers, with established referral pathways in place to access the function (for T&G CCG

this is via the social prescribing software platform, elemental). Tameside are the second highest referrer across GM (see table below):

Locality	2020	01/04/20 to 31/03/21	01/04/21 to 01/11/21	Locality	2020	01/04/20 to 31/03/21	01/04/21 to 01/11/21
	New Referrals				New Referrals		
Manchester	98	79	52	**Rochdale**	10	7	4
***Tameside**	65	75	51	**Bury**	8	4	3
Salford	37	32	18	**Stockport**	8	10	5
Bolton	34	28	35	**Trafford**	4	6	12
Oldham	11	14	11	**Wigan**	3	3	4

*Note within T&G CCG the service if only provided routinely for Tameside, the service have supported a number of patients from Glossop in addition to the data shown above (4 new referrals in 2020/21and 3 2021/22).

2.8 Macmillan Solutions are currently providing support to over 200 people (this includes people actively receiving support, people who will require support in the future and new referrals awaiting assessment/support). People volunteer for Macmillan Solutions because it is a Macmillan branded function (similar services cannot offer this). The table below provides more information on the type of support the service provide (noting people often require multiple types of support).

Macmillan Solutions – open/active service users ('snap shot' on 11 November 2021)			
Service	Numbers	**Service**	Numbers
Befriending	72	**Grant**	29
Cleaning	27	**Info/advice**	5
Decorating	2	**Recording memories**	11
Dog walking	1	**Shopping**	31
Food parcel	20	**Transport**	83
Gardening	47	**Telephone support**	56
TOTAL 384			

3. OPTIONS

3.1 Macmillan Cancer Supports' funding model is to pump-prime posts and services for three years to help demonstrate their effectiveness in the hope that publicly funded bodies will continue that funding and seal their sustainability. Macmillan Cancer Support has continued to fund Macmillan Solutions through a series of short-term funding agreements to establish a proven impact through robust evaluation.

3.2 Due to the catastrophic reduction in Macmillan Cancer Support's finances, brought about by Covid, Macmillan Cancer Support is no longer able to fund Macmillan Solutions beyond the end of March 2022 and are seeking stable funding from CCG's to enable the work they do to continue. The options are set out in 3.3 to 3.6 below.

3.3 **Option 1: Do nothing**. It is estimated that across GM approximately 500 (114 within T&G CCG) people affected by cancer each year will not have access to a locally based cancer service that best meets their needs. This will be felt particularly in Black, Asian and Minority Ethnic group (BAME) and other deprived communities across Manchester, Salford, Tameside and Bolton who are currently well served by the project. The time and expertise of over 90 trained Macmillan volunteers with language skills and cultural understanding who do whatever it takes to improve the lives of PABC will be lost (Volunteers may not work for similar services, as they do not have the Macmillan branding). Other Providers that offer similar

services will need to potentially meet the additional demand (for example community champions and social prescribers) and any gaps in provision if option one is selected.

3.4 **Option 2: Resource the charitable function concentrating on the CCG areas making most use of the current service, namely Manchester, Salford, Tameside, and Bolton.** The charitable function will concentrate on improving the level and quality of work in these localities. The valued charity will be maintained for the benefit of PABC, volunteers and referrers. Costs to each CCG would reflect the current percentage referral patterns into Macmillan Solution – 40% Manchester, 30% Tameside and 15% each Salford and Bolton. These localities could opt to enhance the work of Macmillan Solutions to drive up referrals, have a local project base etc in their area at additional cost. **Note: This is the preferred option.**

Cost: per CCG from 2022/23 per financial year are as follows: Manchester £52,000, T&G CCG £39,000, Salford and Bolton £19,500 each.

3.5 **Option 3: Offer an expanded charitable function to include CCG areas who want to further develop Macmillan Solutions in their area.**

Cost: circa £30,000 per CCG area per financial year – negotiable dependant on the location of a local office base, size of area etc. Additional funding may be required for T&G CCG if an enhanced offer is required (in addition to costs shown in 3.4).

3.6 **Option 4: Fund an expanded model across GM ensuring PABC across GM will be able to access high quality Macmillan Solution services locally.** This would duplicate resources in areas who are accessing comparable services.
Cost: circa £275,000 per financial year.

4. CONCLUSION

4.1 The Macmillan Solutions charitable function has been operating for nearly ten years funded by Macmillan. Tameside are the second highest referrer in GM to the service, with good access locally.

4.2 Macmillan Solutions are an asset-based charitable function, delivered by volunteers that offer a flexible approach to the work they provide (based on needs of the individual).

4.3 T&G CCG has similar provider offers in place, which provide personalised care and support for people who have long-term conditions, including support for people with or affected by cancer (wider social prescribing offer). Volunteers often choose to work for Macmillan Solutions due to the branding this comes with (similar services cannot offer this) and its association to a well-known charity that supports PABC and the ongoing support this brings (as set out in 2.1 above).

4.4 Covid has impacted on the length of time that people are having to wait for their treatment, this offer is crucial to ensuring PABC have access to a wide range of personalised care and support.

4.5 Macmillan Cancer Support previously funded the charitable function; therefore, if supported, Macmillan Solutions will have to be funded as new investment, awarded on a grant agreement (with robust governance and reporting processes in place for assurances purposes), following compliant procedures. Funding to support the sustainability of the service was included within the T&G CCG/future ICS budget.

5. RECOMMENDATIONS

5.1 As set out at the front of the report.

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Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	15 December 2021
Executive Member:	Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)
Clinical Lead:	Ashwin Ramachandra (Living Well, Finance and Governance) Asad Ali (Living Well)
Reporting Officer:	Stephanie Butterworth – Director, Adults Services
Subject:	**GREATER MANCHESTER LEARNING DISABILITY AND AUTISM COMPLEX NEEDS PROJECT**
Report Summary:	This report sets out the GM Complex Needs programme is linked to the 'bespoke commissioning' priority in the GM Learning Disability Strategy. The main objective of this programme is the development of a new approach to commissioning support across GM for people with complex needs (Learning Disabilities and Autism). The aim of this work is to ensure people get the best possible quality of care and support in the right place at the right time – reducing the number of people placed out-of-area, ensuring a more person-centred approach and effective value for money. The individuals in scope are those people who are in a secure hospital and there is no local plan in place for discharge (some people have been in hospital for over 10 to 15 years without any discharge plans) and people who localities are struggling to find local provision for. The whole aim of this programme is to ensure people with a learning disability who live in the 10 boroughs are not detained unnecessarily and are discharged as soon as possible to live in community settings. seeks agreement to the terms of the Greater Manchester (GM) Learning Disability and Autism Complex Needs Project Memorandum of Understanding (MOU).
Recommendations:	That Strategic Commissioning Board agree to: (i) the terms of the Greater Manchester (GM) Learning Disability and Autism Complex Needs Project Memorandum of Understanding (MOU) and enter into the agreement on the basis set out in the report; and (ii) that any Individual Agreements will be produced for each proposed new service between the relevant placing and host localities and subject to an Executive Decision, which will provide information about the proposed scheme and will include sub-group information, localities involved, provider support costs, property requirements and why the chosen property has been selected in that locality together with the full provider support proposal and a project plan including timeline.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief**	**Budget Allocation (if Investment Decision)** Not applicable **CCG or TMBC Budget** CCG

Finance Officer)

Allocation

Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	Section 75
Decision Body – SCB Executive Cabinet, CCG Governing Body	Strategic Commissioning Board
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	

Additional Comments

The report requests authority for the Chief Executive to sign a MoU on the GM Learning Disability and Autism Complex Needs Project, between each of the Councils and CCGs within Greater Manchester. The MoU seeks to remove a barrier to joint commissioning of provision across GM and facilitate the discharge of people with complex needs (Learning Disabilities and Autism) from hospital into community care.

The existing body of regulations (the CCG "Who Pays" guidance, ordinary residence rules and Section 117 of the Mental Health Act 1983) create a perverse incentive to commissioning joint provision, in that any authority hosting a joint service runs the risk of becoming financially responsible for the clients it accepts. The MoU addresses this by establishing that the signatories agree between that responsibility remains with the 'placing' authorities, without the host assuming financial risk.

The CCG has confirmed that the MoU essentially formalises an approach that has prevailed in GM over the past two years, although it has no bearing on provision moving between non-signatory authorities outside of GM.

The report discusses 'Financial Implications' at 5, although the potential costs and benefits to the Council are not quantified. As of June 2021, there were six long-term in-patients with Tameside and Glossop CCG out of 108 across GM. Costs would arise when a patient was discharged from hospital into a community placement, and in practice the provision to do so does not yet exist. The MoU does not specify local arrangements for managing discharge, although it would be the responsibility of the Council to establish provision and for the CCG to provide appropriate funding. The MoU does not anticipate any changes to the 'Who Pays' guidance with the transition to Integrated Care Systems.

Whilst the report notes that a procurement exercise has been carried out, it is unclear whether review or advice has been obtained from STAR. Provisional rates are not stated and it is unclear how they compare with those currently obtained by the Council. Three of the nine shortlisted providers already work with the Council, and provision should not duplicate existing block provision. It is acknowledged that most patients in the

	scope of the MoU would require highly specialised care. The report does not include a proposal for the Council to become a host locality, which would require separate governance alongside a robust business case setting out how the service would delivered on a financially sustainable basis.
Legal Implications: **(Authorised by the Borough Solicitor)**	It is understood that this matter requires urgent consideration as one of the partners is ready to proceed as a host authority to provide a service locally. The aim of this project is to improve the joint working locally by adopting the payment principles for the services as summarised in the financial implications. Currently it is not possible to quantify the impact that this may have on the council's budget save that there may be an additional cost to the council but the project officers considers that overall there is a benefit to the council and the service users in relation to services being provided more locally. The MoU as attached sets out the broad principles of the joint working between the local authorities who will be party to it. The MoU is not a legally binding document but the expectation is that it will be complied with in the spirit of partnership working. In addition the MoU does provide a provision that the council's each provide an indemnity in relation to any losses etc arising from this partnership working. Therefore it is critical that this project is robustly managed and any placements under this programme are subject to robust due diligence before being entered into by the Director of Adults Services. Part of this due diligence should also include exploring the procurement exercise which has been undertaken in relation to the framework of providers and the terms of the Inter Authority Agreement.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the Living Well and Working Well and Aging Well programmes for action.
How do proposals align with Locality Plan?	The service links into the Council's priorities : • Help people to live independent lifestyles supported by responsible communities. • Improve Health and wellbeing of residents • Protect the most vulnerable
How do proposals align with the Commissioning Strategy?	The proposals follow the Commissioning Strategy principles to: • Empower citizens and communities • Commission for the 'whole person' • Take a 'place-based' commissioning approach to improving health, wealth and wellbeing • Target commissioning resources effectively
Recommendations / views of the Health and Care Advisory Group:	This report has not been scheduled to be discussed at HCAG

Public and Patient Implications:	Those accessing the service have been identified as having eligible needs under the Care Act 2014 or are assessed as requiring preventative services to delay eligibility and entrance to eligible services
Quality Implications:	These services support quality outcomes for people to be able to continue living well in their own homes and local communities
How do the proposals help to reduce health inequalities?	The service delivers whole life support to vulnerable people including ensuring individuals have access to healthy lifestyles.
What are the Equality and Diversity implications?	There are no negative equality and diversity implications associated with this report.
What are the safeguarding implications?	There are no safeguarding implications associated with this report.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Information Governance is a core element of all agreements. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by all parties. Privacy Impact Assessments have not been carried out.
Risk Management:	Risks will be identified and managed by the appropriate officers
Access to Information:	The background papers relating to this report can be inspected by contacting the report writers: Sandra Whitehead – Assistant Director – Adults e-mail: sandra.whitehead@tameside.gov.uk Sue Hogan – Service Unit Manager - Adult Services e-mail: sue.hogan@tameside.gov.uk

1. INTRODUCTION

1.1 The GM Complex Needs programme is linked to the 'bespoke commissioning' priority in the GM Learning Disability Strategy. The main objective of this programme is the development of a new approach to commissioning support across GM for people with complex needs (Learning Disabilities and Autism).

1.2 The aim of this work is to ensure people get the best possible quality of care and support in the right place at the right time – reducing the number of people placed out-of-area, ensuring a more person-centred approach and effective value for money.

1.3 The individuals in scope are those people who are in a secure hospital and there is no local plan in place for discharge (some people have been in hospital for over 10 to 15 years without any discharge plans) and people who localities are struggling to find local provision for. The whole aim of this programme is to ensure people with a learning disability who live in the 10 boroughs are not detained unnecessarily and are discharged as soon as possible to live in community settings.

1.4 Individuals within the scope of this project are defined within one of the four cohorts below:

Cohort 1 - Men with LD and/or autism and behaviours with histories involving MOJ
Cohort 2 - Women with LD and/or autism and experience of trauma
Cohort 3 - Men with LD and/or autism and behaviours that challenge
Cohort 4 - Men with LD and/or autism and mental ill-health
And:

- Part of the Transforming Care programme or those who have similar needs and who would benefit from services developed to respond to the needs of those cohorts (and where there is no local plan to support individuals out of hospital)

Or

- On locality dynamic risk registers who may need services to support discharge from hospital or to prevent hospital admission.

1.5 A supporting letter from GMADASS can be found in **Appendix 1**.

1.6 A Memorandum of Understanding (MOU) has been drawn up **Appendix 2** refers.

1.7 There is a desire for all 10 local authorities and CCGs to sign up to the terms of this agreement. The proposal is supported by all 10 Directors of Adult Social Services and is a key feature of the GM Learning Disability Strategy.

1.8 Prior to movement into any of the schemes the appropriate assessments, including capacity and best interest assessments will be undertaken.

2. PRINCIPLES OF THE PROJECT

2.1 The project has been developed by the Greater Manchester Health and Social Care Partnership and the GM Directors of Social Services (GM ADASS) to address the priorities in the NHS long term plan that by March 2023/24, inpatient provision will have reduced to less than half of 2015 levels and, for every one million adults, there will be no more than 30 people with a learning disability and/or autism cared for in an inpatient unit. Nationally progress has not been as good as expected and in 2020 the Health and Social Care Secretary called for a renewed focus to ensure people with learning disabilities or autism are discharged promptly from hospital back into the community.

2.2 The GM response has been to understand the key specialist services that need to be developed locally in order to support the move of individuals into locally provided services.

Based on the information provided by the localities there are a total of 79 people identified, as requiring provision going forwards. At this time there is one person identified for Tameside & Glossop.

2.3 It has been determined there 4 key specialist themes are required:
Cohort 1 - Men with LD and/or autism and behaviours with histories involving MOJ
Cohort 2 - Women with LD and/or autism and experience of trauma
Cohort 3 - Men with LD and/or autism and behaviours that challenge
Cohort 4 - Men with LD and/or autism and mental ill-health

2.4 A Framework of specialist providers has been established – 9 support providers were selected via GM strategic procurement process, involving GM localities and self-advocates. The selected support providers demonstrated experience, high quality and great values.

2.5 Providers for individual schemes will be selected from this Framework, based on their specialism.

2.6 DASSs will have the ultimate control and oversight of all work that comes within scope of this project. The Complex Needs Inter Locality Agreement will be produced for each scheme, requiring sign off from involved localities

2.7 Each locality will contract with the support provider separately on a spot contract basis for the individual they are responsible for.

2.8 The agreement for the property will be between the landlord and selected support provider. There is no expectation that the host authority enters into an agreement with the landlord for the property. The void costs and any charges linked to the property are the responsibility of the landlord and support provider.

2.9 The first scheme has been developed in Oldham and is due to open imminently. There is no Tameside involvement in this scheme.

2.10 The host authority will have overall responsibility for the provider and service in relation to safeguarding, quality monitoring, provider engagement and CQC registration. The host authority remains responsible even if they have no placements and do not commission the provision or support provider. This responsibility will be covered by the Commissioning Team and the relevant Neighbourhood Team.

2.11 Placing localities will fully support the host locality in managing the provider and service.

2.12 Localities remain responsible for the individual they are commissioning the service for and will remain actively involved, ensuring a named worker is allocated at all times and all duties are fulfilled in a timely manner.

2.13 The GM Specialist Support Team (SST) will support with discharges and overall service delivery, ensuring placement stability. The SST will ensure each person has a crisis and contingency plan in place, entailing their support.

2.14 The responsible locality should ensure they have commissioned a package of care to meet the person's needs. Where additional local services are required e.g. psychiatry, SST support will be requested. GMHSCP will support discussions between localities where local services are used and where additional capacity across GM may be required.

3. MEMORANDUM OF UNDERSTANDING (MOU)

3.1 The purpose of the MOU is to set out clear arrangements across Greater Manchester Local Authorities and Clinical Commissioning Groups when commissioning through the Complex Needs Project, setting out the roles and responsibilities of the placing authority and host authority, where these are different.

3.2 Signatures are required from each Greater Manchester Local Authorities and Clinical Commissioning Groups to progress the MOU.

4. INDIVIDUAL COMPLEX NEEDS INTER LOCALITY AGREEMENT

4.1 An individual Complex Needs Inter-Locality Agreement (**Appendix 3**) will be produced for each proposed new service between the relevant placing and host localities. The placing localities will sign and agree. It is requested that as the place leads, the Chief Executive of the Council and Accountable Officer for the locality CCG (where different) sign the document. It will require the host locality Director of Adult Social Services (DASS) sign off before any service goes ahead. It is proposed each locality area will only host one service from a particular cohort.

4.2 An Individual Agreement will be produced for each proposed new service between the relevant placing and host localities. The placing localities will sign and agree and then it will require the host locality Director of Adult Social Services sign off before any service goes ahead.

4.3 The Agreement will provide information about the proposed scheme and will include sub-group information, localities involved, provider support costs, property requirements and why the chosen property has been selected in that locality. The full provider support proposal and a project plan including timeline will be included as an appendix.

4.4 Any deviation from the MOU will be clearly documented in the Complex Needs Inter-Locality Agreement.

5. FINANCIAL IMPLICATIONS

5.1 There is no financial commitment to the sign up to the project. Costs will be incurred at the point a placement is agreed and an individual moves into the proposed scheme.

5.2 At the point that a placement is being considered at one of the specific schemes, and in collaboration with the commissioners, the support provider will submit a proposal detailing how they will support each person, suggested support hours and costings, broken down into hourly rates and sleep/ waking night. Transition/discharge costs will be agreed with the support provider and commissioning localities.

5.3 GM Health and Social Care Partnership will support with the initial discussions around costs of support packages. Support provider will be asked to enter into open book accounting if required.

5.4 It is the expectation that the annual uplift of costings is in line with the host authority standard uplift methodology. In line with Care Act this would be the host authority methodology as this reflects “usual market rate” in that locality.

5.5 There are two areas that involve financial commitment for either the local authority or CCG that are still being reviewed:

S117
The intention that S117 responsibility remains with the originating locality even if the person is detained once placed outside of the locality who holds funding responsibility. This option could remove the risk that a host authority could become responsible for a person that has been placed through the complex needs project and is later detained.

CHC
The MOU recommendation is to follow CCG Who Pays guidance, but if CHC funding is stopped and then following a reassessment is required again, the placing CCG will remain responsible, and this responsibility will not pass to the host authority.

CHC will not be withdrawn and any issues for continued funding requires the placing CCG/CHC team to liaise with the host area. Localities will otherwise adhere to the national guidance and acknowledge that different funding and quality arrangements apply for CHC.

As the people being placed through the project will have a range of complex needs and all will be on localities dynamic risk registers, there is a higher possibility that they could be detained and may be eligible for CHC funding. The proposed recommendations mean that responsibility remains with the placing locality and therefore does not put significant financial risk on host authorities.

An important point to note is that this project is not seeking to change anything or apply this MOU to anything else other than for a very small number of people within this particular project and agreement between GM localities will always be obtained before any service goes ahead. It also only applied to GM.

6. RECOMMENDATIONS

6.1 As set out at the front of the report.

Oct 2021

Letter sent via email to GMADASS
To be shared with GM CCG Chief Operating Officers

Dear Colleague,

Greater Manchester Learning Disability and Autism Complex Needs Project

We are writing to update you on the GM Complex needs programme which is linked to the 'bespoke commissioning' priority in the Greater Manchester Learning Disability Strategy. The main objective of this project is the development of a new approach to commissioning support across GM for people with complex needs (Learning Disabilities and Autism).

The individuals in scope are those people who are in a secure hospital and **there is no local plan in place for discharge** (some people have been in hospital for over 10 to 15 years without any discharge plans) and people who localities are struggling to find local provision for. The whole aim of this programme is to ensure people with a learning disability who live in the 10 boroughs are not detained unnecessarily and are discharged as soon as possible. We want to ensure people get the best possible quality of care and support in the right place at the right time, reducing the number of people placed out-of-area in hospital, ensuring a more person-centred approach and effective value for money.

As part of the Transforming Care Programme a collective needs assessment was undertaken in 2019 across all ten localities. The analysis identified the following four groups of people with similar needs dispersed across GM proving difficult to find suitable care and support for:

1. Men with LD and/autism and links to Ministry of Justice
2. Women with LD and /autism and experience of emotional trauma
3. Men with LD and/autism and behaviours that challenge
4. Men with LD and/autism and mental ill-health

These four cohorts of people are the initial focus for the project, with a proof-of-concept approach which will then enable learning and if successful, the ability to extend this approach to collaborative commissioning for other groups of people. A procurement exercise has been completed and a total of nine providers have been successful across the 4 cohorts.

The project has moved on significantly over the last few months and we are aiming to set up five new services in 2021/22, discharging a total of 20 inpatients. We have created a Memorandum of Understanding and Inter Locality Agreement for the project (Appendix 1).

The purpose of the MOU is to have clear arrangements across Greater Manchester Local Authorities and Clinical Commissioning Groups when commissioning through the complex needs project, setting out the roles and responsibilities of the placing authority and host authority, where these are different.

An individual Complex Needs Inter Locality Agreement will be produced for each proposed new service between the relevant placing and host localities. The placing localities will sign and agree. It is requested that as the place leads, the Chief Executive of the Council and Accountable Officer for the locality CCG (where different) sign the document. It will require the host locality Director of Adult Social Care sign off before any service goes ahead. It is proposed each locality area will only host one service.
The agreement will provide information about the proposed scheme and will include subgroup information, localities involved, provider support costs, property requirements and why the chosen property has been selected in that locality. The full provider support proposal and a project plan including timeline will be included as an appendix to the agreement.

We have shared the documents with GM ADASS, CCG and Local Authority commissioning contacts and they have also been presented at the Primary Care Cell.

As you can appreciate it's been a challenge to reach agreement on several areas, but we have methodically worked through the detail and tested the approach out many times. However, there are currently two key areas within the documents that we are working through with localities, these are S117 arrangements and CHC.

S117
The intention that S117 responsibility remains with the originating locality even if the person is detained once placed outside of the locality who holds funding responsibility. This option could remove the risk that a host authority could become responsible for a person that has been placed through the complex needs project and is later detained.

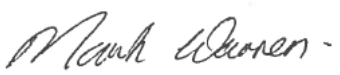
CHC
The MOU recommendations is to follow CCG Who Pays guidance, but if CHC funding is stopped and then following a reassessment is required again, the placing CCG will remain responsible, and this responsibility will not pass to the host authority.
CHC will not be withdrawn and any issues for continued funding requires the placing CCG/CHC team to liaise with the host area. Localities will otherwise adhere to the national guidance and acknowledge that different funding and quality arrangements apply for CHC.

As the people being placed through the project will have a range of complex needs and all will be on localities dynamic risk registers, there is a higher possibility that they could be detained and may be eligible for CHC funding. The proposed recommendations mean that responsibility remains with the placing locality and therefore does not put significant financial risk on host authorities.

An important point to note is that this project is not seeking to change anything or apply this MOU to anything else other than for a very small number of people within this particular project and agreement between GM localities will always be obtained before any service goes ahead. It also only applied to GM.

As CCG's are a key stakeholder in this project we would be grateful if you would review the documents. Could you please send any feedback or any queries to Deborah Simister, Programme Manager for Learning Disabilities at Greater Manchester Health and Social Care Partnership Deborah.Simister@nhs.net by Monday 15th November 2021.

Yours sincerely



Mark Warren (Oldham DASS) on behalf of GMADASS
Managing Director Health & Adult Social Care Community Services
Oldham Council / Northern Care Alliance

Jo Chilton
Programme Director, Adult Social Care Transformation Programme
Greater Manchester Health & Social Care Partnership

Greater Manchester Health and Social Care Partnership

Learning Disability and Autism Complex Needs Project
Memorandum of Understanding

Parties

The Parties to this Memorandum of Understanding (MOU) are;

1. Bolton Council
2. NHS Bolton Clinical Commissioning Group
3. Bury Council
4. NHS Bury Clinical Commissioning Group
5. Manchester City Council
6. NHS Manchester Clinical Commissioning Group
7. Oldham Council
8. NHS Oldham Clinical Commissioning Group
9. Rochdale Borough Council
10. NHS Heywood Middleton and Rochdale Clinical Commissioning Group
11. Salford City Council
12. NHS Salford Clinical Commissioning Group
13. Stockport Metropolitan Borough Council
14. NHS Stockport Clinical Commissioning Group
15. Tameside Metropolitan Borough Council
16. NHS Tameside and Glossop Clinical Commissioning Group
17. Trafford Council
18. NHS Trafford Clinical Commissioning Group
19. Wigan Borough Council
20. NHS Wigan Clinical Commissioning Group

Background

Linked to the 'bespoke commissioning' priority of the Greater Manchester Learning Disability Strategy, this programme of work explores a new approach to commissioning support for people with complex needs. The aim of this work is to ensure people get the best possible quality of care and support in the right place at the right time – reducing the number of people placed out-of-area, ensuring a more person-centred approach and effective value for money.

Individuals within the scope of this project are defined within one of the four cohorts below:
Cohort 1 - Men with LD and/or autism and behaviours with histories involving MOJ
Cohort 2 - Women with LD and/or autism and experience of trauma
Cohort 3 - Men with LD and/or autism and behaviours that challenge
Cohort 4 - Men with LD and/or autism and mental ill-health
and:

- part of the transforming care programme or those who have similar needs and who would benefit from services developed to respond to the needs of those cohorts (*and where there is no local plan to support individuals out of hospital)*

or

- on locality dynamic risk registers who may need services to support discharge from hospital or to prevent hospital admission.

Purpose of the Memorandum of Understanding (MOU)

The purpose of the MOU is to have clear arrangements across Greater Manchester Local Authorities and Clinical Commissioning Groups when commissioning through the complex needs project, setting out the roles and responsibilities of the placing authority and host authority, where these are different.

The MOU is not intended to be legally binding and no legal obligations or legal rights shall arise between the Parties from the provisions of the MOU. The Parties enter into the MOU intending to honour all their obligations.

Complex Needs Inter Locality Agreement (Proforma)

An individual agreement will be produced for each proposed new service between the relevant placing and host localities. The placing localities will sign and agree and then it will require the host locality Director of Adult Social Care sign off before any service goes ahead.

The agreement will provide information about the proposed scheme and will include subgroup information, localities involved, provider support costs, property requirements and why the chosen property has been selected in that locality. The full provider support proposal and a project plan including timeline will be included as an appendix.

Any deviation from the Memorandum Of Understanding should be clearly documented in the Complex Needs Inter Locality Agreement.

Current Guidance

We have considered 3 areas of current guidance:

1. CCG - Who Pays Guidance
2. Local Authority - Ordinary Residency
3. Mental Health Act detention and Section 117 aftercare.

Please see Appendix 1 for further detail on the guidance

‘Own our Own’

Localities remain responsible for the individual they are commissioning the care and support for.

The recommendation is to follow 1. Who Pays and 2. Ordinary Residency guidance but not 3. Mental Health Act detention and Section 117 aftercare, with the intention that S117 responsibility remains with the originating locality even if the person is detained. This option could remove the risk that a host authority could become responsible for a person that has been placed through the complex needs project and is later detained.

As the people being placed through the project will have a range of complex needs and all will be on localities dynamic risk registers, there is a higher possibility that they could be detained. Some people will have managed in community provision and have not previously been detained, meaning responsibility under current processes would change to the host authority on detention. This places significant financial risk on host authorities.

Our recommendation is that the placing authority retains responsibility if a person is detained whilst placed in provision commissioned through the complex needs project.

Contracting the Support Provider

The support providers have been selected through a strategic procurement exercise, completed using the GM LD Flexible Purchasing System, exploring a new approach to commissioning support for people with complex needs across GM. Detailed specifications were developed and agreed with GM colleagues for each of the four cohorts identified. The procurement process was a strategic, multi-agency approach involving self-advocates throughout. The successful awarded providers all demonstrated a strong track record of experience, quality and commitment to deliver the complex needs project for GM. The providers are:

Provider & Cohorts		
CareTech *Cohort 2*	**Eden Futures** *Cohorts 3 and 4*	**MacIntyre** *Cohort 1 and 3*
Community Integrated Care *Cohorts 1, 2 and 4*	**Imagine** *Cohort 1 and 2*	**Voyage** *Cohort 3 and 4*
Creative Support *Cohort 1, 3 and 4*	**Future Directions CIC** *Cohort 2*	**Zeno** *Cohort 3*

Each locality will contract with the **support provider separately on a spot contract basis for the individual they are responsible for.** The terms and conditions for the GM LD Flexible Purchasing system and the original specification and provider submissions will also form part of the contracting arrangements for each provider. Please see Appendix 2 – Contract Documentation

In collaboration with the commissioners, the support provider will submit a proposal detailing how they will support each person, suggested support hours and costings, broken down into hourly rates and sleep/ waking night. Transition/discharge costs will be agreed with the support provider and commissioning localities.

GM HSCP will support with the initial discussions around costs of support packages. Hourly rates were submitted by each provider at the start of the process and were considered reasonable by the project working group. Support provider will be asked to enter into open book accounting if required.

It is the expectation that the annual uplift of costings is in line with the host authority standard uplift methodology. In line with Care Act this would be the host authority methodology as this reflects “usual market rate” in that locality.

If a dispute around funding cannot with a support provider, the other support providers for that cohort may be engaged.

A 12-month review service review will be completed in 2022, looking into contracting, funding what has worked and what hasn’t, what do we need to change. A report will be produced with recommendations.

Local services

The host locality commissioners will be involved in the setting up of the service and ALL operational discussions. Basic care plans will be shared with the host locality commissioners, so they have an understanding of the people moving into the area.

Host locality commissioners will notify the local GP’s of the planned provision in the area and where needed, provide the GP with a basic overview of the people and service.

The placing authority and/or CCG will commission a package of care and support that meets the person’s needs. This should include; therapeutic support, psychological support, mental health support, communication support, speech and language therapy and behavioural support where there are identified needs. Where additional local services are required, in the first instance SST support will be requested.

GM HSCP will support discussions between localities where local services are used and where additional capacity across GM may be required.
The host authority/CCG may charge the responsible locality for the ongoing use of local services.

Referral to local services will be managed as follows: -

1. Community Learning Disability Team (CLDT) –patients who meet eligibility criteria may be referred to the CLDT for specific health assessment and advice. To support integrated care, information on the commissioned package should be shared with the CLDT either in advance or at point of referral.

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3. Responsible Clinician Cover
   a. Patients with a primary mental health need - If the patient has a mental health diagnosis and learning disability and/or autism is a secondary need a referral should be made via the MH Access Team for a CMHT Responsible Clinician.
   b. Patients with a learning disability and/or autism diagnosis only may access limited support through a Transforming Care Responsible Clinician if the patient is on the Placing locality Dynamic Register. The GM CCGs will maintain an Out of Area Monitoring Sheet of patients placed in their locality, which will be reviewed at Dynamic Register meetings.

4. Acute Physical Health Admissions / Primary Health Care
   Physical Health - all patients registered with a local GP are entitled to NHS care funded by the GM CCG.

5. Secondary Care Services including CLDT / Specialist Support Team / LD Crisis Beds / CMHT / Mental Health Admissions and interventions – where patients have significant needs requiring intensive support from local services they will be considered as an out of area placement and the placing CCG may be charged.

Roles and Responsibilities

Each locality will work collaboratively to ensure a placement is not refused or delayed because of uncertainty or ambiguity between localities.

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The host authority will have overall responsibility for the provider and service in relation to safeguarding, quality monitoring, provider engagement and CQC registration. The host authority remains responsible even if they have no placements and do not commissioning the provision or support provider. Commissioning localities should fully support the host locality in managing the provider and service.
Localities remain responsible for the individual they are commissioning.
Localities should remain actively involved, ensuring a **named worker** is allocated at all times and all duties are fulfilled in a timely manner.

There will be no more than one service in each locality for each of the four cohorts, unless requested from the host locality specifically.

Review of Services

The host authority will be responsible for the ongoing quality assurance of the provision. They will consider the whole service offer as part of their monitoring and will keep commissioning localities informed of quality assurance activity, any improvement plans, CQC activity and notifications.

Review of Individuals

Care and support reviews will be completed as needed by the responsible locality.

Safeguarding

Local authority statutory adult safeguarding duties apply.

Advocacy

The placing CCG and LA to ensure that independent advocacy is commissioned and offered as appropriate. Commissioners should consider the need to provide non statutory advocacy where the person does not meet the criteria for statutory advocacy (IMHA, IMCA, Care Act).

Discharge process

The full discharge process and cost will be agreed with the placing locality before any discharge commences. The placing locality will facilitate the full discharge process involving practitioners to include clinicians (nurses and social workers etc). They will hold the case for the full discharge process.

Landlord Service Level Agreement

There is no expectation that the host authority enters into an agreement with the landlord for the property. The agreement for the property will be between the landlord and selected support provider. The void costs and any charges linked to the property are the responsibility of the landlord and support provider.

Role of SST

SST will support with discharges and overall service delivery, ensuring placement stability.

CHC Funding

CHC Funding - CCG – 'Who pays guidance' (MOU) is followed.
CHC **will not be withdrawn** and any issues for continued funding requires the placing CCG/CHC team to liaise with the host area. If CHC funding is stopped and following a **reassessment** is reinstated, the **placing CCG will remain responsible**, this responsibility **will not pass** to the host authority.
Localities will otherwise adhere to the national guidance and acknowledge that different funding and quality arrangements apply for CHC. GMHSCP CHC colleagues to be consulted if needed.

Mental Capacity (Amendment) Act 2019: Liberty Protection Safeguards (LPS)

The LPS are planned to come into force in April 2022. There will be an ongoing review on the impact on complex needs project and how this is managed

Dispute Resolution

If the parties are unable to agree a matter arising from a placement through the complex needs project, the dispute shall be referred to more senior representatives within each organisation.
If this does not resolve the matter, then parties will attempt to settle through mediation led by the complex needs project leads.

Disputes should not delay the provision of the care package, and the parties should make clear how funding will be provided pending resolution of the dispute. Where disputes relate to local authorities and CCGs in different geographical areas, the disputes resolution process of the responsible CCG should normally be used in order to ensure resolution in a robust and timely manner. This should include agreement on how funding will be provided during the dispute, and arrangements for reimbursement to the agencies involved once the dispute is resolved.

Authorising Signatures

1. **Bolton**

Name …….. Signature……..

Job Title …….. Date ……..

2. **Bury**

Name …….. Signature……..

Job Title …….. Date ……..

3. **Manchester**

Name …….. Signature……..

Job Title …….. Date ……..

4. **Oldham**

Name …….. Signature……..

Job Title …….. Date ……..

5. **Rochdale**

Name …….. Signature……..

Job Title …….. Date ……..

6. **Salford**

Name …….. Signature……..

Job Title …….. Date ……..

7. **Stockport**

Name …….. Signature……..

Job Title …….. Date ……..

8. **Tameside**

Name …….. Signature……..

Job Title …….. Date ……..

9. **Trafford**

Name …….. Signature……..

Job Title …….. Date ……..

10. **Wigan**

Name …….. Signature……..

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Appendices

Appendix 1 - Current Guidance

CCG - Who Pays Guidance *

The updated Who Pays Guidance came into effect on 1st September 2020.
The core rule remains that the commissioner responsible for payment will be the clinical commissioning group of which the patient's GP practice is a member, with some exceptions.
One of the key exceptions relates to out-of-area continuing care placements - i.e. the 'placing CCG' must commission and pay for continuing care placements in another CCG's geographical area despite the patient becoming GP registered in that new area.

Who Pays Guidance - Mental Health Act detention and Section 117 aftercare

The new Who Pays guidance introduces a significant change to the position on payment responsibility for inpatient detention under the Mental Health Act and on payment responsibility for s.117 aftercare.
Under the new rules, NHS England is using its power to split off payment responsibility from commissioning responsibility to stipulate that - although commissioning responsibility will remain as per the legislation - the CCG responsible for paying for both the period of detention in hospital and the s.117 aftercare will be determined by the general rule - i.e. the person's GP registration (or, usual residence) immediately prior to their detention in hospital. This CCG is regarded as the 'originating CCG' and retains responsibility for s.117 after-care, and any subsequent repeat detentions or voluntary admissions, until such time as the patient is discharged from s.117 aftercare. This responsibility for paying remains with the originating CCG regardless of where the patient may move to or which GP practice they are registered with.

Local Authority - Ordinary Residency **

Where an adult's care and support needs can only be met if they are living in one of the specified types of accommodation and the accommodation arranged is in another area, then the principle of 'deeming' ordinary residence applies. This means that the adult is treated as remaining ordinarily resident in the area where they were resident immediately before the local authority began to provide or arrange care and support in any type of specified accommodation. The consequence of this is that the local authority which first provided that care and support will remain responsible for meeting the person's eligible needs, and responsibility does not transfer to the authority in whose area the accommodation is physically located.

However, in circumstances where the person moves to accommodation in a different area of their own volition, without the local authority making the arrangements, they would be likely to acquire ordinary residence in the area of the authority where the new accommodation is situated.

Ordinary Residency - Section 117 aftercare

The section 117 duty falls on the local authority where the patient was ordinarily resident immediately before being detained. It does not matter who is paying for care and support at the time of detention or which local authority employed any approved mental health professional (AMHP) who might have been involved in the detention.
(For the MOU we are proposing not to follow this guidance - The section 117 duty remains the responsibility of the placing authority if a person is detained whilst placed in provision commissioned through the complex needs project. It does not matter which local authority employed any approved mental health professional (AMHP) who might have been involved in the detention)

Dispute Resolution

There is a clear dispute resolution process for the Who Pays Guidance and a determination for ordinary residency from the Secretary of State can be sought under section 40 of the Care Act.

Greater Manchester Protocol

There is a draft protocol to manage out of area patients placed in Greater Manchester in specialised mental health or learning disability/autism provision. It is our intention that the complex needs MOU and the GM protocol complement each other.

Appendix 2 – Contract Documentation


Cohort 1 Service Spec


Cohort 2 Service spec


Cohort 3 Service spec


Cohort 4 Service spec


Terms and Conditions

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Greater Manchester Health and Social Care Partnership
("GMHSCP")
Learning Disability and Autism Complex Needs Project
Agreement

Parties

1. The Parties to this Agreement are –

    1. Bolton Council
    2. NHS Bolton Clinical Commissioning Group
    3. Bury Council
    4. NHS Bury Clinical Commissioning Group
    5. Manchester City Council
    6. NHS Manchester Clinical Commissioning Group
    7. Oldham Council
    8. NHS Oldham Clinical Commissioning Group
    9. Rochdale Borough Council
    10. NHS Heywood Middleton and Rochdale Clinical Commissioning Group
    11. Salford City Council
    12. NHS Salford Clinical Commissioning Group
    13. Stockport Metropolitan Borough Council
    14. NHS Stockport Clinical Commissioning Group
    15. Tameside Metropolitan Borough Council
    16. NHS Tameside and Glossop Clinical Commissioning Group
    17. Trafford Council
    18. NHS Trafford Clinical Commissioning Group
    19. Wigan Borough Council
    20. NHS Wigan Clinical Commissioning Group

Definitions

2. **In this Agreement -**

    'host authority' means the local authority or Clinical Commissioning Group ("CCG") in the area to which a person has been placed by another authority that is a Party to this Agreement

    'placing authority' means the local authority or CCG which has made arrangements for a person to reside and receive care in a place for which another Party to this Agreement has statutory responsibilities

    '*ordinary residence rules'* mean UK legislation, guidance, and any case-law interpreting such legislation and guidance

Purpose of this Agreement

3. The purpose of this Agreement is to have clear arrangements across Greater Manchester local authorities and Clinical Commissioning Groups when commissioning through the complex needs project, with clear agreement as to the roles and responsibilities of the placing authority and host authorities.

4. This Agreement is intended to be legally binding, and to impose legal obligations and rights between the Parties. The Parties enter into this Agreement intending to honour all their obligations.

Background

5. As people being placed through the Learning Disability and Autism Complex Needs Project will have a range of complex needs, and all will be on the dynamic risk registers maintained by local public bodies, there is a higher possibility that such individuals could be detained, as compared with other people to whom care is commissioned by the Parties to this Agreement. Some individuals will have had their needs met in community provision and may not have been detained previously. This means that responsibility under current processes would change to the host authority on detention. This places significant financial risk on host authorities, when receiving such people into their area.

6. This Agreement supports the bespoke commissioning priorities of the Greater Manchester Learning Disability Strategy, and has been devised as a new approach to commissioning support for people with complex needs.

7. The aim of this arrangements is to ensure that people get the best possible quality of care and support in the right place at the right time – reducing the number of people placed out-of-area, ensuring a more person-centred approach and effective value for money.

8. Individuals within the scope of this project are defined within one of the four cohorts below:
   Cohort 1 - Men with LD and/or autism and behaviours with histories involving MOJ
   Cohort 2 - Women with LD and/or autism and experience of trauma
   Cohort 3 - Men with LD and/or autism and behaviours that challenge
   Cohort 4 - Men with LD and/or autism and mental ill-health
   and:
   - part of the transforming care programme or those who have similar needs and who would benefit from services developed to respond to the needs of those cohorts (*and where there is no local plan to support individuals out of hospital)*

   or
   - on locality dynamic risk registers who may need services to support discharge from hospital or to prevent hospital admission.

Complex Needs Inter Locality Agreement (Proforma)

9. Individual agreements (termed "*Complex Needs Inter Locality Agreements")* will be produced for each proposed new service between the relevant placing and host Local Authority / CCG. The placing Local Authority / CCG will sign and agree and then it will require the host locality Director of Adult Social Care sign off before any service goes ahead.

10. The arrangements made under this Agreement will provide information about the proposed scheme. It will include subgroup information, local authorities and CCG's involved, provider support costs, property requirements and why the chosen property has been selected in that locality. The full provider support proposal and a project plan including timeline will be included as an appendix.

11. Any variation from this Agreement should be clearly documented in the Complex Needs Inter Locality Agreement. If there is any inconsistency between an individual Complex Needs Inter Locality Agreement and this Agreement, the localised Complex Needs Inter Locality Agreement shall take precedence.

Current Guidance

12. This Agreement takes into account three areas of current law and guidance:

1. CCG – "Who Pays?" guidance
2. Local Authority - ordinary residence rules (as set by legislation, guidance, and case-law interpreting those sources)
3. mental health aftercare as required to be provided pursuant to section 117 of the Mental Health Act 1983.

Please see Appendix 1 for further detail on the law and guidance

Core principle of this Agreement: 'Own our Own'

13. The core principle of this Agreement is the principle of 'Own Our Own'. This means that, as between the parties to this Agreement, local authorities and CCGs remain responsible for an individual's healthcare, adult social care, and mental health aftercare irrespective of a move of place of residence as between the areas for which the parties to this Agreement are responsible; and notwithstanding that statute, guidance and case-law would lead to a different allocation of responsibility.

14. This operates by the placing authority agreeing to discharge the statutory obligations for the provision of mental health aftercare which would otherwise fall by operation of law to be discharged by the host authority. The host authority delegates to the placing authority the fulfilment of the statutory mental health aftercare duty for such an individual, which would otherwise fall on the host authority.

15. The parties agree to follow [1] the "Who Pays?" guidance, and [2] ordinary residence rules (as set by legislation, guidance, and case-law interpreting those sources), but not [3] the effect of section 117 of the Mental Health Act 1983 on such responsibility. The intention is that responsibility for mental health aftercare remains with the originating locality even if the person is detained. This removes the risk that a host authority could become responsible for a person that has been placed through the complex needs project and is later detained.

16. All parties agree that the placing authority retains responsibility if a person is detained whilst placed in provision commissioned through the complex needs project.

Contracting the Support Provider

17. The support providers have been selected through a strategic procurement exercise, completed using the GM LD Flexible Purchasing System, exploring a new approach to commissioning support for people with complex needs across GM. Detailed specifications were developed and agreed with GM colleagues for each of the four cohorts identified. The procurement process was a strategic, multi-agency approach involving self-advocates throughout. The successful awarded providers all demonstrated a strong track record of experience, quality and commitment to deliver the complex needs project for GM. The providers are:

Provider & Cohorts		
CareTech *Cohort 2*	**Eden Futures** *Cohorts 3 and 4*	**MacIntyre** *Cohort 1 and 3*
Community Integrated Care *Cohorts 1, 2 and 4*	**Imagine** *Cohort 1 and 2*	**Voyage** *Cohort 3 and 4*
Creative Support *Cohort 1, 3 and 4*	**Future Directions CIC** *Cohort 2*	**Zeno** *Cohort 3*

18. Each locality will contract with the support provider separately on a spot contract basis for the individual they are responsible for. The terms and conditions for the GM LD Flexible Purchasing system and the original specification and provider submissions will also form part of the contracting arrangements for each provider. Please see Appendix 2 – Contract Documentation

19. In collaboration with the commissioners, the support provider will submit a proposal detailing how they will support each person, suggested support hours and costings, broken down into hourly rates and sleep/ waking night. Transition/discharge costs will be agreed with the support provider and commissioning localities.

20. GM HSCP will support with the initial discussions around costs of support packages. Hourly rates were submitted by each provider at the start of the process and were considered reasonable by the project working group. Support provider will be asked to enter into open book accounting if required.

21. It is the expectation that the annual uplift of costings is in line with the host authority standard uplift methodology. In line with Care Act this would be the host authority methodology as this reflects “usual market rate” in that locality.

22. If a dispute around funding cannot with a support provider, the other support providers for that cohort may be engaged.

23. A 12-month review service review will be completed in 2022, looking into contracting, funding what has worked and what hasn’t, what do we need to change. A report will be produced with recommendations.

Local services

24. The host Local Authority and CCG commissioners will be involved in the setting up of the service and all operational discussions. Care plans will be shared with the host locality commissioners, so they have an understanding of the people moving into the area.

25. Host locality commissioners will notify the local GP’s of the planned provision in the area and where needed, provide the GP with a basic overview of the people and service.

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27. GM HSCP will support discussions between localities where local services are used and where additional capacity across GM may be required.

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1. Community Learning Disability Team ("CLDT") –patients who meet eligibility criteria may be referred to the CLDT for specific health assessment and advice. To support integrated care, information on the commissioned package should be shared with the CLDT either in advance or at point of referral.

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   Physical Health - all patients registered with a local GP are entitled to NHS care funded by the GM CCG.

5. Secondary Care Services including CLDT / Specialist Support Team / LD Crisis Beds / CMHT / Mental Health Admissions and interventions – where patients have significant needs requiring intensive support from local services they will be considered as an out of area placement and the placing CCG may be charged.

Agreement as to aftercare provision

30. The provision to meet an individual's s.117 mental aftercare needs is to be agreed jointly by the placing local authority and CCG.

31. The agreement between the LA and CCG as to what services are to be provided shall be recorded in a document ("the aftercare plan"). The aftercare plan document shall also record –

   a. the division of financial responsibility as between the local authority and CCG;

   b. for any care services or provision which may overlap between Care Act adult social care and section 117 MHA mental health aftercare, the division of such services or provision as between those two sources of statutory responsibility.;

   c. the period of review of the aftercare plan, and by whom and how such reviews are to be carried out;

   d. how any decision to terminate section 117 aftercare provision is to be jointly made by the relevant local authority ad CCG, and how such decision is to be documented.

Roles and responsibilities

32. Each placing and host local authority and CCG will work collaboratively to ensure that a placement is not refused or delayed because of uncertainty or ambiguity as between parties to this Agreement.

Host Authorities

33. The host authorities will have overall responsibility for the provider and service provision, in relation to safeguarding, quality monitoring, provider engagement and CQC registration. The host authorities remain responsible even if they have no placements and do not commission the provision or support provider.

34. Placing authorities should fully support the host authorities in managing the provider and service.

35. Placing authorities remain responsible for the individual they are commissioning. Placing authorities should remain actively involved, ensuring a named worker is allocated at all times and all duties are fulfilled in a timely manner.

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40. The placing CCG and LA will ensure that independent advocacy is commissioned and offered as appropriate. Commissioners should consider the need to provide non-statutory advocacy where the person does not meet the criteria for statutory advocacy (IMHA, IMCA, Care Act).

Discharge process

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Role of Specialist Support Team

43. Specialist Support Team will support with discharges and overall service delivery, ensuring placement stability.

CHC Funding

44. For the funding of individuals with continuing healthcare ("CHC") needs, responsibility continues to be determined by application of the 'Who Pays?' guidance. CHC will not be withdrawn and any issue for continued funding requires the placing CCG and its CHC team to liaise with the CCG in the host area. Localities will adhere to the national guidance and acknowledge that different funding and quality arrangements apply for CHC. GMHSCP CHC colleagues will be consulted if this is needed.

Mental Capacity (Amendment) Act 2019: Liberty Protection Safeguards (LPS)

45. The LPS are planned to come into force in April 2022. There will be an ongoing review on the impact on complex needs project and how this is managed

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Name …….. Signature……..

Job Title …….. Date ……..

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