

STRATEGIC COMMISSIONING BOARD

Day: Wednesday
Date: 26 January 2022
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 15 December 2021 to be signed by the Chair as a correct record.	1 - 6
b)	MINUTES OF EXECUTIVE BOARD To receive the Minutes of the Executive Board held on 8 December 2021.	7 - 14
4.	MONTH 8 INTEGRATED FINANCE REPORT To consider the attached report of the Executive Member, Finance and Economic Growth / CCG Chair / Director of Finance.	15 - 28
5.	CORPORATE PLAN SCORECARDS UPDATE To consider the attached report of the Executive Leader/Director of Transformation.	29 - 36
6.	ADULT SERVICES WORKFORCE RECRUITMENT AND RETENTION FUND (ROUNDS 1 & 2) To consider the attached report of the Executive Member (Adult Social Care and Health)/Clinical Lead (Living Well, Finance and Governance)/Director of Adult Services.	37 - 46
7.	URGENT ITEMS To consider any items the Chair considers to be urgent.	

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59. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

60. MINUTES OF THE PREVIOUS MEETING

RESOLVED

That the minutes of the meeting of the Strategic Commissioning Board held on 24 November 2021 be approved as a correct record with the addition of Councillor Bill Fairfoull to list of persons present.

61. MINUTES OF THE EXECUTIVE BOARD

RESOLVED

That the Minutes of the meetings of the Executive Board held on: 10 November 2021 and 1 December 2021, be noted.

62. CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 31 OCTOBER 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 31 October 2021 (Month 7) and forecasts to 31 March 2022 for the Council and 31 October 2021 for the CCG.

It was reported that, overall, the Council was facing a total forecast overspend of £1.579m for the year ending 31 March 2022. A substantial majority of the forecast related to ongoing demand pressures in Children's Social Care.

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

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

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

RESOLVED

That the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1 to the report, be noted.

63. FAMILY HUBS: LOCAL TRANSFORMATION FUND

The Deputy Executive Leader, Children and Families / Executive Member, Adult Social Care and Health / Clinical Leader, Starting Well / Interim Director of Population Health / Interim Director of Children's Services, submitted a report providing an update on the recently announced national Family Hubs: Local Transformation Fund and outlined Tameside's approach and intention to make a bid application.

It was explained that the Government had committed to championing family hubs. Family hubs were

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 brought 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. The principles key to the family hub model were detailed as follows:

- **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 would remain).
- **Relationship-centred** – practice in a family hub built on family strengths and looked to improve family relationships to address underlying issues.

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

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

The application period would open from 2 November 2021 and would close at 23:59pm on 17 December 2021. Key dates and deadlines for the application process were set out in the report.

RESOLVED

- (i) That a bid application into the Family Hubs: Local Transformation Fund be supported; and**
- (ii) Approval be given to the approach intended by the Local Authority if the bid application into the Family Hubs: Local Transformation Fund, is successful.**

64. MACMILLAN SOLUTIONS

Consideration was given to a report of the Executive Member, Adult Social Care and Health / CCG Governing Body Co-Chair / Director of Commissioning providing a brief update on Macmillan's solutions, in relation to funding from April 2022 and beyond.

It was explained that Macmillan Solutions provided practical and emotional support to people affected by cancer (PABC) from diagnosis to post bereavement, dependant on need. Macmillan Solutions aligned to the wider offers already available within the Locality, ensuring there were no gaps in the provision specialist support for people with cancer.

Macmillan Cancer Support had funded the community based service for people with Cancer for the past ten years, which focused 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 were seeking stable funding from CCG's.

Beyond the initial funding period for all Macmillan funded schemes, there was an expectation from Macmillan that CCGs provided 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 included a number of options (options 2 to 4 were 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; or
- 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.

RESOLVED

- (i) That, support be given for the Macmillan's Solutions charitable function to be funded from April 2022; and**
- (ii) The preferred option: Option 2: Resource the charitable function, Macmillan Solution for the Tameside Locality, be supported. Therefore, 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**

65. GREATER MANCHESTER LEARNING DISABILITY AND AUTISM COMPLEX NEEDS PROJECT

A report was submitted by the Executive Member, Adult Social Care and Health / Clinical Lead, Living Well, Finance and Governance / Director of Adults Services setting out details of the GM Complex Needs Programme, linked to the 'bespoke commissioning' priority in the GM Learning Disability Strategy.

It was explained that the main objective of the programme was the development of a new approach to commissioning support across GM for people with complex needs (Learning Disabilities and autism). The aim of the work was to ensure people received 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 were those people who were in a secure hospital and there was no local plan in place for discharge (some people had been in hospital for over 10 to 15 years without any discharge plans) and people whose localities were struggling to find local provision for. The whole aim of the programme was to ensure people with a learning disability who lived in the 10 boroughs were not detained unnecessarily and were discharged as soon as possible to live in community settings.

The report sought agreement to the terms of the Greater Manchester (GM) Learning Disability and Autism Complex Needs Project Memorandum of Understanding (MOU), a copy of which was appended to the report. The purpose of the MOU was 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 were different.

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

RESOLVED

- (i) That the terms of the Greater Manchester (GM) Learning Disability and Autism Complex Needs Project Memorandum of Understanding (MOU) be agreed and entered into on the basis set out in the report; and**
- (ii) It be agreed that Individual Agreements be produced for each proposed new service between the relevant placing and host localities and be 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 had been selected in that locality together with the full provider support proposal and a project plan including timeline.**

66. URGENT ITEMS

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

CHAIR

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BOARD

8 December 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: **Stephanie Butterworth, Ilys Cookson, Sally Dickin, Dr Ashwin Ramachandra, Ian Saxon, Sarah Threlfall, Emma Varnam, Debbie Watson and Jessica Williams**

155 DECLARATIONS OF INTEREST

There were no declarations of interest.

156 MINUTES OF PREVIOUS MEETING

The minutes of the Board meeting on the 1 December 2021 were approved a correct record.

157 MONTH 7 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 the actual expenditure to 31 October 2021 (Month 7) and forecasts to 31 March 2022.

It was reported that overall the Council was facing a total forecast overspend of £1.579m for the year ending 31 March 2022. A substantial majority of this forecast related to ongoing demand pressures in Children's Social Care.

It was explained that the forecast outturn on council budgets had improved by 348k since Month 6, mainly due a reduction in external placement costs in Children's Social Care. There were some other smaller movements relating to the release of contingency budget and reduced income compensation grant for sales, fees and charges losses.

It was stated that the CCG did not have H2 (October 2021 to March 2022) budgets in place. Detailed planning for H2 had been underway at both a CCG and Greater Manchester level since publication of the guidance. But formal approval of plans was not due until after publication of the M7 budget monitoring report. Allocations for H2 were expected by the end of November.

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

AGREED

That Executive Cabinet be recommended to note the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1.

158 SAVINGS DELIVERY 2021/22

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

The Assistant Director of Finance reported that progress on the delivery of proposed savings as part of the 2021/22 budget process was being monitored on a monthly basis, with a proportion of schemes reviewed in detail at different points during the year. All directorates completed an implementation template as part of their original proposals.

It was highlighted that since the update to Board in September, the position on savings delivery had improved across the Council. Delivery of planned savings remained at risk in some areas however there had been a significant increase in mitigating savings to offset non-delivery of original plans.

Members of the Board discussed the details within Appendix 1 and Appendix 2. The Assistant Director of Finance advised that further work would be undertaken on identifying mitigating or one off savings which could be continued into 2021/22 before presented to Executive Cabinet.

AGREED

That Executive Cabinet note the progress report and the risk areas for delivery in 2021/22 and future year's savings.

159 COUNCIL TAX BASE 2022/2023

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Assistant Director for Exchequer Services. The report set out the calculation of the Council Tax base for tax setting, a legal requirement that must be made between 1 December 2021 and 31 January 2022.

The Assistant Director for Exchequer Services reported that the calculation of the authority tax base for Council Tax setting purposes gave an estimated Band D equivalent of 65,263.9 properties. There were no Ministry of Defence properties in Tameside. An estimated collection rate of 97% gave a Council Tax base of 63,306.0.

It was stated that the calculation of the Mossley Parish tax base for Council Tax setting purposes gave an estimated Band D equivalent of 3,540.5 properties. There were no Ministry of Defence properties in Mossley. An estimated collection rate of 97% gave a Council Tax base of 3,434.3.

AGREED

That Executive Cabinet be recommended to agree that pursuant to the figures set out in the report of the Assistant Director of Exchequer Services, and the Local Authorities (Calculation of Council Tax Base) (England) Regulations 2012

- (i) the amount calculated by Tameside Metropolitan Borough Council as its Council Tax base for the year 2022/2023 shall be 63,306.0**
- (ii) the amount calculated by Tameside Metropolitan Borough Council as the tax base for the Town Council of Mossley for the year 2022/2023 shall be 3,434.3**

160 KICKSTART SCHEME

Consideration was given to a report of the Executive Leader / Assistant Director for People and Workforce Development. The report set out opportunities for the Kickstart Scheme in Tameside from both an internal and external perspective.

The Assistant Director for People and Workforce Development explained that the Kickstart Scheme provided funding to employers to create new 6-month job placements for young people aged 16 to 24 who were claiming Universal Credit (UC) and were at risk of long-term unemployment. It was further explained that Kickstart placements could commence at any point up until 31 March 2022, therefore meaning that the maximum end date of the scheme was 30 September 2022, with £2bn of the Plan for Jobs fund committed specifically to Kickstart.

It was stated that available opportunities were advertised within the relevant Jobcentre Plus (JCP) and JCP Work Coaches would match eligible candidates to the positions. Funding would cover

100% of the relevant National Minimum Wage for 25 hours a week, the associated employer National Insurance contributions and employer minimum automatic enrolment pension contributions.

The Assistant Director for People and Workforce Development advised that this scheme provided opportunities for candidates to gain employment in an entry level position for 6 months. Through these experiences, the employees would gain valuable skills which they could use to apply for internal roles within the organisation including apprenticeships, upon completion of their six month term.

It was reported that the scheme provided the organisation with the possibility to further support care leavers who meet the criteria by signposting them to Kickstart roles which they could apply for via the JCP. Further, the scheme could be used to develop skills in individuals which were difficult to find, thereby having a sufficiently trained person in the future who was able to apply for roles which required those same skills.

AGREED

That Executive Cabinet be recommended to agree that:

- (i) The Kickstart initiative is implemented in the organisation.**
- (ii) In doing so, a number of opportunities are identified from different directorates which can be offered for the Kickstart Scheme.**

161 MISSING FROM HOME SERVICE

Consideration was given to a report of the Deputy Executive Leader / Interim Director of Children's Services. The report provided an overview of the statutory requirements and background information on the service delivery in Tameside. In addition it provided details about the work that had been done as part of the review of the current provision and in planning for the proposed changes. The report further explained the proposals being put forward and implications that these entail.

It was stated that in March 2020 there was a review of the missing from home service, through the governance of the Tameside Safeguarding Children Partnership (TSCP) as there were amplified concerns about children missing during the pandemic conditions when the Government announced the national response through a lockdown.

The service review considered the systems in place between police reports of missing, response from children's service and the effectiveness of the commissioned service for return interviews. There was a service mapping exercise that took place in January 2020 and this identified systems problems with the Greater Manchester Police (GMP) i-ops process, children's services systems and Barnardo's. The service review found that there were too many handoffs to make effective the 72 hour requirement of return interview.

Members were advised that as part of the review there was comparison with a neighbouring local authority model. Stockport had recently remodelled their service, having previously commissioned a third sector charity to deliver their return interviews.

It was explained that bringing the service in-house would mean a better service for young people of the Borough that would increase our ability to effectively safeguard and respond to vulnerable young people who go missing. An increased understanding of the profile and contextual nature of the missing could also improve our ability to reduce and prevent future missing episodes.

AGREED

That the Deputy Executive Leader be recommended to:

- (i) Determine that the statutory duty for undertaking return interviews for children who go missing from home or care is insourced at the expiry of the current contract and delivered by Tameside Children's Services.**
- (ii) Note that TUPE will apply to the transfer of this service to the Council.**

162 APPROVE SPENDING PLAN FOR HOUSEHOLD SUPPORT FUND (SUPPORT PROGRAMMES FOR RESIDENTS)

Consideration was given to a report of the Executive Member for Neighbourhoods, Community Safety and Environment / Assistant Director of Operations and Neighbourhoods / Director of Transformation. The report proposed a spending plan for the Household Support Fund (HSF).

It was stated that the Department of Work and Pensions (DWP) had awarded Tameside MBC approximately £2.2 million as part of their Household Support Fund (HSF), a £500 million grant package running from 6 October 2021 to 31 March 2022. Funding was to be provided in arrears subject to two management information returns due on 21 January 2022 and 22 April 2022 respectively.

It was proposed that the awarded monies be split across four distinct support streams, each serving a specific purpose and together ensuring that the support offer spread was maximised across the borough's residents. The Assistant Director for Operations and Neighbourhoods set out the four streams:

1. Funding for Free School Meals (FSM) as agreed by executive decision on 13 October
2. An open support programme into which all residents can apply, offering vouchers or payments for food, essentials, and energy;
3. A targeted support offer for residents with whom we're already working through existing welfare services, largely to support food, essentials, and energy costs, with a small portion able to be used for housing cost in exceptional circumstances; and
4. Support offered through third sector partners in the form of vouchers to distribute or direct awards to be used for agreed purposes.

AGREED

That the Executive Member for Neighbourhoods, Community Safety and Environment be recommended to approve the proposed approach for utilising the £800 thousand of Household Support Fund money remaining after the provision of Free School Meals be agreed as set out in paragraph 2.9.

163 FAMILY HUBS: LOCAL TRANSFORMATION FUND

Consideration was given to a report of the Deputy Executive Leader / Executive Member for Adult Social Care / Clinical Lead for Starting Well / Interim Director of Population Health / Interim Director of Children's Services. The report provided an update on the recently announced national Family Hubs: Local Transformation Fund and outlined Tameside approach and intention to make a bid application.

It was stated that following the initial manifesto commitment in August 2021, in the October 2021 Spending Review the Government had 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 was a venture from the Department of Education (DfE) and was open to Local Authorities (Local Authorities) to apply for help in opening Family Hubs in local areas by March 2024.

The Interim Director of Population Health set out Tameside's approach and intentions. It was stated the next step was to submit an application in to Family Hubs: Local Transformation Fund. A successful application into the Fund would see the local programme of work regarding families and the neighbourhood model accelerate at scale and pace. Linking to the Fund's principles, the Tameside's application sought to deliver the following objectives and activities:

- **More accessible** – 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 would include the identification of estates e.g. a hub and spoke model, and enable the appropriate delivery of services and support in the digital

space.

- **Better connected** – develop and deliver on an IT Strategy that would bring organisational partners in the modern era, including the voice of families to ensure partners could support families through new technologies. This would include the development/ integration of software(s) and purchasing of IT equipment. Furthermore, this would include 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 would promote the 'model of practice' across Tameside including Signs of Safety, Trauma Responsive Approaches, Child Development and Parenting Programmes, such as the Solihull Approach.

It was explained that in order to deliver on the above, the bid application included 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 would be to facilitate the development and launch of the Family Hubs.

AGREED

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.**

164 GREATER MANCHESTER LEARNING DISABILITY AND AUTISM COMPLEX NEEDS PROJECT

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Clinical Lead for Living Well, Finance and Governance / Clinical Lead for Living Well / Director for Adult Services. The report detailed the GM Complex Needs programme and sought approval on the terms Memorandum of Understanding (MOU) and approval to enter into the agreement.

It was reported that the GM Complex Needs programme was linked to the 'bespoke commissioning' priority in the GM Learning Disability Strategy. The main objective of this programme was 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 was to ensure people get the best possible quality of care and support in the right place at the right time – reduce the number of people placed out-of-area, ensuring a more person-centred approach and effective value for money.

It was explained that the project had 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 would have reduced to less than half of 2015 levels and, for every one million adults, there would be no more than 30 people with a learning disability and/or autism cared for in an inpatient unit. Nationally progress had 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 be discharged promptly from hospital back into the community.

The GM response had been to understand the key specialist services that needed 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 were a total of 79 people identified, as requiring provision going forward. At this time there was one person identified for Tameside & Glossop.

The report sought approval for the terms of the Greater Manchester (GM) Learning Disability and Autism Complex Needs Project Memorandum of Understanding (MOU). The MOU 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.

The Director of Adult Services advised that an individual Complex Needs Inter-Locality Agreement would be produced for each proposed new service between the relevant placing and host localities. It was 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 would require the host locality Director of Adult Social Services (DASS) sign off before any service would go ahead. It was proposed each locality area would only host one service from a particular cohort. An Individual Agreement would be produced for each proposed new service between the relevant placing and host localities.

AGREED

That Strategic Commissioning Board be recommended to approve:

- (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.**

165 MACMILLAN SOLUTIONS

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / CCG Co-Chair / Director of Commissioning. The report provided an update on Macmillan's solutions, in relation to funding from April 2022 and beyond.

It was reported that the Macmillan Solutions charitable function had been operating for nearly ten years funded by Macmillan. Tameside were the second highest referrer in GM to the service, with good access locally. Macmillan Solutions were an asset-based charitable function, delivered by volunteers that offer a flexible approach to the work they provide (based on needs of the individual).

It was stated that T&G CCG had similar provider offers in place, which provided personalised care and support for people who had long-term conditions, including support for people with or affected by cancer.

It was explained that Covid had impacted on the length of time that people were having to wait for their treatment, this offer was crucial to ensuring PABC had access to a wide range of personalised care and support.

Macmillan Cancer Support previously funded the charitable function; therefore, if supported, Macmillan Solutions would have to be funded as new investment, awarded on a grant agreement, following compliant procedures. Funding to support the sustainability of the service was included within the T&G CCG/future ICS budget.

The Director of Commissioning advised that option 2 in the report was the preferred option, to resource the charitable function concentrating on the CCG areas making most use of the current service, namely Manchester, Salford, Tameside, and Bolton. It was further explained that the charitable function would concentrate on improving the level and quality of work in these localities. The valued charity would be maintained for the benefit of PABC, volunteers and referrers. Costs to each CCG would reflect the current percentage referral patterns into Macmillan Solution.

AGREED

That Strategic Commissioning Board be recommended to approve option 2 to resource the charitable function, Macmillan solution for the Tameside Locality.

**166 STRATEGIC HOUSING AND ECONOMIC LAND AVAILABILITY ASSESSMENT 2021
- 2037**

Consideration was given to a report of the Executive Member for Housing, Planning and Employment / Director of Place. The report sought approval to publish the 2021 revision of the Strategic Housing and Economic Land Availability Assessment and the 2021 revision of the Brownfield Land Register.

The Director of Place advised the Board that the 2020/21 Strategic Housing and Economic Land Availability Assessment (SHELAA) was to build upon previous iterations of the assessment, which would identify and quantify the housing and economic land potential in the borough. It covered the period 1 April 2021 to 31 March 2037. SHELAA could be found attached at Appendix 1.

It was stated that the identification of sites on the Council's Brownfield Land Register continued to be informed by the SHELAA. The Brownfield Land Register was a sub-set of SHELAA data. The register highlights those SHELAA sites that were wholly brownfield, not under construction and met other specific criteria, as set out in regulations. In 2021, 104 number of sites fell into this category from the SHELAA and formed the register, with potential to deliver 4,227 net residential units. The 2021 Brownfield Land Register could be found attached at Appendix 2.

AGREED

That the Executive Member for Housing Planning and Employment be recommended to agree to:

- (i) Publish the 2020/21 revision of the Strategic Housing and Economic Land Availability Assessment in accordance with delegated authority as agreed by Executive Cabinet on 29 July 2020, minute no. 34 refers.**
- (ii) Publish the 2021 revision of the Brownfield Land Register in accordance with approved delegated authority as agreed by Executive Cabinet on 29 July 2020, minute no. 34 refers.**

167 PROCUREMENT OF EXTERNAL SUPPORT FOR TRANSFORMATION

Consideration was given to a report of the Executive Leader / Director of Transformation. The report sought approval for external support from transformation specialists to drive the transformation programme with the right expertise and at the right pace.

Members were advised that A=a core Transformation Team would provide a sustained and focused approach to a programme of work to improve outcomes and make financial savings. However, it would be necessary to engage external specialist support to ensure sufficient scale and pace and to provide additional capacity and specialist skills.

It was reported that a number of local authorities, including geographic neighbours, had successfully engaged in transformation programmes with the support of external organisations. Feedback indicated delivery of positive results from an outcomes and financial perspective.

It was explained that following a soft market test exercise to understand the market, it was estimated that Tameside would need to invest a one off amount of £2m to complete a 2 year transformation project including diagnostic and implementation. Initially the intention was for this to be Council-wide, with the option to undertake more deep dive service specific pieces of work later in the programme.

Procurement advice had been sought from partners STAR and it was proposed that a closed competitive procurement activity via a framework be undertaken. Six organisations would be invited to bid to support the Council with its Transformation Programme and their suitability assessed against a robust evaluation framework. Value for money would be driven into the contract via the competitive process.

AGREED

That the Executive Leader be recommended to agree that:

- (i) External support from transformation specialists is required to assist in delivering the Council's Transformation Programme over the next 2 years to deliver changes in service, improve outcomes for residents and realise associated savings.**
- (ii) A compliant procurement exercise is undertaken to appoint an external organisation to provide diagnostic and implementation support during the Transformation Programme.**

168 FORWARD PLAN

The forward plan of items for Board was considered.

CHAIR

Agenda Item 4

Report To:	STRATEGIC COMMISSIONING BOARD
Date:	26 January 2022
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 30 NOVEMBER 2021
Report Summary:	<p>This is the financial monitoring report for the 2021/22 financial year reflecting actual expenditure to 30 November 2021 (Month 8) and forecasts to 31 March 2022.</p> <p>The forecast outturn on Council Budgets has improved by 371k since Month 7, mainly due a reduction in external placement costs in Children’s Social Care (£207k). There are some other smaller movements relating to the release of contingency budget and one-off additional income.</p> <p>The CCG plans for H2 were approved by NHS England in mid-November and allocations have now been transacted. As a result of this, full year budgets are now in place across the NHS and for the first time this year we are able to present full 12 month budget position for the CCG. The reported position at M8 shows a forecast overspend of (£3,553k), with a YTD variance of (£536k). This relates to the Hospital Discharge Programme, GP additional roles and responsibilities, and QIPP delivery with further detail set out in section 2 and Appendix 1.</p>
Recommendations:	<p>That Strategic Commissioning Board and Executive Cabinet be recommended to:</p> <ul style="list-style-type: none">(i) to note the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1(ii) to rescind the earlier recommendation to serve notice on the Section 75 Agreement and to extend the existing Agreement into 2022/23 subject to any variations that may be required to reflect the Glossop position.
Policy Implications:	Budget is allocated in accordance with Council/CCG Policy
Financial Implications: (Authorised by the Section 151 Officer & Chief Finance Officer)	<p>This report provides the 2021/22 consolidated financial position statement at 30 November 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.</p> <p>Despite this, a significant pressure is currently forecast, which will need to be addressed within this financial year. A new financial</p>

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.

CCG plans were approved by NHS England in mid November and allocations have now been transacted. As a result of this, full year budgets are now in place across the NHS and for the first time this year we are able to present full 12 month budget position.

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. The report below sets out the process for revising the Section 75 Agreement for 2022/23 to reflect the CCG's changing boundaries.

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

A sound budget is essential to ensure effective financial control in any organisation and the preparation of the annual budget is a key activity at every council.

Every council must have a balanced and robust budget for the forthcoming financial year and also a 'medium term financial strategy (MTFS). This projects forward likely income and expenditure over at least three years. The MTFS ought to be consistent with the council's work plans and strategies, particularly the corporate plan. Due to income constraints and the pressure on service expenditure through increased demand and inflation, many councils find that their MTFS estimates that projected expenditure will be higher than projected income. This is known as a budget gap.

Whilst such budget gaps are common in years two-three of the MTFS, the requirement to approve a balanced and robust budget for the immediate forthcoming year means that efforts need to be made to ensure that any such budget gap is closed. This is achieved by making attempts to reduce expenditure and/or increase income.

The Revenue Monitoring Statement records on a regular basis the Council's position. The Consolidated Revenue Monitoring Statement records how we are faring as a strategic Commission but any deficits remain the responsibility of the individual organisations unless legally statement otherwise.

In challenging financial times it is tempting to use reserves to maintain day-to-day spending. However reserves by their very nature can only be spent once and so can never be the answer to long-term funding problems. Reserves can be used to buy the council time to consider how best to make efficiency savings and can also be used to 'smooth' any uneven pattern in the need to make savings.

Risk Management:

Associated details are specified within the presentation.

Failure to properly manage and monitor the Strategic Commission's budgets will lead to service failure and a loss of public confidence. Expenditure in excess of budgeted resources is likely to result in a

call on Council reserves, which will reduce the resources available for future investment. The use and reliance on one off measures to balance the budget is not sustainable and makes it more difficult in future years to recover the budget position.

Background Papers:

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

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

 Telephone:0161 342 5609

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

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

 Telephone:0161 342 5626

 e-mail: tracey.simpson@nhs.net

1. BACKGROUND

- 1.1 Monthly integrated finance reports are usually prepared to provide an overview on the financial position of the Tameside and Glossop economy.
- 1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The total gross budget of the ICF is just over £1bn.
- 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 £1.207m 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 371k since Month 7, mainly due a reduction in external placement costs in Children's Social Care (£207k). There are some other favourable movements (£252k) relating to the release of contingency budget and additional one-off income relating to reimbursement of costs from a prior year, and a small reduction (£88k) in COVID related funding for administration costs recognised in 2021/22..
- 2.3 Last month reported that NHS plans for the second half of 2021/22 had not been formally approved at the time the report was written. Plans were approved by NHS England in mid-November and allocations have now been transacted. As a result of this, full year budgets are now in place across the NHS and for the first time this year we are able to present full 12 month budget position.
- 2.4 The reported position at M8 shows a forecast overspend of (£3,553k), with a YTD variance of (£536k). This is made up as follows:
 - **(£1,681k) Hospital Discharge Programme** (YTD £536k). In total we have spent £2,087k against the Hospital Discharge Programme in the first 8 months of the year. Claims of £1,551k relating to H1 have already been approved by NHSE, resulting in the YTD variance of £536k. Total forecast spend for the full year is £3,232k. After adjusting for H1 claim results which have already been reimbursed, we are reporting a total variance of £1,681k. We anticipate receipt of an allocation to match this variance, resulting in an effective breakeven position after reimbursement has been approved and transacted.
 - **(£1,422k) GP Additional Roles & Responsibilities** (YTD £0k). £3,207k of total funding has been made available by NHS England, against which our Primary Care Networks can claim in 2021/22. Based on current PCN plans, this is expected to be spent in full. CCG baseline allocations include £1,785k of ARRs funding and we are able to reclaim any spend in excess of this, hence the reported variance. Any slippage in PCN expenditure will reduce the value of CCG claims (i.e. ARRs will be cost neutral for the CCG position).
 - **(£451k) QIPP Shortfall** (YTD £0k). We have reported to NHS England that QIPP will be achieved in full. However based on standard optimism bias rules we are currently projecting a shortfall in achievement. Work is underway to address this risk and identify schemes which will close the gap. A more detailed report will be taken to Finance & QIPP Assurance Group, updating on progress.

- 2.5 There is work underway to produce a revised Section 75 Agreement between the CCG and the Council to reflect the CCG's changed boundaries from 1 April 2022 when the Glossop locality is due to move into the boundaries of NHS Derby and Derbyshire CCG. As directed by NHS England and NHS Improvement (NHSE/I) the CCG has sought legal advice from the solicitors appointed by NHSE/I. The approach now recommended which was different to that previously advised is to now rescind the earlier recommendation to serve notice on the Section 75 Agreement and instead to extend the existing Agreement into 2022/23. The CCG and Council will then agree the future amendment of the 2022/23 Section 75 Agreement to reflect the boundary change by means of a contract variation. The Section 75 Agreement will be supported by an accompanying Financial Framework for 2022/23.
- 2.6 Further detail on the financial position can be found in **Appendix 1**.

3. RECOMMENDATIONS

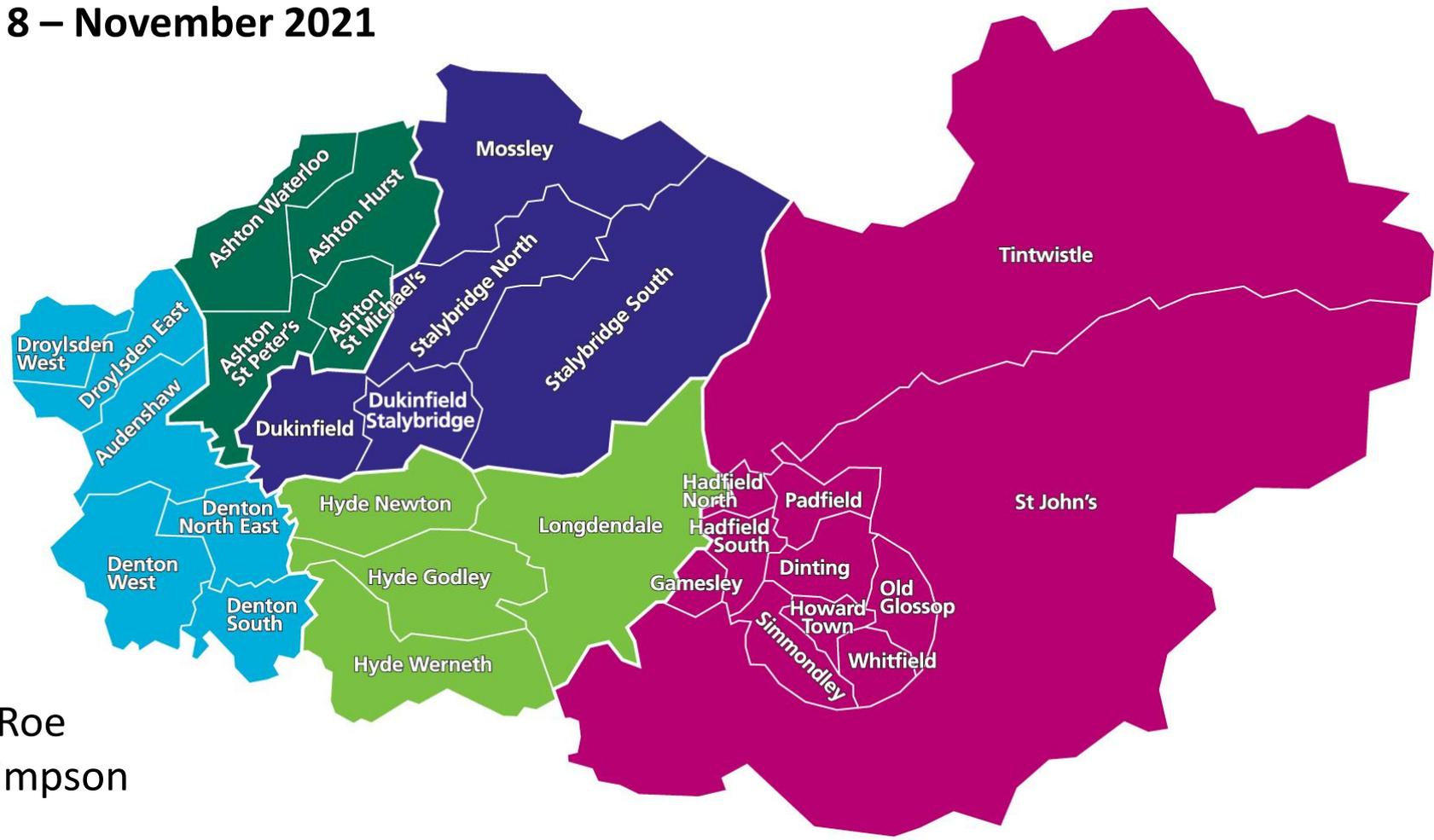
- 3.1 As stated on the front cover of the report.

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Tameside and Glossop Strategic Commission

Finance Update Report
Financial Year 2021-22
Month 8 – November 2021

Page 21



Kathy Roe
Sam Simpson

Period 8 Finance Report

Executive Summary	3
Integrated Commissioning Fund Budgets	4
CCG Budgets	5
ICFT Position	6 - 7

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

Message from the DOFs:

Last month we reported that NHS plans for the second half of 2021/22 had not been formally approved at the time the report was written. Plans were approved by NHS England in mid November and allocations have now been transacted. As a result of this, full year budgets are now in place across the NHS and for the first time this year we are able to present full 12 month budget position.

While we are now focused upon delivery against this plan, delivery is now against the backdrop of the new Omicron variant and the accelerated vaccine roll out recently announced by the Government. These will inevitably impact upon operational delivery and may make delivery of financial savings more challenging. It is too early to quantify this risk, but finance are working with operational colleagues to facilitate delivery and monitor financial progress, while ensuring that we operate within the agreed funding envelope and access any new COVID funding as appropriate.

Looking forward to next year, the Council are in the process of calculating budgets and identifying potential savings in advance of the Local Government Finance Settlement which is expected in mid December. Whilst the recent 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.

There remains uncertainty about the future financial regime within the NHS. But work is underway to prepare for the creation of the Greater Manchester Integrated Care Board from April. We are working with colleagues from Derbyshire to ensure successful transition of commissioning arrangements for Glossop patients into the Derbyshire ICB. This includes appropriate financial and contractual transfers and the preparation of a revised section 75 Agreement to reflect the CCG's changed boundaries.

TMBC Financial Position

£371k

Improvement in financial position since M7, as a result of reduced costs in Children's Social Care and other one off benefits

Children's Social Care

(£4,619k)

Forecast overspend against full year budget. Though note this represents an improvement on the M7 position

CCG QIPP

(£451k)

Post Optimism Bias shortfall against QIPP target. Work underway to progress further savings and close this gap.

ICFT YTD Position

£34k

Despite In month pressures in November, spend on a YTD basis is slightly less than plan.

Forecast Position £000's	YTD Position			Forecast Position			Variance	
	Budget	Forecast	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
CCG Expenditure	294,840	295,377	(536)	451,719	455,272	(3,553)	N/A	N/A
TMBC Expenditure	130,002	125,430	4,572	194,494	195,701	(1,207)	(1,579)	371
Integrated Commissioning Fund	424,842	420,807	4,035	646,213	650,973	(4,761)	(1,579)	371

Integrated Commissioning Fund Budgets

Forecast Position £000's	YTD Position (Net)			Forecast Position (Net)			Net Variance		Gross Position (full year)	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month	Expenditure Budget	Income Budget
Acute	152,062	151,724	338	228,148	227,805	343	N/A	N/A	228,148	0
Mental Health	29,927	29,820	107	45,466	45,417	49	N/A	N/A	45,466	0
Primary Care	61,324	61,710	(387)	95,496	96,470	(974)	N/A	N/A	95,496	0
Continuing Care	9,231	8,816	415	14,769	14,595	174	N/A	N/A	14,769	0
Community	25,385	25,841	(456)	38,024	39,636	(1,611)	N/A	N/A	38,024	0
Other CCG	14,055	14,677	(622)	25,259	26,342	(1,083)	N/A	N/A	25,259	0
CCG TEP Shortfall (QIPP)	0	0	0	0	451	(451)	N/A	N/A	0	0
CCG Running Costs	2,857	2,788	69	4,556	4,556	(0)	N/A	N/A	4,556	0
Adults	26,809	27,686	(877)	40,214	39,335	879	879	0	90,822	(50,608)
Children's Services - Social Care	34,852	38,510	(3,658)	53,510	58,129	(4,619)	(4,826)	207	65,395	(11,885)
Education	5,635	1,919	3,716	7,239	6,928	311	311	0	32,730	(25,491)
Individual Schools Budgets	3,457	(1,083)	4,541	0	0	0	0	0	124,147	(124,147)
Population Health	9,647	6,436	3,211	14,470	13,610	860	860	0	15,873	(1,403)
Place	40,082	51,225	(11,143)	61,581	61,900	(319)	(319)	0	124,215	(62,634)
Governance	7,583	9,099	(1,516)	9,083	9,607	(524)	(524)	0	71,470	(62,387)
Finance & IT	5,750	5,530	220	8,326	7,637	689	689	0	10,153	(1,827)
Quality and Safeguarding	98	(8)	106	142	142	(0)	(0)	0	383	(241)
Capital and Financing	(663)	(890)	226	4,775	4,327	448	448	0	8,964	(4,189)
Contingency	2,634	(1,800)	4,434	3,959	3,918	41	(211)	252	4,715	(756)
Contingency - COVID Costs	0	12,880	(12,880)	0	16,229	(16,229)	(16,229)	0	0	0
Corporate Costs	3,355	3,425	(70)	5,051	4,973	78	78	0	5,352	(301)
LA COVID-19 Grant Funding	(9,237)	(25,688)	16,451	(13,856)	(29,359)	15,503	15,591	(88)	(5,239)	(8,617)
Other COVID contributions	0	(1,811)	1,811	0	(1,676)	1,676	1,676	0	0	0
Integrated Commissioning Fund	424,842	420,807	4,035	646,213	650,973	(4,761)	(1,579)	371	1,000,698	(354,485)

Forecast Position £000's	YTD Position			Forecast Position			Variance		Gross Position (full year)	
	Budget	Forecast	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month	Expenditure Budget	Income Budget
CCG Expenditure	294,840	295,377	(536)	451,719	455,272	(3,553)	N/A	N/A	451,719	0
TMBC Expenditure	130,002	125,430	4,572	194,494	195,701	(1,207)	(1,579)	371	548,979	(354,485)
Integrated Commissioning Fund	424,842	420,807	4,035	646,213	650,973	(4,761)	(1,579)	371	1,000,698	(354,485)

A: Section 75 Services	230,262	228,755	1,507	352,512	354,363	(1,851)
B: Aligned Services	146,373	137,049	9,324	220,450	223,337	(2,887)
C: In Collaboration Services	48,207	55,002	(6,795)	73,251	73,273	(22)
Integrated Commissioning Fund	424,842	420,807	4,035	646,213	650,973	(4,761)

Note: The CCG did not have H2 budgets in place at M7, therefore unable to measure movements to variance at M8, but will do so again at M9

Integrated Commissioning Fund Key Messages

Children's Social Care (£4,619k) Overspend

The Directorate forecast position is an over spend of (£4,619k), a favourable decrease of £207k since period 7. The over spend is predominately due to the number and cost of external and internal placements. At the end of November the number of cared for children was 696 a decrease of 2 from the previous month. The reduction in forecasts since period 7 is due to a favourable decrease in external placements (£207K).

Overall TMBC Position

The forecast outturn on Council Budgets has improved by 371k since Month 7, mainly due a reduction in external placement costs in Children's Social Care (£207k). There are some other favourable movements (£252k) relating to the release of contingency budget and additional one-off income relating to reimbursement of costs from a prior year, and a small reduction (£88k) in COVID related funding for administration costs recognised in 2021/22.

CCG QIPP

Against a full year target of £5,164k, £3,863k (75%) of the required savings have realised in the first 8 months of the year.

In addition to our banked savings, there is a further £310k, which we are completely confident of realising in future months. This leaves savings of £991k still to find.

After application of optimism bias, we anticipate making further savings of £540k from schemes currently rated as amber. Reducing the savings gap to £451k.

Work is underway to identify further schemes which will close this gap

CCG Reported Position

The reported position at M8 shows a forecast overspend of (£3,553k), with a YTD variance of (£536k). This is made up as follows:

(£1,681k) Hospital Discharge Programme (YTD £536k). In total we have spent £2,087k against the Hospital Discharge Programme in the first 8 months of the year. Claims of £1,551k relating to H1 have already been approved by NHSE, resulting in the YTD variance of £536k. Total forecast spend for the full year is £3,232k. After adjusting for H1 claim results which have already been reimbursed, we are reporting a total variance of £1,681k. We anticipate receipt of an allocation to match this variance, resulting in an effective breakeven position after reimbursement has been approved and transacted.

(£1,422k) GP Additional Roles & Responsibilities (YTD £0k) . £3,207k of total funding has been made available by NHS England, against which our Primary Care Networks can claim in 2021/22. Based on current PCN plans, this is expected to be spent in full. CCG baseline allocations include £1,785k of ARRs funding and we are able to reclaim any spend in excess of this, hence the reported variance . Any slippage in PCN expenditure will reduce the value of CCG claims (i.e. ARRs will be cost neutral for the CCG position).

(£451k) QIPP Shortfall (YTD £0k). We have reported to NHS England that QIPP will be achieved in full. However based on standard optimism bias rules we are currently projecting a shortfall in achievement. Work is underway to address this risk and identify schemes which will close the gap. A more detailed report will be taken to Finance & QIPP Assurance Group, updating on progress.

Finance Summary Position – T&G ICFT

	Month 8			YTD		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
Total Income	£22,553	£22,863	£310	£182,170	£184,652	£2,482
Employee Expenses	(£16,241)	(£15,959)	£282	(£125,186)	(£126,037)	(£851)
Non Pay Expenditure	(£6,415)	(£6,987)	(£572)	(£51,933)	(£54,107)	(£2,174)
Total Operating Expenditure (excl. COVID-19)	(£22,656)	(£22,946)	(£290)	(£177,119)	(£180,144)	(£3,025)
Income - COVID-19	£30	£28	(£2)	£60	£191	£131
Employee Expenses - COVID-19	(£739)	(£694)	£45	(£5,558)	(£5,424)	£134
Non Pay Expenditure - COVID-19	(£93)	(£189)	(£96)	(£1,496)	(£1,126)	£370
Total Operating Expenditure - COVID-19	(£802)	(£855)	(£53)	(£6,994)	(£6,359)	£635
Total Operating Expenditure	(£23,458)	(£23,801)	(£343)	(£184,113)	(£186,503)	(£2,390)
Net Surplus/ (Deficit) before exceptional Items	(£905)	(£938)	(£33)	(£1,943)	(£1,851)	£92
Trust Efficiency Programme	£375	£542	£167	£3,714	£3,493	(£221)
Capital Expenditure	(£506)	(£814)	(£308)	(£2,942)	(£2,559)	£383
Cash and Equivalents		£29,571				

Trust Financial Summary – Month 8

The Trust H2 financial plan for H2 is breakeven, in line with national guidance. In month 8 the Trust reported an in month variance against plan of c.£33k deficit and a YTD surplus of c.£92k. The Trust H2 financial plan for H2 is breakeven, in line with national guidance. The Trust H2 financial plan for H2 is breakeven, in line with national guidance.

The in month actual position is a reported deficit of c.£938k this represents a reduction of spend from the previous month of c.£31k. Ward arrears for H1 was transacted in month 6, in line with national guidance, the impact of the pay award was assumed to be fully funded in H1. Any shortfall Total COVID expenditure incurred in month equated to c.£855k against planned spend of c.£802k and a total YTD spend of c£6.359m against a plan of c.£6.994m which represents an underspend of £635k. COVID spend increased during month 8 predominantly due to increases in the numbers of COVID positive in-patients treated during the month.

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

Page 27 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 the completed Referral to Treatment pathways relative to 2019/20. The Trust continues to report good levels of performance against restoration targets. However, the Trust continues to experience significant pressures within Urgent Care, Non-elective and COVID positive admissions.

Efficiency target:

The Trust has set an efficiency target for H2 of 3% in 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. £542k in month 8 and c.£3.493m YTD which are predominantly through productivity improvements and income generation schemes.

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Agenda Item 5

Report to :	STRATEGIC COMMISSIONING BOARD
Date :	26 January 2022
Reporting Officers:	Councillor Brenda Warrington – Executive Leader (Tameside Council) Dr Ashwin Ramachandra / Dr Asad Ali – Co-chairs (Tameside and Glossop Clinical Commissioning Group) Sandra Stewart – Director Governance and Pensions Sarah Threlfall – Assistant Director Policy, Performance and Communications (Governance and Pensions)
Subject :	CORPORATE PLAN SCORECARD
Report Summary :	The corporate plan outcomes scorecard attached provides evidence to demonstrate progress towards achievement of the Corporate Plan and improving the services provided to residents, businesses and key stakeholders within the locality. The scorecard is attached at Appendix 1 .
Recommendations :	That the contents of the report and scorecard Appendix 1 are noted, and that the next quarterly update to Board and to Executive Cabinet be agreed.
Links to Corporate Plan:	The report is relevant to all elements of the Corporate Plan as the scorecards provide data to help track progress towards achieving its aims and objectives.
Policy Implications :	The corporate scorecard provides the evidence for demonstrating the progress being made towards achievement of the Corporate Plan and improving the services provided to residents, businesses and key stakeholders within the locality. The thematic scorecards – which support the corporate scorecards - will enable services to monitor their own performance and their contribution to delivery of the Corporate Plan.
Financial Implications : (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	Whilst there are no direct financial implications arising from the recommendations in this report, the scorecard should assist Members in making decisions regarding the prioritisation of the Council's limited resources. The CIPFA Financial Management Code sets an expectation that to remain financially sustainable an authority must have timely information on both its financial and operational performance. Performance information should aid Members understanding as to whether spending decisions are achieving objectives, and enable informed decisions regarding the prioritisation of scarce resources in the face of significant financial challenges.
Legal Implications : (Authorised by the Borough Solicitor)	The purpose of the scorecards is to provide Members with data on which to measure the Council's performance against the corporate plan and ultimately for the residents of Tameside. The scorecards are always an important tool for Members to use to measure the council's delivery but they are all the more

critical in light of the current challenges faced by the council in relation to the impact of covid and budgetary pressures.

This current data should help Members in their considerations on how to meet these challenges and how to address any issues arising in relation to the effectiveness of the council in undertaking the deliver of services.

Risk Management :

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

Access to Information :

The background papers relating to this report can be inspected by contacting Alec Milner, Policy Officer



Telephone:0161 342 3905



e-mail: alec.milner@tameside.gov.uk

1. CORPORATE OUTCOMES SCORECARD

- 1.1 The Corporate Plan outcomes scorecard, **Appendix 1**, follows the structure of the Corporate Plan, and contains indicators focused on long term outcomes across the plan's priorities. There are a number of proxy indicators for issues related to the pandemic which will take significantly longer to be reflected in the regular long term measures.
- 1.2 The number of Tameside residents receiving Universal Credit in October was down slightly on the same month in 2020, although the percentage of UC recipients in employment in September was higher than in September 2020. The number of households in receipt of council tax support has fallen below 18,000 for the first time since climbing during the first wave of the coronavirus pandemic last year.
- 1.3 Building across the borough has decreased since the last financial year. The net number of additional dwellings per 10,000 residents has fallen from 20.93 in 2019/2020 to 16.2 in 2020/2021. This remains significantly lower than the national average of 38.3 per 10,000 people. This has also affected the completion of affordable homes, with new affordable homes per 10,000 residents falling from 8.51 in 2019/2020 to just 2.51 in 2020/2021, significantly lower than the national average of 9.2 per 10,000 people.
- 1.4 There has also been a notable drop in performance on a number of wider health metrics. The latest data for the proportion of people walking or cycling 3+ times a week, from 2019/2020, is 15 percentage points lower than the previous year at just 27.4%, below the national average of 34.5%.

2. RECOMMENDATION

As set out on the front of report.

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Theme	Priority	Outcome	Metric Reference	Metric	Previous Position	Current Position	National Average	Period	Progress	Targets	
										Apr 2025	Apr 2030
Economy	Very Best Start	Reduce rate of smoking at time of delivery	V1	% Smoking at time of delivery	7.40%	9.70%	9.10%	Q1 2021/2022	↑	10.50%	All expectant mothers to be supported to be smoke free at the time of delivery
		Improve school readiness	V2	% achieving a 'good' level of development	65.7%	66.90%	71.80%	2019	↑	75%	All children start school ready to learn
			V3	% achieving expected level in Phonics decoding	79.0%	78.00%	82.00%	2019	↓		
			V4	% 3 & 4 year olds at 'good' or 'outstanding' EY settings	93%	93%	93%	2021	↔	98%	All children to attend good or outstanding early years settings
			V5	% 2 year olds in funded early education	75%	71%	62%	2021	↓	95%	All eligible 2 year olds benefit from funded early years education
			V6	% of children in year 6 who are overweight or obese	36.2%	35.9%	35.2%	2020	↓	34%	All children to be a healthy weight at the end of Year 6
	Aspirations & Hope (Educational Attainment Measures Suspended)	Young people going into higher education	A1	% Key Stage 4 going into/remaining in further education	85.2%	84.1%	86.9%	2020	↓	90%	All young people going into/remaining in further education after KS4
		Children attending 'good' and 'outstanding' schools	A2	% Primary schools 'good' & 'outstanding'	89.50%	88.20%	88.10%	Ad Hoc	↑	95%	All children attending a good or outstanding primary school
			A3	% Secondary schools 'good' & 'outstanding'	66.70%	66.70%	77.40%	Ad Hoc	↔	80%	All children attending a good or outstanding secondary school
		Proportion of children with good reading skills	A4	% Key Stage 2 achieving expected reading standard	73%	72%	73%	2019	↓	80%	All children to be provided with the opportunity to achieve their full educational potential
		Promote a whole system approach and Improving wellbeing and resilience	A5	Secondary Fixed Term Exclusions	16.80%	10.22%	7.43%	2019/2020	↓		
			A6	Mean worthwhile ratings (adults 16 and over)	7.92	7.79	7.71	2020/2021	↓	8.5	All residents 16+ feel that the things they do in life are worthwhile
	Resilient Families & Supportive Networks	Early Help Intervention	R1	Child and Family Assessments currently open	629	587	N/A	Q1 2021/2022	↓	To be developed	All vulnerable families receive the help they need
		Reduce the number of first time entrants into Youth Justice	R2	First Time Entrants into Youth Justice aged 10-17, rate per 100k	211	99	170	2020	↓	212.9	No young people entering the youth justice system
		Increased levels of fostering and adoption	R3	% Cared for children adopted in year	12%	10%	12%	2019	↓	18.60%	All looked after children provided with the opportunity to be adopted, where its of benefit to the young person within
		Improve the quality of social care practice	R4	Children's Services Audits Rated 'Good' & 'Outstanding'	5%	50%	N/A	Q2 2021/2022	↑	50%	All Children Social Care audits rated good or outstanding
	Work Skills & Enterprise	Increase median resident earnings	W1	Median Annual Income	£25,825	£27,706	£31,490	2021	↑	£27,492	The median annual income to be in line with the England average
			W2	Percentage in Employment	75.0%	72.9%	75.7%	2020	↓	78%	All people who can work are in work
		Increase the working age population in employment	W3	Universal Credit Recipients	25,776 (Oct 2020)	25,706	N/A	Oct-21	↓		
			W4	Universal Credit Recipients in Employment	38.1% (Sep 2020)	39.0%	40.5%	Sep-21	↑		
		Increase the number of people earning above the Living Wage	W5	New enterprises (percentage of total businesses)	12.66%	12.27%	12.12%	2020	↓	18.97%	Tameside is recognised as a vibrant economy where entrepreneurs are supported to start new businesses
			W6	Business Rate Taxbase: Total Rateable Value	£148,235,884 (Aug-21)	£148,594,042	N/A	Nov-21	↑		
		Increase number of enterprise / business start-ups	W7	Percentage of population with at least level 3 skills	48.20%	48.60%	61.3%	2020	↑	54.90%	Higher proportion of Tameside's population have Level 3 skills than the national average
			W8	Number of apprenticeships started	2050 (146.2 per 10k)	1380 (98.5 per 10K)	196,300 (56.1 per 10K)	Q1-3 19/20 Academic	↓	2310	Apprenticeships are available to all that seek them
		Covid-19 Impact and Recovery	W12	Households Receiving Council Tax Support	18,112 (Nov 2020)	17,795	N/A	Nov-21	↓		
	Environment		Improve air quality	I1	Particulate Matter Pollution in the Air (PM2.5, ug/m^3)	9.70	7.60	7.54	2020	↓	6
I2		Territorial Carbon Dioxide Emissions (kilotonnes)		849.92	810.10	879.27	2019	↓			
I3		Trees Planted Annually		6749	15000	N/A	2020/2021	↑			
I4		Net Additional Dwellings per 10,000 Residents	20.93	16.2	38.3	2020/2021	↓		Targets to be agreed		

Theme	Priority	Outcome	Metric Reference	Metric	Previous Position	Current Position	National Average	Period	Progress	Targets			
										Apr 2025	Apr 2030		
Great Place - Ian Saxon / Vibrant Eccles	Living Well	Infrastructure and E	I5	New Affordable Homes per 10,000 Residents	8.51	2.51	9.2	2020/2021	↓		Targets to be agreed		
			I6	Maximum Mean Download Speed	56.9	60.4	71.2	Q1 2021/2022	↑	41.5	All households to have access to high quality internet services		
			I7	Percentage of all waste recycled	50.90%	45.9%	43.0%	2019/2020	↓	57.78%	All household waste recycled where possible		
			I8	% population walking / cycling 3+ times a week	42.0%	27.4%	34.5%	2019/2020	↓	47%	Tameside is a walking/cycling friendly borough		
			I9	% of residents with Level 4 access to public transport network at peak times		82.7% (GM)	N/A		N/A	Targets to be agreed	All residents with Level 4 access to public transport network at peak times		
	Ageing Well	Nurturing Communities	Reduce victims of domestic abuse	N1	Rate of PPIs per 1000	25.2 (Q1 2020/21)	25.2	N/A	Q1 2021/2022	↔	25.1	Tameside has low rates of domestic abuse	
				Reduce the number of rough sleepers/homelessness	N2	Street counts & estimates of rough sleepers	2 (0.19 per 10k HHolds)	5 (0.22 per 10K)	0.76 per 10K	2020	↑	2	Nobody sleeping rough on the streets of Tameside
					N3	Households reporting as at risk of homelessness- Jigsaw	211 (2019)	90 (2020)	N/A	2020	↓		
					N4	Mean life satisfaction ratings	7.74	7.43	7.38	2020/2021	↓	8.5	Maintain mean life satisfaction at 8.5
				Improve satisfaction with local community	N5	Deaths due to suicide- rate per 100,000	9.4	8.3	10.4	2018-2020	↓		
					N6	IAPT Referrals	10,465	8,325	N/A	2020/2021	↓	12383.4	Everyone has access to good quality mental health services
			Covid-19 Impact and Recovery	N7	Food Bank Enquiries	100 (WC Oct 2020)	62 (WC Oct 2021)	N/A	Oct-21	↓			
				N8	Placements in Emergency Temporary Accommodation	557	510	N/A	2020/2021	↓			
				N9	Domestic Abuse Incidents reported to Children's Services	163 (Oct 2020)	253	N/A	Oct-21	↑			
				N10	Residents Agreeing that People Look Out for One Another	73% (Jul-Sep 2019)	83% (Apr-Jun 2020)	N/A	Apr-Jun 2020	↑			
				N11	Residents Feeling Safe in their Local Area	89% (Jul-Sep 2019)	92% (Apr-Jun 2020)	N/A	Apr-Jun 2020	↑			
				N12	Self Isolation Payments	636 (WC Nov 2020)	148 (WC Oct 2021)	N/A	Oct-21	↓			
	Longer & Healthier Lives	Improve the wellbeing of our population	Increase physical and mental healthy life expectancy	L1	Healthy Life Expectancy at birth	Male - 60.4 years, Female - 58.3 years	Male - 61.9 years, Female - 58.7 years	Male - 63.2 years, Female - 63.5 years	2017-2019	↑	Male - 61.2 years, Female - 62.3 years	Healthy life expectancy to be in line with the England average	
				L2	Covid-19 Vaccination Rate (1st Dose, Residents 18+)	89.6% (5th Aug)	90.3% (25th Nov)	94.9% (25th Nov)	Ad Hoc	↑			
			L3	Covid-19 Bed Occupancy - ICFT	8% (10th Aug)	13% (23rd Nov)	N/A	Ad Hoc	↑				
L4			Happiness ratings (average)	7.39	7.13	7.31	2020/2021	↓	7.52	Maintain mean happiness ratings above 8			
L5			Prevalence of smoking, 18+. Survey Data	17.0%	18.2%	13.9%	2019	↑	11%	Tameside and Glossop are smoke free areas			
L6			% of population 'inactive' (<30m exercise a week)	29.6%	30.5%	27.1%	Nov 2019- Nov 2020	↑	25.20%	All residents are physical active where possible			
L7			% adults (18+) classified as overweight or obese	70.5%	71.3%	62.8%	2019/2020	↑					
L8			CQC Audit Results: % good or outstanding	94.3%	97.1%	N/A	Ad Hoc	↑	100%	All GP practices to be rated good or outstanding by CQC			
L9			Admission rate for alcohol related harm per 100k	2783	2780	2370	2018/2019	↔	2250	Alcohol harm rates are low and support is available			
L10			Deaths from drug misuse per 100k	5.6	8.8	5	2018-2020	↑	4	Drug misuse rates and low and support is available			
		Increase the number of people helped to live at home	ID1	Funded 65+ in residential/nursing homes per 100k	644.6	620.4	498.2	2020/2021	↓	585.6	Only those in most in need access residential/nursing care at the right point for them		

Theme	Priority	Outcome	Metric Reference	Metric	Previous Position	Current Position	National Average	Period	Progress	Targets	
										Apr 2025	Apr 2030
Independence & Dignity in Older Age		Reduce hospital admissions due to falls	ID2	Emergency admissions for falls 65+ per 100k	1961	2073	2222	2019/2020	↑	1875.57	Emergency falls in the 65+ age group are low
		Increase levels of self-care / social prescribing	ID3	% service users who find it easy to find information	70.2%	70.6%	68.4%	2019/2020	↔	78.6%	Tameside and Glossop is a place where people are supported to self care
		Good' and 'Outstanding' social care settings	ID4	CQC Audit Results: % care home beds good or outstanding	80.84% (Dec 2020)	79.80%	N/A	Dec-21	↓	80%	All residential/nursing settings are rated good or outstanding
		Prevention support outside the care system	ID5	Number of people supported outside the social care system with prevention based services	5660	5965	N/A	Q2 2021/2022	↓	7500	All people are supported to remain in the community
		Covid-19 Impact and Recovery	ID6	Contacts Made to ASC	695 (Oct 2020)	602	N/A	Oct-21	↓		
			ID7	Open ASC Provisions	4861 (Oct 2020)	4735	N/A	Oct-21	↓		

* Where available data will be provided at the Tameside & Glossop level for health related indicators. Data as of 3rd December 2021.

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Agenda Item 6

Report to: STRATEGIC COMMISSIONING BOARD

Date: 26 January 2022

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

Clinical Lead: Ashwin Ramachandra (Living Well, Finance and Governance)

Reporting Officer: Stephanie Butterworth, Director of Adult Services

Subject: **ADULT SERVICES WORKFORCE RECRUITMENT AND RETENTION FUND (ROUNDS 1 & 2)**

Report Summary: The outbreak of Covid-19 has been unprecedented and the last 20 months has seen a significant increase in the demand for services and the complexity of people needing social care support. The increase has not been matched by the number of people attracted to work in social care, and this has been compounded with increased numbers of staff leaving the sector.

The Government has recognised the issue with a commitment made to support local authorities and social care providers to maintain safe staffing levels over the winter period and to continue working closely with the care sector to build sufficient workforce capacity across services. Government has announced the “Workforce Recruitment and Retention Fund for Adult Social Care Round 1”, which confirmed an allocation of £781,378 to Tameside to cover the period to 31 March 2022.

The Government has recently announced a second round of the Workforce Recruitment and Retention Grant which confirms an allocation of £1,442,545 to Tameside which can be used to enable local authorities and providers to bring forward planned uplifts relating to pay in advance of the new financial year.

This report sets out proposals for allocation of the available resource locally to support workforce recruitment and retention across the local social care sector.

Recommendations: That Strategic Commissioning Board be recommended to agree:

- (i) An allocation of £781,378 made to the Council by Government from the Workforce Recruitment and Retention Fund (Round 1) for Adult Social Care to support the recruitment and retention of staff across the local social care sector to maintain safe staffing levels over the winter period be accepted.
- (ii) That £64,700 of this allocation is approved for spend by the Council as a whole sector response across five proposals, namely a recruitment video, Level 3 Trusted Assessor Training Manual Handling, a Local Recruitment Initiative, Blue Light Cards for staff, and Halfords vouchers.
- (iii) That the remaining £716,678 of the grant allocation be distributed across the CQC registered domiciliary, care home, and supported living providers utilising the formula used in relation to previous Infection Control Grants made available through Government.
- (iv) An additional allocation of £1,442,545 made to the Council

by Government from the Workforce Recruitment and Retention Fund (Round 2) for Adult Social Care to enable the Council and providers to bring forward planned uplifts relating to pay in advance of the new financial year be accepted.

- (v) That this allocation of £1,442,545 be distributed across the CQC registered domiciliary, care home, and supported living providers utilising the formula used in relation to previous Infection Control Grants made available through Government

Financial Implications:
(Authorised by the statutory S
151 Officer & Chief Finance Of

Budget Allocation (if Investment Decision)	£781,378 External Grant Funding plus an Additional £1,442,545 Extra
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	

On 3 November the Government issued additional grant funding to LA to support the workforce recruitment and retention in the provider care market of £162.5m. In addition to this, the DHSC published on the 13 December an additional £300m extra for workforce recruitment and retention. The proposals in this paper sets out initially how this investment will be made and will require working in partnership with our providers to ensure this external funding is deployed effectively to maximise the outcomes. National returns are due in early January to DHSC to monitor expenditure and provide assurances. It has been advised that some of the proposals in this paper would be classed as payments in kind or gifts, and would affect individuals PAYE. This may impact those who are in receipt of other benefits. The proposals outlined are broadly in line with what other LA across the Northwest are doing following a Finance Leads ADASS group meeting that took place on the 2 Dec 21.

Legal Implications:
(Authorised by the Borough Solicitor)

As set out in the report Tameside MBC has been allocated £781,378 from the Workforce Recruitment and Retention Fund. Full details of the scheme and its conditions can be found at [Workforce Recruitment and Retention Fund for adult social care - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

In summary, the fund is aimed at retaining current capacity or delivering additional capacity in adult care for the period of 21 October 2021 to the 31 March 2022. The expectation is that council's will work closely with local providers to identify and assess the most effective way that the funding can be used to achieve the objective.

Officers met on the 10 November and agreed that a working group should be established as a matter of urgency to undertake the necessary due diligence. The engagement undertaken and due diligence is set out in section 3 of this report.

The scope of the grant is wide to enable council's and providers to identify the best solutions locally. There are however provisions in the grant to the council, which enables the Secretary of State to clawback any funding not appropriately allocated by the Council and also to stop any further grant payments are made.

In addition, the Director of Adult Services and the Council's 151 Officer are required to confirm to the Secretary of State that the funding has been used appropriately to sustain or increase staffing capacity. Therefore the due diligence needs to be robust not only to provide assurance to Members that the funding has been allocated appropriately and delivered on the intentions but also that the Director of Adult Services and the Council's 151 Office are able to discharge their statutory duty by confirming this given potential personal liability.

The report has identified that a proportion of the funding will be passported to the providers for them to utilise ie a distribution formula. It is strongly advised that this is done under a grant agreement to ensure that the conditions of the initial grant also passported to the providers to ensure that it is used for the required purpose. There also needs to be clear monitoring and reporting on the spend so there is a clear audit trail in the event the spend is audited by or on behalf of government particularly as whilst there is a clear plan as to how to allocate the budget outside of the proposals to spend £64,700 of the total funding, there appear to be no proposals as to how the vast majority over £2m will be spent (although there is a proposal as to an allocation formula) and its purpose achieved to create a more stable and sustainable workforce.

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 is a contracting decision so has not been discussed at HCAG

Public and Patient Implications:

Those accessing the service have been identified as having eligible needs under the Care Act 2014 or 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. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.

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

Information Governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both commissioner and provider. Privacy Impact Assessments have not been carried out.

Risk Management:

The Government's expectation is that the grant will be fully spent on addressing local workforce capacity pressures through recruitment and retention activity by 31 March 2022. It is clear that 'spent' means that expenditure has been incurred between 21 October 2021 and 31 March 2022. This funding cannot be used to address general financial pressures that providers might be experiencing.

Providers are to agree to act on an open book basis and make cost data available to the Council during this period. Close oversight of spend against the two rounds of non-recurrent funding will be ensured through Adult Leadership Team and the returns that will be submitted to the Department of Health and Social Care.

If it is found that any supplier is found to be taking undue fair advantage, or failing in their duty to act transparently and with integrity, then the Council has a right to take action to recover payments made.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer Trevor Tench



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1. INTRODUCTION

- 1.1. The outbreak of Covid-19 has been unprecedented and has had a significant impact on businesses of all sizes including adult social care providers. The last 20 months has seen an increase in the complexity of people accessing residential care and a significant increase in demand for service to help people remain in their homes. This has therefore created more employment opportunities across these two areas, but the number of people attracted to work with very vulnerable people in social care has not risen at the same rate to meet this demand. In addition, after such a difficult period there are emerging issues in retaining staff in the sector. This would result in many of the most vulnerable people living in the borough being put at risk, as there may not be capacity to meet their essential needs.
- 1.2. This issue has been recognised by Government with a commitment made on 14 September 2021 in the [COVID-19 Response: Autumn and Winter Plan 2021](#) to support local authorities and social care providers to maintain safe staffing levels over the winter period and to continue working closely with the care sector to build sufficient workforce capacity across services.
- 1.3. The [adult social care winter plan](#) published on 3 November 2021 set out the support the government will be providing to the adult social care sector to meet the challenges it faces this winter. The plan includes a commitment to providing workforce recruitment and retention funding, originally announced on 21 October 2021, to support local authorities and providers to recruit and retain sufficient staff over winter, and support growth and sustain existing workforce capacity.
- 1.4. The Government announced a second round of the Workforce Recruitment and Retention Grant on 15 December 2021 which confirmed an allocation of £1,442,545 to Tameside, which can be used to enable local authorities and providers to bring forward planned uplifts relating to pay in advance of the new financial year.
- 1.5. The main purpose of the Workforce Recruitment and Retention Fund is to support local authorities to address adult social care workforce capacity pressures in their geographical area through recruitment and retention activity this winter, in order to:
 - support timely and safe discharge from hospital to where ongoing care and support is needed
 - support providers to maintain the provision of safe care and bolstering capacity within providers to deliver more hours of care
 - support providers to prevent admission to hospital
 - enable timely new care provision in the community
 - support and boost retention of staff within social care
- 1.6. For Round 1 an allocation of £781,378 to Tameside has been made from the fund to cover the period to 31 March 2022. This will be released in two tranches - £468.6k in November 2021 (60%) followed by £312.4k in January 2022 (40%).
- 1.7. For Round 2 an allocation of £1,442,545 to Tameside has been made from the fund to cover the period to 31 March 2022. This will be released in two tranches – the first in in January 2022 followed by the second in February 2022.

2. CURRENT POSITION

- 2.1. Discussion with the providers has indicated that they are dealing with significant issues in relation to the recruitment and retention of staff due to:
 - As the economy has opened up a number of staff recruited throughout the pandemic have returned to their previous roles specifically in the retail and hospitality sectors (where comparable pay is higher than is available in the social care sector).

- Staff within the sector are fatigued after 20 hard months supporting vulnerable people.
 - Staff are leaving providers to sign up for staffing agencies who pay at a higher rate.
 - The age profile of workers in the sector, with a high proportion of staff aged 55 and over, has seen a number of workers decide to take early retirement and leave the sector completely.
 - The roles available are highly responsible in supporting vulnerable people, many with very complex needs, including supporting people with personal care. It is clear that whilst some people are interested in roles they do not have a complete view of what the roles entail and a number of people decide very quickly that the job is not for them and leave after only a few shifts.
- 2.2. The conditions of the allocation of the grant are clear that the funding must only be used to deliver measures that address local workforce capacity pressures in adult social care between through to 31 March 2022 through recruitment and retention activity. The Council is expected to work closely with its provider partners to think innovatively about the measures they put in place individually and collectively, including passporting funding directly to providers where appropriate. There is a clear statement around the importance of retaining existing staff capacity as well as encourage new and returning employees.
- 2.3. Where the Council and its providers are already using such approaches, the funding can be used to increase the scale of activity.
- 2.4. Councils can use this funding directly to deliver measures that help all providers of adult social care in their area. This includes:
- care home and domiciliary care
 - care providers with which local authorities do not have contracts
 - organisations providing care and support who may not be registered with the Care Quality Commission (CQC)
- 2.5. The Government has been clear that the round 1 allocation is a ring-fenced grant that will be paid in 2 instalments to local authorities:
- the first instalment of £468.6k (60%) will be processed as soon as possible and will be made in November 2021
 - the second instalment worth £312.4k (the remaining 40%) will be paid in January 2022 and will be conditional on local authorities having completed a return to the Department of Health and Social Care by 14 January 2022
- 2.6. In addition the Government is clear that the round 2 allocation is a ring-fenced grant that will be paid in 2 instalments to local authorities:
- The first instalment will be paid in January 2022;
 - The second instalment will be paid in February 2022.
- 2.7. The Government's expectation is that the grant will be fully spent on addressing local workforce capacity pressures through recruitment and retention activity by 31 March 2022. It is clear that 'spent' means that expenditure has been incurred between 21 October 2021 and 31 March 2022. This funding cannot be used to address general financial pressures that providers might be experiencing.
- 2.8. A regional meeting to discuss deployment of the grant organised by NW ADASS from discussions concluded the following key points:
- The majority of councils are passporting 60-80% of the fund to providers, prioritising retention, bonuses, "thank you" payments. Remaining 20% focusing on initiatives including recruitment campaigns, jobs fairs or to keep as contingency.
 - Councils were prioritising on-framework providers, or agreeing to focus on particular sectors of the care market (e.g. care at home). Some councils are including non-CQC providers, e.g. specialist homelessness and MH Supported Living.
 - Where possible councils are taking a permissive approach for accessing the funds – e.g.

providing funding with a grant letter and asking providers to opt-out/return funds if they are unable to comply. Some councils are requiring further information and applications. One point of interest was to understand larger providers whose CQC address may be in the council geography, but may have many staff who work outside the area. One council was having more detailed conversations with these providers to test their use of a relatively large sum.

- Councils appear to be agreeing with the oversight of Exec Member via email although some councils are producing Cabinet or executive reports.
- There was criticism of the 60/40 grant allocation with the second allocation in the New Year. One council is providing an increased allocation to providers before Christmas at their own financial risk.
- Dissatisfaction with the limitations of time limited grant funding, the reporting template, and the subsequent difficulties in funding long-term projects and collaborating with providers or across a wide footprint.
- However, some interesting ideas shared on the call – including a payment by results recruitment project in homecare, a potential homecare social enterprise to impact on current market off framework premium, a council and partner auxiliary “bank” of staff to support provider failure and funding driving lessons for young people. (Notable that these initiatives are funded outside the WRRF)

3. PROPOSAL

- 3.1. Work has been ongoing locally and across Greater Manchester considering all options to boost the recruitment on retention of staff in the social care sector. The funding is a timely support to consolidate this work and an opportunity to boost further initiatives across the period to March 31 2022.
- 3.2. As indicated in section 2 of this report informal discussions have been ongoing with providers across Tameside in relation to boosting staff recruitment and retention to get through the difficult winter months and beyond – across Adult Services in-house and independent sector providers there are upwards of 2500 staff supporting the social care population all of whom are included in the financial support available. Based on these discussions a small group of senior staff across Adult Services was convened to consider the best use of the money that has been made available through the grant. In reality the discussion of the group was focussed on a small number of ideas from providers with the five proposals identified in paragraph 3.3 being chosen for progressing centrally. Other ideas that were discounted included “golden hellos” as providers were mixed on the benefits of these and were clear that the priority was in relation to loyalty payment to retain their existing skilled workforce, and a “payment by results” recruitment effort just needed too much work to achieve in the timescales for the funding and it was considered that the potential benefits would be quite limited.
- 3.3. It is proposed therefore that the funding is utilised in two specific ways as outlined below.
- 3.4. The first proposal relates to direct Council activity to support the market as a whole in relation taking pressure out of the system and aid recruitment and retention. The following initiatives are proposed to utilise £64,700 of the total funding of £781,378:
 - **Recruitment Video** – it is clear that a number of people recruited to social care roles quickly become aware that the work really is not for them. It is believed from discussions that a video describing various roles across the sector from experienced staff which describes in a “warts and all way” what the work entails would be a really helpful resource that would maximise the efforts of any recruitment campaign and get people into the work that are clear what the roles entail.
 - **Level 3 Trusted Assessor Training – Manual Handling** - the proposal is to get two staff from each of the six “zoned” support at home provider trained up to carry out low level manual handling assessments. This would free up capacity with the Councils

manual handling team and having qualified staff of their own will mean providers can issue their own low level equipment to people they support quickly and flexibly This would free up some MH assessor time and mean providers can get certain items of kit to people they support quickly and flexibly. Courses are run in Manchester throughout January and February..

- **Local Recruitment Initiative** - the proposal is for the Council to run a recruitment day for all providers to attract people to the various social care work opportunities on offer across in-house and independent provision.
- **Blue Light Card** – the proposal is to purchase cards for all operational social care staff working across in-house and independent provision. The Blue Light card provides those in the NHS, emergency services, social care sector and armed forces with discounts online and in-store. This proposal has been identified as an important gesture to recognise the important role operational staff have made alongside the NHS and emergency services over the past twenty months whilst opening up some significant discounts across a wide range of small and large companies.
- **Halfords Voucher** – this proposal is to recognise the important role that staff vehicles have made in ensuring that support to vulnerable people throughout the pandemic. The vouchers can be used to support the cost of vehicle servicing, replacement of tyres and exhausts and so on.

All five proposals meet the requirements of the grant as outlined in paragraph 1.4 above.

- 3.5. The second proposal is that the remaining £716,678 of the grant is distributed across the domiciliary and care home providers (both in-house and external provision) based on the formula used for the previous allocations against the Infection Prevention Grants provided by the Government. Clarification will be given to providers that their allocation must be used in accordance with the criteria and taking note of the examples highlighted in paragraph 2.3 of this report. For information – the Infection Prevention Grant was allocated to provider based on the number of registered beds in Tameside (with some local amendments based on local knowledge, e.g. the differential between Hyde Nursing Homes registered beds and operational beds), along with the number of service users that domiciliary care providers are using. Both these figures were download from the NECS Capacity Tracker. The government identified the split between care home and community services (for the Infection Prevention Grant), whereas the proposal is for a straight split between registered beds/number of service users supported in Tameside.
- 3.6. As previously stated the conditions of the allocation of the grant are clear that the funding must only be used to deliver measures that address local workforce capacity pressures in adult social care between through to 31 March 2022 through recruitment and retention activity.
- 3.7. Some examples of how the funding can be spent include, but are not limited to:
- Supporting payments to boost the hours provided by the existing workforce – including childcare costs and overtime payments
 - Investment in measures to support staff and boost retention of staff within social care – including occupational health, wellbeing measures, incentive and retention payments
 - The creation and maintenance of measures to secure additional or redeployed capacity from current care workers. For example, shared staff banks, redeploying local authority staff, emergency support measures, overtime payments
 - Local recruitment initiatives
 - Activities to support hospital discharge or to prevent or address delays as a result of workforce capacity shortages (distinct from discharge funding agreed in separate guidance)
 - Activities which support the recruitment of local authority employed social care staff, or which enhance or retain the capacity of existing local authority employed social care staff
 - Local authorities and providers to use the grant to cover reasonable administrative and/or set up costs they incur for new measures that deliver additional staffing capacity through

recruitment and retention activity

- 3.8. The additional allocation of £1,442,545 made to the Council by Government from the Workforce Recruitment and Retention Fund (Round 2) for Adult Social Care is clear that the monies should enable the Council and providers to bring forward planned uplifts relating to pay in advance of the new financial year.
- 3.9. In the spirit of this it is proposed that the full allocation of £1,442,545 be distributed across the CQC registered domiciliary, care home, and supported living providers utilising the formula used in relation to previous Infection Control Grants made available through Government
- 3.10. It is important that we support our communities by ensuring so far as possible we have a resilient economy in terms of both the companies who deliver services and the people they employ.
- 3.11. Providers are to agree to act on an open book basis and make cost data available to the Council during this period. The new arrangements will state that they will continue to pay employees at their usual rate.
- 3.12. The Government have made available various supplier support reliefs during the Covid 19 period, some of which are financial. Suppliers should not be claiming contractual relief from a local authority and claiming separate relief from the Government to the effect that a supplier gains an undue advantage by claiming relief twice for the same hardship.
- 3.13. If it is found that any supplier is found to be taking undue fair advantage, or failing in their duty to act transparently and with integrity, then the Council has a right to take action to recover payments made.

4 GOVERNMENT FUNDING

- 4.1 As reported earlier in this report the Government has made two allocations to Tameside of £781,378 (Round 1), and £1,442,545 (Round 2) from the Workforce Recruitment and Retention Fund to support social care providers locally to maintain safe staffing levels over the winter period and to continue working closely with the care sector to build sufficient workforce capacity across services. The funding is being made available primarily to recruit and retain sufficient staff over winter, support growth and bring forward planned uplifts relating to pay in advance of the new financial year to sustain existing workforce capacity.
- 4.2 Local authorities must distribute the money in line with the grant conditions and are required to provide two reports for each round of grant allocation by the dates below:

Round 1

- Reporting point 1: 14 January 2022, covering expenditure from 21 October to 30 November 2021
- Reporting point 2: 29 April 2022, covering expenditure for the entire whole grant period from 21 October 2021 to 31 March 2022

Round 2

- Reporting point 1: 21 January 2022, a statement of assurance certifying that their reported expenditure from this grant will be spent in compliance with the grant conditions, and a plan outlining how they plan to spend this funding
- Reporting point 2: 29 April 2022, covering expenditure for the entire grant period from 10 December to 31 March

- 4.3 Clawback provisions apply to this fund including that local authorities must repay any unspent

amounts from the fund and any amounts not used for measures that deliver additional staffing capacity and meet the grant conditions. Where the local authority has passported funds to providers, the provider must return any unspent amounts to the Council at the end of the grant period. If Government reasonably believes spending is not in line with the grant conditions, they may recover grant monies from the Council.

5. CONCLUSION

- 5.1 This report sets out a new allocation of £781,378 of Government funding to support the recruitment and retention of staff across the local social care sector to maintain safe staffing levels over the winter period.
- 5.2 The proposal is to spend the allocation in two ways; firstly in a whole sector response co-ordinated by the Council across five separate proposals as outlined in paragraph 3.3 of this report: and secondly the remainder of the grant allocation is distributed across the domiciliary and care home providers utilising the formula used in relation to previous Infection Control Grants made available through Government.

6 RECOMMENDATIONS

- 6.1 As set out on the front of the report