ASHTON-UNDER-LYNE · AUDENSHAW · DENTON · DROYLSDEN · DUKINFIELD · HYDE · LONGDENDALE · MOSSLEY · STALYBRIDGE

STRATEGIC COMMISSIONING BOARD

Day:	**Wednesday**
Date:	**9 February 2022**
Time:	**1.00 pm**
Place:	**Zoom**

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

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STRATEGIC COMMISSIONING BOARD

26 January 2022

Comm: 1.00pm **Term: 1.35pm**

Present:	**Ashwin Ramachandra – Tameside & Glossop CCG (Chair)** **Councillor Brenda Warrington – Tameside MBC** **Councillor Warren Bray – Tameside MBC** **Councillor Gerald P Cooney – Tameside MBC (part meeting)** **Councillor Bill Fairfoull – Tameside MBC** **Councillor Leanne Feeley – Tameside MBC** **Councillor Oliver Ryan – Tameside MBC** **Councillor Eleanor Wills – Tameside MBC** **Steven Pleasant – Tameside MBC Chief Executive & Accountable Officer** **Dr Asad Ali – Tameside & Glossop CCG** **Dr Christine Ahmed – NHS Tameside & Glossop CCG** **Dr Kate Hebden – NHS Tameside & Glossop CCG** **Dr Vinny Khunger – NHS Tameside & Glossop CCG** **Carol Prowse – Tameside & Glossop CCG**	
In Attendance:	**Sandra Stewart**	**Director of Governance & Pensions**
	Kathy Roe	**Director of Finance**
	Ian Saxon	**Director of Place**
	Jess Williams	**Director of Commissioning**
	Debbie Watson	**Interim Director of Population Health**
	Sarah Threlfall	**Director of Transformation**
	Tim Bowman	**Director of Education (Tameside and Stockport)**
	Emma Varnam	**Assistant Director, Operations and Neighbourhoods**
	Ilys Cookson	**Assistant Director, Exchequer Services**
	Tony Decrop	**Assistant Director, Children's Services**
	Caroline Barlow	**Assistant Director of Finance**
	Trevor Tench	**Head of Commissioning, Adult Social Care**
	Catherine Moseley	**Head of Access Services**
	Jordanna Rawlinson	**Head of Communications**
Apologies for absence:	**Councillor Allison Gwynne – Tameside MBC** **Councillor Joe Kitchen who participated in the meeting virtually**	

Further to the decision of Tameside Metropolitan Borough Council (Meeting of 25 May 2021), to enable the Clinical Commissioning General Practitioners to take part in decisions of the Strategic Commissioning Board, whilst they continue to support the NHS in dealing with the pandemic that all future meetings of the SCB remain virtual until further notice with any formal decisions arising from the published agenda being delegated to the chair of the SCB taking into the account the prevailing view of the virtual meeting and these minutes reflect those decisions.

67. CHAIR'S INTRODUCTORY REMARKS

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

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

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

68. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by Board members.

69. MINUTES OF THE PREVIOUS MEETING

RESOLVED
That the minutes of the meeting of the Strategic Commissioning Board held on 15 December 2021 be approved as a correct record.

70. MINUTES OF THE EXECUTIVE BOARD

RESOLVED
That the Minutes of the meetings of the Executive Board held on 8 December 2021 be noted.

71. CONSOLIDATED 2021/22 REVENUE MONITORING STATEMENT AT 30 NOVEMBER 2021

Consideration was given to a report of the Executive Member, Finance and Economic Growth / Lead Clinical GP / Director of Finance. The report detailed actual expenditure to 30 November 2021 (Month 8) and forecasts to 31 March 2022.

It was reported that, overall, the Council was facing a total forecast overspend of £1.207m for the year ending 31 March 2022. A substantial majority of this forecast related to ongoing demand pressures in Children's Social Care.

The forecast outturn on Council Budgets had 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.

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 had now been transacted. As a result of this, full year budgets were now in place across the NHS and for the first time this year, a full 12 month budget position was presented.

The reported position at Month 8 showed a forecast overspend of (£3,553k), with a YTD variance of (£536k). This related to the Hospital Discharge Programme, GP additional roles and responsibilities, and QIPP delivery, with further detail set out in the report and appendix.

Members were advised that there was 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 was due to move into the boundaries of NHS Derby and Derbyshire CCG. As directed by NHS England and NHS Improvement (NHSE/I) the CCG had sought legal advice from the solicitors appointed by NHSE/I. The approach now recommended, which was different to that previously advised, was 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 would 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 would be supported by an accompanying Financial Framework for 2022/23.

RESOLVED
(i) That the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1 to the report, be noted; and
(ii) That the earlier recommendation to serve notice on the Section 75 Agreement be rescinded and the existing Agreement be extended into 2022/23, subject to any variations that may be required to reflect the Glossop position.

72. CORPORATE PLAN SCORECARD

The Executive Leader / Tameside & Glossop CCG Co-Chairs / Director of Transformation submitted a report giving details of the corporate plan outcomes scorecard (attached to the report) providing evidence to demonstrate progress towards achievement of the Corporate Plan and improving the services provided to residents, businesses and key stakeholders within the locality.

It was explained that the Corporate Plan outcomes scorecard followed the structure of the Corporate Plan, and contained indicators focused on long term outcomes across the plan's priorities. There were a number of proxy indicators for issues related to the pandemic which would take significantly longer to be reflected in the regular long term measures.

The Director of Transformation highlighted indicators from within Appendix 1. It was reported that 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 had fallen below 18,000 for the first time since climbing during the first wave of the coronavirus pandemic.

Building across the borough had decreased since the last financial year. The net number of additional dwellings per 10,000 residents had fallen from 20.93 in 2019/2020 to 16.2 in 2020/2021. This remained significantly lower than the national average of 38.3 per 10,000 people. This had 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.

Members were advised that there had 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, was 15 percentage points lower than the previous year at just 27.4%, below the national average of 34.5%.

Members thanked the Director for the report and requested further information on reported incidents of domestic abuse to Children's Services and an understanding of school attendance figures, be included in the next scorecard update to the Board.

RESOLVED
That the content of the report and scorecard (as appended to the report), be noted, and that the next quarterly update to Board and to Executive Cabinet be agreed.

73. ADULT SERVICES WORKFORCE RECRUITMENT AND RETENTION FUND (ROUNDS 1 & 2)

A report was submitted by the Executive Member, Adult Social Care and Health / Clinical Lead, Living Well, Finance and Governance / Director of Adult Services, which explained that the outbreak of Covid-19 had been unprecedented and the last 20 months had seen a significant increase in the demand for services and the complexity of people needing social care support. The increase had not been matched by the number of people attracted to work in social care, and this had been compounded with increased numbers of staff leaving the sector.

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

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

The proposal was to spend the allocation in two ways. The first proposal related 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 were proposed to utilise £64,700 of the total funding of £781,378:

- **Recruitment Video** – it was clear that a number of people recruited to social care roles quickly became aware that the work really was not for them. It was believed from discussions that a video describing various roles across the sector from experienced staff which described in a "warts and all way" what the work entailed would be a really helpful resource that would maximise the efforts of any recruitment campaign and get people into the work that were clear what the roles entail.
- **Level 3 Trusted Assessor Training – Manual Handling** - the proposal was 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 Council's manual handling team and having qualified staff of their own would mean providers could issue their own low level equipment to people they supported, quickly and flexibly. This would free up some MH assessor time and mean providers could get certain items of kit to people they supported quickly and flexibly. Courses would be run in Manchester throughout January and February.
- **Local Recruitment Initiative** - the proposal was 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 was to purchase cards for all operational social care staff working across in-house and independent provision. The Blue Light card provided those in the NHS, emergency services, social care sector and armed forces with discounts online and in-store. This proposal had 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 was to recognise the important role that staff vehicles had made in ensuring support to vulnerable people throughout the pandemic. The vouchers could be used to support the cost of vehicle servicing, replacement of tyres and exhausts and so on.

All five proposals met the requirements of the grant as outlined in the report.

The second proposal was that the remaining £716,678 of the grant be 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.

RESOLVED
It be agreed, that:

(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) £64,700 of this allocation be 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) 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; and

(v) The 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.

74. URGENT ITEMS

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

CHAIR

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BOARD

12 January 2022

Present:	**Elected Members**	**Councillors Warrington (In the Chair), Bray, Cooney, Fairfoull, Feeley, Gwynne, Kitchen, Ryan and Wills**
	Chief Executive	**Steven Pleasant**
	Borough Solicitor	**Sandra Stewart**
	Section 151 Officer	**Kathy Roe**
Also in Attendance:	**Dr Asad Ali, Caroline Barlow, Tim Bowman, Tracy Brennand, Ilys Cookson, Tony Decrop, Catherine Moseley, Ian Saxon, Trevor Tench, Sarah Threlfall, Emma Varnam and Debbie Watson.**	

169 DECLARATIONS OF INTEREST

There were no declarations of interest.

170 MINUTES OF PREVIOUS MEETING

The minutes of the Board meeting on the 8 December 2021 were approved a correct record.

171 MONTH 8 INTEGRATED FINANCE REPORT

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Lead Clinical GP / Director of Finance. The report detailed actual expenditure to 30 November 2021 (Month 8) and forecast to 31 March 2022.

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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 had now been transacted. As a result of this, full year budgets were now in place across the NHS and for the first time this year, a full 12 month budget position was presented.

The reported position at Month 8 showed a forecast overspend of (£3,553k), with a YTD variance of (£536k). This related to the Hospital Discharge Programme, GP additional roles and responsibilities, and QIPP delivery, with further detail set out in the report and appendix.

Members were advised that there was 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 was due to move into the boundaries of NHS Derby and Derbyshire CCG. As directed by NHS England and NHS Improvement (NHSE/I) the CCG had sought legal advice from the solicitors appointed by NHSE/I. The approach now recommended, which was different to that previously advised, was 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 would 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 would be supported by an accompanying Financial Framework for 2022/23.

AGREED

That Strategic Commissioning Board and Executive Cabinet be recommended to:

(i) **note the forecast outturn position and associated risks for 2021/22 as set out in Appendix 1**

(ii) **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.**

172 LOCAL COUNCIL TAX SUPPORT SCHEME 2022/23

Consideration was given to a report of the Executive Member, Finance and Economic Growth / Assistant Director, Exchequer Services, which set out the proposal for the continuation of the council tax reduction scheme for 2022/23 and recommended the approval of a hardship fund to be administered by Exchequer Services under the Section 13A policy.

As at the end of quarter two of 2021/22, approximately 17,898 people had claimed Council Tax Support. Of this number, there are approximately 7,406 (41%) people of pensionable age who would be guaranteed protection under the CTS scheme. Therefore, approximately 10,492 (59%) claimants were of working age. Demand on the scheme was monitored on a quarterly basis and, the report gave details of the decline in demand since the scheme was first introduced in April 2013.

The caseload continued to fall during 2021/22 even though residents had more to pay in Council Tax due to the Council Tax rise in April 2021 and, despite the impact of the Coronavirus pandemic; however this decline appeared to follow the pattern from previous years.

Members were advised that the Local Government Ombudsman (LGO) in their report of August 2019 to Local Authorities titled “Council Tax Reduction – Guidance for Practitioners” to help Local Authorities manage complex council tax reduction enquiries and complaints, made a number of recommendations to all Local Authorities. It was considered best practice to recognise the recommendations by the LGO and provide clarity within the scheme. Therefore to provide clarity in Tameside’s Council Tax Support Scheme in relation to the treatment of these adjustments to entitlement, wording was inserted into the Scheme for 2020/21 at Schedule 8, paragraph (10). The wording would remain in the scheme for 2022/23*.*

It was reported that the Hardship Fund for 2021/22 was £50k and this would remain the same for 2022/23*.* Hardship funding was identified from existing budgets and was administered by Exchequer Services under the Section 13A Policy which was detailed at Appendix 2 to the report.

As at 09 November 2021, two applications for Hardship Relief had been successful in 2021/22 for the total sum of £1,484.00. The circumstances of the claims did not suggest that any one equalities group had been adversely affected.

In 2020/21 the Government, as part of its response to COVID-19, awarded the Council a Council Tax Hardship Grant of £2.158m which was mandated to be used to make a payment of £150 to all existing and new working age Council Tax Support (CTS) claims in 2020/21 (up to available funding). For 2021/22 the Council had been awarded a further grant of £2.025m. The application of this grant was not mandated but provided with the guidance that the grant was to be used to meet the anticipated additional costs due to COVID of providing Local Council Tax support in 2021-22, resulting from increased unemployment.

On 28 July 2021, the Executive Cabinet determined that £1,012,500 of the grant monies be used to directly support Council Tax Support claimants and financially vulnerable households, details of which, were provided in the report. The government had not made any announcements to date regarding additional grant funding in respect of the year 2022/23.

A total of 53.51% of all Council Tax due this year for CTS claimants was collected as at 31 October 2021 totaling £1.8m. Of that £717k was collected from pensioners in receipt of CTS and £1.08m from working age claimants in receipt of CTS.

AGREED
It is recommended that the Council:
(i) continues the scheme introduced in 2013/14, as amended in 2016/17, and adopts the Council Tax Reduction Scheme for 2022/23 set out in Appendix 3; save for the annual benefit upratings which are not yet released by DWP.
(ii) approves a £50,000 hardship fund be in place in order to assist severe cases of hardship funded from existing budgets, to be administered by Exchequer Services under the Section 13A Policy.

173 COLLECTION, RECOVERY AND IRRECOVERABLE MONIES 2021

Consideration was given to a report of the Executive Member, Finance and Economic Growth / Assistant Director, Exchequer Services, giving details of the collection and recovery processes for Council Tax, Business Rates and Sundry Debts; compared levels of irrecoverable debts with other local authorities; identified debt which could not by law be recovered and considered a corporate debt recovery policy.

It was explained that the Debt Recovery Policy sets out the recovery methods which would be taken, according to debt type, to recover monies owed to the Council and, which was appended to this report at Appendix 2.

Members were advised that avoidance in paying debt was common and particularly in relation to the recovery of Council Tax and Business Rates arrears and which affects all local authorities nationally. Arrears continued to be collected for many years after the payment was due. This requires costly recovery action to be undertaken using Council resource, the Court process and enforcement action. Debts continue to be collected from 2000/2001.

AGREED
That Executive Cabinet be recommended to note the report and approve the Debt Recovery Policy at Appendix 2 of the report.

174 CORPORATE PLAN SCORECARDS UPDATE

The Executive Leader / Tameside & Glossop CCG Co-Chairs / Director of Transformation submitted a report giving details of the corporate plan outcomes scorecard (attached to the report) providing evidence to demonstrate progress towards achievement of the Corporate Plan and improving the services provided to residents, businesses and key stakeholders within the locality.

It was explained that the Corporate Plan outcomes scorecard followed the structure of the Corporate Plan, and contained indicators focused on long term outcomes across the plan's priorities. There were a number of proxy indicators for issues related to the pandemic which would take significantly longer to be reflected in the regular long term measures.

The Director of Transformation highlighted indicators from within Appendix 1. It was reported that 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 had fallen below 18,000 for the first time since climbing during the first wave of the coronavirus pandemic.

Building across the borough had decreased since the last financial year. The net number of additional dwellings per 10,000 residents had fallen from 20.93 in 2019/2020 to 16.2 in 2020/2021. This remained significantly lower than the national average of 38.3 per 10,000 people. This had 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.

Members were advised that there had 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, was 15 percentage points lower than the previous year at just 27.4%, below the national average of 34.5%.

Members thanked the Director for the report and requested further information on reported incidents of domestic abuse to Children's Services and an understanding of school attendance figures, be included in the next scorecard update to Cabinet.

AGREED
That the contents of the report and scorecards Appendix 1 and Appendix 2 be noted, and that the next quarterly update to Board and to Executive Cabinet be agreed.

175 NEW CUSTOMER SERVICE CENTRE DELIVERY MODEL

The Executive Member, Neighbourhoods, Community Safety and Environment / Director of Place, submitted a report, which advised that on 23 June 2021, Executive Cabinet approved public consultation on a proposed new delivery model for the face to face customer services function. The report set out the findings of the consultation and defined the proposed model of service delivery for the future.

The operation of the service prior to and during Covid-19 was outlined and it was explained that, prior to Covid 19 the demand in Customer Services, whilst showing some fluctuations, had reduced significantly over the years. The majority of demand presenting at the face to face Customer Service Centre was in respect of Housing and Council Tax matters.

Enquiries were categorised as Level 1 and Level 2 enquiries, with Level 1 enquiries were regarding in-depth Housing Benefit and Council Tax Support queries; they were dealt with solely by the dedicated customer services staff face to face and by staff within Exchequer Services by telephone. Level 2 enquiries were to book, pay, request a service and verification of housing benefit and council tax documents. Further analysis of the enquiries received at Ashton Customer Service Centre, prior to Covid 19 indicated that nearly 66% were Level 2 enquiries and only 34% were Level 1 enquiries. During staffed operating times all libraries could assist with Level 2 enquiries, meaning that customers who were travelling to Ashton could actually seek assistance at a venue closer to their home. Also, many Level 2 enquiries could be dealt with over the phone, via web chat or email.

Members were advised that the cost of each transaction for the face to face customer service function far outweighed the cost of other channels. The volume of visitors had remained fairly static over the 5 year period prior to the pandemic, however as the service had not been available for almost two years it was highly likely that were it to return as a drop in service, visitor numbers would be significantly reduced as residents had become accustomed to alternative contact channels. If this were the case the cost per visit would increase dramatically.

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

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

Any new service model must take into account all residents' needs and therefore some face to face element would be retained. It was proposed that this would be by appointment only rather than drop-in and would be following a triage process to understand the nature of the enquiry and the assistance required.

The report concluded that, overall, the proposed new model would transform the customer services offer, taking into account peoples changing attitudes to accessing services and it would enhance the previous model by the introduction of telephone appointments whilst still retaining face to face in a tailored, bespoke manner. By offering face to face on an appointment basis this would negate the requirement to queue up and wait to see a customer services officer at busy times which would further benefit customers.

It was proposed to keep the model under review and make any further adjustments as necessary to ensure quality of service, that it met customer demand and that vulnerable residents were able to access appointments, whilst at the same time being affordable and cost effective. A further report would be presented to Executive Cabinet after 12 months of operation with the results of the review. Members of the Board requested regular updates to Board.

AGREED
That Executive Cabinet be recommended to agree:

(i) The proposed new customer service model is implemented, subject to consultation with staff with an anticipated implementation date of 14 March 2022.
(ii) The delivery model is reviewed following implementation to ensure quality of service that vulnerable residents are able to access appointments and that it meets demand whilst at the same time being affordable and cost effective. A further report will be presented to Executive Cabinet after 12 months of the new model being operational.

176 FOSTER CARER OFFER CONSULTATION REPORT

Consideration was given to a report of the Deputy Executive Leader / Assistant Director for Children's Services providing an update on the outcome of the Foster carer offer public consultation.

It was explained that, following Executive Cabinet agreement to the proposed recommendations to improve the foster carer offer, it was agreed a Full Public consultation would take place with an updated Equality Impact Assessment. The consultation looked to seek feedback on the recommendations of the improved offer to Tameside Foster Carers.

The consultation ran for 8 weeks from 2 August 2021 and 28 September 2021 and the focus groups took place on the 8 September, 14 September and 24 September 2021. A breakdown of the consultation responses were detailed within the report.

The report concluded that the response to the consultation was, on the whole, positive and that the majority of those who responded stated that they were in agreement to the proposed recommendations and could see the benefit of the new offer to them and new carers. All participants felt that the improved offer would enhance the support that foster care's received and enhance them in their role as foster carers. The feedback was that they felt that the offer would support them remaining as foster carers for Tameside.

It was acknowledged from the consultation that the financial uplift to skills level 2 and 3 was positive, some responses stated that this did still not go far enough to attract new foster carers and suggested that the Local Authority increase the uplift further to compete directly with the private sector. It was explained to participants that this was not a viable option and the Authority did not have the financial resources to achieve this. There were responses that stated there was no incentive for those carers who had already achieved level 4 status. The responses from those carers who were level 4 carers were considered, and although the Authority would have liked to uplift all skills levels, this was not able to be achieved currently. The carers who were skill level 4 received a competitive allowance in comparison to GM neighbours and some compete directly with IFA competitors. All allowances would be reviewed annually, as set out in the recommendations.

The foster carers who had participated in the consultation felt that the new improved offer was a 'good start' but there was still some further work to be completed. It was hoped that the implementation of the new offer would ensure that that existing foster carers felt valued and provided them with enhanced support and training opportunities to meet the needs of Tameside cared for children.

All of the responses from the survey and the focus groups had been considered. On the basis that the respondents had stated that they felt the new offer and its recommendation would benefit from the new offer, it was proposed that the recommendations agreed in the Cabinet report dated the 28 July 2021 (Appendix 4 refers) were those recommended to Cabinet as the final proposals following the consultation, with no changes at this time.

AGREED
That Executive Cabinet be recommended to agree:
(i) That the proposals for the foster carer offer from the report agreed at Executive Cabinet on the 23 July 2021 are agreed.
(ii) The Equality Impact assessment is noted and the implementation delivery plan agreed.
(iii) The cost in the current year is financed from the central contingency and future years included in the Medium Term Financial Plan (MTFP).

177 DROYLSDEN LOCK KEEPERS AND FORMER LIBRARY SITE DISPOSAL

Consideration was given to an exempt report of the Executive Member, Finance and Economic Growth / Director of Place providing an update on the site known as Lock Keepers Site and the site of the Former Droylsden Library following the report to members on 9 June 2021.

AGREED
That Executive Cabinet be recommended to:
(i) Note the Council's intention to withdraw from the development agreement with Watkins Jones as approved at Executive Cabinet in 09 June 2021;
(ii) Approve the principle of a direct disposal of both the site known as Lock Keepers Site, Droylsden Marina and the Former Droylsden Library Site in accordance with the Tameside Council Corporate Policy: Disposal of Council Owned Land approved by the Executive Cabinet on 30 September 2020;
(iii) Require Watkins Jones to contractually and covenant to meet all Brownfield Homes

Funding obligations and liabilities in order that the Council is not exposed as it will no longer have the direct control to discharge them;**

(iv) Note that the Director of Place is managing the programme of works associated with disposal of both sites (including the negotiation of the main heads of terms), scheme and delivery of Brownfield Homes Funding, in consultation with the Executive Member for Finance and Economic Growth; and

(v) Further updates will be provided to Executive Cabinet and/or Strategic Planning and Capital Monitoring as the scheme develops.

178 COMMUNITY SAFETY STRATEGY

A report was submitted by the Executive Member, Neighbourhoods, Community Safety and Environment / Director of Place, summarising the responses to the public consultation in respect of the draft Community Safety Strategy 2021 – 2024 and requested approval that the strategy, as appended to the report, be adopted by the Community Safety Partnership.

The consultation responses to the draft strategy and the Equality Impact Assessment were appended to the report.

It was explained that, following the consultation some amendments were made to the draft strategy and these were detailed in the report.

The final version of the draft Community Safety Strategy was presented to the Community Safety Partnership on the 12 April 2021 and approved by all partners.

AGREED
That Council be recommended to approve that the Community Safety Strategy be adopted by the Tameside Community Safety Partnership.

179 HAWTHORNS SCHOOL NEW BUILDING UPDATE

Consideration was given to a report of the Executive Member for Lifelong Learning Equalities, Culture and Heritage / Director of Education (Tameside and Stockport). The report provided an update on progress towards the new building for Hawthorns School an outstanding school providing specialist education for primary aged children with an Education, Health and Care Plan (EHCP).

Members were advised of the progress to date on the new Hawthorns building. It was stated that the outcome of the RIBA 1 stage was attached to the report at appendix 1. This set out the clear parameters for the new building on the Longdendale Playing Fields site. It was explained that the Headteacher of Hawthorns School had a clear vision for the school and work with the architects continued to develop the initial guide. The plans being developed by the architects for the site and building were cognisant of this as well as an awareness for a need for flexible space and multi-purpose rooms. There was an emphasis on maintaining the forest school and outdoor learning that is so important to the current curriculum at Hawthorns School.

It was further explained that the initial designs for the school incorporated many of the school's requests for classroom and non-classroom space to support the needs of the children. It was stated that Hawthorns School had been proactive in making contact with colleagues at Arundale Primary School to maximise opportunities for partnership working in the future particularly in regard to the outdoor curriculum.

In regards to the Football pitches, the Longdendale Playing Fields site had been identified to fulfil a number of different purposes. One of these was to provide additional playing pitches for the area. This followed the loss of accessibility in the local area to local football clubs. There was a wish to provide access to two football pitches on the site. Two full size pitches would mean that the school site would have to be squeezed to fit this in and it would cause issues with accessibility. The initial school designs included a multi-use games area (MUGA) for their pupils.

Members were advised there was work still to do on maximising the space available, the community benefits and identifying and securing additional funding. Several options needed to be further explored.

The report considered by Executive Cabinet in June 2021 included discussion of the revenue implications of a new build for Hawthorns School and a recommendation of the report was to pursue the issue of revenue funding with the Department for Education as a matter of urgency.

It was explained that dialogue had taken place with the DfE in an attempt secure additional revenue funding that would automatically flow from a Free School application. The DfE have confirmed they were unwilling to provide revenue funding to support this proposal, as this was not a new academy or new free school, it was an expansion of an existing academy. The DfE did not provide additional funding for existing and expanding academies.

The June 2021 report advised Executive Cabinet not to give full approval to the commissioning of a new building until the revenue issue could be resolved, on receiving the DfE's decision on the matter there was clarity on the funding position and subsequent financial pressure that would arise subject to member's decision on the proposed expansion.

- Scenario 1 – Expansion of Hawthorns School 50 places x £17,000 = £850,000
- Scenario 2 – Placement in Independent Sector 50 places x £32,040 = £1,602,000

It was stated that the expansion of Hawthorns would enable the council to avoid more expensive placements estimated to be a cost avoidance of £752,000.

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

It was explained that there was currently no free school bidding process open. Wave 14 of the programme launched in January 2019 and 21 free schools were approved in February 2021. It was stated that it may be up to two years before the next wave of free school applications opens. The wave was also a competitive process so should Tameside submit an application. Potentially, the free school route could take up to four years before any building work begins.

The LEP had been commissioned to take the project to RIBA Stage 3. The LEP were experienced in delivering new schools and new school buildings in the borough and were very happy to take the project to delivery of the new school.

It was reported that New Bridge Academy Trust were keen to explore the possibility of delivering the build from within their Trust through a grant agreement. The Trust had a successful track record of delivering new schools and school buildings. In order to progress this and to have potential delivery options in place at the conclusion of RIBA Stage 3, New Bridge Academy Trust had been asked to set out a proposal to build the new Hawthorns School which would be funded through a grant agreement.

AGREED
That Board be recommended to note the progress to date on the new building for Hawthorns School and the clarification from the DfE on revenue implications for the additional places.

180 DETERMINATION OF SCHOOL ADMISSION ARRANGEMENTS FOR SEPTEMBER 2023

Consideration was given to a report of the Executive Member, Lifelong Learning, Equalities, Culture and Heritage / Director of Education, setting out the proposed admission arrangements for Tameside community, and voluntary controlled schools for admission in September 2023, as appended to the report.

It was explained that there had been no change to the arrangements from September 2022. There were proposed changes to the Published Admission Number at two community primary schools. The latest information on school place planning was presented, which concluded that there were currently sufficient places to meet expected demand.

It was further explained that the school place planning process must continue to be dynamic particularly in view of significant housing development that was predicted within the borough and the impact that would have on demand and travel to learn patterns. Consideration was also given to predicted rising levels of surplus capacity in some areas of the borough and the need to consider reducing admission numbers in future years.

There was consideration of a proposal to commence consultation on adding a resource base for children with additional needs at Corrie Primary and Nursery School, details of which were appended to the report.

AGREED
The Executive Cabinet be recommended to approve:

(i) the determination of admission arrangements for all Tameside community and voluntary controlled schools for 2023/24 without change from those that were determined for admission in 2022/23 as set out in Appendix 1 of the Report other than amendments to the Published Admission Number as set out in the report.

(ii) commencing consultation on the school organisation proposal to establish a ten place resource base at Corrie Primary and Nursery School for children with cognition and learning and/ or communication and interaction and / or social, emotional and mental health needs.

181 HYDE TOWN CENTRE HIGH STREET TASK FORCE UPDATE

The Executive Member, Finance and Economic Growth / Director of Place submitted a report, providing an update on the progress to date of the Hyde Town Centre High Street Taskforce (HSTF) programme following the previous report to Executive Cabinet in 23 June 2021.

It was explained that the HSTF programme was part of a wider strategy that the Council were progressing in Hyde, including preparation of a town centre masterplan. There was an opportunity to deliver real change in the town centre, to regenerate Hyde and make it a thriving town centre with a high quality offer that met the needs of the local population as well giving people a reason to visit Hyde.

Hyde Triangle was identified as an area for growth within the Tameside Inclusive Growth Strategy and was one of the Greater Manchester Growth Locations. Hyde Triangle, which included Godley Green, Hattersley and Hyde Town Centre, would ensure that these major drivers for change supported the wider regeneration of the town centre.

It was further explained that Godley Green Garden Village was one of the largest and most innovative housing schemes in the country. In October 2019, Executive Cabinet approved the Council to enter into an agreement for £10 million of grant funding from Homes England to deliver up to 2,350 new homes. In December 2021 an outline planning application was validated for up to 2,150 new homes. In Hattersley a public private partnership was delivering new retail, housing, and quality public realm and skills programmes to tackle deprivation in the area. As a consequence of this planned growth there would be an increased demand for retail, leisure and services supporting the regeneration of Hyde Town Centre and acting as a catalyst for further growth and investment.

Members were advised that, in 2019, Tameside was awarded £0.100m by One Public Estate (OPE) and the British Property Futures (BPF). The cornerstone of the OPE and the BPF Challenge was to take a fresh approach and develop novel solutions to problems to help overcome identified challenges in Hyde. As part of the OPE work, the Council held a public consultation in in March 2020.

The consultation findings had formed part of the evidence base for the HSTF report and would be used to underpin the initial stages of the town centre masterplan work, which would commence in the New Year.

The Council was currently progressing work that would support the re-purposing of the former Library site on Union Street, with potential identified for a proposed scheme delivering an 88 unit 1 and 2 bed apartment complex with associated community facilities including a café/bistro that should be accessible to all and also provide day care provision. The work at the Union Street site and preparation of a town centre masterplan for Hyde would be supported by the £0.225m of funding secured by the Council from Evergreen III Funding, as reported to Executive Cabinet on 29 September 2021. The masterplan for the town centre that would agree a shared vision, identify strategic sites for development, and work with the local community to further understand what improvements they would like to see in Hyde.

Members were further advised that, on 14 June 2021, the appointed HSTF Expert for Hyde town centre carried out an 'Unlocking Your Place Potential' diagnostic. A virtual workshop was held with local ward members, local community representatives, Council staff and local businesses.

The purpose of the workshop was to diagnose the main barriers to transformation in Hyde town centre. A post-visit report (attached at Appendix 2) produced by the HSTF Expert, identified Hyde's key strengths and challenges and provided a prescription of recommendations with further support offered from the HSTF team that will enable the Council to accelerate this transformational process.

It was concluded that there was much evidence of a strong will and ambition by many stakeholders, groups and organisations to make Hyde a town centre to be proud of and to deliver on its potential as being a town centre for the future and a destination that people want to visit. A joined up approach was required to deliver change and the formation of a Hyde Town Centre Task Force would provide the platform to drive the work forward, to act as a critical friend in the preparation of the town centre masterplan and to ensure that the local community had a voice in how they would like to see Hyde in years to come.

It was proposed that the recommendations from the UYPP report be formally accepted and a Hyde Task Force or similar be established. This would include place leaders across Council, business and the community to shape the strategy for the town; formal Terms of Reference would be agreed.

AGREED
That Executive Cabinet be recommended to:

- **(i) Approve the formation of a Hyde Town Centre Task Force Partnership;**
- **(ii) Note that the Director of Place will manage the formation and programme of works associated with the Hyde Town Centre Task Force Partnership**
- **(iii) On-going performance and reporting will be provided as required to keep Members appraised and for decision making.**

182 ADULT SERVICES WORKFORCE RECRUITMENT AND RETENTION FUND (ROUNDS 1 & 2)

A report was submitted by the Executive Member, Adult Social Care and Health / Clinical Lead, Living Well, Finance and Governance / Director of Adult Services, which explained that the outbreak of Covid-19 had been unprecedented and the last 20 months had seen a significant increase in the demand for services and the complexity of people needing social care support. The increase had not been matched by the number of people attracted to work in social care, and this had been compounded with increased numbers of staff leaving the sector.

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

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

The proposal was to spend the allocation in two ways. The first proposal related 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 were proposed to utilise £64,700 of the total funding of £781,378:

- **Recruitment Video** – it was clear that a number of people recruited to social care roles quickly became aware that the work really was not for them. It was believed from discussions that a video describing various roles across the sector from experienced staff which described in a "warts and all way" what the work entailed would be a really helpful resource that would maximise the efforts of any recruitment campaign and get people into the work that were clear what the roles entail.
- **Level 3 Trusted Assessor Training – Manual Handling** - the proposal was 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 Council's manual handling team and having qualified staff of their own would mean providers could issue their own low level equipment to people they supported, quickly and flexibly. This would free up some MH assessor time and mean providers could get certain items of kit to people they supported quickly and flexibly. Courses would be run in Manchester throughout January and February..
- **Local Recruitment Initiative** - the proposal was 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 was to purchase cards for all operational social care staff working across in-house and independent provision. The Blue Light card provided those in the NHS, emergency services, social care sector and armed forces with discounts online and in-store. This proposal had 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 was to recognise the important role that staff vehicles had made in ensuring support to vulnerable people throughout the pandemic. The vouchers could be used to support the cost of vehicle servicing, replacement of tyres and exhausts and so on.

All five proposals met the requirements of the grant as outlined in the report.

The second proposal was that the remaining £716,678 of the grant be 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.

AGREED
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**

183 COVID 19 ADDITIONAL RELIEF FUND

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Assistant Director of Exchequer Services. The report set out a new business rates grant and a relief available to eligible business rate payers in the current financial year 2021/22.

Members were advised that during December 2021 central government released information and guidance on a number of further financial support packages for businesses impacted by the COVID pandemic. Both CARF relief and the Omicron Hospitality and Leisure Grant were to be awarded to businesses on the Rating List and would be administered by Exchequer Services and which were the subject of this report. Further, Additional Restrictions Grant (ARG) monies was subject to a separate report and would be administered by the Growth Directorate.

The Omicron Hospitality and Leisure Grant scheme was for businesses on the Valuation Office Agency (VOA) ratings list only as at 30 December 2021 and the following thresholds applied for these businesses:

- Exactly £15,000 or under - £2,667
- Over £15,000 and less than £51,000 - £4,000
- exactly £51,000 or over - £6,000

It was stated that the primary principle of the Omicron Hospitality and Leisure Grant scheme was to support businesses that offered in-person services, where the main service and activity took place in a fixed rate-paying premise, in the hospitality, leisure and accommodation sectors.

It was reported that the government had determined that the £1.5 billion funding available for CARF would be allocated to local authorities via a Section 31 grant, and based upon the estimated rateable value in each local authority rating list that fell within the scope of the fund. The total monies in respect of CARF would be administered in Tameside was £3,709,485m

It was stated that in terms of eligibility, guidance made clear that local authorities must direct their support towards ratepayers who had been adversely affected by the pandemic and had been unable to adequately adapt to that impact. Guidance made clear that local authorities must not award relief as follows:

a) ratepayers who for the same period of the relief either are or would have been eligible for the Extended Retail Discount (covering Retail, Hospitality and Leisure), the Nursery Discount or the Airport and Ground Operations Support Scheme (AGOSS),
b) not award relief to a hereditament for a period when it is unoccupied (other than hereditaments which have become closed temporarily due to the government's advice on COVID-19, which should be treated as occupied for the purposes of this relief).

It was estimated that a total of 1,811 businesses could be eligible to receive CARF funding in Tameside. If relief were granted using the rateable value bands (as Government have determined in other COVID grant determinations) then the numbers within each band would be as follows with an estimated relief per business:

AGREED
That the Executive Member for Finance and Economic Growth be recommended to determine:
(i) That the award of the Omicron Hospitality and Leisure Grant to eligible business ratepayers in 2021/22 be noted and
(ii) That the local discretionary scheme for the award of £3.7m CARF monies, to eligible ratepayers, in 2021/22, be approved.

184 ADDITIONAL RESTRICTIONS GRANT – FUNDING JANUARY 2022

Consideration was given to a report of the Executive Member for Finance and Economic Growth / Assistant Director of Exchequer Services. The Additional Restrictions Grant had been provided with additional funding by Government under new guidance issued on 30 December 2021. This report sought permission to reopen the application process using the guidance previously agreed and published.

It was stated that the Additional Restrictions Grant (ARG) guidance was revised on 30 December 2021 following the announcement made by Government on 21 December 2021 that a further £102 million would be made available for Local Authorities, through a top up to the Additional Restrictions Grant. This grant scheme was provided by Government, and administered by the Department for Business, Energy and Industrial Strategy (BEIS), to support businesses not eligible for the Omicron Hospitality and Leisure Grant, which was open to businesses in those sectors on the business ratings register.

A grant offer letter confirming the amount that would be provided to each Local Authority was received on the 7 January 2022 and the allocation had been made using data based on the number of businesses per authority. The set out the allocation for each GM authority, it was reported that Tameside MBC would receive an allocation of £268,355.

The Director of Place explained that any business in Tameside who had been impacted by COVID and not supported by other schemes, will be able to apply. The grant payment levels would be amended in the guidance as below, the previous ARG pot was originally £6.8m. The reduction in payment amounts both reflected the smaller funding allocation available and the expectation that the majority of larger businesses would be supported through other funding streams, such as OHLG or CARF.

It was further explained that the guidance would be updated to advise that the fund would reopen on Monday 17 January 2022 and would remain open until funds were exhausted or until 28 February 2022 whichever was earliest. This would allow all payments to be made by the Government deadline on 31 March 2022.

AGREED
That the Executive Member for Finance and Economic Growth be recommended to determine:

(i) The Additional Restrictions Grant fund will be reopened for applications as soon as possible.
(ii) Once applications are processed and determined as eligible, working with Finance & Audit, the grant team will apply the payments.

185 RENEWAL OF HOSTING AGREEMENT IN RELATION TO ELECTRIC VEHICLE CHARGING POINTS (VARIOUS SITES)

Consideration was given to a report of the Executive Member for Transport and Connectivity / Director of Place. The report set out details of the renewal of the existing agreement that had electric vehicle charging points installed at the four locations in the borough stated in section 1.2 of the report. The report also requested approval for the installation of a charging point at the Darnton Road, Ashton car park.

It was reported that as part of the Greater Manchester Clean Air plan and in order to support the roll out of rapid charging points across Greater Manchester, TfGM had approached the Council seeking to renew the existing agreement. In addition, they had sought consent to add a new site at Darnton Road car park.

The proposed hosting agreement would expire on 5 December 2026, unless terminated in accordance with the appropriate clause within the agreement. This scheme would not result in any cost to the Council with TfGM meeting the costs of installation and maintenance of the charging points along with any associated electricity costs.

It was explained that this scheme would not result in any cost to the Council and all maintenance and associated energy costs will be borne by TfGM. The Council would charge an appropriate parking fee for any person parking within a bay whilst charging their vehicle, the implementation date of which was to be determined.

AGREED
That the Executive Member for Transport and Connectivity be recommended to determine that the Council renew the existing Hosting agreement to support the GM Clean Air Plan and expansion of the Greater Manchester Electric Vehicle (GMEV) Network; and to enable TfGM to replace existing electric vehicle charging points along with the installation of a new charging point at Darnton Road car park, Stalybridge.

186 STALYBRIDGE STREET FEAST

Consideration was given to a report of the Executive Member for Neighbourhoods Community Safety and Environment / Director of Place. The report provided an overview of the Stalybridge Street Feast event, its current position, and the support actions needed to aid its continuation. The report also provided an update on the position with regard to external funding and the financial implications of this.

Members were advised that the Stalybridge Street Feast pilot had delivered on its aim of engaging residents and businesses, increasing footfall in the town centre, supporting local SME traders and increased the profile of Stalybridge as a desirable location to visit. Demand throughout the pilot programme had not waned and there iwas a clear opportunity for the Council to continue to deliver this event for the benefit of the local economy in Stalybridge.

It was stated that in delivering these aims it had supported the objectives required by the Action Plan for Stalybridge – Our Place Our Plan produced in accordance with the result of the 2018 Stalybridge Town Centre Challenge Public Consultation. The Street Feast was helping to develop a vibrant and visited town that attracts a wide range of people and a town where local people could be proud to promote the strengths and are active in enjoying, supporting and enhancing the offer.

The report detailed that the Street Feast needed to be considered as part of the wider strategic approach to regeneration in Stalybridge and ensuring the town delivered on it's potential as being a town centre to meet future need and to evolve based around a strong independent retail offer, high quality public realm, new homes, heritage, food and drink, community and events. This 2022 programme of events for the Street Feast will provided further robust market testing and assurances that there was as sustained demand for an event of this type in the future. Opportunities to review the event in terms of delivery and funding would be undertaken to ensure value for money and the possibility of the event being cost neutral to the Council.

Due to the success of the Street Feast Stalybridge Town Team were planning a series of Artisan Markets throughout 2022, commencing in April 2022.

AGREED
That the Executive Member for Neighbourhoods Community Safety and Environment be recommended to:
(i) Note the positive achievements to date in regard to the successes of the event and the impact it is having on the local economy and community and the intended Artisan Markets which will be organised by Stalybridge Town Team.
(ii) Approve the allocation of £0.030m via the existing Place Directorate revenue budget to fund ten further monthly markets throughout the period March – December 2022, to build upon the success of the pilot events held in 2021. The Directorate will explore grant and other funding opportunities to support the self-financing of the related costs.
(iii) Note the application for Town of Culture and the allocation of funding if successful.

187 GREATER MANCHESTER CARE RECORD

Consideration was given to a report of the Executive Member for Adult Social Care and Health / Director of Adult Services. This report outlined how Tameside Council could become part of the multi-agency initiative, the Greater Manchester Care Record, by sharing its Adults Social Care data.

It was explained that each health and care organisation in Greater Manchester collected information about patients / service users and keeps records about the care and services they provided. The Greater Manchester (GM) Care Record pulled together the key information about people from different health and social care records and displays it in one combined record. This allowed workers in health or social care, access to patient information from multiagency settings to support decision-making about patient care and treatment.

It was stated that there were 463 organisations sharing their data via the GM Care Record. This included 10 Clinical Commissioning Groups (accounting for 434 GPs), 10 Acute Hospitals, 11 Councils and 8 other health and care organisations. Of the 10 GM authorities, 8 were already live sharing their adults social care records and 2 with children's social care records. Tameside and Glossop Integrated Care NHS Foundation Trust was also live with its data as part of the GM Care Record.

Members were advised that the Council's role would share its Adults Social Care information as part of this project. The banner of 'social care information' was broad and covered a range of information about our service users. A full list of the data that would be shared by the Council to form part of the GM Care Record was attached to the report at Appendix 1. The amount of data that the GM Care Record holds would increase as the system became embedded. The Council would need to ensure that any information governance was reviewed to reflect any changes to ensure compliance with data sharing legislation.

AGREED
That the Executive Member for Adult Social Care and Population Health be recommended to determine that:
(i) The Council will share its Adults Social Care data to form part of the Greater Manchester (GM) Care Record subject to:

1. GDPR compliance as detailed in this report.
2. Completion of a data cleanse of records in the Adults Social Care IT system.

(ii) The Council will commit to the GM Care Record for a period of 5 years as part of the GM contract.

188 FORWARD PLAN

The forward plan of items for Board was considered.

CHAIR

Report To:	**STRATEGIC COMMISSIONING BOARD**
Date:	9 February 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 31 DECEMBER 2021**
Report Summary:	This is the financial monitoring report for the 2021/22 financial year reflecting actual expenditure to 31 December 2021 (Month 9) and forecasts to 31 March 2022. The forecast outturn on Council Budgets has improved by 49k since Month 8, mainly due a reduction in external placement costs in Children's Social Care. There are some other smaller movements relating to Covid income and expenditure. The CCG reported position at M9 shows a forecast overspend of (£3,931k), with a YTD variance of (£814k). With the exception of the QIPP shortfall, all of this is reimbursable, but in line with national reporting guidance needs to be shown as an overspend until appropriate allocation changes are transacted.
Recommendations:	That Executive Cabinet be recommended to: (i) Note the forecast outturn position and associated risks for the 2021/22 revenue budgets as set out in **Appendix 1**. (ii) Approve the inclusion of £19.870m of Levelling Up Grant Funding in the Capital Programme, pending sign off of the Memorandum of Understanding with DLUHC (Section 3) and note that on-going performance updates and reporting will be provided to Strategic Planning and Capital Monitoring Panel.
Policy Implications:	Budget is allocated in accordance with Council/CCG Policy
Financial Implications: **(Authorised by the Section 151 Officer & Chief Finance Officer)**	This report provides the 2021/22 consolidated financial position statement at 31 December 2021 for the Strategic Commission and ICFT partner organisations. The Council set a balanced budget for 2021/22 which included savings targets of £8.930m whilst also being reliant on a number of corporate financing initiatives to balance. Despite this, a significant pressure is currently forecast, which will need to be addressed within this financial year. A new financial turnaround process is being implemented across all budget areas to address financial pressures on a recurrent basis. With the outbreak of COVID-19 last year, emergency planning procedures were instigated by NHSE and a national 'command and control' financial framework was introduced. While some national

controls have been relaxed over time, normal NHS financial operating procedures have still not yet been fully reintroduced.

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.

Legal Implications: (Authorised by the Borough Solicitor)	The Local Government Act 1972 (Sec 151) states that "*every local authority shall make arrangements for the proper administration of their financial affairs…*" Revenue monitoring is an essential part of these arrangements to provide Members with the opportunity to understand and probe the council's financial position. Members will note that the current outturn position is currently predicting an overspend. As the council has a legal duty to deliver a balanced budget by the end of the financial year Members need to be content that there is a robust plan in place to ensure that the council's final budget position will be balanced. Ultimately failure to deliver a balanced budget can result in intervention by the Secretary of State. Details of the levelling up funding is contained in section 3 of this report and the acceptance of the funding together with associated terms and conditions will be subject to its own due diligence and decision making.
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 £1.159m 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 49k since Month 8, mainly due a reduction in external placement costs in Children's Social Care. There are some other smaller movements relating to Covid income and expenditure.

2.3 The CCG reported position at M9 shows a forecast overspend of (£3,931k), with a YTD variance of (£814k). With the exception of the QIPP shortfall, all of this is reimbursable, but in line with national reporting guidance needs to be shown as an overspend until appropriate allocation changes are transacted. This is made up as follows:

- **(£1,681k) Hospital Discharge Programme**. In total we have spent £2,383k against the Hospital Discharge Programme in the first 9 months of the year. After adjusting for claims 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.
- **(£978k) GP Additional Roles & Responsibilities (ARRs)**. £3.2m of ARRs funding has been made available by NHS England, against which our Primary Care Networks can claim in 2021/22. Based on current PCN forecasts, we anticipate claiming a total of £2,763k (86% of the maximum allowed). This is lower than reported last month because of slippage against PCN plans (particularly in Hyde and Ashton). 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 (i.e. ARRs is cost neutral to the CCG position).
- **(£831k) Primary Care Winter Access Fund.** £250m of additional funding has been allocated nationally this year to help improve access to GP services and increase the number of patient appointments available over the winter. In T&G we anticipate total spend of £1,046k, all of which will ultimately be funded nationally. An allocation of £215k has already been received, meaning that we need to forecast an overspend of £831k at M9.
- **(£441k) QIPP Shortfall**. 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. The M9 position represents a £9k improvement against the reported position last month, and is explored in more detail in a report to Finance & QIPP Assurance Group.

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

3. CAPITAL PROGRAMME – LEVELLING UP FUNDING

3.1 In November 2021, Executive Cabinet received a report on the Council's successful bid for Levelling Up Funding of £19.870m. Council officers met with officials from the Department for Levelling Up, Housing and Communities (DLUHC) on 21 December 2021 to discuss monitoring and delivery arrangements. A draft Memorandum of Understanding (MOU) to be agreed with DLUHC has been shared with the Council and will cover the terms and conditions for the LUF grant funding; the final MOU for Council sign off is anticipated in mid-February 2022.

3.2 There will be a grant determination offer letter sent to the Council every 6 months (in line with payment), where the Council to be required to confirm the capital funding spent. Additionally, there will be a requirement to submit a Programme Management Update as part of the 6 monthly reporting process signed by the Council's s.151 officer. It is currently estimated that expenditure of £0.2m will be incurred in 21/22 in relation to land acquisition of the former interchange site and project management costs (including public realm strategy).

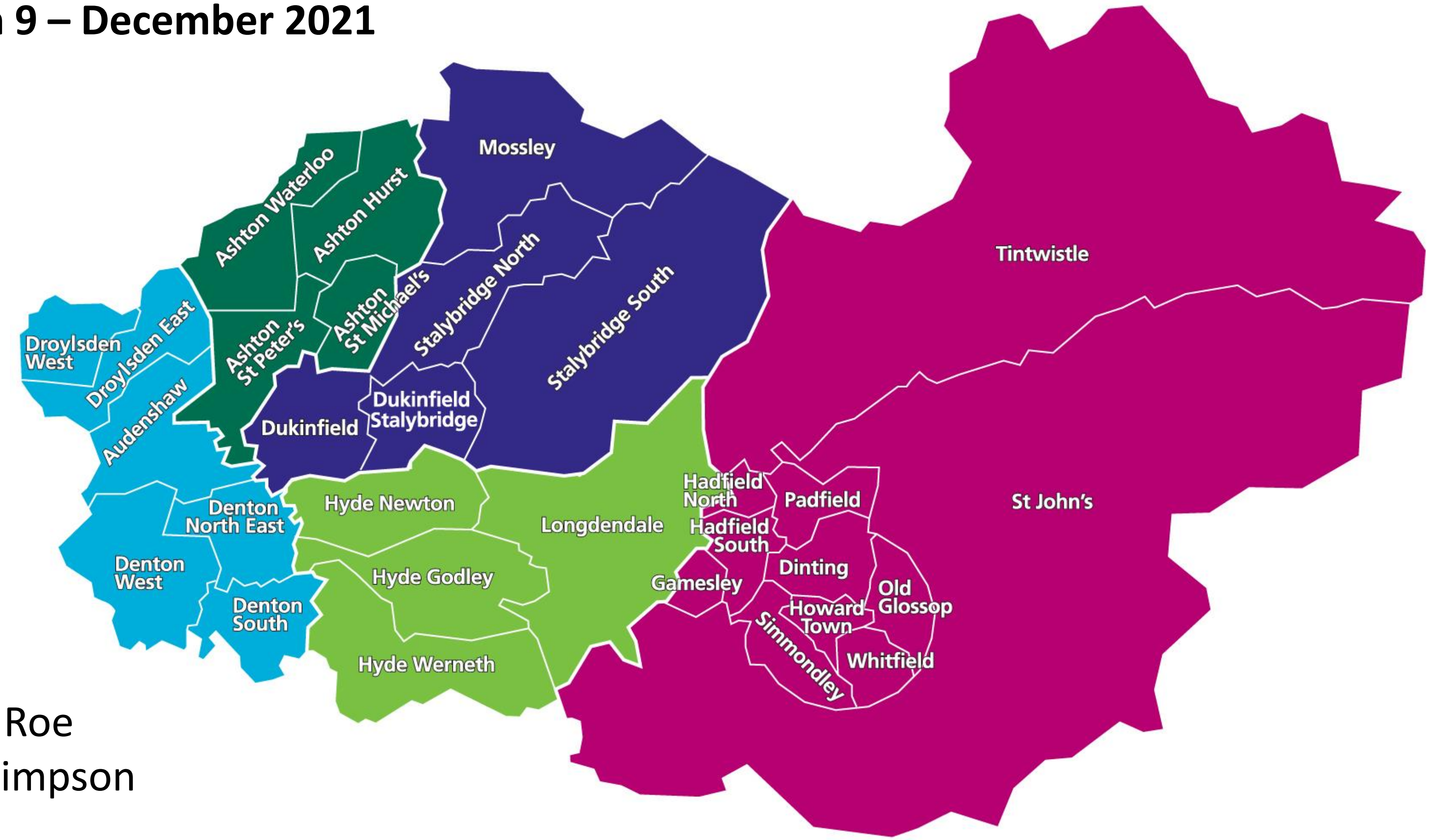
3.3 It is proposed that the £19.870m is now added to the Council's Capital Programme, pending sign off of the Memorandum of Understanding with DLUHC.

4. RECOMMENDATIONS

4.1 As stated on the front cover of the report.

Tameside and Glossop Strategic Commission

Finance Update Report
Financial Year 2021-22
Month 9 – December 2021



Kathy Roe
Sam Simpson

Period 9 Finance Report

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

Finance Update Report – Executive Summary

Message from the DOFs:

At the end of quarter 3 we are still reporting a shortfall in CCG QIPP achievement, while we continue to experience significant pressures against Council budgets. Both positions have improved since last month, but there is still work to do in quarter 4 to balance the financial position on a non-recurrent, in-year basis. Ensuring that Tameside and Glossop plays its part in delivery of Greater Manchester system level control totals.

COVID continues to place a significant operational strain on the system. It is important to recognise that work to balance the 2021/22 financial position is being done against the backdrop of the new Omicron variant and the accelerated roll out of the vaccine programme.

Looking forward, the long term financial position within the locality remains a cause for concern as we contend with the aftermath of the pandemic at the same time as addressing an underlying financial deficit and implementing comprehensive organisation change across the NHS.

Draft operating guidance for the NHS was published at the end of December, which included a provisional financial envelope for the GM system. While this guidance has pushed back the formal establishment date for Integrated Care Boards, work continues to develop financial plans for 2022/23. We are working closely with colleagues from Derbyshire to ensure successful transition of services for Glossop registered patients into the Derbyshire ICB, without creating financial pressures on either side.

Work is ongoing to finalise the Council budget proposals for 2022/23, which will be considered by the Council's Executive Board, Cabinet and Full Council in February. The budget report will propose a balanced budget for 2022/23, subject to the delivery of identified savings on Council Budgets, and an increase in Council Tax. The provisional Local Government Finance Settlement in December 2021 has provided another one-year financial settlement for Local Government, including some increases in funding. Whilst the additional funding is welcome, growth in cost and demand pressures continues to exceed even these increased funding levels. As a result the budget can only be balanced with further savings and an increase in Council Tax.

TMBC Financial Position

£49k

Improvement in financial position since M8, as a result of reduced costs in Children's Social Care and other one off benefits.

Children's Social Care

(£4,533k)

Forecast overspend against full year budget. Though note this represents an improvement on the M8 position.

CCG QIPP

(£441k)

Post Optimism Bias shortfall against QIPP target. This represents a £9k improvement since last month.

ICFT Forecast Position

£0k

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

Forecast Position £000's	YTD Position			Forecast Position			Variance	
	Budget	Forecast	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
CCG Expenditure	333,708	334,522	(814)	453,533	457,464	(3,931)	(3,553)	(378)
TMBC Expenditure	147,768	134,402	13,367	194,494	195,653	(1,159)	(1,207)	49
Integrated Commissioning Fund	**481,477**	**468,924**	**12,553**	**648,027**	**653,116**	**(5,090)**	**(4,761)**	**(329)**

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	172,722	172,332	390	229,955	229,464	491	343	148	229,955	0
Mental Health	33,462	33,166	296	44,759	44,600	159	49	110	44,759	0
Primary Care	69,448	69,903	(455)	95,903	97,289	(1,386)	(974)	(413)	95,903	0
Continuing Care	10,616	10,016	600	14,769	14,263	506	174	333	14,769	0
Community	28,463	29,241	(777)	38,262	39,931	(1,669)	(1,611)	(57)	38,262	0
Other CCG	15,820	16,764	(944)	25,328	26,919	(1,591)	(1,083)	(508)	25,328	0
CCG TEP Shortfall (QIPP)	0	0	0	0	441	(441)	(451)	9	0	0
CCG Running Costs	3,178	3,102	76	4,556	4,556	0	(0)	0	4,556	0
Adults	30,161	32,110	(1,949)	40,214	39,335	879	879	0	90,822	(50,608)
Children's Services - Social Care	39,348	43,156	(3,808)	53,510	58,043	(4,533)	(4,619)	86	65,395	(11,885)
Education	6,308	1,980	4,328	7,239	6,928	311	311	0	32,533	(25,294)
Individual Schools Budgets	3,970	(1,086)	5,056	0	0	0	0	0	124,550	(124,550)
Population Health	10,853	6,846	4,007	14,470	13,610	860	860	0	15,873	(1,403)
Place	46,263	49,147	(2,884)	61,581	61,900	(319)	(319)	0	124,215	(62,634)
Governance	8,662	9,787	(1,125)	9,083	9,607	(524)	(524)	0	71,470	(62,387)
Finance & IT	6,495	5,870	625	8,326	7,637	689	689	0	10,153	(1,827)
Quality and Safeguarding	109	4	105	142	142	(0)	(0)	0	383	(241)
Capital and Financing	(746)	(890)	143	4,775	4,327	448	448	0	8,964	(4,189)
Contingency	2,965	(1,836)	4,801	3,959	3,918	41	41	0	4,715	(756)
Contingency - COVID Costs	0	14,324	(14,324)	0	16,288	(16,288)	(16,229)	(59)	0	0
Corporate Costs	3,774	3,633	141	5,051	4,973	78	78	0	5,352	(301)
LA COVID-19 Grant Funding	(10,392)	(26,519)	16,127	(13,856)	(29,381)	15,525	15,503	22	(5,239)	(8,617)
Other COVID contributions	0	(2,124)	2,124	0	(1,676)	1,676	1,676	0	0	0
Integrated Commissioning Fund	**481,477**	**468,924**	**12,553**	**648,027**	**653,116**	**(5,090)**	**(4,761)**	**(329)**	**1,002,718**	**(354,691)**

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	333,708	334,522	(814)	453,533	457,464	(3,931)	(3,553)	(378)	453,533	0
TMBC Expenditure	147,768	134,402	13,367	194,494	195,653	(1,159)	(1,207)	49	549,185	(354,691)
Integrated Commissioning Fund	**481,477**	**468,924**	**12,553**	**648,027**	**653,116**	**(5,090)**	**(4,761)**	**(329)**	**1,002,718**	**(354,691)**

A: Section 75 Services	260,076	259,066	1,011	353,279	355,507	(2,229)
B: Aligned Services	166,839	151,827	15,012	221,333	224,172	(2,839)
C: In Collaboration Services	54,562	58,031	(3,470)	73,415	73,437	(22)
Integrated Commissioning Fund	**481,477**	**468,924**	**12,553**	**648,027**	**653,116**	**(5,090)**

Integrated Commissioning Fund Key Messages

Clinical Assessment & Treatment Service (CATS)

A forecast underspend of £520k on CATS is driving the reported variance on Acute. Forecast spend for CATS is £140k lower in M9 than it was last month. As CATS sits outside of separate funding arrangements for the Elective Recovery Fund, any under or over spend directly impacts on the CCG bottom line.

H2 plans for CATS were based on pre-COVID activity from 2019/20. But activity in quarter 3 was significantly lower than expectation. This has been driven by a range of COVID related matters, compounded by staff shortages and difficulties with recruitment.

Based on discussions with the provider, we had hoped that activity would start to increase back towards pre-COVID levels in November and December. But we are not seeing this in practice, hence the movement in the position since last month.

We expect that activity will increase in Q4, which is reflected in our forecast. But potential risk of further underspend/slippage if this does not materialise. It is important to note that the current underspend reflects supply side constraints rather than reduced demand. Unfulfilled demand will carry forward into 2022/23, potentially creating pressures against future year budgets.

CCG Reported Position

The reported position at M9 shows a forecast overspend of (£3,931k), with a YTD variance of (£814k). With the exception of the QIPP shortfall, all of this is reimbursable, but in line with national reporting guidance needs to be shown as an overspend until appropriate allocation changes are transacted:

(£1,681k) Hospital Discharge Programme. In total we have spent £2,383k against the Hospital Discharge Programme in the first 9 months of the year. Claims of £1,551k relating to H1 have already been approved by NHSE. Total forecast spend for the full year is £3,232k, which is consistent with last month. After adjusting for claims 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.

(£978k) GP Additional Roles & Responsibilities. £3.2m of ARRs funding has been made available by NHS England, against which our Primary Care Networks can claim in 2021/22. Based on current PCN forecasts, we anticipate claiming a total of £2,763k (86% of the maximum allowed). This is lower than reported last month because of slippage against PCN plans (particularly in Hyde and Ashton). 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 (i.e. ARRs is cost neutral to the CCG position).

(£831k) Primary Care Winter Access Fund. £250m of additional funding has been allocated nationally this year to help improve access to GP services and increase the number of patient appointments available over the winter. In T&G we anticipate total spend of £1,046k, all of which will ultimately be funded nationally. An allocation of £215k has already been received, meaning that we need to forecast an overspend of £831k at M9.

(£441k) QIPP Shortfall. 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. The M9 position represents a £9k improvement against the reported position last month, and is explored in more detail in a report to Finance & QIPP Assurance Group.

Integrated Commissioning Fund Key Messages

Children's Social Care

Directorate forecast position is an over spend of **(£4,533k)**, a favourable decrease of £86k since period 8. 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 687 a decrease of 9 from the previous month.

The reduction in forecasts since period 8 is due to a favourable decrease in external placements of £86K. The main variances at Month 9 include:

- **£438k** - Forecast underspend on Interagency Adoption Fees. The underspend is largely due to an increased number of children that are able to be placed with adopters from the Regional Adoption Agency; therefore avoiding the need to pay interagency adoption fees.
- **£334k** - Overall forecast underspend on resources for children with disabilities; including personal care, homecare and community based short breaks. The forecast underspend is also partially due to additional continuing care funding.
- **(£3,901k)** - Forecast overspend on external residential placements due to the number of Cared for Children (CfC) and the cost of placements. In addition there are a number of care leavers in placements paid for by Children's Services that are tenancy ready but are unable to move on into their own property due a lack of social housing stock.
- **(£1,539k)** - Forecast overspend on internal placements due to the number of Cared for Children (CfC) and payments for children that are no longer looked after (adoption allowances, SGOs).
- **(£84k)** - Forecast overspend on transport costs for children. There will be a review undertaken of the transport needs for each child currently in receipt of transport paid for by children's social care.

TMBC COVID expenditure and funding

Additional forecast costs of (£59k) relating to the support and administration of new grants and reliefs to support Businesses impacted by the Omicron variant. £22k of additional new burdens funding has been received to support COVID support administration costs. Further funding may be made available but no formal notification or allocation of funding yet received.

CCG Individualised Commissioning

Expenditure for Individualised Packages of Care is spread across multiple cost centres, but is concentrated in the Continuing Healthcare and Mental Health directorates.

The forecast underspend in these directorates (£506k and £159k respectively) is as a result of a lower number of these packages of care than expected.

Traditionally the number of CHC packages increases over the winter period and our budgets have been profiled to reflect these winter pressures.

However based on a snapshot of the live database on 4th January, we have not yet seen the same scale of increased demand as experienced in previous years.

Because of this, we have reduced the Individualised Commissioning forecast across CHC and MH by £400k at M9.

The position still includes some contingency, should demand start to peak in January and February or in the event of any particularly high cost packages.

Finance Summary Position – T&G ICFT

	Month 9			YTD		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
Total Income	**£24,413**	**£24,661**	**£248**	**£206,583**	**£209,310**	**£2,727**
Employee Expenses	(£16,275)	(£16,031)	£244	(£141,462)	(£142,067)	(£605)
Non Pay Expenditure	(£6,327)	(£7,260)	(£933)	(£58,260)	(£61,367)	(£3,107)
Total Operating Expenditure (excl. COVID-19)	**(£22,602)**	**(£23,291)**	**(£689)**	**(£199,722)**	**(£203,434)**	**(£3,712)**
Income - COVID-19	£30	£37	£7	£90	£229	£139
Employee Expenses - COVID-19	(£739)	(£738)	£1	(£6,297)	(£6,161)	£136
Non Pay Expenditure - COVID-19	(£142)	(£123)	£19	(£1,638)	(£1,250)	£388
Total Operating Expenditure - COVID-19	**(£851)**	**(£824)**	**£27**	**(£7,845)**	**(£7,182)**	**£663**
Total Operating Expenditure	**(£23,453)**	**(£24,115)**	**(£662)**	**(£207,567)**	**(£210,616)**	**(£3,049)**
Net Surplus/ (Deficit) before exceptional Items	**£960**	**£546**	**(£414)**	**(£984)**	**(£1,306)**	**(£322)**
Trust Efficiency Programme	£463	£564	£101	£4,177	£4,161	(£16)
Capital Expenditure	(£155)	(£545)	(£390)	(£4,580)	(£3,104)	£1,476
Cash and Equivalents		£25,281				

Finance Summary Position – T&G ICFT

Trust Financial Summary – Month 9

The Trust H2 financial plan for H2 is breakeven, in line with national guidance. In month 9 the Trust reported an in month variance against plan of c.£414k adverse and a YTD position of c.£322k adverse.

The in month actual position is a reported surplus of c.£546k. This represents a favourable movement of c.£1.486m from the previous month, predominantly due to the planned receipt of funding. Total COVID expenditure incurred in month equated to c.£824k against planned spend of c.£851k and a total YTD spend of c£7.182m against a plan of c.£7.845m which represents an underspend of £663k. COVID spend remained broadly similar to the previous month, which is reflective of the continued influx of COVID positive in-patients during the month.

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

Activity and Performance:

Restoration plans have been established within the Trust and the Trust continues to aspire to deliver nationally prescribed activity targets, which for H2 is to deliver 89% of 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 and as a result there has been a small reduction in the number of elective and day cases versus plan this month.

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. £564k in month 9 and c.£4.161m YTD which are predominantly through productivity improvements and income generation schemes.

Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	9 February 2022
Executive Member:	Councillor Eleanor Wills – Executive Member (Health, Social Care and Population Health)
Reporting Officer:	Stephanie Butterworth – Director, Adults Services
Subject:	**APPROVAL OF REVISED NON-RESIDENTIAL CHARGING POLICY**
Report Summary:	This report seeks approval of the revised Non-Residential Charging Policy following a public consultation exercise on the following matters: • The level the Council sets the Minimum Income Guarantee (MIG). • The way that the level of income is disregarded. • The introduction of an arrangement fee and annual charge for self-funders. • General feedback on the revised Non-residential Charging Policy. The current Policy was approved on 25 March 2015, following the implementation of the Care Act 2014. The residential and non-residential arrangements for financial assessment and charging have been separated out to make it easier for the public to access the information relevant to them.
Recommendations:	That Strategic Commissioning Board be recommended to agree: (i) That permission is given to implement the following elements of the revised Adult Services Non-Residential Charging Policy: • The Minimum Income Guarantee level remains at the level the Council currently uses • The level of income disregarded is changed to disregard the difference between DLA care higher and middle rate and PIP daily living allowance enhanced and standard rate • An annual fee for managing non-residential self-funders' accounts of £95 is implemented from 1st April 2022, with an annual review of the level. This will apply only to non-residential packages of care created from this date, rather than existing packages. (ii) That permission is given to implement the proposed Non-Residential Charging Policy from 1 April 2022.
Corporate Plan:	Healthy, Safe and Supportive Tameside
Policy Implications:	This report seeks permission to implement the revised Non-Residential Charging Policy following a public consultation exercise. The current Policy was approved on 25 March 2015, following the implementation of the Care Act 2014.
Financial Implications:	The report presents two proposals with financial implications: 1) to amend the Council's policy to set aside any higher or enhanced

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

payment of Disability Living Allowance and Personal Independence Payment whilst calculating a financial assessment- 'Option 2' in October's paper- and 2) to introduce an annual fee of £95 for self-funders making use of Council-commissioned non-residential care services. Following consultation, no change is proposed to the Council's treatment of Minimum Income Guarantee.

The financial context is set out at Section 5 onwards. The Council's duties towards social care clients under the Care Act sit alongside its obligations to collect all due contributions from social care clients, and to ensure the sustainability of social care and other services in the Borough. A charging policy should be set so as to avoid the creation of perverse incentives or false economies.

Per 6.2, the proposal on DLA and PIP is estimated to result in a loss of fee income of up to £203k, based on rates and client volumes in October 2021 and almost entirely affecting non-residential care charges. For context, this amount represents approximately 1.3% of Adult Services' fee income and 0.2% of its gross expenditure in the 22/23 budget. This is essentially the cost of bringing the current policy into line with the Norfolk Judgement and, in principle, preventing legal challenges to the Council's policy. No direct mitigation or alternative income stream is identified, and a pressure would arise against the department's budget from FY22/23 onwards.

The second proposal on non-residential annual fees may bring in offsetting income, although the amount is difficult to predict. In the scenario at 6.3, £28,500 annually would be generated after two years if (as is unlikely) volumes are unchanged by the introduction of a fee. Even if this amount was not realised, it is still likely that some income would be recouped, and there would also be a non-cashable benefit in reduced demand on Council services. While this proposal is unlikely to generate significant income, it will partially cover the costs of the proposed change and will mitigate the increased pressure on an already challenged financial position.

Some responses to the consultation were opposed to the introduction of a fee and saw it as a barrier to accessing vital services. However, a self-funder will still benefit from the Council's quality assurance and financial control frameworks, and as such the fee is essentially nominal compared to the cost of a private package.

The risks associated with revisions to the Charging Policy are set out at Section 8, and are largely as anticipated in the earlier paper. The reduction in fee income must be weighed against the potential legal and financial impacts of non-compliance, and there are instances in which the cost of non-compliance with the legal requirements would outweigh the direct loss of income arising from changes to the charging policy.

Per Section 9, there will be wholesale changes to social care charging from October 2023, and hence these proposals will be considered again as part of a comprehensive review of the Council's charging policy, and may only operate for eighteen months.

Legal Implications:

(Authorised by the Borough

Section 14 of the Care Act 2014 allows the Council to charge for Care and Support Services. This framework enables the Council to

Solicitor)

decide whether or not to charge a person when it is arranging to meet a person’s care and support needs, and is intended to make charging fairer and more clearly understood by everyone. Where the Council decides to charge, it must follow the Care and Support (Charging and Assessment of Resources) Regulations, or whichever regulations apply at the time, and have due regard to the associated guidance, ensuring that it does not charge more than is permitted therein.

This means that where a local authority chooses to charge, the maximum and the way in which it does so is determined by the current regulations, and in turn, the Council must develop, agree and maintain policies setting out how they will do so in settings other than care homes, where separate rules apply. Only where a financial assessment has been carried out in accordance with the regulations can a charge be made, and this should be fully explained within local authority policies.

Policies should be in place regarding how the Council communicates, carries out financial assessments, collects debts, and which take into consideration the capacity of the person as well as any illness, condition or if they are in prison. The wellbeing principle lies at the heart of all policy decisions.

There has been a recent High Court decision (2020) involving Norfolk County Council, which found that their Charging Policy discriminated against ‘severely disabled’ people under the European Convention on Human Rights because the Council would be charging those with the highest support needs proportionally more than those with lower support needs.

The implementation of the legislation and guidance should be effective at all times, to ensure the Council is behaving lawfully and fairly, and therefore safe from successful challenge in the courts or from complaints. The need to comply with the legislation is paramount as well as providing due consideration of outcome of the consultation.

Risk Management:

The risks associated with this decision are highlighted in detail in section 7 of this report.

The key risks relate to people’s ability to pay the charges that they are assessed for and the need to have robust financial monitoring and swift reactions between Exchequer and Adult Services to ensure that if people are struggling to pay that as much help and support is available so that people are either not left with adequate weekly income or without the correct level of care and support.

Background Information:

The background papers relating to this report can be inspected by contacting Reyhana Khan, Programme Lead.

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e-mail: reyhana.khan@tameside.gov.uk

1. INTRODUCTION

1.1 The Care Act 2014 placed a number of duties and responsibilities on local councils when considering charging for adult social care services including residential and non-residential care (such as homecare, day care and respite care). The Act continues to allow councils some discretion as to what services they can charge for and what income, savings and assets can be taken into account when calculating a person's ability to pay for their care.

1.2 In terms of the elements of the Act that are to do with charging for services, the Department of Health published two key sets of regulations that embody the statutory requirements of the Act as well as indicating the discretionary elements that are open to local interpretation and decisions.

1.3 The key regulations are:

- The Care and Support (Charging and Assessment of Resources) Regulations 2014
- The Care and Support (Deferred Payment) Regulations 2014

1.4 In response to the implementation of the Act, following a period of consultation, Executive Cabinet approved the current Charging Policy on 25 August 2015. This Policy included the Council's approach to assessing and charging for both residential/nursing care and for non-residential care, for example home care and respite care.

1.5 As part of the review of the current Charging Policy, it is proposed that two separate Charging Policies are developed – one to reflect the Council's policy with regards to residential/nursing care and one for non-residential care. The reason for this is to simplify the process for members of the public so they only need to consider the document relevant to their own situation.

1.6 0n 18 December 2020 Mr Justice Griffiths ruled against Norfolk County Council that its charging policy discriminated, albeit inadvertently, against 'severely disabled' people contrary to Article 14 of the European Convention on Human Rights.

1.7 Norfolk County Council provided services to SH, charging on a means-tested basis. SH was a 24-year-old woman with Down syndrome who, because of her disabilities, had never been able to earn money. She had no income apart from her state benefits. The local authority provided SH with services in accordance with its duties under the Care Act 2014 and sought to charge for those services on a means-tested basis. SH was required to pay those charges out of her benefits.

1.8 Following a change in the local authority's charging policy, SH found her assessed contribution increased significantly which she challenged by way of judicial review. SH alleged that the amended policy was unfair and discriminated against her, as a severely disabled person. This was on the following 2 grounds: Ground 1: The Charging Policy discriminates against severely disabled people, contrary to Article 14 read with Article 1 of Protocol 1 and/or Article 8 of the European Convention on Human Rights. Ground 2: The Charging Policy indirectly discriminates against adults with Down Syndrome, contrary to section 19 and 29 of the Equality Act 2010.

1.9 The Court found that her 'severe disability' was capable of being an 'other status' for the purposes of Article 14, concluding that the local authority's amended charging policy had treated SH differently to others subject to the same policy, and could provide no justification for that difference in treatment, Consequently, he granted the relief sought.

1.10 In essence, the council's policy meant that the charges that the service user would have had to pay the council from her benefits for day services, respite care and a personal assistant would have risen from £16.88 per week to £50.53 per week and the court found that the new policy discriminated against "severely disabled" people under the European Convention on

Human Rights because the council would be charging those with the highest support needs proportionately more than those with lower support needs.

1.11 The Judge's Findings: Griffiths J found that the local authority's charging policy did discriminate for the following reasons: The local authority argued that SH's proposed 'other status' of 'severely disabled' was not precise enough to warrant protection under Article 14 ECHR. Griffiths J agreed that the proposed status needed to be ascertainable for it to be protected, but felt that as her disability had been assessed for the purposes of her entitlement to Employment Support Allowance and PIP granting her the highest level of support available, it was as precise as the category of 'a severely disabled child in need of a lengthy in-patient hospital treatment' which had been recognised previously in Mathieson v Secretary of State for Work and Pensions [2015].

1.12 Differential treatment: SH's needs as a severely disabled person were higher than the needs of a less severely disabled person, hence her needs-based benefits were awarded at higher rates. Under the local authority's charging policy, all of this income fell to be included in her assessment. By contrast, a less severely disabled person might receive less benefits but may be able to work, and their earnings from employment or self-employment would be protected and not included in the assessment. The local authority argued that this was not differential treatment because the same policy applied. Griffiths J found that the local authority's argument missed the point: the policy was equal but not equitable [emphasis added], and it had a disproportionate impact against severely disabled people. The local authority had not taken steps to mitigate this and therefore, on the facts, the court held that there was a difference of treatment between two persons in an analogous situation.

1.13 Norfolk County Council had made a decision to implement a new policy on the level of the Minimum Income Guarantee (MIG) it would set locally, and to change the amount of the Personal Independence Payment (PIP) that is included in someone's financial assessment. It was determined that while inadvertently, both decisions discriminated against people who were most disabled, and were most unlikely to be able to earn income from paid employment.

1.14 The new policy "significantly reduced the minimum level of income (the "Minimum Income Guarantee" or "MIG") that an adult in SH's position could receive before being charged for care. It also included the PIP Enhanced Daily Living Rate in the calculation of the MIG.

1.15 Mr Justice Griffiths noted that Norfolk had "exercised its discretion to charge SH the maximum permissible (disregarding only those elements it is required to disregard by law), and, at the same time, has lowered the overall cap on her charges by reducing the council's minimum income guarantee". The way the Charging Policy was constructed means that, because her needs as a severely disabled person are higher than the needs of a less severely disabled person, the assessable proportion of her income is higher than theirs.

1.16 Her needs-based benefits are awarded at higher rates (daily living PIP and ESA) and are fully assessed, and their earnings from employment or self-employment are not available to her and other severely disabled people, but are not assessed."

1.17 A Cabinet Decision was taken by Norfolk Council following Judicial Review of Care Charging on 12 January 2021. The following recommendations were approved.

a) to make an initial amendment to the charging policy for non-residential care for people of working age, setting a minimum income guarantee of £165 per week, and using discretion to disregard the enhanced daily living allowance element of Personal Independence Payment
b) to apologise to those affected and implement that amendment as soon as practicable and backdate it to July 2019
c) to initiate further detailed work on the impact of the charging policy as it relates to the group of severely disabled people identified by this judgment, and wider groups.

1.18 Under the Care Act 2014, charges must not reduce people's income below a certain amount but local authorities can allow people to keep more of their income if they wish. This is a weekly amount and is known as the Minimum Income Guarantee (MIG).

1.19 Adult Services, Exchequer, Finance and Legal teams have worked together to review the current Charging Policy and to develop a stand-alone non-residential Charging Policy that reflects the local position and is compliant with the Care Act and relevant Regulations.

1.20 While ensuring that the Policy is equitable, the Council must also take into account the long term financial sustainability of the Council, so must consider to charge, what it can afford while acting in a lawful and equitable way.

1.21 Following a period of public consultation, this report is seeking approval of the revised Non-Residential Charing Policy and a number of specific proposals that relate to the Minimum Income Guarantee (MIG), the elements of Disability Living Allowance (DLA) / Personal Independence Payment (PIP) care component that may be disregarded and on the introduction of an annual fee for setting up care for self-funders, and for on-going management of the account.

1.22 The report does not cover the Residential Charging Policy. A revised Residential Charging Policy is being drafted – the revised policy will be presented appropriately at a future Executive Cabinet for approval.

2. POLICY CONTEXT

2.1 The Care Act 2014 (the Act) was implemented on 1 April 2015. Crucially part 1 of the Act focussed on the assessment and eligibility of people for social care and support and with that the acknowledgement that people who had the ability to pay should indeed pay for those services that they were assessed as requiring. This principle of financial assessment and payment for services has been well established within statute over the years and until the Care Act had been encompassed within the Fairer Charging Policy and the Charging for Residential Accommodation Guide (CRAG).

2.2 The Act repealed both these sets of regulations and in their place sets out the Government's expectations of what councils must charge for and what they might want to consider charging for.

2.3 The following are key to the Council's duty and powers when determining how it charges for care and support:

- Council's power to charge for services arises from Section 14 of the Care Act 2014.
- Section 78(1) of the Care Act 2014 provides that Local Authorities should act under The Care and Support Statutory Guidance.
- The regulations made under the Care Act 2014 are the Care and Support (Charging and Assessment of Resources) Regulations 2014 ("The Regulations").
- The MIG (minimum income guarantee) is set by Regulation 7 of the Regulations.
- Under the regulations when assessing the level of charge the Council is prohibited from taking into account the following:
  i) Earnings from employment or self-employment (Regulation 14 of The Regulations).
  ii) Housing-related costs (Regulation 15(1) and Schedule 1 para 2 of The Regulations).
  iii) The mobility element of PIP (but not the daily living element of PIP) (Regulation 15(1) and Schedule 1 para 8 of The Regulations).
  iv) Any disability related expenditure ("DRE") paid for with disability benefits (Regulation 15(1) and Schedule 1 para 4).
- Otherwise, Regulation 15(2) gives the Council a discretion about what it will or will not take into account when means-testing the person to be charged for Council services.

2.4 The Regulations set the MIG amount and this is reviewed annually by the Department of Health and Social Care. The amount that a person is entitled to will vary depending on several factors, such as age and whether a person is married. The Council has agreed a more generous amount than this.

3. AREAS OF CONSULTATION

3.1 Following permission to consult on the proposed Non-Residential Charging Policy in general, there were three specific areas that the public consultation explored.

3.2 *Level of Minimum Income Guarantee*
The Council consulted on two options for the level of the MIG it sets from April 2022. The options were:

- **Option 1 (current approach) -** The Council continue to provide a MIG over that provided by the statutory MIG, which means it is more a more generous amount and supports the most vulnerable. It uses the MIG as set by The Care and Support (Charging and Assessment of Resources) Regulations 2014 with the following *increased amounts*:
    - The amount for working age people to include the Disability Premium
    - Higher amounts to be allowed for the following elements
        a) Enhanced Disability Premium
        b) Carer Premium

- **Option 2** - The Council will use the MIG as set by The Care and Support (Charging and Assessment of Resources) Regulations 2014 (and updated each year by The Department of Health & Social Care) - *with no additional allowances*. This is set centrally to ensure that a person's income is not reduced below a specified level after charges have been deducted, but does not reflect the additional living costs that more severely disabled individuals encounter.

3.3 *Level of Income that is disregarded*
The Council has the power to disregard aspects of income received by individuals when carrying out a financial assessment. Two options were proposed – the first is the current arrangement, while the second option recognises that more severely disabled people may have a higher level of spend to meet their enhanced needs, therefore it is proposed that the additional benefit they receive is disregarded in recognition of this:

- **Option 1 (current approach)** – Current practice is to use the full amount of *higher* rate Disability Living Allowance (DLA) care component and the *enhanced* rate of Personal Independence Payment (PIP) daily living component in the Financial Care Assessment. The difference in income between the two is disregarded only if the client does not receive care at night.

- **Option 2** – To disregard the difference in income between the *higher* rate and the *middle* rate for those clients who receive the *higher rate of DLA care component*; and to disregard the difference in income between the *enhanced* rate and the *standard* rate for those clients who receive the *enhanced rate of PIP daily living component*.

3.4 Arrangement and annual fee for setting up care for self-funders
It was proposed that the Council introduces an arrangement and annual fee of between £50 and £150 to cover the costs of setting up care for individuals who have been determined to have funds above the upper limit of £23,250 and therefore fund the full cost of their care.

3.5 Consultation proposed an arrangement fee and an on-going annual fee for managing the self-funder account. Should an individual who has been determined to be a self-funder not wish to pay this fee, they would be required to arrange their own care package. The Council would provide details of providers within the local market who can be approached to meet the identified outcomes and needs.

3.6 The feedback received in the consultation exercise is set out in section 4 of this report.

4. CONSULTATION EXERCISE

4.1 **Consultation Rationale:** In determining the direction of the consultation a number of financial factors had to be taken into consideration, in particular with regard to the discretionary decisions in relation to charging for care services and the arrangement and administration of care services for self-funders.

4.2 Whilst the Act states that the local authority now has a power rather than a duty to charge for care it may choose not to charge in circumstances where it was previously obliged to do so. The Council is not in a financial position to take the decision to not charge for care services and the proposals presented in the consultation related to the level of income considered in the Financial Assessment.

4.3 The financial justification for continuing to charge for adult social care services is essentially to ensure the continuation of key services that assist and protect the most vulnerable people in society. In light of Government funding reductions, it would not be financially viable for the Council to radically change its current charging arrangements for social care. Such changes would result in the cessation of a number of key services and an inevitable reduction in quality for those services that remain.

4.4 **Consultation Exercise:** Permission was given at Executive Cabinet on 27 October 2021 to consult with the public and the consultation period was live from 28 October 20201 to 23 December 2021.

4.5 Consultation methods used included the Big Conversation website, paper surveys upon request, telephone surveys and focus groups to give people who will be potentially directly impacted upon by the Policy to give their opinions on the proposals.

4.6 Following requests for paper versions of the Policy and documentation over 80 copies of the paperwork were posted to members of the public.

4.7 In total 52 completed responses were received to the survey consultation, which includes Big Conversation, paper forms and telephone surveys. Not all of the respondents completed each question.

4.8 Two focus groups were also conducted to ensure the target audience was reached (approximately 30 people were part of these groups). Working with Adult Services colleagues specific groups of people were identified and the content of the focus groups was adapted according to the audience. The focus groups were well attended and valuable feedback was gathered from each session. Details of the groups are documented in **Appendix A**.

4.9 In summary, the content of the consultation is outlined in table 1 below.

Topic	Questions
Minimum Income Guarantee: Option 1 Retain current MIG Option 2 Reduce the MIG to the rate set by the DHSC.	How far you agree or disagree with the proposal to continue providing the level of MIG that the council currently provides. How far you agree or disagree with the proposal to provide the level of MIG that the DHSC sets annually

Income to be disregarded Option 1 Retain the current practice of disregarding the difference between the higher rate of DLA care component and middle rate where the client does not receive night care. Option 2 • For those clients who receive the higher rate of DLA care component – to disregard the difference in income between the higher rate (currently £89.60 per week) and the middle rate (currently £60.00 per week) • For those clients who receive the enhanced rate of PIP daily living component – to disregard the difference in income between the enhanced rate (currently £89.60 per week) and the standard rate (currently £60.00 per week).	How far you agree or disagree with the proposal to disregard the difference between DLA Higher and Middle rate care component How far you agree or disagree with the proposal to disregard the difference between DLA care higher and middle rate and PIP daily living allowance enhanced and standard rate.
Self-funders arrangement and annual fee	How much you agree or disagree with the proposal to introduce an arrangement and annual fee of between £50 and £150 for setting up care for self-funders, and an annual fee of the same for administering the care.
General feedback on the revised Non-Residential Charing Policy	Any other comments you have regarding the revised adult social care Non-Residential Charging Policy

4.9 **Analysis of Consultation:** The full details of the responses to both the survey consultation and focus groups are details in **Appendix B** and detailed below are the key findings from the Big Conversation consultation.

Level of Minimum Income Guarantee (MIG) – 68% of the respondents strongly agreed/agreed with the Council's proposal to continue to retain the MIG at a higher rate than the level set by the DHSC; 11% disagreed/strongly disagreed and 21% neither agreed nor disagreed.

Level of Income Disregarded – The results of both the proposals relating to this topic were broadly similar. 57% of people strongly agreed/agreed to continue current practice of disregarding the higher and middle rates of DLA where the client does not receive night care; 14% strongly disagreed/disagreed, and 29% neither agreed of disagreed.

However, 48% of the respondents strongly agreed/agreed with the proposal to disregard the difference between DLA care higher and middle rate and PIP daily living allowance enhanced and standard rate; 14% disagreed/strongly disagreed and 38% neither agreed nor disagreed.

Charging an arrangement and annual fee for self-funders where the Council arranges care and support – 17% of respondents were in favour of charging an arrangement and annual fee for care and support for people who were not entitled to receive financial support for care in a non-residential setting; 62% were not in favour and 21% were unsure. One response has been disregarded as the response was strongly agree, but the comments indicated they disagreed.

5. FINANCIAL POSITION

5.1 The Council relies significantly on income from charging for adult social care services. In the financial year 2022/23 income from charging is budgeted to be £15.746 million, breaking down to £8.528 million for residential and nursing care, and £7.218 million for other care. Income from charges accounts for 15.7% of the Adult Services gross budget of £100.03 million. If the Council did not charge fees for these services, an equivalent level of efficiency savings from the Adult Social Care budget would need to be made, which would significantly reduce the level of services provided in future years.

5.2 The current financial pressures placed upon councils does mean that where possible, a person's ability to pay for the services that they receive is acknowledged. A fair and equitable system is in place to ensure a thorough financial assessment is carried out, and any charges levied are proportionate to an individual's level of income and assets and ability to contribute.

5.3 Continued increases in the demographics of the borough, particularly of older people and younger adults with disabilities and life limiting health conditions, adds further pressure to the Adult Services budget at a time when unprecedented reductions in funding need to be made due to the Government's financial austerity measures.

5.4 Each year the Council also faces rising costs associated with the delivery of care. The gross expenditure requirement in Adult Services is budgeted to increase by £10.03 million between FY21/22 and FY22/23, excluding most of the impacts of managing demand from COVID. Reductions in funding from central Government are expected to continue, widening the financial gap between demand and resources in the local social care economy over the coming years. Funding for social care is scarce and wherever possible, compensating savings or alternative income streams would be identified to match any reduction in fee income.

5.5 The Council budgets to fund £13.565 million of its adult social care expenditure by applying charges for services such as residential, homecare and daytime activities. The Council has a legal requirement to deliver a balanced budget, so if the Council was to cease charging for such services it would be necessary to reduce the amount that it spends accordingly. The financial rationale for continuing to charge for social care services is fundamentally to ensure future sustainability of key services which assist and protect the most vulnerable people in society.

5.6 Given the additional pressures placed on the Council it is important that all aspects of budgets are scrutinised to ensure that services can be protected and maintained as much as possible and to that end charging for services continues to be a crucial element of the management of the total budget.

5.7 It is also recognised that local residents have been hit heavily by recent government policies, for example changes to benefits system with the introduction of Universal Credit, and also the significant impact, health and economic, of the current COVID pandemic. It is important that any changes to the Charging Policy do not discriminate against the most vulnerable in our community and place more pressure on them to live a good quality life.

6. PROPOSED CHANGES TO CURRENT PRACTICE

6.1 **Minimum Income Guarantee** – it is proposed that the current Council practice continues. At present the MIG is set at a slightly higher rate than the government levels. Feedback from the consultation was that maintaining the current rates was the preferred option – 68% of people strongly agreed/agreed with this position. An example of a response to this is *'The currently MIG level must be maintained in order to support current anti-poverty strategies in the borough and throughout GM. Tameside is one of the most deprived areas of England, prices/inflation are at a 10 year high and Universal Credit recipients' have just had a £20 per week cut in their* *income. It is unconscionable to propose to increase the charge by reducing the MIG at this time.'*

There is no change to financial pressure this places on the Council as the current arrangements would continue.

6.2 **Level of income disregarded** – Although the results of both the proposals were similar, it is recommended that the Council changes the way that income is currently disregarded in the financial assessment. It is proposed that in future the difference between DLA care higher and middle rate and PIP daily living allowance enhanced and standard rate, will be disregarded. 48% of the respondents strongly agreed/agreed with the proposal to disregard the difference between the middle and higher rate of DLA/PIP. Responses to this question included '*DLA is to be used for extras the person needs like car access. Not to decrease the persons finances.' and 'Disabled person has high living expenses - heating, ready meals, different clothing, personal aids not provided by the council so need all money they receive to help with their (sic) changed circumstances.'*

This change will result in a financial pressure to the Council of up to £203k, based on client numbers and prevailing rates as of autumn. This figure represents an approximate limit to the loss of income to the Council, assuming that it is deprived of the maximum possible amount of income from all clients in scope. In practice, the actual loss of income may be lower, if other aspects of these clients' financial circumstances already prevent the Council from charging the full amount. The rationale for this change to the income that is disregarded is so that the Council recognises and ensures that the most disabled individuals in the borough have sufficient income to meet their potential additional needs as a result of their disability. People who are more severely disabled have more enhanced needs and this option allows for those people to have more income to meet these needs.

6.3 **Arrangement fee and annual fee for self-funders**
The majority of the individuals who responded to this question, 62%, were not in favour of introducing an arrangement and annual fee for self-funders. Comments included '*The council should not penalise people just because they have what are only quite modest assets'* and *'Ar (sic) a time of great stress and distress free access to this service is essential as one feels that the council are approachable , and this cost is not a barrier to access.'*

While there was minimal support for the introduction of an arrangement and annual fee, it is proposed that this is implemented. The Care Act does give the Council the power to charge an administration fee for arranging care for self-funders. The proposed charges reflects the time and resource taken to support an individual to establish the care they require to meet their identified needs and will only cover the cost of the administration of arranging care for self-funders. Many other local authorities do charge for this service and the proposed fees are comparable/lower than the charges in other authorities.

It is proposed that an annual fee of £95 is charged for the management of a self-funder's package of care. This would be applied to new self-funders for non-residential services from 1 April 2022, and would be intended to cover the cost of setting up the original care arrangements and managing the package on an ongoing basis. The proposed charge was calculated by considering the staff time taken to set up and manage care, between Exchequer Services and the Adults Commissioning Team. The calculation also takes into account that changes will be needed in packages of care from time to time.

The key benefits of requesting that the Council contracts on behalf of a person (who would normally contract directly with the provider) is the additional oversight and protection from the Council's contractual relationship, i.e.:

- The Council has regular oversight of the providers (over and above the Care Quality Commission) to endeavour to ensure the service is of a good standard. Where improvements are required the Council will support the provider to make those improvements.

- Should the person have an issue, which cannot be resolved by the provider, the person can access the Council's complaints process
- The Council will facilitate payment of the fees to the provider and check they are invoicing for the correct amount (albeit the full fees will be recoverable from the service user)

The annual cost of care in the private market for a client receiving seven hours of domiciliary care per week would typically be over £8,000; as such, an additional £95 represents a nominal charge in exchange for the benefits of the Council's quality assurance and financial controls.

As stated in October's consultation paper (see 4.28-34) it is unrealistic to forecast the income recouped from an arrangement and annual fee, because of the change in demand that would occur once a charge is introduced for a previously free service. However, for illustration, as of October 2021 the Council managed 392 placements for full cost payers, of which approximately 150 had been set up within the last 12 months. On this basis and assuming (as may be unlikely) no change in demand, with an annual fee of £95 applying to all non-Residential packages set up from 1st April 2022 onwards, additional fee income would be approximately £14,250 after one year and £14,250 after two years:

	FY22/23	FY23/24
New Self-funders	150	300
Cumulative packages managed	150	300
Additional income at £95 per head	**£14,250**	**£28,500**

No projection is made beyond two years, given 1) the uncertainty in turnover of clients as they either leave the service or their circumstances change, and 2) as noted at Section 9 from October 2023 there will be wholesale changes to the basis of social care charging, with which the annual fee may not be compatible.

6.4 **General comments on the Policy**

The general feedback on the revised Policy is that:

- people found it difficult to understand because of the technical nature of the content. Easy read copies were developed, letters sent out to people in receipt of non-residential services to offer additional support, and a couple of focus groups were held to talk through the proposals.
- People should be able to remain in their own homes without being financially penalised and concerns about affordability of care once assets are stripped.
- Those who have paid all their lives should benefit when they need the support.
- Council cuts are detrimental – and to focus on funding areas such as mental health services

Once the Policy is approved a user-friendly version of the document will be developed and available on the Council's website.

7. EQUALITIES

7.1 A full equality impact assessment has been carried out and which is detailed at **Appendix C**. The Equality Act 2010 makes certain types of discrimination unlawful on the grounds of:

- Age
- Gender
- Race
- Gender reassignment
- Disability
- Maternity

- Sexual orientation
- Religion or belief 3.2

7.2 Section 149 of the Equality Act 2010 places the Council and all public bodies under a duty to promote equality. All public bodies, are required to have regard to the need to:
- Eliminate unlawful discrimination.
- Promote equal opportunities between members of different equality groups.
- Foster good relations between members of different equality groups including by tackling prejudice and promoting understanding.
- Eliminate harassment on the grounds of membership of an equality group.
- Remove or minimise disadvantages suffered by members of a particular equality group.
- Take steps to meet needs of people who are members of a particular equality group.
- Encourage people who are members of an equality group to participate in public life, or in any other area where participation is low.
- This specifically includes having regard to the need to take account of disabled people's disabilities.

7.3 The Act therefore imposes a duty on the Council which is separate from the general duty not to discriminate. When a local authority carries out any of its functions, the local authority must have due regard to the matters within the section of the Act outlined above. The Courts have made it clear that the local authority is expected to rigorously exercise that duty.

7.4 The charging for adult social care services is based on a person's ability to pay and a full financial assessment is carried out on anyone assessed as needing a social care service. If the savings and assets an individual has means that they are able to pay the full cost of their care then this would be appropriate and fair. If, on the other hand, a person is unable to pay for their care then it is right and proper that the Council pays all or a proportion of the cost of the care so that everyone is able to receive the correct level of care and support that has been assessed as being needed to meet their needs.

7.5 The proposed changes are in line with these key principles, and will treat people equitably.

8. RISK MANAGEMENT

Risk	Consequence	Likelihood	Impact	Action to Mitigate Risk
The Charging Policy is not equitable	Challenge to the Council regarding the equity of the Policy. Financial and reputational damage.	1	4	Legal advice has been sought on revised policy, consideration has been taken of Norfolk Judgement and Regulations and Care Act 2014 have been followed.
People are unable to afford the charges	Either they would decide not to receive the care or get into debt.	2	4	Full financial assessment of all service users and clear determination of an ability to pay will be established. If someone cannot afford to pay then further assessment may be required to ascertain the situation. The Policy should not leave people without adequate funds for daily living.
People accrue large debts	Added anxiety to service user and family. Council	2	4	Close scrutiny of the debts being accrued by Exchequer and early warning system to be in place between Exchequer and

once a charge has been set	unable to receive the full amount of the charge			Adult Services so that early intervention and support can be put in place
Non-payment of charges	Council's budget negatively affected and services may need to be stopped	2	4	Effective debt recovery will be in place together with an early alert system allowing Adult Services to intervene and ensure that the person is aware of the consequences of non-payment and also is able to afford the charges.
People refuse to pay the charges	Potential for services to be stopped	1	4	Importance of explaining the Charging Policy from the start of the assessment process so that people are aware that they will be charged. Charges will be based upon an ability to pay and so if they are correct and the person refuses to pay then the consequences will be explained and inevitable services may need to be withdrawn.
Withholding or giving incorrect financial information	This could lead to an inaccurate financial assessment and the wrong charge being calculated	2	3	Clear explanation given to the user from the start of the assessment process explaining the consequences of withholding or giving inaccurate financial information.
Impact on the Council's financial position	Revised charges reduce fee income	4	2	Changes to the Charging Policy are estimated to reduce fee income by £203k annually, which would have to be found from other budgets.
	Failure to revise the Charging Policy lays the Council open to potential legal challenge or settlement	2	4	Norfolk are believed to have spent £11m on rectifying their policy. Whilst TMBC's position is very different, the potential exposure from backdating payments is still substantial if unlikely at present.

9. FUTURE POLICY IMPLICATIONS

9.1 The Government has a new long-term vision for reforming adult social care in England to make sure that it is fit for the future and fairer for everyone. So that everyone receives the care they need, when they need it, to live the life they want to.

9.2 People at the Heart of Care: The Adult Social Care Reform white paper was published on 1 December 2021. The Government will be investing over £5.4bn over the next three years, starting from April 2022 to support the reforms.

9.3 <u>What is changing regarding the way that people's charges will be calculated?</u>
The Government will introduce a cap on personal care costs of £86,000 to protect people against unpredictable and potentially unlimited care costs, and a more generous means test so more people receive financial support with their care costs. From October 2023:

- No one will have to pay more than £86,000 for their personal care costs. Currently there is no limit on how much you might pay.
- Individuals with less than £100,000 in savings and assets are likely to be eligible for help from their local council with their care costs. Currently only those with less than £23,250 are eligible for state support.

- More people will be able to ask their local council to arrange their care for them to give them a choice of better value care.

9.4 The way in which the Council charges for adult social care services will need to be reviewed to take into account the above changes in the future.

10. CONCLUSION

10.1 Every effort was made to ensure people that could potentially be impacted by these proposals were made aware of the consultation and opportunity to feed back. People in receipt of non-residential services were written to signposting to the Big Conversation as well as offers to post a hard-copy for those who did not have access to, or were not comfortable completing the consultation online.

10.2 An easy read version of the consultation questions was developed to make it more accessible to the wider audience who need it. It should be noted that the technical aspect of topic was challenging to break down.

10.3 It is estimated that the proposed changes following the consultation exercise (outlined in section 6) will impact on the Council's budget by up to £200k annually. However, it would ensure our proposed Non-Residential Charging Policy recognises that more severely disabled people may have a higher level of spend to meet their enhanced needs, and therefore the additional benefit they receive would be disregarded in recognition of this.

10.4 The added financial pressure may be offset marginally by the introduction of an arrangement and annual fee for self-funders.

10.5 If agreed, the new Non-Residential Charging Policy would be implemented at the start of April 2022.

10.6 The Residential Charging Policy will be drafted and presented at a future Executive Cabinet for approval. Consultation may be required on the self-funder's charging element of this Policy. Aside from this, there would be no further changes being proposed to the assessment or charging process in the revised policy – it is an exercise to separate the residential and non-residential elements of the current policy.

10.7 The government has now set out its new plan for adult social care reform in England. This includes a lifetime cap on the amount anyone in England will need to spend on their personal care, alongside a more generous means-test for local authority financial support. It is intended that the regulations and final guidance will be published in spring 2022. It is imperative to keep abreast of national guidance relating to social care charges and initiate planning as soon as possible to monitor impacts and mitigations, ensuring clear communication with local people who may be impacted by proposed national changes. Reviews of all Charging Policies will be required before implementation of the proposed 'Cap on Care', currently proposed for October 2023.

11. RECOMMENDATIONS

11.1 As set out at the front of the report.

APPENDIX A

Two Focus Groups were conducted in relation to this consultation:

1. People First Tameside on 30 November 2021.

This consisted of people with learning disabilities and their support staff. There were approximately 20 people who took part.

2. 'User Led' Focus Group on 3 December 2021.

This consisted of people with learning disabilities in a supported accommodation scheme at Carlton Springs, along with their support staff. There were approximately 10 people who took part.

Because of the rapid spread of the omicron Covid variant, and planned activities for the festive period, it was not possible to undertake further focus groups, to ensure people were kept safe and to minimise non-essential contact.

Both the focus groups found the technical aspects of the consultation difficult to understand. However, being able to discuss together as a group helped some people to make the connections and consider the impact it may have on themselves and others. Generally speaking, both the groups:

- Were unanimous on maintaining the current Minimum Income Guarantee levels which is more generous than government rates
- Understood the importance of people with severe disabilities having more money because they have more enhanced needs
- Understood that retaining the minimum income guarantee and income disregard proposals would not negatively impact anybody

There was some debate about the introduction of the arrangement and annual fee for self-funders, however they understood that Councils were under significant financial pressure and want to ensure high quality services are available for everyone. They felt it was agreeable to set a small arrangement fee and annual charge only for those that could afford to do so and required the council's help to set up their care. They stressed the importance of having an affordable charge.

APPENDIX B

Minimum Income Guarantee

OPTION 1: Q2: To continue the current practice of applying a higher rate of MIG			**OPTION 2:** Q4: Reduce the MIG to the rate set by the DHSC		
Please indicate how far you agree or disagree with this option. (Please tick one box only)	Numbers	Percentage	Please indicate how far you agree or disagree with this option. (Please tick one box only)	Numbers	Percentage
Strongly Agree	14	50.0%	Strongly Agree	3	10.7%
Agree	5	17.9%	Agree	3	10.7%
Neither Agree or Disagree	6	21.4%	Neither Agree or Disagree	6	21.4%
Disagree	0	0.0%	Disagree	4	14.3%
Strongly Disagree	3	10.7%	Strongly Disagree	12	42.9%
	28	**100.0%**		**28**	**100.0%**

Focus Groups were both significantly in favour of Option 1 to retain the current council practice of applying a higher rate of MIG.

Income to be disregarded

OPTION 1: Q6: Retain the current practice of disregarding the difference between the higher rate of DLA care component and middle rate where the client does not receive night care.			**OPTION 2:** Q8: For those clients who receive the higher rate of DLA care component – to disregard the difference in income between the higher rate (currently £89.60 per week) and the middle rate (currently £60.00 per week) For those clients who receive the enhanced rate of PIP daily living component – to disregard the difference in income between the enhanced rate (currently £89.60 per week) and the standard rate (currently £60.00 per week).		
Please indicate how far you agree or disagree with this option. (Please tick one box only)	Numbers	Percentage	Please indicate how far you agree or disagree with this option. (Please tick one box only)	Numbers	Percentage
Strongly Agree	7	33.3%	Strongly Agree	6	28.6%
Agree	5	23.8%	Agree	4	19.0%
Neither Agree or Disagree	6	28.6%	Neither Agree or Disagree	8	38.1%
Disagree	2	9.5%	Disagree	2	9.5%
Strongly Disagree	1	4.8%	Strongly Disagree	1	4.8%
	21	**100.0%**		**21**	**100.0%**

Focus Groups were both significantly in favour of Option 2 to disregard the difference between DLA care higher and middle rate and PIP daily living allowance enhanced and standard rate.

Self-funders arrangement and annual fee

ONLY OPTION: Q10: How much you agree or disagree with the proposal to introduce an arrangement fee of between £50 and £150 for setting up care for self-funders, and an annual fee of the same for administering the care.		
Please indicate how far you agree or disagree with this option. (Please tick one box only)	Numbers	Percentage
Strongly Agree	2	8.3%
Agree	2	8.3%
Neither Agree or Disagree	5	20.8%
Disagree	3	12.5%
Strongly Disagree	12	50.0%
	24	**100.0%**

Both Focus Groups debated this topic. They understood that Councils were under financial pressure and felt it was agreeable to set a small arrangement fee and annual charge only for those that could afford to do so and required the council's help to set up their care. They stressed the importance of having an affordable charge.

Tameside Metropolitan Borough

NHS Tameside and Glossop Clinical Commissioning Group

APPENDIX C

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

Subject / Title	Adult Social Care Non-Residential Charging Policy	
Team	**Department**	**Directorate**
Transformation	Adults	Adults

Start Date	**Completion Date**
28 October 2021	2 February 2022

Project Lead Officer	Reyhana Khan – Programme Manager
Contract / Commissioning Manager	Trevor Tench – Head of Commissioning
Head of Service	Mark Whitehead – Strategic Operations
Assistant Director/ Director	Stephanie Butterworth – Director, Adults

EIA Group (lead contact first)	**Job title**	**Service**
Reyhana Khan	Programme Manager	Adults
Karen Milner	Service Unit Manager	Exchequer
Ilys Cookson	Assistant Director	Exchequer
Tom Quayle	*Finance Manager*	*Corporate Finance*

PART 1 – INITIAL SCREENING

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

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

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

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

Tameside Metropolitan Borough
NHS Tameside and Glossop Clinical Commissioning Group

APPENDIX C

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

<table>
<tr>
<td>1a.</td>
<td>What is the project, proposal or service / contract change?</td>
<td>
The previous Charging Policy was approved on 25 March 2015, following the implementation of the Care Act 2014.
The residential and non-residential arrangements for financial assessment and charging have now been separated out to make it easier for the public to access the information relevant to them. This EIA is in relation to the Non-Residential Charging Policy.
The changes to non-residential charges are outlined below:

The Council <u>continue</u> to provide a Minimum Interest Guarantee MIG over that provided by the statutory MIG, which means it is a more generous amount and supports the most vulnerable. It uses the MIG as set by The Care and Support (Charging and Assessment of Resources) Regulations 2014 with the following increased amounts:

The amount for working age people to include the Disability Premium
Higher amounts to be allowed for the following elements
a) Enhanced Disability Premium
b) Carer Premium

The way income is disregarded. From April 2022 onwards the following will apply:

For those clients who receive the higher rate of DLA care component – to disregard the difference in income between the higher rate (currently £89.60 per week) and the middle rate (currently £60.00 per week)
For those clients who receive the enhanced rate of PIP daily living component – to disregard the difference in income between the enhanced rate (currently £89.60 per week) and the standard rate (currently £60.00 per week).

The introduction of an annual fee of £95 is charged for the management of a self-funder's package of care. This would be applied to new self-funders from this date forward.

</td>
</tr>
</table>

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

1b.	**What are the main aims of the project, proposal or service / contract change?**	The aim of this policy is to provide a consistent and fair framework for charging people who receive care and support, following an assessment of their individual needs and financial circumstances. The Care Act 2014 is the national legislation that sets out how councils charge adults for the care and support they receive to meet their needs. These needs are sometimes referred to as 'identified, assessed or eligible needs'. The Adult Social Care Non Residential Charging Policy ensures that Tameside Council is following the charging principles set out in the Care Act: • The amount a person pays towards the cost of their care will be determined by looking at the cost of the service, their capital, expenditure and the income they receive. • An individual financial assessment will be undertaken to ensure people are charged what they can reasonably afford to pay. • Contributions towards the cost of care will be transparent and fair. • A person will not be charged more than the amount the service has cost the Council. • A person has sufficient money to meet their housing costs and any other disability related expenditure. • After a person has paid their contribution, they will retain a basic minimum income, this is known as the Minimum Income Guarantee (MIG).

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

Protected Characteristic	Direct Impact / Relevance	Indirect Impact / Relevance	Little / No Impact / Relevance	Explanation
Age	x			23.5% of the Tameside population is aged over 60, however, 64.6% of the adult social care client base is aged over 60. Therefore, significantly more older people are in receipt of non-residential social care services. Furthermore, 88.8% of over 60's are currently full cost clients (self-funders) for non-residential services. For some of these people, there may be a negative impact through the introduction of a self-funders arrangement and annual fee. However, the impact will only be for those people who choose to ask the Council to set up

				their care – not all will be impacted by this. For those self-funders who choose to arrange their own care, there will be no impact. People have this choice and the Council signpost to independent financial advice and information about care providers and services to help people arrange their own care if they wish to do so.
Disability	x			20.9% of Tameside's overall population have a disability, in comparison with 48.8% of people in receipt of non-residential social care services. Therefore, there are more than double the number of disabled people in receipt of non-residential services. Furthermore, there is a positive impact on those disabled people who are assessed by the DWP as receiving the higher rate of DLA care component, and those clients who receive the enhanced rate of PIP daily living component. They will have more income as a result of the proposals. (Numbers are held by the DWP are not available).
Ethnicity			x	90.9% of Tameside's population are White, compared to 93.9% of people in receipt of non-residential social care services. There are comparable figures for BAME/other and therefore there is no impact on this group.
Sex / gender			x	50.7% of Tameside's population are female, and 56.2% of people in receipt of non-residential social care services are female, therefore there is not a significant difference and there will be no impact on gender.
Religion or Belief			x	64% of Tameside's population are Christians, with 69.1% of people in receipt of non-residential care services are Christians. 4.4% of Tameside's population are Muslim, compared to 5.6% of people in receipt of non-residential care services. 31.5% of Tameside's population have no religion / religion not stated / other compared to 25.3% of the non-residential services client base. Therefore there is no significant impact on this group.
Sexual Orientation			x	94.7% of Tameside's population are heterosexual/straight. In contrast, 75.2% of the client base are heterosexual/straight. However, a further 24.1% chose not to disclose their sexual orientation and numbers were very low for the other sexual orientation categories. It is not felt that there will be any impact on the sexual orientation of people.
Gender Reassignment			x	There is no information about Gender Reassignment and Pregnancy and Maternity available for people in receipt of non-residential care services. However, the Non-Residential Charging Policy is applied equally to

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

				all people who are assessed as needing services and it is not anticipated that there will be an impact on this group.
Pregnancy & Maternity			x	There is no information about Gender Reassignment and Pregnancy and Maternity available for people in receipt of non-residential care services. However, the Non-Residential Charging Policy is applied equally to all people who are assessed as needing services and it is not anticipated that there will be an impact on this group.
Marriage & Civil Partnership			x	Although there are differences in this cohort , it is not felt that the changes to the Non-Residential Charging Policy would impact this group. 47.2% of the client base of those in receipt of non-residential social care services are single, which is a greater proportion to the Tameside population overall (35.3%). 21.2% of the client base are married, compared to the Tameside population overall (43.5%). 9.5% of the client base are separated or divorced, compares to the Tameside population overall (13.4%) 22.1% of the client base is widowed. This is significantly higher than the Tameside population overall (7.6%)
Other protected groups determined locally by Tameside and Glossop Strategic Commission?				
Group (*please state)*	**Direct Impact / Relevance**	**Indirect Impact / Relevance**	**Little / No Impact / Relevance**	**Explanation**
Carers			x	The non-residential charging policy applies to people in receipt of non-residential care services. However, every effort is made to include Carers if people choose to involve them in their assessments as part of the Care Act.
Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? *(e.g. vulnerable residents, isolated residents, those who are homeless)*				
Group (*please state)*	**Direct Impact / Relevance**	**Indirect Impact / Relevance**	**Little / No Impact / Relevance**	**Explanation**
Low or no income groups			x	People in receipt of social care services are means tested and fairer charged; so people will only be charged what they could afford to pay. If people were financially assessed as not being able to afford to pay for their care - but had a Care Act

				assessed and eligible need - then the council would pay for their care.

"Low or no income groups" should be included as a key consideration when assessing the impact of your project, proposal, policy or service/contract change.
Wherever a direct or indirect impact or relevance has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact or relevance is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	**Does the project, proposal or service / contract change require a full EIA?**	**Yes**	**No**
		x	
1e.	**What are your reasons for the decision made at 1d?**	There will be a direct impact on a number of protected characteristics. There are significantly more older people aged over 60 in receipt of non-residential care services than the overall population of over 60s in Tameside. Also, there are significantly more older people who are self-funders and financially assessed as being able to afford the full cost of their care. There are over double the number of people who are disabled and in receipt of non-residential care services than the overall over 60s population of Tameside. In addition, there is a positive impact on those disabled people who are assessed by the DWP as receiving the higher rate of DLA care component, and those people who receive the enhanced rate of PIP daily living component. They will have more income as a result of the proposals. (Numbers are held by the DWP and not available). These are people who are likely to be more severely disabled.	

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

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary
This EIA focusses on the Council's proposals on the new Non-Residential Charging Policy for Adult Social Care as a result of a review on the current policy. The demand for services is set to increase significantly over the coming years due to our ageing population, as is the number of people with complex needs. Therefore we need to ensure that everyone pays the appropriate amount for the care and support that they receive, based on their needs and their ability to pay, to help ensure the long-term sustainability of care and support services provided by the Council Due to this, the Council reviewed its Adult Social Care Charging Policy (2015) to ensure that it is

still
- relevant,
- fit for purpose
- equitable.
- clear and easy to understand
- and provides all the necessary guidance and processes that have been followed

The recent Norfolk judgment (Jan 2021) has also provided some key aspects to consider as part of this timely review.

Following the review and comparison of policies from other councils, it was deemed the clearest way to achieve the above was to separate out the current charging policy, into:
- non-residential charging policy
- residential charging policy

It is the proposed non-residential charging policy where a series of proposals have been recommended to make changes to the way in which people are financially assessed. The proposed changes to non-residential charges are outlined below:

1. Continue to apply Tameside's rates to calculate the Minimum Income Guarantee (which is in excess of the DHSC Statutory limits and a more generous amount for individuals)

2. The way income is disregarded. From April 2022 onwards the following will apply:
- For those clients who receive the higher rate of DLA care component – to disregard the difference in income between the higher rate (currently £89.60 per week) and the middle rate (currently £60.00 per week)
- For those clients who receive the enhanced rate of PIP daily living component – to disregard the difference in income between the enhanced rate (currently £89.60 per week) and the standard rate (currently £60.00 per week).

3. The introduction of an annual fee of £95 is charged for the management of a self-funder's package of care. This would be applied to new self-funders from this 1 April 2022 forward where the Council is asked to set up the care.

A consultation exercise in respect of the proposals on the non-residential charging policy took place between 28th October and 23rd December 2021.The response to the consultation survey was disappointing in that only 52 people responded, the breakdown of which was as follows (for those who responded to this question):

I am currently in receipt of non-residential care and support services	19.6%	10
I am a carer of someone who is in receipt of non-residential care and support services	23.5%	12
I am a relative or friend of someone who is in receipt of non-residential care and support services	35.3%	18
I am a member of the public	11.8%	6
I am a Tameside Council or Tameside & Glossop CCG employee	9.8%%	5
TOTAL		51

However, building in the two focus groups which were undertaken following strict Covid-19 Guidelines meant that more views were captured:

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

Response Method	**Completions**
Big Conversation online survey	48
Postal paper survey	4
Total Focus Group Participants	~30
Total number of consultees	~82

2b. Issues to Consider

Consultation considerations

The consultation approach included an online questionnaire by means of the Council's Big Conversation as it was appropriate to engage with service users and residents in this way – at the time of undertaking this consultation, the nation is in the midst of a global Covid-19 pandemic. This also meant that consultees could access the exercise in their own time and at their own leisure.

Despite potential barriers to engagement due to the online questionnaire and the fact that many service users do not use the internet, as well as the depth and complexity of the information presented, significant efforts were made to ensure that barriers were removed or alleviated where possible. Over 2,000 letters were sent to people who are currently in receipt of non-residential social care services and are already subject to the Council's current Charging Policy letting them know about the consultation and signposting them to the Big Conversation. The letter sent to people also offered help and support for people wanting to respond but who didn't feel able to use the internet, by means of a phone number and email address. The Council responded to a number of requests for paper copies of the policies to send out, paper copies of the consultation questions - including in easy read format - and offered to complete the questions over the phone with individuals if they wished to do so.

The TMBC social media handles on twitter and facebook scheduled in reminders twice a week for the duration of the consultation.

In addition, targeted focus groups were undertaken with People First Tameside and a 'user-led' group of learning disabled adults in a supported accommodation scheme. Full safety measures adhering to guidance were put in place to meet with people, however, due to the covid-19 pandemic and the emergence of the omicron variant, face-to-face focus groups had to be limited.

The below table details the demographic profile of the overall population of the borough in comparison to the current client base of those in receipt of chargeable non-residential adult social care services, that of respondents to the Big Conversation and those clients who are finally assessed and charged for paying the full cost of their care;

Demographic Group	**Tameside Population (%)**	**Client Base (%)**	**Respondents to Big Conversation (%)**	**Full cost clients (%)**
Gender / sex				
Male	49.3	43.8	19	37.8
Female	50.7	56.2	81	62.2
Age				
Under 30	36.5	11.6	0	4.6
30 – 44	19.4	10	11.1	2.9

45 – 59 60 – 79 80+	20.9 19.2 4.3	13.7 29.7 34.9	22.2 44.4 22.2	3.7 27.1 61.7
Ethnicity White BAME / other	 90.9 9.1	 93.9 6.0	 95 5	 97.3 2.7
Disability Yes No	 20.9 79.1	 48.8 51.2	 (see below section)	 39 60.9
Marriage and Civil Partnership Single Married In a registered same-sex civil partnership Separated Divorced Widowed	 35.3 43.5 0.2 3.0 10.4 7.6	 47.2 21.2 - 2.2 7.3 22.1	 26.7 40 0 - 20 13.3	 42.3 23.7 - 6.8 27.1
Religion and Belief Christian Muslim Other No religion Religion not stated	 64.0 4.4 2.0 23.6 5.9	 69.1 5.6 10.7 7.6 7.0	 68.4 0 10.6 21 0	 72.2 12.2 7.8 7.8
Sexual Orientation Heterosexual or straight Gay or lesbian Bisexual Other Don't know or refuse to say	 94.7 1.1 0.7 0.2 3.3	 75.2 * * * 24.1	 88.9 0 0 0 11.1	 60.6 39.4

*Numbers too small to report
- Numbers not available
For the adult social care clients, data is provided for those where the information has been collected and recorded.
No information about Gender Reassignment and Pregnancy and Maternity.

The Ageing Population

Tameside's population is currently estimated at 227,100 residents. There has been a growth particularly in the number of people over 65 years by 4% since 2015 and this is projected to continue to increase by another 16.7% by 2030. Older people often have an increasing need for health and social care as they grow older.

It is estimated that in 2020 there were 2,637 people over the age of 65 with dementia in Tameside. By the year 2030 this total is expected to rise by 21.4% to reach 3,200 people.

Disabilities

The consultation did not explicitly ask for people to disclose their disabilities, but did enquire about limitations on day to day activities due to a health problem or disability.
50% of respondents said they were limited a lot in their day to day activities, 16.7% said they were limited a little, and 33.3% said they were not limited in their day to day activities.

Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form

Caring
The consultation also asked whether people look after, or give any help or support to family members, friends, neighbours or others because of either long term physical or mental ill-health /disability or problems related to old age?
50% of respondents said they did not, 16.7% said they provided between 1-19 hours of support per week, 16.7% said they provided between 10-49 hours of support per week, and 16.7% said they provided in excess of 50 hours of support per week.

The conclusions drawn from the evidence and analysis of the effects on equality on the protected characteristic groups are detailed in the below table:

Protected Characteristic	**Demographic Analysis**
Gender	43.8% of the client base are male and 56.2% female. The gender profile of the client base shows a slightly greater proportion of females compared to the Tameside population overall.
Age	**Over 60s:** Tameside has a caseload of 1,340 adults in receipt of non-residential social care services who have been financially assessed. Furthermore, 88.8% of over 60's are currently full cost clients (self-funders) **Under 60s:** 732 service users (35% of the total) are under the age of 60.
Ethnicity	94% of the client base of those in receipt of non-residential chargeable social care services for adults are white and 6% BAME. This is largely in line with the ethnicity profile of Tameside overall (91% white and 9% BAME).
Disability	The disability profile of the client base of those in receipt of chargeable care services shows that 1005 service users (48.5 % of the total) are disabled. There is a greater proportion of disabled people who are service users compared to the Tameside population overall (21%).
Marriage and Civil Partnership	47.2% of the client base of those in receipt of non-residential social care services are single, which is a greater proportion to the Tameside population overall (35.3%). 21.2% of the client base are married, compared to the Tameside population overall (43.5%). 9.5% of the client base are separated or divorced, compares to the Tameside population overall (13.4%) 22.1% of the client base is widowed. This is significantly higher than the Tameside population overall (7.6%)
Religion and Belief	69.1% of the client base is Christian which is in line with the Tameside overall of 64%. There is a greater difference where people identify as having 'other' religion; for the client base this is 10.7% and for the Tameside population overall, this is only 2%. Furthermore, 7.6% of the client base have 'no religion' which is significantly lower that the Tameside overall population (23.6%)
Sexual Orientation	75.2% of the client base are heterosexual or straight compared to 94.7% of the overall Tameside population. However,24.1% of the client base has chosen not to disclose their sexual orientation, in comparison to 3.3% of the overall Tameside population.

	This pattern follows for full cost clients; 60.6% were heterosexual or straight, but 39.4% has chosen not to disclose their sexual orientation.
Gender Re-Assignment, Pregnancy and Maternity	Specific data is not available on these protected characteristics for those in receipt of chargeable social care services for adults. However no evidence of any disproportionate impact was discovered.

For the adult social care clients for non-residential services, data is provided for those where the information has been collected and recorded.

Further considerations

The Charging Policy was in need of a full review since the Care Act was implemented in 2015. In terms of the elements of the Care Act that are to do with charging for services, the Department of Health published regulations that embody the statutory requirements of the Act as well as indicating the discretionary elements that are open to local interpretation and decisions.

The key regulation is:

- The Care and Support (Charging and Assessment of Resources) Regulations 2014

Furthermore, in December 2020, there was a high court ruling where the judge, Mr Justice Griffiths, ruled against Norfolk County Council that its Charging Policy discriminated, albeit inadvertently, against 'severely disabled' people contrary to Article 14 of the European Convention on Human Rights.

Mr Justice Griffiths noted that Norfolk had "exercised its discretion to charge the claimant the maximum permissible (disregarding only those elements it is required to disregard by law), and, at the same time, has lowered the overall cap on her charges by reducing the council's minimum income guarantee". The way the Charging Policy was constructed means that, because her needs as a severely disabled person are higher than the needs of a less severely disabled person, the assessable proportion of her income is higher than theirs. The court found that the new policy discriminated against "severely disabled" people under the European Convention on Human Rights because the council would be charging those with the highest support needs proportionately more than those with lower support needs.

Adult Services, Exchequer, Finance and Legal teams have worked together to review the current Charging Policy and to develop a stand-alone Non-Residential Charging Policy that reflects the local position and is compliant with the Care Act and relevant Regulations.

While ensuring that the Policy is equitable, the Council must also take into account the long term financial sustainability of the Council, so must consider to charge, what it can afford while acting in a lawful and equitable way.

2c. Impact/Relevance

Proposal 1: Minimum Income Guarantee

Impact/Relevance: **No impact, remains the same** and continue to apply Tameside's discretionary rates.

The Government acknowledges the minimum amount of money a person or couple require to pay for the cost of essential living. When carrying out an assessment of what someone can pay towards their care cost it is crucial that the person is left with this minimum amount and it is also acknowledged that due to their disability or condition that they may require a little more than the minimum, hence Tameside Council's rates are more generous, and will continue in this manner.

To continue to maintain this current policy will also mean that those with the lowest level of income will still be able to have more income left over once their charges have been taken into account.

Proposal 2: Level of income disregarded
Impact/Relevance: **Positive Impact** for some disabled people

There is a positive impact on those disabled people who are assessed by the DWP as receiving the higher rate of DLA care component, and those clients who receive the enhanced rate of PIP daily living component. They will have more income as a result of the proposals. (Numbers are held by the DWP and not available).

The reason for the positive impact is a change in the way some of their income is to be disregarded as part of their financial assessment.

- For those clients who receive the higher rate of DLA care component – to disregard the difference in income between the higher rate (currently £89.60 per week) and the middle rate (currently £60.00 per week)
- For those clients who receive the enhanced rate of PIP daily living component – to disregard the difference in income between the enhanced rate (currently £89.60 per week) and the standard rate (currently £60.00 per week).

This proposal recognises that more severely disabled people may have a higher level of spend to meet their enhanced needs, therefore it is proposed that the additional benefit they receive (higher and enhanced rates) is disregarded in recognition of this.

Proposal 3: Introduction of self-funders arrangement and annual fee
Impact/Relevance: Could negatively Impact some future/new non-residential social care service clients, and only those who are financially assessed as being able to afford the full cost of their care (self-funders), and then only those who choose to ask the Council to support them in setting up their care. Also, 88.8% of over 60's are currently full cost clients (self-funders) for non-residential services.

Although there are currently 410 non-residential clients who are assessed as being able to afford the full cost of their care, the proposal is to implement the arrangement and annual fee from 1 April 2022 for **new clients**.

The Care Act does give the Council the power to charge an administration fee for arranging care for self-funders. The proposed charges reflects the time and resource taken by the Council to support an individual to establish the care they require to meet their identified needs and will only cover the cost of the administration of arranging care for self-funders. Many other local authorities do charge for this service and the proposed fees are comparable/lower than the charges in other authorities.

It is proposed that an annual fee of £95 is charged for the management of a self-funder's package of care. This would be applied to new self-funders for non-residential services from 1st April 2022, and would be intended to cover the cost of setting up the original care arrangements and managing the package on an ongoing basis.

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2d. Mitigations *(Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)*	
Impact/Relevance 1 – *The way income is disregarded*	Update the guidance about the Financial Assessment process and information pack that goes out to individuals will contain information about the new calculation and what benefits are disregarded as part of the financial assessment process fully explaining the calculation.
Impact/Relevance 2 – *Introduction of arrangement fee and annual fee for self-funders*	Update the guidance about the Financial Assessment process and information pack that goes out to individuals will contain information about the new arrangement and annual fee to engage with people at the start of the assessment process. People have this choice and the Council signpost to independent financial advice and information about care providers and services to help people arrange their own care if they wish to do so. Some of the key benefits of requesting that the Council contracts on behalf of a person (who would normally contract directly with the provider) is the additional oversight and protection from the Council's contractual relationship, i.e.: • The Council has regular oversight of the providers (over and above the Care Quality Commission) to endeavour to ensure the service is of a good standard. Where improvements are required the Council will support the provider to make those improvements. • Should the person have an issue, which cannot be resolved by the provider, the person can access the Council's complaints process • The Council will facilitate payment of the fees to the provider and check they are invoicing for the correct amount (albeit the full fees will be recoverable from the service user) Furthermore, there is no change to the rates used to calculate the Minimum Income Guarantee. The Council has recommended to maintain the same rates, which allow people to have more income on a weekly basis than if the Government rates would be used. The Government rates are lower and although the Council is able to use these rates, have chosen to be more generous and maintain this.
Impact/Relevance 3 (Describe) *Accessible materials*	The Non-Residential Charging Policy is a lengthy and technical document (by nature of the content). More accessible version can be developed and reviewed to make it easier for people in different ways focusing on an easy read version to support those with disabilities.

2e. Evidence Sources
LAS – Case Management system for Adult Social Care 'Big Conversation' analytics – online questionnaire medium Mid-year Population Estimates 2013 (ONS) Census 2011 (ONS) Abacus system reports – financial system Norfolk Judgment - Letter from the Centre for Adults' Social Care, Advice, Information and Dispute resolution | Local Government Association

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2f. Monitoring progress		
Issue / Action	**Lead officer**	**Timescale**
Updated information pack on financial assessment process – to include self-arrangement and annual fee, as well as new calculation on income disregarded	Karen Milner	End of March 2022
Development of Easy Read version of policy	Reyhana Khan	End of March 2022

Signature of Contract / Commissioning Manager	**Date**
TBC	
Signature of Assistant Director / Director	**Date**
TBC	
Signature of Head of Service	**Date**
M. Whitehead	**27/01/22**